PROBATION
SUBSTANCE ABUSE TREATMENT PROGRAM

REQUEST FOR PROPOSALS

Issue Date: October 28, 2011
Submission Deadline: 4:00 p.m., November 14, 2011

NOTE: RFP packets presented after the deadline will not be considered
and returned to the sender.

Deliver RFP Response in Person to:

ADAMHS Board of Cuyahoga County
ATTN: William M. Denihan, CEO
RE: Probation Substance Abuse Treatment Program RFP
2012 West 25th St., 6th Fl.
Cleveland, OH 44113
INTRODUCTION:

The Alcohol, Drug Addiction & Mental Health Services Board of Cuyahoga County (ADAMHS Board) through an agreement with the Cuyahoga County Court of Common Pleas is seeking to provide residential treatment services commencing January 1, 2012 through December 31, 2014 for alcohol and other drug dependent offenders referred by the Cuyahoga County Adult Probation Department. Clients referred for services will be actively supervised by the Probation Department and may be on pretrial release, community control, or probation. Most of these offenders will be confined in jail awaiting available treatment.

The Probation Substance Abuse Treatment Program is a collaborative between the Cuyahoga County Court of Common Pleas, Probation Department and the selected provider(s) who will make admission and discharge decisions. Length of residence, discharge and re-admission under this contract shall be subject to team staffing.

TARGET POPULATION:

Under this initiative, an estimated 21% of the target population served will be female and 79% male. The proposed target population has both educational and employment deficits. An estimated 82% of the population will be unemployed and an estimated 30% of the population may have a co-occurring mental health diagnosis.

EXPECTED SERVICE MIX:

Length of stay for residential treatment will be a minimum of twenty-eight days and a maximum of forty-two days, unless otherwise specified by the Probation Department Substance Abuse Case Manager. The number of offenders served each day will be determined by the per diem rate of the selected service provider.

ELIGIBLE PROVIDERS:

The Board is seeking proposals from public and/or private not-for-profit agencies certified by the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) to provide:

Residential Treatment Services

Preferred providers will have the ability to effectively coordinate appropriate services for the client population, including but not limited to: medical services, mental health services, housing, and other AOD services, as appropriate, educational and vocational services. Additionally, the selected provider(s) must provide electronic service information (submit billing claims) to MACSIS through the Board. Minimally, the provider must be able to transmit 837 transactions in the ODADAS required format. The selected provider(s) must also sign a Trade Partnership Agreement (TPA) as a part of its contractual arrangement with the ADAMHS Board. If the provider does not have its own in-house capability to transmit necessary information, it is the
ADAMHS Board’s expectation that the selected applicants will have the ability to perform the necessary billing requirements utilizing their own internal billing systems.

The contractor(s) selected for funding must be able to serve male and female offenders. The contractor(s) selected must provide immediate access and assure that services will begin no later than January 1, 2012. Additionally, the selected provider(s) must have the ability all of the requirements outlined below:

SERVICE REQUIREMENTS:

1. The selected provider must be able to serve male and female offenders though these offenders may be housed at different program sites. Agencies must have appropriate occupancy permits and program certificates. New providers responding to this request must submit policies as an attachment to the proposal. The provider(s) must have sufficient space to house and provide services to the number of offenders being served in this proposal.

2. The selected service provider must insure immediate access. The treatment service must be available January 1, 2012 through December 31, 2014.

3. The Provider is to list contract services and itemized unit cost for the proposed services. If the provider can demonstrate that actual costs exceed revenues under this agreement then the Provider may seek additional revenue sources including disability assistance from the Department of Human Services. If the program charges client fees, then such fee practices shall conform to applicable local and state regulations and no client shall be refused admission based on the inability to pay.

4. In cases where surgical and/or medical attention is required, the Provider shall arrange transfer of the County's client(s) to a local medical facility. Applicants should include all medical and mental health affiliation agreements in this application. The Provider is not required to supervise the client while under medical care but shall document the transport and location of the client and notify the Adult Probation Department Substance Abuse Case Manager within the next business day.

5. The Provider shall monitor the use of prescribed medications by maintaining a medication log for each client. The selected vendor will include appropriate policies and personnel to ensure adequate medical care for clients in the proposal. The Provider shall not be responsible for dispersing medications for methadone maintenance.

6. The Provider shall monitor and collect a minimum of one urine sample per week on clients or as requested by the Probation Department. Drug urinalysis supplies and testing costs under this agreement shall be provided by the Probation Department. Provider must deliver urinalysis samples to the Probation Department Urinalysis Laboratory. The Provider shall strictly adhere to the policies established by the urinalysis laboratory for the collection of samples.
7. The selected program shall provide residents with three meals a day. The provider must have a full service kitchen on-site to provide meals to the residents or have a contractual arrangement for catering services. Copies of all contracts for catering services must be included in this application.

8. The selected provider shall establish temporary office space on premises for the Probation Officers or Case Manager as necessary.

9. The provider shall insure that the agency has appropriate policies that prohibit sexual activity/harassment between residents or staff and residents. The provider must have existing procedures that minimize the potential of sexual activity between residents. **New providers responding to this request must submit policies as an attachment to the proposal**

10. Offenders shall be confined to the residential facility for the duration of treatment. Non-emergency departures from the facility must be pre-approved by the Probation Department’s Substance Abuse Case Manager. Approval will generally not be granted within the first 30 days unless a departure is required for medical or treatment purposes. No overnight passes will be permitted. When clients are not accompanied by staff, the provider shall maintain a written itinerary for each client indicating the times of: departure from residence, arrival at destination, departure from destination and arrival back at the residential program for all approved departures from the facility. Signatures of responsible parties on the itinerary are required. The provider is responsible for verification of the itinerary through spot checks.

11. The Provider shall only accept referrals from the Probation Department Substance Abuse Case Manager or his/her designee for this program. The Case Manager shall provide the Provider with background information and a release of information from clients through the Substance Abuse Referral Form and Jail Medical Information Form and the ORAS (risk/needs) report, when available. Referrals will include offenders incarcerated in the County Jail. Referrals form the jail will utilize a TASC assessment as resources allow, ensuring that referrals are made into the appropriate level of care and that ancillary service needs are appropriately documented. It is expected that the treatment provider will obtain the necessary releases of information in order to share in information with the Cuyahoga County Department of Probation. When referring clients, the Cuyahoga County Adult Probation Department and the selected provider(s) must adhere to the Ohio Department of Alcohol and Drug Addiction Services’ Protocol for Levels of Care. The provider will bill from the contract assessment services for jail clients who have not had a SOQIC assessment. Assessment services and each assessment service shall not exceed the provider’s current Medicare rate. If multiple providers are selected, the total assessment service reimbursement allocation shall not exceed 1.3% of the provider’s total contract award per year. Any unused dollars may be expended on additional treatment services. Additionally, the service provider reserves the right to deny referrals for individuals who do not meet the criteria for residential level of care and will work with County staff to coordinate appropriate services for the client.
The provider shall accept County referrals which allows for the admission of any substance-abusing client, whether or not they have had prior primary substance abuse treatment, with the exception of individuals who:

a. Have medical problems and/or detoxification needs that would prevent active participation in treatment.

b. Have serious mental health problems that are not managed by a mental health case manager and whose mental health problems are not controlled by psychotropic medication.

c. Have been administratively discharged within the previous six months from the provider’s residential treatment program. Admission for these offenders will be reviewed on a case-by-case basis.

d. Have been convicted of arson or a sex offense. Admission for these offenders will be reviewed on a case-by-case basis.

12. The service provider shall have an agreed upon protocol for the coordination of mental health care for clients with co-occurring disorders and will make every effort to coordinate services with a client’s existing mental health service provider; the Probation Department Case Manager shall insure that prescriptions will be made available to the service providers for clients who were receiving medication while in jail. Additionally, to ensure that the client is stabilized and has access to needed medication, the Probation Department Case manager shall coordinate initial office visits/appointments for individuals in need of mental health services for clients transported from the jail. Appointment information shall be forwarded to the provider for service coordination.

13. The provider shall notify the Probation Department Case Manager of the status of pending discharges from residence. All unsuccessful discharges are to be reported by telephone to the Probation Department Case Manager within one day of discharge. Clients are to be discharged from the residence within 24-hours of completing treatment, unless otherwise authorized by the Probation Department Case Manager. Offenders who are discharged unsuccessfully will be advised to report to their probation officer on the next business day.

14. The provider shall forward discharge log to the Probation Department Substance Abuse Case Manager within 7 working days (or within one day if the discharge is unsuccessful). The written discharge shall include, at minimum, the client's name, name of treatment provider, discharge date, and reason for discharge, and the aftercare plan. The payment of monthly invoices by the ADAMHS Board is contingent on the receipt of discharge summary and reports as indicated.

15. The provider shall maintain individual records for each client, as specified in the ODADAS Treatment Standards.
16. The provider shall immediately notify the Probation Department Substance Abuse Case Manager upon the receipt of any legal process requiring the disclosure of records of program participants.

17. All parties to this agreement acknowledge that, in exchanging, storing, processing or otherwise dealing with any information about referred clients, each is fully bound by the provisions of the Federal Regulations governing the confidentiality of alcohol and drug abuse client records (Title 42, CFR, Part 2) and the Health Insurance Portability and Accountability Act of 1996, 45 CFR 164.528. All parties shall implement appropriate procedures to safeguard client information. In performance of this contract, the Provider shall guarantee responsibility for protection of the confidentiality of non-public County records.

18. The provider shall make available all records relating to a participant in accordance with a court order or a written request from the Chief Probation Officer (or his designee) with appropriate releases of information.

19. The provider shall ensure that clients sign a copy of written residential rules upon admission and the provider shall have a written disciplinary process for violation of these rules.

20. The provider shall arrange for clients to receive necessary ancillary services including medical, prescription drugs, and proper clothing. The provider shall pay for prescription drug costs for indigent clients covered under this contract when prescriptions are not available through other sources. The Provider may submit a monthly billing with receipts, separate from the per diem charge, for prescription reimbursement cost to be paid out of this contract. If multiple providers are selected, the total prescription reimbursement allocation will not exceed 2.5% of the provider’s total contract award per year. Any unused dollars may be expended on additional treatment services.

21. The provider shall allow clients access to all on site self help groups and may allow attendance at outside self help group meetings when the client is under the supervision of a paid staff member. This shall not interfere with the client's treatment or the provider’s rules and regulations. Other outside activities shall not generally be allowed but may be approved by the Cuyahoga County Adult Probation Department on a case-by-case basis.

22. The provider shall provide a four-week schedule of client programming, which documents that they will meet or exceed minimum ODADAS standards as follows:

   a. 30 hours of primary residential treatment per seven-day period, excluding recreation and self-help activity for ODADAS certified providers of residential treatment.

23. The provider shall ensure that clients have access to reading material, exercise equipment, and other recreational activities available within the facility.
24. The provider shall allow reasonable visitation by immediate family members and significant others as approved by the Probation Department Substance Abuse Case Manager.

25. The provider shall forward an itemized bill to the Probation Case Manager by the 5th working day of each month for the previous month’s services. The bill shall include the client's name, probation number, the admission date and discharge date (if any) and the number of days in residence during the billing period. In addition, the provider must submit a monthly discharge summary. The Alcohol Drug Addictions and Mental Health Services Board of Cuyahoga County will be responsible for all payments to the provider for services rendered under this agreement. The Corrections Planning Board will forward an itemized listing of clients and services to the ADAMHS Board’s Adult Projects Administrator and Fiscal Department.

26. Probation staff may converse freely with provider staff, funded in whole or in part under this agreement, regarding issues and/or clients covered by this agreement.

27. The provider shall ensure that no current or future employee providing direct client services is under active probation, parole, or under indictment for a felony offense. Employees of the Provider shall have their record checks processed through the State Bureau of Criminal Investigation (BCI) and/or National Crime Information Computer (NCIC). A waiver for current employees may be considered sufficient, at the discretion of the Probation Department, if prior record checks have been made in the past 15 months.

28. The selected provider(s) shall provide written policies and/or procedures prohibiting its employees from having compromising relationships with program participants and report any improprieties or appearance thereof immediately to the appropriate authority.

29. In its proposal, the provider must include the names, credentials and/or licensure of staff implementing the program as outlined in this request.

30. The provider shall describe in its application the location and physical set up of the space that will be used for the programming outlined in this request.

31. Selected providers must agree to work under the Board’s contract which stipulates use of the following: ODADAS Levels of Care Protocols, SOQIC Assessment Instrument, Continuous Quality Improvement, and Client Outcomes. In addition, the selected provider(s) must have the ability to submit electronic claims and behavioral health information to the ADAMHS Board. All providers will be subject to periodic performance review through programmatic audits, desk audits and/or site visits conducted by ADAMHS Board staff and will be required to submit additional programmatic and fiscal reports as requested by the ADAMHS Board.
REIMBURSEMENT:

All services will be reimbursed on fee for services basis. The provider shall submit a per diem cost as part of the proposal. This per diem will include all provider costs for proposed housing, treatment and assessment services. The provider must provide separate cost information for the housing and treatment service components. This per diem will remain unchanged during the two-year contract. Contracted units will be reconciled against the services reported under this initiative in MACSIS, the ADAMHS Board’s claim system. The proposed services to be reimbursed shall be in addition to any units of service previously contracted by the Alcohol Drug Addiction and Mental Health Services Board.

No Proposal for residential treatment services shall be accepted under this agreement with a per diem rate in excess of $105.00.

PROPOSAL TIMELINE:

Release Date: October 28, 2011
Submission Deadline: Must be received in the ADAMHS Board Offices by 4:00 p.m., Monday, November 14, 2011.

The Alcohol, Drug Addictions and Mental Health Services Board shall determine application timelines for proposals according to their guidelines such that a provider is selected prior to January 1, 2012. The Board shall not accept late submissions or fax copies of proposals.

PROPOSAL CONTENT AND SUBMISSION REQUIREMENTS:

Deliver an original and three (3) copies of proposals in person to:

ADAMHS Board of Cuyahoga County
ATTN: William M. Denihan, CEO
RE: Probation Substance Abuse Treatment Program RFP
2012 West 25th St., 6th Fl.
Cleveland, OH 44113

Proposal response must be received in the ADAMHS Board offices no later than 4:00 p.m. on Monday, November 14, 2011. RFP packets presented after the deadline will not be considered and returned to the sender.
REVIEW CRITERIA:

A review of proposals will be made to assess which applicants most completely meet the requirements outlined in this request and who offer the most cost-effective programming. Proposals that fail to satisfy minimum requirements or assurances as described herein will be rejected. Applicants are encouraged to provide as much clarity as possible in addressing provider requirements and program planning. A review team comprised of ADAMHS staff, trustees and Court/Probation staff will review proposals using the following criteria:

- Service cost
- Content of proposal including feasibility of program proposed and accessibility of program to target population
- Organizational experience with target services and population
- Organizational capacity to provide proposed services
- Service delivery improvement and enhancement of provider goals and objectives
- Ability to submit electronic service and billing information as specified by the Ohio Department of Alcohol and Drug Addiction Services.

SELECTED PROVIDER

The Alcohol, Drug Addiction & Mental Health Services Board of Cuyahoga County will execute a contract or contract addendum with the selected provider(s). The contract/addendum will be subject to the service requirements outlined in the proposal.

QUESTIONS:

Questions regarding this request should be directed in writing to:

Maria Nemec, LICDC
Board Administrator
Corrections Planning Board
1276 West Third Street, Suite 700
Cleveland, Ohio 44113
e-mail: cpmtn@cuyahogacounty.us
Instructions for Completing the Probation Substance Abuse Treatment
Request for Proposal

Please adhere to the following instructions in completing your proposal. Proposals should be formatted in the order outlined below.

Proposal Components

Section 1 ADAMHSBCC Application Face Sheet. Please note that the application face sheet must include the signature of the Executive Director and Board President/Chair.

Section 2 Service Units for Proposed Project. Please complete form provided using the service and unit categories from your Agency Expense Report ODADAMHS-FIS 047.

Section 3 Include your agency’s most recent Board and Employee composition forms.

Section 4 Fiscal Information: Provide and Agency Expense Report ODADAMHS-FIS 047 and Agency Revenue Report ODADAMHS-FIS 052 for the proposed program. Do not submit expense and revenue reports that include your current Board contracted services. Upon approval, previously contracted providers will be required to submit a revised fiscal workbook.

Section 5 Program Description should be brief and should minimally identify the target population(s) and services the proposed project will provide.

Section 6 Program Plan should specifically include the following information:

Organizational Capacity: Please include a detailed description of the organization’s mission, how it relates to the proposed program and the agency’s history and experience in service delivery to the proposed service population(s) and in meeting/exceeding project and/or program goals. New applicants should include a narrative that provides a description of how the agency will submit electronic claims information to the Board.
Probation Residential Program
Section 6
Program Plan
Continued

Staffing & Facilities: Please provide a description of the proposed program service site(s) and staff that will be used to implement the program.

Target Population: Please provide a detailed description of the target population(s) and the number of clients your program intends to serve. This section should identify the problem(s) the proposed program will address, and document the needs of the target population(s) identified.

Section 7
Collaborative Arrangements: Identify all collaborative arrangements that will be used and/or needed to successfully implement the proposed program. Please provide a copy of the agency’s affiliation agreements and or memoranda of understanding with community based service providers, medical and mental health facilities. Applicant must demonstrate knowledge of community resources and an ability to address any supportive services needed by the identified client population(s).

Section 8
Program Evaluation: Please outline the proposed program’s goals and objectives and describe how the agency will monitor and evaluate the success of proposed program. Please identify program milestones and describe how the agency will use outcome information to modify the program.

Section 9
Agency Certification: New applicants only: Please provide a copy of the agency’s most recent ODADAS certificate for residential and/or halfway services.
REQUEST FOR PROPOSAL

PROBATION
SUBSTANCE ABUSE TREATMENT PROGRAM

FACE SHEET

PROVIDER INFORMATION

Agency Name: ________________________________________________________________

Address: ________________________________________________________________

Telephone #: ___________________________ Fax #: ___________________________

Agency Web-site Address: _____________________________________________

Executive Director/CEO: ___________________________________________

E-mail Address: ___________________________________________

Fiscal Officer: ___________________________________________

E-mail Address: ___________________________________________

Clinical Director: ___________________________________________

E-mail Address: ___________________________________________

Board President/Chair: ___________________________________________

E-mail Address: ___________________________________________

Statutory Agent on file with Ohio Secretary of State: ___________________________________________

Federal Tax ID (EIN) #: ___________________________________________


AUTHORIZATION

I hereby certify by my signature that this RFI has been approved for submission by this Agency’s governing authority.

___________________________  ____________________________
Board President / Chair       Date                                    Executive Director / CEO       Date
ALCOHOL, DRUG ADDICTION and MENTAL HEALTH SERVICES BOARD OF CUYAHOGA COUNTY

in conjunction with

CUYAHOGA COUNTY EXECUTIVE
CUYAHOGA COUNTY COMMON PLEAS COURT
CUYAHOGA COUNTY ADULT PROBATION DEPARTMENT

PROBATION RESIDENTIAL TREATMENT SERVICES

PROVIDER ASSURANCES

DISPENSING MEDICATION

As a contractor for the PROBATION RESIDENTIAL PROGRAM, __________________________________________, (agency) guarantees that the program will monitor and disperse medications to clients as prescribed. And will establish and adhere to agency policies and procedures regarding the storage, security and distribution of client medications.

Signed hereunto this day, ____________________________, (date).

Executive Director: ________________________________________

Witness: ________________________________________________
PROBATION RESIDENTIAL TREATMENT SERVICES

PROVIDER ASSURANCES

LABORATORY TESTING

As a contractor for the PROBATION RESIDENTIAL PROGRAM
__________________________________________________, (agency) guarantees that
the program will adhere to policies established by the Cuyahoga County Probation
Department’s Urinalysis Laboratory when monitoring and collecting required samples.
We shall also comply with any requests for testing as needed or required by the program.

Signed hereunto this day, _____________________________, (date).

Executive Director: _________________________________

Witness: _________________________________________
As a contractor for the PROBATION RESIDENTIAL PROGRAM
__________________________________________________, (agency) guarantees that
the provider will establish temporary office space for ADULT PROBATION staff as
needed by the program.

Signed hereunto this day, _____________________________, (date).

Executive Director: _________________________________

Witness: _________________________________________
ALCOHOL, DRUG ADDICTION and MENTAL HEALTH SERVICES BOARD OF CUYAHOGA COUNTY

in conjunction with

CUYAHOGA COUNTY EXECUTIVE
CUYAHOGA COUNTY ADULT PROBATION DEPARTMENT
CUYAHOGA COUNTY COMMON PLEAS COURT

PROBATION RESIDENTIAL TREATMENT SERVICES

PROVIDER ASSURANCES

DISCHARGE NOTIFICATION

As a contractor for the PROBATION RESIDENTIAL PROGRAM,

__________________________________________________, (agency) guarantees that
the program will notify the SUBSTANCE ABUSE PROBATION CASE MANAGER by phone within one (1) working day of all client discharges from residence. Agency also agrees to discharge clients from residence within 24 hours of completing treatment unless otherwise authorized by the PROBATION DEPARTMENT.

Signed hereunto this day, ____________________________, (date).

Executive Director:  ____________________________________

Witness:  ____________________________________
ALCOHOL, DRUG ADDICTION and MENTAL HEALTH SERVICES BOARD OF CUYAHOGA COUNTY

in conjunction with

CUYAHOGA COUNTY EXECUTIVE
CUYAHOGA COUNTY ADULT PROBATION DEPARTMENT
CUYAHOGA COUNTY COMMON PLEAS COURT

PROBATION RESIDENTIAL TREATMENT SERVICES

PROVIDER ASSURANCES

**DISCHARGE REPORTING**

As a contractor for the PROBATION RESIDENTIAL PROGRAM, __________________________________________, (agency) guarantees that the program will complete and send a written discharge report to the PROBATION DEPARTMENT within seven (7) working days for each successful discharge or within one day if the discharge is unsuccessful, which shall include at minimum: client’s name, name of service provider, date of discharge from residential facility, reason for discharge and aftercare plan (if applicable).

Signed hereunto this day, _______________________________, (date).

Executive Director: __________________________________________

Witness: __________________________________________
ALCOHOL, DRUG ADDICTION and MENTAL HEALTH SERVICES BOARD OF CUYAHOGA COUNTY

in conjunction with

CUYAHOGA COUNTY EXECUTIVE
CUYAHOGA COUNTY ADULT PROBATION DEPARTMENT
CUYAHOGA COUNTY COMMON PLEAS COURT

PROBATION RESIDENTIAL TREATMENT SERVICES

PROVIDER ASSURANCES

CLIENT TERMINATIONS

As a contractor for the PROBATION RESIDENTIAL PROGRAM,
__________________________________________________, (agency) acknowledges

that client discharges will be coordinated by THE PROBATION DEPARTMENT
SUBSTANCE ABUSE CASE MANAGER with the service provider.

In addition, agency guarantees that clients will be discharged from residence within 24

hours of completing treatment, unless otherwise authorized by the PROBATION
DEPARTMENT SUBSTANCE ABUSE CASE MANAGER.

Signed hereunto this day, ____________________________, (date).

Executive Director: ________________________________

Witness: ________________________________

Executive Director: ____________________________________

Witness: ____________________________________
ALCOHOL, DRUG ADDICTION and MENTAL HEALTH SERVICES BOARD OF CUYAHOGA COUNTY

in conjunction with

CUYAHOGA COUNTY EXECUTIVE
CUYAHOGA COUNTY ADULT PROBATION DEPARTMENT
CUYAHOGA COUNTY COMMON PLEAS COURT

PROBATION RESIDENTIAL TREATMENT SERVICES

PROVIDER ASSURANCES

LEGAL PROCEEDINGS

As a contractor for the PROBATION RESIDENTIAL PROGRAM
__________________________________________________, (agency) guarantees that
the program will respond to subpoenas, and will appear and testify in any legal
proceedings convened by the Court at the Provider’s cost.

In addition, agency guarantees that the program will notify the PROBATION
DEPARTMENT immediately upon receipt of any legal process that require the
disclosure of client records.

Signed hereunto this day, ____________________________, (date).

Executive Director: ________________________________

Witness: ________________________________
ALCOHOL, DRUG ADDICTION and MENTAL HEALTH SERVICES BOARD OF CUYAHOGA COUNTY

in conjunction with

CUYAHOGA COUNTY EXECUTIVE
CUYAHOGA COUNTY ADULT PROBATION DEPARTMENT
CUYAHOGA COUNTY COMMON PLEAS COURT

PROBATION RESIDENTIAL TREATMENT SERVICES

PROVIDER ASSURANCES

ANCILLARY SERVICES

As a contractor for the PROBATION RESIDENTIAL PROGRAM

__________________________________________________, (agency) guarantees that

the program will coordinate necessary ancillary services for clients including medical,
care, prescription drugs and clothing.

Signed hereunto this day, ____________________________, (date).

Executive Director: ________________________________

Witness: ________________________________________
ALCOHOL, DRUG ADDICTION and MENTAL HEALTH SERVICES BOARD OF CUYAHOGA COUNTY

in conjunction with

CUYAHOGA COUNTY EXECUTIVE
CUYAHOGA COUNTY ADULT PROBATION DEPARTMENT
CUYAHOGA COUNTY COMMON PLEAS COURT

PROBATION RESIDENTIAL TREATMENT SERVICES

PROVIDER ASSURANCES

SITE VISITATION & COLLABORATIVE COMMUNICATIONS

As a contractor for the PROBATION RESIDENTIAL PROGRAM

__________________________________________________, (agency) guarantees that

the program will allow PROBATION STAFF access to the residential facility and to

referred clients during normal working hours. Agency acknowledges that under this

agreement, the PROBATION DEPARTMENT may converse with PROVIDER program

regarding client issues.

Signed hereunto this day, ________________________________, (date).

Executive Director: ______________________________________

Witness: ________________________________________________
ALCOHOL, DRUG ADDICTION and MENTAL HEALTH SERVICES BOARD OF CUYAHOGA COUNTY

in conjunction with

CUYAHOGA COUNTY EXECUTIVE
CUYAHOGA COUNTY ADULT PROBATION DEPARTMENT
CUYAHOGA COUNTY COMMON PLEAS COURT

PROBATION RESIDENTIAL TREATMENT SERVICES

PROVIDER ASSURANCES

STAFFING

As a contractor for the PROBATION RESIDENTIAL PROGRAM

___________________________________________________, (agency) guarantees that no employee providing direct client care is under active probation, on parole, or has a felony indictment. Agency further agrees and acknowledges that it shall utilize the State Bureau of Criminal Investigation (BCI) or the National Crime Information Computer (NCIC) to conduct and process background checks. The agency further acknowledges that a waiver for current employees may be considered sufficient at the discretion of the PROBATION DEPARTMENT if prior checks have been made within the last 15 months.

Signed hereunto this day, ____________________________, (date).

Executive Director: 

Witness: 