

# REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:

Res/Ord No.: 19308

Sponsor(s): Alfred Jordan

Date: November 14, 2016

|  |  |  |   |                     |   |                   |  |                   |  |         |  |   |
|--|--|--|---|---------------------|---|-------------------|--|-------------------|--|---------|--|---|
| SUBJECT  | <p>Action Requested<br/> <input checked="" type="checkbox"/> Resolution<br/> <input type="checkbox"/> Ordinance</p> <p>Project/Title Transferring \$7,707 from the 2016 Non-Departmental Health Fund to assist with funding for the Samuel U. Rodgers Health Screening Program.</p>  |  |   |                     |   |                   |  |                   |  |         |  |   |
| <p>BUDGET INFORMATION<br/> <i>To be completed By Requesting Department and Finance</i></p> | <table border="1" data-bbox="326 506 1304 884"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td>\$7,707</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>\$7,707</td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td>\$7,707</td> </tr> <tr> <td>Source of funding (name of fund) and account code number; FROM/TO:</td> <td> <b>FROM:</b><br/> <b>2016 Non-Departmental Health Fund</b><br/> <b>Other Professional Services</b><br/> <b>002- 5102-6080</b><br/> <b>TO:</b><br/> <b>002-7713-6789</b> </td> </tr> </table> <p>* If account includes additional funds for other expenses, total budgeted in the account is: \$</p> <p>OTHER FINANCIAL INFORMATION:</p> <p><input type="checkbox"/> No budget impact (no fiscal note required)<br/> <input type="checkbox"/> Term and Supply Contract (funds approved in the annual budget); estimated value and use of contract:<br/> Department: Estimated Use: \$</p> <p>Prior Year Budget (if applicable):<br/> Prior Year Actual Amount Spent (if applicable):</p> |  | Amount authorized by this legislation this fiscal year: | \$7,707             | Amount previously authorized this fiscal year:                            | \$0               | Total amount authorized after this legislative action: | \$7,707           | Amount budgeted for this item * (including transfers): | \$7,707 | Source of funding (name of fund) and account code number; FROM/TO: | <b>FROM:</b><br><b>2016 Non-Departmental Health Fund</b><br><b>Other Professional Services</b><br><b>002- 5102-6080</b><br><b>TO:</b><br><b>002-7713-6789</b> |
| Amount authorized by this legislation this fiscal year:                                    | \$7,707  |  |   |                     |   |                   |  |                   |  |         |  |   |
| Amount previously authorized this fiscal year:   | \$0  |  |   |                     |   |                   |  |                   |  |         |  |   |
| Total amount authorized after this legislative action:                                     | \$7,707  |  |   |                     |   |                   |  |                   |  |         |  |   |
| Amount budgeted for this item * (including transfers):                                     | \$7,707  |  |   |                     |   |                   |  |                   |  |         |  |   |
| Source of funding (name of fund) and account code number; FROM/TO:                         | <b>FROM:</b><br><b>2016 Non-Departmental Health Fund</b><br><b>Other Professional Services</b><br><b>002- 5102-6080</b><br><b>TO:</b><br><b>002-7713-6789</b>  |  |   |                     |   |                   |  |                   |  |         |  |   |
| PRIOR LEGISLATION  | <p>Prior ordinances and (date):<br/> Prior resolutions and (date): 19043 1/19/2016</p>   |  |   |                     |   |                   |  |                   |  |         |  |   |
| CONTACT INFORMATION  | <p>RLA drafted by (name, title, &amp; phone): clw 3310</p>   |  |   |                     |   |                   |  |                   |  |         |  |   |
| REQUEST SUMMARY  | <p>Requesting a \$7,707 transfer from the 2016 Non-Departmental Health Fund in order to assist Samuel U. Rodgers with equipment rental for their Health Screening Program.</p>   |  |   |                     |   |                   |  |                   |  |         |  |   |
| CLEARANCE  | <p><input type="checkbox"/> Tax Clearance Completed (Purchasing &amp; Department)<br/> <input type="checkbox"/> Business License Verified (Purchasing &amp; Department)<br/> <input type="checkbox"/> Chapter 6 Compliance - Affirmative Action/Prevailing Wage (County Auditor's Office)</p>  |  |   |                     |   |                   |  |                   |  |         |  |   |
| ATTACHMENTS  | <p>Funding Request</p>   |  |   |                     |   |                   |  |                   |  |         |  |   |
| REVIEW   | <table border="1" data-bbox="321 1593 1539 1841"> <tr> <td>Department Director:<br/><i>Cheryl Waxler</i></td> <td>Date:<br/>11/10/2016</td> </tr> <tr> <td>Finance (Budget Approval)<br/><i>Alfred Jordan</i><br/><i>If applicable</i></td> <td>Date:<br/>11/10/16</td> </tr> <tr> <td>Division Manager:<br/><i>Mary Lou Brown</i></td> <td>Date:<br/>11/14/16</td> </tr> <tr> <td>County Counselor's Office:</td> <td>Date:</td> </tr> </table>   |  | Department Director:<br><i>Cheryl Waxler</i>            | Date:<br>11/10/2016 | Finance (Budget Approval)<br><i>Alfred Jordan</i><br><i>If applicable</i> | Date:<br>11/10/16 | Division Manager:<br><i>Mary Lou Brown</i>             | Date:<br>11/14/16 | County Counselor's Office:                             | Date:   |  |   |
| Department Director:<br><i>Cheryl Waxler</i>   | Date:<br>11/10/2016  |  |   |                     |   |                   |  |                   |  |         |  |   |
| Finance (Budget Approval)<br><i>Alfred Jordan</i><br><i>If applicable</i>                  | Date:<br>11/10/16  |  |   |                     |   |                   |  |                   |  |         |  |   |
| Division Manager:<br><i>Mary Lou Brown</i>   | Date:<br>11/14/16  |  |   |                     |   |                   |  |                   |  |         |  |   |
| 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: |
|-----------------|----------------|-----------------------|
|                 |                |                       |

- 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.





## 2016 OUTSIDE AGENCY FUNDING REQUEST

415 E 12th Street, 2nd Floor  
Kansas City, MO 64106  
Email: auditor@jacksongov.org

New Agency Request   
Previously Funded

|   |  |
|---|--|
| Name: Samuel U. Rodgers Health Center, Inc.           |  |
| Address: 825 Euclid Ave.                              | City: Kansas City State: MO Zip Code: 64124      |
| Phone No: (816) 474-4920                              | Website: www.rodgershealth.org                   |
| Federal Tax ID No: 43-0899356                         | Fiscal Year: 2016                                |
| Executive Director/President:<br><b>Hilda Fuentes</b> | Phone: (816) 889-4600<br>Email: hfuentes@rodgers |
| Principal Contact:<br><b>Nina Howard</b>              | Phone: (816) 889-4643<br>Email: nhoward@rodgers  |
| Total # of Programs Requesting Funding For: 1         | Total Amount Requested: \$ 7,707                 |

Please complete the following sections for your 2016 Outside Agency Proposal.  
Section B and Section C must be filled out for each program you are requesting funding for.

- Section A: Agency Revenue Information
- Section B: Program Budget Request
- Section C: Program Information



## Section A Agency Revenue Information

| Funding Entity      | Source Description   | 2015<br>Actual | 2016<br>Projected |
|---------------------|--|----------------|-------------------|
| Federal             | HRSA, HHS 330 Grant  | \$ 4,826,158   | \$ 4,780,674      |
| State               | Women's Infants and Children's   | \$ 1,324,034   | \$ 751,375        |
| Jackson County      | COMBAT, Health Levy, Mental Health Levy                                    | \$ 866,113     | \$ 992,568        |
| City of Kansas City | Kansas City Health Levy  | \$ 1,686,305   | \$ 1,621,980      |
| Charity/Donations   | United Way, Foundations  | \$ 1,787,866   | \$ 1,911,913      |
| Fundraisers         | Events, Letter Appeals   | \$ 257,633     | \$ 251,900        |
| Other               | Patent Revenues: Medicaid, Medicare, <small>California, Commercial</small> | \$ 10,537,518  | \$ 10,539,743     |
|                     |  | \$ 21,285,627  | \$ 20,850,153     |

Does your agency have cash reserves? YES  NO   
 If so, what is the current balance? \$ 4,693,877

Please check all Jackson County sources your agency received funding from in 2015:

- Board of Services for Developmentally Disabled
- COMBAT
- Domestic Violence Board
- Housing Resources Commission
- Mental Health Levy
- Outside Agency

Please check any of the following your agency received funding or resources from in 2015:

|                              | Goods                    | Services                 | Cash                                | Amount     |
|------------------------------|--------------------------|--------------------------|-------------------------------------|------------|
| Harvesters                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |            |
| Mid America Regional Council | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |            |
| MAAC Link                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |            |
| United Way                   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$ 182.320 |
| Other: _____                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |            |



# Section B 2016 Program Budget Request

Program Request # 1

Agency Name:

Program:

New Program Request

Samuel U Rodge

Health Screenings

Previously Funded

## Salaries

*attach job description or duties for NEW Program requests only*

| Position / Title       | Amount | Check Box if 100% Funded by Jackson County |
|------------------------|--------|--|
|                        |        | <input type="checkbox"/>                   |
|                        |        | <input type="checkbox"/>                   |
|                        |        | <input type="checkbox"/>                   |
|                        |        | <input type="checkbox"/>                   |
|                        |        | <input type="checkbox"/>                   |
|                        |        | <input type="checkbox"/>                   |
|                        |        | <input type="checkbox"/>                   |
| <b>Fringe Benefits</b> |        |  |

**Total Salaries & Fringe Benefits \$ 0**

## Contractual Services & Supplies

| Description      | Amount   | Check Box if 100% Funded by Jackson County |
|------------------|----------|--|
| Equipment Rental | \$ 7,707 | <input checked="" type="checkbox"/>        |
|                  |          | <input type="checkbox"/>                   |
|                  |          | <input type="checkbox"/>                   |
|                  |          | <input type="checkbox"/>                   |
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|                  |          | <input type="checkbox"/>                   |
|                  |          | <input type="checkbox"/>                   |

**Total Contractual Services & Supplies \$ 7,707**

**Total 2016 Program Budget Request \$ 7,707**

**Total Program Cost \$ 12,707**

*Total cost to run your program regardless of the Jackson County funding you are requesting.*

**Estimate of Cost Per Participant**



# Section C 2016 Program Information

**Agency Name:**

**Program:**

## Proposed Program

**Detail functions to be performed.**

Community Access and Engagement provides increased access to health care for SURHC patients and community through: patient navigation; community health screenings; health education; Lunch & Learns and patient communication; breast health and other cancer screenings, initial screenings and immunizations for immigrants; medical/dental screenings and services for mothers at transitional housing sites; financial resource counseling through ACA and MO HealthNet applications; community engagement through outreach at public housing communities and churches; access to imaging services, laboratory services, WIC, oral and primary health care, and behavioral health services.

**Why is this a priority for your agency?**

Since its inception nearly 50 years ago, SURHC has focused on the most vulnerable and medically under-served populations. This is a priority for our organization because access to quality health care and healthy living should not be dependent upon ability to pay.

Check if this program is sustainable without Jackson County's funding.    Yes     No

## Target Population

**Describe target population and demographics to be served by each program.**

In 2014, SURHC cared for 25,512 people. 5%, or 1,194, were over age 65; 41%, or 10,538 were children; 61% were female; 49% were male; 43% were Hispanic; 19% were African/American; 6% Asian; 27% Caucasian; 3% Alaska Native/Pacific Islander/Native American; 3% represented two or more races.

**What criteria do you have for the participants you serve?**

We serve all patients, regardless of race, gender, age, ethnicity, or ability to pay. Only Jackson County residents will be eligible to have their care paid for via the Jackson County Outside Agency funding. Jackson County residents who present for care will be required to show proof of residence.

