



Fulton County, GA

Department of Purchasing & Contract Compliance

*Cecil S. Moore, CPPO, CPPB, CPSM, C.P.M., A.P.P
Director*

July 15, 2011

Re: 11RFP118BHS2011C-BL, Behavioral Health Services for Participants at the Fulton County Jail

Dear **Proposer**:

Attached is one (1) copy of Addendum 2, hereby made a part of the above referenced 11RFP118BHS2011C-BL, **Behavioral Health Services for Participants at the Fulton County Jail**.

Except as provided herein, all terms and conditions in the **11RFP118BHS2011C-BL, Behavioral Health Services for Participants at the Fulton County Jail** referenced above remain unchanged and in full force and effect.

Sincerely,

*William E. Long, Jr., CPPB
Chief Assistant Purchasing Agent*

Winner 2000 - 2009 Achievement of Excellence in Procurement Award • National Purchasing Institute



**11RFP118BHS2011C-BL, Behavioral Health Services for Participants at the
Fulton County Jail
Addendum No. 2**

This Addendum forms a part of the contract documents and **modifies** the original RFP documents as noted below:

- 1.) QUESTION: The contract terms listed in the RFPs conflict: On *page 1-1* the contract term is listed as “one year, subject to annual review and renewal for 4 additional years.” On *page 2-4* only two year renewal options are stated: “this agreement may be renewed at the written option of the County upon the approval of the County Board of Commissioners for two (2) one-year (“Renewal Terms”)”

- 1st. Renewal Term: January 1, 2012 – December 31, 2012
- 2nd. Renewal Term: January 1, 2013 – December 31, 2013

Also, on *page 3-2* the start date listed for the adult Second Chance Re-Entry Demonstration Grant (this program) is listed as August 1, 2011. Is the awarded provider expected to operate the program from August 1, 2011 – December 31, 2011, without agreement to operate the program for the 1st renewal term of January 1, 2012 – December 31, 2012?

RESPONSE: This is a basic one-year contract; and depending on whether grant funding is available, may be renewed per the terms of this section.

- 2.) QUESTION: Are non-profit organizations that employ local employees, but have not had a business license with Fulton County for at least one (1) year prior to the date of proposal submission, exempt from the local preference criteria and still be able to receive the 10 local preference points?

RESPONSE: If the business is located within the geographic boundaries of Fulton County then you qualify for the 10 Local Preference Points.

- 3.) QUESTION: Is it the expectation that the Psychiatrist hired for this program will be a full time employee or can the Psychiatrist be a consultant?

RESPONSE: The psychiatrist may be either full time or a consultant

- 4.) QUESTION: What Evidence –Based Practices (EBP) should be used for this program? Is there a preference?

RESPONSE: The types of EBP's that may be considered include Cognitive Behavioral Therapy, Therapeutic Community Model, Motivational Interviewing, Trauma Recovery Therapy, Anger Management/Domestic Violence, Integrated Treatment to address Co-occurring Disorders, Psychiatric and Medication Management, Moral Reconciliation Therapy and/or therapy that addresses Criminal Thinking.

- 5.) QUESTION: What are the Cost Proposal Forms that are required?

RESPONSE: SECTION 3: PROPOSAL REQUIREMENTS, Section 3.5 – Cost Proposal Format and Contents, Page 3-10.

- 6.) QUESTION: There is only one Cost Proposal Form (page 3-10) for staffing expenses included in the RFP. Can we submit a budget using our own template or will additional cost proposal forms/templates be provided in addendums?

RESPONSE: No. All cost associates with your proposal costing, must be shown on the Cost Proposal Form provided. No additional cost proposal forms will be provided.

- 7.) QUESTION: We do not intend to subcontract any portion of this project. Should we include the subcontractor forms (Exhibit D, E, F, & G, Form F,) listed under the required forms and title them as “Non Applicable”?

RESPONSE: Yes

- 8.) QUESTION: Is there a particular formatting preference (page numbers, page length, text size and font, spacing, header/footer, etc.)?

RESPONSE: A table of contents must be provided; and identify where required submissions are in the providers proposal submission. No page length criteria is identified, text size should be 12-point, single spaced.

9.) QUESTION: Should the paper copy of the Technical Proposal be submitted in a binder with tabs separating sections or would you prefer the proposal just be bound by binder clip?

RESPONSE: In a binder with tabs separating sections.

10) QUESTION: Will office space be provided in the jail for my staff?

11) **RESPONSE: All attempts will be made to have office space, but it depends on the number of staff and jail availability.**

11) QUESTION: Will the members of my team have access to the jail for services at certain times?

RESPONSE: Yes

12) QUESTION: What frequency you would like inmates to be seen weekly?

RESPONSE: No less than 5 days a week

13) QUESTION: What is the length of time we will engage prior to transitioning?

RESPONSE: The offender will transition at the time most appropriate for him, based on a team approach This will include input from the case managers, the reentry program manager along with any unit providing services to the participant. The expectation is 6-9 months but it could be longer.

14) QUESTION: If I already have a community mental health agency can I roll the inmates over upon release to my program (I am currently a Medicaid provider)?

RESPONSE: Yes

15) QUESTION: Will the inmates in the re-entry program change and if so how often?

RESPONSE: We have budgeted services for 40 inmates. If an inmate is removed from the program or for some reason is unable to complete it, that person will be replaced. I do not anticipate a lot of change within the year.

16) What is the re-course for those non responsive to treatment?

RESPONSE: We will remove them from the program and impose an alternative previously agreed upon sentence.

17) QUESTION: Will our clinical judgment determine readiness for transitioning?

RESPONSE: There will be a team approach to determine readiness to transition which will include input from the case managers, the reentry program manager, along with any unit providing services to the participant.

18) QUESTION: Can an inmate enrolled into the re-entry program be discharged from the re-entry program? And if so under what terms?

RESPONSE: The graduated sanctions policy has not yet been determined.

19) QUESTION: Upon release will inmates have a probation officer?

RESPONSE: It will vary depending on the agreed upon sentence

20) QUESTION: Will these cases be dead doc or open cases?

RESPONSE: It will vary based on the agreed upon sentence.

21) QUESTION: Are these violent offenders?, Are they being detained for misdemeanors or felonies? Are we to create our own documentation to support the work being done?

RESPONSE: The offenders will be non-violent and charged with a felony crime. Yes you will need to create the paperwork which best suits your needs, but that should be in consultation with the case managers and the reentry program manager.

22) QUESTION: Has any consideration been given to housing the program participants at a common site (Apartments or consecutive housing units) as a measure to facilitate monitoring and group/community support?

RESPONSE: There has not been any discussion on housing at a common site.

23) QUESTION: Will medical personnel (i.e. M.D., RN, PhD, or LCSW) be included as a part of the evaluating team that decides upon program participants?

RESPONSE: Yes

24) QUESTION: Who is responsible for paying for the expense of medications post-release?

RESPONSE: *Those defendants that are eligible for Medicaid, Medicare or Veteran's benefits will have those prescriptive services to pay for their medications. For persons who do not have benefits, the County (BHDD Centers) has an indigent prescriptive benefit program which they can receive their medications. For persons who are working, the county also has a discount prescriptive card which is free and available to them to assist with the costs of medications.*

- 25) QUESTION: Is there any policy related to the program which prohibits partnering with a faith-based institution in the execution of the program?

RESPONSE: *No*

- 26) QUESTION: In the event that a participant is released prior to successfully completing the program and being successful in securing benefits coverage, who will be responsible for medication expenses?

RESPONSE: *As stated above, if upon release they do not have prescriptive benefits, they can obtain their medications through the indigent program at the BHDD mental health centers or utilize the discount prescriptive card which is free and available.*

Those waiting for benefits may be eligible to receive Medicaid Only benefits through the Dept. of Family and Children Services under the General Assistance Program. One would have to present evidence of the need to obtain authorization, and show proof that SSID has been applied for.

- 27) QUESTION: Given that a number of psychotropic medications require laboratory monitoring, if a program participant is released prior to benefits being secured, who will be responsible for the related laboratory expenses?

RESPONSE: *See information above regarding Medicaid Only services.*

- 28) QUESTION: Is it a requirement that the M.D. be licensed to execute office-based buprenorphine treatment for the applicable portion of this population?

RESPONSE: *Yes. There is a specific certification that is required before prescribing buprenorphine.*

- 29) QUESTION: What responsibility belies the awardee related to maintenance of physical health of program participants?

RESPONSE: None. That will be covered under the current jail medical contract while incarcerated.

- 30) QUESTION: Will there be some expectation placed with the inmate/patient from a legal perspective as it relates to their level of participation in the program once they are discharged from jail?

RESPONSE: Yes the sentence is not complete until there has been adequate follow up and as much certainty as possible that the individual no longer needs case intensive case management.

- 31) QUESTION: Is there a requirement for the awardee to have EMR for linkage into the county system of healthcare?

RESPONSE: No. The Awardee does not have to have EMR, because they will not have access to the County's healthcare IT system.

- 32) QUESTION: Please list name and addresses of the programs/services that currently exist within the County to which BHS Participants will be linked upon release.

RESPONSE: The RFP states that the successful proposer is responsible for the continuation of the provision of the Behavioral Health Services (BHS) after release from jail. This process is necessary for the consistent and cohesive management of BHS to the participant. The case managers will assist the provider by monitoring and providing follow up with support services to assure the success of the participant.

ACKNOWLEDGEMENT OF ADDENDUM NO. 2

The undersigned proposer acknowledges receipt of this addendum by returning one (1) copy of this form with the proposal package to the Department of Purchasing & Contract Compliance, Fulton County Public Safety Building, 130 Peachtree Street, Suite 1168, Atlanta, Georgia 30303 by the RFP due date and time **Tuesday, July 26, 2011, 11:00 A.M.**

This is to acknowledge receipt of Addendum No. 2, _____ day of _____, 2011.

Legal Name of Bidder

Signature of Authorized Representative

Title