



January 16, 2026

**Addendum #2  
RP007-26**

**Provision of Comprehensive Adolescent Treatment Services on a Multi-Year Contract**

**Revisions:**

**R1:** **DELETE:** Page 13, Cost Proposal, Line Item 9 *Drug Testing (Observed Urine Analysis): Confirmation if indicated.* Service providers shall submit the **Revised** Cost Proposal with their proposal.  
**Drug screening services are not a part of this RFP and will be procured via a separate RFP at a later date.**

**R2:** **DELETE:** Page 13, Cost Proposal, Line Item 16 *Transportation Assistance: Transit Voucher/Mileage.* Service providers shall submit the **Revised** Cost Proposal with their proposal.  
**Transportation services are not a part of this RFP.**

**R3:** **The County anticipates awarding the contract based on geographic service zones within Gwinnett County (east and west). See attached map and further details in A3.**

**R4:** **DELETE:** Page 9, Section 4.1.5 Criteria 5: Operational Readiness & Facilities – 10%

- Facility suitability, schedule coverage (afterschool/evenings/weekends), proximity, telehealth capacity, and implementation timeline.
- Facilities Plan: Floor plan(s), total square footage, designated spaces for groups/individual sessions, telehealth capabilities, and ADA/access considerations.
- Service Delivery Plan: Evaluation and assessment workflow (screening, biopsychosocial, ASAM), weekly schedules for each phase and track (JDTC/JBHC/FTC), expected dosage, and curricula by phase. Identify school-year and summer schedules.
- Family & Ancillary Services: Approach to family counseling and related ancillary services, including evidence-based parenting support groups designed to strengthen parenting skills and promote family stability; transportation assistance; mentoring; educational support; and linkage to housing, healthcare, and employment resources.
- Implementation Timeline: Start-up plan with milestones for hiring, training (Treatment Court Institute/CACJ), policy/MOU finalization, and go-live readiness.

**ADD:** Page 9, Section 4.1.5 Criteria 5: *Operational Readiness & Facilities – 15%*

- **The service provider will have facilities conveniently located in Gwinnett County or easily accessible to Gwinnett County residence. A list of facilities should be provided as part of the proposal response. The County prefers service providers to have a physical location(s) within Gwinnett County zone they are proposing (either one or both).**
- Facility suitability, schedule coverage (afterschool/evenings/weekends), **number of locations (specifically those located in Gwinnett County), proximity to Gwinnett County facilities, telehealth capacity, and implementation timeline.**
- Facilities Plan: Floor plan(s), total square footage, designated spaces for groups/individual sessions, telehealth capabilities, and ADA/access considerations.
- Service Delivery Plan: Evaluation and assessment workflow (screening, biopsychosocial, ASAM), weekly schedules for each phase and track (JDTC/JBHC/FTC), expected dosage, and curricula by phase. Identify school-year and summer schedules.

- Family & Ancillary Services: Approach to family counseling and related ancillary services, including evidence-based parenting support groups designed to strengthen parenting skills and promote family stability; transportation assistance; mentoring; educational support; and linkage to housing, healthcare, and employment resources.
- Implementation Timeline: Start-up plan with milestones for hiring, training (Treatment Court Institute/CACJ), policy/MOU finalization, and go-live readiness.

**Evaluation Criteria 5 has been revised to account for service provider facilities and locations within zones.**

**R5:** ~~DELETE:~~ Page 14, Cost Proposal, Line Item 18 *Facility/Overhead Costs: Administrative, Telehealth, Supplies, Approx. Annual Quantity: 30 Months*

**ADD:** Page 14, Cost Proposal, Line Item 18 *Facility/Overhead Costs: Administrative, Telehealth, Supplies, Approx. Annual Quantity: 60 Months*

**These are supplemental costs and should be billed once per month over the life of the contract. The contract includes a potential five-year term, with a maximum billing period of sixty (60) months over the life of the contract.** Service providers shall submit the **Revised** Cost Proposal with their proposal.

Please see the below summation of questions and answers for the above solicitation.

**Questions:**

Q1. What is the County's expected timeline for service initiation following contract award and execution (e.g., within 30/60/90 days of contract execution, by July 1st, 2026, etc)?

**A1. The County anticipates that services will commence within thirty (30) days following contract award and full execution.**

Q2. Are there any anticipated Court-driven dependencies (e.g., judicial scheduling, referral ramp-up) that may affect the initial start of services? How many referrals should a provider expect at the beginning of the contract date?

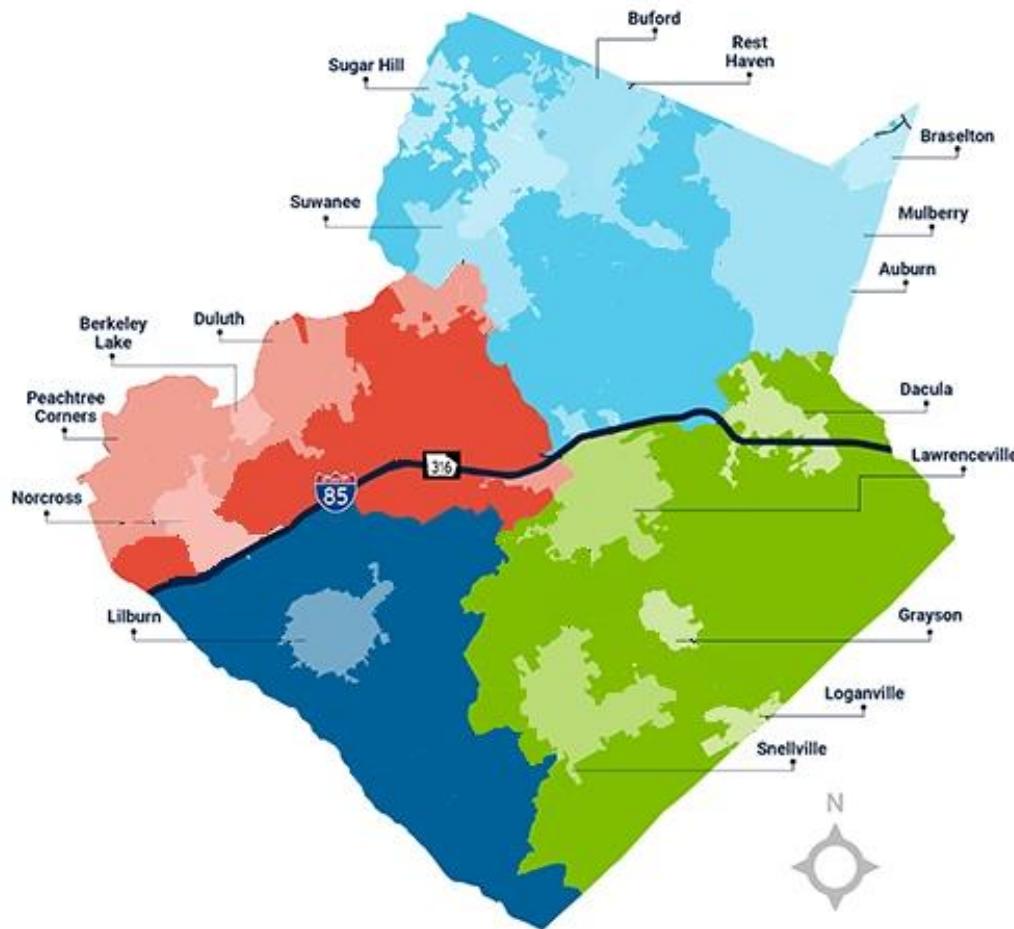
**A2. At this time, the County does not anticipate any Court-driven dependencies that would delay the initiation of services. Services are expected to begin immediately upon contract execution. Based on the previous contract year, approximately seventy-two (72) referrals were made across all courts, despite limited service offerings. With the expansion of services under this solicitation, the County anticipates an immediate increase in referral volume.**

Q3. Does the County anticipate making a single award to one provider for all three tracks, or does it reserve the right to make multiple awards by track?

**A3. The County anticipates awarding contracts based on geographic service zones within Gwinnett County (north and south). See R2 and attached map. Award may be made to multiple providers to ensure adequate availability for clients.**

**The County has been divided into a North Zone (approx. 224 square miles) and a South Zone (approx. 213 square miles). The attached map depicts the North Zone and South Zone are divided by Interstate 85 and Highway 316. In an effort to ensure adequate services at a reasonable distance for adolescent patients, it is the County's intent to award the North Zone to one service provider and award the South Zone to a different service provider. However, the County continues to reserve the right to award the contract in its best interest, including if that means awarding both zones to a single service provider. Service providers should have a facility (preferably multiple facilities) located within the zone they are**

proposing. The contract will be an "open end" type to provide for the requirements of the County on an as-needed basis. The County reserves the right to adjust the delineation of the services should a backlog develop due to a failure by either contractor or at the discretion of the case manager when it is in the best interest of the adolescent.



Service providers may be awarded to provide services across multiple treatment tracks and are not restricted to, nor awarded solely for, a specific treatment court.

Q4. What are the anticipated participant census levels in each program? Does the County anticipate higher utilization in one track? Does the County anticipate an initial census at go-live, or will enrollment ramp up over time?

A4. At this time, the County anticipates immediate utilization of services upon contract execution. Because prior service contracts were limited in scope, the County expects an increase in referrals beginning at go-live, driven by the availability of newly expanded and critically needed services. While utilization may vary by track, the County does not anticipate a delayed ramp-up period.

Q5. How does the County define "reasonable proximity" to the Courthouse and transit routes?

A5. See R3 and R4.

Q6. To what extent does the County consider telehealth or hybrid service delivery acceptable for specific or a percentage of service components (individual, family, group, etc.)?

A6. The County will permit the use of telehealth for group therapy sessions. Individual and family therapy sessions are expected to be provided in person.

Q7. Does the County expect clinical staff to be physically present at Court proceedings, or is virtual participation acceptable when appropriate? Could a Program Director/Care Coordinator meet on-site court presence requirements?

**A7. Physical presence at Court proceedings is preferred. Virtual participation by clinical staff may be permitted on a case-by-case basis and is subject to the discretion of the presiding judge. While scheduling conflicts may arise, any accommodations will be determined solely at the judge's discretion.**

Q8. Will the selected service provider receive access and training for the CACJ-approved case management system prior to go-live?

**A8. Training on the County's CACJ-approved case management system will be provided; however, the timing of such training is dependent upon the scheduling and availability of the software vendor.**

Q9. May reasonable start-up or onboarding costs be included in the cost proposal? Can start-up costs be included in the budget?

**A9. The County will not absorb, assist with, or include start-up or onboarding costs within its budget. All costs must be accounted for by the service provider in the unit cost for each line in the cost proposal.**

Q10. Does the County anticipate payment on a per-participant, per-service, or blended unit basis?

**A10. The County anticipates invoicing to occur at the time services are rendered. Accordingly, invoices are expected to reflect a blended unit basis.**

Q11. Will all referrals originate directly from the Court, or may referrals also come from partner agencies (e.g., DFCS, probation)?

**A11. Referrals may originate from the Court as well as partner agencies, including the Department of Family and Children Services (DFCS) and probation services.**

Q12. Page 12 of the Cost Proposal includes Family Counseling (Functional Family Therapy). Functional Family Therapy (FFT) is an evidence-based intervention in which the number and intensity of sessions may vary based on individualized family needs and clinical indication and requires a license by the purveyor to launch a team. Can the County please clarify whether Functional Family Therapy is required as the family counseling modality and if so, is it intended to be required for all participants, or is FFT program-specific and/or delivered based on clinical assessment and treatment planning?

**A12. Functional Family Therapy (FFT) is a newly introduced modality and is not required for any specific court track. The use of FFT will be determined based on clinical assessment and individualized treatment planning, rather than being mandated for all participants.**

Q13. The Cost Proposal (on page 14) includes an estimated 12 participants requiring Residential Substance Abuse Treatment (28-day inpatient treatment). Given that inpatient services are often delivered by specialized residential providers and that costs may vary based on level of care and length of stay, can the County please clarify whether the selected provider may contract or subcontract with a licensed residential treatment provider to fulfill this service? Additionally, how does the County prefer pricing for this line item to be presented, as a fixed per-episode rate, a per-diem rate projected across a 28-day stay, or another methodology that accounts for variability in inpatient treatment costs?

**A13. Historically, residential treatment services have been billed on a per diem basis. If a service provider elects to contract or subcontract for residential treatment services, a Memorandum of Understanding (MOU) may be required.**

Q14. Does this RFP negate the current contract the County has for Gwinnett County Family Court?

**A14. There is no current active contract with any service provider for these services. Prior pilot service arrangements have either expired or were not utilized.**

Q15. Is there estimated number of clients that will participate in the program?

**A15. See A2.**

Q16. Will there be enough clients to participate in groups or should service providers merge current clients with the groups?

**A16. The County requires that Gwinnett participants be segregated from non-Gwinnett clients for HIPAA compliance purposes. The County currently has a sufficient number of participants to support Gwinnett-only group services.**

Q17. Is there a preferred curriculum to use with these clients?

**A17. The Seven Challenges curriculum is preferred; however, other curricula that are approved by the Council of Accountability Court Judges (CACJ) will also be considered acceptable.**

Q18. How many providers are being chosen?

**A18. See A3.**

Q19. Do providers offer the full scope of the contract or just certain portions?

**A19. Service providers are preferred to offer the full scope of services outlined in the contract, as awards are not made by individual categories, service sections, or court tracks.**

Q20. Is the award dispersed amongst all providers given the award per year?

**A20. See A3.**

Q21. For line item 16 of the Cost Proposal, does this refers to the per-mile rate for providing transportation assistance? If this is not correct, please define a unit in this context?

**A21. See R2.**

Q22. Under section 1.1 (Statement of Work) it states, "Selected service provider(s) will partner with the Court to provide track specific services," whereas under section 3 (Scope of Work), it states "The service provider shall provide comprehensive adolescent behavioral health and substance use treatment services for JDTC, JBHC, and FTC participants." The first statement seems to allude to the possibility of multiple providers yet somewhat contradicted in Section 3's statement. My question is - will the County be selecting multiple providers or looking for one provider to cover all three (3) courts?

**A22. See A3.**

Q23. As participant census increases across the Juvenile Drug Treatment Court, Juvenile Behavioral Health Court, and Family Treatment Court tracks, does the County anticipate or permit clinicians (e.g., therapists and group facilitators) to serve participants across multiple tracks, provided that CACJ standards, phase-specific dosing, and court schedules are fully met?

**A23. Yes. Service providers may serve participants across multiple treatment court tracks, provided that all Council of Accountability Court Judges (CACJ) standards, phase-specific service requirements, and court schedules are fully met.**

Q24. Would the County consider accepting a service provider that focuses exclusively on offering drug screening services and related addiction services, rather than a comprehensive range of treatment services?

**A24. See R1.**

Q25. Please confirm when proof of insurance is required? Specifically, is the insurance coverage required at the time of proposal submission /prior to selection, or only after notification of award/selection (before services begin)?

**A25. Submission of a Certificate of Insurance (COI) with the proposal is not required, although doing so may expedite the award process. A complete and valid COI is required prior to contract execution.**

Q26. How does the County determine whether a facility is within "reasonable proximity" to the Gwinnett County Courthouse?

**A26. See R3 and R4.**

Q27. Is it a requirement that service providers must own/lease the facility at the time of submittal, or can a lease agreement be completed after the award? How quickly are service providers expected to begin providing services?

**A27. See R3, R4, and A1.**

Q28. The unit quantity for "Facility/Overhead Costs: Administrative, Telehealth, Supplies" is unclear - it says the approx. annual quantity is 30 months. Does that mean 30 months per year? How is this calculated?

**A28. See R5.**

This addendum should be acknowledged in the space provided on Page 15 of the request of proposal and returned with your proposal. Failure to do so may result in your proposal being deemed non-responsive.

Thank you.



Chelsey Ward, CPPB  
Purchasing Associate III

**Attachments:**

1. Revised Cost Proposal

FAILURE TO RETURN THIS PAGE AS PART OF YOUR PROPOSAL DOCUMENT MAY RESULT IN REJECTION OF PROPOSAL.

**REVISED COST PROPOSAL**  
**(SUBMIT IN A SEPARATE SEALED ENVELOPE)**

			Year 1		Year 2		Year 3		Year 4		Year 5	
ITEM #	APPROX ANNUAL QTY	DESCRIPTION	UNIT PRICE	TOTAL PRICE								
1.	105 Assessments	Clinical Assessments (ASAM, biopsychosocial, BHE, Adolescent SASSI, Comprehensive clinical, Forensic, psychosexual and other clinical evals): Intake, Risk, and discharge assessment	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
2.	70 Sessions	Nursing Assessment: TB (Tuberculosis)/ RPR (Rapid Plasma Reagin) Testing	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
3.	3,640 Sessions	Individual Counseling: 1-hour individual therapy	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
4	7,280 Sessions	Group Counseling: 90-minute evidence-based group (Cognitive Behavioral Therapy, Moral Reconation Therapy-Youth, Seven Challenges, etc.as approved by CACJ)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
5	20 Sessions	Family Counseling (Functional Family Therapy): 1-Hour Family Therapy	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
6	3,640 Sessions	Parent Support/Parenting Classes: Caregiver/Family Support Groups/Parenting Classes	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
7	390 Sessions	Eye Movement Desensitization and Reprocessing: 60-90 min therapy session	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

Service Provider: \_\_\_\_\_

FAILURE TO RETURN THIS PAGE AS PART OF YOUR PROPOSAL DOCUMENT MAY RESULT IN REJECTION OF PROPOSAL.

**REVISED COST PROPOSAL**

			Year 1		Year 2		Year 3		Year 4		Year 5	
ITEM #	APPROX ANNUAL QTY	DESCRIPTION	UNIT PRICE	TOTAL PRICE								
8	3,640 Contacts	Case Management: Weekly Case Management/School Liaison/Weekly Updates/Performance Metrics/Case Assessment	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
9	2,080 Sessions	Peer Support/Recovery Coaching: 1-Hour Peer/Recovery Support	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
10	2,080 Sessions	Parenting Support/Ancillary Groups: 90-Minute Caregiver Group	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
11	3,120 Sessions	Educational/Vocational Support: Tutoring, Job Readiness	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
12	180 Sessions	Aftercare/Alumni Engagement: Contact During Aftercare Phase	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
13	660 Encounters	Psychiatric/Medication Management: Psych Eval, Med Review, and Medicated Assisted Treatment	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
14	30 Incidents	Crisis Intervention/On-Call: After-Hours Clinical Response	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
15	90 Staff	Staff Training/CACJ Compliance: Annual Continuing Education	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

Service Provider: \_\_\_\_\_

FAILURE TO RETURN THIS PAGE AS PART OF YOUR PROPOSAL DOCUMENT MAY RESULT IN REJECTION OF PROPOSAL.

**REVISED COST PROPOSAL**

			Year 1		Year 2		Year 3		Year 4		Year 5	
ITEM #	APPROX ANNUAL QTY	DESCRIPTION	UNIT PRICE	TOTAL PRICE								
16	60 Months	Facility/Overhead Costs: Administrative, Telehealth, Supplies	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
17	36 Contacts	Staffing Attendance (once per week)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
18	36 Contacts	Court Attendance: (once per week)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
19	12 Entries	Residential Substance Abuse Treatment (i.e. 28-day Impatient Treatment)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
20	3,640 Contacts	Community Support Individual: Provides Social, Behavioral, Life Skills, And Coping Skills for Children and Teens	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
21	850 Sessions	Prosocial Activities: Community Service/Mentorship, etc.	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Annual Totals:			\$	\$	\$	\$	\$	\$	\$	\$		\$
Total for all 5 Years:												\$

Service Provider: \_\_\_\_\_