



**AGENDA**  
**CUYAHOGA COUNTY HEALTH, HUMAN SERVICES & AGING**  
**COMMITTEE MEETING**  
**WEDNESDAY, FEBRUARY 22, 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 FEBRUARY 1, 2017 MEETING**

**5. MATTERS REFERRED TO COMMITTEE**

- a) R2017-0034: A Resolution authorizing an amendment to Master Contract No. CE1600056-01-07 for various services for the Cuyahoga Tapestry System of Care for the period 3/1/2016 - 12/31/2018 to change the total amount not-to-exceed from \$5,700,000.00 to \$8,102,048.20 and to authorize funding increases with various previously approved providers; authorizing the County Executive to execute the amendment and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective:

- 1) for community wraparound care coordination and family/youth advocacy and support services:

- a) Applewood Centers, Inc. in the approximate amount of \$460,324.48.  
b) Beech Brook in the approximate amount of \$418,476.80.  
c) Bellefaire Jewish Children's Bureau no approximate amount anticipated.  
d) Catholic Charities Corporation (Parmadale) in the approximate amount of \$1,185,042.51.

- e) OhioGuidestone no approximate amount anticipated.
- f) Pressley Ridge in the approximate amount of \$338,204.41.

2) for evaluation, fidelity and monitoring services:

- a) Case Western Reserve University no approximate amount anticipated.

## **6. PRESENTATION**

- a) Pay for Success update

## **7. MISCELLANEOUS BUSINESS**

## **8. OTHER PUBLIC COMMENT**

## **9. 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, FEBRUARY 1, 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 1:04 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.**

3. PUBLIC COMMENT RELATED TO THE AGENDA

**There were no public comments given related to the agenda.**

4. APPROVAL OF MINUTES FROM THE JANUARY 18, 2017 MEETING

**A motion was made by Mr. Miller, seconded by Ms. Brown and approved by unanimous vote to approve the 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.

**Ms. Karen Stormann, Social Program Administrator for the Division of Children & Family Services, and Ms. Kelly Espy, Assistant Law Director, addressed the Committee regarding Resolution No. R2017-0016. Discussion ensued.**

**Committee members asked questions of Ms. Stormann and Ms. Espy pertaining to the item, which they answered accordingly.**

**On a motion by Mr. Tuma with a second by Mr. Miller, Resolution No. R2017-0016 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.**

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.

**Ms. Ruth Gillett, Manager for the Office of Homeless Services, addressed the Committee regarding Resolution No. R2017-0017. Discussion ensued.**

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

**On a motion by Ms. Conwell with a second by Mr. Miller, Resolution No. R2017-0017 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

**There was no miscellaneous business.**

#### 7. OTHER PUBLIC COMMENT

**Ms. Loh addressed the Committee regarding FrontLine Service and the Norma Herr Women's Shelter.**

**8. ADJOURNMENT**

**With no further business to discuss, Chairwoman Conwell adjourned the meeting at 1:53 p.m., without objection.**

# County Council of Cuyahoga County, Ohio

## Resolution No. R2017-0034

<p>Sponsored by: <b>County Executive Budish/Department of Health and Human Services/Division of Children and Family Services</b></p>	<p><b>A Resolution</b> authorizing an amendment to Master Contract No. CE1600056-01-07 for various services for the Cuyahoga Tapestry System of Care for the period 3/1/2016 - 12/31/2018 to change the total amount not-to-exceed from \$5,700,000.00 to \$8,102,048.20 and to authorize funding increases with various previously approved providers; authorizing the County Executive to execute the amendment 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 recommended an amendment to Master Contract No. CE1600056-01-07 for various services for the Cuyahoga Tapestry System of Care for the period 3/1/2016 - 12/31/2018 to change the total amount not-to-exceed from \$5,700,000.00 to \$8,102,048.20 and to authorize funding increases with various previously approved providers; and,

WHEREAS, the funding increases are for the following approximate amounts reasonably anticipated to be:

- a) Applewood Centers, Inc. in the amount of \$460,324.48;
- b) Beech Brook in the amount of \$418,476.80;
- c) Catholic Charities Corporation (Parmadale) in the amount of \$1,185,042.51; and
- d) Pressley Ridge in the amount of \$338,204.41; and,

WHEREAS, there are no funding increases reasonably anticipated for the following providers:

- a) Bellfaire Jewish Children's Bureau;
- b) OhioGuidestone; and
- c) Case Western Reserve University; and,

WHEREAS, the primary goal of this project is to implement a comprehensive program to provide a wide range of services to the Juvenile Court's delinquent youth population in a series of residential programs. Youth referred to this program will have demonstrated unsuccessful participation and/or completion in other community-based programs; and,

WHEREAS, the project is funded 100% by 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 amendment to Master Contract No. CE1600056-01-07 for various services for the Cuyahoga Tapestry System of Care for the period 3/1/2016 - 12/31/2018 to change the total amount not-to-exceed from \$5,700,000.00 to \$8,102,048.20 and to authorize funding increases with various previously approved providers.

**SECTION 2.** The funding increases are for the following approximate amounts reasonably anticipated to be:

- a) Applewood Centers, Inc. in the amount of \$460,324.48;
- b) Beech Brook in the amount of \$418,476.80;
- c) Catholic Charities Corporation (Parmadale) in the amount of \$1,185,042.51; and
- d) Pressley Ridge in the amount of \$338,204.41.

There are no funding increases reasonably anticipated for the following providers:

- a) Bellfaire Jewish Children's Bureau;
- b) OhioGuidestone; and
- c) Case Western Reserve University.

**SECTION 3.** That the County Executive is authorized to execute the amendment and all other documents consistent with this Resolution.

**SECTION 4.** 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





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

**Contractor:** APPLEWOOD CENTERS, INC.

**Contract/Agreement No.:** CE-1600056-01      **Time Period:** 3/1/16 – 12/31/18

**Service Description:** Tapestry's primary service is HFWA Care Coordination. Care coordination involves assembling a Child and Family Team (CFT) that collaboratively creates an individualized plan of care (Wraparound Plan) driven by the perspective, strengths and needs of the child and family. The plan includes an array of services –from formal clinical services to natural and informal neighborhood and community supports. Care coordination is community-based and relies on a true partnership between the care coordination agencies and the communities in which the children reside. The provision of HFWA is not a program or a type of service, it is a widely researched intervention process used to improve the lives of children with complex needs and their families.

**Original Contract/Agreement Amount:** \$600,490.44

**Prior Amendment(s) Amount(s):** N/A

**Performance Indicators:**

1. Accept all families referred.
2. Assemble individualized child and family teams (CFT) with service provision based upon High Fidelity Wraparound and System of Care Principles.
3. Utilize Synthesis Information Management System to record timely CFT contacts and specific client data (Plans of Care, Crisis Plans, Progress Notes, Service Authorization Requests, and Invoicing)
4. Tracking reports provided in Synthesis will be used for Quality Assurance/Quality Improvement purposes at DCFS and the Care Coordination Partner Agency.

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

1. Applewood has accepted 100% of the referred families.
2. All Care Coordination Partners have been provided with training in the areas of High Fidelity Wraparound and System of Care Principles. Ongoing coaching and specialized topics related to the identified needs will also be provided.
3. Client records have been entered into Synthesis with required data.
4. DCFS and Care Coordination Partners review administrative reports on a monthly basis. Quality control measures are addressed with critical attention to engagement efforts to support successful outcomes.

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

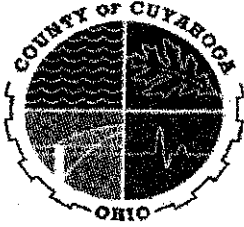
- Superior  
 Above Average  
 Average  
 Below Average  
 Poor

**Justification of Rating:**

Applewood continues to partner with DCFS to identify opportunities to improve engagement efforts. Priority measures will focus on engagement strategies, timely data entry and successful outcomes for the children and youth enrolled.

**Division of Children & Family Services**  
User Department

**October 26, 2016**  
Date



## 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):	Applewood Centers, Inc.
Principal Owner's Name (The legal name of the owner(s) of the business):	This is a non-profit. The President is Adam G. Jacobs
Owner/Officer's Title:	President
Business Address:	10427 Detroit Avenue, Cleveland, Ohio 44102-1645
Phone Number:	(216) 320-8222
Name of Person Completing Form:	Elizabeth A. Eisenberg
Signature:	<i>Elizabeth A. Eisenberg</i>
Title:	Paralegal

(\* 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: *Freda Houchins*

Date: 10/31/2016

Printed Name: Freda Houchins

IG Number: 12-0518

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

**Contractor: BEECH BROOK**

**Contract/Agreement No.: CE-160056-02    Time Period: 3/1/16 – 12/31/18**

**Service Description:** Tapestry's primary service is HFWA Care Coordination. Care coordination involves assembling a Child and Family Team (CFT) that collaboratively creates an individualized plan of care (Wraparound Plan) driven by the perspective, strengths and needs of the child and family. The plan includes an array of services –from formal clinical services to natural and informal neighborhood and community supports. Care coordination is community-based and relies on a true partnership between the care coordination agencies and the communities in which the children reside. The provision of HFWA is not a program or a type of service, it is a widely researched intervention process used to improve the lives of children with complex needs and their families.

**Original Contract/Agreement Amount: \$1,389,705.42**

**Prior Amendment(s) Amount(s): N/A**

**Performance Indicators:**

1. Accept all families referred.
2. Assemble individualized child and family teams (CFT) with service provision based upon High Fidelity Wraparound and System of Care Principles.
3. Utilize Synthesis Information Management System to record timely CFT contacts and specific client data (Plans of Care, Crisis Plans, Progress Notes, Service Authorization Requests, and Invoicing)
4. Tracking reports provided in Synthesis will be used for Quality Assurance/Quality Improvement purposes at DCFS and the Care Coordination Partner Agency.

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

1. Beech Brook has accepted 100% of the families referred.
2. All Care Coordination Partners have been provided with training in the areas of High Fidelity Wraparound and System of Care Principles. Ongoing coaching and specialized topics related to the identified needs will also be provided.
3. Client records have been entered into Synthesis with required data.
4. DCFS and Care Coordination Partners review administrative reports on a monthly basis. Quality control measures are addressed with critical attention to engagement efforts to support successful outcomes.

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

- Superior  
 Above Average  
 Average  
 Below Average  
 Poor

**Justification of Rating:**

Beech Brook has partnered with DCFS to identify opportunities to improve engagement efforts. Priority measures will focus on engagement strategies, timely data entry and successful outcomes for the children and youth enrolled.



## 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):	Beech Brook
Principal Owner's Name (The legal name of the owner(s) of the business):	(*) Debra Rex
Owner/Officer's Title:	President + Chief Executive Officer
Business Address:	3737 Lander Rd Cleveland, OH 44124
Phone Number:	(216) 831-2255
Name of Person Completing Form:	Debra Rex
Signature:	<i>Debra Rex</i>
Title:	President + 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: *Freda Houchins*

Date: 10/31/2016

Printed Name: Freda Houchins

IG Number: 12-0604

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

**Contractor: Bellefaire Jewish Children's Bureau**

**Contract/Agreement No.: CE-160056-03    Time Period: 3/1/16 – 12/31/18**

**Service Description:** Tapestry's primary service is HFWA Care Coordination. Care coordination involves assembling a Child and Family Team (CFT) that collaboratively creates an individualized plan of care (Wraparound Plan) driven by the perspective, strengths and needs of the child and family. The plan includes an array of services –from formal clinical services to natural and informal neighborhood and community supports. Care coordination is community-based and relies on a true partnership between the care coordination agencies and the communities in which the children reside. The provision of HFWA is not a program or a type of service, it is a widely researched intervention process used to improve the lives of children with complex needs and their families.

**Original Contract/Agreement Amount: \$343,137.72**

**Prior Amendment(s) Amount(s): N/A**

**Performance Indicators:**

1. Accept all families referred.
2. Assemble individualized child and family teams (CFT) with service provision based upon High Fidelity Wraparound and System of Care Principles.
3. Utilize Synthesis Information Management System to record timely CFT contacts and specific client data (Plans of Care, Crisis Plans, Progress Notes, Service Authorization Requests, and Invoicing)
4. Tracking reports provided in Synthesis will be used for Quality Assurance/Quality Improvement purposes at DCFS and the Care Coordination Partner Agency.

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

1. Bellefaire was unable to accept referrals at the start of the contract term.
2. All Care Coordination Partners have been provided with training in the areas of High Fidelity Wraparound and System of Care Principles. Ongoing coaching and specialized topics related to the identified needs will also be provided.
3. Client records have been entered into Synthesis with required data.
4. DCFS and Care Coordination Partners review administrative reports on a monthly basis. Quality control measures are addressed with critical attention to engagement efforts to support successful outcomes.

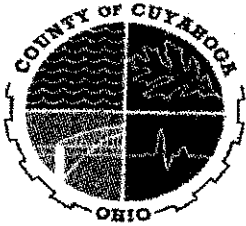
**Rating of Overall Performance of Contractor (Check One):**

- Superior  
 Above Average  
 Average  
 Below Average  
 Poor

**Justification of Rating:** Bellefaire is a new partner in this work and has hired staff to support referrals. Continued efforts will be made to identify opportunities to improve wraparound fidelity. Priority measures will focus on engagement strategies, timely data entry and successful outcomes for the children and youth enrolled.

**Division of Children & Family Services**  
User Department

**October 26, 2016**  
Date



## 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):	Bellefaire Jewish Children's Bureau
Principal Owner's Name (The legal name of the owner(s) of the business):	This is a non-profit. The President is Adam G. Jacobs
Owner/Officer's Title:	President
Business Address:	22001 Fairmount Boulevard, Shaker Heights, Ohio 44118
Phone Number:	(216) 320-8222
Name of Person Completing Form:	Elizabeth A. Eisenberg
Signature:	<i>Elizabeth A. Eisenberg</i>
Title:	Paralegal

(\* 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: *Freda Houchins*

Date: 11/29/2016

Printed Name: Freda Houchins

IG Number: 12.0611

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

**Contractor: CATHOLIC CHARITIES CORPORATION**

**Contract/Agreement No.: CE-1600056-04 Time Period: 3/1/16 – 12/31/18**

**Service Description:** Tapestry's primary service is HFWA Care Coordination. Care coordination involves assembling a Child and Family Team (CFT) that collaboratively creates an individualized plan of care (Wraparound Plan) driven by the perspective, strengths and needs of the child and family. The plan includes an array of services –from formal clinical services to natural and informal neighborhood and community supports. Care coordination is community-based and relies on a true partnership between the care coordination agencies and the communities in which the children reside. The provision of HFWA is not a program or a type of service, it is a widely researched intervention process used to improve the lives of children with complex needs and their families.

**Original Contract/Agreement Amount: \$2.230.390.95**

**Prior Amendment(s) Amount(s): N/A**

**Performance Indicators:**

1. Accept all families referred.
2. Assemble individualized child and family teams (CFT) with service provision based upon High Fidelity Wraparound and System of Care Principles.
3. Utilize Synthesis Information Management System to record timely CFT contacts and specific client data (Plans of Care, Crisis Plans, Progress Notes, Service Authorization Requests, and Invoicing)
4. Tracking reports provided in Synthesis will be used for Quality Assurance/Quality Improvement purposes at DCFS and the Care Coordination Partner Agency.

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

1. Catholic Charities has accepted 100% of the families referred.
2. All Care Coordination Partners have been provided with training in the areas of High Fidelity Wraparound and System of Care Principles. Ongoing coaching and specialized topics related to the identified needs will also be provided.
3. Client records have been entered into Synthesis with required data.
4. DCFS and Care Coordination Partners review administrative reports on a monthly basis. Quality control measures are addressed with critical attention to engagement efforts to support successful outcomes.

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

- Superior  
 Above Average  
 Average  
 Below Average  
 Poor

**Justification of Rating:** Catholic Charities has partnered with DCFS to identify opportunities to improve engagement and other fidelity efforts. Priority measures will focus on engagement strategies, timely data entry and successful outcomes for the children and youth enrolled.

**Division of Children & Family Services**  
User Department

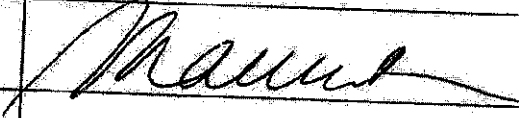
**October 26, 2016**  
Date



## Principal Owner Form

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

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

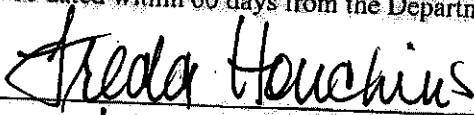
Company Name (Legal name of the business):	CATHOLIC CHARITIES CORPORATION
Principal Owner's Name (The legal name of the owner(s) of the business):	(*) PATRICK GAREAU
Owner/Officer's Title:	CHIEF EXECUTIVE OFFICER
Business Address:	7911 DETROIT AV, CLEVELAND, OH 44102
Phone Number:	216 334 2900
Name of Person Completing Form:	MAUREEN DEE
Signature:	
Title:	EXECUTIVE DIRECTOR

(\* 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:   
 Printed Name: Freda Houchins

Date: 10/31/2016  
 IG Number: 12.0766



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

**Contractor: OhioGuidestone**

**Contract/Agreement No.: CE-1600056-06    Time Period: 3/1/16 – 12/31/18**

**Service Description:** Tapestry's primary service is HFWA Care Coordination. Care coordination involves assembling a Child and Family Team (CFT) that collaboratively creates an individualized plan of care (Wraparound Plan) driven by the perspective, strengths and needs of the child and family. The plan includes an array of services –from formal clinical services to natural and informal neighborhood and community supports. Care coordination is community-based and relies on a true partnership between the care coordination agencies and the communities in which the children reside. The provision of HFWA is not a program or a type of service, it is a widely researched intervention process used to improve the lives of children with complex needs and their families.

**Original Contract/Agreement Amount: \$514,706.22**

**Prior Amendment(s) Amount(s): N/A**

**Performance Indicators:**

1. Accept all families referred.
2. Assemble individualized child and family teams (CFT) with service provision based upon High Fidelity Wraparound and System of Care Principles.
3. Utilize Synthesis Information Management System to record timely CFT contacts and specific client data (Plans of Care, Crisis Plans, Progress Notes, Service Authorization Requests, and Invoicing)
4. Tracking reports provided in Synthesis will be used for Quality Assurance/Quality Improvement purposes at DCFS and the Care Coordination Partner Agency.

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

1. OhioGuidestone has accepted 100% of the cases referred.
2. All Care Coordination Partners have been provided with training in the areas of High Fidelity Wraparound and System of Care Principles. Ongoing coaching and specialized topics related to the identified needs will also be provided.
3. Client records have been entered into Synthesis with required data.
4. DCFS and Care Coordination Partners review administrative reports on a monthly basis. Quality control measures are addressed with critical attention to engagement efforts to support successful outcomes.

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

- Superior  
 Above Average  
 Average  
 Below Average  
 Poor

**Justification of Rating:** OhioGuidestone has hired the required staff to support the number of referrals received. Continued efforts will be made to identify opportunities to improve wraparound fidelity. Priority measures will focus on engagement strategies, timely data entry and successful outcomes for the children and youth enrolled.

**Division of Children & Family Services**  
**User Department**

**October 26, 2016**  
**Date**



# 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):	OhioGuidestone
Principal Owner's Name (The legal name of the owner(s) of the business):	(*)David Zentkovich
Owner/Officer's Title:	Board of Director's Chairperson
Business Address:	202 East Bagley Road, Berea, Ohio 44017
Phone Number:	440/234-2006
Name of Person Completing Form:	Donna Keegan
Signature:	<i>Donna Keegan</i>
Title:	VP, Chief Operating 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: *Freda Houchins*

Date: 11/29/2016

Printed Name: Freda Houchins

IG Number: 12.0616

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

**Contractor: PRESSLEY RIDGE**

**Contract/Agreement No.: CE-1600056-07    Time Period: 3/1/16 – 12/31/18**

**Service Description:** Tapestry's primary service is HFWA Care Coordination. Care coordination involves assembling a Child and Family Team (CFT) that collaboratively creates an individualized plan of care (Wraparound Plan) driven by the perspective, strengths and needs of the child and family. The plan includes an array of services –from formal clinical services to natural and informal neighborhood and community supports. Care coordination is community-based and relies on a true partnership between the care coordination agencies and the communities in which the children reside. The provision of HFWA is not a program or a type of service, it is a widely researched intervention process used to improve the lives of children with complex needs and their families.

**Original Contract/Agreement Amount: \$171,569.25**

**Prior Amendment(s) Amount(s): N/A**

**Performance Indicators:**

1. Accept all families referred.
2. Assemble individualized child and family teams (CFT) with service provision based upon High Fidelity Wraparound and System of Care Principles.
3. Utilize Synthesis Information Management System to record timely CFT contacts and specific client data (Plans of Care, Crisis Plans, Progress Notes, Service Authorization Requests, and Invoicing)
4. Tracking reports provided in Synthesis will be used for Quality Assurance/Quality Improvement purposes at DCFS and the Care Coordination Partner Agency.

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

1. Pressley Ridge has accepted 100% of the families referred.
2. All Care Coordination Partners have been provided with training in the areas of High Fidelity Wraparound and System of Care Principles. Ongoing coaching and specialized topics related to the identified needs will also be provided.
3. Client records have been entered into Synthesis with required data.
4. DCFS and Care Coordination Partners review administrative reports on a monthly basis. Quality control measures are addressed with critical attention to engagement efforts to support successful outcomes.

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

- Superior  
 Above Average  
 Average  
 Below Average  
 Poor

**Justification of Rating:** Pressley Ridge is a new partner in this work and is making efforts to identify opportunities to improve wraparound fidelity. Priority measures will focus on engagement strategies, timely data entry and successful outcomes for the children and youth enrolled.

**Division of Children & Family Services**  
**User Department**

**October 26, 2016**  
**Date**



## 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):	PRESSLEY RIDGE
Principal Owner's Name (The legal name of the owner(s) of the business):	SUSANNE COLE
Owner/Officer's Title:	PRESIDENT/CEO
Business Address:	5500 CORPORATE DR., STE 400, PITTSBURGH, PA 15237
Phone Number:	(412) 872-9418
Name of Person Completing Form:	<i>Freda Houchins</i>
Signature:	<i>Freda Houchins</i>
Title:	<i>Program Officer 3</i>

(\* 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: *Freda Houchins*

Date: 10/31/2016

Printed Name: *Freda Houchins*

IG Number: 12-2253

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

**Contractor:** Case Western Reserve University

**Contract/Agreement No.:** CE-1600056-06    **Time Period:** 3/1/16 – 12/31/18

**Service Description:** Tapestry's primary service is HFWA Care Coordination. Care coordination involves assembling a Child and Family Team (CFT) that collaboratively creates an individualized plan of care (Wraparound Plan) driven by the perspective, strengths and needs of the child and family. The plan includes an array of services –from formal clinical services to natural and informal neighborhood and community supports. Care coordination is community-based and relies on a true partnership between the care coordination agencies and the communities in which the children reside. The provision of HFWA is not a program or a type of service, it is a widely researched intervention process used to improve the lives of children with complex needs and their families.

**Original Contract/Agreement Amount:** \$450,000.00

**Prior Amendment(s) Amount(s):** N/A

**Performance Indicators:**

1. Research and analyze data to prepare outcome reports.
2. Partner with DCFS to propose and implement on-going Wraparound fidelity monitoring.
3. Provide support and recommendations for continuous quality improvement efforts and data tracking.
4. Provide skill enhancement and training support for providers and various stakeholder group.

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

1. CWRU is working to gather and analyze longitudinal data.
2. Fidelity activities and coaching support with provider agencies has begun.
3. Completed two (2) data presentations to prepare for quality control efforts.
4. All Care Coordination Partners have been provided with training in the areas of High Fidelity Wraparound and System of Care Principles. Ongoing coaching and specialized topics related to the identified needs will also be provided.

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

- Superior  
 Above Average  
 Average  
 Below Average  
 Poor

**Justification of Rating:** CWRU continues to be an active partner in efforts to analyze the quality and effectiveness of System of Care service provisions. Fidelity measures will focus on engagement strategies, timely data entry and successful outcomes for the children and youth enrolled.

**Division of Children & Family Services**  
User Department


**October 26, 2016**  
Date



## 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):	Case Western Reserve University
Principal Owner's Name (The legal name of the owner(s) of the business):	Barbara R. Snyder (* )
Owner/Officer's Title:	President
Business Address:	10900 Euclid Avenue
Phone Number:	216-368-4510
Name of Person Completing Form:	Karen Dunn
Signature:	
Title:	Assistant Director, Pre-award 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: 

Printed Name: Freda Houchins

Date: 11/29/2010

IG Number: 12.0751