

IN THE COUNTY LEGISLATURE OF JACKSON COUNTY, MISSOURI

A RESOLUTION authorizing the County Executive to execute a Program Agreement with the Missouri Department of Health and Senior Services for a tracking program for statistical reporting of opioid and violent deaths, for a fee payable to the County.

RESOLUTION NO. 19732, February 12, 2018

INTRODUCED BY Crystal Williams, County Legislator

WHEREAS, the Medical Examiner's Office desires to participate in a tracking program sponsored by the Missouri Department of Health and Senior Services, for statistical reporting of opioid and violent deaths; and,

WHEREAS, under the agreement, the County will be reimbursed for providing reports of opioid and violent deaths through August 31, 2018, in an amount not to exceed \$13,020.00; and,

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

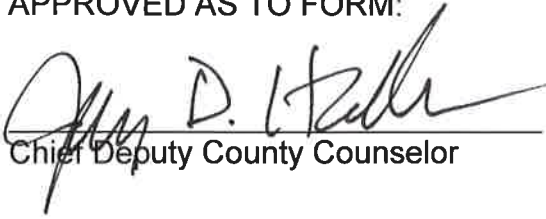
WHEREAS, execution of the attached agreement with the Missouri Department of Health and Senior Services is in the best interests of the health, safety, and welfare of the citizens of Jackson County; now therefore,

BE IT RESOLVED by the County Legislature of Jackson County, Missouri, that the County Executive be and hereby is authorized to execute the attached Program

Services Contract 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. 19732 of February 12, 2018, was duly passed on February 12, 2018 by the Jackson County Legislature. The votes thereon were as follows:

Yeas 9

Nays 0

Abstaining 0

Absent 0

2.12.18
Date



Mary Jo Spino, Clerk of Legislature

AMENDMENT #01 TO CONTRACT #DH170018008

CONTRACTOR: Jackson County Medical Examiner

CONTRACT TITLE: Violent Death and Enhanced Opioid Surveillance

CONTRACT PERIOD: January 1, 2018 through August 31, 2018

The Missouri Department of Health and Senior Services hereby exercises its option to renew the above referenced contract.

In addition, the Missouri Department of Health and Senior Services desires to amend the 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 \$13,020.00 for the period of January 1, 2018 through August 31, 2018.

2. 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 \$1,800.00.

3. 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 \$11,220.00.

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.

Tracking #	44181	State: 0%	\$0.00	Federal: 100%	\$24,480.00
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Contract Title: VIOLENT DEATH AND ENHANCED OPIOID SURVEILLANCE
Contract Start: 4/1/2017 **Contract End:** 8/31/2018 **Amend#:** 01 **Contract #:** DH170018008
Vendor Name: JACKSON COUNTY MEDICAL EXAMINER

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

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

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

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

*** 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.



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.

Tracking # 44181	Contract Title: VIOLENT DEATH AND ENHANCED OPIOID SURVEILLANCE	
Contract Start: 4/1/2017	Contract End: 8/31/2018	Questions/Please Contact: PROCUREMENT UNIT @ (573)751-6471
Contract #: DH170018008		Amend #: 01

PLEASE VERIFY/COMPLETE - TYPE OR PRINT - SIGNATURE REQUIRED

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