



**755-3655 / 755-3656 / 755-3657**

**Chandana Vavilala, M.D.**

**Health Officer**

## **Meeting of the Lake County Board of Health**

**Date:** June 4, 2025

**Time:** 7:30am – 8:45am

**Location:** Health Department Conference Room

**Call to Order** - Meeting called to order by Dr. Nchekwube.

### **Roll Call**

#### **Members Present:**

Marla Hoyer-Lareau, Michael Foreit (virtual), Cynthia Hoess, Chiedu Nchekwube, Deborah McCullough, Philip Golden

#### **Members Absent:**

TJ Wigmore, Leona Chandler -Felton

\*one vacant board position

### **Approval of Previous Meeting Minutes 2/5/25**

Marla Hoyer-Lareau motion to approve, Dr. McCullough 2<sup>nd</sup> Motion Passes

### **Health First Indiana and Legislation Changes Presented** (attached)

### **Methodist Hospital Contract Ratification**

At the February meeting, action was taken on Methodist Hospital HFI Contract, but it was later determined that a quorum was not present due to one member abstaining because of a conflict of interest related to their affiliation with the hospital. As a result, in accordance with Robert's Rules of Order, the vote was ratified at the meeting where a quorum was present to render the action valid.

Dr. McCullough motion to approve, Dr. Hoess 2<sup>nd</sup>. Motion Passes

### **Health First Indiana Funding Proposals**

## **RESOLUTION 1 OF 15**

To: Lake County Health Department

From: The LCHD HFI Program – Health Officer: Dr. Chandana Vavilala

Subject: HFI Contract from Community Advocates of Northern Indiana for Luv Mom Program



**755-3655 / 755-3656 / 755-3657**

**Chandana Vavilala, M.D.**

**Health Officer**

This motion comes before the LCHD Board of Health regarding funding for the HFI initiative. This contract addresses the specific KPIs for Maternal and Child Health: Services focused on the health and well-being of mothers, children, and families, including prenatal care.

The program requires a total amount of \$48,506.00, which is broken down into four (4) payments. The schedule of fees is as follows:

The cost program

Payment	Due Date	Description	Amount
1	July 2025	Initial Program Launch Payment	\$20,075.00
2	Oct 2025	Mid-Year Operational Funds	\$15,000.00
3	Feb 2026	Continued Service & Evaluation	\$8,43.00
4	May 2026	Final Payment & Reporting	\$5,000.00

breakdown is as follows:

Item Description	Price	Quantity	Total
Part-Time Doulas (2) @ \$1500/birth	\$1500/birth	50 birthing accompaniment and 2 pre/post-natal visits for each expectant parent	\$36,000.00
Community Health Workers	\$360/month	52 weeks of expectant parent support	\$3,600.00
Travel Mileage Reimbursement (0.65/mile)	125 miles/month	125 miles/month * 12 mos. = 1500 total miles	\$1,050.00
Marketing & Outreach (Design and distribution of flyers, educational pamphlets, posting to social media ads, etc.)	\$225/month	12 mos.	\$1,274.00
Have a Healthy Baby Curriculum and Supplies	\$18.66/month	12 mos. of classes	\$218.00
Community Baby Showers (supplies, venue, food, gifts)	\$618.25/shower	Quarterly (4) Showers	\$2,473.00



**755-3655 / 755-3656 / 755-3657**

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Indirect Administrative Costs (Overhead) Grant Compliance & Reporting Data Collection & Program Evaluation: Tracking key performance indicators (KPIs), impact assessment, and reporting outcomes to funders. Insurance & Liability Coverage: General liability insurance and coverage for doulas working in the field. Printing, copying, and general office supplies needed for program management. Portion of rent, utilities, and maintenance costs may be included. Financial Management & Accounting: Bookkeeping, tracking expenses, and financial reporting for grant compliance.	\$342.41/month	12 mos.	\$2,683.00
Total Amount			\$48,506.00

DISCUSSION

Discussion around preventing duplication of services. Representatives stated they are working in partnership and collaboration with other agencies and they currently have a wait list for participation. Representatives were asked how moms access the doulas and they stated through outreach in the county and provider referrals.

MOTION

I move to approve the LCHD Board of Health request to approve Community Advocates of Northern Indiana's Luv Mom Program for funding presented by the LCHD's HFI Program, by Health Officer, Dr. Chandana Vavilala and recommend the contract be brought to the Lake County Commissioners for funding.

ROLL CALL

Board Member Hoyer-Lareau	Motion
Board Member McCullough	Second
Board Member Foreit	(Yes)
Board Member Hoess	(Yes)
Board Member Nchekwube	(Yes)
Board Member Golden	(Yes)

\*Need 5 votes for a quorum.

**RESOLUTION 2 OF 15**

To: Lake County Health Department

From: The LCHD HFI Program – Health Officer: Dr. Chandana Vavilala

Subject: HFI Contract from Community Advocates of Northern Indiana for Stronger Together Program



**755-3655 / 755-3656 / 755-3657**

**Chandana Vavilala, M.D.**

**Health Officer**

This motion comes before the LCHD Board of Health regarding funding for the HFI initiative. This contract addresses the specific KPIs for Chronic Disease Prevention: Preventing and reducing chronic diseases such as obesity, diabetes, cardiovascular disease, and cancer and Maternal and Child Health: Services focused on the health and well-being of mothers, children, and families, including prenatal care.

The program requires a total amount of \$82,456.00, which is broken down into five (5) payments. The schedule of fees is as follows:

Payment #	Due Date	Description	Amount
1	06/01/2025	Initial payment for program setup, facilitator training, and first phase of student engagement	\$26,517.50
2	08/01/2025	Payment for first round of educator stipends and participant incentives	\$22,171.00
3	11/01/2025	Payment for continued program operations, student engagement events, and marketing	\$13,258.75
4	01/01/2026	Payment for continued program operations, student engagement events, and marketing	\$13,258.75
5	04/01/2026	Final payment for wrap-up, evaluation, reporting, and sustainability planning	\$7,250.00

The program cost breakdown is as follows:

Item Description	Price	Quantity	Total
Program Coordinator	\$25,760/Facilitator/Year	1	\$25,760.00
Community Health Workers (CHWs)	\$25//hr.*3hrs/week*48	2	\$7,200.00
Facilitators/Instructors	\$150/session*3sessions/mon * 11 mos. = \$4950/Facilitator	3	\$14,850.00
3 Train-the-Trainer Sessions	\$400/training * 3 trainings * 2 Facilitators	2 team members	\$2,400.00
Student Participation Incentives and Promotional Materials	\$10/item	500 items	\$5,000.00
Marketing & Outreach – Flyer Design & Printing (\$0.50/flyer), Educational Pamphlets (\$1.50/pamphlet), Social Media Ads (\$100/ad)	Flyer Design & Printing (\$0.50/flyer), Educational Pamphlets (\$1.50/pamphlet), Social Media Ads (\$100/ad)	2,500 flyers, 500 pamphlets, 20 ads	\$10,000.00



**755-3655 / 755-3656 / 755-3657**

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Student Engagement Events	Various (Room Rental (\$250/event), Food (\$10/person), Speaker Fees (\$200/speaker)	6 events, 50 attendees per event, 6 speakers total	\$4,500
Admin salaries, employer taxes, rent, utilities, office supplies, insurance, legal fees, and accounting services	Various	1	\$13,026
Total Amount			\$82,456.00

DISCUSSION

Discussion around preventing duplication and entry points of services. Representatives stated they work with schools, health fairs, daycares, provider referrals, YMCA's, Boys and Girls Clubs and local places of worship. This is a Chronic Disease Prevention Program and reporting will not overall other CANI programs.

MOTION

I move to approve the LCHD Board of Health request to approve Community Advocates of Northern Indiana's Stronger Together Program for funding presented by the LCHD's HFI Program, by Health Officer, Dr. Chandana Vavilala and recommend the contract be brought to the Lake County Commissioners for funding.

ROLL CALL

Board Member <u>Golden</u>	<u>Motion</u>
Board Member <u>McCullough</u>	<u>Second</u>
Board Member <u>Hoyer-Lareau</u>	<u>(Yes)</u>
Board Member <u>Foreit</u>	<u>(Yes)</u>
Board Member <u>Hoess</u>	<u>(Yes)</u>
Board Member <u>Nchekwube</u>	<u>(Yes)</u>

\*Need 5 votes for a quorum.

**RESOLUTION 3 OF 15**

To: Lake County Health Department

From: The LCHD HFI Program – Health Officer: Dr. Chandana Vavilala

Subject: For the Love of Arts, Inc. for SHINE Recovery Café`

This motion comes before the LCHD Board of Health regarding funding for the HFI initiative. This contract addresses the specific KPIs for Trauma and Injury Prevention and Access and Linkage to Clinical Care.



**755-3655 / 755-3656 / 755-3657**

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Health Officer**

The program requires a total amount of \$144,000.00, which is broken down into four (4) payments of \$36,000.00 per payment. The schedule of fees is as follows:

Payment #	Due Date	Description	
1	06/01/2025	Program Cost 3 Months	\$36,000.00
2	09/01/2025	Program costs 2 month	\$36,000.00
3	12/01/2025	Program costs 2 month	\$36,000.00
4	03/01/2026	Program costs 2 month	\$36,000.00
Total Amount			\$144,000.00

The program cost breakdown is as follows:

Item Description	Price	Quantity	Total
Program Coordinator	\$20	1.0FTE	\$41,600.00
Certified Peer Recovery Coaches	\$16.00	3x.5FTE	\$49,920.00
Fringe Benefits	-	.15 x wages	\$13,728.00
Program Supplies	\$1200	12 months	\$14,400.00
Outreach & Harm Reduction Supplies	\$500	12 months	\$6,000.00
Transportation Cost	\$438	12 months	\$5,261.00
Overhead Expenses	10%	12 months	\$13,090.00
Total Amount			\$144,000.00

#### DISCUSSION

Concerns about high administrative costs. Representative stated the budget presented is not the entire budget for the program, but just the budget for this portion of their efforts.

#### MOTION

I move to approve the LCHD Board of Health request to approve For the Love of Arts Shine Recovery Café` Program for funding presented by the LCHD's HFI Program, by Health Officer, Dr. Chandana Vavilala and recommend the contract be brought to the Lake County Commissioners for funding.

#### ROLL CALL

Board Member <u>Goldern</u>	<u>Motion</u>
Board Member <u>Hoess</u>	<u>Second</u>
Board Member <u>Hoyer-Lareau</u>	<u>(Yes)</u>
Board Member <u>Foreit</u>	<u>(Yes)</u>
Board Member <u>McCullough</u>	<u>(Yes)</u>
Board Member <u>Nchekwube</u>	<u>(Yes)</u>

\*Need 5 votes for a quorum.



**755-3655 / 755-3656 / 755-3657**

**Chandana Vavilala, M.D.  
Health Officer**

## RESOLUTION 4 OF 15

To: Lake County Health Department

From: The LCHD HFI Program – Health Officer: Dr. Chandana Vavilala

Subject: City of Crown Point for Mobile Integrated Health and Community Risk Reduction Program

This motion comes before the LCHD Board of Health regarding funding for the HFI initiative. This contract addresses the specific KPIs for Trauma and Injury Prevention, Chronic Disease Prevention, Maternal and Child Health, Immunizations, Health-Related Areas during Emergencies or Disasters, and Access and Linkage to Clinical Care.

The program requires a total amount of \$200,000.00, which is broken down into four (4) payments. The schedule of fees is as follows:

Payment #	Due Date	Description	
1	06/01/2025	1st quarter and startup fees	\$75,000
2	08/01/2025	2ND quarter of payment	\$41,666.66
3	10/01/2025	3rd quarter of payment	\$41,666.67
4	01/01/2025	4th quarter of payment	\$41,666.68
Total Amount			\$200,000.00

The program cost breakdown is as follows:

Item Description	Total
Stop the Bleed	\$10,000.00
Safe Sitter	\$4,000.00
CPR Training	\$10,000.00
Home Safety Surveys	\$5,000.00
Fire Prevention	\$5,000.00
Child Passenger Safety	\$10,000.00
MIH / CP	\$156,000.00
Total:	\$200,000.00

### DISCUSSION

Discussion around their jurisdiction in Lake County. Representative noted it is Crown Point city limits, but some of the classes and programs have no jurisdictional boundaries and anyone can attend. Stop the Bleed program was discussed.

### MOTION

I move to approve the LCHD Board of Health request to approve City of Crown Point Mobile Integrated Health Program for funding presented by the LCHD's HFI Program, by Health Officer, Dr. Chandana Vavilala and recommend the contract be brought to the Lake County Commissioners for funding.



**755-3655 / 755-3656 / 755-3657**

**Chandana Vavilala, M.D.  
Health Officer**

ROLL CALL

Board Member <u>Hoess</u>	<u>Motion</u>
Board Member <u>McCullough</u>	<u>Second</u>
Board Member <u>Hoyer-Lareau</u>	<u>(Yes)</u>
Board Member <u>Foreit</u>	<u>(Yes)</u>
Board Member <u>Golden</u>	<u>(Yes)</u>
Board Member <u>Nchekwube</u>	<u>(Yes)</u>

\*Need 5 votes for a quorum.

**RESOLUTION 5 OF 15**

To: Lake County Health Department

From: The LCHD HFI Program – Health Officer: Dr. Chandana Vavilala

Subject: St Jude House for Maternal and Child Health for Survivors at St Jude House Program

This motion comes before the LCHD Board of Health regarding funding for the HFI initiative. This contract addresses the specific KPIs for Maternal and Child Health.

The program requires a total amount of \$154,263.10.00, which is broken down into four (4) payments. The schedule of fees is as follows:

Payment #	Due Date	Description	
1	07/01/2025	First Program Payment	\$54,263.10
2	09/01/2025	Second Program Payment	\$33,333.33
3	11/01/2025	Third Program Payment	\$33,333.33
4	01/01/2026	Program Payment	\$33,333.34
Total Amount			\$154,263.10

The program cost breakdown is as follows:

Item Description	Price	Quantity	Total
Contracted Nurse Practitioner	\$12,000.00	1	\$12,000.00
License Mental Health Practitioner	\$65,000.00	1	\$65,000.00
Mental Health Practitioner Benefits	\$26,000.00	1	\$26,000.00
Training and Staff Education	\$3500.00	1	\$3,500.00
Administrative Support and Oversight Staff	\$7933.99	2	7933.99
Maternal and Child Health Program Staff	\$28,329.10	3	\$28,329.10



Medical Supplies	\$10,000.00	Basic Medical Equipment: Blood pressure monitor Stetho, Otoscope, Ophthalmoscope Thermometer Pulse Oximeter Diagnostic Supplies	\$10,000.00
Program Activity Supplies	\$1,500.00	Books, Educational Materials, Comfort Items (blankets/pillows) Therapeutic Activities: Journals/Writing Materials, Music, Painting, Yoga Mats	\$1,500.00
Total Amount			\$154,263.00

#### DISCUSSION

Discussion around what areas they serve; they serve all of Lake County and some surrounding counties. 400 survivors are served annually. Their counseling services are contracted out utilizing in-house funding.

#### MOTION

I move to approve the LCHD Board of Health request to approve St Jude House Maternal and Child Health for Survivors Program for funding presented by the LCHD's HFI Program, by Health Officer, Dr. Chandana Vavilala and recommend the contract be brought to the Lake County Commissioners for funding.

#### ROLL CALL

Board Member <u>Golden</u>	<u>Motion</u>
Board Member <u>Hoess</u>	<u>Second</u>
Board Member <u>Hoyer-Lareau</u>	<u>(Yes)</u>
Board Member <u>Foreit</u>	<u>(Yes)</u>
Board Member <u>McCullough</u>	<u>(Yes)</u>
Board Member <u>Nchekwube</u>	<u>(Yes)</u>

\*Need 5 votes for a quorum.

### RESOLUTION 6 OF 15

To: Lake County Health Department  
From: The LCHD HFI Program – Health Officer: Dr. Chandana Vavilala  
Subject: The Gatehouse for Sober Life, Healthy Life Program



**755-3655 / 755-3656 / 755-3657**

**Chandana Vavilala, M.D.**

**Health Officer**

This motion comes before the LCHD Board of Health regarding funding for the HFI initiative. This contract addresses the specific KPIs for Trauma and Injury Prevention and Access and Linkage to Clinical Care.

The program requires a total amount of \$50,000.00, which is broken down into four (4) payments of \$12,500.00 per payment. The schedule of fees is as follows:

Payment #	Due Date	Description	
1	10/01/2025	Payment for the first quarter of programming	\$12,500.00
2	01/01/2026	Payment for the second quarter of programming	\$12,500.00
3	04/01/2026	Payment for the third quarter of programming	\$12,500.00
4	07/01/2026	Payment for the fourth quarter of programming	\$12,500.00
Total Amount			\$50,000.00

The program cost breakdown is as follows:

Item Description	Price	Quantity	Total
Recovery Coach	\$30	10 hrs/week	\$15,600.00
Driver/Facilitator	\$15	15 hrs/week	\$11,700.00
Speaker: Chronic disease - Side effects and management	\$100	4 sessions	\$400.00
Speaker: Effect of Processed Food on Chronic Disease	\$100	4 sessions	\$400.00
Speaker: Effect of Healthy Food on Chronic Disease	\$100	4 sessions	\$400.00
Speaker: Healthy Lifestyle Planning Managing Chronic Disease	\$100	4 sessions	\$400.00
Current Food Budget	\$5,410	24Residents	\$5,104.00
Increased Food Budget	\$5,206	26 more Residents	\$5,512.00
Ice Maker	\$1,000		\$1,000.00
Mini fridge	\$99	16 units	\$1,584.00
Microwaves	\$200	4 units	\$800.00
Six-burner stove	\$2,500		\$2,500.00
Commercial Double Refrigerator	\$2,300		\$2,300.00
Commercial Double Freezer	\$2,300		\$2,300.00
Total Amount			\$50,000.00

#### DISCUSSION

Discussion around how citizen gain access to the program and know it is available. Representatives stated they work with local courts and jails. Their employees are women in recovery. The Board suggested local providers are made aware of the program.



**755-3655 / 755-3656 / 755-3657**

**Chandana Vavilala, M.D.  
Health Officer**

**MOTION**

I move to approve the LCHD Board of Health request to approve The Gatehouse Sober Life, Healthy Life Program for funding presented by the LCHD's HFI Program, by Health Officer, Dr. Chandana Vavilala and recommend the contract be brought to the Lake County Commissioners for funding.

**ROLL CALL**

\*Board combined all Gatehouse resolutions for one vote

Board Member _____	Motion _____
Board Member _____	Second _____
Board Member _____	(Yes/No) _____
Board Member _____	(Yes/No) _____
Board Member _____	(Yes/No) _____

\*Need 5 votes for a quorum.

**RESOLUTION 7 OF 15**

To: Lake County Health Department

From: The LCHD HFI Program – Health Officer: Dr. Chandana Vavilala

Subject: The Gatehouse for the Autos for Access Program

This motion comes before the LCHD Board of Health regarding funding for the HFI initiative. This contract addresses the specific KPIs for Access and Linkage to Care.

The program requires a total amount of \$50,000.00, which is broken down into four (4) payments of \$12,500.00 per payment. The schedule of fees is as follows:

Payment #	Due Date	Description	
1	10/01/2025	Payment for the first quarter of programming	\$12,500.00
2	01/01/2026	Payment for the second quarter of programming	\$12,500.00
3	04/01/2026	Payment for the third quarter of programming	\$12,500.00
4	07/01/2026	Payment for the fourth quarter of programming	\$12,500.00
Total Amount			\$50,000.00



**755-3655 / 755-3656 / 755-3657**

**Chandana Vavilala, M.D.**

**Health Officer**

The program cost breakdown is as follows:

Item Description	Price	Quantity	Total
Car Insurance	\$150.00 per month	5 cars Annually	\$9,000.00
Fuel	\$800.00 per month	5 cars Annually	\$9,000.00
Tolls	\$50.00 per month	5 cars Annually	\$600.00
Vehicle Maintenance	\$200.00 per month	5 cars Annually	\$2,400.00
Purchase of Used Cars	\$2,800	2 cars	\$5,600.00
Driver	\$15.00 per hour	Weekly: Doctor appointments 3 rides for 3 hours = 9 hours AA Meetings: 10 rides for 1.5 hours = 15 hours Grocery store/Pharmacy: 3 rides for 2 hours = 6 hours 30 hours per week, 1,560 hours per year	\$23,400.00
Total Amount			\$50,000.00

**MOTION**

I move to approve the LCHD Board of Health request to approve The Gatehouse Autos for Access Program for funding presented by the LCHD's HFI Program, by Health Officer, Dr. Chandana Vavilala and recommend the contract be brought to the Lake County Commissioners for funding.

**ROLL CALL**

\*Board combined all Gatehouse resolutions for one vote

Board Member _____	_____ Motion _____
Board Member _____	_____ Second _____
Board Member _____	_____ (Yes/No) _____
Board Member _____	_____ (Yes/No) _____
Board Member _____	_____ (Yes/No) _____

\*Need 5 votes for a quorum.



**755-3655 / 755-3656 / 755-3657**

**Chandana Vavilala, M.D.**

**Health Officer**

## RESOLUTION 8 OF 15

To: Lake County Health Department

From: The LCHD HFI Program – Health Officer: Dr. Chandana Vavilala

Subject: The Gatehouse for the Non-, Pre-, During, Post Program

This motion comes before the LCHD Board of Health regarding funding for the HFI initiative. This contract addresses the specific KPIs for Maternal and Child Health.

The program requires a total amount of \$50,000.00, which is broken down into four (4) payments of \$12,500.00 per payment. The schedule of fees is as follows:

Payment #	Due Date	Description	
1	10/01/2025	Payment for the first quarter of programming	\$12,500.00
2	01/01/2026	Payment for the second quarter of programming	\$12,500.00
3	04/01/2026	Payment for the third quarter of programming	\$12,500.00
4	07/01/2026	Payment for the fourth quarter of programming	\$12,500.00
Total Amount			\$50,000.00

The program cost breakdown is as follows:

Item Description	Price	Quantity	Total
Tampons	\$5,000	12 months, 50 women	\$5,000.00
Feminine napkins	\$2,000	12 months, 50 women	\$2,000.00
Speaker: Sex. Ed.	\$100/week	4 weeks	\$400.00
Speaker: STD Info	\$100/week	4 weeks	\$400.00
Speaker: SUD effects on pregnancy and baby	\$100/week	4 weeks	\$400.00
Car usage for dr. apps., 12 Step Meetings, Grocery store	\$68/ week	40 hours per week: gas, ins., maintenance	\$3,500.00
Facilitator/ Driver	\$15/hr	30 hours per week	\$23,400.00
Food	\$5,410 (2024 pnl)	Double to purchase whole foods and vegetables	\$10,300.00
Commercial Double Fridge For new property	\$2,300		\$2,300.00
Commercial Double Freezer For new property	\$2,300		\$2,300.00
Total Amount			\$50,000.00



**755-3655 / 755-3656 / 755-3657**

**Chandana Vavilala, M.D.**

**Health Officer**

MOTION

I move to approve the LCHD Board of Health request to approve The Gatehouse for the Non-, Pre, During, Post Program for funding presented by the LCHD's HFI Program, by Health Officer, Dr. Chandana Vavilala and recommend the contract be brought to the Lake County Commissioners for funding.

ROLL CALL

\*Board combined all Gatehouse resolutions for one vote

Board Member _____	Motion _____
Board Member _____	Second _____
Board Member _____	(Yes/No) _____
Board Member _____	(Yes/No) _____
Board Member _____	(Yes/No) _____

\*Need 5 votes for a quorum.

**RESOLUTION 9 OF 15**

To: Lake County Health Department

From: The LCHD HFI Program – Health Officer: Dr. Chandana Vavilala

Subject: The Gatehouse for the Sober Living for Women Program

This motion comes before the LCHD Board of Health regarding funding for the HFI initiative. This contract addresses the specific KPIs for Trauma and Injury Prevention.

The program requires a total amount of \$50,000.00, which is broken down into four (4) payments of \$12,500.00 per payment. The schedule of fees is as follows:

Payment #	Due Date	Description	
1	10/01/2025	Payment for the first quarter of programming	\$12,500.00
2	01/01/2026	Payment for the second quarter of programming	\$12,500.00
3	04/01/2026	Payment for the third quarter of programming	\$12,500.00
4	07/01/2026	Payment for the fourth quarter of programming	\$12,500.00
Total Amount			\$50,000.00



**755-3655 / 755-3656 / 755-3657**

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**Health Officer**

The program cost breakdown is as follows:

Item Description	Price	Quantity	Total
Big Book	\$24	120 copies	\$2,880.00
12 and 12 Book	\$13	120 copies	\$1,560.00
12 Step Workbook	\$20	120 copies	\$2,400.00
Moral Reconciliation Therapy (MRT) Instruction Kit	\$140		\$140.00
MRT Facilitator "Parenting And Family Values"	\$100/week	Two 8 weeks, 20 residents	\$1,600.00
MRT Materials "Parenting and Family Values"	\$800	Pack of 50	\$800.00
MRT Facilitator "Untangling Relationships"	\$100/week	Two 8 weeks 20 residents	\$1,600.00
MRE Materials "Untangling Relationships"	\$550	Pack of 50	\$550.00
MRT Facilitator "Staying Quit"	\$100/week	Two 8 weeks 20 residents	\$1600.00
MRT Material "Staying Quit"	\$550	Pack of 50	\$550.00
MRT Facilitator "Coping with Anger"	\$100/week	Two 8 weeks, 20 residents	\$1,600.00
MRT Materials "Coping with Anger"	\$550	Pack of 50	\$550.00
MRT Tax on materials	\$280		\$280.00
Breathalyzers	\$85	8 per year	\$680.00
Breathalyzer mouthpiece	\$50/week	50 residents per week	\$2,600.00
Drug Tests	\$290/month	36 residents tested per month	\$10,440.00
Bedding sets: sheets set, pillows, mattress covers, blanket	\$210	26 residents' bedding	\$5,460.00
Bath kit: towels, washcloths, hand towels, bath mats	\$70	26 residents	\$1,820.00
Echo alarm clock	\$70	26 Residents	\$1,820.00
Phone/Internet	\$690/mo	12 months 26 residents	\$8,280.00
Grocery bill increase by 40% to include whole foods and vegetables	\$232.5/mo	12 months 26 residents	\$2,790.00
Total Amount			\$50,000.00



**755-3655 / 755-3656 / 755-3657**

**Chandana Vavilala, M.D.  
Health Officer**

MOTION

I move to approve the LCHD Board of Health request to approve The Gatehouse for the Sober Living for Women Program for funding presented by the LCHD's HFI Program, by Health Officer, Dr. Chandana Vavilala and recommend the contract be brought to the Lake County Commissioners for funding.

ROLL CALL

Board Member <u>Golden</u>	<u>Motion</u>
Board Member <u>McCullough</u>	<u>Second</u>
Board Member <u>Hoyer-Lareau</u>	<u>(Yes)</u>
Board Member <u>Foreit</u>	<u>(Yes)</u>
Board Member <u>Hoess</u>	<u>(Yes)</u>
Board Member <u>Nchekwube</u>	<u>(Yes)*Need 5 votes for a quorum.</u>

**RESOLUTION 10 OF 15**

To: Lake County Health Department

From: The LCHD HFI Program – Health Officer: Dr. Chandana Vavilala

Subject: St. John Fire Mobile Integrated Health for Transportation Expansion Program

This motion comes before the LCHD Board of Health regarding funding for the HFI initiative. This contract addresses the specific KPIs for Access and Linkage to Care.

The program requires a total amount of \$56,000.00, which is broken down into one (1) payment of \$56,000.00. The schedule of fees is as follows:

Payment #	Due Date	Description	
1	06/01/2025	Payment for purchase	\$56,000.00
Total Amount			\$56,000.00

The program cost breakdown is as follows:

Item Description	Price	Quantity	Total
2025 Chevy Trax	\$28,000	2	\$56,000.00

DISCUSSION

Discussion around their jurisdiction. Representative mentioned there are not only servicing the St. John area and they are traveling to train other Health Departments in Mobil Integrated Health. The Board asked why they needed 2 vehicles; their representative mentioned they have had higher participants than they previous planned.

MOTION

I move to approve the LCHD Board of Health request to approve St. John Fire Mobile Integrated Health for Transportation Expansion Program for funding presented by the LCHD's HFI Program, by Health Officer, Dr. Chandana Vavilala and recommend the contract be brought to the Lake County Commissioners for funding.





**755-3655 / 755-3656 / 755-3657**

**Chandana Vavilala, M.D.  
Health Officer**

Board Member <u>Hoyer-Lareau</u>	<u>Motion</u>
Board Member <u>Hoess</u>	<u>Second</u>
Board Member <u>Golden</u>	<u>(Yes)</u>
Board Member <u>Foreit</u>	<u>(Yes)</u>
Board Member <u>McCullough</u>	<u>(Yes)</u>
Board Member <u>Nchekwube</u>	<u>(Yes)</u>

\*Need 5 votes for a quorum.

## RESOLUTION 11 OF 15

To: Lake County Health Department

From: The LCHD HFI Program – Health Officer: Dr. Chandana Vavilala

Subject: Mental Health America of NWI for Infant Safe Sleep Additional Materials

This motion comes before the LCHD Board of Health regarding funding for the HFI initiative. This contract addresses the specific KPIs for Maternal and Child Health.

The program requires a total amount of \$14,250.00, which is broken down into two (2) payments. The schedule of fees is as follows:

Payment #	Due Date	Description	
1	07/01/2025	Payment for purchase 75 participants	\$7,125.00
	10/01/2025	Payment for purchase 75 participants	\$7,125.00
Total Amount			\$14,250.00

The program cost breakdown is as follows:

Item Description	Price	Quantity	Total
Supplies (Portable Cribs)	\$85.00	150 Participants	\$12,750.00
Swaddlers (newborn & small)	\$10.00	150 Participants	\$1,500.00
Total Amount			\$14,250.00

### DISCUSSION

Concerns of overlap of supplies going to the same families discussed. A representative stated they are the only program offering education with the portable crib in the county and they offer 1 crib per family. They have a partnership with Gary and East Chicago Health Departments as well as many partnerships with local agencies offering in home safe sleep education

### MOTION

I move to approve the LCHD Board of Health request to approve Mental Health America of NWI for Infant Safe Sleep for funding presented by the LCHD's HFI Program, by Health Officer, Dr. Chandana Vavilala and recommend the contract be brought to the Lake County Commissioners for funding.



**755-3655 / 755-3656 / 755-3657**

**Chandana Vavilala, M.D.  
Health Officer**

ROLL CALL

Board Member <u>Golden</u>	<u>Motion</u>
Board Member <u>Hoess</u>	<u>Second</u>
Board Member <u>Hoyer-Lareau</u>	<u>(Yes)</u>
Board Member <u>Foreit</u>	<u>(Yes)</u>
Board Member <u>McCullough</u>	<u>(Yes)</u>
Board Member <u>Nchekwube</u>	<u>(Yes)</u>

\*Need 5 votes for a quorum.

**RESOLUTION 12 OF 15**

To: Lake County Health Department

From: The LCHD HFI Program – Health Officer: Dr. Chandana Vavilala

Subject: School City of Hobart Brickies from the Start for the Healthy Hobart Program

This motion comes before the LCHD Board of Health regarding funding for the HFI initiative. This contract addresses the specific KPIs for Immunizations and Maternal and Child Health.

The program requires a total amount of \$47,592.00, which is broken down into four (4) payments. The schedule of fees is as follows:

Payment #	Due Date	Description	
1	8/1/2025	Payment for first vaccination clinic and screeners	\$25,592.00
2	10/1/2025	Payment for staffing, flyers and signs and incentives	\$8,000.00
3	3/1/2025	Payment for staffing, food incentives and signs	\$7,000.00
4	4/5/2025	Payment for last of staffing and mobile clinics	\$7,000.00
Total Amount			\$47,592.00

The program cost breakdown is as follows:

Item Description	Price	Quantity	Total
Incentives	\$2.00	750 participants	\$1,500.00
Flyers and signs	\$10.00	125 signs (25 per event)	\$1,250.00
Home Visit Staff -\$19/hr x 10 hours x 40	\$20.46/hour + FICA	400 hours of home visits	\$8,184.00
In-direct costs	\$2,000.00	1 time only	\$2,000.00
Welch Allyn Spot Vision Screener			\$8,799.00
Maico MI 26 Racecar Touch Tympanometry Hearing Screener			\$5,399.00
Cafe and Vaccination clinic promotion, parent education and cafe, playroom implementation staffing - \$20.46/hr +FICA x 25 x 40			\$20,460.00
Total Amount			\$47,592.00



**755-3655 / 755-3656 / 755-3657**

**Chandana Vavilala, M.D.  
Health Officer**

DISCUSSION

Discussion around access to medical providers and immunization waivers. This program will be working with the Health Department Mobile Clinic to get into the community offering immunization, hearing and vision screenings.

MOTION

I move to approve the LCHD Board of Health request to approve School City of Hobart Brickies from the Start for the Healthy Hobart Program for funding presented by the LCHD's HFI Program, by Health Officer, Dr. Chandana Vavilala and recommend the contract be brought to the Lake County Commissioners for funding.

ROLL CALL

Board Member <u>McCullough</u>	<u>Motion</u>
Board Member <u>Hoess</u>	<u>Second</u>
Board Member <u>Golden</u>	<u>(Yes)</u>
Board Member <u>Foreit</u>	<u>(Yes)</u>
Board Member <u>Hoyer-Lareau</u>	<u>(Yes)</u>
Board Member <u>Nchekwube</u>	<u>(Yes)</u>

\*Need 5 votes for a quorum.

## RESOLUTION 13 OF 15

To: Lake County Health Department

From: The LCHD HFI Program – Health Officer: Dr. Chandana Vavilala

Subject: SAFE Coalition for Human Rights for the Wheels to Wellness and Safety Program

This motion comes before the LCHD Board of Health regarding funding for the HFI initiative. This contract addresses the specific KPIs for Access and Linkage to Care, Trauma and Injury Prevention, and Maternal and Child Health.

The program requires a total amount of \$30,000.00, which is broken down into one (1) payment. The schedule of fees is as follows:

Payment #	Due Date	Description	
1	6/1/2025	Single Payment in full	\$30,000.00
Total Amount			\$30,000.00

The program cost breakdown is as follows:

Item Description	Price	Quantity	Total
ADA Accessible Van (used, 2016) (see email attached)	\$26,000	1	\$ 26,000.00
Costs attached to used transportation related repairs, upgrades, registration, and purchase order	\$4,000	1	\$4,000.00
Total Amount			\$30,000.00



**755-3655 / 755-3656 / 755-3657**

**Chandana Vavilala, M.D.  
Health Officer**

DISCUSSION

Discussion around local transportation concerns. The need for vehicle insurance was also discussed.

MOTION

I move to approve the LCHD Board of Health request to approve SAFE Coalition for Human Rights for the Wheels to Wellness and Safety Program for funding presented by the LCHD's HFI Program, by Health Officer, Dr. Chandana Vavilala and recommend the contract be brought to the Lake County Commissioners for funding.

ROLL CALL

Board Member _Hoess _____	Motion _____
Board Member _McCullough_____	Second _____
Board Member _Golden _____	(Yes) _____
Board Member _Foreit _____	(Yes) _____
Board Member _Hoyer-Lareau_____	(Yes) _____
Board Member _Nchekwube_____	(Yes) _____

\*Need 5 votes for a quorum.

**RESOLUTION 14 OF 15**

To: Lake County Health Department  
From: The LCHD HFI Program – Health Officer: Dr. Chandana Vavilala  
Subject: Hope Alliance of NWI for the Bridge to Hope Program

This motion comes before the LCHD Board of Health regarding funding for the HFI initiative. This contract addresses the specific KPIs for Infectious Disease Prevention, Maternal and Child Health, and Trauma and Injury Prevention.

The program requires a total amount of \$200,000.00, which is broken down into five (5) payment. The schedule of fees is as follows:

Payment #	Due Date	Description	
1	Due on contract signed	Payment for supplies	\$10,000.00
2	30 days after contract is signed	Payment for the next Q1	\$50,000.00
3	3months afterQ1 payment	Payment for the next Q2	\$50,000.00
4	3months afterQ2 payment	Payment for the next Q3	\$50,000.00
5	3 Months after Q3 Payment	Payment for the next Q4	\$40,000.00
Total Amount			\$200,000.00



**755-3655 / 755-3656 / 755-3657**

**Chandana Vavilala, M.D.  
Health Officer**

The program cost breakdown is as follows:

Item Description	Price	Quantity	Total
Staff Salary & Fringe: (2) Program Coordinator Salary \$15,000	\$30,000	1 year	\$30,000.00
Staff Salary & Fringe: (1) Program Director Salary \$55,000	\$55,000	1 year	\$55,000.00
Contracted Services: outreach workers (3)	\$75,000	1 year	\$75,000.00
Contracted Service: Accountant (financial tracking, compliance reporting, and grant fund management)	\$4,100	1 year	\$4,100.00
Harm Reduction Supplies	\$20,000	1 year	\$20,000.00
Mileage Reimbursement	\$2,300	1 year	\$2,300.00
Phones & Communication	\$3,600	1 year	\$3,600.00
General Office/ Administrative Supplies	\$2,500	1 year	\$2,500.00
Equipment & software (2 laptops/tablets for staff use accessories)	\$2,500	1 year	\$2,500.00
Resource Materials (Printed resources guides, flyers, Brochures, cards)	\$3000	1 year	\$3,000.00
Travel/ Training Events Overdose lifeline/ Harm reduction	\$2000	1 year	\$2,000.00
		Total Amount	\$200,000.00

#### DISCUSSION

Discussion on the programs reach. A representative stated they are in all areas of the Lake County and have many community partners. They are increasing their social media presence to ensure the resources get to those who need them. They have found there is demand for their services in Cedar Lake, our funding will help them serve that population.

Discussion of other funding sources. Representatives stated they are currently self-funded, church funded and seeking 'in-kind' donations. The staff is currently volunteers.

#### MOTION

I move to approve the LCHD Board of Health request to approve Hope Alliance of NWI for the Bridge to Hope Program for funding presented by the LCHD's HFI Program, by Health Officer, Dr. Chandana Vavilala and recommend the contract be brought to the Lake County Commissioners for funding.

#### ROLL CALL

Board Member <u>Hoess</u> _____	<u>Motion</u> _____
Board Member <u>Golden</u> _____	<u>Second</u> _____
Board Member <u>McCullough</u> _____	<u>(Yes)</u> _____
Board Member <u>Foreit</u> _____	<u>(Yes)</u> _____
Board Member <u>Hoyer-Lareau</u> _____	<u>(Yes)</u> _____
Board Member <u>Nchekwube</u> _____	<u>(Yes)</u> _____

\*Need 5 votes for a quorum.



755-3655 / 755-3656 / 755-3657

**Chandana Vavilala, M.D.**  
**Health Officer**

## RESOLUTION 15 OF 15

To: Lake County Health Department  
From: The LCHD HFI Program – Health Officer: Dr. Chandana Vavilala  
Subject: Prenatal Well for the Early Connect Program

This motion comes before the LCHD Board of Health regarding funding for the HFI initiative. This contract addresses the specific KPIs for Maternal and Child Health, Chronic Disease Prevention, and Access and Linkage to Care.

The program requires a total amount of \$200,000.00, which is broken down into five (5) payment. The schedule of fees is as follows:

Payment #	Due Date	Description	
1	Due on contract signed	Payment for supplies	\$10,000.00
2	30 days after contract is signed	Payment for the next Q1	\$50,000.00
3	3months afterQ1 payment	Payment for the next Q2	\$50,000.00
4	3months afterQ2 payment	Payment for the next Q3	\$50,000.00
5	3 Months after Q3 Payment	Payment for the next Q4	\$40,000.00
Total Amount			\$200,000.00

### DISCUSSION

Discussion of high overhead costs. Representative stated they have the capacity to serve 25 women quarterly. They will receive referrals form Methodist Women’s Care Center and urgent care centers. They have found gaps with women getting early access to care after the initial Emergency Department or urgent care visit.

There were board member concerns this is a start up and these services are already being provided. The representative stated the funding will be used as start up, but they will be able to sustain the clinic in the future.

### MOTION

I move to approve the LCHD Board of Health request to approve Prenatal Well for the Early Connect Program for funding presented by the LCHD’s HFI Program, by Health Officer, Dr. Chandana Vavilala and recommend the contract be brought to the Lake County Commissioners for funding.

### ROLL CALL

Board Member <u>McCullough</u>	<u>Motion</u>
Board Member <u>Foreit</u>	<u>Second</u>
Board Member <u>Golden</u>	<u>(Yes)</u>
Board Member <u>Nchekwube</u>	<u>(Yes)</u>
Board Member <u>Hoess</u>	<u>(No)</u>
Board Member <u>Hoyer-Lareau</u>	<u>(No)</u>

\*Need 5 votes for a quorum.



## APPENDIX A

2.5 Health First Indiana Grant Budget		
Grantee Name	Prenatal Well Inc.	
Project or Program Name	Early Connect: Community Based Prenatal Safety Net Program	
Start Date	10/1/2025	
End Date	10/1/2026	
Grant amount requested:	200,000	
Total Project (Requested from Health First Indiana Grant)	200,000	100 Participants: to support program implementation and expenses
Budget Summary		
Direct Program Implementation Salaries	\$ 74,000.00	Annual- Three Employees
Employee benefits, payroll taxes, etc.	\$ 9,250.00	Annual- Three Employees
Communications and Marketing Services	\$ 9,900.00	Variable
Professional Services	\$ 41,500.00	Annual
Indirect Costs / Overhead	\$ 65,350.00	Annual-100 participants
Total Project/Program Budget	\$ 200,000.00	100 Participants: to support program implementation and expenses
Salaries (only staff directly involved in program implementation)	Amount - Year 1	
Program Administrator (1)	34,000	One Employee
Junior Program Administrator/Adm Asst. (1)	20,000	One Employee
Case workers (1)	20,000	One Employee
Total	74,000	
Communications and Marketing Services	Amount - Year 1	
Materials & Promotions, Flyers, brochures, partner resource guides	\$ 3,000.00	Variable- 100 participants
Social Media	\$ 2,000.00	Variable
Email	\$ 300.00	One-time
Media Relations	\$ 600.00	Variable
Partner Training & Outreach, Onboarding for clinics, EDs, urgent care sites	\$ 3,000.00	One-time
Community Outreach	\$ 1,000.00	Variable
TOTAL	\$ 9,900.00	
Professional Services	Amount - Year 1	
Nutrition Program (Food Boxes and Nutrition Educator)	\$ 24,000.00	20 participants
Nutrition Educator	\$ 4,000.00	One-time cost
Accounting Audit	\$ 5,000.00	One-time cost
Tax Prep	\$ 1,500.00	One-time cost
Data Analyst consultant	\$ 7,000.00	One-time cost
TOTAL	\$ 41,500.00	
Indirect Costs	Amount - Year 1	
Insurance	\$ 1,100.00	Annual
Transportation (uber cards etc.)	\$ 13,500.00	Variable- 35 participants per month
IT and Equipment	\$ 5,000.00	Variable
Telehealth platform	\$ 4,000.00	1 platform
Tablets/Phones for Outreach Staff, Technology for remote check-ins	\$ 5,000.00	Variable
Data Collection Tools	\$ 5,050.00	1 platform
Financial Software & Payroll	\$ 4,100.00	2 platforms
Rent/Utilities	\$ 25,300.00	Variable
Office Supplies	\$ 2,300.00	Variable
TOTAL	\$ 65,350.00	



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**755-3655 / 755-3656 / 755-3657**

**Chandana Vavilala, M.D.**  
**Health Officer**

## **Board of Health Discussion**

The board asked about the reduction in Tobacco Prevention funding and it was stated the health department will still be providing prevention efforts through the school liaisons and maternal and child health efforts.

The board agreed they like the new format for approving upcoming HFI funding proposals. In the future, all funding will be approved in the fall for the upcoming year. Applications will be accepted on a rolling basis, reviewed by the Health Department's internal committee, and qualifying requests will be submitted to the board for review and approval.

Department activities and financial reports provided to Board of Health members.

## **Open Comment**

Papa's House – Camp Dean. Program representative provided the board with an update of funding and services provided. They thanked the board for providing this opportunity and shared their success stories.

Barbara Kotelis stated the board is approving programs allowing for a duplication in services. She suggested a single large funding amount where everyone has the opportunity to apply. She also mentioned concerns of community members knowing how to access the services.

Sheila Madjecki applauded the work of the Health Department in the last year and asked for abstinence to be taught in the schools more.

Jacqueline Sloan provided the board with a packet of information pertaining to Board of Health Appointments and Indiana Code pertaining to Board of Health actions and responsibilities.

**Adjournment:** Motion to adjourn was made and seconded. Meeting adjourned with unanimous approval.

Next Meeting: September 10, 2025 at 7:30am