

COOPERATIVE AGREEMENT
(Health Service Homeless)

THIS AGREEMENT, made by and between **JACKSON COUNTY, MISSOURI**, a Constitutional Home Rule Charter County of the First Class of the State of Missouri, hereinafter referred to as "the County" and a Missouri not-for-profit corporation, **SWOPE HEALTH SERVICES 3801 BLUE PARKWAY KANSAS CITY, MO 64130**, hereinafter referred to as "Organization".

WHEREAS, the County and Organization desire to enter into an Agreement to provide funding to be used for Homeless Pharmacy; and,

WHEREAS, the County deems it to be in the best interest of its citizenry to support such programs and activities; and,

NOW THEREFORE, in consideration of the foregoing and the terms and provisions herein contained, the County and Organization respectively promise, covenant, and agree with each other as follows:

NOW, THEREFORE, it is agreed by and between the parties as follows:

1. **Services**. Organization shall provide services Homeless Pharmacy, as is more fully set out in the proposal attached hereto as Exhibit A and incorporated herein by reference. The term of this contract is January 1, 2018, through December 31, 2018, and as such, all expenditures must occur within this period. The budget Organization submitted as part of Exhibit A is considered final and non-changeable. If Organization encounters unforeseen circumstances that require a change to Organization's budget, Organization shall submit a written request of line item changes limited to contractual services and supplies and a narrative explaining the circumstances to the Jackson

FILED
APR 30 2018
MARY JO SPINO
COUNTY CLERK

County Legislative Auditor's Office no later than October 31, 2018. The Jackson County Legislature must authorize any changes to the budget. Any changes approved by the Legislature will not take effect until your agency receives written notification from the Jackson County Legislative Auditor's Office.

2. **Terms Of Payment.** The County agrees to pay Organization the total amount of **\$43,508.00** in quarterly installments of **\$10,877.00**, with the payment for the first and second quarters to be made upon execution of this Agreement. The remaining payments shall be made upon the County's receipt of the quarterly reports as set forth in paragraph 3 hereof. The County reserves the right to audit all invoices and to reject any invoice for good cause. The County retains the right to deduct from an invoice of Organization any overpayment made by the County on a prior invoice. The County retains the right to make invoice corrections/changes. The County will not reimburse sales tax expense.

3. **Reports/Other Documentation.** Within 30 days after the conclusion of each calendar quarter under this Agreement, Organization shall submit a quarterly reconciliation report on forms provided by the County along with documentation that reconciles to the quarterly report, including cancelled checks and/or a copy of the face of the check and corresponding bank statements, invoices, and any other documents requested by the Department of Finance and Purchasing, to establish that the funds provided pursuant to this Agreement were used for the purposes set forth herein. The report for the first and second quarters shall be submitted within 30 days after the execution of this Agreement. The last quarter's report shall include an annual report which shall summarize all of Organization's activities pursuant to this Agreement.

Organization's failure to submit this annual report shall disqualify Organization from future funding by the County. Organization must submit quarterly reconciliation reports in the format specified by the County before the next quarterly payment will be processed. Any quarterly reports that are incomplete or incorrect will delay payment.

Organization must notify the County in writing on Organization's letterhead, within five working days of the following changes:

- a. Organization name, address, telephone number, administration, or board of directors
- b. Organization funding that will affect the program under this contract
- c. Liability insurance coverage
- d. Management or staff responsible for providing services pursuant to this contract
- e. Any proposed or actual merger or acquisition either taken by the Organization or toward the Organization

4. **Submission of Documents.** No payment shall be made under this Agreement unless Organization shall have submitted to the County's Department of Finance and Purchasing through the Jackson County Outside Agency portal accessible on www.jacksongov.org/auditor: (1) a written proposal setting out in detail the intended use of the County's funding, including the target population to be served; (2) Organization's IRS Form 990 from the previous fiscal or calendar year; (3) a statement of Organization's total budget for its most recent fiscal year; and (4) a detailed explanation of actual expenditures of the County's funds (pertains to final payments and payments on contracts for future years). If Organization has previously received funding from the County, to be eligible for future payments, Organization must submit either an audited financial statement for Organization's most-recent fiscal or calendar year, or a certified public accountant's program audit of the County's funds. Any documents described herein which were submitted to the Department of Finance and

Purchasing as a part of an application for funding need not be resubmitted to qualify for payment. No payment shall be made if Organization is out of compliance on any other County contract, or has not paid county taxes on all properties owned by Organization and assessed by the County.

5. **Equal Opportunity**. Organization shall maintain policies of employment as follows:

A. Organization and Organization's subcontractor(s) shall not discriminate against any employee or applicant for employment because of race, religion, color, sex, age, disability, or national origin. Organization shall take affirmative action as set forth to ensure that applicants for employment and employees are treated without regard to their race, religion, color, sex, age, disability, or national origin. Such action shall include, but not be limited, to the following: recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. Organization agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the policies of non-discrimination.

B. Organization and Organization's subcontractor(s) shall, in all solicitation or advertisements for employees placed by them or on their behalf, state that all qualified applicants will receive consideration for employment without regard to race, religion, color, sex, age, disability, or national origin.

6. **Employment Of Unauthorized Aliens Prohibited**. Pursuant to §285.530.1, RSMo, Organization assures that it does not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the State of Missouri

and/or Jackson County, and shall affirm, by sworn affidavit and provision of documentation, its enrollment and participation in a federal work authorization program with respect to the employees working in connection with the contracted services. Further, Organization shall sign an affidavit, attached hereto and incorporated herein as Exhibit B, affirming that it does not knowingly employ any person who is an unauthorized alien in connection with the contracted services.

7. **Audit.** The parties agree that the County may, for any reason and at any given time, examine and audit the books and records of Organization pertaining to this Agreement. Further, Organization agrees to establish and adopt such accounting standards and forms as recommended by the County prior to receipt of the County's first distribution of funds under the terms of this Agreement. The forms used to document expenditure of these funds may be changed from time to time by the County.

8. **Default.** If Organization shall default in the performance or observation of any covenant, term or condition herein contained to be performed by Organization, the County shall give Organization ten days written notice, setting forth the default. If said default shall continue and not be corrected by Organization within ten days after receipt of notice from the County, the County may, at its election, terminate this Agreement and withhold any payments not yet made to Organization. Said election shall not, in any way, limit the County's rights to sue for breach of this Agreement.

9. **Appropriation Of Funds.** Organization and the County recognize that the County intends to satisfy its financial obligation to Organization hereunder out of funds annually appropriated for that purpose by the County. County promises and covenants to make its best efforts to appropriate funds in accordance with this Agreement. In the

event no funds or insufficient funds are appropriated and budgeted, or are otherwise unavailable by any means whatsoever for payment due hereunder, County shall immediately notify Organization of this occurrence and this Agreement shall terminate on the last day for which appropriations were received, without penalty or expense to the County of any kind whatsoever, except as to the portions of the payment amounts herein agreed upon for which funds shall have been appropriated and budgeted or are otherwise available, or at any time after the last date that County has paid for the Services, if earlier.

County further agrees:

A. That any funds authorized or appropriated for services rendered under this Agreement shall be applied to the payments hereunder until all such funds are exhausted.

B. That County will use its best efforts to obtain authorization and appropriation of such funds including, without limitation, the inclusion in its annual budget, a request for adequate funds to meet its obligation under this Agreement in full.

10. **Conflict Of Interest.** Organization warrants that no officer or employee of the County, whether elected or appointed, shall, in any manner whatsoever, be interested in or receive any benefit from the profits or emoluments of this Agreement.

11. **Severability.** If any covenant or other provision of this Agreement is invalid, or incapable of being enforced by reason of any rule of law or public policy, all other conditions and provisions of this Agreement shall, nevertheless, remain in full force and effect; and no covenant or provision shall be deemed dependent upon any other

covenant or provision unless so expressed herein.

12. **Indemnification.** Organization shall indemnify, defend and hold the County harmless from any and all claims, liabilities, damages, and costs (including reasonable attorney's fees directly related thereto) including but not limited to violation of civil rights and/or bodily injury to or death of any person and for damage to or destruction of property if and to the extent caused by the negligence, willful misconduct or omissions of Organization during the performance of this Agreement.

13. **Insurance.** Organization shall maintain the following insurance coverage during the term of this Agreement.

A. Organization shall maintain Commercial General Bodily Injury and Property Damage Liability insurance, each in a combined single limit of One Million Dollars (\$1,000,000) each occurrence for bodily injury and property damage liability.

B. Organization shall maintain, if any motor vehicles are used in the performance of the Services, Commercial General Bodily Injury and Property Damage Liability insurance, and Automobile Liability insurance including owned, non-owned, or hired vehicles, each in a combined single limit of One Million Dollars (\$1,000,000) each occurrence for bodily injury and property damage liability.

C. Organization agrees to provide the County with certificates of insurance evidencing the above described coverage prior to the start of Services, and annually thereafter, if required by the County. Such certificates shall provide that the applicable insurance policies have been endorsed to provide a minimum

of thirty days advance notice to the County in the event of cancellation, non-renewal, or reduction in limits by endorsement.

14. **Term**. The term of this Agreement shall commence January 1, 2018, and shall continue until December 31, 2018, unless sooner terminated pursuant to paragraph 8, 15, or 19 hereof. If this Agreement is terminated by either party, the County shall pay only for those services actually performed by Organization as verified by the County's audit.

15. **Termination**. This Agreement may be terminated for any reason or no reason by either of the parties upon thirty (30) days' written notice to the other party's designated fiscal representative. All services and payments shall continue through the effective date of termination. Termination of this Agreement shall not constitute a waiver of the rights or obligations which the County or Organization may be entitled to receive as provided in this Agreement, or be obligated to perform under this Agreement for services prior to the date of termination. Should this Agreement terminate, all County written materials of any kind must be delivered and returned by Organization to the County within ten (10) days of the termination of this Agreement.

16. **Standard of Care**. Organization shall exercise the same degree of care, skill, and diligence in the performance of the Services as is ordinarily possessed and exercised by professionals operating under similar circumstances.

17. **Financial Contact**. Organization shall designate a fiscal representative to act as a liaison between the parties to resolve any problems, complaints, or special circumstances encountered in the billing of the services agreed upon here.

Fiscal Representative
Department of Finance and
Purchasing
415 E. 12th Street, Suite 100
Kansas City, MO 64106

Swope Health Services
Naimish Patel
3801 Blue Parkway
Kansas City, MO 64130
(816) 599-5552

18. **Affirmative Action Compliance.** The performance of this Agreement shall be subject to review by the County. The County Compliance Review Officer shall review this contract according to his responsibilities as set out in Chapter 6 of the Jackson County Code. Organization shall file quarterly compliance reports as required by the County Compliance Review Office. The County warrants that all books, records, accounts, and any other documents in the possession of the County relating to this Agreement are public records open for inspection in accordance with Chapter 610, RSMo.

19. **Remedies For Breach.** Organization agrees to faithfully observe and perform all of the terms, provisions, and requirements of this Agreement, and Organization's failure to do so constitutes a breach of this Agreement. In such event, Organization consents and agrees as follows:

A. The County may, without prior notice to Organization, immediately terminate this Agreement; and

B. The County shall be entitled to collect from Organization all payments made by the County to Organization for which Organization has not yet rendered services in accordance with this Agreement, and to collect the

County's reasonable attorney's fees, court costs and service fees if it is necessary to bring action to recover such payments.

20. Transfer And Assignment. Organization shall not assign or transfer any portion or the whole of this Agreement without the prior written consent of the County.

21. Organization Identity. If Organization is merged or purchased by another entity, the County reserves the right to terminate this Agreement. Organization shall immediately notify the county in the event it is merged or purchases by any other entity.

22. Confidentiality. Organization's records concerning the identities of those participating in its programs shall be strictly confidential; the County shall be entitled to examine said records in performing its audit and review functions, but shall not disclose said identities to any third party in any fashion.

23. Incorporation. This Agreement incorporates the entire understanding and agreement of the parties.

IN WITNESS WHEREOF, the County and Organization have executed this Agreement this 30th day of April, 2018.

APPROVED AS TO FORM:

JACKSON COUNTY, MISSOURI



W. Stephen Nixon
County Counselor

By 


Frank White, Jr.
County Executive

ATTEST:

SWOPE HEALTH SERVICES



Mary Jo Spind
Clerk of the Legislature

By 

Title President & CEO
Federal Tax I.D. 43-0957840

REVENUE CERTIFICATE

I hereby certify that there is a balance otherwise unencumbered to the credit of the appropriation to which this Agreement is chargeable, and a cash balance otherwise unencumbered in the treasury from which payment is to be made, each sufficient to meet the obligation of \$43,508.00, which is hereby authorized.

4/27/18

Date



Chief Administrative Officer
Account No. 002-7601-56789

76012018004 KA

**2018 Jackson County Outside Agency Funding Proposal
Swope Health Services
Homeless Pharmacy**

Swope Health Services

3801 Blue Parkway
Kansas City, MO 64130
(816) 923-5800
www.swopehealth.org
fedtaxid: 43-0957840

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Fiscal Year: January to December

GuideStar: 7008186144

Mission: Swope Health Services improves the health and wellness of the community by delivering accessible, quality, comprehensive patient care.

Executive Director

Chief Executive Officer
David Barber
(816) 599-5550
dbarber@swopehealth.org

Contact Person

Chief Financial Officer
Naimish Patel
(816) 599-5552
npatel@swopehealth.org

Check the Jackson County Legislative District and your At-Large District where your agency is located?

District 2: Yes

At-large District 2: Yes

**2018 Jackson County Outside Agency Funding Proposal
Swope Health Services
Homeless Pharmacy**

Agency Revenue Information

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Funding Entity	Source Description	2017 Actual	2018 Projected
Federal	U.S. Department of Health and Human Services	\$10,777,550	\$10,375,186
State	MPCA, MODOT, DMH, DPH, and KDHE	\$15,615,766	\$23,120,586
Jackson County	Mental Health Levy, COMBAT, and Outside Ag Funding	\$1,259,232	\$1,380,914
City of Kansas City	Health Levy	\$1,698,237	\$1,698,236
Charity/Donations	NA	\$0	\$0
Fundraisers	NA	\$0	\$0
Donations	WHF, MCHCGKC, REACH, HCFGKC, & Net Patient Care	\$18,121,469	\$14,136,418
		\$47,472,254	\$50,711,340

**Please check if your agency has cash reserves:
What is the current balance? \$3,388,958**

Please check all Jackson County sources your agency received funding from in 2017:
COMBAT: Yes
Mental Health Levy: Yes
Outside Agency: Yes

Please check any of the following your agency received funding or resources from in 2017:

	Goods	Services	Cash	Amount
Harvesters				
Mid America Regional Council		Yes		\$2,000
MAAC Link				
United Way			Yes	\$10,648

**2018 Jackson County Outside Agency Funding Proposal
Swope Health Services
Homeless Pharmacy**

Date Program was Initiated: 2012

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What time period does this program run: All Year

Provide program description: Swope Health Services' (SHS') Health Care for the Homeless provides a variety of services to homeless individuals and families. These services include primary care medical, dental and behavioral health services for all ages along with vision care, substance abuse services, and transportation assistance. HIV, TB and STI testing is provided along with routine immunizations. Behavioral Health Services include homeless case management, individual counseling and psychiatry and referrals to community support services. Substance abuse services include individual alcohol and drug counseling, assessments and recovery/support group meetings. Transportation assistance includes transportation via SHS' vans and bus passes. In addition, Outreach Services provides showers, hygiene items, snacks and meals as needed, laundry services and supplies, and donated items such as clothing and socks. Services are provided in SHS' Outreach clinic as well as at area homeless shelters/day centers through a mobile medical unit, portable dental equipment and street outreach. Homeless clients are able to access the prescription drugs prescribed by their SHS provider at no/low cost through SHS' Pharmacy at the Central clinic. The prescriptions filled through the program include medications for chronic diseases, such as asthma, diabetes and hypertension as well as antibiotics and topical creams for infections and wounds frequently experienced by homeless persons. Homeless patients with chronic diseases (hypertension, diabetes, asthma, heart disease) generally have two or three prescriptions filled through the program.

Describe the benefits of this program to Jackson County Missouri: Our homeless patients experience both mental and physical health conditions that impact their ability to stabilize their lives. Homeless clients have a high prevalence of chronic illnesses, notably hypertension, heart disease and diabetes, due to the poor nutrition posed by a diet composed of high fat, high sugar and high sodium content processed foods. By providing reduced cost and no-cost prescription medications and supplies, SHS is able to reduce one barrier to improving quality of life. By combining the medication assistance services provided in our Jackson County-funded Homeless Pharmacy program with SHS' other behavioral health and supportive wrap-around services, we can improve the quality of life and treatment outcomes for homeless individuals and prevent costly expenditures for area emergency rooms, law enforcement agencies and court systems who bear the burden of caring for homeless persons when they fall out of care.

Describe target population to be served: During 2016, Swope Health Services' Health Care for the Homeless program served over 2600 individuals, of whom: • Approximately 84% reside in Jackson County; • 46% of were African American; • 46% were White; • 4% were all other races; • 4% did not report a race; and • 5% reported Hispanic ethnicity. Over two-thirds of homeless patients are male and 99% are age 19 or older.

What are the qualifications for participants: Homeless patients are defined as persons who: 1) reside or stay in a place unfit for human habitation such as an abandoned house, park, street, under a bridge, in a car, in a place that should be condemned, etc; 2) reside in a shelter for persons who are homeless; 3) currently stay in a transitional living or a treatment facility and report themselves as homeless; and 4) currently "double up" or stay in the homes of different family members, friends, etc. and do not have their own room or space. SHS Outreach Services conducts intake assessments for all homeless patients to verify eligibility. All new homeless patients (never seen at SHS) receive an assessment and established homeless patients are re-assessed annually for homeless program eligibility. Homeless patients must provide documentation of a current or former homeless situation (shelter or transitional living program) or have records in the MAAC Link Homeless Management Information System validating their situation. For those unaffiliated with a facility, we confirm their living space with an on-site visit to a campsite or vehicle as well as through the MAAC HMIS. Homeless patients who are doubling up do NOT have access to the prescription assistance program, except for potentially lifesaving medications. SHS' Pharmacy Supervisor or Pharmacy Technician validates that the individual is eligible for the Healthcare for the Homeless prescription assistance program through SHS' electronic health record system. Currently, persons register as individuals and only adults are served.

Check if your services are available to anyone:

Do you maintain a database of participants: Yes

Number of participants from Jackson County: 2184

Number of participants from Other Areas: 416

Total Number of participants: 2600

Outcomes

Outcome 1: Swope Health Services will provide intake assessments to approximately 200 new/re-enrolling homeless clients each month (2400 annually) to assure homeless patients' access to care.

How will outcome 1 be measured: Outreach Services will track the number of new/re-enrollment intake assessments through SHS' electronic medical records system and program records.

Outcome 2: Homeless patients with chronic conditions will be identified at the time of intake assessments and linked with SHS primary care medical services.

How will outcome 2 be measured: The number/percentage of patients identified with a chronic condition at the intake assessment will be extracted from SHS' electronic medical records system.

Outcome 3: SHS will track the prevalence of salient chronic diseases (hypertension, diabetes, asthma) among homeless patients to ensure the availability of prescription medications for homeless clients.

How will outcome 3 be measured: Information about the chronic conditions experienced by homeless clients will be extracted from the intake assessment in SHS' electronic medical record system.

Outcome 4:

How will outcome 4 be measured:

Outcome 5:

How will outcome 5 be measured:

Please classify your program from the following types of services:

Community Improvement/Outreach: Yes

Health/Wellness: Yes

Indigent Population: Yes

Homeless Assistance: Yes

What Jackson County Legislative Districts are served by this program:

Countywide: Yes

**2018 Jackson County Outside Agency Funding Proposal
Budget as Awarded
Swope Health Services
Homeless Pharmacy**

Total 2018 Program Budget: \$43508

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Salaries

Position/Title	Description	Amount of Salary Requested	Total Salary
Outreach supervisor	Provides program supervision	\$1,151	\$57,573
Fringe Benefits		\$299	
Total Salaries & Fringe Benefits		\$1,450	

Contractual Services & Supplies

Description	Amount
Homeless pharmacy and chronic disease management supplies	\$42,058
Total Contractual Services & Supplies	\$42,058

Program sustainable without Jackson County Funding	No
Total Cost to Run Program WITHOUT Jackson County Funding	\$58,427
Cost/Participant	\$27
JACO Funding/Total Program Cost	%

**2018 Jackson County Outside Agency Funding Proposal
Swope Health Services
Homeless Pharmacy**

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Reviewed the Non-Allowable Expenses: Yes

Reviewed Executive Order 04-18 to deem your agency in compliance if funding is awarded and approved: Yes

Include the Jackson County Logo and credit Jackson County in marketing efforts and provide the Auditor's Office with copies: Yes

Certificate of Liability Insurance valued at a minimum of \$1 million per occurrence or \$2 million annual aggregate:

Missouri Secretary of State Certificate of Good Standing:

Missouri Secretary of State Annual Registration Report:

Financial Statements (Balance Sheet, Income Statement, Cash Flow Statement):

WORK AUTHORIZATION AFFIDAVIT

As a condition for any service provided to the County, a business entity shall, by sworn affidavit and provision of documentation, affirm its enrollment and participation in a federal work authorization program with respect to the employees working in connection with the contracted services.

Business entity, as defined in section 285.525, RSMo pertaining to section 285.530, RSMo, is any person or group of persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood. The term "business entity" shall include but not be limited to self-employed individuals, partnerships, corporations, contractors, and subcontractors. The term "business entity" shall include any business entity that possesses a business permit, license, or tax certificate issued by the state, any business entity that is exempt by law from obtaining such a business permit, and any business entity that is operating unlawfully without such a business permit.

Every such business entity shall complete the following affidavit affirming that it does not knowingly employ any person who is an unauthorized alien in connection with the contracted services. The completed affidavit must be returned as a part of the contract documentation.

This affidavit affirms that **Swope Health Services**, is enrolled in, and is currently participating in, E-verify or any other equivalent electronic verification of work authorization operated by the United States Department of Homeland Security under the Immigration Reform and Control Act of 1986 (IRCA); and, **Swope Health Services**, does not knowingly employ any person who is an unauthorized alien in conjunction with the contracted services.

In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)

David R. Barber
Authorized Representative's Signature
President & CEO
Title

David R. Barber
Printed Name
4/25/2018
Date

Subscribed and sworn before me this 25th day of April, 2018. I am commissioned as a notary public within the County of Jackson, State of Missouri, and my commission expires on October 17, 2019.

Kimberly A. Guyton
Signature of Notary

04/25/2018
Date

