



# Agenda Item Summary: Item #10-0252

+ FULTON COUNTY

BOC Meeting Date  
February 17, 2010

Requesting Agency  
Sheriff's Office

Commission Districts Affected  
All

Requested Action *(Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)*

Request approval to extend existing Contract – **Sheriff's Office**, Bid #06RFP00016YB Fulton County Jail Inmate Physical Health Services, in the amount of \$3,866,937 with Correctional Medical Associates, Inc. (Atlanta, Fulton, GA) to provide inmate physical services for an additional 122 days. Effective dates: March 1, 2010 through June 30, 2010.

Requirement for Board Action *(Cite specific Board policy, statute or code requirement)*

In accordance with Board Policy #800-6, contract modifications within the scope of the contract & necessary for contract completion of the contract, in the specifications, services, time of performance or terms and conditions of the contract shall be forwarded to the Board of Commissioners for ratification.

Is this Item Goal Related? *(If yes, describe how this action meets the specific Board Focus Area or Goal)*

Yes  No

### Summary & Background

*(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)*

The Sheriff's Office requests approval to extend existing contract to provide Jail Inmate Physical Health Services. This extension is requested to complete the procurement process to allow for approval of a new contractor. The Sheriff's Department currently is working under Consent Order Civil Action NO 04-CV1416-MHS, which requires physical and mental health services be provided to inmates. Failure to provide this health service would cause the County to be in contempt of the Court order. This extension will allow time to solicit, receive and evaluate proposal for combining these services.

1. Total number of notifications: 356
2. Total number of notifications to Fulton County based businesses: 33
3. Total number of notifications to MFBEs: 6
4. Total Number of bids received: 1 (M/FBE)
5. Total number of bids received from Fulton County based businesses: 1
6. Indicate whether this is the first time the county has procured this good or service: No
7. Indicate how much the County spent on the good service the previous year: \$11,471,799.27
8. Cost of next lowest responsive and responsible bidder: N/A
9. Number of Vendors identified from Internet search: N/A

CURRENT CONTRACT HISTORY	BOC ITEM	DATE	DOLLAR AMOUNT
Original Award Amount	06-1281	02/21/2007	\$10,902,012.86
1 <sup>st</sup> Renewal	08-0207	02/20/2008	\$11,231,263.06
2 <sup>nd</sup> Renewal	09-0234	03/04/2009	\$11,471,799.27
1 <sup>st</sup> Extension			\$ 3,866,937.00
Total Revised Amount			\$37,472,012.19

Agency Director Approval		County Manager's Approval
Typed Name and Title Cecil S. Moore, Purchasing Director	Phone (404) 612-5800	
Signature 	Date 2-9-10	



FULTON COUNTY BOARD OF COMMISSIONERS

Agenda Approval & Routing Form

Contract Attached: No	Previous Contracts: Yes	Procurement Type: Request for Proposal (RFP)	Proposed Action: Extension
Solicitation Number: 06RFP00016YB	Submitting Agency: Sheriff's Office	Staff Contact: Jimmy Butts	Contact Phone: 404-612-9239

Description:  
To Provide Inmate Mental Health services

CONTRACTOR INFORMATION

Other Contract Party(s):	Solicitation Information	NON-MFBE	MFBE	FBE	TOTAL
	No. Bid Notices Sent:				
	No. Bids Received:				

<b>Prime Contractor Information:</b> Contractor Type: FBE Name: Correctional Medical Associates Address: 201 17 <sup>th</sup> Street N.W City: Atlanta State: Ga Zip: 30363 Contact Name: Sandra Wayland Phone: 404-760-0296 Start Date: 03/01/10 End Date: 06/06/10 Upon Approval: <input checked="" type="checkbox"/> Amount:	<b>Subcontractor Information:</b> Contractor Type: Select One Name: Address: City: State: Zip: Contact Name: Phone: Start Date: End Date: Upon Approval: <input type="checkbox"/> Amount:
--	--

FINANCIAL SUMMARY

<b>Total Contract Value:</b> Original Approved Amount: 10,904,138.89 Previous Adjustments: \$22,799,464.01 This Request: \$3,137,676.42 TOTAL: \$36,841,279.32	<b>MBE/FBE Participation:</b> Amount: %: Amount: %: Amount: %: Amount: %:	<b>Grant Information Summary:</b> Amount Requested: <input type="checkbox"/> Cash Match Required: <input type="checkbox"/> In-Kind Start Date: <input type="checkbox"/> Approval to Award End Date: <input type="checkbox"/> Apply & Accept Match Account #:
---	---	---

Funding Line 1: 100-330-3302-1158	Funding Line 2:	Funding Line 3:	Funding Line 4:
--------------------------------------	-----------------	-----------------	-----------------

KEY CONTRACT TERMS

Start Date: 3-1-2009	End Date: 6-6-2010	Contract Type: Extension	Payment Terms:
Cost Adjustment: Upon Contract Approval	Renewal/Extension Terms: No Renewals remaining	Termination Provisions: Per the contract	

ROUTING & APPROVALS

<input checked="" type="checkbox"/> Originating Department: <i>J. Butts</i>	Date: 12/14/09
<input checked="" type="checkbox"/> County Attorney:	Date:
<input type="checkbox"/> Information Technology:	Date:
<input type="checkbox"/> General Services:	Date:
<input type="checkbox"/> Risk Management:	Date:
<input type="checkbox"/> Grants Management:	Date:
<input checked="" type="checkbox"/> Purchasing/Contract Compliance:	Date:
<input checked="" type="checkbox"/> Finance/Budget: <i>Sammy Long</i>	Date: 12/17/09

Submit Close Print View

Powered by:

<b>DEPARTMENT OF PURCHASING &amp; CONTRACT COMPLIANCE</b>			
<b>CONTRACTORS PERFORMANCE REPORT PROFESSIONAL SERVICES</b>			
<b>Report Period Start</b>	<b>Report Period End</b>	<b>Contract Period Start</b>	<b>Contract Period End</b>
1/1/2009	12/31/2009	1/1/2010	12/31/2010
<b>PO Number</b>			<b>PO Date</b>
<b>Department</b>	<b>SHERIFF</b>		
<b>Bid Number</b>	<b>04RFP707B</b>	<b>Service Commodity</b>	<b>Jail Inmates Medical Health</b>
<b>Contractor</b>	<b>Correctional Medical Associates</b>		<b>Res</b>

0 = Unsatisfactory *Achieves contract requirements less than 50% of the time, not responsive, effective and/or efficient, unacceptable incompetence, high degree of customer dissatisfaction.*

1 = Poor *Achieves contract requirements 70% of the time. Marginally responsive, effective and/or efficient; delays require significant adjustments to programs; key employees marginally capable; customers somewhat satisfied.*

2 = Satisfactory *Achieves contract requirements 80% of the time; generally responsive, effective and/or efficient; delays are excused and/or results in minor program adjustments; employees are capable and satisfactorily providing service with intervention; customers indicate satisfaction.*

3 = Good *Achieves contract requirements 90% of the time. Usually responsive; effective and/or efficient; delays have no program/mission; key employees are highly competent and seldom require guidance; customers are highly satisfied.*

4 = Excellent *Achieves contract requirements 100% of the time. Immediately responsive; highly efficient and/or effective; no employees are experts and require minimal directions; customers expectations are exceeded.*

1. Quality of Good/Services (- Adhered to Work Plan - Technical Requirements Met - Reports/Administration Prompt - Personnel Assigned)

**Comments:**

0 Services are delivered in accordance with national standards of care for correctional facilities. Medications are ordered and administered to inmates within the first 24 hours of arrival to the jail.

1 Medical screening of all inmates occurs within the first 24 hours of arrival in the jail.

2 All inmates booked into the jail receive a hands on physical examination within the first 72 hours.

3

4

2. Timeliness of Performance (- Were Milestones Met as Scheduled - Displayed Reliability - On Time Completion/No Delays - Efficient Use of Manpower resources)

**Comments:**

0 Inmate requests for medical visits are triaged daily. Inmate sick call is conducted five days a week.

1 Distribution of medication is conducted twice a day seven days a week. Chronically ill inmates receive care continuously, as needed.

2 Dental services are provided five days a week.

3

4

3. Business Relations (- Responsiveness to Inquiries - Prompt Problem Notifications)

**Comments:**

0

1

2  
 3  
 4

Inmate grievances are responded to within 48 - 72 hours.

**4. Customer Satisfaction (- Scope of Services Delivered - Met User Quality Requirements - Met all Industry Standards - Within Budget/Cost Estimate Invoicing)**

0  
 1  
 2  
 3  
 4

Comments:

Services are provided in accordance to the standards of care determined by the American Medical Association, National Comm Correctional Health Care, and American Correctional Association.

Contract services are delivered within budget.

**5. Contractors Key Personnel (- Credentials/Experience Appropriate - Effective Supervision/Management - Available as Needed)**

0  
 1  
 2  
 3  
 4

Comments:

Vendor's on-site management demonstrates leadership and provides direction to staff through continuous quality improvement activities.

Management staff are on-site and available seven days a week.

Overall Performance Rating:		3.8	
Would you select/recommend this vendor again? (Check box for Yes. Leave Blank for No)		Rating completed by:	George Herron
<input checked="" type="radio"/> Yes <input type="radio"/> No			
Department Head Name		Department Head Signature	
		Date	
		12/16/2009	

Submit    Close    Print View

**EXTENSION NO. 1 TO FORM OF CONTRACT**

Contractor: **Correctional Medical Associates, Inc.**  
Contract No. **06RFP00016YB – Jail Inmate Physical Health Services**  
Address: **201 17<sup>th</sup> Street Northwest**  
City, State **Atlanta, Georgia 30363**  
Telephone: **(404) 760-0296**  
Facsimile or: **(404) 760-0296**  
E-mail address  
Contact: **Sandra Wayland**  
**President**

**WITNESSETH**

WHEREAS, Fulton County ("County") entered into a Contract with **Correctional Medical Associates, Inc.** to provide/perform inmate physical services, dated **March 1, 2010** on behalf of the **Sheriff's Department**; and

WHEREAS, the Contractor has performed satisfactorily over the period of the contract; and

WHEREAS, this Extension was approved by the Fulton County Board of Commissioners on **[Insert Board of Commissioners approval date and item number]**

**NOW, THEREFORE**, the County and the Contractor agree as follows:

This Extension No. 1 to Form of Contract is effective as of the **1st** day of **March, 2010**, between the County and **Correctional Medical Associates, Inc.**, who agree that all Services specified will be performed by in accordance with this Extension No. 1 to Form of Contract and the Contract Documents.

1. **SCOPE OF WORK TO BE PERFORMED: Inmate Physical Health Services**
2. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Contractor for a total amount not to exceed **[Insert amount approved by BOC]**.
3. **LIABILITY OF COUNTY:** This Extension No. 1 to Form of Contract shall not become binding on the County and the County shall incur no liability upon same until such agreement has been executed by the Chair to the Commission, attested to by the Clerk to the Commission and delivered to Contractor.
5. **EFFECT OF EXTENSION NO. 1 TO FORM OF CONTRACT:** Except as modified by this Extension No. \_\_ to Form of Contract, the Contract, and all Contract Documents, remain in full force and effect.

**IN WITNESS THEREOF**, the Parties hereto have caused this Contract to be executed by their duly authorized representatives as attested and witnessed and their corporate seals to be hereunto affixed as of the day and year date first above written.

OWNER:

**FULTON COUNTY, GEORGIA**

CONSULTANT:

**Correctional Medical Associates,  
Inc.**

\_\_\_\_\_  
John H. Eaves, Commission Chair  
Board of Commissioners

\_\_\_\_\_  
**Sandra Wayland, President**

ATTEST:

ATTEST:

\_\_\_\_\_  
Mark Massey  
Clerk to the Commission (Seal)

\_\_\_\_\_  
Secretary/  
Assistant Secretary

(Affix Corporate Seal)

APPROVED AS TO FORM:

\_\_\_\_\_  
Office of the County Attorney

APPROVED AS TO CONTENT:

\_\_\_\_\_  
**Theodore Jackson, Sheriff**  
**Fulton County Sheriff's Department**

--	--	--	--

**Contract Value:** \$3,866,937  
**Prime Vendor:** Correctional Medical Associates  
**Prime Status:** African American Female Business Enterprise *Non-Certified*  
**Location:** Atlanta, GA  
**County:** Fulton County  
**Prime Value:** \$3,866,937  
**Subcontractor:** None

**Total Contract Value:** \$3,866,937 or 100%  
**Total M/FBE Values:** \$3,866,937 or 100%

<b>Fiscal Impact / Funding Source</b>	<i>(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)</i>
---------------------------------------	---

100-330-3302-1158 General, Sheriff's Department, Medical Services, \$3,866,937

<b>Exhibits Attached</b>	<i>(Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)</i>
--------------------------	--

Exhibit 1: Contractor Performance Report  
 Exhibit 2: Extension No. 1 To Form of Contract

<b>Source of Additional Information</b>	<i>(Type Name, Title, Agency and Phone)</i>
---	---

Jimmy Butts, Finance Director, Fulton County Sheriff's Office (404) 612-9239