

HEALTH FIRST INDIANA
CORE PUBLIC HEALTH SERVICES AGREEMENT

THIS CORE PUBLIC HEALTH SERVICES AGREEMENT (“Agreement”) is entered into by and between the Babe of Wabash County, 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, Babe of Wabash County, Inc. offers programs to promote good health, education, and relationships with families in Wabash County who have children between the ages of pregnancy and five-years-old;

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
 - Trauma-Injury and Prevention
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 and Trauma-Injury Prevention;
- 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

WABASH COUNTY TOBACCO FREE
COALITION:

Babe of Wabash County, Inc.
Attn: Katie Till
88 W. Hill 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 medication 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**

BABE OF WABASH COUNTY, INC.

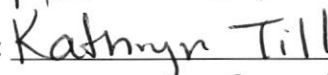


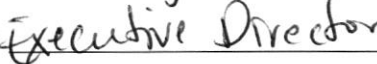
Jeff Dawes

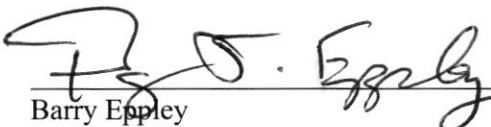
By: 



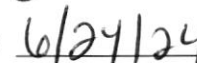
Brian Haupt


Print: 

Title: 



Barry Eppley

Date: 

Attest: 

Marcie Shepherd, Auditor

Date: 

Appendix A



88 West Hill St
Wabash, IN 46992
(260) 274-0158
info@babeofwabashcounty.org
www.babeofwabashcounty.org

June 18, 2024

Wabash County Health Department
Attn: Rich Mofield, Administrator
89 W Hill Street #1
Wabash IN 46992

RE: Wabash County Health Department and BABE Partnership for Health First Indiana

Dear Rich,

Thank you so much for the opportunity to learn about Health First Indiana and to partner with Babe of Wabash County, Inc. Babe of Wabash County's purpose is to provide quality incentives to parents who participate in preventive and prenatal care, including parenting, education, and nutritional classes to promote a healthy pregnancy, birth outcome, and early childhood development.

Babe of Wabash County assists in the core services of *Maternal and Child Health*, and *Trauma, and Injury Prevention and Education*. These services are crucial to families in Wabash County. Babe of Wabash County requests \$5,000 to support these essential services as part of the Health First Indiana program.

Thank you for your support and partnership with Babe of Wabash County!

Yours Sincerely,

A handwritten signature in cursive script that reads "Ware Wimberly".

Ware Wimberly
Babe of Wabash County, Inc.
Coordinator of Fundraising and Building Project

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 _____
- State 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 _____

TRAUMA AND INJURY PREVENTION AND EDUCATION

Wabash County Health Department

ACTIVITY

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

Stakeholders Engaged with this Activity: _____

TRAINING/EDUCATION

- Number of people receiving Stop the Bleed training _____
- Number of people receiving CPR training _____
- Number of people educated and/or trained on vehicle passenger safety and seat belt use _____
- Number of people educated or trained on RTV (ATV) and golf cart passenger safety _____
- Number of people educated or trained on water safety (including swim lessons) _____
- Number of people educated about texting and safe driving (including impaired driving) _____
- Number of people educated about brain injury risks and safety practices _____
- Number of people educated in fall prevention and home remedied for fall risks _____
- Number of people educated and/or trained on substance use prevention _____
- Number of people educated and/or trained on mental health and suicide prevention _____
- Number of seniors participating in activities related to fall prevention _____
- Number of certified peer recovery coaches in county with support of LHD _____

EQUIPMENT

- Number of naloxone doses distributed _____
- Number of nalox-boxes in community _____
- Number of public, used sharps returns _____
- Number of child car seats distributed _____
- Number of bicycle helmets distributed _____
- Number of firearm locks provided to families _____
- Number of people provided with infant safe sleep education, including families and professionals _____

Number of infant sleep sacks provided to families

Number of portable cribs provided to families

REFERRALS

Number of people referred/linked to substance use/mental health treatment

Number of woman 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

OTHER SERVICES

Type of other services

Number of people receiving other services
