



## **Cuyahoga County Council – Procedures for Public Comment at Council and Committee Meetings**

- Requests to speak must be submitted in writing **prior** to the scheduled meeting start time on the Request Form provided by the Clerk immediately prior to each meeting.\*
- Request Forms must be submitted in-person and may not be submitted on behalf of others (one per person).
- A maximum of thirty speakers will be selected at random during the public comment section at each meeting.
- Each speaker will receive two minutes to address the council or committee. A bell will ring to signal that speaking time has ended. Speakers may not yield their time to others.
- In lieu of verbal public comment, written testimony may be submitted to Council or the applicable committee through the Clerk of Council at [CouncilPublicComment@cuyahogacounty.us](mailto:CouncilPublicComment@cuyahogacounty.us) prior to the adjournment of each meeting.
- The Council and committee meeting schedule can be found [on the Council website](#).

*\* Council chambers will open to the public 30 minutes prior to the scheduled meeting start time.*



# CUYAHOGA COUNTY COUNCIL

## COMMITTEE OF THE WHOLE

CUYAHOGA COUNTY ADMINISTRATIVE HEADQUARTERS

4<sup>th</sup> FLOOR

## MEETING AGENDA

TUESDAY, SEPTEMBER 22, 2026 — 2:30 P.M.

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### 1. CALL TO ORDER

### 2. ROLL CALL

### 3. PUBLIC COMMENT

### 4. MATTER REFERRED TO COMMITTEE

- a) R2026-0259: A Resolution authorizing a contract with Circle Health Services dba The Centers, in the amount not-to-exceed \$12,000,000.00 for grant funding to bridge the financial gap for the Glick Recovery Campus for the period 1/1/2027-12/31/2029; authorizing the County Executive to execute the Contract No. 6422 and all other documents consistent with said award and this Resolution; and declaring the necessity that this Resolution become immediately effective.

### 5. ITEM FOR DISCUSSION

#### BC2026-465 Sheriff's Department

- a) Submitting an RFP exemption, which will result in an award recommendation to Excel K9 Services, Inc. in the total amount not-to-exceed \$63,200.00 for the purchase of (4) canine trained in narcotic detection for the Correction Officer's K-9 unit.
- b) Recommending an award on Purchase Order No. 26003009 to Excel K9 Services, Inc. in the total amount not-to-exceed \$63,200.00 for the purchase of (4) canine trained in narcotic detection for the Correction Officer's K-9 unit.

Funding Source: Commissary Fund

### 6. EXECUTIVE SESSION

- a) Pending or imminent court action

## 7. MISCELLANEOUS BUSINESS

## 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 5<sup>th</sup> floor parking level of the garage. Download the [Metropolis smartphone app](#) and create an account to have parking validated at meetings. Please scan the QR code posted in Council Chambers to input your license plate information for parking to be validated by Metropolis, a non-County entity. You will be responsible for the cost of parking if you are unable to utilize this online parking service.*

*\*\*Meeting rooms are equipped with a hearing assistance system. If needed, please see the Clerk to obtain a receiver.*

# County Council of Cuyahoga County, Ohio

## Resolution No. R2026-0259

Sponsored by: **County Executive Ronayne/Department of Public Safety and Justice Services**

**A Resolution** authorizing a contract to Circle Health Services dba The Centers, in the amount not-to-exceed \$12,000,000.00 for grant funding to bridge the financial gap for the Glick Recovery Campus for the period 1/1/2027-12/31/2029; authorizing the County Executive to execute the Contract No. 6422 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 Public Safety and Justice Services recommends entering into a contract with Circle Health Services dba The Centers, in the amount not-to-exceed \$12,000,000.00 for grant funding to bridge the financial gap for the Glick Recovery Campus for the period 1/1/2027-12/31/2029; and

**WHEREAS**, the primary goal for this project is to support Crisis Receiving Center and Rosary Hall Withdrawal Management Unit for those withdrawing from Opioids and other drugs and alcohol; and

**WHEREAS**, the project is funded 100% Opioid Settlement Fund; and

**WHEREAS**, it is necessary that this Resolution become immediately effective in order that critical services provided by Cuyahoga County can continue.

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

**SECTION 1.** That the Cuyahoga County Council hereby authorizes entering into a contract with Circle Health Services dba The Centers, in the amount not-to-exceed \$12,000,000.00 for grant funding to bridge the financial gap for the Glick Recovery Campus for the period 1/1/2027-12/31/2029.

**SECTION 2.** That the County Executive is authorized to execute Contract No. 6422 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: September 8, 2026

Committee(s) Assigned: Committee of the Whole

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

## PURCHASE-RELATED TRANSACTIONS

|                                  |                                                                                                                                                                                                                                                                                           |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Title</b>                     | 6422– Circle Health Services dba The Centers – Glick Recovery Campus                                                                                                                                                                                                                      |
| <b>Department or Agency Name</b> | Department of Public Safety & Justice Services                                                                                                                                                                                                                                            |
| <b>Requested Action</b>          | <input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order<br><input type="checkbox"/> Other (please specify): |

| Original (O)/<br>Amendment<br>(A-# ) | Contract<br>No. (If PO,<br>list PO#) | Vendor<br>Name                               | Time Period                | Amount          | Date<br>BOC/Council<br>Approved | Approval No. |
|--------------------------------------|--------------------------------------|----------------------------------------------|----------------------------|-----------------|---------------------------------|--------------|
| O                                    | 6422                                 | Circle Health<br>Services dba<br>The Centers | 01/01/2027 –<br>12/31/2029 | \$12,000,000.00 | Pending                         | Pending      |
|                                      |                                      |                                              |                            |                 |                                 |              |
|                                      |                                      |                                              |                            |                 |                                 |              |

**Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any.**

The Centers is opening the Glick Recovery Campus, a behavioral health crisis center intended to provide equitable access to mental health and substance abuse crisis care. This contract is to provide operating support for the first three years of operation.

**Indicate whether:** ☒ New service/purchase   ☐ Existing service/purchase   ☐ Replacement for an existing service/purchase (provide details in Service/Item Description section above)

**For purchases of furniture, computers, vehicles:**   ☐ Additional   ☐ Replacement  
**Age of items being replaced:**                      **How will replaced items be disposed of**

**Project Goals, Outcomes or Purpose (list 3):**

1. Support the first floor Crisis Receiving Center (a 24/7-accessible, 40-chair, crisis clinic focused on stabilization for adult clients utilizing the Living Room Model)
2. Support the second floor Rosary Hall Withdrawal Management Unit (a 12-bed withdrawal management residential unit that will provide immediate support for clients with Substance Use Disorders who are withdrawing from Opioids and other drugs and alcohol)
3. Produce a comprehensive expenditure and revenue accounting for the operations of the Crisis Receiving Center and Rosary Hall Withdrawal Management Unit in accordance with the contract.

**In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify). If there are multiple vendors copy this table and complete for each vendor.**

|                                                                                     |                                                    |
|-------------------------------------------------------------------------------------|----------------------------------------------------|
| <b>Vendor Name and address:</b>                                                     | <b>Owner, executive director, other (specify):</b> |
| Circle Health Services dba The Centers<br>4500 Euclid Avenue<br>Cleveland, OH 44103 | Eric L. Morse<br>President & CEO                   |

|                                                                                               |                           |
|-----------------------------------------------------------------------------------------------|---------------------------|
| Vendor Council District:                                                                      | Project Council District: |
| District 7                                                                                    | All                       |
| If applicable provide the full address or list the municipality(ies) impacted by the project. |                           |

| COMPETITIVE PROCUREMENT                                                                                                                                                                                                                                                                                 | NON-COMPETITIVE PROCUREMENT                                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RQ# _____<br><input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ<br><input type="checkbox"/> Informal<br><input type="checkbox"/> Formal Closing Date: _____                                                                                                         | Provide a short summary for not using competitive bid process.<br>The Glick Recovery Campus will be a state of the art, best practice, behavioral health crisis center and will allow for immediate access to a multitude of crisis services.<br><br>*See Justification for additional information. |
| The total value of the solicitation:                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> Exemption                                                                                                                                                                                                                                                       |
| Number of Solicitations (sent/received) /                                                                                                                                                                                                                                                               | <input type="checkbox"/> State Contract, list STS number and expiration date<br><br><input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date                                                                                                        |
| Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes<br><input type="checkbox"/> No, please explain.<br><br>If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome? | <input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).                                                                                                                          |
| Recommended Vendor was low bidder: <input type="checkbox"/> Yes<br><input type="checkbox"/> No, please explain:                                                                                                                                                                                         | <input type="checkbox"/> Government Purchase<br><input type="checkbox"/> Alternative Procurement Process                                                                                                                                                                                            |
| How did pricing compare among bids received?                                                                                                                                                                                                                                                            | <input type="checkbox"/> Contract Amendment - (list original procurement)<br><input type="checkbox"/> Other Procurement Method, please describe:                                                                                                                                                    |

|                                                                                                                                                                                                                                                                                                                                                                                                |                           |       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------|
| <b>Is Purchase/Services technology related</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list date of TAC approval and answer the questions below.                                                                                                                                                                                                           |                           |       |
| <table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">List date of TAC approval</td> <td style="width: 30%;">Date:</td> </tr> </table><br><input type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval.<br><input type="checkbox"/> Check if item is ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes. | List date of TAC approval | Date: |
| List date of TAC approval                                                                                                                                                                                                                                                                                                                                                                      | Date:                     |       |

Are the purchases compatible with the new ERP system? ☐ Yes ☐ No, please explain.

**FUNDING SOURCE:** Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.

**Opioid Settlement Fund**

Is funding for this included in the approved budget? ☐ Yes ☒ No (if "no" please explain): 2027 expenditure; Budget request will follow Council's approval of this contract.

**List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.**

**EX345100 55130 (activity code pending)**

Payment Schedule: ☐ Invoiced ☒ Monthly ☐ Quarterly ☐ One-time ☐ Other (please explain):

**Provide status of project.**

**The Glick Resource Campus is opening in the Fall of 2026.**

Is contract/purchase late ☒ No ☐ Yes, In the fields below provide reason for late and timeline of late submission

**Reason:**

**Timeline**

Project/Procurement Start Date (date your team started working on this item):

Date documents were requested from vendor:

Date of insurance approval from risk manager:

Date Department of Law approved Contract:

Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:

If late, have services begun? ☐ No ☐ Yes (if yes, please explain)

Have payments been made? ☐ No ☐ Yes (if yes, please explain)

**HISTORY (see instructions):**

| Prior Original (O) and subsequent Amendments (A-# ) | Contract No. (If PO, list PO#) | Vendor Name | Time Period | Amount | Date BOC/Council Approved | Approval No. |
|-----------------------------------------------------|--------------------------------|-------------|-------------|--------|---------------------------|--------------|
|                                                     |                                |             |             |        |                           |              |

## Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

|                     |      |
|---------------------|------|
| RQ# (if applicable) |      |
| PO Code             |      |
| CM Contract #       | 6422 |

|                                                      |                              |                                        |
|------------------------------------------------------|------------------------------|----------------------------------------|
| Late Submittal Required:                             | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Why is the contract being submitted late?            |                              |                                        |
| What is being done to prevent this from reoccurring? |                              |                                        |

|                            |                              |                                        |
|----------------------------|------------------------------|----------------------------------------|
| TAC Approval/Request Item? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|----------------------------|------------------------------|----------------------------------------|

| OTHER THAN FULL AND OPEN COMPETITION                                                                                       |             |           |  |                     |            |
|----------------------------------------------------------------------------------------------------------------------------|-------------|-----------|--|---------------------|------------|
| Exemptions (Contract)                                                                                                      |             |           |  |                     |            |
| Reviewed by Purchasing                                                                                                     |             |           |  |                     |            |
|                                                                                                                            |             |           |  | Department Initials | Purchasing |
| Briefing Memo                                                                                                              |             |           |  | DS                  | EB         |
| Justification Form                                                                                                         |             |           |  | DS                  | EB         |
| IG#                                                                                                                        | 24-0066-REG |           |  | DS                  | EB         |
| Annual Non-Competitive Bid Contract Statement (See Contracts Checklist Glossary on the intranet for form requirements).    | Date:       | 8/25/2026 |  | DS                  | EB         |
| Debarment/Suspension Verified                                                                                              | Date:       | 8/25/2025 |  | DS                  | EB         |
| Auditor's Findings                                                                                                         | Date:       | 8/25/2026 |  | DS                  | EB         |
| Vendor's Submission                                                                                                        |             |           |  | DS                  | EB         |
| Independent Contractor (I.C.) Form                                                                                         | Date:       | 8/9/2026  |  | DS                  | EB         |
| Cover - Master contracts only                                                                                              |             |           |  | N/A                 | N/A        |
| Contract Evaluation – if required provide most recent CM history on contract history table (see pg 2)                      |             |           |  | N/A                 | N/A        |
| TAC/CTO Approval or TAC Request Communication (if required attach and identify relevant page # or meeting approval number) |             |           |  | N/A                 | N/A        |
| Checklist Verification                                                                                                     |             |           |  | DS                  | EB         |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| Reviewed by Law                 |                        |
|---------------------------------|------------------------|
|                                 | Department Initials    |
| Agreement/Contract and Exhibits | DS                     |
| Matrix Law Screen shot          | DS                     |
| COI                             | DS -Expires 12/31/2026 |
| Workers' Compensation Insurance | DS                     |

CONTRACT SPENDING PLAN

1 | Page  
Revised 5/8/2026

## Department of Purchasing – Required Documents Checklist

| Time Period         | Accounting Unit | Budget Edit Group  | Activity Code | Amount              |
|---------------------|-----------------|--------------------|---------------|---------------------|
| 1/1/2027-12/31/2027 | EX345100        | Other Expenditures |               | \$4,000,000         |
| 1/1/2028-12/31/2028 | EX345100        | Other Expenditures |               | \$4,000,000         |
| 1/1/2029-12/31/2029 | EX345100        | Other Expenditures |               | \$4,000,000         |
|                     |                 |                    | <b>TOTAL</b>  | <b>\$12,000,000</b> |

### CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable)                           |                 |                                  |                                       |                               |                            |
|--------------------------------------------------|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| RQ# (if applicable)                              |                 |                                  |                                       |                               |                            |
| CM Contract#                                     |                 |                                  |                                       |                               |                            |
|                                                  | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount                                  | \$12,000,000    |                                  | 1/1/2027-12/31/2029                   | PENDING                       | PENDING                    |
| Prior Amendment Amounts (list separately) (A-# ) |                 | \$                               |                                       |                               |                            |
|                                                  |                 | \$                               |                                       |                               |                            |
|                                                  |                 | \$                               |                                       |                               |                            |
| Pending Amendment                                |                 | \$                               |                                       |                               |                            |
| Total Amendments                                 |                 | \$                               |                                       |                               |                            |
| Total Contract Amount                            |                 | \$12,000,000                     |                                       |                               |                            |

### PURCHASING USE ONLY

|                                                             |                                                                                                                           |
|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| Prior Resolutions:                                          | N/A                                                                                                                       |
| Current CM#:                                                | 6422                                                                                                                      |
| Vendor Name: (if applicable include any fka, dba, or aka's) | Circle Health Services dba The Centers                                                                                    |
| Time Period:                                                | 1/1/2027 – 12/31/2029                                                                                                     |
| Amount:                                                     | \$12,000,000                                                                                                              |
| History/Contract Evaluation:                                | OK                                                                                                                        |
| Electronic Language:                                        | <input checked="" type="checkbox"/> Yes   If No, <input type="checkbox"/> select box to indicate “WET” signature required |
| Purchasing Notes:                                           | N/A                                                                                                                       |
| Purchasing Agents Initials and date of approval             | EB 8/26/2026                                                                                                              |



### **JUSTIFICATION FOR USE OF NON-COMPETITIVE PROCESS**

The County requires submitting departments to provide a business case which includes specific details supporting the contract/purchase being made.

As a consequence, departments need to provide detailed information justifying any purchases to be made non-competitively. The County has developed a justification packet for completion. If submitting a request for a non-competitive purchase, the department must complete this form, and attach it (along with supporting documentation) in the procurement software system.

A review of the contract/purchase request will not be completed without a signed completed justification packet uploaded as an attachment when submitting the contract/purchase request in the procurement software system. It is critically important, and incumbent upon the department to fully and accurately complete the form in order to avoid any lengthy and unnecessary delays in processing the contract/purchase request.

|                           |               |
|---------------------------|---------------|
| Requestor                 | Destiny Smith |
| Requestor<br>Phone Number | 216-443-7466  |
| Date                      | 8/25/2026     |
| Requisition<br>Number     | N/A           |

**OPERATING DEPARTMENT & ACTIVITY: (Choose 1)**

**The Public Safety and Justice Services Department plans to contract with Circle Health Services d.b.a The Centers starting January 1, 2027 to December 31, 2029 for grant funding to bridge the financial gap for the Glick Recovery Campus in the amount of \$12,000,000.00.**

**Check the appropriate box:**

**Governmental Purchase - County Code 501.12 (B)(2)(vi)**

**State Contract Purchase – County Code 501.12(B)(2)(x)**

**Lower than State Contract Purchase - County Code 501.12(B)(2)(ix)**

**Cooperative Purchasing - County Code 501.12(B)(2)(ix)**

**Federal Contracts**

**Joint Purchasing Programs (includes GSA)**

☐ **Contract Amendment**

**Contract # \_\_\_\_\_ RQ# \_\_\_\_\_**

**X RFP Exemption – County Code 501.12(B)(2)(xi)**

**Community Rehabilitation Program (CRP) - O.R.C. 125.60 - O.R.C. 125.607**

**Public Utility (911 System) - O.R.C. 128.03(F)**

**Exemption from Aggregation of Contracts -County Code 501.05(C)(2)**

**Alternative Procurement Process – County Code 501.12(B)(2)(vii)**

**Federal, State, or Other Grant Application Program (County Code 501.12(B)(2)(viii)**

Revised: 11/13/2025

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**1. Description of Supplies or Services, amount of purchase; if a contract or an amendment list start date and end date, and/or scope change if an amendment.**

The Public Safety and Justice Services Department plans to contract with Circle Health Services d.b.a The Centers starting January 1, 2027 to December 31, 2029 for grant funding to bridge the financial gap for the Glick Recovery Campus in the amount of \$12,000,000.00. The GRC is designed to reach individuals facing severe mental health symptoms, substance use disorders, and barriers to care such as being uninsured or underinsured, especially those whose crises have historically been met with emergency department boarding, incarceration, or untreated relapse cycles. The GRC is designed to close that gap with a 24/7 walk-in, trauma informed, clinically appropriate "front door" that meets people with dignity instead of delay. The facility is expected to serve 10,000 individuals annually by 2027 and employ 200 full-time staff, creating a robust and sustainable crisis-care hub for the community.

*If contract or contract amendment term has begun, please respond to questions 1a. and 1b below:*

**1a. Why is the contract/amendment being submitted late?**

N/A

**1b. What is being done to prevent this from reoccurring?**

N/A

**2. Funding Source(s) including percentage breakdown and the actual fund name(s).**

100% Opioid Settlement Fund

**3. Was the specific project funding included in OBM-approved budget for the current year? If not, please explain.**

2027 budget

**4. Rationale Supporting the Use of the Selected Procurement Method  
(include state contract # or cooperative purchasing contract # and expiration date)**

**Due to the contract supporting the Glick Recovery Campus and its financial need, no other procurement method was explored.**

**5. What other available options and/or vendors were evaluated? If none, include the reasons why (*Attach supporting documentation such as other vendor quotes/pricing*).**

**No other vendors were evaluated. The Glick Recovery Campus will be a state of the art, best practice, behavioral health crisis center and will allow for immediate access to a multitude of crisis services.**

**6. What ultimately led you to this product or service? Why was the recommended vendor selected? How was it determined that the anticipated cost is fair and reasonable? (*Attach supporting documentation*).**

**PSJS has a track record of investing Opioid Settlement funds in crisis care relative to substance use and mental health services. The Glick Recovery Campus represents the next step in improving the crisis continuum.**

**7. Provide an explanation of unacceptable delays in fulfilling the County's need that would be incurred if award was made through a competitive process. (*Attach supporting documentation*).**

**Delays for financial support to the Glick Recovery Center's operating budget will cause delay in delivering imperative mental health and behavioral health crisis services to those who suffer from substance abuse in Cuyahoga County.**

**8. Describe what future plans, if any, your department can take to permit competition before any subsequent purchases of the required supplies or services. In none, please explain why.**

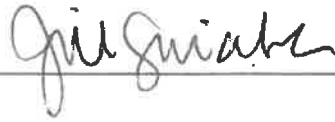
**Our department respects and agrees with the competitive process, therefore unless there is a required or emergency need, we will comply with the competitive process.**

## CERTIFICATION REQUIREMENTS

I certify that the information contained in and attached to this Justification is accurate and complete to support the recommendation.

I further certify that the attached narrative justification verifies Cuyahoga County's minimum need or schedule requirements and any rationale used to justify the non-competitive request.

Signature of Director:



Date: 8/25/2026

RQ# \_\_\_\_\_

Procurement software system title: