

**REQUEST FOR LEGISLATIVE ACTION**

**EXECUTIVE OFFICE**

Completed by County Counselor's Office:  
~~Res~~/Ord No.: 5138 **AUG 28 2018**  
 Sponsor(s): Crystal Williams  
 Date: September 5, 2018

<p><b>SUBJECT</b></p>	<p>Action Requested  <input type="checkbox"/> Resolution  <input checked="" type="checkbox"/> Ordinance</p> <p><b>Project/Title:</b> Transfer of funds collected through Violent Death and Enhanced Opioid Surveillance reporting.</p>										
<p><b>BUDGET INFORMATION</b>  <i>To be completed                  By Requesting                  Department and                  Finance</i></p>	<table border="1" data-bbox="326 552 1365 957"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td>\$9690.</td> </tr> <tr> <td>Amount previously authorized this fiscal year:</td> <td>\$0</td> </tr> <tr> <td>Total amount authorized after this legislative action:</td> <td>\$9690.</td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td>\$0</td> </tr> <tr> <td>Source of funding (name of fund) and account code number;                  FROM: Undesignated Fund Balance                  002-9999 47060                  002-9999 45907                  TO:                  002-2001 8171 Health Fund, MEO, Personal Computer                  002-2001 6220 Health Fund, MEO, Photographing                  002-2001 8170 Health Fund, MEO, Other Equipment</td> <td>FROM ACCT                  \$ 1500.                  \$ 8190.                  TO ACCT                  \$2000.                  \$1000.                  \$6690.</td> </tr> </table> <p>* If account includes additional funds for other expenses, total budgeted in the account is: \$</p> <p><b>OTHER FINANCIAL INFORMATION:</b></p> <p><input type="checkbox"/> No budget impact (no fiscal note required)  <input type="checkbox"/> Term and Supply Contract (funds approved in the annual budget); estimated value and use of contract:                  Department: Estimated Use: \$</p> <p>Prior Year Budget (if applicable): \$                  Prior Year Actual Amount Spent (if applicable): \$</p>	Amount authorized by this legislation this fiscal year:	\$9690.	Amount previously authorized this fiscal year:	\$0	Total amount authorized after this legislative action:	\$9690.	Amount budgeted for this item * (including transfers):	\$0	Source of funding (name of fund) and account code number; FROM: Undesignated Fund Balance 002-9999 47060 002-9999 45907 TO: 002-2001 8171 Health Fund, MEO, Personal Computer 002-2001 6220 Health Fund, MEO, Photographing 002-2001 8170 Health Fund, MEO, Other Equipment	FROM ACCT \$ 1500. \$ 8190. TO ACCT \$2000. \$1000. \$6690.
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<p><b>PRIOR LEGISLATION</b></p>	<p>Prior ordinances and (date): Ord. 5042 November 13, 2017                  Prior resolutions and (date): Res. 19490 May 22, 2017                  Res. 19732 February 12, 2018                  Res. 19764 March 12, 2018</p>										
<p><b>CONTACT INFORMATION</b></p>	<p>RLA drafted by (name, title, &amp; phone): Kandi Brooke, Administrative Supervisor for                  Dr. Diane Peterson, Chief Medical Examiner (816) 881-6600</p>										
<p><b>REQUEST SUMMARY</b></p>	<p>Request \$9210. from funds collected through Missouri Violent Death and Enhanced Opioid Surveillance Reporting (Res. 19490 June 15, 2017; Sept. 2017 Violent deaths \$1500, March 2018 Opioid deaths \$630, Violent deaths April 2018 \$7080.) and through Kansas Department of Health &amp; Environment Violent Death Reporting (Res. 19764 March 12, 2018; June 2018 Violent deaths \$480.) to be transferred from the undesignated fund balance 002-9999-47060 and 002-9999-45907 to line item 002-2001-58171 \$2000, 002-2001-56220 \$1000, and 002-2001-58170 \$6690.</p>										

CLEARANCE	<input type="checkbox"/> Tax Clearance Completed (Purchasing & Department) <input type="checkbox"/> Business License Verified (Purchasing & Department) <input type="checkbox"/> Chapter 6 Compliance - Affirmative Action/Prevailing Wage (County Auditor's Office)	
ATTACHMENTS	Missouri payment receipts; EF01021803879, EF05071802288, EF08201801219 Kansas payment receipts; Check # 2004497807	
REVIEW	Department Director: <i>Oran Peterson MD</i>	Date: <i>08/28/2018</i>
	Finance (Budget Approval): <i>If applicable Paul MB</i>	Date: <i>8/28/18</i>
	Division Manager: <i>James MA</i>	Date: <i>8-28-18</i>
	County Counselor's Office:	Date:

Fiscal Information (to be verified by Budget Office in Finance Department)

- This expenditure was included in the annual budget.
- Funds for this were encumbered from the \_\_\_\_\_ Fund in \_\_\_\_\_.
- There is a balance otherwise unencumbered to the credit of the appropriation to which the expenditure is chargeable and there is a cash balance otherwise unencumbered in the treasury to the credit of the fund from which payment is to be made each sufficient to provide for the obligation herein authorized.
- Funds sufficient for this expenditure will be/were appropriated by Ordinance # \_\_\_\_\_
- Funds sufficient for this appropriation are available from the source indicated below.

Account Number:	Account Title:	Amount Not to Exceed:
002-9999-47060	Health Fund, Misc.	\$ 1500
002-9999-45907	Health Fund, Opioid Surveillance	\$ 8190

- This award is made on a need basis and does not obligate Jackson County to pay any specific amount. The availability of funds for specific purchases will, of necessity, be determined as each using agency places its order.
- This legislative action does not impact the County financially and does not require Finance/Budget approval.



# State of Missouri Vendor Payment Services

## Payment Detail:

**Payee Remittance Address:**  
950 EAST 21ST STREET  
KANSAS CITY, MO 64108

Total Payment Amount      \$1,500.00  
Total Check/EFT Amount      \$1,500.00  
Check/EFT Date                01/04/2018

EF 01021803879

Contact Information	Payment Number	Invoice Number	CFDA	Payment Amount
Deanna Tillison (573)751-6022 deanna.tillison@health.mo.gov	PV 42001800132	VDR0817	93.136	\$1,500.00



**Jackson County Medical Examiner's Office**

950 East 21<sup>st</sup> Street Kansas City, MO 64108  
(816) 881-6600 (816) 881-6641 fax

Missouri Department of Health & Senior Services  
Division of Community & Public Health  
Office of Epidemiology  
PO Box 570  
Jefferson City, MO. 65102-0570

**Violent Death Billing Statement**

Contract Services: Violent Death and Enhanced Opioid Surveillance

Jackson County Res. 19490 / Contract # DH170018008

**Invoice # SEPT2017V Invoice Date: 9/6/2017**

Uploaded on 8/28/17      50 records x 30 / 1500.00

**Total: \$1500.00**

If you have questions regarding this statement, please contact: Kandi Brooke, Administrative Supervisor (816) 881-6595

DHSS Contact:

Joshua Voigt MPH CPH  
Health Program Representative II  
NVDRS Abstractor

Becca Lander, PhD  
Injury Epidemiologist/Program Manager  
Missouri Violent Death Reporting System

# State of Missouri Vendor Payment Services

**Payment Detail:**

**Payee Remittance Address:**  
 950 EAST 21ST STREET  
 KANSAS CITY, MO 64108

Total Payment Amount           \$630.00  
 Total Check/EFT Amount       \$630.00  
 Check/EFT Date                   05/10/2018

EF 05071802288				
Contact Information	Payment Number	Invoice Number	CFDA	Payment Amount
Deanna Tillison (573)751-6022 deanna.tillison@health.mo.gov	PV 42001800186	MARCH2018OP	93.136	\$630.00



***Jackson County Medical Examiner's Office***

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Missouri Department of Health & Senior Services  
Division of Community & Public Health  
Office of Epidemiology  
PO Box 570  
Jefferson City, MO. 65102-0570



**Opioid Death Billing Statement**

Contract Services: Violent Death and Enhanced Opioid Surveillance

Jackson County Res. 19490 / Contract # DH170018008

Invoice # **MARCH2018OP** Invoice Date: **3/20/18**

Sent on 2/28/18 21 records x 30 / 630

**Total: \$ 630.00**

If you have questions regarding this statement, please contact: Kandi Brooke, Administrative Supervisor (816) 881-6595

DHSS Contact:

Joshua Voigt MPH CPH  
Health Program Representative II  
NVDRS Abstractor

Becca Lander, PhD  
Injury Epidemiologist/Program Manager  
Missouri Violent Death Reporting System

# State of Missouri Vendor Payment Services

## Payment Detail:

**Payee Remittance Address:**  
950 EAST 21ST STREET  
KANSAS CITY, MO 64108

Total Payment Amount      \$7,080.00  
Total Check/EFT Amount      \$7,080.00  
Check/EFT Date                08/22/2018

EF 08201801219

Contact Information	Payment Number	Invoice Number	CFDA	Payment Amount
Deanna Tillison (573)751-6022 deanna.tillison@health.mo.gov	PV IQ621900051	APRIL2018V	93.136	\$7,080.00





***Jackson County Medical Examiner's Office***

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(816) 881-6600 (816) 881-6641 fax

Missouri Department of Health & Senior Services  
Division of Community & Public Health  
Office of Epidemiology  
PO Box 570  
Jefferson City, MO. 65102-0570

**Violent Death Billing Statement**

Contract Services: Violent Death and Enhanced Opioid Surveillance

Jackson County Res. 19732 / Contract # DH170018008

Invoice # **APRIL2018V** Invoice Date: **6/21/2018**

Uploaded on 6/21/2018 236 records x 30 / 7080

**Total: \$7080.00**

If you have questions regarding this statement, please contact: Kandi Brooke, Administrative Supervisor (816) 881-6595

DHSS Contact:

Joshua Voigt MPH CPH Health Program Representative II NVDRS Abstractor	Becca Lander, PhD Injury Epidemiologist/Program Manager Missouri Violent Death Reporting System
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26400 10260774 2004497807  
Dept of Health & Environment  
1000 SW Jackson St Room 570  
Topeka KS 66612-1368

US POSTAGE \$000.40



ZIP 66606  
01E12650520

JACKSON COUNTY MEDICAL EXAMINER'S OFFICE  
950 EAST 21ST STREET  
KANSAS CITY MO 64108-2703

2018 06 20 14 24 54 1 0 0 0



THE BACK OF THIS WARRANT CONTAINS A SECURITY MARK - DO NOT ACCEPT WITHOUT HOLDING AT AN ANGLE TO VERIFY SECURITY MARK

**SMART** **STATE OF KANSAS** **2004497807**

Department of Administration  
To the Treasurer of State Topeka, Kansas

Date: 06/20/2018  
Pay Amount  
\$ 480.00

VALID FOR AMOUNT ONLY  
\*\*\*Four hundred Eighty dollars and 00 cents\*\*\*

Pay to the Order of JACKSON COUNTY MEDICAL EXAMINER'S OFFICE  
950 EAST 21ST STREET

Bus Unit 26400  
Cash Immediately - Void One Year From Date of Issue

*Delbert Hill*  
State Treasurer

⑈ 2004497807 ⑈ ⑆ 101101154 ⑆ 999 911 ⑈

Dept of Health & Environment

STATE OF KANSAS

Check Date: 06/20/2018

Vendor Number: 000040393

Check No: 2004497807

Voucher ID 10260774 Invoice Number KSJune2018

Invoice Date  
06/18/2018

Paid Amount

480.00

Invoice#KSJune2018

KS  
2018  
\$480.00

Questions? Telephone your state agency contact or, if unknown (785) 296-1510

Total Paid Amount \$ 480.00



***Jackson County Medical Examiner's Office***

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950 East 21<sup>st</sup> Street Kansas City, MO 64108  
(816) 881-6600 (816) 881-6641 fax

Daina Zolck, Program Coordinator  
Kansas Violent Death Reporting System  
1000 SW Jackson Ste 230  
Topeka KS 66612

**Violent Death Billing Statement**

Contract Services: Kansas Department of Health and Environment, Violent Death Reporting System

Jackson County Res. 19764

**Invoice # KSJune2018 Invoice Date: 6/18/2018**

Reports sent on 6/8/2018 16 records x 30 / 480

**Total: \$480.00**

(list attached)

If you have questions regarding this statement, please contact: Kandi Brooke, Administrative Supervisor (816) 881-6595

Name in VertiQ	Autopsy Rpt	Tox Rpt	Suicide Worksheet	Investigator Rpt
Garcia-Aguilar, Luis	x	x		x
	x	x		x
	x	x		x
	x	x		x
	x	x		x
	N/A	x	N/A	x
	x	x		x
	x	x		x
	x	x		x
	x	x		x
	N/A	N/A	N/A	x
	x	x		x
	x	x		x
	N/A	x	N/A	x
	N/A	x	N/A	x
	x	x		x
Jorge, Delgado	x	x		x

Last Name	First/Middle	DOB	DOD	County	City	Manne	Case Number	Dr.
Aguilar	Luis Carlos Garcia	11/24/1972	6/8/2016	Jackson, MO	KC	H	16-3583	Dr. Peterson
Anderson	Eric Tyreane	4/1/1975	12/6/2016	Jackson, MO	KC	H	16-7443	Dr. Pietak
Brown	Tyra T	1/27/1997	4/18/2016	Jackson, MO	KC	H	16-2428	Dr. Tarau
Coates	Davyon	2/15/1997	8/18/2016	Jackson, MO	KC	H	16-5222	Dr. Peterson
Collins II	Gary Edward	5/30/1993	12/30/2016	Clay, MO	Liberty	H	16-8261	Dr. Pietak
Cowan	Evan Henry	9/5/1995	11/2/2016	Cass, MO	Kingsville	S	16-6614	Dr. Pietak
Gayle	Denise Alberta	7/16/1984	7/28/2016	Jackson, MO	KC	H	16-4766	Dr. Tarau
Harris	Dustin Lee	2/14/1982	11/1/2016	Jackson, MO	KC	H	16-6604	Dr. Tarau
Hedden	Robert Christopher	7/23/1973	7/30/2016	Jackson, MO	KC	CNBD	16-4813	Dr. Tarau
Hellwig	Zare Graywolf Morgan	11/26/2003	7/9/2016	Jackson, MO	KC	S	16-4228	Dr. Peterson'
Herron, Jr	Donald Ray	7/19/1990	6/6/2016	Jackson, MO	KC	H	16-3541	Dr. Peterson
Hobby	Ahkeem D	1/16/1989	12/29/2016	Jackson, MO	KC	H	16-8234	Dr. Peterson
Irby	Quint N	7/2/1963	11/13/2016	Jackson, MO	KC	S	16-6872	Dr. Haldiman
Pawlowski	Jamie Joseph	2/15/1978	1/6/2016	Jackson, MO	KC	S	16-109	Dr. Pietak
Settle	Cortney Nicholas	9/10/1997	11/2/2016	Jackson, MO	KC	H	16-6617	Dr. Pietak
Vina	Jorge Carlos Delgado	9/18/1998	5/1/2016	Jackson, MO	KC	H	16-2727	Dr. Dyer