#### **COOPERATIVE AGREEMENT**

AN AGREEMENT by and between JACKSON COUNTY, MISSOURI, hereinafter called "the County" and SWOPE HEALTH SERVICES, 3801 Blue Parkway, Kansas City, MO 64130, a not-for-profit organization, hereinafter called "SHS."

WHEREAS, the County recognizes its statutory obligations to the indigent under Sections 205.210 et seq. and 205.580 et seq., RSMo, and recognizes the problems associated with providing healthcare for indigent individuals; and,

WHEREAS, Swope Health Services currently provides medical services to indigent families and homeless persons, and desires to continue to assist homeless persons;

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

- 1. **Services**. SHS agrees to use the funds provided by the County under this agreement to provide for The Low Birth Weight Program. The Low Birth Weight Program provides for a variety of services including, but not limited to, education and outreach for prenatal care, preconception planning, teen education on reproductive and STD issues, and prenatal and post partum care, as is more fully set out in the proposal attached hereto as Exhibit A.
- 2. <u>Terms of Payment</u>. The County shall pay to SHS a total amount not to exceed \$130,000.00 for providing healthcare services for the indigent. One quarter of this sum,

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or \$32,500.00, shall be paid to SHS on a quarterly basis provided that SHS has submitted to the County the report(s) required under Paragraph 3 and Paragraph 4 hereof. Payment for the first and second quarters will be issued within 30 days after the contract has been executed by all necessary parties.

- 3. Reports. Within 30 days after the conclusion of each calendar quarter under this Agreement, SHS shall submit a quarterly report, including a statement of budgeted and actual expenditures, and any other documents requested by the Director of Finance and Purchasing, to establish that the funds provided pursuant to this Agreement were used for the purposes set forth herein. The reports for the first and second quarter shall both 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 SHS's activities pursuant to this Agreement. SHS's failure to submit this annual report shall disqualify SHS from future funding by the County.
- 4. <u>Submission of Documents</u>. No payment shall be made under this contract unless the contracting agency shall have submitted to the Director of Finance and Purchasing (1) a written proposal setting out in detail the intended use of the County's funding, including the target population to be served; (2) the agency's IRS Form 990, from the previous fiscal or calendar year; (3) a statement of the agency's total budget for its most recent fiscal year; and, (4) a detailed explanation of actual expenditures of County funds (pertains to final payments and payments on contracts for future years.) If an agency has previously received County funding, to be eligible for future payments, an agency must submit either an audited financial statement for the agency's most

recent fiscal or calendar year, by March 31 of the following year, or a certified public accountant's program audit of County funds, by January 31 of the following year. Any document described herein which was submitted to the Director 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 the contract agency is out of compliance on any other County contract.

- 5. **Equal Opportunity**. In carrying out this Agreement, SHS agrees and assures that no person eligible for services shall on the ground of race, color, religion, national origin, sex, handicap, veteran status, or age be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination for any service funded by this Agreement. Furthermore, SHS agrees and assures that it will provide equal employment opportunities to applicants and employees and will not discriminate against them on the basis of race, color, religion, national origin, sex, handicap, veteran status, or age.
- 6. <u>Audit</u>. The County further reserves the right to examine and audit, during reasonable office hours, the books, and records of SHS pertaining to its finances and operations.
- 7. **Default.** If SHS shall default in the performance or observation of any term or condition of this Agreement, the County shall give written notice setting forth the default and the correction required. If said default shall continue and not be corrected by SHS within ten days of its receipt of said notice, the County may, at its election, terminate the Agreement and withhold any payments not yet made. Said election shall not in any way

limit the County's right to seek legal redress.

- 8. <u>Conflict of Interest</u>. SHS 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.
- 9. <u>Severability</u>. If any covenant or other provision of this Agreement is invalid or incapable of being enforced by reasons 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.
- 10. <u>Liability and Indemnification</u>. No party to this Agreement shall assume any liability for the acts of any other party to this Agreement, its officers, employees or agents and SHS shall indemnify, defend and hold the County harmless from any and all claims, liabilities, damages, 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 SHS during the performance of this Agreement.
- 11. <u>Term.</u> This Agreement shall be effective January 1, 2011, and shall terminate on December 31, 2011. This Agreement may be terminated prior to that date by either party upon written notice, delivered thirty (30) days prior to the effective date of termination. If this Agreement is terminated by either party, the County shall pay only for those services actually performed by SHS as verified by the County's audit.

12.	<u>Incorporation</u> .	This	Agreement	incorporates	the	entire	understanding	and
agree	ment of the parties	s.						

IN WITNESS WHEREOF, the parties have executed this Agreement this 5 day of  $_{-}\mathcal{OU}$  . . 2011.

APPROVED AS TO FORM:

W. Stephen Nikon County Counselor

ATTEST:

Clerk of the Legislature

JACKSON COUNTY, MISSOURI

Michael D. Sanders **County Executive** 

SWOPE HEALTH'SERVICES

**Executive Director** 

<u>43-09578</u> Federal I.D. or S.S.#

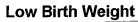
#### REVENUE CERTIFICATE

I hereby certify that there is a balance otherwise unencumbered to the credit of the appropriation to which this contract 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 \$130,000.00 which is hereby authorized.

Director of Finance and Purchasing

Account No. <u>002 7601 6789</u>

3012011017 Line 4





# OUTSIDE AGENCY FUNDING REQUEST FURING 2011 BUDGET

415 E 12th Street, 2nd Floor Kansas City, MO 64106

Email: auditor@jacksongov.org

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**EXHIBIT** 

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Section A: Organization or Agency Information	page 1
Section B: Agency's 2010 and 2011 Revenue Information	page 2
Section C: Individual Program Budget	page 3
Section D: Program Information	pages 4 - 8
Section E: Summary of Request by Program	page 9

	Section A: Organizati	ion or Agency Information
Name:	Swope Health Services	
Address:	3801 Blue Parkway; Kansas City	, Missouri 64130
Phone No:	816-923-5800	Fax: 816-448-2982
Website Addr <u>e</u>	SS: www.swopecommunity.org	
Federal Tax ID	No: 43-0957840	Fiscal Year Cycle: 2011
Executive Dire	etor:	Verneda Bachus Robinson
Name and Title	of Principal Contact Person:	Janice Anderson, Nurse Case Manager
Phone No:	816-922-7645 Ext. 2081	Email Address: janderson@swopecommunity.org
Submittal of thi	s request has been authorized by:	Verneda Bachus Robinson, President/CEO
	Date:	1/3/2011

#### Section B: Agency's 2010 and 2011 Revenue Information **Agency's 2011 Projected Revenue Information** Agency's 2011 Total Projected Revenue Projected % of Source You Will Request 2011 Funding From **Total Revenue** Funding Entity **A**mount Federal \$ 7,513,526 22 HHS Federal Funding, HUD State Primary Care Grant, MPCA, Family Health Council, \$ 4,428,403 13 Jackson County Mental Health Levy, COMBAT, Outside Agency Fur \$ 1,756,881 5 Other Counties \$ 0 City \$ Health Levy, Homeless SHP 1,301,886 4 Charity/Donations United Way, Reach, Susan Komen, Wyandotte Hea \$ 367,344 1 Fundraisers 0 Other WIC, Mobile Medical Unit, Insurance Medicaid, Med 56 \$ 19,335,123 2011 Total Projected Revenue \$ 34,703,163

Agency's 2010 Revenue Information							
ľ	Agency's 2010 To	tal Revenue					% of
Funding Entity	Source You Received	Funding From	<u>n</u>		Amo	unt	Total Revenue
Federal	HHS Federal Funding,HUD,	SAMHSA		\$	7	7,854,354	23
State	Primary Care Grant, MPCA,F	amily Health	Council,	\$	4	4,518,779	13
Jackson County	Mental Health Levy, COMBA	T, Outside Ag	ency Fur	\$		1,656,641	5
Other Counties	1			\$		-	0
City	Health Levy,Homeless SHP			\$	1	1,328,455	4
Charity/Donations	United Way, Reach, Susan Ko	omen, Wyand	otte Hea	\$		367,344	1
Fundraisers				\$		-	0
Other (please list)	WIC, Mobile Medical Unit, Ins	surance Medic	aid, Med	\$	18	3,771,964	54
		2010 Total F	Revenue	\$	34	,497,537	
	If your agency received follows:	_			•	•	
	please identity the fullding st	ource, amou	nt and pi	ogi	raiii name	below.	
Jackson County Fun	ding Source	Yes	No		Amount	Prog	gram Name
COMBAT		<b>V</b>	V	\$	242,797	lmani Hou	ISE
Mental Health Levy		v		\$ 1	,331,000	MHC, RR	, & General Serv
Board of Services for	Developmentally Disabled		v	\$	_		
Domestic Violence B	oard		V	\$	-		
Housing Recourses (	<u>Commission</u>		V	\$	-		
Qutside Agency Frog	ram	v		\$	108,134	MHC & H	CH
JAN 0421	ີງໆ່ ໃ	son County F	unding	\$ 1	,681,931		
AACH MONE IN .		<u> </u>			•		
1,000,01,000	our agency receive funding or	resources in	2010 fror	n ei	ther of the	following?	
hid America Begion	il Eduncii	7		\$	5,161		
Harvesters			V	\$	-		

## Section C: 2011 Program Budget

Complete a separate program budget for each program your agency is applying for funding.

**Agency Name:** 

**Swope Héalth Services** 

**Program Name:** 

KANSIS CITY, MESSOURI

Low Birth Rate

	Personal Service	_		
For each salary request  Position / Title	Am to	r duties.  nount of Salary be funded by ckson County		
RN	\$ 57,000	100%	\$	57,000
Family Practitioner	150,000	5%		7,500
Total Salaries			\$	64,500
Total Benefits				16,125
	Total Pers	onal Services	\$	80,625
	<b>Contractual Service</b>	es		
Occupancy(Share of Telephone, Sp ndirect Costs (Calculated @ 12.0%		al Services)		17,753 13,622
Hullect Costs (Calculated @ 12,070	Total Contrac	tual Services	\$	31,375
	Supplies			
Medical			\$	18,000
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JAN 26 2011	· · · · · · · · · · · · · · · · · · ·	otal Cumulia -	ф	40.000
		otal Supplies	Ф	18,000
JACKSON WOLLD Y AUDITOR'S OFFICE				

REVIEWED: **EFFECTIVE:** ISSUED BY: SWOPE HEALTH SERVICES 12/28/06 **HUMAN RESOURCES** 12/28/06 APPROVED BY: SUPERSEDES: SUPERSEDES: APPROVED BY: JOB DESCRIPTION **HUMAN RESOURCES** PAGE 1 OF 3

JOB TITLE:

Registered Nurse

SALARY RANGE: 25

**DEPARTMENT: Adult Medicine** 

NON-EXEMPT

REPORTS TO: Registered Nurse Manager

#### JOB SUMMARY

The R.N. may take health history, perform triage and nursing assessment, perform health counseling, administer medications and treatments, provide nursing care and assist physicians/providers.

#### **PRIMARY FUNCTIONS**

- 1. Perform patient triage and nursing assessment of patients according to clinic protocols and standards of nursing practice. This includes taking vital signs and weights, screening health history, ordering screening laboratory studies and x-rays, preparing patients for examination by physician/provider.
- 2. Transcribes physician/provider orders, collect specimens and cultures for laboratory analysis.
- 3. Work with the St. Luke's Emergency Services staff to coordinate and provide continuity of care for patients referred to Swope Health Plaza from St. Luke's Emergency Services.
- 4. Consults with patients and other health care providers by telephone to evaluate a patient's condition. Arranges referrals for specialty care, urgent or emergent care at the direction of the physician/provider. Instructs patients in home self-care (in accordance with clinic protocols, patient education materials, and standards of nursing practice) when an immediate clinic evaluation is not necessary. Instruct patients to come to the clinic as necessary. Consult with the nurse manager or provider when there is a question about the severity of the problem or the need for immediate attention.
- 5. Administers oral and parenteral (IM, subcutaneous, intradermal) medications as ordered and prescribed by the physician/provider. May dispense prescription medications as ordered by physician/provider.
- 6. Performs the following procedures and be observed by the supervising nurse at least twice annually to verify accuracy in performing these procedures:
  - a. Glucose monitoring
  - b. Spirometry
  - c. Nebulizer treatment
  - d. Oxygen administration
  - e. Ear lavage

- f. Dressing changes
- g. Pulse oximetry
- h. Oxygen peak flow



7. Formulates treatment plans and documents all nursing care and treatments performed, in the medical record, dates and signs all entries.

8. Coordinates and integrates interdepartmental and intradepartmental services at Swope Health Central

following visit to Swope Health Plaza.

REVIEWED: ISSUED BY: EFFECTIVE: **HUMAN RESOURCES** 12/28/06 **SWOPE HEALTH SERVICES** SUPERSEDES: APPROVED BY: **HUMAN RESOURCES** PAGE 2 OF 3 JOB DESCRIPTION

JOB TITLE:

Registered Nurse

SALARY RANGE:

**DEPARTMENT: Adult Medicine** 

NON-EXEMPT

REPORTS TO:

Registered Nurse Manager

7. Manages and directs patient flow within the clinical area.

8. May relieve the nurse manager and medical assistants as necessary.

9. Orders basic clinic supplies and stock medications.

10. Knowledgeable on using PC and Microsoft Word.

#### **SECONDARY FUNCTIONS**

- 11. Checks medical equipment weekly. Remove outdated medications from pharmacy. Make sure resuscitation equipment is in working order. Documents the weekly check on the checklist for medical equipment. Documents the medications refrigerator temperature daily on log sheet.
- 12. Checks the defibrillator weekly and documents this check on the checklist for the defibrillator. Report any problems with this equipment immediately to the nurse supervisor.
- Assists in staff training and new employee orientation.
- 14. Maintains an environment conducive to the care and welfare of patients/clients.
- 15. Participates in continuing educational offerings that are scheduled at the facility.
- 16. Comply with computer security guidelines and confidentiality of both patients and staff.
- 17. In an emergency, R.N. will coordinate efforts with St. Luke's Emergency Services Department, initiate CPR and take actions necessary to provide continuity of care.
- 18. Assist with obtaining appropriate referral for patients.
- 19. Checks and documents the oxygen, respiratory and glucometer equipment weekly on RECEIVED appropriate log sheets.
- 20. All other duties as assigned by the nurse manager.

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	EFFECTIVE:	ISSUED BY:	REVIEWED:		
SWOPE HEALTH SERVICES	12/2//06	HUMAN RESOURCES SUPERSEDES:	12/28/06 APPROVED BY:		
	SUPERSEDES:	APPROVED BY:			
JOB DESCRIPTION		HUMAN RESOURCES	PAGE 3 OF 3		
JOB TITLE: Registered	Nurse	SALARY	RANGE: 25		
DEPARTMENT: Adult Medicine		NON-EXEMPT			
REPORTS TO: Registered	Nurse Manager				
CLINICAL COMPETENCY  1. Glucose monitor 2. Nebulizer treatment 3. Administering TB skin tes 4. Administering IM medica 5. Oxygen set-up and thera	st tion	<ul><li>6. Blood pressure monitoring</li><li>7. Diabetes</li><li>8. Hypertension</li><li>9. Preventive Health (see Adult Month of the Checklist)</li></ul>	1edicine		
<b>QUALIFICATIONS</b> 1. Graduate of an accredited	d school of registe	red nursing. Two years med/surg e	experienced preferred		
2. Licensed to practice in th	i.				

- 3. Basic Cardiovascular Life Support (BCLS), certified.
- 4. Good communication skills, customer service oriented, telephone etiquette and exhibits the ability to work with people (staff, visitors and clients).

#### **POSITIONS SUPERVISED**

- 1. Medical assistants, nursing assistants
- 2. Ancillary staff

#### **REQUIREMENTS OF POSITION**

Lifting	( ) 5-20 lbs.	( ) 20-40 lbs.	( ) 40-60 lbs.	( ) over 60 lbs.	
Pushing	( ) 5-20 lbs.	( ) 20-40 lbs.	( ) 40-60 lbs.	( ) over 60 lbs.	
Standing	( ) 0-20%	( ) 20-40%	( ) 40-60%	( ) 60-80%	()80-100%
Walking	( ) 0-20%	( ) 20-40%	( ) 40-60%	( ) 60-80%	() 80-100%
Squatting	( ) 0-20%	( ) 20-40%	( ) 40-60%	( ) 60-80%	() 80-100%
Sitting	( ) 0-20%	( ) 20-40%	( ) 40-60%	( ) 60-80%	( ) 80-100%
Driving	( ) 0-20%	( ) 20-40%	( ) 40-60%	( ) 60-80%	( ) 80-100%
Bending	( ) 0-20%	( ) 20-40%	( ) 40-60%	( ) 60-80%	( ) 80-100%
Reaching	( ) 0-20%	( ) 20-40%	( ) 40-60%	( ) 60-80%	() 80-100%
Manual Dexterity	( ) Low	( ) Medium	( ) High		•

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REVIEWED: ISSUED BY: EFFECTIVE: 4/2003 10/2/89 **HUMAN RESOURCES** SWOPE HEALTH SERVICES APPROVED BY: SUPERSEDES: PAGE 1 OF 2 **HUMAN RESOURCES** JOB DESCRIPTION

JOB TITLE:

Physician (Internist)

SALARY RANGE: Unclassified

**DEPARTMENT: Adult Medicine** 

**EXEMPT** 

**REPORTS TO:** 

Chairperson of Adult Medicine

#### **JOB SUMMARY**

To provide primary adult ambulatory patient care as a member of the health care team. To participate in the clinical education of various traditional and non-traditional allied personnel. Performs all other assignments as designated by the Chairperson of Adult Medicine and the Medical Director.

#### PRIMARY FUNCTIONS

- 1. Examines patients (age 18 and up) to determine presence of disease and to establish preventive health practices. Prescribes and administers medications or delegates immunizations duties to the nurse.
- 2. To perform minor, uncomplicated ambulatory surgical procedures, consistent with limitations of a community health center.
- 3. To be available during working hours for on-site Health Center coverage and to be available for rotation of nighttime and weekend emergency calls as assigned.
- 4. Assists in developing programs utilizing staff and outside resources to ensure comprehensive state of the art medical care.
- 5. Must complete Patient Safety Training curriculum.

#### QUALIFICATIONS

- 1. Doctor of Medicine or Doctor of Osteopathy licensed in the State of Missouri.
- 2. Demonstrated professional competence and ethical conduct of practice.
- 3. Successful completion of an accredited three years primary care (Internal Medicine) residency in actual primary care.

4. Board certification or residency training required and experience desired. RECEIVED

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	EFFECTIVE:	ISSUED BY:	REVIEWED:
SWOPE HEALTH SERVICES	10/2/89	HUMAN RESOURCES	4/2003
	SUPERSEDES:	APPROVED BY:	
JOB DESCRIPTION		HUMAN RESOURCES	PAGE 2 OF 2

JOB TITLE:

Physician (Internist)

SALARY RANGE: Unclassified

**DEPARTMENT: Adult Medicine** 

**EXEMPT** 

REPORTS TO: Chairperson of Adult Medicine

#### **POSITIONS SUPERVISED**

None.

#### **REQUIREMENTS OF POSITION**

Lifting	( ) 5-20 lbs.	(X) 20-40 lbs.	()40-60 lbs.	( ) over 60 lbs.
Pushing	( ) 5-20 lbs.	(X) 20-40 lbs.	( ) 40-60 lbs.	( ) over 60 lbs.
Standing	( ) 0-20%	( ) 20-40%	(X) 40-60%	() 60-80% () 80-100%
Walking	( ) 0-20%	( ) 20-40%	(X) 40-60%	() 60-80% () 80-100%
Squatting	(X) 0-20%	( ) 20-40%	( ) 40-60%	() 60-80% () 80-100%
Sitting	(˙ )́ 0-20%	(X) 20-40%	( ) <b>40-60</b> %	() 60-80% () 80-100%
Driving	() 0-20%	(X) 20-40%	( ) 40-60%	() 60-80% () 80-100%
Bending	(˙ ) 0-20%	(X) 20-40%	( ) <b>40</b> -60%	() 60-80% () 80-100%
Reaching	( ) 0-20%	(X) 20-40%	( ) 40-60%	() 60-80% () 80-100%
Manual Dexterity	( ) Low	( ) Medium	(X) High	• •
Other: N/A	( )		. , -	

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Complete a separate program information sheet for each program your agency is applying for funding.

**Agency Name:** 

**Swope Health Services** 

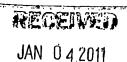
**Program Name:** 

**Low Birth Weight** 

### **Proposed Program**

Detail functions to be performed by each program.

The purpose of this request is for funding to support Swope Health Services' (SHS) Low Brith Weight Program. Specifically funds will be used to hire a fulltime Registered Nurse who, in collaboration with a SHS Physician will perform Title X family planning services. These individuals will perform these duties at Swopes' satellite facilities located in Jackson County. They will perform a variety of services to include, but are not limited to, education and outreach to avoid delays in initiation of prenatal care/decrease missed appt., preconception planning/birth spacing education, teen education on reproduction/STD issues, and outcomes metrics to have complete prenatal/post partum care and decreased incidence of low birth weight deliveries; birth spacing of at least 15 months following delivery.



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Complete a separate program information sheet for each program your agency is applying for funding.

**Agency Name: Swope Health Services** 

**Program Name: Low Birth Weight** 

Participants Identify the number of participants by County that each program serves.						
Jackson, MO Clay,Platte,	Potentially Eligible Participants	9521				
Cass, MO Wyandotte, Johnson, KS						
Other Missouri						

#### **Target Population**

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

Swope Health Services target population for this program are all female patients between the ages of 13 - 45. Patients among this population, tend to have high rates of chronic disease such as diabetes, heart disease and obesity which are supported by demographic data. Additionaly, and more significantly, low birth rates and higher than average teen pregnancies occur when compared to other areas of Jackson County.

Would you provide these services to anyone at your door?

**Answer Yes Answer No** 

Is anyone denied services? What level of indigents (below poverty level) do you serve?

50%

Please classify your program from the following types by percentage of your agency's overall services:

Senior Program

0%

Indigent Program (Below Poverty Level)

1 %

Senior Indigent Program

0 %

What criteria do you have for the clients you serve?

Swope Health Services, as a lederally qualified health center provides medical, dental and behavioral health services to all patients and clients agardeds of heigability to pay. Services are provided on a sliding fee scale

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ACKSOM COUNTY AUSTONE OFFICE KAICSAS CYTY, ATSSOUNT

Section D

Complete a separate program information sheet for each program your agency is applying for funding.

**Agency Name:** 

**Swope Health Services** 

**Program Name:** 

**Low Birth Weight** 

#### **Service Delivery Area**

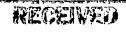
Identify your specific geographic service delivery area for each program.

The service delivery area for the chronic disease management program is defined as south Kansas City, MO. We will focus specifically on residents living in the targeted zip codes as follows: 64149, 64131, 64134, 64137, 64138.

#### **Fund Separation**

Indicate what measures your agency will take to ensure that funds received from Jackson County will be utilized for the benefit of Jackson County residents.

Swope Health Services will ensure that all funds received from Jackson County are used for the benefit of Jackson County Residents. This fund separation is / will be achieved by tracking each patient by zip code of origin. Our practice management system allows staff to register patients to include their zip code. Only patient living in the targeted zip codes will be afforded the opportunity to receive chronic disease management services as funded by this grant. It is significant to note that no patients will be turned away those patients requiring these services and who live outside of Jackson County will be billed. as appropriately, to Swope's othe funding sources.



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Complete a separate program information sheet for each program your agency is applying for funding.

**Swope Health Services** 

**Program Name:** 

**Low Birth Weight** 

#### **Approach & Method**

List the top three (3) objectives for each program.

1. Uninsured and underinsured clients will have access to contraceptive supplies, services and reproductive health information to lower the incidence of unintended pregnancy.

2. Clients choosing to postpone pregnancy through contraception will not report a positive pregnancy test within 15 months of receiving contraception.

3. Clients reporting a positive pregnancy test will initiate and continue consistent prenatal care through the duration of the pregnancy.

Detail specific methods you will use to achieve these objectives.

Objective 1. Gynecological examinations, basic lab tests, education, counseling and other screening services for STDs and HIV as well as pregnancy testing will be provided. The appropriate contraceptive method for the client will be available on-site or through referral.

Objective 2. Chart audits will be conducted biannually to determine whether or not a positive pregnancy test has been reported within 15 months of the initiation of contraceptive management.

Objective 3. Prenatal care or appropriate referrals will be utilized for the duration of the client's pregnancy

Objective 4. Reproductive preconception education, birth spacing and prenatal educational classes will be available for clients' utilization.

JAN 042011

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Complete a separate program information sheet for each program your agency is applying for funding.

Agency Name: Sw

**Swope Health Services** 

**Program Name:** 

**Low Birth Weight** 

#### **Evaluation**

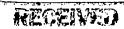
How can the success of each program be evaluated?

Indicate performance measures or statistics you will use to demonstrate the success of each program.

Prenatal clients continuing with Swope Health Services for the duration of their pregnancy and
postpartum visit will be utilized for Infant birth weight information measurement.
 Less than 5% of
reported deliveries will be low birth weight which is less than 2500 gms.
 The chart audits will indicate
90% of female clients seeking contraception do NOT report a positive pregnancy test within 15 months of
receiving contraception.

#### **Notification**

How will your organization make clients, the public and the media aware of the generous taxpayer funding received from Jackson County? (Please attach any examples) Swope Health Services will make the clients, public and the media aware of the generous taxpayer funding received from Jackson County through community awareness presentations, printed publications and support at appropriate events when requested.



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