

HEALTH FIRST INDIANA
CORE PUBLIC HEALTH SERVICES AGREEMENT

THIS CORE PUBLIC HEALTH SERVICES AGREEMENT ("Agreement") is entered into by and between the LIFE IS FOR EVERYONE, INC. ("Service Provider") and the Wabash County Health Department ("WCHD").

WITNESSETH:

WHEREAS, Wabash County Board of Commissioners must approve all contracts brought forth by the Wabash County Health Department utilizing Health First Indiana (HFI) funds in Wabash County, Indiana;

WHEREAS, LIFE IS FOR EVERYONE, INC. offers programs to promote good health, education, and pregnancy resources for families in Wabash County;

WHEREAS, WCHD is a government agency providing core public health services to the citizens of Wabash County, Indiana ("Patients");

WHEREAS, all parties are desirous of entering into this Agreement to promote and protect the health and wellbeing of the citizens of Wabash County;

NOW THEREFORE, in consideration of the mutual covenants and agreements contained herein, the parties hereby agree as follows:

1. **Purpose.** That the Wabash County Health Department agrees to provide financial support to ensure the successful implementation of the Health First Indiana Initiative (HFI) to Service Provider for the purpose of ensuring core public health services are provided to patients.
2. **Services.** The Service Provider agrees to deliver the following core public health services ("Services"):
 - Maternal and Child Health
3. **Funding Request.** Service Provider shall submit a letter of request for funding each year. The current Request letter is attached hereto as Appendix A.
4. **Reporting.** Service Provider shall submit monthly reports to WCHD in the form attached hereto as Appendix B. Completed forms are due by the fifth (5th) day of each month during the Term of this Agreement. Service Provider shall also provide additional reporting information as reasonably requested by WCHD.
5. **Payment.** The Service Provider agrees that monetary payments will be allocated towards delivery of the Services. Funding for the Services shall be delivered as follows:

- Total compensation shall be \$5,000.00;
- Service Provider shall receive \$5,000.00 towards Maternal and Child Health
- Payments equaling \$5,000.00 may be made if Service Provider can provide data on the Appendix B form.

6. Fee Schedule and Billing. Service Provider shall submit an invoice to WCHD. WCHD shall remit payment to Service Provider within forty-five (45) days of receipt of said invoice.

7. Term and Termination.

7.1 Term. This Agreement shall be effective upon being signed by the Parties ("Effective Date"). The initial term of this Agreement shall commence on the Effective Date and continue for one (1) year.

7.2 Termination. Notwithstanding the foregoing, either party may terminate this Agreement at any time with or without cause, by giving the other party thirty (30) days' written notice, which notice shall specify the effective date of termination. Upon termination, Service Provider shall be compensated for work performed in furtherance of the Services, not to exceed to the total compensation, or shall reimburse the WCHD for monies received under this Agreement but not yet expended in furtherance of the Services, as of the date of termination.

8. Miscellaneous.

8.1. HIPAA Compliance. The parties agree they will comply in all material respects with all federal and state mandated regulations, rules or orders applicable to privacy, security and electronic transactions, including without limitation, regulations promulgated under Title II Subtitle F of the Health Insurance Portability and Accountability Act (Public Law 104-191) ("HIPAA"). If, within thirty (30) days of either party first providing notice to the other of the need to amend the Agreement to comply with Laws, the parties, acting in good faith, are (i) unable to mutually agree upon and make amendments or alterations to this Agreement to meet the requirements in question, or (ii) alternatively, the parties determine in good faith that amendments or alterations to meet the requirements are not feasible, then either party may terminate this Agreement upon thirty (30) days prior written notice.

8.2. Administration. Each party shall remain responsible for its own administration, financing, staffing, supplies and budget for the Services. The parties shall not jointly acquire, hold, or dispose of real or personal property under the terms of this Agreement. The parties acknowledge and agree that the purpose of this Agreement is not to induce any referrals or to otherwise generate any business between the parties, but instead to contract for commercially reasonable and legitimate services.

8.3. Non-Discrimination. All Services provided under this Agreement shall be provided without regard to race, color, creed, sex, age, disability status, payor source or national origin of the resident requiring such Screening Services. The parties agree to comply with all applicable laws prohibiting discrimination.

8.4. Notices. All notices, records, reports or correspondence between the parties shall be sent to the following locations:

WABASH COUNTY HEALTH
DEPARTMENT:

Wabash County Health Department
89 W. Hill St.
Wabash, IN 46992

LIFE IS FOR EVERYONE, INC.:

Life is for Everyone, Inc.
Attn: Cheryl Meyer
489 Bond Street,
Wabash, IN, 46992

8.5. Entire Agreement. This Agreement shall constitute the entire agreement between the parties and any prior understanding or representation of any kind preceding the date of this Agreement shall not be binding upon either party except to the extent incorporated into this Agreement.

8.6. Amendments. This Agreement may not be amended or modified unless mutually agreed upon in a writing signed by an authorized representative of each party.

8.7. Severability. In the event any provision(s) of this Agreement shall be determined to be unenforceable or otherwise invalid for any reason by a Court of competent jurisdiction, such remaining provision(s) shall remain in full force and effect to the extent permitted by law.

8.8. Nonwaiver. The failure of either party to this Agreement to insist upon the performance of any of the terms and conditions of this Agreement, or the waiver of any breach of any of the terms and conditions of this Agreement, shall not be construed as thereafter waiving any such terms and conditions, but the same shall continue and remain in full force and effect as if no such forbearance or waiver had occurred.

8.9. Governing Law. This Agreement has been executed under and shall be governed by the laws of the State of Indiana, without regard to conflict of law principles.

8.10. Savings Clause. Notwithstanding any term contained herein, this Agreement shall not be construed as to require the commission of any act contrary to law, and wherever there is any conflict between any provision of this Agreement and any local, State or Federal statute, regulation, ordinance or resolution, the latter shall prevail, but in the event of such conflict, the provisions of this Agreement affected shall be limited or applied, if possible, only to the extent necessary to be valid and enforceable to the maximum extent possible.

8.11. Dispute Resolution. The parties expressly agree that any dispute concerning this Agreement, or the performance of any of its terms, shall first be reasonably attempted in good faith to be resolved informally. The parties expressly agree that, upon written request of any party, such dispute shall be submitted to mediation within the State of Indiana whereby the parties shall attempt in good faith to resolve such dispute. If such mediation does not resolve such dispute, either may commence litigation and hereby agree exclusive jurisdiction and venue of any dispute shall be in the Wabash County Superior Court.


[Signature page follows]

HEALTH FIRST INDIANA
CORE PUBLIC HEALTH SERVICES AGREEMENT
Signature Page


IN WITNESS WHEREOF, the parties have caused this Agreement to be executed as their official act by their respective representative(s) on the dates set out below, each of whom is duly authorized to execute the same.

**BOARD OF COMMISSIONERS OF
WABASH COUNTY, INDIANA**

LIFE IS FOR EVERYONE, INC.



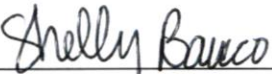
Jeff Dawes




Brian Haupt




Barry Eppley

Attest: 

Shelly Baucio, Auditor

Date:  12-2-2024

SMB

By: 

Print: Cheryl Meyer
Title: Executive Director
Date: 12-2-2024

Appendix A



October 28, 2024

Dear Mr. Rich Mofield and Wabash County Health Department,

L.I.F.E. Center, Wabash's only pregnancy resource center, is requesting \$5,000.00 for our core service of maternal and child health allowing us to focus on child car seats to ensure that our clients are able to transport their child safely, pre-natal vitamins for expecting moms to help with a healthy pregnancy for them and to add another line of defense for a healthy baby, pregnancy tests to continue our free service to our communities where we have the opportunity to start and grow relationships with those who need someone to walk beside them during what could be a stressful and uncertain time in their lives. We also offer free formula to families in need of a hand up during a difficult time.

Thank you for your time and consideration, I look forward to partnering with the Wabash County Health Department to make our Wabash community one that offers assistance without judgement.

Sincerely for life,

A handwritten signature in cursive script that reads "Cheryl Meyer".

Cheryl Meyer
Executive Director

MATERNAL AND CHILD HEALTH

Wabash County Health Department

ACTIVITY

Start Date: ____ / ____ / ____ Stop Date: ____ / ____ / ____ Number of Unique People Served: ____

Stakeholders Engaged with this Activity: _____

PRENATAL SERVICES (up to time of delivery)

Number of pregnancy tests provided	_____
Number of women referred to prenatal care	_____
Number of women provided prenatal services - Vitamins	_____
Number of women provided prenatal services - Syphilis testing	_____
Number of women provided prenatal services - HIV testing	_____
Number of women provided prenatal services - Hepatitis C testing	_____
Number of women provided prenatal services - Chlamydia testing	_____
Number of women provided prenatal services - Gonorrhea testing	_____
Number of women provided prenatal services - Nutrition Education	_____
Number of women provided prenatal services - Nutrition Support	_____
Number of women provided prenatal services - Mental Health/Substance Use Disorder Services	_____
Number of women provided prenatal services - Clinical Care (healthcare provider, such as physician, nurse practitioner, clinic, midwife)	_____
Number of women provided prenatal services - Immunizations, such as RSV and Tdap	_____
Number of women provided prenatal services - Other Prenatal services	_____
Number of women referred to My Healthy Baby	_____
Number of women provided mental health/substance use disorder services	_____
Number of women referred to health/substance use disorder services	_____

POSTPARTUM SERVICES (following delivery)

Number of women referred to postpartum care	_____
Number of women provided postpartum services - clinical care (healthcare provider, such as physician, nurse practitioner, clinic)	_____
Number of women provided postpartum services - mental health/substance use disorder services	_____
List the postpartum services provided to women: _____	
Number of women provided mental health/substance use disorder services	_____
Number of women referred to health/substance use disorder services	_____
Number of women referred to breastfeeding education or support	_____
Number of women provided breastfeeding education or support	_____
Number of families referred to pediatric care	_____
Number of people provided with parenting classes/education	_____
Number of families referred to childcare assistance (such as CCDF program)	_____

HEALTH AND SAFETY SERVICES

Number of people receiving child car safety seats	_____
Number of child car safety seats provided	_____
Number of car safety seat inspections provided	_____
Number of people provided safe sleep education	_____
Number of people receiving sleep sacks	_____
Number of cribs provided by LHD or partner	_____
Number of handle-with-care alerts issued	_____
Number of women and children referred for active domestic violence assistance	_____
Number of women and children provided safe, anonymous transport to shelter for victims of domestic violence and interim care/assistance provided	_____
Number of women and children referred for assistance with physical and mental health recovery from domestic violence	_____
Number of period products distributed	_____

COMMUNITY ASSISTANCE

Number of people referred to substance use disorder treatment/support	
Number of people referred to/provided care through Mobile Integrated Health	
Number of referrals to housing supports or resources	
Number of families provided with utility/rent assistance	
Number of families screened or referred to developmental services, such as First Steps	
Number of people receiving life skills courses	
Number of families receiving home visiting services, such as a home visiting program	
Number of families referred to home visiting services, such as a home visiting program	
Number of youth and parent cafes hosted	
Number of families referred to an insurance navigator or Medicaid	

CONTRACEPTION/STIs

Number of people provided contraceptive education	
Number of women tested for STI/HIV	
Number of women referred to STI/HIV treatment	
Number of women treated for STI/HIV	

FOOD AND NUTRITION

Number of women referred to WIC	
Number of families referred or connected to local food pantries	

OTHER SERVICES

Type of other services	
Number of people receiving other services	