



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

- 1. CALL TO ORDER**
- 2. ROLL CALL**
- 3. PUBLIC COMMENT RELATED TO THE AGENDA**
- 4. APPROVAL OF MINUTES FROM THE DECEMBER 7, 2016 MEETING**
- 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.
- 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, DECEMBER 7, 2016

CUYAHOGA COUNTY ADMINISTRATIVE HEADQUARTERS

C. ELLEN CONNALLY COUNCIL CHAMBERS – 4TH FLOOR

1:00 PM

1. CALL TO ORDER

Chairman Jones called the meeting to order at 1:04 p.m.

2. ROLL CALL

Mr. Jones asked Deputy Clerk Carter to call the roll. Committee members Jones, Conwell, Brown and Miller were in attendance and a quorum was determined. Committee member Schron entered the meeting shortly after the roll call was taken. Councilmember Simon was also in attendance.

3. PUBLIC COMMENT RELATED TO THE AGENDA

There were no public comments given.

4. APPROVAL OF MINUTES FROM THE NOVEMBER 16, 2016 MEETING

A motion was made by Mr. Miller, seconded by Ms. Conwell and approved by unanimous vote to approve the minutes of the November 16, 2016 meeting.

5. MATTERS REFERRED TO COMMITTEE

- a) R2016-0230: A Resolution authorizing a contract with United Way of Greater Cleveland in the amount not-to-exceed \$1,095,450.00 for fiscal agent services for emergency food purchases for Cuyahoga County residents for the period 1/1/2017 - 12/31/2017; authorizing the County Executive to execute the contract and all other documents consistent with

this Resolution; and declaring the necessity that this Resolution become immediately effective.

Mr. David Merriman, Administrator of Cuyahoga Job and Family Services; and Mr. Robert Math, Manager for Cuyahoga Job and Family Services, addressed the Committee regarding Resolution No. R2016-0230. Discussion ensued.

Committee members and Councilmembers asked questions of Messrs. Merriman and Math pertaining to the item, which they answered accordingly.

On a motion by Mr. Jones with a second by Ms. Brown, Resolution No. R2016-0230 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. PRESENTATION

- a) Milestones Parent Coaching Capacity Building Update – Ilana Hoffer Skoff, Executive Director, Milestones Autism Resources and Beth Thompson, Program Director, Milestones Autism Resources

Ms. Ilanoa Hoffer Skoff, Executive Director of Milestones Autism Resources; and Ms. Beth Thompson, Program Director of Milestones Autism Resources addressed the Committee regarding the Milestones Parent Coaching Capacity Initiative and provided information relating to the number of families served, additional services offered and future plans of the organization. Discussion ensued.

Committee members and Councilmembers asked questions of Ms. Hoffer Skoff and Ms. Thompson pertaining to the item, which they answered accordingly.

7. MISCELLANEOUS BUSINESS

There was no miscellaneous business.

8. OTHER PUBLIC COMMENT

Ms. Loh addressed the Committee regarding the RFP for the men’s and women’s shelters.

9. ADJOURNMENT

With no further business to discuss, Chairman Jones adjourned the meeting at 2:07 p.m., without objection.

County Council of Cuyahoga County, Ohio

Resolution No. R2017-0006

Sponsored by: County Executive Budish/Department of Health and Human Services/Division of Community Initiatives/Office of Re-entry	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.
---	--

WHEREAS, the County Executive/Department of Health and Human Services/Division of Community Initiatives/Office of Re-entry has recommended 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; and

WHEREAS, the primary goal of this project is to provide a one-stop Re-entry Resource Center to residents returning from incarceration and those with criminal backgrounds to link those residents with services and resources to assist with their integration into the community and to reduce recidivism; and

WHEREAS, the project is funded 100% by 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 makes 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.

SECTION 2. That the County Executive is authorized to execute a contract and all other documents consistent with said award and 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 10, 2017
Committee(s) Assigned: Health, Human Services & Aging

[Clerk's Note: Technical change made by Clerk to correct typographical error in time period: January 11, 2017]

Journal _____
_____, 20__

Office of Procurement and Diversity Tabulation Sheet

REQUISITION NUMBER: HS-16-38075

CONTRACT PERIOD: 1/1/2017 to 12/31/2020

CCBB: Low Non-CCBB Bids: N/A

*PRICE PREFERENCE LOWEST BID REC'D \$ N/A

RFB/RFP/RFQ DUE DATE: September 20, 2016

NUMBER OF RESPONSES: 1

Add 2%, Total is:

RANGE OF LOWEST BID REC'D \$

TYPE: (RFB/RFP/RFQ): RFP (Formal)

ESTIMATE: \$1,800,000.00

Minus \$, =

PRICE PREF % & \$ LIMIT:

REQUESTING DEPARTMENT: Department Of Health And Human Services - Division Of Community Initiatives: Office Of Re-entry
 MAX SBE PRICE PREF \$

SBE GOAL: 10%

Does CCBB Apply: Yes No

COMMODITY DESCRIPTION: Request For Proposals

DOES PRICE PREFERENCE APPLY? Yes No

Bidder's / Vendors Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review:	Price Preference	CCBB Registered	SBE:	Dept. Tech. Review	Award: (Y/N)																					
1. Oriana House, Inc PO Box 1501 Akron, OH 44309		N/A	Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Number: 12-2124 MCF: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No NCA: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<table border="1"> <tr> <td>SBE Subcontractor Name:</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td></td> </tr> <tr> <td>SBE Prime: (Y/N)</td> <td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>0%</td> </tr> <tr> <td>Total SBE %</td> <td></td> <td>0%</td> </tr> <tr> <td>SBE Comply: (Y/N)</td> <td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> </tr> <tr> <td>SBE Comments and Initials:</td> <td colspan="2">They are requesting a full waiver due to them being a Non-Profit. NM 9/20/16 LML 9/20/16</td> </tr> <tr> <td>SBE Subcontractor Name:</td> <td></td> <td></td> </tr> <tr> <td>SBE Prime: (Y/N)</td> <td><input type="checkbox"/> Yes</td> <td></td> </tr> </table>	SBE Subcontractor Name:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		SBE Prime: (Y/N)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	0%	Total SBE %		0%	SBE Comply: (Y/N)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		SBE Comments and Initials:	They are requesting a full waiver due to them being a Non-Profit. NM 9/20/16 LML 9/20/16		SBE Subcontractor Name:			SBE Prime: (Y/N)	<input type="checkbox"/> Yes			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
SBE Subcontractor Name:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																												
SBE Prime: (Y/N)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	0%																											
Total SBE %		0%																											
SBE Comply: (Y/N)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																												
SBE Comments and Initials:	They are requesting a full waiver due to them being a Non-Profit. NM 9/20/16 LML 9/20/16																												
SBE Subcontractor Name:																													
SBE Prime: (Y/N)	<input type="checkbox"/> Yes																												

Bidder's / Vendors Name and Address	Bid Bond / Check	Actual Bid Amount (enter "N/A" if RFP or RFQ)	Buyer Administrative Review:	Price Preference	CCBB Registered	SBE: <table border="1" data-bbox="852 1008 1031 1617"> <tr> <td>Total SBE %</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>SBE Comply: (Y/N)</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>SBE Comments and Initials:</td> <td></td> </tr> </table>	Total SBE %	<input type="checkbox"/> No	SBE Comply: (Y/N)	<input type="checkbox"/> Yes <input type="checkbox"/> No	SBE Comments and Initials:		Dept. T
Total SBE %	<input type="checkbox"/> No												
SBE Comply: (Y/N)	<input type="checkbox"/> Yes <input type="checkbox"/> No												
SBE Comments and Initials:													
			<input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A POF: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A										