



HEALTH FIRST
KOSCIUSKO

Memorandum of Understanding

THIS AGREEMENT made between the **KOSCIUSKO COUNTY COMMISSIONERS ON BEHALF OF THE KOSCIUSKO COUNTY HEALTH DEPARTMENT**, Kosciusko County, Indiana, ("County") and Northern Indiana Maternal and Child Health Network, ("*Grantee*").

SECTION 1.

RECITALS

1.1 The County desires to obtain from the Grantee the core public health related services outlined in Exhibit "A" attached hereto and the Memorandum of Understanding.

1.2 The Grantee desires to provide to the County the core public health related services described in Exhibit "A" and the Memorandum of Understanding for the sum of sixty thousand five hundred and ninety six dollars (\$60,596) which shall be provided through the Health First Kosciusko fund.

SECTION 2.

CONSIDERATION

2.1 The consideration for this agreement is the providing of services by the Grantee and the payment to the Grantee by the County of the sum of sixty thousand five hundred and ninety six dollars (\$60,596).

SECTION 3.**TERMS**

3.1 The County shall pay half of the total sum within 60 days of the execution of this agreement and the completion of the 30 day public notice period.

3.2 The Grantee shall provide monthly data, success stories, and summary reports in a timely manner. A data, success story, and summary report schedule (attached) will be provided to the Grantee which shall list the dates these items shall be due. Data shall be due monthly. The date the data collection begins shall be determined by the funding period start date. The funding period shall be from the time the Health First Indiana money is dispersed from the Kosciusko County Health Department to the Grantee until the date the agreement is no longer in effect. Success stories and reports shall be due quarterly until the date the agreement is no longer in effect.

3.3 The Grantee agrees to attend a quarterly meeting scheduled by the Health First Kosciusko Coordinator. The purpose of the quarterly meeting is to provide progress updates. A meeting schedule will be provided.

3.4 The second half of the total sum shall only be paid if the Health First Kosciusko Coordinator approves the Grantee has met Health First Kosciusko requirements. This will be executed by the Health First Kosciusko Coordinator analyzing the submission of the Grantee's monthly data, success stories, and second summary report, and determining if the remaining Health First Indiana money is needed to fulfill the requirements listed in Exhibit "A" and the Memorandum of Understanding. If the submission and work does not meet the requirements, the second half of the total sum shall not be distributed to the Grantee. If a portion or full amount of the remaining money is not needed, an addendum listing the change in disbursement, will be created which shall be signed by both the Kosciusko County Health Department Administrator and the Grantee. If the submission and work does meet the requirements and the full amount of the remaining money is needed, the County shall pay the second half of the total sum after the second summary report is approved. The work outlined should include but is not limited to:

- Number of women provided prenatal services:
 - Syphilis testing
 - HIV testing
 - Hepatitis C testing

- Chlamydia testing
 - Gonorrhea testing
 - Clinical care (from a healthcare provider, such as a physician, nurse practitioner, clinic midwife)
- Number of women referred to mental health/substance use disorder services (Prenatal)
- Number of women and children referred for active domestic violence assistance
- Number of women and children referred for assistance with physical and mental health recovery from domestic violence
- Number of referrals to housing supports or resources
- Number of families referred to an insurance navigator or Medicaid (# of mothers)
- Number of people provided contraceptive education
- Number of women tested for STIs/HIV
 - HIV
 - Hepatitis C
 - Syphilis
 - Chlamydia
 - Gonorrhea
- Number of women referred for STI/HIV treatment
 - HIV
 - Hepatitis C
- Number of women treated for STIs/HIV
 - Syphilis
 - Chlamydia
 - Gonorrhea
- Number of women referred to WIC
- Number of families referred or connected to local food pantries
- Number of men and children referred for active domestic violence assistance
- Number of men and children referred for assistance with physical and mental health recovery from domestic violence
- Number of people provided HIV testing
 - Number identified (+)
- Number of people provided hepatitis C testing

- Number identified (+)
- Number of people provided syphilis testing
 - Number identified (+)
- Number of people provided chlamydia testing
 - Number identified (+)
- Number of people provided gonorrhea testing
 - Number identified (+)
- Number of adult referrals to clinical care for:
 - HIV
 - Hepatitis C
- Number of individuals treated for HCV / HIV / STI (not including syphilis)
- Number of individuals treated for syphilis
- Number of people educated on HIV / HCV / STI
- Number of men tested for STI/HIV:
 - HIV
 - Hepatitis C
 - Syphilis
 - Chlamydia
 - Gonorrhea
- Number of men referred for STI/HIV treatment:
 - HIV
 - Hepatitis C
- Number of men treated for STI/HIV
 - Syphilis
 - Chlamydia
 - Gonorrhea
- Number of social media ads created or shared to provide awareness to Kosciusko County residents about the importance of STI and syphilis testing
- Number of community organizations in which NIMCHN has established collaborations
 - Please list organizations
- Number of referral cards given to individuals

- Number of referral cards received in clinic
- Number of outreach locations in Kosciusko County
 - Please list locations
- Number of testing events held
- Number of people educated and/or trained on substance use prevention (including staff trainings)
- Number of people educated and/or trained on mental health and suicide prevention
- Number of men referred to mental health/substance use disorder services
- Number of harm reduction kits distributed
- Number of individuals report as houseless
- Number of period products distributed
- Other services provided
- Success stories and/or testimonials
- Budget Summary: Detailed list of expenditures to date and detailed list of future expenditures. Include the total amount of Health First Indiana money claimed and to be claimed.

The activity trackers listed are subject to change.

3.5 No later than January 8, 2027, the Grantee shall provide to the Health First Kosciusko Coordinator, remaining data for December 14, 2026 through December 31, 2026.

3.6 The Grantee agrees to expend all monies in the areas specified in the budget plan within the funding period and agrees to refund all unspent monies to the Kosciusko County Health Department.

3.7 As a condition of the partnership with Health First Kosciusko, the Grantee shall incorporate either the Health First Kosciusko logo or name in all correspondence, advertisements, or communications regarding Health First Indiana money or Health First Kosciusko support. All correspondence, advertisements, or communications regarding Health First Indiana money or Health First Kosciusko support must be approved by the Health First Kosciusko Coordinator before publication. Statement to include in all correspondence: "Funding provided by the Kosciusko County Health Department via Health First Indiana, learn more at <https://www.in.gov/healthfirstindiana/>".

3.8 If Health First Indiana funding should stop being provided to Kosciusko County during the term of the Memorandum of Understanding, the Memorandum of Understanding shall be terminated without cause.

The Grantee agrees to explain to any staff hired using Health First Indiana monies that the staff position may be terminated at any time due to budget cuts or elimination of Health First Indiana funding to the County.

3.9 To the fullest extent permitted by law, the Grantee agrees to indemnify, defend, and hold the Kosciusko County Commissioners and Kosciusko County Council, harmless from and against any and all claims, damages, losses and expenses. This clause shall survive the expiration or earlier termination of this agreement.

3.10 This agreement may be changed or modified only in writing signed by both the Kosciusko County Health Department Administrator and the Grantee.

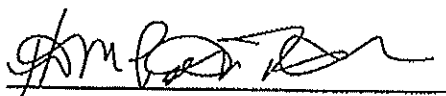
3.11 By providing a signature below, the Grantee agrees to abide by the conditions set forth in this agreement until the date the agreement is no longer in effect.

3.12 This Agreement shall be in effect through December 31, 2026 (month/day/year).

Northern Indiana Maternal and Child Health Network

Kosciusko County Health Department

"Grantee"



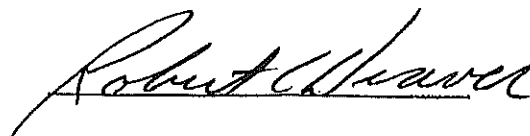
Authorized Representative Signature

Heidi M Pollard MBA-HCA, BSN, RN - Executive Director

Printed Name & Title

11/14/2025

Date



Authorized Representative Signature

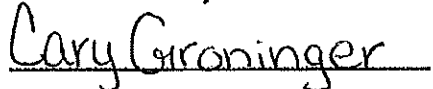
Robert Weaver, Administrator

Printed Name & Title

11-18-25

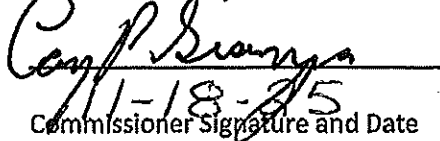
Date

Kosciusko County Commissioner



Commissioner Printed Name

Kosciusko County Commissioner



Commissioner Signature and Date

The Parties have executed this agreement this 18th day of November 2025 (Date provided by the County Commissioner or Health Department Administrator)



Community Health Education & Access Program of Kosciusko County Health First Kosciusko ~ Request for Funding

Organization Legal Name: Northern Indiana Maternal and Child Health Network, Inc.

Physical Address: Warsaw Family Health Center 2307 E. Center St. Warsaw, IN 46580

Billing Address: NIMCHN 413 W. McKinley Ave Mishawaka, IN 46545

Amount Requested: \$60,596

Name of Applicant/Contact Person: Heidi Pollard MBA-HCA, BSN, RN

Title of Applicant/Contact Person: Executive Director

Phone Number: 574-318-4093 Email Address: hpollard@nimchn.com

Project Start Date: Continuation from 2025 Project End Date: ongoing

NIMCHN'S MISSION STATEMENT:

To provide confidential, respectful and affordable reproductive health care to everyone regardless of gender, race, age, sexual preference or income.

NIMCHN BOARD OF DIRECTORS:

| | |
|-----------------------|------------------------------------|
| Brandon Zabukovic, MD | Board President & Medical Director |
| Jo Keranen | Board Treasurer (interim) |
| Deana Northern | Board Secretary |
| Elizabeth Fourman | Board Member |
| Nick Carlson | Board Member |

PROJECT EMPLOYEES:

| | |
|---------------------|---|
| Jessika Cuatlacuatl | Community Outreach Specialist |
| Elizabeth Yoder | Disease Intervention Specialist |
| Julian Schock | Director of Disease Intervention Services |
| Heidi Pollard | Executive Director |

EXECUTIVE SUMMARY:

Northern Indiana Maternal and Child Health Network (NIMCHN) is requesting \$60,596 to continue its progress in strengthening community outreach and sexually transmitted infections (STI) education efforts in Kosciusko County through the coordinated work of its Disease Intervention Specialists (DIS), Community Outreach Specialist (COS), and medical staff. This initiative focuses on expanding STI screening, treatment, education, and referral services, with a particular emphasis on high-risk populations within the county. By leveraging community partnerships, implementing targeted outreach strategies, utilizing data-driven interventions, and engaging through social media, NIMCHN aims to increase awareness, reduce STI transmission rates, and improve overall public health outcomes.

Through these efforts, NIMCHN also aims to decrease the infant mortality rate of Kosciusko County as STIs, especially when contracted during pregnancy, can significantly increase infant mortality rates. STIs like syphilis and HIV, if transmitted to the fetus, can lead to stillbirths, miscarriages, or severe health problems in newborns, increasing the risk of death shortly after birth or later in infancy. Untreated syphilis in pregnant women can result in congenital syphilis in their infants. This can lead to stillbirth, neonatal death, or severe health issues like bone damage, anemia, and neurological problems. Other STIs like herpes simplex virus (SV), chlamydia, and gonorrhea can also impact infant mortality. HSV, for example, can cause severe infections in newborns, and chlamydia can contribute to preterm birth and low birth weight, both of which are risk factors for infant mortality. The presence of an STI in pregnant woman can increase the risk of preterm labor, premature rupture of membranes, and low birth weight, all of which are major contributors to infant mortality. Early and effective screening and treatment of STIs in pregnant women are crucial for preventing transmission to the fetus and reducing the risk of infant mortality.

NIMCHN also strives to reduce injury rates specifically in the houseless/homeless and at-risk populations that can often lead them to emergency rooms and can lead to injuries and infections that could turn lethal through the handing out of care packages that targets this community. Care packages for individuals experiencing homelessness can be a valuable tool in reducing infection rates and injuries by providing essential items that support personal hygiene, wound care, and overall well-being. While care packages alone cannot solve the complex issue of homelessness, they are a practical and compassionate way to address immediate needs and improve the health and well-being of individuals experiencing homelessness.

PROGRAMS/INITIATIVES:

NIMCHN will continue to engage in networking and collaboration with community organizations to establish a strong, referral-based healthcare infrastructure. Through these partnerships, we will coordinate with community stakeholders to offer on-site services tailored to the populations they serve. Using data from the Indiana Department of Health (IDOH) and NIMCHN, we will identify communities at heightened risk for STI/HIV exposure and strategically direct outreach efforts to those areas. To strengthen the referral process, we will implement both established and innovative strategies, including confidential referral cards and targeted social media outreach. Additionally, we plan to develop and distribute care packages designed to meet basic health needs for individuals experiencing housing instability or homelessness, with the goal of preventing complications and reducing the risk of future infections.

HEALTH FIRST INDIANA CORE SERVICES ADDRESSED:

1. Infectious Disease

a. Syphilis

Reduce the number of newly reported syphilis cases (all stages) in Indiana from 34.1 per 100,000 population (2023) to 25.8 by 2030.

b. Hepatitis C

Reduce the number of newly reported cases of Hepatitis C in Indiana from 49.1 per 100,000 population (2023) to 39.3 by 2030.

c. HIV

Reduce the number of newly reported cases of HIV in Indiana from 9.4 per 100,000 population (2023) to 1.3 by 2030.

2. Maternal & Infant Risk Factors

- a. Reduce the Indiana infant mortality rate from 6.7 per 1,000 population (2019-2023) to 6.2 by 2030.

3. Trauma & Injury

- a. Reduce the rate of mortality due to injury in Indiana residents from 94.3 per 100,000 population (2023) to 92.0 by 2030.

LOCAL KPIS ADDRESSED:

1. Infectious Disease

a. Syphilis

Decrease the number of early syphilis cases identified in Kosciusko County from 7 in 2020 to 4 in 2029.

2. Maternal & Infant Risk Factors

- a. Decrease the rate of women who have no early prenatal care from 30.5 in 2022 to 26.5 in 2027.

NIMCHN KPIs ADDRESSED:

1. Infectious Disease

- a. *Hepatitis C*

Decrease the number of Hepatitis C cases identified in Kosciusko County from 7 in 2020 to 4 in 2029.

- b. *HIV*

Maintain the number of newly reported HIV cases in Kosciusko County at less than or equal to 1 through 2029.

- c. *Reportable Disease Investigation*

95% of immediate reportable conditions will have a public health investigation initiated within 24 hours and 85% of non-immediate reportable conditions will have an investigation initiated within 2 business days.

2. Maternal & Infant Risk Factors

- a. Decrease the Infant Mortality rate from 6.7 per 1000 live births in 2019-2023 to 6.2 per 1000 live births in 2030.

3. Trauma & Injury

- a. Achieve $\geq 30\%$ reduction in mortality among injury cases in the houseless population with utilization of care kits compared to cases without kit use.

ACTIVITY TRACKERS ADDRESSED:

NIMCHN and the DIS will primarily document the number of individuals tested for HIV, Hepatitis C, syphilis, chlamydia, and gonorrhea, as well as the number of newly identified infections. Data for each condition will be collected separately and compiled using the methodologies established by the Health First – KOS program. We will also record the number of individuals who receive treatment or are referred for care following a positive diagnosis, as provided through the NIMCHN clinic and DIS services. Additionally, we will track the number of individuals who receive education on HIV, HCV, and other STIs, based on those who receive risk reduction services delivered by nurses, medical assistants, and DIS staff. Furthermore, we will estimate the number of individuals reached through testing events and outreach efforts led by our Community Outreach Specialist.

PLAN FOR MEASURABLE OUTCOMES AND OUTCOMES EXPECTED

Goal 1: expand STI/HIV/Hep-C screening and Treatment in Kosciusko County

In 2026, NIMCHN aims to increase STI testing rates by 15%, with a goal of providing at least 575 tests for Gonorrhea, Chlamydia, HIV, and Syphilis. Utilizing data collected from NIMCHN patient surveys, we will evaluate how individuals learn about our services and adapt our outreach strategies accordingly. These strategies will include targeted social media advertisements, a partner referral card campaign, and discreet flyers placed in partnering clinics, community centers, and resource hubs. While social media and flyers will serve to inform the broader community, the partner referral campaign will specifically support individuals with confirmed diagnoses by offering low-barrier services directly to their sexual partners. This proactive approach aims to reduce future transmission by identifying and treating infections early. All patient interactions and testing data will be accurately recorded within NIMCHN's and the Disease Intervention Specialists' (DIS) Electronic Medical Record systems to ensure comprehensive and reliable data tracking.

Goal 2: Build fresh Collaborations with community organizations in Kosciusko County to create a network of Healthcare around STI/HIV/Hep-C

In 2026, NIMCHN will continue to expand its network of community partnerships by engaging new Community Organizations (CO), with a goal of hosting at least one STI testing event per month and providing pop-up STI education sessions at partner sites at least twice monthly. Building on strong grassroots relationships established by NIMCHN's current Community Outreach Specialist (COS), efforts will focus on identifying additional agencies with aligned missions to strengthen the regional referral network for STI, HIV, and Hepatitis C services. To ensure coordinated outreach and effective program monitoring, the Executive Director has developed secure documentation forms for the COS to record completed and upcoming community events. These records are shared with the Director of Disease Intervention, enabling both leadership and outreach staff to track progress, assess outreach effectiveness, and strategically plan future engagement activities.

Goal #3: Expanding NIMCHN's Referral Process to Ensure That People Who Need Specific Care Around Pregnancy care, STI/HIV/Hep-C care or Prevention

Building on the efforts of NIMCHN's Disease Intervention Specialists (DIS), NIMCHN and the Community Outreach Specialist (COS) will adopt a more targeted approach to patient referrals, tailoring services to meet individual needs. As the COS continues to establish collaborations with local agencies, resource centers, and community organizations, they will work in coordination with DIS staff to develop comprehensive

risk-reduction plans aimed at preventing future infections. These efforts will also expand the range of referral services offered to patients, including—but not limited to—
infectious disease care, prenatal care, primary care, insurance navigation, and HIV Care Coordination.

To measure progress in referral expansion, NIMCHN has identified four key objectives for 2026:

1. *Prenatal Care Referrals*: Ninety percent of individuals having a positive pregnancy test will be started on prenatal vitamins & referred to prenatal care.
2. *HIV Care Referrals*: The DIS and COS will provide referrals or information to at least 90% of individuals newly diagnosed with HIV for HIV Care Coordination or infectious disease care.
3. *Hepatitis C Referrals*: The DIS will provide referrals or information to at least 90% of newly diagnosed Hepatitis C patients for appropriate care coordination or infectious disease services.
4. *PrEP Referrals (Pre-Exposure Prophylaxis)*: At least 80% of individuals identified as being at elevated risk for HIV or Hepatitis C will receive information or referrals to a primary care provider, Health Plus-IN, or another PrEP provider, with the goal of initiating PrEP by the end of 2026.

SUSTAINABILITY PLAN:

Decreasing the local KPIs set forth by the Health First Kosciusko funding aligns strategically with Northern Indiana Maternal & Child Health Network's mission. This is why efforts will be made, prior to the conclusion of funding, to work with area colleges/universities to develop an internship that will fill the Community Outreach Specialist position. This not only provides a low-cost solution for maintaining this position, but it also provides education to students on the importance of public healthcare. NIMCHN intends to continue testing & outreach events at community centers (CC) to provide early identification & treatment of STIs, including syphilis, and offer pregnancy testing in an effort to get individuals into prenatal care quickly. NIMCHN will continue collaborating with CC leaders to foster spaces for STI/HIV/Hep-C education, resources, and other necessities as they come forth. This routine will mirror how the DIS program engages with local STI/HIV healthcare providers in Northern Indiana.

BUDGET PLAN:

| Item | Amount |
|---|-----------------|
| Salary | \$43,680 |
| • Community Outreach Specialist (COS) at 20 hours/wk. | • \$23,920 |

| | |
|---|---|
| <i>community engagement, relationship building, testing events, social media, outreach events</i> <ul style="list-style-type: none"> • Disease Intervention Specialist (DIS) at 10 hours/wk. <i>Assist COS at events, case management of Kos cases, testing and treatment</i> • Director of Disease Intervention at 5 hours/wk. <i>Program oversight, assist at events, relationship building</i> | <ul style="list-style-type: none"> • \$11,960 • \$7,800 |
| Fringe <i>Fringe includes FICA @ 7.65%, IRA @ 3% & UIC</i> <ul style="list-style-type: none"> • Community Outreach Specialist • Disease Intervention Specialist • Director of Disease Intervention | \$4,903 <ul style="list-style-type: none"> • \$2,691 • \$1,345 • \$ 867 |
| Mileage <i>Budgeted at 100 miles/mo. at \$0.49/mile</i> | \$588 |
| Office Supplies <i>Postage, software, pens/pencils/paper/ink</i> | \$2,460 |
| Cell Phone <i>Budgeted at \$45/mo.</i> | \$540 |
| Medical Supplies <ul style="list-style-type: none"> • General Supplies (<i>band aids, lancets, cotton swabs, blood draw equipment, controls, etc.</i>) • Testing Kits/Supplies (<i>HIV tests, Syphilis tests, GCCT tests, Hepatitis C tests/labs</i>) • Lab Fees (<i>IDH no longer does HCV testing and will need to send HCV confirmatory samples to an outside lab – budgeting for 30 blood draws at \$17.50/test</i>) | \$5,500 <ul style="list-style-type: none"> • \$1,500 • \$4,000 • \$525 |
| Care Packages <ul style="list-style-type: none"> • Bags that will be put together to hand out to houseless & those identified as high risk that could benefit from the materials. Materials help decrease risk of infection due to minor cuts or burns that left untreated could turn dangerous causing severe infection. Increasing to 200 kits (<i>drawstring bag that contains hat, gloves, socks, blanket (fleece & thermal), rain poncho, mini first aid kit, antibiotic ointment, burn cream, lip balm, lotion, soap/body wipes, Kleenex, toothbrush/toothpaste, deodorant, community referral information</i>) | \$2,400 |
| Total Requested | |
| \$60,596 | |

