



## **MORGAN COUNTY HEALTH DEPARTMENT MEMORANDUM OF UNDERSTANDING**

This Memorandum of Understanding (“MOU”) is a cooperative understanding between \_\_\_\_\_ (“Collaborator”) and Morgan County Health Department made and entered into by both Parties effective \_\_\_\_\_.

The Morgan County Health Department is dedicated to improving quality of life by promoting, protecting and providing for the health and safety of Morgan County’s residents. This is achieved by, among other things:

- Conducting quality services which create a clean and safe environment and healthy lifestyle for Morgan County residents;
- Developing programs that protect against the spread of disease;
- Keeping residents informed and prepared for natural and other disasters; and
- Maintaining the well-being of all residents through public health education.

Morgan County Health Department and the Collaborator will work together to offer individuals the services described on Exhibit A under the additional terms and conditions provided thereunder.

Morgan County Health Department and the Collaborator will share medical information only as permitted by the State of Indiana laws, rules, and regulations; HIPAA; and Federal Regulation of Disclosure of Substance Use Disorder Patient Records (42 CFR, Part 2). Pursuant to these requirements, patients must authorize via a signed Release of Information (“ROI”) form before either party is permitted to share respective patient health information.

Morgan County Health Department and the Collaborator further agree:

1. This agreement will not bind either party to use the services of the other exclusively, nor will it obligate either party to accept referrals from the other. Additionally, it is understood that this agreement in no way incurs financial liability on the part of either party unless expressly agreed in Exhibit A.

2. Client names and all other identifiable information shall remain confidential as required by federal, state, and local law. Each party will abide by Confidentiality (42 CFR), HIPAA provisions and Client Rights.

3. Parties agree to exchange information, if authorized by a patient signed ROI, in a timely manner to facilitate prompt coordination of care and the provision of services described in Exhibit A.

4. Each party shall abide by Federal, State, or city laws which require all services to be provided without regards to race, creed, national origin, or gender.

5. All records of each party shall remain the property of that party. And, both parties acknowledge and agree that in receiving, storing or otherwise dealing with any information from either party about clients of the Collaborator that they are fully bound by all applicable Federal and State regulations.

6. E-Verify. Under Indiana Code section 22-5-1.7-11, by entering into this MOU with Morgan County, the Collaborator is required to enroll in and verify the work eligibility status of all of its newly hired employees through the E-Verify program. The Collaborator is not required to verify the work eligibility status of all of its newly hired employees through the E-Verify program if the E-Verify program no longer exists. By executing this Agreement, the Collaborator affirms that it does not knowingly employ an unauthorized alien. The Collaborator further affirms that, prior to entering into the Agreement with Morgan County, it will enroll in and agrees to verify the work eligibility status of all of its newly hired employees through the E-Verify program.

7. The Collaborator agrees that it, and its subcontractors, if any, will not discriminate against any employee or applicant for employment to be employed in the performance of this Agreement, with respect to the employee's hire, tenure, terms, conditions or privileges of employment or any matter directly or indirectly related to employment because of the employee's race, religion, color, sex, disability, national origin, or ancestry. Breach of this covenant may be disregarded as a material breach of the Agreement.

The parties further recognize that once effective, this MOU is non-binding and may be terminated by either party with 30 days written notice. The MOU is an expression of all parties' willingness to work in a collaboration for the betterment of the community. Notwithstanding the aforementioned, the parties agree that this MOU shall not be intended and shall not create or be construed to create any partnership, joint venture, or third-party beneficiary status of any person or entity.

[SIGNATURE PAGE TO FOLLOW]

**COLLABORATOR:**

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title (if any): \_\_\_\_\_

**MORGAN COUNTY HEALTH DEPARTMENT:**

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title (if any): \_\_\_\_\_

**MORGAN COUNTY COMMISSIONERS:**

Dated: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EXHIBIT A**  
**MORGAN COUNTY HEALTH DEPARTMENT**  
**MEMORANDUM OF UNDERSTANDING**

The following terms and conditions are incorporated into the Memorandum of Understanding between \_\_\_\_\_ (“Collaborator”) and Morgan County Health Department.

- i. Description of Program, Facility, Services, Materials, or Supplies to be provided by Morgan County Health Department: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ii. Description of Program, Facility, Services, Materials, or Supplies to be provided by Collaborator: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- iii. Special terms and conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- iv. Payment terms (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- v. If Section iv above requires payment by the Morgan County Health Department, the Collaborator acknowledges that Morgan County is a government entity whose funds are subject to appropriation by its fiscal body. Therefore, if at any time during the term of this Memorandum of Understanding the fiscal body should fail to appropriate sufficient funds to continue to provide the Program or Services under the terms and conditions above, the Memorandum of Understanding shall become null and void. In the event of a non-appropriation of funds, Morgan County Health Department will give notice to the Collaborator immediately of such a failure and shall pay a prorated amount for any and all services provided prior to the exhaustion of any appropriated funds. Morgan County Health Department agrees to seek funding to fulfill the terms of this Memorandum of Understanding.

**ATTACHMENT A**  
**MORGAN COUNTY HEALTH DEPARTMENT**  
**MEMORANDUM OF UNDERSTANDING**

Description of Program, Facility, Services, Materials, or Supplies to be provided by Collaborator:

Meeting and reporting requirements:

- Complete at least one site visit with the Health Department
- Meet at least quarterly with Health Department staff for updates and technical assistance
- Submit reporting based on IDOH core service tracker as requested
- Submit additional data as requested by the Health Department (e.g. program successes, barriers, challenges, takeaways, feedback, etc.)
- Invoice quarterly and/or upon completion of deliverables
- Provide a final financial report upon completion of program(s)

Deliverables, Services and Materials:

- Establish and maintain partnerships with listed community partners in application as applicable: Stability First, Morgan County Mental Health Task Force, Hope Recovery Collaborative, etc.
- Work with partners to advertise and recruit participants/clients to engage in initiatives such as recovery support, licensed counseling, health promotion, and holistic mental health retreats
- Hire and train staff as needed to execute and oversee programming to complete outlined deliverables and services
- Launch Mental Health Retreat Program
- Implement Stress Buster strategies outlined by the Adverse Childhood Experiences (ACEs) Aware Initiative, which emphasizes the role of physical activity in mitigating the effects of adverse childhood experience
- Increase physical activity among clients by implementing strategies such as walk and talk therapy, yoga, and mindfulness activities into treatment programs
- Improve access to mental health treatment options by offering a sliding scale payment model, scholarships for retreats, and expanding partnerships with local organizations
- Provide the following key services:
  - Individual Therapy and Counseling
  - Group Therapy and Support Groups
  - Psycho-educational classes
  - Coaching and mentorship
  - Substance Use Disorder Support
  - Mental Health Retreats
  - Holistic Wellness Approaches

## Attachment B

### Morgan County HFI Budget Template

<b>Applying Organization:</b>	Peace Restored, Inc.
<b>Applicant Contact Name:</b>	Ann Madison
<b>Applicant Contact Email:</b>	Ann@peacerestored.net
<b>Applicant Contact Phone:</b>	(317) 361-5281
<b>Project Timeline (start/end dates):</b>	1/1/2025 - 12/31/2025

Personnel					
Position/Title	% of time	hours/week	Salary (total amt for project)	Benefits	Total
Executive Director	20%	40	\$10,400.00		\$10,400.00
Clinical Supervisor	25%	40	\$13,000.00		\$13,000.00
Client Liaison	25%	40	\$7,800.00		\$7,800.00
					0
					0
				<b>Total</b>	<b>\$ 31,200.00</b>

Contractors					
Position/Title	% of time	hours/week	Salary (total amt for project)	Benefits	Total
Somatic Therapy Specialist (approx \$350/class)		4 classes	\$1,400.00		\$1,400.00
Retreat Facilitator		4 retreats	\$5,000.00		\$5,000.00
Credentialed Course/Topic Presenter		20	\$10,000.00		\$10,000.00
					0
					0
				<b>Total</b>	<b>\$ 16,400.00</b>

Supplies (office, operating, other)			
Item description	Cost	Quantity	Total
Print Materials	\$1.00	1000	\$ 1,000.00
Books, Journals	\$5.00	600	\$ 3,000.00
Curriculum (software/reusable)	\$100.00	10	\$ 1,000.00
Streaming Account for Calming Music	\$600.00	1	\$ 600.00
			\$ -
		<b>Total</b>	<b>\$ 5,600.00</b>

Equipment			
Item description	Cost	Quantity	Total
Yoga Equipment (mats, blocks, bolsters, blankets, straps)	\$150.00	25	\$ 3,750.00
Retreat Supplies (blankets, comfort items)	\$100.00	25	\$ 2,500.00
Walking pads (walking inside during therapy)	\$250.00	2	\$ 500.00
EMDR (Eye movement desensitization and reprocessing) Equipment (Wireless EMDR kit, Pluseators and Headphone etc)	\$2,000.00	1	\$ 2,000.00
			\$ -

<b>Total \$ 8,750.00</b>
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Travel			
Description	Cost	# of trips	Total
Retreat Travel/Stipend (2 staff/4 retreats)	\$ 1,000.00	4	\$ 4,000.00
			\$ -
			\$ -
			\$ -
			\$ -
Total			\$ 4,000.00

Other			
Description	Cost	Quantity	Total
Marketing & Advertising	\$1,500.00	1	\$1,500.00
Somatic Therapy Training (2 people)	\$1,000.00	2	\$2,000.00
			0
			0
			0
Total			\$3,500.00

<b>TOTAL \$ 69,450.00</b>
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