AGENDA
CUYAHOGA COUNTY PUBLIC SAFETY & JUSTICE AFFAIRS COMMITTEE MEETING
TUESDAY, APRIL 1, 2025
CUYAHOGA COUNTY ADMINISTRATIVE HEADQUARTERS
C. ELLEN CONNALLY COUNCIL CHAMBERS – 4TH FLOOR
1:00 PM

Committee Members:
Michael J. Gallagher, Chair – District 5
Patrick Kelly, Vice Chair – District 1
Yvonne M. Conwell– District 7
Sunny M. Simon – District 11
Meredith Turner – District 9

1. **CALL TO ORDER**

2. **ROLL CALL**

3. **PUBLIC COMMENT**

4. **APPROVAL OF MINUTES FROM THE FEBRUARY 4, 2025 MEETING**

5. **MATTERS REFERRED TO COMMITTEE**

    a) R2025-0128: A Resolution authorizing Purchase Order No. 25000141 to The MetroHealth System in the amount not-to-exceed $1,600,000.00 for reimbursement of offsite medical services for inmates for the period 1/1/2025 – 12/31/2025; and declaring the necessity that this Resolution become immediately effective.

6. **MISCELLANEOUS BUSINESS**

7. **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 PUBLIC SAFETY & JUSTICE AFFAIRS COMMITTEE MEETING
TUESDAY, FEBRUARY 4, 2025
CUYAHOGA COUNTY ADMINISTRATIVE HEADQUARTERS
C. ELLEN CONNALLY COUNCIL CHAMBERS – 4TH FLOOR
1:00 PM

1. CALL TO ORDER

Chairman Gallagher called the meeting to order at 1:07 p.m.

2. ROLL CALL

Mr. Gallagher asked Deputy Clerk Carter to call the roll. Committee members Gallagher, Kelly and Conwell were in attendance and a quorum was determined. Committee member Turner was in attendance after the roll call was taken. Committee member Simon was absent from the meeting. Councilmembers Houser, Schleper and Jones were also in attendance.

3. PUBLIC COMMENT

There were no public comments given.

4. APPROVAL OF MINUTES FROM THE JANUARY 21, 2025 MEETING

A motion was made by Ms. Conwell, seconded by Mr. Kelly and approved by unanimous vote to approve the minutes from the January 21, 2025 meeting.

5. MATTERS REFERRED TO COMMITTEE

a) R2025-0045: A Resolution awarding a total sum, not to exceed $10,000, to the National Association For the Advancement of Colored People for the Changing the Narrative on Youth Justice and Violence Prevention Project from the District 9 ARPA Community Grant Fund; and declaring the necessity that this Resolution become immediately effective.

Mr. Edwin Hubbard, Jr., Executive Director of the Cleveland Branch of the National Association for the Advancement of Colored People (NAACP), addressed the Committee regarding Resolution No. R2025-0045. Discussion ensued.

Committee members and Councilmembers asked questions of Mr. Hubbard pertaining to the item, which he answered accordingly.

On a motion by Mr. Kelly with a second by Ms. Conwell, Resolution No. R2025-0045 was considered and approved by unanimous vote to be referred to the full Council agenda for second reading.

Mr. Houser requested to have his name added as a co-sponsor to the legislation.

6. DISCUSSION

    a) Update regrading Cuyahoga County Central Services Campus

Mr. Jeffrey Appelbaum, Managing Director of Project Management Consultants, LLC; Ms. Laurel Domanski-Diaz, Justice and Health Equity Officer; and Ms. Nichole English, Planning and Program Administrator, addressed the Committee regarding the scope, completion schedule, programming, staffing and schematic design relating to the Cuyahoga County Central Services Campus. Discussion ensued.

Committee members and Councilmembers asked questions of Mr. Appelbaum, Ms. Domanski-Diaz and Ms. English pertaining to the item, which they answered accordingly.

7. MISCELLANEOUS BUSINESS

There was no miscellaneous business.

8. ADJOURNMENT

With no further business to discuss, Chairman Gallagher adjourned the meeting at 2:15 p.m., without objection.

County Council of Cuyahoga County, Ohio

Resolution No. R2025-0128

Sponsored by: **County Executive Ronayne/Sheriff's Department**	**A Resolution** authorizing a Purchase Order No. 25000141 with MetroHealth System in the amount not-to-exceed $1,600,000.00 for reimbursements of offsite medical services for inmates for the period 1/1/2025 – 12/31/2025; authorizing the County Executive to execute the Purchase Order and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective.

WHEREAS, the County Executive/Sheriff's Department recommends entering into Purchase Order No. 25000141 with MetroHealth System in the amount not-to-exceed $1,600,000.00 for reimbursements of offsite medical services for inmates for the period 1/1/2025 – 12/31/2025; and

WHEREAS, the primary goal of this project is to provide pharmacy benefit management services to County employees and their eligible dependents; and

WHEREAS, the project is funded 100% General 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 authorize Purchase Order No. 25000141 with MetroHealth System in the amount not-to-exceed $1,600,000.00 for reimbursements of offsite medical services for inmates for the period 1/1/2025 – 12/31/2025.

SECTION 2. That the County Executive is authorized to execute the Purchase Order and all other documents consistent with this Resolution. To the extent that any exemptions are necessary under the County Code and contracting procedures, they shall be deemed approved by the adoption of 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: March 25, 2025
Committee(s) Assigned: Public Safety & Justice Affairs

Journal_____
_____, 20___

PURCHASE-RELATED TRANSACTIONS

Title	METROHEALTH 2025 NTE PO FOR OUTSIDE MEDICAL BILLING
Department or Agency Name	SHERIFF'S
Requested Action	☐ Contract ☐ Agreement ☐ Lease ☐ Amendment ☐ Revenue Generating ☒ Purchase Order ☐ Other (please specify):

Original (O)/ Amendment (A-#)	**Contract No. (If PO, list PO#)**	**Vendor Name**	**Time Period**	**Amount**	**Date BOC/Council Approved**	**Approval No.**
O	25000144	METROHEALTH	2025	1,600,000	CURRENT ITEM	

Service/Item Description (include quantity if applicable).
Outside medical services provided to inmates at Metro Health not covered by the current contract.

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):
Process claims and issue payment for medical services provided outside of the county jail at MetroHealth locations. Avoid claims being sent to collections and continue to receive care as needed.

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)	
Vendor Name and address:	Owner, executive director, other (specify):
MetroHealth System 2500 MetroHealth Dr Cleveland, Ohio 44109	**Kristen Moore** **Paralegal & Contract Specialist**
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	**NON-COMPETITIVE PROCUREMENT**
RQ# _____ (Insert RQ# for formal/informal items, as applicable) ☐ RFB ☐ RFP ☐ RFQ ☐ Informal	Provide a short summary for not using competitive bid process. Services already provided and billed for.

☐ Formal Closing Date:	*See Justification for additional information.
The total value of the solicitation:	☒ Exemption
Number of Solicitations (sent/received) /	☐ State Contract, list STS number and expiration date ☐ 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? ☐ Yes ☐ No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	☐ Sole Source ☐ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: ☐ Yes ☐ No, please explain:	☐ Government Purchase
	☐ Alternative Procurement Process
How did pricing compare among bids received?	☐ Contract Amendment - (list original procurement)
	☐ Other Procurement Method, please describe:

Is Purchase/Services technology related ☐ Yes ☒ No. If yes, complete section below:	
☐ Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? ☐ No ☐ Yes, answer the below questions.	
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. **100% General Fund**
Is funding for this included in the approved budget? ☒ Yes ☐ No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. **SH100150 55040**
Payment Schedule: ☒ Invoiced ☐ Monthly ☐ Quarterly ☐ One-time ☐ Other (please explain):

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

Reason: N/A	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	2/11/25
Date documents were requested from vendor:	2/11/25
Date of insurance approval from risk manager:	2/11/25
Date Department of Law approved Contract:	2/11/25
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: N/A	
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

Infor/Lawson RQ# (if applicable):	N/A
Infor/Lawson PO# Code (if applicable):	EXMT
Event #	N/A
PO#	25000141

☒ *I certify that I have followed the current purchasing policies and procedures and no items being purchased under this requisition have been ordered or received.*

TAC or CTO Required or Authorized IT Standard	Yes ☐	No ☒

Required Documents for All Purchase Orders (ALL Non-Contract Purchases) Reviewed by Purchasing				
			Department Initials	**Purchasing**
Briefing Memo			TG	OK AJ 2/27/2025
IG#			N/A-GOV'T ENTITY	n/a
Debarment/Suspension Verified	Date:	2/25/25	TG	OK AJ 2/27/2025 dated within 60 days
Auditor's Findings	Date:	2/25/25	TG	OK AJ 2/27/2025 dated within 60 days
Vendor's Submission (*or Bid Tabulation Sheet)*			N/A- NTE PO- For future claims through 2025. No pricing schedule, billed on Medicaid's approved amounts.	NTE PO for 2025 medical inmate services $1,600,000.00
Independent Contractor (I.C.) Form	Date:	2/14/2025	TG	OK AJ 2/27/2025 dated within 1 year
Checklist Verification			TG	OK AJ 2/27/2025

Required Documents Dependent upon Procurement Type Reviewed by Purchasing				
			Department Initials	**Purchasing**
Annual Non-Competitive Bid Contract Statement *(Not required if item was competitively bid. Form is also not required if going to BOC or Council for approval)*	Date:		TG	n/a

Department of Purchasing – Required Documents Checklist

Bid Specification Packet. *(Copy of Event, include 2nd effort documents if applicable. Include any additional attachments to the events if applicable).*	N/A	
TSMC attach supporting documentation of attempt to secure three (3) valid quotes and/or Event documentation of 8 hour posting.	N/A	
Bid Tabulation Sheet	N/A	
Evaluation/Scoring Summary *(includes evaluator names)*	N/A	
Notice of Intent to Award Letter *(for Formals)*	N/A	
Award Letter *(for Formals)*	N/A	
Final DEI Goal Setting Worksheet *(for Formals)*	N/A	
PDF results from List of Certified Diversity Businesses for SBEs/MBEs/WBEs. If "Null" search results attach DEI's e-mail response to Null Search *(for Informals)*	N/A	
E-mail notification(s) to available SBEs/MBEs/WBEs from the certified list *(for Informals)*	N/A	
Justification Form *(if exemption and purchase over $5k)*	TG	OK AJ 2/27/2025
State Contract Cover Sheet *	N/A	
Cooperative Purchase Contract Cover Sheet *	N/A	
Sole Source Affidavit	N/A	
Sole Source Justification	N/A	
TAC/CTO Approval or IT Standards *(if required attach and identify relevant page #s or meeting approval number)*	N/A	
Prior RFP Exemption/Alternative Procurement Approval Letter	N/A	
Furniture Request Form	N/A	
Proof of Public Notice publication	N/A	
Invoice *(for items already purchased but not approved)*	N/A	
Department Director's approval to initiate TSMC purchase (email or printed)	N/A	
Department Director's approval to purchase TSMC goods or services (email or printed)	N/A	

*If State Contract or Cooperative purchase, must have the contract number and expiration date listed

Reviewed by Law	
	Department Initials
Exhibits	N/A
Matrix Law Screen shot	TG
COI	TG
Workers' Compensation Insurance	N/A
Performance Bond	N/A

Other documentation may be required depending upon your specific item
Glossary of Terms at: https://intranet.cuyahoga.cc/policies-procedures/procurement-information

Vendor Information

Department of Purchasing – Required Documents Checklist

Vendor Name	Dollar Amount
METROHEALTH	**$1,600,000.00**

VERIFICATION FOR EVENTS (to be completed by Purchasing)	
	Purchasing
Vendor Name and Dollar Amount verified (lowest and best)	
If an event(s) was created: Check Audit Log to verify Event(s) released (approved-notified) 2nd effort will show as an amendment approved-notified or will be a separate event; minimum # of hours bid	
Checked for # of Notification on Event(s)	
Sealed Bid on Event(s) & Display on Portal	
If brand name listed on specs, must have "or equivalent" or approved IT Standard and/or prior approval Alternative Procurement	
If a service, • Matrix approval of PO vs. Contract • Insurance/Workers' Compensation requirements and/or Waiver	
Minimum # of bids received	
Purchasing Agents Initials and date of approval	
Misc Comments	

Requisitions up to & including $5,000.00 will be reviewed by the assigned Purchasing Agent in the Department of Purchasing. If all requirements are met, the item can be approved by DOP without additional consideration. For the following items the OnBase Agenda Action form must be completed. The item will be held until it is approved by the Board of Control.

- Requisitions over $5,000.00
- Requisition submitted in which the item has been ordered and/or received

PURCHASE ORDER REVIEW FOR
Infor RQ #
Awarded Infor Event n/a exemption
Infor PO#25000141
PO Code: EXMT

Department of Purchasing – Required Documents Checklist

Amount: $1,600,000.00
1st & 2nd effort details/not applicable for exemption
Vendor: MetroHealth System
Time period: n/a
IG# Info: n/a government entity
DL/SL: OK
Auditor Findings: OK
DOP Buyer review complete: 2/27/2025 AJ