

Contract Renewal Evaluation Form

Date:	October 8, 2021
Department:	MENTAL HEALTH
Contract Number:	17RFP112103A-CJC
Contract Title:	Behavioral Health Service Delivery Model – River Edge

Instructions:

It is extremely important that every contract be rigidly scrutinized to determine if the contract provides the County with value. Each renewal shall be reviewed and answers provided to determine whether services should be maintained, services/scope reduced, services brought in-house or if the contract should be terminated. Please submit a completed copy of this form with all renewal requests.

1. Describe what efforts were made to reduce the scope and cost of this contract.

Cost for the contract for behavioral health services is based on BHDD’s budget. The final price of this contract was negotiated during the RFP purchasing process. This is a 5 year contract. Each year will be negotiated based on the number of clients to be served as determined by Fulton County, and subject to the Non-appropriation clause of the contract.

2. Describe the analysis you made to determine if the current prices for this good or service is reflective of the current market. Check all applicable statements and provide documentation:

Internet search of pricing for same product or service:

	Date of search:	Click here to enter a date.
	Price found:	Click here to enter text.
	Different features / Conditions:	Click here to enter text.
Percent difference between internet price and renewal price:		Click here to enter text.

Explanation / Notes:

BHDD followed the Request for Proposals (RFP) guidelines to ensure compliance with the State of Georgia DBHDD and Fulton County’s policies and procedures.

Market Survey of other jurisdictions:

Date contacted:	Click here to enter a date.
Jurisdiction Name / Contact name:	Click here to enter text.
Date of last purchase:	Click here to enter a date.
Price paid:	Click here to enter text.
Inflation rate:	Click here to enter text.
Adjusted price:	Click here to enter text.
Percent difference between past purchase price and renewal price:	Click here to enter text.
Are they aware of any new vendors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are they aware of a reduction in pricing in this industry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How does pricing compare to Fulton County's award contract?	Click here to enter text.

Explanation / Notes:

Click here to enter text.

Other (Describe in detail the analysis conducted and the outcome):

Click here to enter text.

3. What was the actual expenditure (from the AMS system) spent for this contract for previous fiscal year?

6,013,513

4. Does the renewal option include an adjustment for inflation? Yes No
(Information can be obtained from CPI index)

Was it part of the initial contract? Yes No

Date of last purchase:	Click here to enter a date.
Price paid:	Click here to enter text.
Inflation rate:	Click here to enter text.
Adjusted price:	Click here to enter text.
Percent difference between past purchase price and renewal price:	Click here to enter text.

Explanation / Notes:

Click here to enter text.

5. Is this a seasonal item or service? Yes No

6. Has an analysis been conducted to determine if this service can be performed in-house? Yes
 No If yes, attach the analysis.

7. What would be the impact on your department if this contract was not approved?

The Department of Behavioral Health would not be able to provide this much needed services to the citizens of Fulton County. It would take an inordinate amount of time to re-staff or to vet other providers. Consumers would not receive the necessary medication and begin to decompensate.

Click here to enter text.

Click here to enter a date.

Prepared by

Date

LaTrina Foster, LPC

October 8, 2021

Department Head

Date