

**IN THE COUNTY LEGISLATURE OF JACKSON COUNTY, MISSOURI**

**A RESOLUTION** authorizing the County Executive to execute a First Amendment to the Program Agreement with the Missouri Department of Health and Senior Services in connection with senior services to receive grant funds payable to the County.

**RESOLUTION NO. 20150**, April 29, 2019

**INTRODUCED BY** Charlie Franklin, County Legislator

WHEREAS, the Medical Examiner's Office requests the approval of the attached First Amendment to the Program Agreement with the Missouri Department of Health and Senior Services in order to receive grant funds for statistical reports of Opioid and Violent Deaths within the Jackson County Medical Examiner's Office, for the period of September 1, 2018 through August 31, 2019; and,

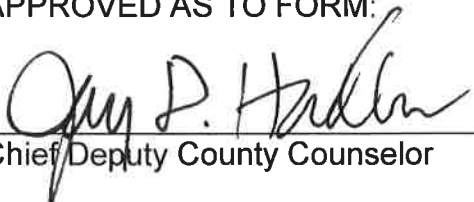
WHEREAS, the attached Program Agreement sets out the rights and obligations of each party participating in the program; and,

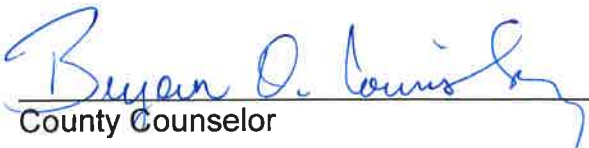
WHEREAS, execution of the attached First Amendment Program Agreement with the Missouri Department of Health and Senior Services is in the best interests of the health, safety, and welfare of the citizens of Jackson County; now therefore,

**BE IT RESOLVED** by the County Legislature of Jackson County, Missouri, that the County Executive be and hereby is authorized to execute the attached First Amendment to the Program Agreement with the Missouri Department of Health and Senior Citizens.

Effective Date: This Resolution shall be effective immediately upon its passage by a majority of the Legislature.

APPROVED AS TO FORM:

  
\_\_\_\_\_  
Chief Deputy County Counselor

  
\_\_\_\_\_  
County Counselor

Certificate of Passage

I hereby certify that the attached resolution, Resolution No. 20150 of April 29, 2019, was duly passed on May 6, 2019 by the Jackson County Legislature. The votes thereon were as follows:

Yeas 9

Nays 0

Abstaining 0

Absent 0

5-6-19  
Date

  
\_\_\_\_\_  
Mary Jo Spino, Clerk of Legislature

**AMENDMENT #03 TO CONTRACT #DH170018008**

**CONTRACTOR:** Jackson County Medical Examiner

**CONTRACT TITLE:** Violent Death and Enhanced Opioid Surveillance

**CONTRACT PERIOD:** September 1, 2018 through August 31, 2019

The Missouri Department of Health and Senior Services desires to amend the above referenced contract as follows:

1. Delete paragraph 1.1 in its entirety and replace with the revised paragraph 1.1 as follows:
  - 1.1 The contract amount shall not exceed \$19,830.00 for the period of September 1, 2018 through August 31, 2019.
2. Delete paragraph 4.1 in its entirety and replace with the revised paragraph 4.1 as follows:
  - 4.1 The Contractor shall provide C/ME reports for violent or opioid-related deaths, as defined above, occurring on or after January 1, 2016, as requested by DHSS staff.
3. Delete paragraph 5.1 in its entirety and replace with the revised paragraph 5.1 as follows:
  - 5.1 The Department will pay the Contractor a firm, fixed price of \$30 for each submitted complete ESOOS case and upon approval of all required reports and invoices. The total amount for all ESOOS cases shall not exceed \$6,180.00.
4. Delete paragraph 5.2 in its entirety and replace with the revised paragraph 5.2 as follows;
  - 5.2 The Department will pay the Contractor a firm, fixed price of \$30 for each submitted complete MOVDRS case and upon approval of all required reports and invoices. The total amount for all MOVDRS cases shall not exceed \$13,650.00

All other terms, conditions and provisions of the contract, shall remain the same and apply hereto.



**CONTRACT FUNDING SOURCE(S)**

The Contract Funding Source(s) is supplemental information the Department is required to provide the Contractor when issuing a contract or amendment that will be funded by federal sources. The document identifies the total amount of funding and the federal funding source(s) expected to be used over the life of this contract. For the specific amount for a contract period, refer to the contract and/or applicable amendments. If the funding information is not available at the time the contract is issued or the information below changes, the Contractor will be notified in writing by the Department. Please retain this information with your official contract files for future reference.

<b>Tracking #</b>	44181	<b>State:</b> 0%	\$0.00	<b>Federal:</b> 100%	\$44,310.00
<b>Contract Title:</b>	VIOLENT DEATH AND ENHANCED OPIOID SURVEILLANCE				
<b>Contract Start:</b>	4/1/2017	<b>Contract End:</b>	8/31/2019	<b>Amend#:</b>	03
<b>Vendor Name:</b>	JACKSON COUNTY MEDICAL EXAMINER				
<b>Contract #:</b>	DH170018008				

<b>CFDA:</b> 93.136	<b>Research and Development:</b> N
<b>CFDA Name:</b>	INJURY PREVENTION AND CONTROL RESEARCH AND STATE AND COMMUNITY BASED PROGRAMS
<b>Federal Agency:</b>	DEPARTMENT OF HEALTH AND HUMAN SERVICES / CENTERS FOR DISEASE CONTROL AND PREVENTION
<b>Federal Award:</b>	1NU17CE924884-01, 6NU17CE924884-01, 6NU17CE924884-02
<b>Federal Award Name:</b>	ENHANCED STATE SURVEILLANCE OF OPIOID-INVOLVED MORBIDITY AND MORTALITY
<b>Federal Award Year:</b>	2016
<b>DHSS #:</b>	CE924884-01
<b>Federal Obligation:</b>	\$4,560.00

<b>CFDA:</b> 93.136	<b>Research and Development:</b> N
<b>CFDA Name:</b>	INJURY PREVENTION AND CONTROL RESEARCH AND STATE AND COMMUNITY BASED PROGRAMS
<b>Federal Agency:</b>	DEPARTMENT OF HEALTH AND HUMAN SERVICES / CENTERS FOR DISEASE CONTROL AND PREVENTION
<b>Federal Award:</b>	1NU17CE924853-01, 6NU17CE924853-01, 6NU17CE924853-02
<b>Federal Award Name:</b>	MISSOURI COLLECTING VIOLENT DEATH INFORMATION USING NATIONAL VIOLENT DEATH REPORTING SYSTEM (NVDRS)
<b>Federal Award Year:</b>	2016
<b>DHSS #:</b>	CE924853-01
<b>Federal Obligation:</b>	\$6,900.00

<b>CFDA:</b> 93.136	<b>Research and Development:</b> N
<b>CFDA Name:</b>	INJURY PREVENTION AND CONTROL RESEARCH AND STATE AND COMMUNITY BASED PROGRAMS
<b>Federal Agency:</b>	DEPARTMENT OF HEALTH AND HUMAN SERVICES / CENTERS FOR DISEASE CONTROL AND PREVENTION
<b>Federal Award:</b>	5NU17CE924884-02, 6NU17CE924884-02, 6NU17CE924884-03
<b>Federal Award Name:</b>	ENHANCED STATE SURVEILLANCE OF OPIOID-INVOLVED MORBIDITY AND MORTALITY
<b>Federal Award Year:</b>	2017
<b>DHSS #:</b>	CE924884-02
<b>Federal Obligation:</b>	\$1,800.00

<b>CFDA:</b> 93.136	<b>Research and Development:</b> N
<b>CFDA Name:</b>	INJURY PREVENTION AND CONTROL RESEARCH AND STATE AND COMMUNITY BASED PROGRAMS
<b>Federal Agency:</b>	DEPARTMENT OF HEALTH AND HUMAN SERVICES / CENTERS FOR DISEASE CONTROL AND PREVENTION
<b>Federal Award:</b>	5NU17CE924853-02, 6NU17CE924853-02
<b>Federal Award Name:</b>	MISSOURI COLLECTING VIOLENT DEATH INFORMATION USING NATIONAL VIOLENT DEATH REPORTING SYSTEM (NVDRS)
<b>Federal Award Year:</b>	2017
<b>DHSS #:</b>	CE924853-02
<b>Federal Obligation:</b>	\$11,220.00



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**CONTRACT FUNDING SOURCES CONTINUED**

<b>CFDA:</b> 93.136	<b>Research and Development:</b> N		
<b>CFDA Name:</b>	INJURY PREVENTION AND CONTROL RESEARCH AND STATE AND COMMUNITY BASED PROGRAMS		
<b>Federal Agency:</b>	DEPARTMENT OF HEALTH AND HUMAN SERVICES / CENTERS FOR DISEASE CONTROL AND PREVENTION		
<b>Federal Award:</b>	5NU17CE924884-03, 6NU17CE924884-03		
<b>Federal Award Name:</b>	ENHANCED STATE SURVEILLANCE OF OPIOID-INVOLVED MORBIDITY AND MORTALITY		
<b>Federal Award Year:</b> 2018	<b>DHSS #:</b> CE924884-03	<b>Federal Obligation:</b>	\$5,100.00
<b>CFDA:</b> 93.136	<b>Research and Development:</b> N		
<b>CFDA Name:</b>	INJURY PREVENTION AND CONTROL RESEARCH AND STATE AND COMMUNITY BASED PROGRAMS		
<b>Federal Agency:</b>	DEPARTMENT OF HEALTH AND HUMAN SERVICES / CENTERS FOR DISEASE CONTROL AND PREVENTION		
<b>Federal Award:</b>	5NU17CE924853-03, 6NU17CE924853-03		
<b>Federal Award Name:</b>	MISSOURI COLLECTING VIOLENT DEATH INFORMATION USING NATIONAL VIOLENT DEATH REPORTING SYSTEM (NVDRS)		
<b>Federal Award Year:</b> 2018	<b>DHSS #:</b> CE924853-03	<b>Federal Obligation:</b>	\$13,650.00
<b>CFDA:</b> 93.354	<b>Research and Development:</b> N		
<b>CFDA Name:</b>	PUBLIC HEALTH EMERGENCY RESPONSE: COOPERATIVE AGREEMENT FOR EMERGENCY RESPONSE: PUBLIC HEALTH CRISIS RESPONSE		
<b>Federal Agency:</b>	DEPARTMENT OF HEALTH AND HUMAN SERVICESCENTERS FOR DISEASE CONTROL AND PREVENTION		
<b>Federal Award:</b>	1NU90TP921989-01, 6NU90TP921989-01		
<b>Federal Award Name:</b>	PUBLIC HEALTH EMERGENCY RESPONSE: COOPERATIVE AGREEMENT FOR EMERGENCY RESPONSE: PUBLIC HEALTH CRISIS RESPONSE		
<b>Federal Award Year:</b> 2018	<b>DHSS #:</b> TP921989-01A	<b>Federal Obligation:</b>	\$1,080.00

\* The Department will provide this information when it becomes available.

**Project Description:**

The purpose of this project is to collect coroner and medical examiner reports from contracted data providers, which will be abstracted into an anonymous web-based system. The aggregate data will be used to develop and target violence and opioid overdose interventions at local, county, and statewide levels.



**Missouri Department of Health and Senior Services**

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010  
RELAY MISSOURI for Hearing and Speech Impaired: 1-800-735-2466 VOICE: 1-866-735-2460

**Randall W. Williams, MD, FACOG**  
Director



**Eric R. Greitens**  
Governor

Dear Contractor:

Enclosed is a contract between your organization and the Department of Health and Senior Services that requires you to complete the following steps:

1. Review and sign the front page of the contract;
2. Return the contract to:

Bureau of Financial Services, Procurement Unit  
Missouri Department of Health and Senior Services  
P.O. Box 570  
Jefferson City, MO 65102

Once all signed copies have been returned to our office and the contract is signed by the department, a fully executed copy of the contract will be returned to you. Please contact Christine James in the Procurement Unit at (573) 751-6471 or via email at [ProcurementUnit@health.mo.gov](mailto:ProcurementUnit@health.mo.gov) if you have any questions regarding this letter.

Enclosures

[www.health.mo.gov](http://www.health.mo.gov)

Healthy Missourians for life.

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**PROGRAM SERVICES CONTRACT**

This contract is entered into by and between the State of Missouri, Department of Health and Senior Services (Department/state agency) and the below named entity/individual (Contractor). The contract consists of the contract signature page, the scope of work; any attachments referenced and incorporated herein; the terms and conditions; and any written amendments made in accordance with the provisions contained herein. This contract expresses the complete agreement of the parties. By signing below, the Contractor and Department agree to all the terms and conditions set forth in this contract.

To the extent that this contract involves the use, in whole or in part, federal funds, the signature of the Contractor's authorized representative on the contract signature page indicates compliance with the Certifications contained in Attachment A which is attached hereto and is incorporated by reference as if fully set forth herein.

<b>Tracking #</b> 44181	<b>Contract Title:</b> VIOLENT DEATH AND ENHANCED OPIOID SURVEILLANCE	
<b>Contract Start:</b> 4/1/2017	<b>Contract End:</b> 8/31/2019	<b>Questions/Please Contact:</b> PROCUREMENT UNIT @ (573)751-6471
<b>Contract #:</b> DH170018008		<b>Amend #:</b> 03

**PLEASE VERIFY/COMPLETE - TYPE OR PRINT - SIGNATURE REQUIRED**

<b>NAME OF ENTITY/INDIVIDUAL (Contractor)</b> JACKSON COUNTY MEDICAL EXAMINER	
<b>DOING BUSINESS AS (DBA) NAME</b>	
<b>MAILING ADDRESS</b> 950 EAST 21ST STREET	
<b>CITY, STATE, and ZIP CODE</b> KANSAS CITY MO 64108	
<b>REMIT TO (PAYMENT) ADDRESS (if different from above)</b>	
<b>CITY, STATE, and ZIP CODE</b>	
<b>CONTACT PERSON</b>	<b>EMAIL ADDRESS</b>
<b>PHONE NUMBER</b>	<b>FAX NUMBER</b>
<b>TAXPAYER ID NUMBER (TIN)</b> *****0524	<b>DUNS NUMBER</b> 073134868
<b>CONTRACTOR'S AUTHORIZED SIGNATURE</b>	<b>DATE</b>
<b>PRINTED NAME</b>	<b>TITLE</b>
<b>DEPARTMENT OF HEALTH AND SENIOR SERVICES DIRECTOR OF DIVISION OF ADMINISTRATION OR DESIGNEE SIGNATURE</b>	<b>DATE</b>