



Lake County Health Department

Chandana Vavilala, M.D.
Health Officer

2900 West 93rd Avenue
Crown Point, Indiana 46307

(219) 755-3655 / (219) 755-3656
(219) 755-3657

Meeting of the Lake County Board of Health

Date: June 3, 2026

Time: 7:30am

Location: Lake County Government Center Auditorium Room B103 or B-109

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

Roll Call

Members Present:

Cynthia Hoess, Chiedu Nchekwube, Deborah McCullough, Philip Golden, Leona Chandler -Felton, Dorian Patel, Dean Button, Michael Foreit (virtual)

Members Absent:

Marla Hoyer-Lareau,

Approval of Previous Meeting Minutes 2/4/25

Dean Button motion to approve, Deborah McCullough 2nd - Motion Passes

Opening Remarks

Staff Updates

Dr. Vavilala presented on 2026 accomplishments to date. The report included the Public Health Transformation award provided by Indiana Department of Health, department restructure, and the implementation of new revenue streams adding \$351,040 in revenue so far in 2026. She also highlighted two grants the department received, one for autism elopement prevention and the other for youth substance use prevention. Dr. Vavilala discussed the new public health services offered by the department and our staff outreach to multiple areas of Lake County.

The department has launched a Public Health Needs Assessment and School Health Needs assessment with early results showing the need for mental health, obesity, and substance use resources. The schools are asking for support with nutrition, tobacco and vaping prevention, and personal hygiene resources.

Dr. Vavilala shared her vision for expanded health education which includes a Public Health Education Director and a Clinic Health Educator.

Lastly, Dr. Vavilala shared the departments new logo, branding and tag line. Lake County Health Department, Together for a healthier Lake County.

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Old Business

No old business

New Business

a. 2026 Health First Indiana Contracts Renewals for Approval

Denice Truly, HFI Manager, presented on each contract for renewal July – December 2026. The presentation included each agencies data, service metrics, and deliverable completion. Resolution details in Appendix A.

The vote for renewals was held until the end of the presentation/question portion of the meeting.

Discussion of contracts:

The board asked CANI-Stronger Together why they did not meet the parenting education goal. It was reported they had trouble getting people to register and they have developed a new plan to attract parents in the next grant cycle.

Dr. McCullough asked Crown Point MIH if they will be able to use the full roll over amount in the next 6 months since they had a hard time spending the funds in the first year. They stated it took some time to build the program in the first 6 months. They needed the time to get established and will be offering more classes once everyone is trained. They stated most programs will be in the summer and fall.

Dr. Hoess asked Gatehouse to provide the number of people served rather than a percentage. They stated they have 35 people enrolled which is more than originally planned. They stated they help over 300 women per year. Additional discussion included where community houses are located, how they support individuals who work, the average length of stay and repeat stays. Dr. Vavilala asked if they have alternate revenue streams, they state they receive donations and client fees. They stated they have two men's homes in addition to the women's homes.

Dr. Hoess noted that Safe Coalition is asking for \$2000 more than they did in the first 6 months of the year.

Dr. McCullough asked Prenatal Well how they get clients. They stated through social media, flyers and hospitals. Board member Patel asked if clients are under a physician's care. They stated most are and they have connected 16 women to care with referrals. Dr. Gopal, with the Safe Coalition, spoke up and stated her program works with Prenatal Well helping their clients access care. Dr. Vavilala asked if the work with patients who are uninsured, they stated they helped 13 clients obtain insurance. Lastly, board member Patel asked if patients are from Indiana, they stated 100% of the patients are Indiana residents.



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Renewal of all contracts

Phillip Golden motion to approve, Dean Button 2nd - Motion Passes, all in favor

b. 2027 Budget

Dean Button motion to approve, Dr. Hoess 2nd - Motion Passes, all in favor.

c. Board Per Diem

Discussion regarding the need for increased board member per diem due to increased workload due to HFI sub award grants and oversight. Members were split on the need to increase the per diem amount and asked for an updated comparison of Indiana counties.

Phillip Golden motion to table the vote, Dr. McCullough 2nd - Motion Passes, all in favor

d. Education Director and Clinical Educator Job Descriptions

Dr. Hoess motion to approve, Dorian Patel 2nd - Motion Passes, all in favor

Comments from the Board

None

Comment from the Floor

Attorney Sangvi noted the Lake County Health Department does not have authority over local zoning pertaining to data centers. She stated the Indiana Department of Environmental Management oversees environmental concerns related to data centers.

Barbara Kotelis, Hobart resident requested a public statement from the health department that a health and environmental study is required.

Patricia Corey lives on Colorado Street and has health issues. Had to shut off car's heat because the dust is coming into the car making it difficult for her to breath. The dust is caused by the construction of the data center. She was told by well companies that the area wells "would not make it" because there are not enough lakes in the area.

A resident stated she is a severe asthmatic and is affected from the construction site 2 miles away. The dust is on her car and home. She requests a health impact study.



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Dana Tregger is near the data center site and feels like a high industrial site does not belong near her home. She moved there to be in nature. She would like a health impact study.

Alena Strowman of the Eagle Creek subdivision across from the data center location. This is affecting her mentally and emotionally. Many people in the subdivision has autism. Many families are affected by this and have no option to leave. Her outdoor tables and chairs have dust all over them. She stated her grandkids won't come over with all the dust.

Michelle, Hobart resident, is requesting an environmental health impact study. Wants testing to be done.

Dr. McCullough, Board of Health member, would like the board to put out a statement. She lives in the area and experiences the dust problems.

Upcoming Board of Health Meeting Dates:

Sept. 2, 2026
Nov. 4, 2026

Adjournment: Board member Button motion to adjourn, all in favor.

Next Meeting: September 2, 2026 at 7:30am at Lake County Government Center Auditorium Room B-103 or B-109

APPENDIX A:

Resolution 1 of 15

To: Lake County Health Department
From: The LCHD HFI Program – Health Officer: D. Chandana Vavilala
Subject: HFI Contract from **Community Advocates of Northwest Indiana (CANI): LUV MOMs**

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

The program requires a total of \$20,387.89, with one (1) payments of \$20,387.89 each. The Schedule is as follows:

Payment #	Due Date	Description	Amount
1	No later than 45 days after this Contract is signed.	Payment for the first 20 attendees	\$20,387.89

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The program cost breakdown is as follows:

Item Description	Price	Quantity	Total
Part-Time Doulas (2) @ \$1500/birth	\$1500/birth	Doula service, laboring/birthing accompaniment for 15 Moms including 2 pre/post-natal visits	\$13,000
Community Health Workers	\$360/Mom * 15 Moms	Supporting Doula with expectant parent support for 15 Moms	\$5400
Community Baby Showers (supplies, venue, food, gifts)	\$618.25/shower	(1) Showers with Food, Educator, gifts (each expectant parent at the shower gets a gift choice: bassinet for safe sleep, 102 disposable diapers, or bouncy chair)	\$618.25
Indirect Administrative Costs	\$342.41/month	4 mos.	\$1369.64
Total Amount			\$20,387.89

The full contract is attached at the end of this Agenda.

MOTION

I move to approve the LCHD Board of Health request to approve the CANI LUV MOMs 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 _____ Motion
 Board Member _____ Second
 Board Member _____ (Yes/ No)
 Board Member _____ (Yes/ No)
 Board Member _____ (Yes/ No)

* Need five (5) votes for a quorum.

Resolution 2 of 15

To: Lake County Health Department

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

Subject: HFI Contract from **Community Advocates of Northwest Indiana (CANI): Stronger Together**

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

Chronic Disease Prevention: Preventing and reducing cardiovascular disease and chronic diseases.

The program has rollover funds of \$31,483.33 and is requesting reapproval of those funds from the Board of Health.

Payment #	Due Date	Description	Amount
1	No later than 45 days after this Contract is signed.	Payment for the first 20 attendees	\$0.00

The program breakdown is as follows:

Item Description	Price	Quantity	Total
Personnel Program Coordinator – manages program operations, partnerships, and reporting	\$10733.33/Facilitator	1	\$10,733.33
Community Health Workers (CHWs) – provide outreach, education, screening, referral, and follow-up services, handles referrals to Baby & Me Tobacco Free, prenatal care, WIC, and support services, scheduling, documentation, communications	\$25/hr*3hrs/week*16 wks	2 CHWs	\$1800
Facilitators/Instructors – deliver “Eat Healthy, Be Active”; “Baby & Me Tobacco Free” workshops and school-based lessons	\$275/session*3sessions/mon*6Months=*4950	3 Facilitators	\$4950
Student Participation Incentives and	\$10/item	500 items	\$2500

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Promotional Materials (Posters, buttons, signage, gift cards, T Shirts, and giveaways)			
Marketing & Outreach – Flyer Design & Printing (\$0.50/flyer), Educational Pamphlets (\$1.50/pamphlet)	Flyer Design & Printing (\$0.50/flyer), Educational Pamphlets (\$1.50/pamphlet),	1041 flyers, 200 pamphlets	\$3000
Admin salaries, employer taxes, rent, utilities, office supplies, insurance, legal fees, and accounting services	Various	1	\$6000
Total Amount			\$0.00

The full contract is attached at the end of this Agenda.

MOTION

I move to approve the LCHD Board of Health request to approve the CANI 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 _____ Motion
Board Member _____ Second
Board Member _____ (Yes/ No)
Board Member _____ (Yes/ No)
Board Member _____ (Yes/ No)

Resolution 3 of 15

To: Lake County Health Department

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

Subject: HFI Contract from **For the Love of Arts, Inc: Shine Recovery Café**

This motion comes before the LCHD Board of Health regarding funding for the HFI initiative. This contract addresses the specific KPOs for Trauma and Injury Prevention. Preventing harm due to injury and substance use and facilitating access to trauma care.

Chronic Disease Prevention: Preventing and reducing cardiovascular disease and chronic diseases.

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The program requires a total of \$72,000.00, with one (1) payment of \$ 72,000.00 each. The Schedule is as follows:

Payment #	Due Date	Description	Amount
1	No later than 45 days after this Contract is signed.	Payment for the first 20 attendees	\$72,000.00

The program breakdown is as follows:

Item Description	Price	Quantity	Total
Program Coordinator	\$20	1.0FTE	\$20,800
Certified Peer Recovery Coaches	\$16.00	3x.5FTE	\$24,960
Fringe Benefits	-	.15 x wages	\$6,864
Program Supplies	\$1200	6 months	\$7,200
Outreach & Harm Reduction Supplies	\$500	6 months	\$3,000
Transportation Cost	\$438	6 months	\$2,630
Overhead Expenses	10%	6 months	\$6,546
Total Amount			\$72,000

The full contract is attached at the end of this Agenda.

MOTION

I move to approve the LCHD Board of Health request to approve the 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 _____ Motion
 Board Member _____ Second
 Board Member _____ (Yes/ No)
 Board Member _____ (Yes/ No)
 Board Member _____ (Yes/ No)

Resolution 4 of 15

To: Lake County Health Department

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

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Subject: HFI Contract from **Crown Point Fire Department: Mobile Integrated Health (MIH) Community Paramedicine (CP) & Community Risk Reduction (CRR)**

This motion comes before the LCHD Board of Health regarding funding for the HFI initiative. This contract addresses the specific KPOs for Trauma and Injury Prevention. Preventing harm due to injury and substance use and facilitating access to trauma care.

Chronic Disease Prevention: Preventing and reducing cardiovascular disease and chronic diseases.

Maternal and Child Health Services focus on the health and well-being of mothers, children, and families, including prenatal care.

Access and Linkage to Care: Facilitating access to essential healthcare services for all members of the community.

Immunizations: Providing vaccinations to children and adults to prevent the spread of infectious diseases.

The program has rollover funds totaling \$166,133.35 and is requesting reapproval from the Board of Health.

Payment #	Due Date	Description	Amount
1	No later than 45 days after this Contract is signed.	<i>Payments already disbursed.</i>	\$0.00

The program breakdown is as follows:

Item Description	Total
Stop the Bleed	\$10,000
Safe Sitter	\$6,000
CPR Training	\$22,400
Home Safety Surveys	\$7,000
Fire Prevention	\$5,000
Child Passenger Safety	\$17,400
MIH / CP	\$166,133.25

The full contract is attached at the end of this Agenda.

MOTION

I move to approve the LCHD Board of Health request to approve the Crown Point Fire Department (MIH) (CP) & (CRR) 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 _____ Motion

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

Resolution 5 of 15

To: Lake County Health Department

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

Subject: HFI Contract from **St. Jude House: Maternal and Child Health for Survivors at St. Jude House**

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

The program has rollover funds of \$80,370.00 and is requesting reapproval of funds by the Board of Health.

Payment #	Due Date	Description	Amount
1	No later than 45 days after this Contract is signed.	P	\$0.00

The program breakdown is as follows:

Item Description	Price	Quantity	Total
Parent Child Curriculum (Contract Subscription)	\$1500.00	1	\$1500.00
License Mental Health Practitioner	\$33,640.00	1	\$33640.00
Mental Health Practitioner Benefits	\$7065.00	1	\$7065.00
Training and Staff Education	\$10,000.00	1	\$10,000.00
Administrative Support and Oversight	\$4000.00	1	\$4000.00
Maternal and Child Health Program Staff	\$14,165.00	1	\$14,165.00
Support for Childcare Expenses for Families preparing to exit shelter	8000	Varies	8000
Books, Educational Materials, Comfort Items (blankets/pillows), Therapeutic Activities: Journals/Writing Materials, Music, Painting, Yoga Mats	\$2000	Varies	\$2000
Total Amount			\$80,370.00

The full contract is attached at the end of this Agenda.

MOTION

I move to approve the LCHD Board of Health request to approve the Maternal and Child Health for Survivors at St. Jude House Program for funding presented by the LCHD's HFI program, by Health Officer,

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Dr. Chandana Vavilala, and recommend the contract be brought to the Lake County Commissioners for funding.

ROLL CALL

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

Resolution 6 of 15

To: Lake County Health Department

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

Subject: HFI Contract from **Gatehouse Hammond Maternal and Child Health**

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

The program requires a total of \$ 25,000, paid in one (1) payment of \$25,000.00. The Schedule is as follows:

Payment #	Due Date	Description	Amount
1	No later than 45 days after this Contract is signed.	1 st quarter and startup fees	\$25,000.00



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The program cost breakdown is as follows:

Item Description	Price	Quantity	Total
Tampons	\$5,000	6 months, 50 women	\$2,5000
Feminine napkins	\$2,000	6 months, 50 women	\$1,000
Speaker: Sex. Ed.	\$100/week	2 weeks	\$200
Speaker: STD Info	\$100/week	2 weeks	\$200
Speaker: SUD effects on pregnancy and baby	\$100/week	2 weeks	\$200
Car usage for dr. apps., 12 Step Meetings, Grocery store	\$68/ week	40 hours per 26 week: <u>gas ins., maintenance</u>	\$1,750
Facilitator/ Driver	\$15/hr	30 hours per 26 <u>week</u>	\$11,700
Food	\$5,410 (2024 <u>pnl</u>)	Double for 6 months to purchase whole foods and vegetables	\$5,150
Food and diapers for babies	\$44/week	Two babies for 6 months	\$2,300
Total Amount			\$25,000.00

The full contract is attached at the end of this Agenda.

MOTION

I move to approve the LCHD Board of Health request to approve the Gatehouse Hammond Maternal and Child 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.

ROLL CALL

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

Resolution 7 of 15

To: Lake County Health Department

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

Subject: HFI Contract from Gatehouse Hammond: Autos for Access

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This motion comes before the LCHD Board of Health regarding funding for the HFI initiative. This contract addresses the specific KPOs for Access and Linkage to Care. Facilitating access to essential healthcare services for all members of the community.

The program requires a total of \$ 25,000, paid in one (1) payment of \$25,000.00. The Schedule is as follows:

Payment #	Due Date	Description	Amount
1	No later than 45 days after this Contract is signed.	Payment for the first 20 attendees	\$25,000.00

The program cost breakdown is as follows:

Item Description	Price	Quantity	Total
Program Participant Manual	\$10.00	50 participants	\$500.00
Car Insurance	\$150.00 per month	5 cars for 6 months	\$4,500.00
Fuel	\$800.00 per month	5 cars for 6 months	\$4,500.00
Tolls	\$50.00 per month	5 cars for six months	\$300.00
Vehicle Maintenance	\$200.00 per month	5 cars for six months	\$1,200.00
Purchase of Used Cars	\$2,800	2 cars	\$2,800
Driver	\$15.00 per hour	For 26 weeks: Doctor appointments 3 rides for 3 hours = 9hours 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	\$11,7400
Total Amount			\$25,000.00

The full contract is attached at the end of this Agenda.

MOTION

I move to approve the LCHD Board of Health request to approve the Gatehouse Hammond: 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 Member _____ Motion
 Board Member _____ Second
 Board Member _____ (Yes/ No)
 Board Member _____ (Yes/ No)
 Board Member _____ (Yes/ No)

Resolution 8 of 15

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To: Lake County Health Department
From: The LCHD HFI Program – Health Officer: D. Chandana Vavilala
Subject: HFI Contract from **Gatehouse Hammond: Sober Life, Healthy Life**

This motion comes before the LCHD Board of Health regarding funding for the HFI initiative. This contract addresses the specific KPOs for Trauma and Injury Prevention. Preventing harm due to injury and substance use and facilitating access to trauma care.

Chronic Disease Prevention. Preventing and reducing cardiovascular disease chronic diseases.

The program requires a total of \$ 25,000, paid in one (1) payment of \$25,000.00. The Schedule is as follows:

Payment #	Due Date	Description	Amount
1	No later than 45 days after this Contract is signed.	Payment for the first 20 attendees	\$12,500.00
2	4 months after Payment #1	Payment for the next 20 attendees	\$12,500.00

The program cost breakdown is as follows:

Item Description	Price	Quantity	Total
Recovery Coach	\$30	10 hrs/week 26 weeks	\$7,800
Driver/Facilitator	\$15	15 hrs/week for 26 weeks	\$5,850
Speaker: Chronic disease – Side effects and management	\$100	2 sessions	\$200
Speaker: Effect of Processed Food on Chronic Disease	\$100	2 sessions	\$200
Speaker: Effect of Healthy Food on Chronic Disease	\$100	2 sessions	\$200
Speaker: Healthy Lifestyle Planning: Managing Chronic Disease	\$100	2 sessions	\$200
Increased Food Budget	\$15/week	28 Residents 26 weeks	\$10,550
Total Amount	\$25,000.00		\$25,000

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MOTION

I move to approve the LCHD Board of Health request to approve the Gatehouse Hammond: Sober Living, 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 Member _____ Motion
Board Member _____ Second
Board Member _____ (Yes/ No)
Board Member _____ (Yes/ No)
Board Member _____ (Yes/ No)

Resolution 9 of 15

To: Lake County Health Department

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

Subject: HFI Contract from **Gatehouse Hammond: Sober Life for Women**

This motion comes before the LCHD Board of Health regarding funding for the HFI initiative. This contract addresses the specific KPOs for Trauma and Injury Prevention. Preventing harm due to injury and substance use and facilitating access to trauma care.

The program requires a total of \$ 25,000, paid in one (1) payment of \$25,000.00. The Schedule is as follows:

Payment #	Due Date	Description	Amount
1	No later than 45 days after this Contract is signed.	Payment for the first 20 attendees	\$25,000.00

The program cost breakdown is as follows:

Item Description	Price	Quantity	Total
Big Book	\$24	60 copies	\$1,440
12 and 12 Book	\$13	60 copies	\$780
12 Step Workbook	\$20	60 copies	\$1,200
Moral Reconation Therapy (MRT) Instruction Kit	\$140		\$70
MRT Facilitator “Parenting And Family Values”	\$100/week	8 week, 20 residents	\$800

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MRT Materials “Parenting and Family Values”	\$800	Pack of 50	\$400
MRT Facilitator “Untangling Relationships”	\$100/week	8 weeks 20 residents	\$800
MRE Materials “Untangling Relationships”	\$550	Pack of 25	\$275
MRT Facilitator “Staying Quit”	\$100/week	8 weeks 20 residents	\$800
MRT Material “Staying Quit”	\$550	Pack of 25	\$275
MRT Facilitator “Coping with Anger”	\$100/week	8 weeks, 20 residents	\$800
MRT Materials “Coping with Anger”	\$550	Pack of 25	\$275
MRT Tax on materials	\$280		\$140
Breathalyzers	\$85	4 per half year	\$340
Breathalyzer mouthpiece	\$50/week	50 residents per week for 6 months	\$1,300
Drug Tests	\$290/month	36 residents tested per month for six months	\$5,220
Bedding sets: sheets sets, pillows, mattress covers, blanket	\$210	13 residents’ bedding	\$2,730
Bath kit: towels, washcloths, hand towels, bath mats	\$70	13 residents	\$910
Echo alarm clock	\$70	13 Residents	\$910
Phone/Internet	\$690/mo	6 months 26 residents	\$4,140
Grocery bill increase by 40% to include whole foods and vegetables	\$232.5/mo	6 months 26 residents	\$1,395
Total Amount			\$25,000.00

The full contract is attached at the end of this Agenda.

MOTION

I move to approve the LCHD Board of Health request to approve the Gatehouse Hammond: 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 _____ Motion
Board Member _____ Second
Board Member _____ (Yes/ No)
Board Member _____ (Yes/ No)
Board Member _____ (Yes/ No)

Resolution 10 of 15

To: Lake County Health Department

Together
**FOR A HEALTHIER
LAKE COUNTY**



Lake County Health Department

Chandana Vavilala, M.D.
Health Officer

2900 West 93rd Avenue
Crown Point, Indiana 46307

(219) 755-3655 / (219) 755-3656
(219) 755-3657

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

Subject: HFI Contract from **School City of Hobart Brickies from the Start: Healthy Hobart**

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

Immunizations. Providing vaccinations to children and adults to prevent the spread of infectious diseases.

The program requires a total of \$26,725.68, minus rollover funds of \$ 2,000.00. Amount to be paid in one (1) payment of \$24,354.68. The Schedule is as follows:

Payment #	Due Date	Description	Amount
1	No later than 45 days after this Contract is signed.	Payment for the first 20 attendees	\$24,354.68

The program cost breakdown is as follows:

Item Description	Price	Quantity	Total
Incentives	\$5.00	400 participants	\$1,000.00
Flyers, Signs, Color ink, other promotional materials and event costs and event tent (\$2,000 in rollover funds)	Various	125 signs, color printer ink, promotional materials	\$4,500.00
Home Visit Staff -\$19/hr x 10 hours x 22	\$20.46/hour + FICA	400 hours of home visitation	\$4501.20
Administrative one-time In-direct costs	\$2,000.00	1 time only	\$2,000.00
Screening consumables and 5 school physicals			\$850.00
Childcare staffing for Parent Workshops \$15.00/hr x 54 hours			\$810.00
parent education and cafe, playroom implementation staffing - \$20.46/hr +FICA x 29 x 22			\$8,552.28
Vaccination and screening clinic organization, promotion and implementation staff \$19.00/hr. x 20 hours			\$4,501.20
Total Amount			\$26,725.68

The full contract is attached at the end of this Agenda.

Together
**FOR A HEALTHIER
LAKE COUNTY**



Lake County Health Department

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Health Officer

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MOTION

I move to approve the LCHD Board of Health request to approve 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>Motion</u>
Board Member _____	<u>Second</u>
Board Member _____	<u>(Yes/ No)</u>
Board Member _____	<u>(Yes/ No)</u>
Board Member _____	<u>(Yes/ No)</u>

Resolution 11 of 15

To: Lake County Health Department

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

Subject: HFI Contract from **Safe Coalition for Human Rights: A Better Way for Wellness and Safety**

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

Trauma and Injury Prevention. Preventing harm due to injury and substance use and facilitating access to trauma care.

Access and Linkage to Clinical Care. Facilitating access to essential healthcare services for all members of the community.

The program requires a total of \$ 17,000.00, paid in one (1) payment of \$17,00.00 The Schedule is as follows:

Payment #	Due Date	Description	Amount
1	No later than 45 days after this Contract is signed.	Payment for the first 20 attendees	\$17,000.00

The program cost breakdown is as follows:

Item Description	Price	Quantity	Total
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Together
**FOR A HEALTHIER
LAKE COUNTY**



Lake County Health Department

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Highly experienced Driver for ADA Accessible large 15-passenger Van (\$30 per hour) – reduced price from \$55 given high risk rescue/transportation and for activities. Main driver has worked for residential Family services for 10 years)	\$7,000	1	\$7,000
Costs attached to used transportation related repairs, comprehensive shelter insurance coverage of shelter staff, oil change, tires, and brakes checks, paid driver coverage, upgrades, warranty (see attachments)	\$10,000	1	\$10,000
Total Amount			\$17,000

The full contract is attached at the end of this Agenda.

MOTION

I move to approve the LCHD Board of Health request to approve the A Better Way for 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 _____ Motion
Board Member _____ Second
Board Member _____ (Yes/ No)
Board Member _____ (Yes/ No)
Board Member _____ (Yes/ No)

Resolution 12 of 15

To: Lake County Health Department

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

Subject: HFI Contract from **Hope Alliance: Bridge to Hope: Harm Reduction in Action**

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

Trauma and Injury Prevention. Preventing harm due to injury and substance use and facilitating access to trauma care.

Together
**FOR A HEALTHIER
LAKE COUNTY**



Lake County Health Department

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Infectious Disease Prevention and Control. Monitoring and managing the spread of diseases within a community.

The program requires a total of \$ 100,000.00, split in two (2) payment of \$50,00.00 The Schedule is as follows:

Payment #	Due Date	Description	Amount
1	No later than 45 days after this Contract is signed.	Payment for the first 20 attendees	\$50,000.00
2	3 months after the first payment	Payment for the second half	\$50,000.00

The program cost breakdown is as follows:

Item Description	Price	Quantity	Total
Staff Salary & Fringe: Program Coordinator Salary \$13,940 Fringe \$3,060	\$17,000	6 Months	\$17,000
Staff Salary & Fringe: Program Director Salary \$18,040 Fringe \$3,960	\$22,000	6 Months	\$22,000
Contracted Services: outreach workers	\$37,500	6 Months	\$37,500
Contracted Service: Accountant (financial tracking, bookkeeping, compliance reporting, and grant fund management)	\$2,200	6 Months	\$2,200
Harm Reduction Supplies	\$10,000	6 Months	\$10,000
Mileage Reimbursement	\$1,600	6 Months	\$1,600
Phones & Communication	\$1,800	6 Months	\$1,800
General Office/ Administrative Supplies	\$1,250	6 Months	\$1,250
Program Infrastructure and Operational Support	\$4,150	6 Months	\$4,150
Resource Materials (Printed resource guides, flyers, Brochures, cards)	\$1,500	6 Months	\$1,500
Travel/ Training Events Overdose lifeline/ Harm reduction	\$1000	6 Months	\$1000
Total Amount			100,000

The full contract is attached at the end of this Agenda.

MOTION

Together
**FOR A HEALTHIER
LAKE COUNTY**



Lake County Health Department

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Health Officer

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I move to approve the LCHD Board of Health request to approve the Hope Alliance: Bridge to Hope: Harm Reduction in Action 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 _____	Motion
Board Member _____	Second
Board Member _____	(Yes/ No)
Board Member _____	(Yes/ No)
Board Member _____	(Yes/ No)

Resolution 13 of 15

To: Lake County Health Department

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

Subject: HFI Contract from **Early Connect: Community-Based Prenatal Safety Net Program**

This motion comes before the LCHD Board of Health regarding funding for the HFI initiative. This contract addresses the specific KPOs for Maternal and Child Health. Services focused on the health and well-being of mothers, children, and families, including prenatal care.
Trauma and Injury Prevention. Preventing harm due to injury and substance use and facilitating access to trauma care.

Chronic Disease Prevention. Preventing and reducing cardiovascular disease, a chronic disease Access and Linkage to Clinical Care. Facilitating access to essential healthcare services for all members of the community.

The program requires a total of \$ 68,720.98, of which \$68,720.98 is rollover funds. Requesting approval for rollover funds. The Schedule is as follows:

Payment #	Due Date	Description	Amount
1	No later than 45 days after this Contract is signed.	Payment disbursed.	\$0.00

The program cost breakdown is as follows:

Item Description	Price	Quantity	Total
Program Administrator (1)	\$8,500.00	1	\$8500.00
Junior Program Administrator/Adm	\$5000.00	1	\$5,000.00
Asst.	\$5000.00	1	\$5000.00
Case Worker	\$5000.00	1	\$5000.00
Total	\$18,500.00		\$18,500.00

Together
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LAKE COUNTY**



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Communications and Marketing Services	Price	Quantity	Total
Materials & Promotions, flyers, brochures, partner resources	\$750.00	Variable-100 participants	\$750.00
Social Media	\$500.00	Variable	\$500.00
Email	\$75.00	One-time	\$0
Media Relations	\$150.00	Variable	\$150.00
Partner Training & Outreach, Onboarding for clinics, EDs, Urgent Care Sites	\$750.00	One time	\$0
Community Outreach	\$250.00	Variable	\$250.00
Total			\$1650.00
Professional Services	Price	Quantity	Total
Nutrition Program (food boxes and Nutrition Educator)	#11,400.00	#38	\$11,400.00
Nutrition Educator	\$2,250.00	One-time cost	\$2,250.00
Accounting Audit	\$0	One-time cost	\$0
Tax Prep	\$0	One-time cost	\$0
Data Analyst Consultant	\$0	\$5000	\$5000.00
Total			\$15,050.00
Indirect Costs			
Insurance	\$275.00	Annual	\$275.00
Transportation (Uber Cards, ect.)	\$3,375.00	Variable #35 participants per month	\$3375.00
IT and Equipment	\$0	Variable	\$0
Telehealth Platform	\$1500.00	1 Platform	\$1500.00
Tablets/Phones for Outreach Staff, Technology for remote check-ins	\$0	Variable	\$0
Data Collection Tools	\$1275.00	1 platform	\$1275.00
Financial Software & Payroll	\$647.00	2 platforms	\$647.00
Rent/Utilities	\$6325.00	Variable	\$6325.00
Office Supplies	\$575.00	Variable	\$575.00
Total			\$13,972.00
Contract Total			\$0.00

The full contract is attached at the end of this Agenda

MOTION

I move to approve the LCHD Board of Health request to approve the Early Connect: Community-Based Prenatal Safety Net Program for funding presented by the LCHD's HFI program, by Health Officer, Dr.

Together
**FOR A HEALTHIER
LAKE COUNTY**



Lake County Health Department

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Chandana Vavilala, and recommend the contract be brought to the Lake County Commissioners for funding.

ROLL CALL

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

Resolution 14 of 15

To: Lake County Health Department

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

Subject: HFI Contract from **The Methodist Hospitals, Inc. STAR (Sexual, Trauma, Awareness and Recovery)**

This motion comes before the LCHD Board of Health regarding funding for the HFI initiative. This contract addresses the specific KPOs for Trauma and Injury Prevention. Preventing harm due to injury and substance use and facilitating access to trauma care.

The program requires a total of \$22,075.00, minus \$ 3,120.00 in rollover funds. The requested funding amount is \$18,955.00, with one (1) payment of \$ 18,955.00. The Schedule is as follows:

Payment #	Due Date	Description	Amount
1	No later than 45 days after this Contract is signed.	Last Remaining Program Payment of Contract Term through December 31, 2026.	\$18,955.00

The program cost breakdown is as follows:

Item Description	Price	Quantity	Total
Full-time Forensic Nurse Examiner (FNE)	\$16,955	1	\$ 16,955
Full-time Forensic Nurse Examiner- Fringe Benefits (c. 16 %)	\$3,120	1	\$ 1,500

Together
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Community Education/Training Materials for 12 Sessions	\$1,500	12 sessions	\$ 1,500
Transportation Costs to Ensure Patient Access and Safety	variable	Per occurrence of need	\$ 500
Total Amount			\$ 22,075.00

The full contract is attached at the end of this Agenda.

MOTION

I move to approve the LCHD Board of Health request to approve the STAR Center (Sexual Trauma Awareness & Recovery Center) 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 _____ Motion
 Board Member _____ Second
 Board Member _____ (Yes/ No)
 Board Member _____ (Yes/ No)
 Board Member _____ (Yes/ No)

* Need five (5) votes for a quorum.

Resolution 15 of 15

To: Lake County Health Department

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

Subject: HFI Contract from **The Methodist Hospitals, Inc. Maternal and Child Health**

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

The program requires a total of \$26,750.00, with one (1) payment of \$ 26,750.00. The Schedule is as follows:

Payment #	Due Date	Description	Amount
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Together
**FOR A HEALTHIER
LAKE COUNTY**



Lake County Health Department

Chandana Vavilala, M.D.
Health Officer

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1	No later than 45 days after this Contract is signed.	Last Remaining Program Payment of Contract Term through December 31, 2026.	\$26,750.00
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The program cost breakdown is as follows:

Item Description	Price	Quantity	Total
Full-time Lactation Specialist	\$ 16,065	1	\$ 16,065
Full-time Lactation Specialist - Fringe Benefits (c. 16 %)	\$ 3,060	1	\$ 3,060
Breast Pumps for underinsured and uninsured new mothers	\$ 125	7.5	\$ 937.50
Breast pump supply bundles (e.g., milk storage bags, collection cups, bottle cap adapters, etc.)	\$ 75	7.5	\$ 562.50
Lactation and Safe Sleep educational and resource materials	\$ 1,000	Estimate 175 pkts (Based on 2024 Southlake deliveries)	\$ 1,000.00
Safe Sleep supplies - sleep sacks	\$ 25	175 (Based on 2024 Southlake deliveries)	\$ 4,375.00
Community Baby Shower expansion to include additional community-based organizations providing breast feeding support (e.g. space rental, signage, table set-ups, etc.)	\$ 750.00	1 - Annual Community Baby Shower for Southlake	\$ 750.00
Total Amount			\$ 26,750.00

The full contract is attached at the end of this Agenda.

MOTION

I move to approve the LCHD Board of Health request to approve the Methodist Hospitals, Inc./ South Maternal and Infant Care Center 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 _____ Motion
 Board Member _____ Second
 Board Member _____ (Yes/ No)
 Board Member _____ (Yes/ No)
 Board Member _____ (Yes/ No)

Together
**FOR A HEALTHIER
LAKE COUNTY**



Lake County Health Department

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* Need five (5) votes for a quorum.

Together
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LAKE COUNTY