

Fulton County Board of Commissioners

Agenda Item Summary

BOC Meeting Date 12/19/2018

Requesting Agency

Sheriff

Commission Districts AffectedAll Districts

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

Request approval to renew and amend existing contract - Sheriff's Office, RFP#17RFP07012016B-BR, Inmate Medical Services in an amount not to exceed \$21,559,563.04 with NaphCare, Inc. (Birmingham, AL) to provide physical and mental health services to inmates at the Fulton County Jail and other locations. This is the first renewal. Effective dates: January 1, 2019 through December 31, 2019.

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

In accordance with Purchasing Code Section 102-394(6), the Purchasing Department shall present all renewal requests to the Board of Commissioners at least 90 days prior to the contract renewal date or 60 days if the contract term is six (6) months or less. In accordance with Purchasing Code Section 102-420, contract modifications within the scope of the contract and 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.

Is this Item related to a Strategic Priority Area? (If yes, note strategic priority area below)

Yes All People are safe

Is this a purchasing item?

Yes

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.)

Scope of Work: The Sheriff's Office requests approval to renew an existing contract to provide inmate mental and physical healthcare to inmates housed at the Fulton County Jail, Alpharetta Jail, Marietta Annex, and South Fulton Municipal Regional Jail.

Community Impact: N/A

<u>Department Recommendation</u>: This contract will allow for the continued inmate healthcare to inmates at the Fulton County Jail and satellite facilities.

Project Implications: N/A

Community Issues/Concerns: N/A

<u>Department Issues/Concerns:</u> The Sheriff's Office is Constitutionally required to provide inmate healthcare at the Fulton County Jail and satellite locations.

Agency Director Approval	County Manager's	
Typed Name and Title Felicia Strong-Whitaker, Director	Phone (404) 612-5800	Approval
Signature	Date	

Revised 03/12/09 (Previous versions are obsolete)

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Continued

History of BOC Agenda Item:

CURRENT CONTRACT HISTORY	BOC ITEM	DATE	DOLLAR AMOUNT
Original Award Amount	17-0934	11/15/2017	\$20,730,349.08
Renewal No. 1			\$21,559,563.04
Total revised Amount			\$42,289,912.12

Contract & Compliance Information	(Provide Contractor and Subcontractor details.)

Solicitation	NON-MFBE	MBE	FBE	TOTAL
Information				
No. Bid Notices Sent:				
No. Bids Received:				
L		l	l	1
Total Contract Value	-			
Total M/FBE Values				
Total Prime Value				
Fiscal Impact / Fundin	0.3000.0	(Include projected of source of funds, an		ndget amount and account number, ing requirements.)
\$21,559,563.04/Genera	I, Non-Agency	, Medical Service	es, 100-999-S	200-1158
Exhibits Attached		Provide copies of centrical (Provide copies o	•	exhibits consecutively, and label all
1) Exhibit 1: Contract		• •	,	
2) Exhibit 2: Contrac	ct Renewal Eva	aluation Form		
3) Exhibit 3: Contract				

Source of Additional Information (Type Name, Title, Agency and Phone)

- 1) Leighton Graham, Colonel, Sheriff's Office, 404-612-6782
- 2) Flora Eatman, Finance Division Manager, Sheriff's Office, 404-612-9241

Agency Director Approval		County Manager's
Typed Name and Title Felicia Strong-Whitaker, Director	Phone (404) 612-5800	Approval
Signature	Date	

Revised 03/12/09 (Previous versions are obsolete)

Continued

Procurement						
Contract Attached:	Contract Attached: Previous Contracts:					
No	Yes					
Solicitation Number:	Submitting Agency:		Contact Phone:			
17RFP07012016B-BR		Leighton Graham	404-612-6782			
Description: To provid	le healthcare to the inr	nates at Fulton County	Jail and satellite facilities.			
	FINANC	IAL SUMMARY				
Total Contract Value:		MBE/FBE Participation				
Original Approved Amo		Amount: .	%: .			
Previous Adjustments:		Amount: .	%: .			
This Request:	\$21,559,563.04	Amount: .	%: .			
TOTAL:	\$42,289,912.12	Amount: .	%: .			
Grant Information Sun	nmary:					
Amount Requested:	•	Cash				
Match Required:	•	☐ In-Kind	<u>.</u>			
Start Date:	•	Approval to A				
End Date: Apply & Accept						
	Match Account \$: .					
Funding Line 1: Funding Line 2:		Funding Line 3:	Funding Line 4:			
100-999-S200-1158	100-999-5200-1158					
KEY CONTRACT TERMS						
Start Date:	End Date:					
1/1/2019	12/31/2019					
Cost Adjustment:	Renewal/Extension T	erms:				
		& APPROVALS				
(Do not edit below this line)						
X Originating Dep	partment:	Carter, Jimmy	Date: 12/7/2018			
. County Attorne			Date: .			
	ntract Compliance:		Date: .			
	t Analyst/Grants Admin:	Jones, Monica	Date: 12/7/2018			
. Grants Manage			Date: .			
. County Manage			Date: .			



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL

DEPARTMENT: Sheriff's Office

BID/RFP# DESCRIPTION: 17RFP07012016B-BR Inmate Medical Services

BID/RFP# NUMBER: 17RFP07012016B-BR

ORIGINAL APPROVAL DATE: 11/15/2017

RENEWAL PERIOD: FROM: January 1, 2019 THROUGH December 31, 2019

RENEWAL OPTION # 1 OF 4

NUMBER OF RENEWAL OPTIONS: 4

RENEWAL AMOUNT: \$21,559,563.04

COMPANY'S NAME: Naphcare, Inc.

ADDRESS: 2090 Columbiana Road Suite 4000

CITY: Birmingham

STATE: Alabama

ZIP: 35126

SIGNATURES: SEE NEXT PAGE

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP# (Person signing must have signature authority for the company/corporation)

NAME:	(Print)
(CEO, President, Vice	President)
VENDOR'S SIGNATURE:	DATE
ATTEST:	
	NOTARY PUBLIC:
TITLE:	COUNTY:
SEAL (Affix)	MY COMMISSION EXPIRES:
ATTEST:	
FULTON COUNTY, GEORGIA	
	DATE:
JOHN H. EAVES, CHAIRMAN BOARD OF COMMISSIONERS	
	DATE
MARK MASSEY CLERK TO THE COMMISSION	DATE:
DEPARTMENT AUTHORIZES RENEWA BID/RFP:	AL OPTION ON THE AFOREMENTIONED
DEPARTMENT HEAD:	(Print)
DEPARTMENT HEAD SIGNATURE:	DATE
Please indicate if the following are provide	d :
previously approved by the Board of	nsurance must be attached to all renewals. Bonds attached (If required)

Contract Renewal Evaluation Form

Date:	July 20, 2018
Department:	SHERIFF
Contract Number:	17RFP07012016B-BR
Contract Title:	Inmate Medical Services

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.

The Sheriff's Office solicits this service as part of a Request for Proposal. Cost is a determining factor in the soliciting process.

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:

Click here to enter text.

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	☐ 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?	☐ Yes	□ No
	Are they aware of a reduction in pricing in this industry?	☐ Yes	□ No
	How does pricing compare to Fulton County's award contract?		
	riow does prioring compare to 1 attorn country 5 award contract:	Click here to	enter text.
3.	Click here to enter text. ☐ Other (Describe in detail the analysis conducted and the out of Click here to enter text. What was the actual expenditure (from the AMS system) spent figure ? 19,588,406.62 FY2017 Does the renewal option include an adjustment for inflation? (Information can be obtained from CPI index)		r previous fiscal □ No
	Was it part of the initial contract?	⊠ Yes	□ No
Da	te of last purchase:	Click here to enter a	date.
Pri	ce paid:	Click here to enter to	ext.
Infl	ation rate:	Click here to enter to	ext.
Ad	justed price:	Click here to enter to	ext.
Pe	rcent difference between past purchase price and renewal price:	Click here to enter to	ext.
Ex	planation / Notes:		
Cli	ck here to enter text		

Click here to enter text.

	Department Head		Date
	Leighton Graham		July 23, 2018
	Prepared by		Date
	Roderic Terrell		July 23, 2018
	The Sheriff's Office would not be able		• •
7.	What would be the impact on your dep	oartment i	f this contract was not approved?
6.	Has an analysis been conducted to de ⊠ No If yes, attach the analysis.	termine if	this service can be performed in-house? Yes
5.	Is this a seasonal item or service?	☐ Yes	⊠ No

DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACTORS PERFORMANCE REPORT PROFESSIONAL SERVICES

Report Period Start	Report Period End	Contract Period Start	Contract Period End	
10/1/2018	12/1/2018	1/1/2018	12/31/2018	
PO Number			PO Date	
17RFO07012016B-BR			12/6/2018	
Department	Sheriff			
Bid Number				
Service Commodity	Inmate Medical Services			
Contractor	NaphCare, Inc.			

Contractor	NaphCare, Inc.			
= Unsatisfactory	Achieves contract requirements less than 50% of the time, not responsive, effective and/or efficient, unacceptable delay, incompetence, high degree of customer dissatisfaction.			
= 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.			
t = Satisfactory	Achieves contract requirements 80% of the time; generally responsive, effective and/or efficient; delays are excusable and/or results in minor programs adjustments; employees are capable and satisfactorily providing service withou intervention; customers indicate satisfaction.			
s = Good	Achieves contract requirements 90% of the time. Usually responsive; effective and/or efficient; delays have not impact on programs/mission; key employees are highly competent and seldom require guidance; customers are highly satisfied.			
= Excellent	Achieves contract requirements 100% of the time. Immediately responsive; highly efficient and/or effective; no delays; key employees are experts and require minimal directions; customers expectations are exceeded.			

. Quality of Goods/Services (-Specification Compliance - Technical Excellence - Reports/Administration - Personnel Qualification)

The service provider	(Naphcare) is meeting the requiren	nents for inmate medical	care as evident by low in	mate grievances.	

. Timeliness of Performance (-Were Milestones Met Per Contract - Response Time (per agreement, if applicable) - Responsiveness to Direction/Change - On Time ompletion Per Contract)

Comments:

Naphcare's admin staff have demonstrated some difficulties responding to contract concerns:

1) Failure to have the appropriate supervision at South Annex (i.e. no Health Service Administrator) staff; no daily supervision for staff for 2-3 months. Repeated request were made for adherence, but all were ignored by Naphcare's Admin . Purchasing Monitor (Ms. Love) and Health Program Manager (Ms. Lightbourne) conducted several site visits; no supervisor was at the facility during any of the visits. Purchasing Monitor (Ms. Love) and Health Program Manager had to contact corporate for

2) The Naphcare's Admin changed the pharmacy hours of operations without notifying Health Program Manager or Jail Admin staff. This impeded upon daily activities: preparing courts orders and delayed several extradition. It required to out-of-state agencies to make over night accommodations and flight changes due to these

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

30 G	Comments:

C 3

Naphcare's Admin is delayed in their response to the need	ds of the facility; ho	wever, Naphcare's corpora	ite is always av	ailable to discuss and correct m	atters involving inmate
# 18-1006					
C 4					
Customa Satisfactor / Mat Us a Custo Face All Customa					
Comments:	cification - Within	Budget - Proper Invoicin	g - No Substit	utions)	
In March, Naphcare's corporate was contact about the con were reminded the BOC only approved \$20.7 million for th	ntract's HIV medica	tion drugs being billed sep	arately. In Apri	I, Naphcare's corporate met with	Purchasing and they
informed them the matter needed to be resolved, repeating	\$20.7 was appro	ved by BOC nothing more	Nanhcare rend	orted they would be attempting t	to obtain 340(b) pricing
in locating a 340(b) vendor. The Program Manager obtain	ed permission to re	each out to the agency on t	nehalf of the EC	SO. The agency agreed to pro	ving services in the
allowing the HIV population to receive specialized care wh	ile still in the jail ar	agency to capture 340(b) and then transitioning to the	pricing (discou community see	nted at approx. 39% for 95% of ing the same providers and rece	the drugs) and eiving their
medications free.			=	300.00	
. Contractors Key Personnel (-Credentials/Experience Appropriate	- Effective Super	vision/Management - Av	ailable as Nee	ded)	
C O Comments:	38	\$00m2 1 0.090000 5			
Naphcare has maintained all their key staff with the except injury that later resulted in FMLA. Naphcare Admin staff re	tion of the Infectiou	s Disease doctor (until Ser	otember). Altho	ough, the HSA for the South Ann	nex have been out with an
C 2					
C 3					
€ 4					
•					
Overall Performance Rating: 3.0	- HILL STATE OF THE STATE OF TH	7			
Total 1 crioimance (taking.					
Vould you select/recommend this vendor again? Check box for Yes. Leave Blank for No)	Rating completed by:	Meredieth.L	ghtbourn		
• Yes C No					
	100				
Department Head Name	D	epartment Head Signatur	e	Date	
Leighton E. Graham, Col.	Seu	Senter & Shulum		12/6/2018	
	Ü				