



Cherokee County Board of Commissioners  
Purchasing Department  
1130 Bluffs Parkway, Canton, GA 30114  
Phone: (678) 493-6000  
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## REQUEST FOR PROPOSALS

### RFP# 2023-033 Family Treatment Court Provider

**THE PROJECT:** The Cherokee County Board of Commissioners Purchasing Department (County) is requesting competitive sealed **proposals** in support of a Treatment Provider for the Family Treatment Court with the primary goals of eliminating the individual's dependency on drugs, treating the cravings through stabilization, and focusing on helping obtain/maintain education or job training and remaining drug-free, meeting the specifications, and as described herein.

There **will not** be a mandatory meeting to review the requirements.

All times in the solicitation are local times to Cherokee County, Georgia in the Eastern Time Zone.

This Request for Opportunity Description is one of two documents making up this solicitation. The second document is Cherokee County Standard Solicitation Terms and Conditions, which contains all the standard forms potentially required to accompany a submission. Both of these documents together constitute the entire solicitation at the time of issuance.

The County reserves the right to reject any or all bids/proposals, to waive technicalities and to make a selection and final award as deemed to be in the best interest of the County, including using any form of contract it deems most advantageous to the County.

#### SCHEDULE:

<b>Issued</b>	June 15, 2023
<b>Questions Due</b>	<b>June 29, 2023, by 4:00 PM</b>
<b>Answers Due</b>	July 6, 2023
<b>Bids/Proposals Due</b>	<b>July 13, 2023, at 10:00 AM</b>
<b>Anticipated Award Date</b>	August 1, 2023

**THE EXPECTED PERIOD OF PERFORMANCE:**

The base period of performance is broken down into two areas; Physical Delivery of Product(s) and Service Delivery. This is a function of the Statement of Work (SOW) and/or specification and reflects if there is physical item or items to be delivered and / or delivery of services. An X in the box corresponding to item 1 below, Physical Delivery indicates a physical item or items are to be delivered and an X in the 2. Delivery of Services indicates that Services are to be performed. Either or both may apply to the work contemplated by this solicitation.

Additionally, should there be an X in the box corresponding item 3. Option Grant, then the County requests the right to extend the period of performance beyond the Base Rate as specified.

1. ☒ NO PHYSICAL ITEMS/GOODS      ☐ PHYSICAL DELIVERY OF ITEMS/GOODS REQUIRED:

For Physical Delivery solicitations, the period of performance for an award shall begin with either the placement of Purchase Order or the date indicated on the Agreement. All items to be delivered are to be FOB Cherokee County at the address indicated in the solicitation. Performance shall be complete upon final acceptance by the County. Time is of the essence for the delivery of each item specified. Warranty requested as below:

☐ Warranty Term Requested: \_\_\_\_\_

2. ☐ NO SERVICES REQUIRED      ☒ PERFORMANCE OF SERVICES:

For Performance of Services solicitations, the period of performance shall begin with the placement of either a Purchase Order or the date of the Agreement unless the Agreement, the SOW or the Solicitation Terms indicate that performance shall begin upon the issuance of a Notice to Proceed (NTP), in which case the NTP would represent the beginning of performance. Term of services requested are as below:

Services Term:

- ☒ One Year  
☐ Two Years  
☐ Three Years  
☒ Other: With the option to automatically renew for an additional two, one-year terms

3. ☐ OPTION GRANT:

This solicitation contains requested options; please see Statement of Work for details.

**SUBMITTAL INSTRUCTIONS:**

Interested Bidders/Proposers should carefully review the requirements defined herein and provide complete and accurate submissions that should include the following items (**only items indicated with an “X” in the corresponding boxes are required for this solicitation**):

- ☒ Information and Addenda Acknowledgement Form (Appendix A)
- ☒ Non-Influence and Non-Collusion Affidavit (Appendix B)
- ☒ E-Verify Affidavit (Appendix C)
- ☒ References\* (Appendix D)
- ☒ Acceptance of County' Standard Agreement\*\*, as below: (Appendix E)
  - ☒ Professional Services Agreement (Sample provided)
  - ☐ Construction Services Agreement (Sample Provided)
  - ☐ Other:
- ☒ Suspension, Debarment and Litigation Affidavit (Appendix F)
- ☒ SAM registration is required (Appendix F)
- ☐ Contractor's License Certification (Appendix G)
- ☐ Bonds Requirements **if the price bid > \$100K**
  - ☐ Ability to Provide Performance, Labor & Matl. Payment Bond (Appendix H)
  - ☐ Bid Bond (See Appendix I)
- ☒ Evidence of/ability to provide Insurance at the limits identified herein,\*\*\*
- ☒ Certifications, Licenses or Registrations as required by law and/or as requested
- ☐ Pricing on Proposer's Company Letterhead
- ☒ Pricing on included pricing form
- ☐ Contractor's Qualifications Statement (Appendix J)
- ☐ Added Terms to Construction Service Agreement (Attachment)
- ☐ Substitutions Proposed: See Instructions Standard Solicitation Terms\*\*\*\*, Item 9
- ☒ Federal Requirements
- ☒ Any other requirements as requested under the scope of work.

**Notes:**

\*The County reserves the right to contact not only those references provided, but may also use previous performance for the County, other contacts it identifies, and other sources of information believed to be viable to evaluate capability, viability and performance.

\*\*If Acceptance of County's Standard Agreement is checked, all work/items defined herein are to be quoted according to these requirements. Copies of these agreements can be located at the County's Procurement web page.

\*\*\*Insurance levels requested are those identified in the County's Standard Agreement, section "I."

\*\*\*\*Standard Solicitation Terms Refer to Cherokee County Standard Solicitation Terms and Conditions

**EVALUATION CRITERIA:**

Bids/Proposals that contain options or additive work above and beyond the base bid will be evaluated financially according to the criteria described in the solicitation. However, should the use of options or additive work proposed exceed the County budget, the County retains its rights to address such situations as described in its Standard Terms For Bid and Proposal Solicitation as well as the right to award based on the base bid only or the base bid plus quoted additive work that is within its budget.

☐ Bids determined to be Responsive and Responsible will be ranked based Bid Form Criteria.

OR

☒ Proposals determined to be Responsive and Responsible will be evaluated on the following criteria:

30%	Price
20%	Fidelity to Model
70%	Technical - to include at a minimum, experience, treatment philosophy, ability to accept and bill Medicaid, staff qualifications, & licensing.
<b>100%</b>	<b>TOTAL</b>

In addition to providing documentation necessary to evaluate proposal based on scope of work and above and below evaluation criteria, proposals shall include the following information, presented in a clear, comprehensive, and concise manner:

1. Letter of transmittal.
2. Proposed scope of work and methodology.
3. Proposed project team organization, qualifications, and availability.
4. Cost proposal on included pricing form. Please fill in rate of each service and unit (hour, minute, session, etc.)

Provider shall address the below technical questions:

1. What is the Provider's treatment philosophy?
2. Describe the Provider's approach to working with drug-dependent adults and their families?
3. Is the Provider (and team) licensed and credentialed as per state requirements? Please list licenses and credentials.
4. Are evidence-based programs implemented with strict fidelity to the model? Please include documentation of how Provider fits this requirement.
5. Does the Provider have a system for determining whether an individual has insurance or is eligible for Medicaid?
6. Is the treatment Provider eligible to receive payment from Medicaid?
7. Does the Provider accept the major Medicaid plans?
8. Is the Provider willing to bill Medicaid directly?
9. Does the Provider use an electronic management information system? If so, who has access to the database and what confidentiality safeguards are in place?
10. Are both qualitative and quantitative evaluation data collected? Please describe.
11. Typically, are services time driven or based on clinical and medical needs?

12. Does the Provider communicate treatment progress with probation and parole officers?
13. How does the Provider provide modifications to its treatment interventions and modalities?
14. How does the Provider address client motivation? Does the Provider utilize motivational enhancement theories?

List the staff that will be assigned to Cherokee County. Provide their title and job function, years with the company, licenses, education, unique character traits, years supporting youth, involvement in the community, and other relevant information.

References may be contacted should the evaluation team deem them necessary.

Proposals will be scored on the above evaluation criteria. Failure to provide information necessary to evaluate proposal, may result in a lower scoring proposal.

The County reserves the right to reject the bid of any vendor who has previously failed to perform properly or complete on time contracts of a similar nature, or who upon investigation shows is not in a position to perform the contract.

## **HOW AND WHERE TO SUBMIT BIDS AND PROPOSALS:**

The County has two methods for receiving bids and proposals that are mutually exclusive; either electronically or by physical receipt. The box with the "X" below indicates how and where bids or proposals are to be submitted. The County will NOT accept proposals by fax, or e-mail unless authorized, in writing, by the Procurement Director. The solicitation submission deadline will be strictly enforced; no late bids/proposals will be accepted for any reason, please plan accordingly.

### **A. Electronic Submissions Only:**

☒ Bids and Proposals are to be submitted electronically ONLY to BidNet Direct. Physical copies are not to be submitted unless approved in advance by the Purchasing Director.

Proposals and all requested documentation to be provided electronically should in the Adobe Portable Document Format (PDF) as ONE file unless otherwise indicated in these solicitation instructions. Documents provided in response to this solicitation are to be named according to the following naming convention:

- a. [Solicitation Number]\_[Vendor Name]\_[Document Type]  
Example: "2017-111\_ABC Company\_Proposal"

**QUESTIONS/ADDENDA:**

Only written inquiries will be permitted during the solicitation period. **Questions are to be submitted via BidNet Direct** for this solicitation no later than the date and time indicated in the Schedule, as may be amended. Answers will be posted via formal Addendum and only released as part of the solicitation documents on BidNet Direct. All interested parties are instructed to monitor BidNet Direct on a regular basis throughout the solicitation period. The final date for posting of Addenda is per the Schedule, as may be amended.

**STATEMENT OF WORK AND / OR SPECIFICATION LOCATED ON THE NEXT PAGE**

## **STATEMENT OF WORK AND / OR SPECIFICATION:**

### **OVERVIEW**

The Family Treatment Court is an intervention program for parents or caregivers involved in dependency cases as a result of substance abuse. It is a collaborative effort between the Juvenile Court staff, Special Assistant Attorney General, Parent Attorney(s), Child Attorney(s)/GAL, Treatment Providers, Law enforcement, Department of Family and Children's services, and Court Appointed Special Advocate (CASA). The Family Treatment Court is a court specifically designed and staffed to support the needs of the child, parent, and family members in reunification.

### **SCOPE OF WORK**

The Family Treatment Court is seeking a qualified treatment provider to assist in addressing the participant's dependency on drugs, treat cravings through stabilization, and focus on helping obtain education or job training and remaining drug-free. They shall provide outpatient services to participants based on their current needs, implement evidence-based treatment modalities, maintain records on each session, and provide individual and family counseling. The treatment provider shall also assist in the initial intake process by determining the clinical eligibility of the individual. They shall also develop a treatment plan for each participant based on their individual needs. Accountability court treatment providers must report treatment updates with the FTC team at staffing focusing on the participant's progress and breakthroughs. Staffing and hearings will take place bi-monthly. There are five treatment phases for the participant to move through and treatment lasts between 18-24 months including aftercare.

Outpatient services shall include at a minimum:

- For the individuals who are assessed to be appropriate for the program: Individual counseling and evidence-based curriculum groups conducted with program integrity.

Treatment curriculum shall include at a minimum:

- This will be based on the five phases, recommendations for participants' success, and evidence-based curriculum per guidelines of accountability courts.

Records to be maintained shall include at a minimum:

- Updated in Information Management System within 24 hours of the session.
- Submitted to Family Treatment Court during staffing's bi-monthly.
  - Participant's name, number of sessions attended that week, progress, and recommendations.

Counseling shall include at a minimum:

- 1 per week for 1 hour per participant for the first 2 phases, 1 every other week for 1 hour for Phase 3 & 4, and 1 session per month for the final Phase.
- Groups per ASAM Level of Care. Shall serve ASAM Level 1.0 – 2.1.

Life skills training shall include at a minimum:

- Training to be available once a week for the participant.

The treatment plan shall include at a minimum:

- A & D assessments, groups, individual and family counseling sessions, life skills training, relapse prevention plan, assisting participants in maintaining clean screens.
- The Family Treatment Court service provider shall perform in-person services.

Shall provide at least one representative, who is prepared to address questions the FTC team may have about FTC parents' engagement in treatment and to serve as a resource to the team on matters of substance use and mental health disorders, to attend all FTC staffing and hearings in person.

- Providers will complete annual training and continuing education as required by the Council of Accountability Court Judges of Georgia.
- The treatment provider must attend ALL bi-weekly staffing's to be held at the courthouse prior to the hearing.

Family Treatment Court anticipates having approximately 20 participants per year. The treatment provider must be Medicaid-approved. Treatment providers must be trained and certified in substance abuse counseling, as well as understand the evidence-based curriculum.

The awarded consultant shall be responsible for billing Medicaid. The consultant shall also be responsible for billing the County for any individual that is not covered by Medicaid. The Consultant shall provide the cost per individual not covered through Medicaid as well as the cost of any other services, treatment programs, group programs, etc.

The County's intention is to enter into an agreement with one (1) provider for a one-year period with the option to automatically renew for an additional two, one-year terms.

This program is being funded through the Council of Accountability Court Judges of Georgia.

**END OF STATEMENT OF WORK/SPECIFICATION**



**RFP# 2023-033 FAMILY TREATMENT COURT PROVIDER***PRICING FORM*

PROVIDER NAME: \_\_\_\_\_

Service	Rate - please insert rate per hour (\$ / hr.)			
	Licensed Therapist	Supervised Therapist	Doctor	Nurse Practitioner
Behavioral Health Assessment*	\$ / hr.	\$ / hr.	\$ / hr.	\$ / hr.
Diagnostic Evaluation	\$ / hr.	\$ / hr.	\$ / hr.	\$ / hr.
Psychiatric Follow-Up	\$ / hr.	\$ / hr.	\$ / hr.	\$ / hr.
Individual Therapy	\$ / hr.	\$ / hr.	\$ / hr.	\$ / hr.
Family Therapy	\$ / hr.	\$ / hr.	\$ / hr.	\$ / hr.
Group Therapy	\$ / hr.	\$ / hr.	\$ / hr.	\$ / hr.

\*includes biopsychosocial, substance use assessment, and development of individualized recovery plan

Service	Rate - please insert rate per hour (\$ / hr.)
Nursing Assessment	\$ / hr.
Nursing Follow-Up	\$ / hr.
Community Support - Individual (Skills Building)	\$ / hr.
Family Training	\$ / hr.
Urine Drug Screen	\$ / hr.
Mileage	\$ / hr.