



**AGENDA**  
**CUYAHOGA COUNTY HEALTH, HUMAN SERVICES & AGING**  
**COMMITTEE MEETING**  
**WEDNESDAY, FEBRUARY 1, 2017**  
**CUYAHOGA COUNTY ADMINISTRATIVE HEADQUARTERS**  
**C. ELLEN CONNALLY COUNCIL CHAMBERS – 4<sup>TH</sup> FLOOR**  
**1:00 PM**

- 1. CALL TO ORDER**
- 2. ROLL CALL**
- 3. PUBLIC COMMENT RELATED TO THE AGENDA**
- 4. APPROVAL OF MINUTES FROM THE JANUARY 18, 2017 MEETING**
- 5. MATTERS REFERRED TO COMMITTEE**
  - a) R2017-0016: A Resolution authorizing an agreement with The MetroHealth System in the amount not-to-exceed \$1,382,750.00 for Pediatric Foster Care Joint Program services, toxicology services and psychotropic medication review services for the period 1/1/2017 - 12/31/2018; authorizing the County Executive to execute the agreement and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective.
  - b) R2017-0017: A Resolution authorizing amendments to contracts with various providers for emergency shelter services at various locations in Cleveland for the period 1/1/2013 - 12/31/2016 to extend the time period to 4/30/2017 and for additional funds; authorizing the County Executive to execute the amendments and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective:
    - 1) No. CE1300098-01 with Mental Health Services for Homeless Persons, Inc. dba Frontline Service for homeless women and families, located at 2227 Payne Avenue, in the amount not-to-exceed \$482,260.00; and

- 2) No. CE1300099-01 with Lutheran Metropolitan Ministry for homeless men, located at 2100 Lakeside Avenue, in the amount not-to-exceed \$567,212.00.

**6. MISCELLANEOUS BUSINESS**

**7. OTHER PUBLIC COMMENT**

**8. ADJOURNMENT**

*\*Complimentary parking for the public is available in the attached garage at 900 Prospect. A skywalk extends from the garage to provide additional entry to the Council Chambers from the 5th floor parking level of the garage. Please see the Clerk to obtain a complimentary parking pass.*

*\*\*Council Chambers is equipped with a hearing assistance system. If needed, please see the Clerk to obtain a receiver.*



## MINUTES

CUYAHOGA COUNTY HEALTH, HUMAN SERVICES & AGING  
COMMITTEE MEETING  
WEDNESDAY, JANUARY 18, 2017  
CUYAHOGA COUNTY ADMINISTRATIVE HEADQUARTERS  
C. ELLEN CONNALLY COUNCIL CHAMBERS – 4<sup>TH</sup> FLOOR  
1:00 PM

1. CALL TO ORDER

**Chairwoman Conwell called the meeting to order at 1:00 p.m.**

2. ROLL CALL

**Ms. Conwell asked Assistant Deputy Clerk Culek to call the roll. Committee members Conwell, Tuma, Baker, Brown and Miller were in attendance and a quorum was determined. Councilmember Jones was also in attendance.**

3. PUBLIC COMMENT RELATED TO THE AGENDA

**There were no public comments given.**

4. APPROVAL OF MINUTES FROM THE DECEMBER 7, 2016 MEETING

**A motion was made by Ms. Conwell, seconded by Mr. Miller and approved by majority vote to approve the minutes from the December 7, 2016 meeting, with Mr. Tuma and Ms. Baker abstaining from the vote.**

5. MATTERS REFERRED TO COMMITTEE

- a) R2017-0006: A Resolution making an award on RQ38075 to Oriana House, Inc. in the amount not-to-exceed \$1,800,000.00 for operation of a one-stop Re-entry Resource Center for the period 1/1/2017 - 12/31/2019; authorizing the County Executive to execute the contract and all other documents consistent with said award and this Resolution; and declaring the necessity that this Resolution become immediately effective.

**Ms. Mary Kelley, Program Officer for the Office of Reentry, addressed the Committee regarding Resolution No. R2017-0006. Discussion ensued.**

**Committee members and Councilmembers asked questions of Ms. Kelley pertaining to the item, which she answered accordingly.**

**On a motion by Mr. Miller with a second by Mr. Tuma, Resolution No. R2017-0006 was considered and approved by unanimous vote to be referred to the full Council agenda with a recommendation for passage under second reading suspension of the rules.**

**6. MISCELLANEOUS BUSINESS**

**Ms. Conwell announced she will be meeting with Health & Human Services department directors to get updated on departmental developments, issues, projects, lease agreements, capital improvements, budgets, responsibilities, programs and new initiatives.**

**Ms. Conwell also announced the Health, Human Services & Aging Committee will be working with the Administration regarding the new Health and Human Services Strategic Plan.**

**7. OTHER PUBLIC COMMENT**

**Ms. Loh addressed the Committee regarding the homeless population and the 30<sup>th</sup> Annual Homeless Memorial Day at the West Side Catholic Center that took place on December 21, 2016.**

**8. ADJOURNMENT**

**With no further business to discuss, Chairwoman Conwell adjourned the meeting at 1:47 p.m., without objection.**

# County Council of Cuyahoga County, Ohio

## Resolution No. R2017-0016

<p>Sponsored by: <b>County Executive Budish/Department of Health and Human Services/Division of Children and Family Services</b></p> <p>Co-sponsored by: <b>Councilmember Hairston</b></p>	<p><b>A Resolution</b> authorizing an agreement with The MetroHealth System in the amount not-to-exceed \$1,382,750.00 for Pediatric Foster Care Joint Program services, toxicology services and psychotropic medication review services for the period 1/1/2017 - 12/31/2018; authorizing the County Executive to execute the agreement and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective.</p>
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WHEREAS, the County Executive/Department of Health and Human Services/ Division of Children and Family Services has recommended an agreement with The MetroHealth System in the amount not-to-exceed \$1,382,750.00 for Pediatric Foster Care Joint Program services, toxicology services and psychotropic medication review services for the period 1/1/2017 - 12/31/2018; and

WHEREAS, the primary goals of this project are to provide Pediatric Foster Care Joint Program services, toxicology services and psychotropic medical review services for clients of the County's Division of Children and Family Services; and

WHEREAS, the project services are funded as follows: (a) the Pediatric Foster Care Joint Program services are funded 100% from the State Child Protective Allocation, (b) the toxicology services are funded 100% from the State Child Protective Allocation and (c) the psychotropic medication review services are funded 30% from the Title IV-E Administrative and 70% from the Health and Human Services Levy Funds; and

WHEREAS, it is necessary that this Resolution become immediately effective in order that critical services provided by Cuyahoga County can continue and to provide for the usual, daily operation of a County entity.

**NOW, THEREFORE, BE IT RESOLVED BY THE COUNTY COUNCIL OF CUYAHOGA COUNTY, OHIO:**

**SECTION 1.** That the Cuyahoga County Council hereby authorizes an agreement with The MetroHealth System in the amount not-to-exceed \$1,382,750.00



First Reading/Referred to Committee: January 24, 2017  
Committee(s) Assigned: Health, Human Services & Aging

Additional Sponsorship Requested on the Floor: January 24, 2017

Journal \_\_\_\_\_  
\_\_\_\_\_, 20\_\_



## Principal Owner Form

*(Required Document for Award Recommendations/Purchases/Contracts)*

**VENDOR:** Please complete the following information and return it to the Cuyahoga County "Requestor"

Company Name (Legal name of the business):	The MetroHealth System
Principal Owner's Name (The legal name of the owner(s) of the business):	(* ) The MetroHealth System is a county hospital organized and operated by its board of county hospital trustees under Chapter 339 of the Ohio Revised Code. The MetroHealth System does not have an owner.
Owner/Officer's Title:	President and Chief Executive Officer – Dr. Akram Boutros Executive Vice President and Chief Operating Officer – Daniel K. Lewis Senior Vice President and Chief Quality Officer – Alfred F. Connors, Jr. M.D.
Business Address:	2500 MetroHealth Drive, Cleveland, Ohio 44109
Phone Number:	216-778-5475
Name of Person Completing Form:	Kelly Spring
Signature:	
Title:	Program Officer III, Division of Children and Family Services

(\* ) If there is more than one (1) principal owner, complete information for that / those person(s) as well. If a corporation, identify the CEO, President or other officers of the Corporation representing shareholders. The document **MUST** identify an individual(s) name.

**CUYAHOGA COUNTY STAFF:**

*I certify that I have checked the Debarment/Suspension lists on the Cuyahoga County Inspector General's (IG) website and the Debarment/Suspension lists did not contain the above detailed vendor and/or principal owner.*

(Form is to be dated within 60 days from the Department approval (NOVUS and/or BuySpeed) for the current purchase.)

Signature: 

Date: 11-21-14

Printed Name: Kelly Spring

IG Number: 12-1893

Cuyahoga County  
(Principal Owner Form, 01-16-2015)

**CONTRACT/AGREEMENT EVALUATION FORM**  
**(To be completed in its entirety by user department for  
all contract/agreement renewals or amendments.)**

**Contractor: MetroHealth System Medical Home Services**

**Contract/Agreement No.: AG1300181-01 Time Period: 10/1/13 – 12/31/16**

**Service Description:** MetroHealth will complete the initial medical triage prior to placement for all children in CCDCFS custody. MetroHealth will establish a pediatric nurse practitioner that CCDCFS can call/page when a child is in need of an initial medical triage. The MetroHealth pediatric nurse practitioner will determine the best location to triage the child based on patient volume and pre-scheduled appointments. All children who are assessed in the MetroHealth foster care program will have an individual roster and age-appropriate, diagnosis-related care plan initiated within the first 30 days of custody.

**Original Contract/Agreement Amount: \$443,964.00**

**Prior Amendment(s) Amount(s): \$ 89,707.50  
\$358,830.41**

**Performance Indicators:**

1. 100% of the children who continue to receive care with the MetroHealth System will have an individual roster and age-appropriate diagnosis, diagnosis-related care plan initiated within the first 30 days of custody (During foster care as well as the first year of reunification).
2. 100% of the children who continue to receive care within the MetroHealth system will receive a comprehensive physical exam and developmental behavioral screening with an appropriate screening tool with age appropriate diagnosis and routine health maintenance within 30 days
3. To reduce inappropriate utilization of the MH Emergency Department by 25% by channeling their care through pediatric medical homes.
4. 80% of the patients who “age-out” will be established with a PCP within 6 months of terminating their involvement in foster care
5. An effective collaboration will be established and maintained between DCFS

**Actual performance versus performance indicators (include statistics):**

1. No data has been provided to support development of a care plan.
2. MetroHealth has completed 4,582 triage examinations from November 4, 2013 through August 31, 2016. Subsequently they have completed 1,766 (30)-day comprehensive examinations.
3. In October 2015, MetroHealth provided data related to inappropriate ED utilization of children in custody of CCDCFS. In Quarter 2 of both 2014 and 2015 ED utilization at MetroHealth was decreased by 25% from the original baseline usage in Quarter 1 of 2014. No other Quarters of the program met this goal.
4. In October 2015, Metro provided data around 240 youth who have aged out of CCDCFS custody. 155 of these youth have utilized MetroHealth for a total of 474 visits for various healthcare services.
5. DCFS Staff and MetroHealth staff have worked together since the program’s start on November 4, 2013. The program has navigated through some transitions and is continuing efforts for increased communication and collaboration.

**Rating of Overall Performance of Contractor (Check One):**

- Superior
- Above Average
- Average
- Below Average
- Poor

**Justification of Rating:**

MetroHealth has provided medical triages to most of our children/youth entering custody or changing placement and (30)-day comprehensive examinations to approximately 40% of those children/youth. Of the performance indicators outlined in the contract, there is 1 area in which no data has been received. DCFS and MetroHealth have collaborated over the past 3 years on the Medical Home Services. The program has navigated through some transition and continues to find ways to improve communication, collaboration and overall program practice.

Supportive Services  
User Department

9/21/2016  
Date

s: evaluation

**CONTRACT/AGREEMENT EVALUATION FORM**  
(To be completed in its entirety by user department for  
all contract/agreement renewals or amendments.)

**Contractor: MetroHealth System Medical Home Services – Toxicology Services**

**Contract/Agreement No.: AG1300181-01 Time Period: 10/1/13 – 12/31/16**

**Service Description: MetroHealth will provide toxicology services for DCFS clients. They will have all test results sent to DCFS in a timely fashion and no later than 72 hours. They will provide testing locations that are located throughout the county and easily accessible to our clients.**

**Original Contract/Agreement Amount: \$443,964.00**

**Prior Amendment(s) Amount(s): \$106,250.00**

**Performance Indicators:  
MetroHealth will provide toxicology services for DCFS clients. They will have all test results sent to DCFS in a timely fashion and no later than 72 hours. They will provide testing locations that are located throughout the county and easily accessible to our clients.**

**Actual performance versus performance indicators (include statistics):  
They have done an excellent job providing toxicology results for our clients. Results are timely and Metro has been very responsive when we have questions or troubles accessing the results. Their locations are convenient for our families and user friendly for our clients. They have met the 72 hour timeframes.**

**Rating of Overall Performance of Contractor (Check One):**

- Superior
- Above Average
- Average
- Below Average
- Poor

**Justification of Rating:  
MetroHealth has provided all of the requested services and have done so in a timely and professional manner**

\_\_\_\_\_  
**User Department**

\_\_\_\_\_  
**Date**

**CONTRACT/AGREEMENT EVALUATION FORM**  
**(To be completed in its entirety by user department for  
all contract/agreement renewals or amendments.)**

**Contractor: MetroHealth System Psychotropic Medications**

**Contract/Agreement No.: AG1300181-05 Time Period: 06/01/14 – 12/31/16**

**Service Description:**

Children in custody will receive consultation services concerning the use of psychotropic medication if one of the following conditions occur:

1. Child of any age is taking 3 or more medications.
2. Child age 5 or younger is taking two or more medications.
3. Staff is concerned about the child's psychotropic medication regimen

**Original Contract/Agreement Amount: \$85,000.00**

**Prior Amendment(s) Amount(s): \$0**

**Performance Indicators:**

1. Children will only be prescribed psychotropic medications that effectively address the symptoms of their mental health diagnosis in accordance to their age and weight.
2. Issues with incorrect prescribing of medication(s) will be immediately identified and corrected.
3. A reduction in adverse behavioral symptoms will result from improved stabilization in the youth on proper psychotropic medication.
4. There will be a reduction in polypharmacy: the practice of administering or using multiple medications concurrently.

**Actual performance versus performance indicators (include statistics):**

Since June 2015, 35 referrals have been completed with varying results. The results varied in how the recommendations were perceived and implemented. The medications appear to be somewhat fluid as the doctors are always trying to determine what medication and dose is most suitable. Out of the 35 referrals, the consultant noted that polypharmacy was justified in 68% of the youth, however, did note some recommendations, including: verify diagnoses, monitor labs and weight and provide specific counseling services. Additional recommendations noted different options to try such as increase one medication while decreasing others. In looking 3 months after the second opinion, 60% of the youth received medication changes with 80% of those changing having medication increases, this includes dose increases and/or number of medications. As far as behaviors of youth that had received a consultation, 65% of the behaviors remained stable while the remaining 35% were noted to have relatively significant behavioral difficulties with one being placed in a residential setting. Three youth were currently in a residential setting at time of the consultation. Based on data captured through SACWIS and DCFS staff, the ability to reflect specific numbers related to performance indicators is limited.

**Rating of Overall Performance of Contractor (Check One):**

- Superior
- Above Average
- Average
- Below Average
- Poor

**Justification of Rating:**

The MetroHealth psychiatrist works to provide DCFS with consultations on children in custody on psychotropic medication. There have been limitations in that the second opinion doctor had only the information supplied and may not have the entire history or true picture of the youth's current issues and behavior. This presented an obstacle in that so many behaviors can be symptomatic of different diagnoses. The contract has not been utilized to the extent that was anticipated, which in turn impacts the outcomes feedback. While the number of consultations is not as high as hoped, the contractor was available for general and more detailed questions on an informal basis. This led to a decrease in number of referrals but provided for knowledgeable information and efficiency which cannot be undervalued. Overall, Metro has adequately provided what has been asked of them throughout the contract period.

Supportive Services  
User Department

9/21/2016  
Date

# County Council of Cuyahoga County, Ohio

## Resolution No. R2017-0017

<p>Sponsored by: <b>County Executive Budish/Department of Health and Human Services/Division of Community Initiatives/Office of Homeless Services</b></p> <p>Co-sponsored by: <b>Councilmember Hairston</b></p>	<p><b>A Resolution</b> authorizing amendments to contracts with various providers for emergency shelter services at various locations in Cleveland for the period 1/1/2013 - 12/31/2016 to extend the time period to 4/30/2017 and for additional funds; authorizing the County Executive to execute the amendments and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective.</p>
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WHEREAS, the County Executive/Department of Health and Human Services/Division of Community Initiatives/Office of Homeless Services has recommended amendments to contracts with various providers for emergency shelter services at various locations in Cleveland for the period 1/1/2013 - 12/31/2016 to extend the time period to 4/30/2017 and for additional funds as follows:

- i) No. CE1300098-01 with Mental Health Services for Homeless Persons, Inc. dba Frontline Service for homeless women and families, located at 2227 Payne Avenue, in the amount not-to-exceed \$482,260.00; and
- ii) No. CE1300099-01 with Lutheran Metropolitan Ministry for homeless men, located at 2100 Lakeside Avenue, in the amount not-to-exceed \$567,212.00; and

WHEREAS, the primary goals of these projects are to: (1) provide shelter to homeless clients, (2) reduce the length of stay at the shelter by providing clients with appropriate services in the community, and (3) implement a continuum of care goal of assisting clients to attain permanent housing as quickly as possible; and

WHEREAS, this project is funded 100% with funds from the Health and Human Services Levy; and

WHEREAS, it is necessary that this Resolution become immediately effective in order that critical services provided by Cuyahoga County can continue and to provide for the usual, daily operation of a County entity.

**NOW, THEREFORE, BE IT RESOLVED BY THE COUNTY COUNCIL OF CUYAHOGA COUNTY, OHIO:**

**SECTION 1.** That the Cuyahoga County Council hereby authorizes amendments to contracts with various providers for emergency shelter services at various locations in Cleveland for the period 1/1/2013 - 12/31/2016 to extend the time period to 4/30/2017 and for additional funds as follows:

- i) No. CE1300098-01 with Mental Health Services for Homeless Persons, Inc. dba Frontline Service for homeless women and families, located at 2227 Payne Avenue, in the amount not-to-exceed \$482,260.00; and
- ii) No. CE1300099-01 with Lutheran Metropolitan Ministry for homeless men, located at 2100 Lakeside Avenue, in the amount not-to-exceed \$567,212.00.

**SECTION 2.** That the County Executive is authorized to execute the amendments and all other documents consistent with this Resolution.

**SECTION 3.** It is necessary that this Resolution become immediately effective for the usual daily operation of the County, the preservation of public peace, health or safety in the County, and any additional reasons set forth in the preamble. Provided that this Resolution receives the affirmative vote of at least eight members of Council, it shall take effect and be in force immediately upon the earliest occurrence of any of the following: (1) its approval by the County Executive through signature, (2) the expiration of the time during which it may be disapproved by the County Executive under Section 3.10(6) of the Cuyahoga County Charter, or (3) its passage by at least eight members of Council after disapproval pursuant to Section 3.10(7) of the Cuyahoga County Charter. Otherwise, it shall take effect and be in force from and after the earliest period allowed by law.

**SECTION 4.** It is found and determined that all formal actions of this Council relating to the adoption of this Resolution were adopted in an open meeting of the Council, and that all deliberations of this Council and of any of its committees that resulted in such formal action were in meetings open to the public, in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

On a motion by \_\_\_\_\_, seconded by \_\_\_\_\_, the foregoing Resolution was duly adopted.

Yeas:

Nays:

\_\_\_\_\_  
County Council President

\_\_\_\_\_  
Date

\_\_\_\_\_  
County Executive

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clerk of Council

\_\_\_\_\_  
Date

First Reading/Referred to Committee: January 24, 2017  
Committee(s) Assigned: Health, Human Services & Aging

Additional Sponsorship Requested on the Floor: January 24, 2017

Journal \_\_\_\_\_  
\_\_\_\_\_, 20\_\_



## Principal Owner Form

*(Required Document for Award Recommendations/Purchases/Contracts)*

**VENDOR:** Please complete the following information and return it to the Cuyahoga County "Requestor"

Company Name (Legal name of the business):	Mental Health Services, Inc.
Principal Owner's Name (The legal name of the owner(s) of the business):	(* Susan Neth
Owner/Officer's Title:	Chief Executive Officer
Business Address:	1744 Payne Avenue
Phone Number:	(216) 274-3300
Name of Person Completing Form:	Susan Neth
Signature:	
Title:	Chief Executive Officer

(\* If there is more than one (1) principal owner, complete information for that / those person(s) as well. If a corporation, identify the CEO, President or other officers of the Corporation representing shareholders. The document **MUST** identify an individual(s) name.

**CUYAHOGA COUNTY STAFF:**

*I certify that I have checked the Debarment/Suspension lists on the Cuyahoga County Inspector General's (IG) website and the Debarment/Suspension lists did not contain the above detailed vendor and/or principal owner.*

(Form is to be dated within 60 days from the Department approval (NOVUS and/or BuySpeed) for the current purchase.)

Signature: Ruth Gillett Date: 12/08/16

Printed Name: Ruth Gillett IG Number: 12-1897

Cuyahoga County  
(Principal Owner Form, 01-16-2015)

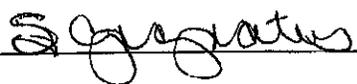




## Principal Owner Form

*(Required Document for Award Recommendations/Purchases/Contracts)*

**VENDOR:** Please complete the following information and return it to the Cuyahoga County "Requestor"

Company Name (Legal name of the business):	Lutheran Metropolitan Ministry
Principal Owner's Name (The legal name of the owner(s) of the business):	Andrew Genszler
Owner/Officer's Title:	President & CEO
Business Address:	4515 Superior Ave., Cleveland, Ohio 44103
Phone Number:	216-658-4638
Name of Person Completing Form:	Sue Cyncynatus
Signature:	
Title:	Chief Financial Officer

(\* If there is more than one (1) principal owner, complete information for that / those person(s) as well. If a corporation, identify the CEO, President or other officers of the Corporation representing shareholders. The document **MUST** identify an individual(s) name.

**CUYAHOGA COUNTY STAFF:**

*I certify that I have checked the Debarment/Suspension lists on the Cuyahoga County Inspector General's (IG) website and the Debarment/Suspension lists did not contain the above detailed vendor and/or principal owner.*

(Form is to be dated within 60 days from the Department approval (NOVUS and/or BuySpeed) for the current purchase.)

Signature: Ruth Gillett

Date: 12/08/16

Printed Name: Ruth Gillett

IG Number: 12-1788

Cuyahoga County  
(Principal Owner Form, 01-16-2015)

**CONTRACT/AGREEMENT EVALUATION FORM**  
(To be completed in its entirety by user department for  
all contract/agreement renewals or amendments.)

**Contractor: Lutheran Metropolitan Ministry**

**Contract/Agreement No.: CE1300099-01      Time Period: 1/01/2013 – 12/31/2016**

**Service Description: LMM manages a 365 bed emergency shelter for men, 365 days/year on a 24/7 basis. Over 3,500 unduplicated persons received shelter in FY 2012.**

**Original Contract/Agreement Amount: \$1,654,920.00**

**Prior Amendment(s) Amount(s): #1 \$26,785.00; #2 \$1,709,920.00; #3 \$40,000.00.; #4 \$1,701,638.00; #5 \$0; #6 \$1,701,638.00**

**Performance Indicators: Competent service delivery; coordination with other providers to shorten length of stay; and moving clients to permanent housing.**

**Actual performance versus performance indicators (include statistics): LMM works closely with Mental Health Services staff on Central Intake to divert people from entering the shelter, as well as shortening the length of stay. 50% of the clients leave the shelter in less than 30 days; Over 75% of the men entering transitional housing programs in the community are coming from 2100 Lakeside.**

**Rating of Overall Performance of Contractor (Check One):**

- Superior
- Above Average
- Average
- Below Average
- Poor

**Justification of Rating: LMM has demonstrated a commitment to providing services respectfully and safely; to adhering to the strategies of the City and county to reduce homelessness and shortening length of stay.**

Office of Homeless Services  
**User Department**

12/08/16  
**Date**

s: evaluation