

AGENDA

WILL COUNTY BOARD OF HEALTH MEETING

Will County Health Department

via TELECONFERENCE – TEAMS APP

1- 708-566-6764 Phone / Conference ID 165 973 511#

NOVEMBER 17, 2021 – 3:00PM

DUE TO THE COVID-19 PANDEMIC, THE GOVERNOR'S RECENT DISASTER PROCLAMATION, THE NUMBER OF COVID-19 CASES IN WILL COUNTY, AND THE CDC GUIDELINES REGARDING COVID-19, IT IS DETERMINED BY THE PRESIDENT OF THE WILL COUNTY BOARD OF HEALTH THAT IN-PERSON MEETINGS ARE NOT PRACTICAL NOR PRUDENT. THEREFORE, THIS MEETINGS OF THE WILL COUNTY BOARD OF HEALTH SHALL BE HELD VIA VIDEO AND/OR AUDIO UNTIL FURTHER NOTICE. THIS MEETING WILL BE HELD VIA VIDEOCONFERENCE/TELEPHONICALLY THROUGH THE MICROSOFT TEAMS EVENTS PLATFORM. WILL COUNTY BOARD OF HEALTH MEMBERS WILL BE ATTENDING THE MEETING REMOTELY AND THE GENERAL PUBLIC IS STRONGLY ENCOURAGED TO DO THE SAME. PLEASE GO TO WWW.WILLCOUNTYHEALTH.ORG – NEWS AND EVENTS FOR A LINK TO ATTEND THE MEETING VIA MICROSOFT TEAMS.

MISSION STATEMENT: *To prevent disease and promote a healthier environment for all residents, business operators and visitors. Our agency of professionally trained staff work cohesively to assure public health and safety measures are maintained through services and programs the department provides based on the needs of the community.*

VISION STATEMENT: *Deliver sustainable programs and policies in response to the public health needs of the community.*

CORE VALUES: *Respect, Integrity, Professionalism, Quality, and Dedication.*

- I. Call to Order/Roll Call.....3:00p.m.
- II. Pledge of Allegiance to the Flag
- III. President's Comments
- IV. Executive Director's Comments
- V. Public Comment for Agenda Items Only – **Discussion**
- VI. Approval of Minutes
October 20, 2021 Regular Session – **Motion**
- VII. Treasurer's Report & Department Financial Reports
October 31, 2021 – **Motion**
- VIII. Reports from Divisions
Division Statistical Reports – **Discussion**
- IX. Old Business
 1. COVID-19 Response (CJ) – **Update**
 2. Equity Progress Report (VV) – **Update**
- X. New Business
 - a. Resolution #21-76 Surplus of Equipment (ADM) – **Motion**
 - b. Resolution #21-77 The Fource Media Activities for Vaccination Clinics & COVID-19 Pandemic Response (ADM) – **Motion**
 - c. Resolution #21-78 Purchase HP MSA 2050 Storage Area Network (SAN) Enclosure (ADM) – **Motion**
 - d. Resolution #21-79 Renew and Upgrade Citrix Service and License Subscription for Remote Application and Desktop Services (ADM) – **Motion**
 - e. Resolution #21-80 Renew Cisco Smartnet Equipment Maintenance Agreement for Cisco Network Equipment (ADM) – **Motion**
 - f. Resolution #21-81 HP Server Purchase for Microsoft Hyper-V Infrastructure (ADM) – **Motion**
 - g. Resolution #21-82 OB Conversion RFP (CHC) – **Motion**



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h. Request to Close Offices Saturday December 25, 2021 & January 1, 2022 (ED) – Motion

i. Annual Performance Evaluation for Executive Director (ED) – Discussion

j. Federal Vaccination Mandates (ED) – Information

XI. Executive Session re: Employment/ Legal Matters – **Motion & Roll Call**

XII. Board Approval of Personnel Status Report – **Motion**

XIII. Board Members' Concerns and Comments – **Discussion**

XIV. Public General Comments and Concerns – **Discussion**

XV. Adjournment – **Motion**



**WILL COUNTY HEALTH DEPARTMENT
BOH REGULAR MEETING MINUTES
OCTOBER 20, 2021**

DUE TO THE COVID-19 PANDEMIC, THE GOVERNOR'S RECENT DISASTER PROCLAMATION, THE NUMBER OF COVID-19 CASES IN WILL COUNTY, AND THE CDC GUIDELINES REGARDING COVID-19, IT IS DETERMINED BY THE PRESIDENT OF THE WILL COUNTY BOARD OF HEALTH THAT IN-PERSON MEETINGS ARE NOT PRACTICAL NOR PRUDENT. THEREFORE, THIS MEETINGS OF THE WILL COUNTY BOARD OF HEALTH SHALL BE HELD VIA VIDEO AND/OR AUDIO UNTIL FURTHER NOTICE. THIS MEETING WILL BE HELD VIA VIDEOCONFERENCE/TELEPHONICALLY THROUGH THE MICROSOFT TEAMS EVENTS PLATFORM. WILL COUNTY BOARD OF HEALTH MEMBERS WILL BE ATTENDING THE MEETING REMOTELY AND THE GENERAL PUBLIC IS STRONGLY ENCOURAGED TO DO THE SAME. PLEASE GO TO WWW.WILLCOUNTYHEALTH.ORG – NEWS AND EVENTS FOR A LINK TO ATTEND THE MEETING VIA MICROSOFT TEAMS.

The monthly meeting of the Board of Health held via virtual conference call was called to order at 3:00 p.m., Mr. Zelko, President presiding.

ROLL CALL/ QUORUM PRESENT

MEMBERS PRESENT

James Zelko, President
Billie Terrell, PhD., Vice President
John Cicero, Secretary
Chief Paul Hertzmann
Gary Lipinski, M.D.
Teena Mackey
Silvio Morales, M.D.
Annette Parker
George Pitsilos, M.D.
Nanci Reiland, DNP
Scott Soderquist, D.D.S.
Margaret Tyson

MEMBERS ABSENT – NONE

STAFF PRESENT

Susan Olenek, Executive Director, Administration
Elizabeth Bilotta, Assistant Executive Director, Administration
Stephanie Baskin Executive Assistant, Administration
Vinita Voss, Vaccine Equity Manager, Administration
Charles Flood, Compliance Officer, Administration
Joseph Troiani, Division Director, Behavioral Health
Mary Maragos, CEO, Community Health Center
Jennifer Byrd, CMO, Community Health Center
Tom Casey, Division Director, Environmental Health
Georgia VanderBoegh, Division Director, Family Health Services
Cindy Jackson, Vaccine Director, Family Health Services
Kathleen Weber, Program Coordinator, EP&R

OTHERS PRESENT

Dan McGrath, Assistant State's Attorney
Marie Lindsay, Governing Council, Vice Chair
Teresa Piskur, Comptroller / Deputy Treasurer, Will County Treasurer's Office

PLEDGE OF ALLEGIANCE

PRESIDENT'S COMMENTS

Mr. Zelko welcomed everyone to the meeting.

EXECUTIVE DIRECTOR'S COMMENTS

Ms. Olenek welcomed Charles Flood, Compliance Officer. Mr. Flood introduced himself at the meeting.

PUBLIC COMMENTS FOR AGENDA ITEMS ONLY – NONE

APPROVAL OF BOARD OF HEALTH MINUTES

Moved to approve the September 15, 2021 Regular meeting minutes as presented.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Mr. Cicero
SECONDER:	Dr. Terrell
AYES:	Mr. Zelko, Dr. Terrell, Mr. Cicero, Chief Hertzmann, Dr. Lipinski, Dr. Morales, Dr. Pitsilos, Ms. Mackey, Ms. Parker, Dr. Reiland, Dr. Soderquist, Ms. Tyson

TREASURER'S REPORT AND DEPARTMENT FINANCIAL REPORTS

Ms. Bilotta provided a detailed explanation of the financial reports including revenue, expenditure, and cash reports for the month of September 30, 2021.

The Board of Health moved to approve the Treasurer's Report and Department Financial Reports for the month of September as presented.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Dr. Terrell
SECONDER:	Ms. Tyson
AYES:	Mr. Zelko, Dr. Terrell, Mr. Cicero, Chief Hertzmann, Dr. Lipinski, Dr. Morales, Dr. Pitsilos, Ms. Mackey, Ms. Parker, Dr. Reiland, Dr. Soderquist, Ms. Tyson

- ➡ Ms. Piskur provided a presentation regarding County investments and impact on the HD's fund balance. Ms. Piskur responded and fielded questions from Board members.

REPORTS FROM DIVISIONS

Reports were provided in the packet by the Chief Executive Officer, Chief Medical Officer, Division Directors, and the EP&R Program Coordinator.

Administrative Services (Presented Monthly Reports for the month of October)

Report of activities were provided in the packet for the Board's review.

Behavioral Health Programs (Presented Monthly Reports for the month of October)

Report of activities were provided in the packet for the Board's review.

Chief Executive Officer – CHC (Presented Monthly Reports for the month of October)

Report of activities were provided in the packet for the Board's review.

Chief Medical Officer – CHC (Presented Monthly Reports for the month of October)

- Report of activities were provided in the packet for the Board's review.
- ➡ Mr. Zelko inquired what kind of immunity are people acquiring after receiving the COVID vaccine versus immunity for the non-vaccinated community? Will we need to receive dose every year? Dr. Byrd provided a detailed background and understanding regarding immunity for vaccinated and non vaccinated people. Discussions ensued.

Environmental Health and Lab (Presented a Monthly Report for the month of October)

- Report of activities were provided in the packet for the Board's review.
- Mr. Casey reported IDPH issued a press release indicating a 55 year old female resident passed from West Nile. Mr. Casey also provided up-to-date West Nile updates.

- ✚ Mr. Zelko encouraged Mr. Casey to reach out and work with a newly formed group regarding opportunities to collaborate with the Restaurant Association or similar group for Will County.
- ✚ Mr. Cicero inquired about the laboratory testing facility in the Village of Plainfield that resulted in a boil order. Mr. Casey noted that was due to a staff / human error.
- ✚ Dr. Terrell inquired about the bat population increase for Will County? Mr. Casey noted EH has not looked into that issue as of yet.

Family Health Services – (Presented Monthly Reports for the month of October)

- Reports of activities were provided in the packet for the Board's review.
- Ms. VanderBoegh added in addition to her report, she received notice from DHS the WIC waiver for not requiring regular WIC clinic visits will be in place for 25 months. The waiver has been in place since March 2020 and will extend until April 2022.

Emergency Preparedness and Response (EP&R) (Presented Monthly Reports for the month of October)

Reports of activities were provided in the packet for the Board's review.

OLD BUSINESS

COVID-19 RESPONSE

Ms. Jackson presented a Power Point (PP) slideshow regarding COVID-19 Vaccination Updates as of October 19th. The PP slideshow included: vaccines administered / total completed doses, previous pop-up clinics, social media updates, and upcoming vaccination clinics / schedules for the pediatric population. Ms. Jackson fielded and responded to questions from the Board.

EQUITY PROGRESS REPORT

Ms. Voss presented and discussed the equity and community goals, progress, partnerships, outreach, and education. Ms. Voss fielded and responded to questions from the Board.

- ✚ Mr. Zelko suggested Ms. Voss and Ms. Olenek to begin discussions regarding CBO longevity or funding timeframes. Mr. Zelko asked for talking points to be brought back to the meeting.

NEW BUSINESS

RESOLUTION #21-66 APPROPRIATION OF FY22 BUDGET

The final FY2022 budget for the General Operating Fund (2102) is balanced for revenues and expenditures. The Board of Health hereby adopts the Will County Health Department's FY2022 Operations budget appropriations.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Dr. Terrell
SECONDER:	Ms. Mackey
AYES:	Mr. Zelko, Dr. Terrell, Mr. Cicero, Chief Hertzmann, Dr. Lipinski, Dr. Morales, Dr. Pitsilos, Ms. Mackey, Ms. Parker, Dr. Reiland, Dr. Soderquist, Ms. Tyson

RESOLUTION #21-67 PURCHASE OF VIDEO CONFERENCE SYSTEM FOR WCHD COMMUNITY ROOM

The WCHD and CHC requires to purchase a Video Conference System for the HD Community Room to accommodate both in-person and virtual meetings. The Polycom Video Conference System provides capacity for virtual meetings utilizing Microsoft Teams and other virtual platforms. The Board of Health approves the purchase of the Polycom Video Conference System from CDWG not to exceed \$17,500.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Dr. Terrell
SECONDER:	Dr. Reiland
AYES:	Mr. Zelko, Dr. Terrell, Mr. Cicero, Chief Hertzmann, Dr. Lipinski, Dr. Morales, Dr. Pitsilos, Ms. Mackey, Ms. Parker, Dr. Reiland, Dr. Soderquist, Ms. Tyson

RESOLUTION #21-68 THE FOURCE MEDIA PLAN FOR SEPTEMBER – NOVEMBER

The Business Associate Agreement for the WCHD’s Communication firm hired through a County RFQ (The Fource) includes a media plan for different markets / populations in Will County including African American, Hispanic and General Population and consisting of four types of medium including online digital display, online digital mobile, social media including Facebook, Instagram, and rich media including U Tube and connected TV for the months of September through November 2021 to promote the community vaccination clinics and the COVID-19 pandemic response. The Board of Health approves the expenditure for the media plan activities for September thru November 2021 from The Fource in the amount not to exceed of \$426,000.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Dr. Terrell
SECONDER:	Ms. Tyson
AYES:	Mr. Zelko, Dr. Terrell, Mr. Cicero, Chief Hertzmann, Dr. Lipinski, Dr. Morales, Dr. Pitsilos, Ms. Mackey, Ms. Parker, Dr. Reiland, Dr. Soderquist, Ms. Tyson

RESOLUTION #21-69 THE FOURCE MEDIA ACTIVITIES FOR SEPTEMBER

The Fource also provides creative development activities for email development, for a community toolkit, press releases copywrite and review, promotional flyers for pop up clinics, maintenance of daily social media posts and daily updates to website. funding for this expenditure was budgeted for in the County CARES allocation. The Board of Health approves the expenditure for the media plan and creative development activities for September 2021 from The Fource in the amount not to exceed of \$154,000.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Dr. Terrell
SECONDER:	Dr. Reiland
AYES:	Mr. Zelko, Dr. Terrell, Mr. Cicero, Chief Hertzmann, Dr. Lipinski, Dr. Morales, Dr. Pitsilos, Ms. Mackey, Ms. Parker, Dr. Reiland, Dr. Soderquist, Ms. Tyson

RESOLUTION #21-70 PURCHASE OF WORKSTATIONS

Administration has decided to modify two conference rooms (Room #2110 in Human Resources and Room #2119 in Administrative Suite) into private offices to accommodate two additional staff members. The Board of Health approves modification of two conference rooms into private offices in the Administrative Suite, not to exceed \$10,300 to Midwest Office Interiors.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Chief Hertzmann
SECONDER:	Dr. Terrell
AYES:	Mr. Zelko, Dr. Terrell, Mr. Cicero, Chief Hertzmann, Dr. Lipinski, Dr. Morales, Dr. Pitsilos, Ms. Mackey, Ms. Parker, Dr. Reiland, Dr. Soderquist, Ms. Tyson

RESOLUTION #21-71 SECURITY SERVICES CONTRACT

The Health Department requires security services for the HD Building and the CHC building. All received bids were carefully vetted and considered. We request approval to enter into contract with Global Security Group Corporation effective December 1, 2021 through November 30, 2022 at the following rates of \$ 24.53 regular hourly, \$34.53 overtime hourly, and \$34.53 hourly for holidays. The Board of Health approves the contract with Global Security Group Corp.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Dr. Reiland
SECONDER:	Dr. Terrell
AYES:	Mr. Zelko, Dr. Terrell, Mr. Cicero, Chief Hertzmann, Dr. Lipinski, Dr. Morales, Dr. Pitsilos, Ms. Mackey, Ms. Parker, Dr. Reiland, Dr. Soderquist, Ms. Tyson

RESOLUTION #21-72 TRANSFER OF FUNDS FY21 BUDGET

The WCHD and CHC have been successful in filling some, but not all vacancies. WCHD and CHC are in need of money in several non-personnel budget lines to complete this fiscal year. This transfer of funds in part, will pay for the continuing COVID-19 response effort without making a fourth request from the County Cares Allocation this fiscal year. The Board of Health approves the following transfer of funds in the FY2021 Health Department budget.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Dr. Terrell
SECONDER:	Ms. Tyson
AYES:	Mr. Zelko, Dr. Terrell, Mr. Cicero, Chief Hertzmann, Dr. Lipinski, Dr. Morales, Dr. Pitsilos, Ms. Mackey, Ms. Parker, Dr. Reiland, Dr. Soderquist, Ms. Tyson

RESOLUTION #21-73 CONTRACT WITH HEALTHCARE CONNECT

From time to time the CHC experiences vacancies in provider positions due to resignation or retirement. At times, we have enlisted the professional services of a recruitment firm for hiring needed providers. There is funding in the FY2022 budget for such services. The Board of Health approves the agreement with Healthcare Connections.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Dr. Terrell
SECONDER:	Dr. Reiland
AYES:	Mr. Zelko, Dr. Terrell, Mr. Cicero, Chief Hertzmann, Dr. Lipinski, Dr. Morales, Dr. Pitsilos, Ms. Mackey, Ms. Parker, Dr. Reiland, Dr. Soderquist, Ms. Tyson

RESOLUTION #21-74 PURCHASE OF KEYCARD ACCESS SYSTEM

The CHC received a Notice of Award from HRSA American Rescue Plan Act (ARPA) (H8F) Grant to Build Capacity and Infrastructure for Community Health Centers. The existing door hardware is obsolete, difficult and costly to repair; and not compatible with door hardware currently available. The Board of Health approves the installation of a card access system and four (4) wireless locksets for the entry way to the pediatric examination rooms, primary care/optometry/audiology examination rooms, OB/GYN examination rooms, and medication storage room for the payment of an amount not to exceed \$19,970 to Applied Communications Group.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Chief Hertzmann
SECONDER:	Dr. Terrell
AYES:	Mr. Zelko, Dr. Terrell, Mr. Cicero, Chief Hertzmann, Dr. Lipinski, Dr. Morales, Dr. Pitsilos, Ms. Mackey, Ms. Parker, Dr. Reiland, Dr. Soderquist, Ms. Tyson

RESOLUTION #21-75 APPROPRIATION OF FUNDS FROM IPHCA FOR THE COMMUNITY HEALTH CENTER

The IL Primary Healthcare Association obtained funding from CMS/HHS for Insurance Navigators in the State of Illinois beginning 9/1/2021. A Sub-Award of \$50,000/year was given to the CHC for funding to support 1.0 FTE personnel and related expense for an Outreach Specialist II/Navigator. The Board of Health approves the appropriation of funds to the FY2021 Will County Community Health Center budget.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Dr. Terrell
SECONDER:	Dr. Reiland
AYES:	Mr. Zelko, Dr. Terrell, Mr. Cicero, Chief Hertzmann, Dr. Lipinski, Dr. Morales, Dr. Pitsilos, Ms. Mackey, Ms. Parker, Dr. Reiland, Dr. Soderquist, Ms. Tyson

EXECUTIVE SESSION RE: PERSONNEL / LEGAL MATTERS – NONE

APPROVAL OF PERSONNEL STATUS REPORT FOR THE WILL COUNTY HEALTH DEPARTMENT

The board approves a 3.5% wage adjustment for all eligible management and exempt employees effective December 1, 2021, payout for lost vacation time due to COVID-related activities for (7) leadership staff individuals not to exceed \$26,000 and payout for accumulated compensation time for Stacey Knack, Human Resources Coordinator related to COVID-19 response. Ms. Olenck fielded and responded to questions regarding this request.

- Mr. Zelko and the Board thanked the exempt staff for all their hard work and efforts since the start of the COVID-19 pandemic and future pandemic activities.

A motion was made to approve all personnel amended changes, including the addition of Dr. Byrd (for payout of lost vacation time) and the candidate who was a no show for the WCHD for the month of October.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Dr. Terrell
SECONDER:	Dr. Reiland
AYES:	Mr. Zelko, Dr. Terrell, Mr. Cicero, Chief Hertzmann, Dr. Lipinski, Dr. Morales, Dr. Pitsilos, Ms. Mackey, Ms. Parker, Dr. Reiland, Dr. Soderquist, Ms. Tyson

BOARD MEMBERS' COMMENTS/CONCERNS – NONE

PUBLIC CONCERNS AND COMMENTS – NONE

ADJOURNMENT

At 5:37 p.m. a motion was made to adjourn the meeting.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Dr. Terrell
SECONDER:	Dr. Morales
AYES:	Mr. Zelko, Dr. Terrell, Mr. Cicero, Chief Hertzmann, Dr. Lipinski, Dr. Morales, Dr. Pitsilos, Ms. Mackey, Ms. Parker, Dr. Reiland, Dr. Soderquist, Ms. Tyson

By: _____
John Cicero, Secretary
Will County Board of Health

By: _____
Stephanie Baskin, Executive Assistant
Will County Health Department

Will County Health Department

FY 2021

Balance Sheet

Eleven Months Ending October 2021

	Beg Bal <u>12/1/2020</u>	End Bal <u>10/31/2021</u>	<u>Change</u>
Assets			
Cash and Cash Equivalents	5,308,302.28	9,821,770.87	4,513,468.59
Investments	4,230,000.00	3,030,000.00	(1,200,000.00)
Receivables	14,957,952.21	179,304.20	(14,778,648.01)
Total Assets	<u>24,496,254.49</u>	<u>13,031,075.07</u>	<u>(11,465,179.42)</u>
Liabilities			
Payables	1,706,993.67	358,379.78	(1,348,613.89)
Due To	1,179.54	2,283,355.00	2,282,175.46
Unearned revenue	166,679.99	1,691,858.17	1,525,178.18
Unavailable revenue	3,864,890.04	-	(3,864,890.04)
Property taxes levied for future	10,001,197.29	-	(10,001,197.29)
Equity			
Fund Balance	8,755,313.96	8,697,482.12	(57,831.84)
Total Liabilities & Equity	<u>24,496,254.49</u>	<u>13,031,075.07</u>	<u>(11,465,179.42)</u>

Will County Health Department

FY 2021 Change in Cash Eleven Months Ending October 2021

	August 2021	September 2021	October 2021	Total
Cash and Cash Equivalents				
Beginning Balance**	6,537,301.83	9,360,509.10	9,918,071.99	5,308,302.28
Deposits	4,461,143.22	3,403,708.32	3,652,837.24	33,571,914.69
Loan from Corporate	857,000.00	-	-	2,283,355.00
AP Payments	(1,138,383.82)	(1,481,111.29)	(1,619,483.94)	(16,535,667.46)
Payroll	(1,356,552.13)	(1,365,034.14)	(2,129,654.42)	(16,004,954.10)
Investment Maturity/(Add	-	-	-	1,200,000.00
Prior Period Due To	-	-	-	(1,179.54)
Ending Balance	9,360,509.10	9,918,071.99	9,821,770.87	9,821,770.87
	-	-	-	-
Investments				
Beginning Balance	3,030,000.00	3,030,000.00	3,030,000.00	3,030,000.00
Additions to Investments*	-	-	-	-
Maturities*	-	-	-	(1,200,000.00)
Ending Balance	3,030,000.00	3,030,000.00	3,030,000.00	3,030,000.00
	-	-	-	-
Total Cash and Investme	12,390,509.10	12,948,071.99	12,851,770.87	12,851,770.87
	-	-	-	-

* Investments will be update retrospectively in the coming months.

** Differnce in beginning balance from Dec-Jan 2021 report due to recording of Levy distibution in November which was moved to December, Psych Services to RVDC and ADR, and recording of GovPay Deposits moved to November.

Note: Prior Period Due To includes FY20 Interdepartmental Transfers includes copy charges and postage.

Will County Health Department

FY 2021

Budget Comparison - Revenue Eleven Months Ending October 2021

	<u>Adopted Budget</u>	<u>Revised Budget</u>	<u>Revenue</u>	<u>Target - 91.6%</u> <u>Percent Realized</u>
Revenue				
Property Taxes	10,015,000.00	10,015,000.00	9,010,511.46	89.97%
Intergovernmental Grants & Contracts				
Administration	1,157,113.00	3,296,313.00	3,494,150.33	106.00%
Emergency Preparedness and Response	392,571.00	392,571.00	388,065.46	98.85%
Environmental Health	148,540.00	148,540.00	1,019,952.52	686.65%
Behavioral Health	740,492.00	740,492.00	221,733.05	29.94%
Family Health Services	4,468,485.00	7,610,025.00	5,164,171.29	67.86%
Community Health Center	3,444,417.00	4,184,607.00	2,871,834.88	68.63%
	10,351,618.00	16,372,548.00	13,159,907.53	80.38%
Licenses, Permits & Charges for Services				
Administration	229,350.00	229,350.00	233,002.98	101.59%
Environmental Health	1,833,250.00	1,833,250.00	1,744,793.84	95.17%
Behavioral Health	3,009,154.00	3,009,154.00	1,779,647.60	59.14%
Family Health Services	407,300.00	407,300.00	119,344.56	29.30%
Community Health Center	5,399,900.00	5,399,900.00	4,820,122.89	89.26%
	10,878,954.00	10,878,954.00	8,696,911.87	79.94%
Fines and Forfeitures	500.00	500.00	-	-
Miscellaneous Revenues				
Rental Income	8,400.00	8,400.00	7,700.00	91.67%
Donations/Fundraiser	500.00	500.00	4,130.47	826.09%
Expense Recovery	-	-	4,769.10	-
CHC Other: MCO Capitation, Performance	171,500.00	171,500.00	158,517.56	92.43%
Anticipated New Revenues	6,000,000.00	(20,930.00)	-	-
Funds On Hand	1,125,902.00	1,125,902.00	-	-
	7,306,302.00	1,285,372.00	175,117.13	13.62%
Transfers In	628,759.00	628,759.00	91,727.84	14.59%
Total Revenue	39,181,133.00	39,181,133.00	31,134,175.83	81.77% *

* Total Revenue used for Revenue Performance = 32,055,231.00
 Less: Anticipated New Revenues and Funds on Hand = 38,076,161.00

Will County Health Department

FY 2021

Budget Comparison - Expenditures Eleven Months Ending October 2021

	<u>Adopted Budget</u>	<u>Revised Budget</u>	<u>Expenditures</u>	<u>Encumbrances</u>	<u>Remaining Budget</u>	<u>Target - 83.3%</u> <u>Percent Used</u>
Expenditures						
Personnel - Salaries						
Administration	1,675,084.00	2,051,001.00	1,650,546.22	-	400,454.78	80.48%
Emergency Preparedness and Response	257,490.00	308,040.00	288,473.74	-	19,566.26	93.65%
Environmental Health	1,601,520.00	1,788,265.00	1,276,767.74	-	511,497.26	71.40%
Behavioral Health	3,431,778.00	3,446,704.00	2,535,247.86	-	911,456.14	73.56%
Family Health Services	4,760,972.00	4,671,748.75	3,953,996.82	-	717,751.93	84.64%
Community Health Center	7,419,579.00	7,742,678.00	6,299,921.72	-	1,442,756.28	81.37%
Total Personnel - Salaries	19,146,423.00	20,008,436.75	16,004,954.10	-	4,003,482.65	79.99%
Personnel - Benefits						
Administration	725,005.00	908,858.00	674,007.45	-	234,850.55	74.16%
Emergency Preparedness and Response	119,121.00	124,402.00	111,892.45	-	12,509.55	89.94%
Environmental Health	862,556.00	893,991.00	684,303.66	-	209,687.34	76.54%
Behavioral Health	1,642,564.00	1,645,447.00	1,129,725.78	-	515,721.22	68.66%
Family Health Services	2,235,443.00	2,359,027.00	1,935,824.42	-	423,202.58	82.06%
Community Health Center	3,306,339.00	3,433,895.00	2,578,507.63	-	855,387.37	75.09%
Total Personnel - Benefits	8,891,028.00	9,365,620.00	7,114,261.39	-	2,251,358.61	75.96%
Commodities						
Administration	181,100.00	590,826.14	336,056.75	52,090.39	202,679.00	56.88%
Emergency Preparedness and Response	3,565.00	23,636.00	18,354.43	3,637.10	1,644.47	77.65%
Environmental Health	180,700.00	209,133.74	147,996.36	7,441.11	53,696.27	70.77%
Behavioral Health	21,950.00	38,845.84	13,520.13	12,446.89	12,878.82	34.80%
Family Health Services	193,236.00	189,341.89	98,169.90	17,850.42	73,321.57	51.85%
Community Health Center	1,117,496.00	1,370,718.88	1,027,531.96	22,319.24	320,867.68	74.96%
Total Commodities	1,698,047.00	2,422,502.49	1,641,629.53	115,785.15	665,087.81	67.77%
Contractual Services						
Administration	787,323.00	3,453,046.21	2,379,218.72	56,881.25	1,016,946.24	68.90%
Emergency Preparedness and Response	22,320.00	24,522.00	9,710.36	-	14,811.64	39.60%
Environmental Health	208,050.00	173,977.66	102,622.36	-	71,355.30	58.99%
Behavioral Health	880,510.00	853,149.16	357,116.90	-	496,032.26	41.86%
Family Health Services	136,384.00	3,540,119.36	2,617,196.80	-	922,922.56	73.93%
Community Health Center	1,355,048.00	1,392,043.77	817,179.23	19,968.00	554,896.54	58.70%
Total Contractual Services	3,389,635.00	9,436,858.16	6,283,044.37	76,849.25	3,076,964.54	66.58%
Capital Outlay						
Administration	40,000.00	248,000.00	126,006.28	81,383.79	40,609.93	50.81%
Environmental Health	-	21,638.60	-	-	21,638.60	-
Community Health Center	16,000.00	22,362.00	22,112.00	-	250.00	98.88%
Total Capital Outlay	56,000.00	292,000.60	148,118.28	81,383.79	62,498.53	50.73%
Other Expenditures - Anticipated New						
Administration	6,000,000.00	(60,930.00)	-	-	(60,930.00)	-
Total Expenditures	39,181,133.00	41,464,488.00	31,192,007.67	274,018.19	9,998,462.14	75.12% *

* Total Exp used for Expense Performance % 33,181,133.00 41,525,418.00
Less: Anticipated New Expenditures

Administration

1. The bid package for the CHC's Women's Health Care Unit remodel was issued by the County on August 23, 2021. The bids were opened on September 21, 2021. At the October County Board meeting the bid was approved. A resolution for the BOH to approve the CHC's OB remodel is included in your packet.
2. Revised FY22 budget was submitted to the County on October 22, 2021 to be included in the final FY22 budget which will be presented to the County Board in November.

Finance - BOH Report – provided by Denise Bergin, Director Finance & Grant Management

In addition to agency deposits, monthly and quarterly grant expenditure reporting:

1. State Fiscal Year 2022 grant applications continue to be posted by the state. These are completed as issued. An amendment extending the grant period and/or providing additional funding for Contact Tracing is anticipated within the next few weeks.
2. The annual FQHC expenditure audit has been completed by the accounting firm of Desmond and Ahern Ltd for 2020. No findings have been noted.
3. The end of Fiscal Year 2021 is rapidly approaching. The Will County Finance Department has issued FY21 Year End Processing guidelines with deadlines for Purchasing, Accounts Payable, BMO and Deposits.

ITT- BOH Report – provided by Anthony Melei, Director ITT

Cell Phone Signal Improvement Update

AT&T began installation of the equipment to improve Cell Phone Services in the Health Department main building and the Community Health Center in October. Completion of the project was delayed due to the availability of equipment and is now scheduled by November 27th.

Data Warehouse Update

Susan Olenek, Executive Director, Elizabeth Bilotta, Asst. Executive Director, Joseph Troiani, Division Director of Behavioral Health, and I met with Tallan Solutions to firm up our Business Cases for the Microsoft Grant application for the Data Warehouse. We decided on two business cases: one regarding the MAPP Program Community Health Centers utilizing the Action Team Objectives and one regarding Behavioral Health's utilization of data from the BH LAN and Program 590.

Will County Ad-Hoc IT Assessment Committee

In December, I am presenting at the Will County Ad-Hoc IT Assessment meeting. The committee is meeting with every Will County IT head, to assess the IT Infrastructure and to determine IT needs. Since, the Health Department has a large portfolio of Information Systems, the Health Department is the only department presenting at the December meeting.

Citrix Renewal

This month I worked with Citrix for our upcoming renewal. We are looking to enhance our licensing by adding features for virtual desktops. Over the past few months, it has been increasing difficult to get computer equipment, due to supply chain issues with the pandemic and the micro-chip shortage.



One solution is to implement Virtual and Shared Desktops in our Citrix Environment, utilizing the older computers. Adding the Citrix lock application to an older computer, forces the computer to connect to a virtual desktop session on our Citrix servers in the Data Center instead of the older computer's operating system. The users see a complete desktop and looks like they logged into a physical computer. Citrix technology basically sends screen changes to the user's computer, and all processing is performed on the Citrix server. The virtual desktops are centrally managed by IT, based on the user group and applications they use. Moving to virtual desktops reduces the costs of purchasing computer hardware, enhances our remote access capabilities, and provides additional security to the environment.

On the agenda, we have resolutions for upgrading the Citrix Licensing to add these features, upgrading the Microsoft virtual server environment with another node, and upgrading the HP Storage Area Network with additional storage.

Cisco Smartnet Renewal

On the agenda today, we have the Cisco Smartnet renewal. The renewal has increased in cost, because it now takes into account the network equipment in the new building and removes the network equipment used in the old building.

The Cisco Smartnet Renewal covers our mission critical network equipment in case of failure. Cisco replaces the equipment 24x7x4 which means we get a replacement device within 4 hours of the failure. Due to our Emergency Preparedness and Response activities and the potential for providing services and access to our systems 24x7x4 (i.e. Program 590) we need to have a functioning network.

Joseph E. Troiani, Ph.D., CADC
Director, Behavioral Health Programs
November 2021

1. The deposit for the month October comes to \$202,341.69. For the current month of November, the month-to-date (November 9, 2021) deposits are at \$30,850.69.
2. Karen Hedrick, MSW, LCSW, started last week in the position of Program Coordinator of the Adult Mental Health Outpatient programs. Prior to coming to the health department, she was the Director of the Outpatient Mental Health Clinic at Catholic Charities in Joliet.
3. Last week Saturday a tragic event took place here in Joliet at an outdoors Halloween party at a private residence. The party was attended by over 200 young people. Just after midnight there was gunfire (possibility gang related) which took the lives of two and wounded several others, some of whom are in serious condition. The two who were killed were a current and former student of Joliet Junior College (JJC). It has been reported that around 100 of those in attendance are students at JJC. Within a couple of days, we got six calls seeking trauma counseling because of they were present at the shooting.
4. In the past few days, we were contacted by Michael Liacone, M.A., LCPC, CCTP-II, who is the Case Management Coordinator for the Office of Students Rights and Responsibilities at Joliet Junior College. He requested our assistance at the upcoming town hall "JJC Cares: Healing from Community Violence, Trauma & Grief". This event was held on Tuesday - November 9th from 5 P.M. to 8 P.M. Dr. Troiani talked on the subject of "Grief and Recovery after Trauma".
5. On October Dr. Troiani met with Dr. Scott DuBois the Director of Specialty Courts for Will County and his staff. The purpose was to finalize the plan for firm referrals from the Drug and Veterans Courts to the Substance Treatment Options Program (STOP). We currently work with their Mental Health Court providing mental health and psychiatric treatment.
6. A second planning meeting has taken place with Anthony Marzano the Will County 911 Administrator and representatives of Silver Cross Hospital's EMSS. This is in preparation for the July 1, 2022 roll out of the Dial #988 behavioral health crisis system. The next step is to plan a virtual meeting with the 911 centers, Police Chiefs, and the Fire Department Chiefs to brief them on the current status of the plan for the roll-out of the Dial #988 Crisis Line and the implementation of the Crisis Care System (DMH Program 590) which the health department is funded to develop.
7. On November 8th Dr. Troiani met with Deputy Chief Jeffery A. Carey and his administrative staff from the Joliet Fire Department. The State of Illinois Dial #988 plans were reviewed and the impact on the City of Joliet and the rest of Will County was discussed.

8. Dr. Troiani presented at the 2021 Fall Conference of the Illinois Certification Board (ICB) on October 19th. The presentation was on the "Behavioral Health Consequences of the COVID 19 Pandemic".

Respectfully Submitted,

Joseph E. Troiani, Ph.D., CADC
Division Director

Implementation of the 988 Hotline:

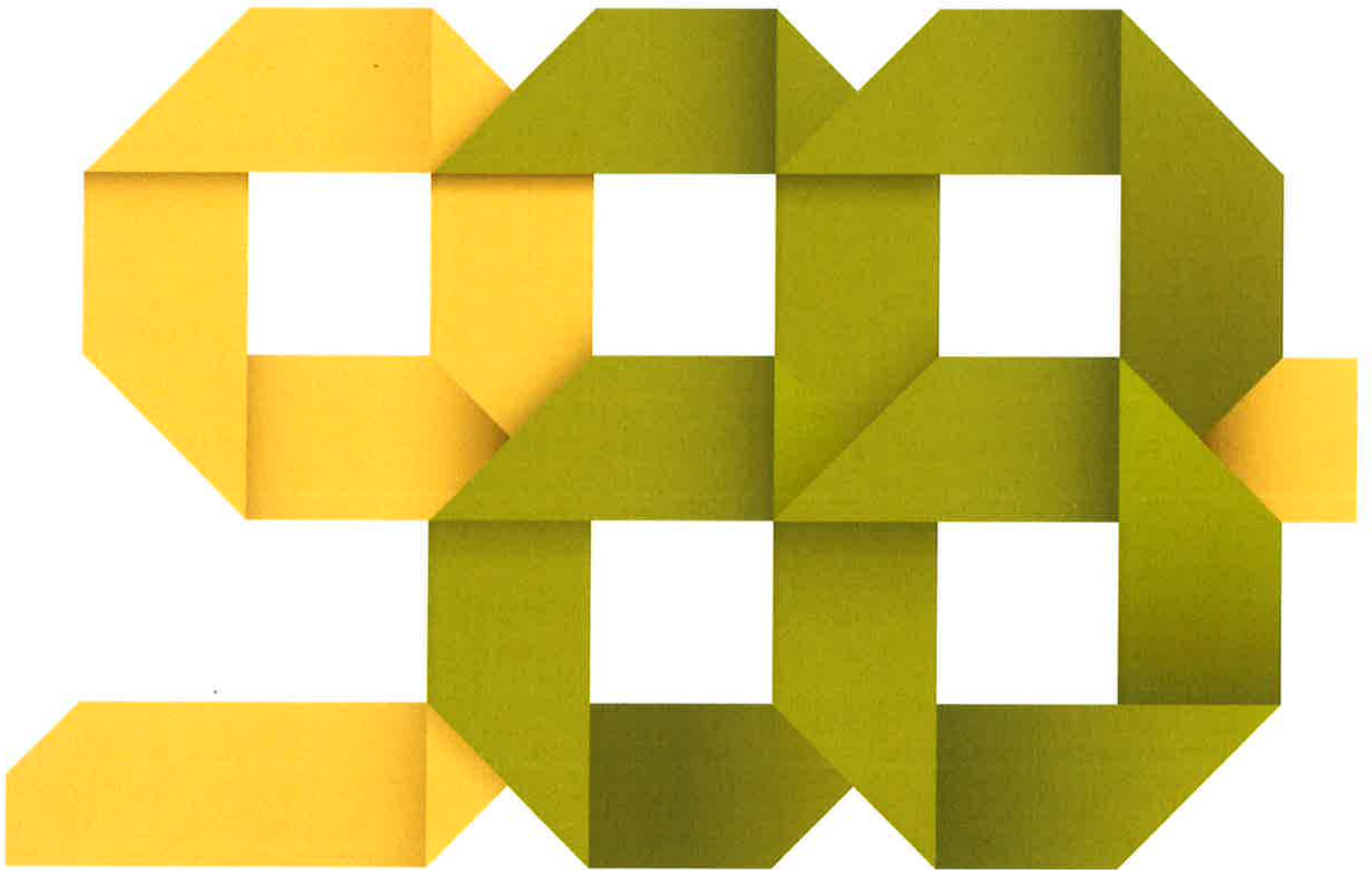
A Framework for State and Local Systems Planning

Jordan Gulley, L.I.C.S.W.

Francine Arienti, M.A.

Kevin Martone, L.S.W.

David de Voursney, M.P.P.



Support for this project was provided by The Pew Charitable Trusts.



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Introduction

What is 988?

The [National Suicide Hotline Designation Act of 2020](#) established 988 as a new three-digit telephone number to function as a national suicide prevention and mental health crisis hotline system that will connect people in crisis with life-saving resources. With this easy-to-remember number, Congress hopes to increase public access to mental health and suicide prevention crisis resources, encourage help-seeking for individuals in need, and provide a crucial entry point to a continuum of crisis care.

988 presents a unique opportunity for the behavioral health system, law enforcement, 911 systems, and other stakeholders to strengthen crisis response capacity throughout the U.S. and to provide people experiencing a mental health crisis with appropriate support.

The Federal Communications Commission designated 988 as the new three-digit number for the [National Suicide Prevention Lifeline](#) (1-800-273-TALK) in July 2020; telecommunications companies will be required to route all 988 calls to the National Suicide Prevention Lifeline by July 16, 2022.¹ The Lifeline was launched in 2005 by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) and Vibrant Emotional Health,² and comprises a national network of more than 180 local crisis centers.³

988 presents a unique opportunity for the behavioral health system, law enforcement, 911 systems, and other stakeholders to strengthen crisis response capacity throughout the U.S. and to provide people experiencing a mental health crisis with appropriate support. Now is when leaders should rethink how the crisis system currently operates and performs, and articulate a clear vision. It is probable that call volume will increase with 988 implementation,⁴ both because of the easily remembered three-digit number and because calls that would otherwise have been made to 911, or to local crisis and information lines, will begin to shift to 988. People in crisis and their family members may also find 988 to be a more welcoming alternative to 911.

Framework for 988 Planning and Implementation

With this paper, we offer a framework for key stakeholders to use in organizing, planning, implementing, and sustaining an effective 988 crisis call system. We identify eight overarching activities and provide examples of the types of tasks that should be part of each activity. The framework calls for stakeholders to:

- | | | |
|--|--|---|
| ✓ Establish and Commit to a Systems-Level Planning Process | ✓ Develop Sustainable Financing Mechanisms to pay for 988 | ✓ Develop Strategies to Monitor Performance and Troubleshoot Problems |
| ✓ Identify and Address Key Considerations in 988 Design | ✓ Develop Marketing and Communications Strategies for 988 Implementation | ✓ Ensure Connections and Access to Upstream Services |
| ✓ Identify and Address Coordination between 988 and 911 | ✓ Identify and Address Potential Implementation and Transition Issues | |

1. U.S. Federal Communications Commission (n.d.) [Fact sheet: 988 and suicide prevention hotline](#) [PDF]. Retrieved September 27, 2021 from <https://www.fcc.gov/sites/default/files/988-fact-sheet.pdf>

2. U.S. Federal Communications Commission, Wireline Competition Bureau and Office of Economics and Analytics (2019). [Report on the National Suicide Hotline Improvement Act of 2018](#) [PDF]. <https://bit.ly/3mdWeVy>

3. National Suicide Prevention Lifeline (n.d.). [Our network](#). <https://suicidepreventionlifeline.org/our-network/>

4. Vibrant Emotional Health (2020). [988 serviceable populations and contact volume projections](#) [PDF]. <https://bit.ly/3j06sXy>

Crisis Call Centers and Crisis Services: An Overview

The National Suicide Prevention Lifeline provides free and confidential emotional support 24 hours a day, 7 days a week to people in suicidal crisis or emotional distress, anywhere in the United States. The Lifeline fielded 2.2 million calls, texts, and online chats in 2020.⁵ The Lifeline routes calls to local crisis centers, but redirects those calls to other crisis centers if there is insufficient local capacity to field a call in real time. Lifeline crisis centers are encouraged to operate 24 hours a day, 7 days a week, but not all centers operate 24/7.

When someone calls the Lifeline and is connected with a crisis center, a staff person engages the caller and assesses for suicide risk by gathering information about the caller's risk factors, desires, plans, needs, and capacity. Call center staff attempt to provide the least restrictive clinically appropriate care, which could involve voluntary rescue, in which the caller agrees to seek care. However, Lifeline center staff do initiate active rescue services for imminent concern, for suicide attempts in progress, or when an individual remains at immediate risk but is unwilling or unable to take actions to prevent suicide or mediate their suicidal ideation. Depending on acuity of concern, life-saving measures could also encompass other emergency response providers including mobile crisis and psychiatric outreach teams. In instances of suicide attempts, the goal is to connect the individual with emergency medical care as soon as possible, often, through 911 or emergency medical services (EMS), ambulance, and transport to a hospital. Lifeline crisis centers are expected to have formal relationships with emergency service providers and to engage in coordination and follow-up to ensure that people who receive life-saving measures are successfully connected to appropriate services.⁶ Crisis centers may also coordinate with community mental health professionals or crisis receiving and stabilization facilities when responding to calls.

In addition to the Lifeline, numerous other call lines throughout the country function as crisis hotlines or provide support to people facing behavioral health challenges. These call lines may be focused on mental health emergencies, but may also serve other purposes, such as "warm lines" that provide emotional support and connect people to resources. Furthermore, other hotlines exist that provide information and referral for a range of mental health resources and other social services and supports. The capacity, configuration, and availability of these lines vary by state, region, and locality. In any given area, people experiencing a behavioral health crisis may be encouraged to call:

- 211
- 311
- A local line that serves a city or county
- A regional call center
- A hotline operated by their managed care provider

Unfortunately, because of the haphazard way in which crisis call lines are organized, people in need do not always know how or when to reach out to them. They may not be aware that the Lifeline will connect them to local resources when

Diverting mental health emergencies from law enforcement to behavioral health clinicians will reduce law enforcement encounters in behavioral health crisis; increase access to services; and establish a clear pathway for reaching out for help during a mental health emergency, regardless of location.

available, so they may instead call 911, or they may not reach out for help at all. For an individual in emotional distress or their family member, the situation can feel overwhelming and it is easy to revert to a known and well-remembered number, 911, instead of the Lifeline or a local crisis call center. People call 911 for a variety of other reasons, too, including public safety concerns, or because a mental health provider instructed them to do so. In some areas, 911 dispatchers do link callers to the Lifeline or to local call centers; however, more often than not, law enforcement is dispatched to manage the emergency even if a mental health response would be more effective. 988 has the potential to establish a national approach to divert mental health emergencies from law enforcement to behavioral health clinicians. This shift will reduce law enforcement encounters in behavioral health crisis; increase access to services; establish a clear pathway for reaching out for help during a mental health emergency, regardless of location; and potentially reduce confusion about what number to call for a mental health emergency.

5. Vibrant Emotional Health (2020). *Annual report 2020: Building resilience and adapting to change*. <https://annualreport2020.webflow.io/>

6. National Suicide Prevention Lifeline (2010). *National Suicide Prevention Lifeline policy for helping callers at imminent risk of suicide* [PDF]. <https://bit.ly/2XHMP88>

For 988 to be fully successful, local systems will need to build capacity by coordinating and integrating their community emergency response and mental health systems. 988 has the potential to streamline access to local crisis centers and mental health resources. However, implementation will require additional crisis line capacity; action to support coordination and capacity across systems involved in behavioral health crisis response; and efforts to increase public awareness. A significant portion of 988 calls will be resolved over the phone, but many will require a more intensive, in-person response. Depending on the local infrastructure, this could mean a mobile crisis team, connection with a crisis response and stabilization facility, or connection with other community behavioral health supports.

Without these types of resources in place, crisis call centers will need to connect with other emergency response resources. In most cases, this would result in a law enforcement response and/or transportation to a hospital emergency department (ED). Unfortunately, EDs do not always have the capacity to effectively help people experiencing a behavioral health crisis, and often lack capacity to admit

people for inpatient mental health care.⁷ This puts individuals at risk for ED boarding, a situation in which patients must wait in the ED for an extended period to access needed supports. Frequently, individuals in distress are unable to endure the wait times and leave before even being seen. Hospitalization, when it is eventually available, may not be the optimal intervention to help individuals address their immediate crisis and connect them with ongoing community behavioral health supports. Worse, many individuals experiencing a behavioral health crisis end up in jail after contact with law enforcement, and in rare circumstances, failure to deescalate crisis situations can lead to injury or death. With 988 implementation, systems have the opportunity to build integrated community behavioral health crisis capacity. If people call 988 and are connected with effective, community-based behavioral health resources, their experience will reinforce the value of 988, and build community confidence. If, on the other hand, individuals in crisis continue to be connected to ineffective or even detrimental responses through 988, confidence in the system may be undermined. For these reasons, diligent planning and thoughtful implementation are imperative for the success of 988.

Establish and Commit to a Systems-Level Planning Process

988 design and implementation cannot be driven or owned by a single system; both planning in a vacuum and collaborative planning that begins too late are likely to result in a fragmented call system that can place individuals experiencing a crisis at risk.

One of the basic questions that systems within states should ask is “Who is responsible for implementing 988?” While there may be an assumed point of responsibility — for example, a state mental health authority — several potential actors and groups share responsibility in the planning phase. System planning efforts will need to dive deep into each of the eight activities described in this paper. It will be helpful to organize a structure or framework to guide planning with a core group of key stakeholders, including some that are not part of state government, such as local law enforcement and 911 call centers, but which are nevertheless instrumental to successful planning. Representation from counties with less dense populations and fewer resources will be crucial to ensuring a smooth process between 988 call centers and community support services. The planning will need to be consultative and designed to engage and meet the needs of these critical partners. Recruitment efforts should ensure that the key stakeholder group represents diverse populations in order to address the multifaceted and robust needs of a

heterogeneous population. Many states have already begun intentional actions to ensure inclusion of appropriate representation. Washington State, for example, passed legislation to create a Tribal Behavioral Health and Suicide Prevention Line, including a subcommittee to examine the needs of individual tribes in the implementation of 988.⁸

Planning efforts should ensure that the key stakeholder group represents diverse populations in order to address the multifaceted and robust needs of a heterogeneous population.

Some stakeholders may be involved throughout the entire multi-year planning, design, and implementation process, while others may be brought in on specific issues, such as identifying data metrics and establishing a monitoring and performance process. Individual and group stakeholders that must be involved in planning should be identified and engaged, including:

-
7. Murphy, G., Draper, J., & McKeon, R. (2010). *Following up with individuals at high risk for suicide: Developing a model for crisis hotline and emergency department collaboration* [PDF]. National Suicide Prevention Lifeline. <https://bit.ly/2UxsDuJ>
 8. Hepburn, S. (2021, August 3). *Washington State's 988 legislation includes a 988 tribal crisis line*. Talk.crisisnow.com. <https://bit.ly/3gjc4h>

Individual & Group Stakeholders

- Individuals with lived experience
- Family members
- State mental health authorities
- State alcohol and drug agencies
- State health or public health departments
- State education departments/universities
- State tribal liaisons or tribal representatives
- Military and Veterans services partners
- State 911 administrators
- County mental health authorities
- Existing crisis call centers, including those participating in the Lifeline
- 911 call centers (also known as Public Safety Answering Points or PSAPs)
- Local police and other law enforcement (e.g. transit police)
- Providers of mental health and substance use disorder services to children, youth, and adults
- Social services and supports, including those related to homelessness and housing

Systems may approach planning in various ways. Several states have developed legislation to support 988 implementation by setting standards for participating crisis centers, mobile crisis response, and crisis receiving/stabilization; establishing a 988 financing structure, including the adoption of user fees; specifying governance structures; and establishing timeframes and milestones for 988 implementation.⁹ States may also build on and incorporate recommended advancements to other systems, such as suicide prevention¹⁰ and best practices in the implementation of 911 systems.¹¹ States may be able to leverage and build on existing planning efforts, such as state suicide prevention strategic plans, which exist in nine out of ten states.¹²

While many planning activities are being instituted by state or local behavioral health authorities, some states are broadening the scope of 988 planning. The New Jersey Office of the Attorney General established a plan to create county planning committees that align with local com-

munities in the state's behavioral health system and will guide and support the work of their statewide steering committee.¹³ Nebraska passed a legislative bill mandating that specific stakeholders — including senators and a law enforcement representative from every county and municipality in each congressional district — participate in the planning task force for 988, to ensure that all necessary entities are involved. The task force is charged with creating legislation to guide 988 implementation throughout the state.¹⁴ Alabama convened a joint commission, which started the planning process with an evaluation of existing suicide prevention programs within the state in order to make recommendations and encourage legislation as 988 rolls out.¹⁵ Colorado has allowed for public stakeholder input via its state website, and has reserved time during certain committee meetings for public comment on the 988 planning process.¹⁶ No matter which approach states adopt, they must consider the specific needs of their populations to determine how to efficiently select contributors.

Identify and Address Key Considerations in 988 Design

The planning process must address an exhaustive list of issues that will inform the design of 988 call centers and systems so that they are as functional as possible. It must

also include behavioral and general health care systems, 911 systems, and local emergency services, including law enforcement. The general public relies on 911 systems be-

9. National Association of State Mental Health Program Directors (2021). *Draft 4-16-21 model bill for core state behavioral health crisis services systems* [PDF]. <https://bit.ly/3xWgYn3>

10. Suicide Prevention Resource Center (2019). *Recommendations for state suicide prevention infrastructure* [PDF]. Waltham, MA: Education Development Center, Inc. <https://bit.ly/3svuBZb>

11. 911.gov (2018). *Guidelines for state NG911 legislative language: Examples and options for legislative language that facilitates the deployment of NG911, Version 2.0* [PDF]. <https://bit.ly/3sJKjQu>

12. Kennedy, K., Carmichael, A., Brown, M. M., Trudeau, A., Martinez, P., & Stone, D. M. (2021). *The state of state, territorial, and tribal suicide prevention: Findings from a web-based survey* [PDF]. Atlanta, GA: Centers for Disease Control and Prevention. <https://bit.ly/3uhecZ4>

13. State of New Jersey Office of the Attorney General, Department of Law & Public Safety *Law Enforcement Directive 2020-14, Establishing Countywide Working Groups to Address Mental Health and Special Needs Populations and Creating a Framework for Coordination with State Partners* [PDF] (2014). <https://bit.ly/3knd6qb>

14. *A Bill for an Act Relating to Mental Health; To Create the Mental Health Crisis Hotline Task Force; To Provide Powers and Duties; And to Declare an Emergency*, L.B. 247, 107th Nebraska State Legislature [PDF] (2021). <https://bit.ly/2XXgDVh>

15. Alabama Commission on the Evaluation of Services (2020). *Program evaluation — suicide prevention programs* [PDF]. <https://bit.ly/3zjDx6D>

16. Colorado Department of Human Services. (n.d.). *988 Implementation Planning Committee*. Retrieved September 28, 2021 from <https://cdhs.colorado.gov/behavioral-health/988-planning>

cause people know that when they dial 911 they will get an emergency response. For 988 systems to achieve a similar level of acceptance, they will have to provide the same reliability. With a centralized number, systems should anticipate an increased call volume and change in the content

of calls, which will directly affect planning considerations around infrastructure, staffing, call triage, and partnership with existing behavioral health resources. Below is a preliminary list of considerations for a comprehensive 988 implementation plan.

Crisis call center infrastructure, capacity, and operations:

- The extent to which 988 crisis call centers will have text and online chat capabilities
- Geographic coverage of individual call centers, identification of areas with insufficient coverage, and how to support consistency of service when transferring to a remote call center
- Projecting and tracking call volume through 988 implementation
- Policy and regulations for overall design, operations, and staffing
- Workforce development to ensure sufficient staffing with consideration of location and time of year as these affect call volume (e.g., locations with frequent natural disasters/hurricanes) as well as the balance of volunteer staffing versus paid staff
- Workforce training and supervision, taking into account existing processes, current curriculum and expanding training protocols to address additional call content as communities acclimate to using 988
- Developing standards for crisis call centers, taking into account existing standards, accreditation requirements, and other requirements for participating in the Lifeline
- Appropriate responses to a range of potential calls, including crises in areas beyond mental health and suicide that may still warrant a behavioral health crisis response, such as those related to substance use/misuse and overdoses, intellectual and developmental disabilities, and homelessness

- Capacity for crisis call centers to fulfill behavioral health crisis “air traffic control” functions
- Phone operating system considerations, including determining use of automatic calling distribution and geolocation capabilities in order to support triage
- Ensuring access/inclusion for underserved and high-risk populations (e.g., BIPOC, LGBTQ+, rural, youth)

People know that when they dial 911 they will get an emergency response. For 988 systems to achieve a similar level of acceptance, they will have to provide the same reliability.

Collaboration and coordination across systems:

- Triage issues, including 988 to 911 and 911 to 988 and ongoing coordination needs with local PSAPs
- Coordination with hospital EDs and connections to inpatient care when needed, including the capacity to follow up to ensure connection to support
- Procedures governing when and how to connect to community behavioral health crisis resources such

as mobile crisis teams, even when there is no apparent risk of suicide

- Considerations for memorandums of understanding among community partners
- Coordination with local behavioral health crisis systems, including timely access to assessment, care planning, and follow-up care
- Collaboration with social service providers as needed to be knowledgeable of up-to-date resources and referrals for human services support

Behavioral health crisis response infrastructure, capacity, and operations:

- Community mobile crisis response capacity, including tailored response capacity for children, youth, and families; and planned enhancements to the mobile crisis system and timeline projections for increased capacity
- Crisis receiving and stabilization facility capacity, including the ability to track available crisis beds
- Inpatient mental health capacity, including the ability to track available inpatient beds
- Substance use disorder (SUD) withdrawal management and residential capacity, including the ability to track the availability of these resources
- The availability of community behavioral health resources, such as Assertive Community Treatment (ACT), that provide crisis response
- Streamlining/prioritizing intake in community behavioral health services for disconnected individuals who experience crisis

Identify and Address Coordination between 988 and 911

Historically, 911 has been the default number to call for behavioral health crises, but across the country there have been movements to divert behavioral health calls from 911 to crisis call centers to ensure an appropriate response. If 988 is to be promoted as an alternative to 911 for many situations, it must be as functional as 911 on a range of issues. Because Lifeline call centers utilize 911 to ensure that callers are linked to an appropriate response when there is an urgent need, many of them have identified best practices for coordination between their crisis call centers and 911. However, 911 itself is also undergoing reforms and implementing performance-enhancing strategies in order to ensure easy access and prompt response.¹⁷ States and localities will need to take into consideration how such changes may affect communication between 988 and 911. These reforms create an opportune time for state planning considerations of how 911 can interface with 988 in a systematic way. In order to achieve this, intensive technical planning will be required in communications, ensuring that technology for new and existing call centers will include interoperability with 911 systems. For example, PSAPs, or 911 call centers, are equipped to track a person's telephone number (ANI; automatic number identification) and location (ALI; automatic location identification) regardless of whether the individual attempted to block the number.¹⁸ Lifeline call centers are not currently registered as PSAPs, and their telecommunications do not allow for this capability; therefore, transfers to 911 in imminent situations will not transfer ANI or ALI.¹⁹ States need to ensure that planning takes into consideration such critical communication between 988 call centers and 911. In addition, planning should also address the following scenarios:

- A caller dials 988 requiring an in-person crisis response and the 988 center does not have geolocation capacities so they are routed to a service center in a different state, which then has difficulty coordinating the in-person response. Because the crisis center does not have the knowledge of, or connections to, community behavioral health crisis systems, they default to contacting 911.
- A caller dials 988 specifically to avoid a law enforcement response, but is connected to 911 because of a lack of community behavioral health crisis capacity, or lack of coordination between the Lifeline crisis center and community behavioral health crisis resources.

- A caller dials 988 and is connected with a behavioral health crisis system (e.g. a mobile crisis team) with inadequate capacity, leading to response delays or a poor quality response.

It is imperative that states and localities maintain an ongoing relationship between crisis call centers and 911 dispatch in order to identify and troubleshoot communication concerns, as well as to ensure prompt responses to critical situations. This priority may be supported by the creation of a joint task force within the implementation working group with a specific focus on 911 and 988 communication and behavioral health response capacity. Such a group should include representatives from dispatch, law enforcement, 988 call centers, mobile response teams, and representatives from the broader behavioral health continuum. They should meet regularly during planning and implementation as well as intermittently thereafter. This group should streamline collaboration and address issues such as gaining uniform understanding of which calls warrant a 988 response and which calls warrant a 911 response; taking safety, level of threat, mobile crisis system capacity, and care of the individual into consideration. The task force can also evaluate the need for training protocols for 911 dispatch in order to divert calls to 988 as needed. A pilot of the system may be required in order to identify the mechanism for call transfer that limits the number of dropped calls and the number of errors in coordination to ensure smoother operations prior to July 2022. Interagency processes must also be established that directly address each of the following issues:

- Handling calls triaged from 988 to 911, particularly in areas without crisis service capacity where this may actually increase call volume to 911
- Challenges in transferring from a national line to correct locations
- Successfully managing conferencing calls or call transfers to 911
- Handling increased volume of calls to crisis centers participating in the Lifeline
- Preparing to handle a higher volume of suicide-related and high acuity behavioral health calls
- Conducting staff training to offer enhanced skill development to meet the broader range of anticipated calls

17. Federal Communications Commission. (2020, April 22). Multi-line telephone systems — Kari's Law and RAY BAUM'S Act 911 direct dialing, notification, and dispatchable location requirements. Retrieved August 25, 2021 from <https://www.fcc.gov/mlts-911-requirements>

18. Boulder [CO] Emergency Telephone Service Authority (2020). BRETSa's comments on implementation of the National Suicide Hotline Improvement Act of 2018 [PDF] (submitted to the U.S. Federal Communications Commission). <https://bit.ly/3kojILL>

19. Vibrant Emotional Health (2020). 988 serviceable populations and contact volume projections [PDF]. <https://bit.ly/3j06sXy>

Systems have taken several approaches to coordination to ensure care during situations with imminent risk. Austin, TX, for example, embedded clinicians in 911 dispatch centers.²⁰ A memorandum of understanding gives these crisis clinicians access to the city's 911 Computer Automated Dispatch (CAD) system, reducing problems during transfers of 911 calls.²¹ Washington, D.C. piloted its 911 mental health diversion system with test callers in order to identify

errors in transfers, data entry, and screening protocols before public use of the system.²² Denver's STAR program embedded a mental health clinician into the PSAP in order to support communication between the behavioral health system and 911, and created easy-to-follow call guidelines for dispatchers to determine the most appropriate responding entity: mental health, EMS, co-response, or only law enforcement.²³

Develop Sustainable Financing Mechanisms to Pay for 988

In order for 988 call centers to be fully functional and responsive 24/7/365, there must be adequate funding to sustain both operations (especially if there is increased call volume) and access to additional services such as mobile response and crisis stabilization. Currently, the Lifeline and a patchwork of local crisis or information lines are funded, often inadequately, by multiple resources. The National Suicide Hotline Designation Act creates an opportunity for states to establish fees to support implementation and operation of 988 call centers, and several states have passed or introduced legislation to finance 988. Systems should calculate the costs of operating 24/7/365 call centers, as well as the various resources necessary to support upfront and ongoing infrastructure, operations, training, and staffing to ensure quality interventions and access to vital services.

Budgeting plans should include technology, both hardware and software; enhanced telecommunications to support geolocation; and physical location and facilities costs. Systems need to outline the financial implications of staffing a 24/7/365 operation including recruitment, hiring, and training in order to ensure that call takers are equipped with clinical assessment and de-escalation techniques. Staffing financial plans should guarantee that staff have direct access to supervision and support for calls that are outside the scope of their knowledge. Administrative costs related to meetings with community partners, regular audits to ensure quality control and performance monitoring, and data collection and analysis should be accounted for as well. While there is uncertainty about the impact that 988 rollout and implementation will have on call volume, projections suggest that it will increase.^{24, 25} Vibrant Emotional Health, the organization that operates the Lifeline, has developed

cost and volume projections for the states, territories, and Washington D.C. to assist in planning.²⁶

If upstream services like crisis stabilization programs, outpatient services, intensive services, and peer supports are not accessible, the crisis system may be overwhelmed.

The planning phase must identify the types of resources that can support these functions. Ideally, 988 call centers should receive dedicated operations funding that is not vulnerable to annual fluctuations. State legislation may have a role in establishing funding, such as bills introduced recently in several states for telecom fees, to support the 988 system. Virginia successfully passed legislation that increases the 911 fee and establishes an additional 988 fee. The money from the 988 fee will go to a Crisis Call Center Fund which will support a continuum of crisis services. States should work to ensure that such funds are allocated back into their crisis systems, rather than diverted to alternate systems.^{27, 28} Rather than increasing the 911 surcharge, Colorado established a fee that only applies to 988.²⁹

Medicaid, federal block grants, and other state-level resources could be used to support some operations. Medicaid can be an important source of funding, but only pays for

20. Hepburn, S. (2021, June 1). [Austin's 911 call center integrates mental health call crisis diversion](https://bit.ly/3B8SrwU). #CrisisTalk. <https://bit.ly/3B8SrwU>

21. Hepburn, S. (2021, June 1). [Austin's 911 call center integrates mental health call crisis diversion](https://bit.ly/3B8SrwU). #CrisisTalk. <https://bit.ly/3B8SrwU>

22. Uliano, D. (2021, May 26). [DC begins final testing in shifting 911 calls to mental health counselors](https://bit.ly/38c41ef). WTOP News. <https://bit.ly/38c41ef>

23. Sailon, C., (2021, September 7). Personal communication with Jordan Gulley [videoconference]

24. U.S. Federal Communications Commission, Wireline Competition Bureau and Office of Economics and Analytics (2019). [Report on the National Suicide Hotline Improvement Act of 2018](https://bit.ly/3mdWeVy) [PDF]. <https://bit.ly/3mdWeVy>

25. Vibrant Emotional Health (2020). [988 serviceable populations and contact volume projections](https://bit.ly/3j06sXy) [PDF]. <https://bit.ly/3j06sXy>

26. Vibrant Emotional Health (2021). [988 Center-Level Cost Estimates](https://bit.ly/3mahGcn) [PDF]. <https://bit.ly/3mahGcn>

27. Hepburn, S. (2021, May 4). [Virginia is first state to pass 988 service fee legislation](https://bit.ly/3yiLho6). #CrisisTalk. <https://bit.ly/3yiLho6>

28. Federal Communications Commission (2021, April 1). [911 fee reports and reporting](https://bit.ly/2Wnq2V8). Retrieved August 25, 2021 from <https://bit.ly/2Wnq2V8>

29. Colorado Legislative Council Staff (2021). [Final fiscal note for S.B. 21-154: 988 Suicide Prevention Lifeline Network](https://bit.ly/2UOefyv) [PDF]. <https://bit.ly/2UOefyv>

services for Medicaid beneficiaries, not those who are uninsured or are covered by other third party insurance. Many states have included call center services in their Medicaid waivers or State Plans in order to allow for reimbursement for 988 services. Utah proposed to explore partnerships with insurance companies to complement its system and reimburse for services not covered by Medicaid.³⁰ The American Rescue Plan Act allows states

the opportunity to enhance funding for mobile crisis services that can work in tandem with 988 to ensure adequate response to individuals in crisis.³¹ However, it is critical that systems address financing to link to upstream services as part of planning for 988. If upstream services like crisis stabilization programs, outpatient services, intensive services (e.g., ACT), and peer supports are not accessible, the crisis system may be overwhelmed.

Develop Marketing and Communications Strategies for 988 Implementation

In some areas, there are multiple local crisis call lines with varying functions, creating potential confusion. 988 implementation has the potential to mitigate such problems, providing a single recognizable way to get assistance for people experiencing a behavioral health crisis. In order for 988 to be used as readily as 911, however, a significant effort must be made to educate the public. Systems should consider appropriate timelines of marketing plans for specific populations, such as the public, so as not to create confusion regarding when the number becomes functional. Marketing and education on when to call 988 instead of 911 will need to be delivered over a long period in order for it to become ingrained with groups and in order to reach key groups that may need additional outreach. As national marketing and communications strategies are developed over the next year, local systems should align with and build on

these campaigns. Systems should identify how 988 will be described and marketed to specific target audiences (e.g., police and fire departments, EMS, schools, and the general public). Some of this communication, particularly for involved public systems, should come before July 2022, but much of it should be focused on general awareness after 988 becomes available across telecommunications platforms.

Different audiences will require different messaging. For the public, it may be necessary to provide messaging that conveys the essential functions of the 988 system and explains how to use the system, as well as general education on recognizing signs of a behavioral health crisis. More tailored messaging and training should be directed to behavioral and general health care providers; law enforcement; EMS; human and social services; housing; and other public and private systems likely to interact with people experiencing behavioral health crises. Marketing plans should be designed with input from individuals with lived experience and their family members in order to ensure that communication is effectively geared toward those who benefit from the service. Tensions may arise if more developed crisis behavioral health systems connected with 988 want to publicize 988 capacity that is not generally available outside of their region. States should work with community 988 systems to ensure that local messaging does not confuse potential users or create false expectations about 988 capacity more generally.

Marketing plans should be designed with input from individuals with lived experience and their family members in order to ensure that communication is effectively geared toward those who benefit from the service.

30. *988 Mental Health Crisis Assistance*, Utah Senate Bill 155 (2021). <https://le.utah.gov/~2021/bills/static/SB0155.html>

31. Traube, A., Boozang, P., & Guyer, J. (2021, April 30). *American Rescue Plan provides a new opportunity for states to invest in equitable, comprehensive and integrated crisis services*. State Health & Value Strategies. <https://bit.ly/2XUsQtb>

Identify and Address Potential Implementation and Transition Issues

Implementation of 988 provides an opportunity to improve access to emergency mental health services, but also comes with risk if not done well. Systems must identify potential implementation and transition issues in order to minimize confusion for potential callers, 911 call centers, first responders, and others. In many systems, nothing will change, and calls to previously existing Lifeline call centers will function as before. In other systems that create additional 988 capacity, possibly by converting existing non-Lifeline call centers, there may be new volume, capacity, training, interoperability, or other issues that need to be addressed to minimize problems with response.

States should consider adopting timelines and projected targets based on a deliberate vision of what 988 capacity should be within the first six months versus two years into implementation. Systems should plan to address potential increases in call volume as more people call 988 instead of 911, and should incorporate timeframes for capacity-building — including staffing and training for call centers and mobile crisis teams — that may, over time, reduce the number of calls redirected to 911. Many communities are experiencing difficulty in locating qualified behavioral health staff and this challenge is exacerbated in rural areas so systems may need to incentivize staffing and strengthen their peer networks.³² Systems will need to manage how capacity-building information is communicated to the public to protect against frustrations that might lead people to revert to 911.

All crisis centers participating in 988 will have to meet Lifeline standards,^{33, 34, 35} so for systems that already utilize Lifeline systems, the target deadlines will be more

aggressive as 988 rollout will have minimal initial impact on operations. Communities planning to convert centers or create new 988 call centers can anticipate more

Systems must identify potential implementation and transition issues in order to minimize confusion for potential callers, 911 call centers, first responders, and others.

issues during the implementation phase. States can consider designating Certified Community Behavioral Health Clinics (CCBHCs) as 988 call centers, as 75 percent of CCBHCs currently operate 24-hour call centers but only 21 percent participate in the National Suicide Prevention Lifeline network.³⁶ Planning will need to include evaluation of current systems in order to create realistic timelines and contingency plans for anticipated challenges. Regular meetings between key stakeholders should be held throughout the transition in order to identify gaps in the system where individuals are not receiving adequate care. Systems should modify implementation based on feedback from callers, providers, mobile crisis, law enforcement, and other community partners.

Develop Strategies to Monitor Performance and Troubleshoot Problems

Planning should include a monitoring and performance framework that begins on day one. This framework should specify the types of data to be collected by 988 and 911 call centers, and whether and how data will be shared between the two networks and with key stakeholders. Data should also be collected from existing call centers that do not convert to 988 in order to fully understand the

volume and types of calls coming in throughout the system, as well as to identify performance improvement strategies and cost efficiencies. Lifeline and SAMSHA have identified core required reporting measures that include both operational and service-oriented metrics such as call volume, average speed of answering calls, call abandonment rate, and number of individuals connected to services, as well

32. Gale, J., Janis, J., Coburn, A., & Rochford, H. (2019). *Behavioral health in Rural America: Challenges and opportunities* [PDF]. Iowa City, IA: Rural Policy Research Institute. <https://bit.ly/2Y1dUtx>

33. National Suicide Prevention Lifeline (n.d.). *Minimum requirements* [PDF]. <https://bit.ly/3kr3nPF>

34. National Suicide Prevention Lifeline (2007). *National Suicide Prevention Lifeline (NSPL) suicide risk assessment standards* [PDF]. <https://bit.ly/3sXayD9>

35. National Suicide Prevention Lifeline (2010). *National Suicide Prevention Lifeline policy for helping callers at imminent risk of suicide* [PDF]. <https://bit.ly/2XHMP88>

36. Jones Chandler, L., Parks, J., Goldfinger, J., & Aguilar, M. (n.d.) *Fulfilling the promise of 9-8-8: Understanding the behavioral health crisis care continuum* [PowerPoint slides]. Vibrant Emotional Health. <https://bit.ly/3gBnGJ3>

as documentation requirements.^{37, 38} States will need to assess the structure, services, and caller outcomes for the 988 call center. There are significant national disparities in access to behavioral health care between white people and black, indigenous and people of color (BIPOC) populations,³⁹ as well as racial disparities in death by suicide.⁴⁰ Whenever it is possible and clinically appropriate to do so, call centers should attempt to obtain as much demographic information as possible from callers in order to support system evaluation. This information can help states evaluate whether outcomes vary based on race, gender identity, and other factors, in order to address any disparities in access to services. The 988 system allows states to collect data across the continuum in a more comprehensive way in order to evaluate overall behavioral health system efficacy and health outcomes of individuals. Some states and localities, such as Arizona and Washington DC, have

positioned the Lifeline call center within the behavioral health system to allow for real time data collection related to the individual. This allows for the behavioral health system to track follow-up, outcomes, and ongoing service connection, and to evaluate system interventions.⁴¹

In order to support data improvement, systems should also collect and analyze data jointly to inform cross-system decision making. Data-sharing and use agreements should be planned now to address privacy concerns related to the Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR Part 2 regulations for SUDs. States should also identify mechanisms for oversight and quality assurance, both evaluating long-term outcomes and providing shorter-term feedback that facilitates the real-time resolution of problems.

Ensure Connections and Access to Upstream Services

States and localities should identify potential avenues to prevent and divert burgeoning crisis situations through connection to upstream community services. Evidence shows that calls to Lifeline and other mental health crisis lines can be deescalated and diverted at the call level, and that connecting people to urgent treatment and supports is critical.⁴² Existing and new 988 call centers must establish connections with a range of services for people to access in order to continue to deescalate the person's crisis. In most systems, these services should minimally include mobile response teams, crisis stabilization, outpatient treatment, intensive in-home supports, and housing. Expansion of access to these services can help ensure the crisis system is not overwhelmed. In addition to providing mobile crisis supports, CCBHCs are in a unique position to assist with linking individuals to preventive care by providing same-day access to behavioral health services in a non-hospital setting.⁴³ Call centers should also maintain relationships with community-based providers to provide warm-handed referrals to existing supports, such as ACT teams, in order to divert emergency services utilization. States and localities will need to plan holistically for how call increases will impact not only behavioral health system capacity, but other social services as well, such as

housing and benefits. Coordination with homeless services and housing providers as well as connection to public benefits should be considered as call centers assess potential

Given that individuals seen in a hospital emergency department often do not follow up with recommended care, call centers should identify strategies for individuals connected to these services, to ensure service connection at the resolution of the crisis through follow-up.

partnerships. Anticipated increased call volume may create additional strain on upstream services. Moreover, if 988 is not able to connect individuals experiencing emerging

37. National Suicide Prevention Lifeline (n.d.) Crisis call center metrics part 1: Service and efficiency [PDF]. <https://bit.ly/3DqqX7l>

38. Substance Abuse and Mental Health Services Administration (2020). National guidelines for behavioral health crisis care best practice toolkit [PDF]. Rockville, MD: Substance Abuse and Mental Health Services Administration. <https://bit.ly/2XVmxpj>

39. Department of Health and Human Services, Agency for Healthcare Research and Quality (2020). 2019 National Healthcare Quality and Disparities Report [PDF]. Rockville, MD: Agency for Healthcare Research and Quality. <https://bit.ly/2WDM6zE>

40. Suicide Prevention Resource Center (n.d.). Racial and ethnic disparities. Retrieved October 1, 2021, from <https://www.sprc.org/scope/racial-ethnic-disparities>

41. Flannery, D. (September 24, 2021). Personal communication with Jordan Gulley [videoconference]

42. Vibrant Emotional Health (n.d.). FAQ for understanding 988 and how it can help with behavioral health crises [PDF]. <https://bit.ly/3liuMD4>

43. National Council for Mental Wellbeing (2021). Leading a bold shift in mental health & substance use care: CCBHC impact report, 2021 [PDF]. <https://bit.ly/3ohnfcv>

crises to diversionary services, situations may escalate to requiring emergency or 911 response.

Given that individuals seen in a hospital emergency department often do not follow up with recommended care, call centers should identify strategies for individuals connected to these services, to ensure service connection at the resolution of the crisis through follow-up. Research shows that follow-up prior to a behavioral health appointment increases the likelihood that the individual will attend the appointment.⁴⁴ Depending on capacity and system design, there are opportunities for follow-up prior to hospital discharge. Some states and localities embed peer recovery

specialists, individuals with lived behavioral health experience who have been successful in their recovery journey, into hospital emergency departments and other community-based teams. These peers ensure that individuals in crisis are connected to ongoing preventive behavioral health services; call center staff can coordinate with them to increase supports as needed.⁴⁵ In its current iteration, the behavioral health system is disjointed and often difficult for individuals to navigate, but the National Suicide Hotline Designation Act of 2020 allows states to evaluate not only crisis services, but preventive and ongoing community care as well, in order to create a comprehensive continuum of care.

Conclusion

In this paper, we have examined the need for systems to actively plan the design and implementation of the new 988 national crisis hotline, and have identified specific activities to address in this planning. Each of these activities requires a deeper analysis and assessment, with specific strategies to ensure successful implementation of 988. The launch of 988 provides a significant opportunity to make accessing mental health professionals in emergencies easier. While the new 988 number creates a national strategy to improve access to care during mental health emergencies, systems throughout the U.S. must identify and develop strategies that meet local needs.

The capacity of 988 systems and connected behavioral health crisis systems will vary considerably in states and

localities, and the process of improving these systems will extend far beyond July 2022. Planners will need to consider how to publicize and use these evolving systems in a way that leverages and supports their potential without leading to frustration and poor outcomes that could impair success. Systems need to work toward the point where local mental health systems and providers feel legally safe and ethically comfortable with changing their voicemail messages from “if you are experiencing a mental health emergency, dial 911” to “dial 988.” A world in which dialing 988 provides a consistent effective behavioral health crisis response will be one with more efficiently used resources, better outcomes, and an improved experience for individuals and families experiencing a behavioral health crisis.

More Information

- [Report on the National Suicide Hotline Improvement Act of 2018 \[PDF\]](#)
- [Vibrant Emotional Health 988 Behavioral Health Crisis Care Continuum \[PDF\]](#)
- [Mental Health America 988 FAQ \[PDF\]](#)
- [Following Up With Individuals at High Risk for Suicide: Developing a Model for Crisis Hotline and Emergency Department Collaboration \[PDF\]](#)
- [State Suicide Prevention Infrastructure Recommendations \[PDF\]](#)

44. National Suicide Prevention Lifeline & Vibrant Emotional Health (2021). [Crisis center guidance: Follow-up with callers and those discharged from emergency department and inpatient settings \[PDF\]](#). <https://bit.ly/2WtSnsJ>

45. Richardson, J. & Rosenberg, L. (n.d.). [Peer support workers in emergency departments: Engaging individuals surviving opioid overdoses — qualitative assessment \[PDF\]](#). Washington, D.C.: National Council for Behavioral Health. <https://bit.ly/38gckpn>



Mary Maragos
CEO, Community Health Center
November, 2021

Adding Walmart to our 340B Program- On November 3 the Governing Council gave its approval to add Walmart Pharmacies to our 340B Program. Based on our patients' current use of area Walmart Pharmacy locations, an analysis from Verity (our 340B Administrator) shows we can expect an additional net revenue of about \$11,000 per month from 340B. We will start with 3 locations – 2 local and one for mail-order. Previous payment terms with McKesson (the pharmaceutical wholesaler) prevented us from collaborating with Walmart but are now more favorable. We can include these Walmart locations starting on January 1, 2022.

Approval of Global Security contract- The Governing Council gave its approval to renew our contract with Global Security services. Although the rates have gone up in the last year, we have been satisfied with their services.

COVID Vaccinations – As of 10/21/21, we have provided a total of 1422 vaccinations against COVID-19, using either Moderna or Pfizer vaccine, to adults and children ages 12 and over, including 3rd doses and boosters. Of these, 51% have been to persons of Latino/Hispanic ethnicity. 72% of vaccine recipients have been from a racial or ethnic minority. We are ready and waiting to administer Pfizer vaccinations for children ages 5-11 on Monday 11/15, and plan to mount a population health campaign to our 683 pediatric patients in this age group.

COVID Testing – We still await a shipment of instant PCR point-of-care tests for COVID/flu/RSV from Cepheid. They are now citing a hold-up due to supply chain problems and increased demand. We recognize the acute need for this testing and have a couple of nurses available for the testing once available. At this time, we are planning for testing within our health center or just outside, at the back delivery area.

Strategic Planning – In our December meeting, we'll focus on strategic planning for 2022. We'll examine financial, quality, and operational data from 2021, and current health-related trends in our health center, community, and state. We are in the process of surveying our staff as well. Any and all Board of Health members are welcome to join us at 4:00pm on Wednesday December 1. The meeting will be held virtually, on TEAMS. Please let Mary Kilbride (mkilbride@willcountyhealth.org) know of your interest, and she'll send you a link to the meeting.

MMaragos 11/9/21

COVID-19 Update:

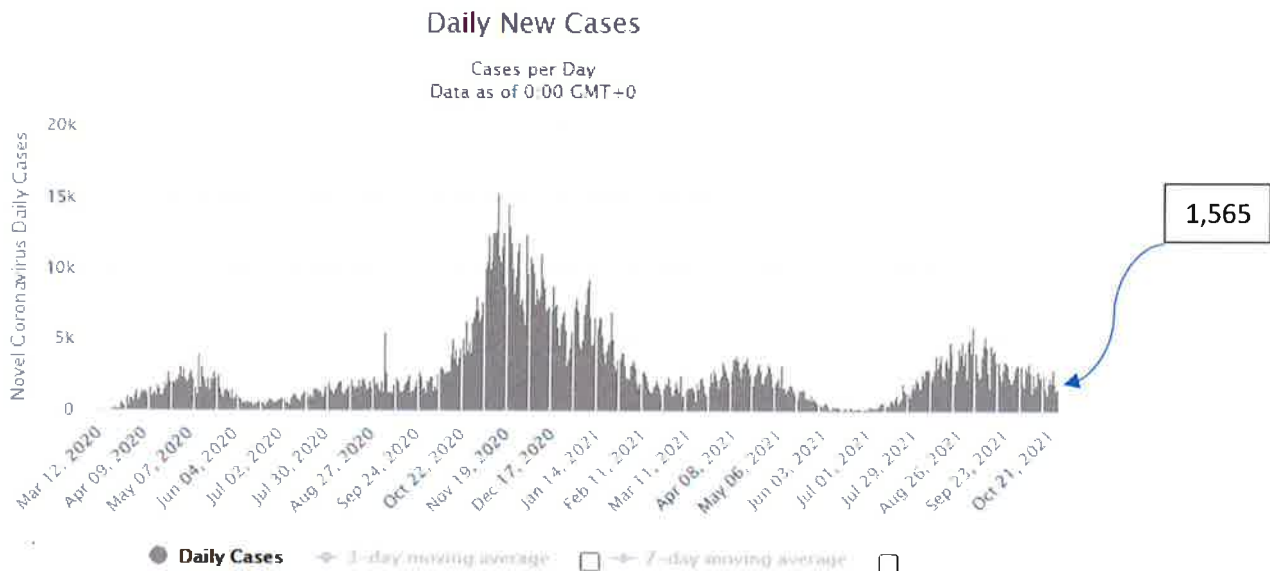
Numbers of Cases (raw numbers)

	<u>Cases</u>	<u>Recovered</u>	<u>Deaths</u>
World	~245 million	~222 million	~4.97 million
United States	~46.4 million	~36.3 million	~ 758 K
Illinois	~ 1.68 million	~ 1.57 million	~ 28 K

~ worldometer.info (as of 10/26/2021)

Total Daily New Cases - Illinois (through October 21, 2021):

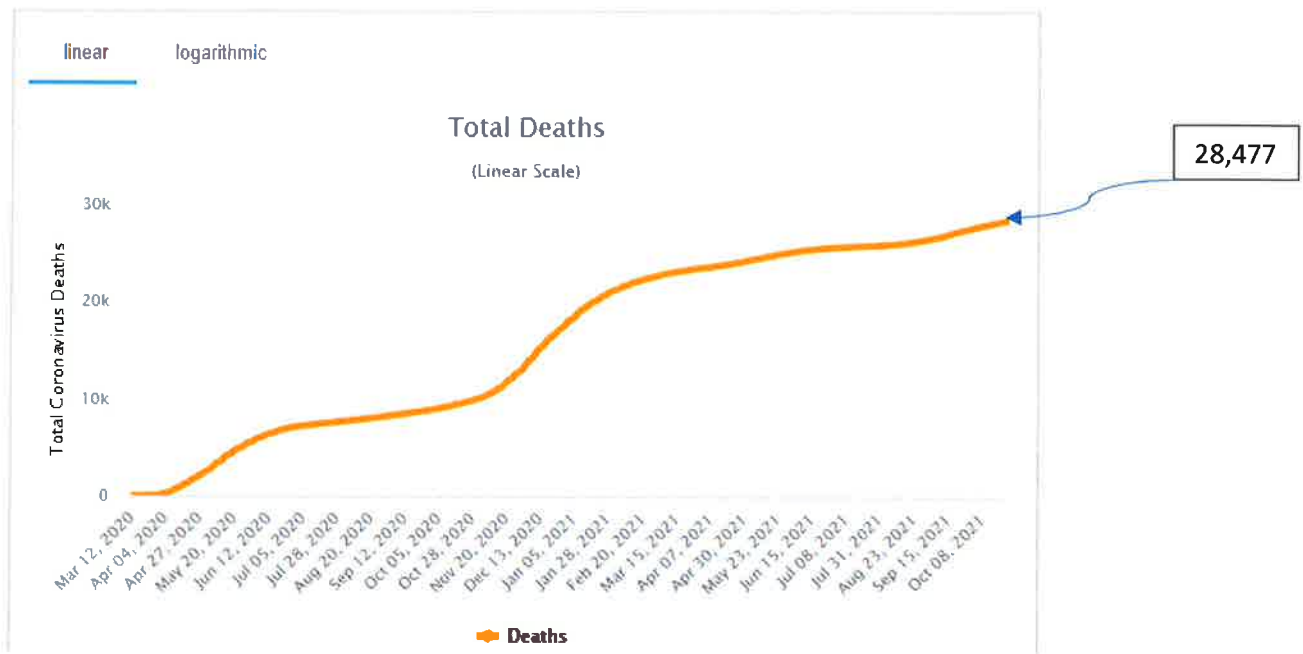
~ **significant** decrease as it is down **from** 3,561 daily new cases in September 2021



~ worldometer.info (as of 10/26/2021)

Total Deaths - Illinois (through October 8, 2021):

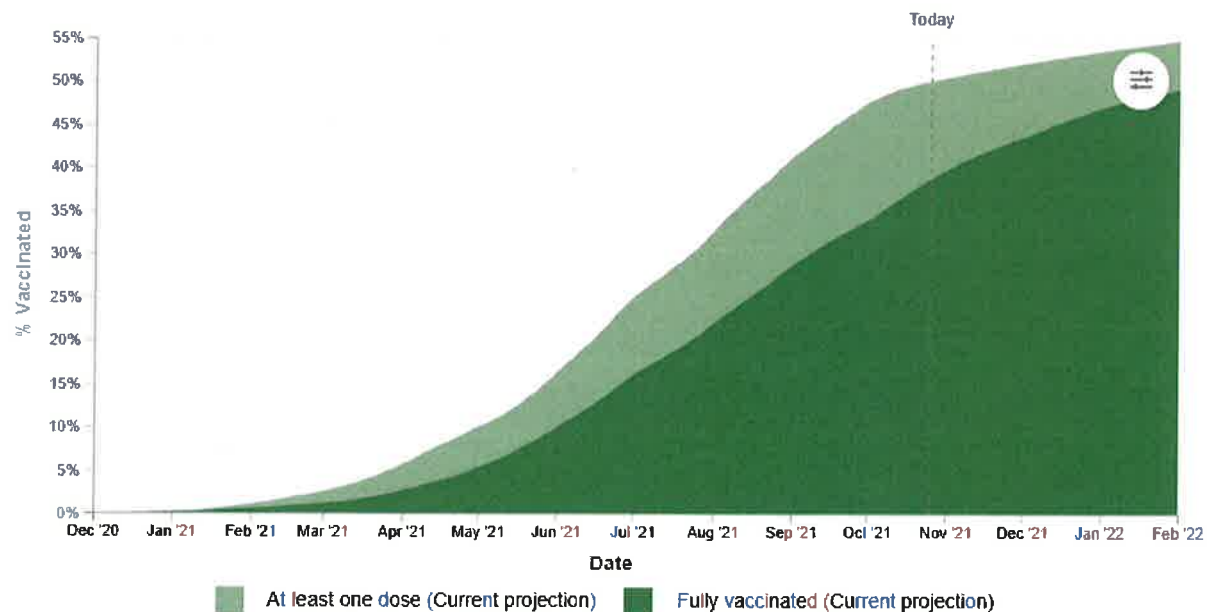
~ Upward trend as is increased from 27,351 total deaths in early September 2021



~ worldometer.info (as of 10/26/2021)

Vaccine Coverage- Global (through February, 2022):

~ 50 % of the world is fully vaccinated



~ healthdata.org (as of October 26, 2021)

Summary (as of October 20, 2021; Institute for Health Metrics and Evaluation)

Current situation:

Increased Mobility:

According to cellphone-based mobility data that is used to track each country in the world – we have now reached a *critical threshold* wherein **mobility, globally, has returned to the level before the COVID-19 pandemic began.**

There are exceptions to this, as in Southeast Asia, that remain in lockdown in an attempt to control the transmission of the Delta Variant surges that are still occurring.

However, ultimately, this increased mobility leads to increased interpersonal interaction, thus increasing the spread of COVID-19...even in the face of vaccinations and mask wearing.

Further to the point of increasing transmission are the facts that:

- in Eastern Europe, Central Europe, some states in the United States, Chile, Baja California, Australia, and New Zealand, **Delta transmission is still going up**, though it is in general and globally trending downward.
- **Winter** is approaching, which brings about the “seasonality of respiratory viruses”...viruses swell in winter months and drop in summer months. This has to do with the fact that people are indoors more during the winter, and often in poorly ventilated facilities, thus increasing transmission.

New Variant Threats:

- There is a new “Y4.2 sub-lineage” of the Delta Variant in the UK. It is unclear as of yet if this new sub-lineage will have any global ramifications.

Waning Immunity:

- Most immunity wanes, some slower than others. The waning of immunity will lead to increased transmission.
- Boosters and Third doses are necessary

Hope:

- Vaccination of children
- Expansion of vaccination efforts
- The advent of new therapies and antivirals...some have been reported to reduce the infection-fatality rate by up to 50%.

Staffing Update:

The following positions remain **vacant** in the health center:

- Family Medicine Physician
- Family Medicine Advanced Practice Registered Nurse
- Mental Health Advanced Practice Registered Nurse
- Psychiatry Physician (telehealth, part-time)
- Psychiatry Physician
- Certified Medical Assistant (2)
- Social Worker (1)
- Registration Supervisor (1)
- Behavioral Health Manager (1)

Thomas Casey
Director, Environmental Health
November, 2021

2022 BILLING

1. On October 25, 2021, EH had completed invoicing for the upcoming FY22. The following is a list of programs with their totals compiled: Food Facilities \$955,930.00, Discounted Food Facilities \$66,467.00, Mobile Food Units \$27,060.00, Vending Machine Companies \$550.00, Septic Contractors and Pumpers \$21,000.00 and IMS Permits to Discharge \$553,180.00. EH has already begun processing fees daily for 2022 permits.

EH LAB / WATER PROGRAM / SEWAGE/ OTHERS

1. As of the most recent update from the week of November 8, 2021, Aqua Water's University Park lead contamination project indicates 90% of samples for the past six months fell below the EPA's threshold of 15 ug/L in their drinking water. Since they switched to zinc orthophosphate, the results continue to improve. Aqua continues to stress flushing the plumbing system in an isolated number of homes.
2. The EH laboratory has analyzed a total of 2,841 samples during the month of October compared to 1,822 in 2020. The lab staff had collected 560 IMS discharge samples in October. We are currently down to one IMS sampler again who is on light duty due to a medical injury.
3. EH processed \$710.00 in past due IMS Permits to Discharge in the month of October.
4. On November 18 and 19, 2021, sanitarian Kyle Moy will attend the 67th Annual IMVCA meeting. He continues to do a great job with the management of our Vector Control Program and the interns who run the routes and test for West Nile. I would like to extend my gratitude to Kyle for all the time and effort he puts into the program.
5. IDPH issued their final West Nile Virus Activity Report dated October 27, 2021. Their lab ran 19,026 samples with 2,660 positive results. They tested 171 dead birds with 27 positives. There were 44 counties with at least one positive sample and 56 human cases with two deaths related to the virus.
6. On November 2, 2021, I participated in an incident response exercise conducted by the USEPA at the Exxon Mobile Refinery located in Channahon. The exercise involved a chemical release of ammonia from the plant, the set up of the Command Center, field Operation groups utilizing air monitoring equipment at various locations on the property and communicating results back to the Command Center. We concluded with a "hot wash" discussion on the day's activities and a tour of the facility. Other participants included: Exxon Mobile, Troy, Plainfield and Elwood firefighters, Will County EMA, ILEPA, ILDNR and consultants from Tetra Tech, Inc.



**Georgia VanderBoegh
Director, Family Health Services
November 2021**

HIV/STD PREVENTION AND SURVEILLANCE & PRE-EXPOSURE PROPHYLAXIS (PrEP) CLINIC

In October, 15 HIV tests were done with 0 new positive cases detected. The team performed HIV testing at River Walk Homes, Joliet Junior College, and participated in "Trunk or Treat" at River Walk Homes. Caitlin Daly, our Community Health Educator for HIV/STD Prevention & PrEP participated in various HIV awareness/education webinars. She also updated the HIV client feedback survey, made the survey available online, and developed promotional materials (flyer with QR code to easily scan and access survey). Survey was piloted in October and fully available to clients to receive feedback starting in November.

The PrEP program saw 1 new patient, had 11 PrEP follow-up visits, and saw 17 patients in the Care Clinic for bloodwork, referrals to Infectious Disease and STD treatment and screenings.

Patrick McCarthy, Community Health Educator, distributed information about our Lead Poisoning Prevention, PrEP, Perinatal Hepatitis B Prevention and STD Programs to 42 clinics and Provider offices. He also distributed Flu information to approximately 100 school nurses.

KEEP IT UP

KIU! is an online, interactive individual-level intervention for young men who have sex with men (YMSM). It can be used across devices (i.e., phones, tablets, and computers), and it uses a variety of content such as videos, interactive animation, and games to increase HIV knowledge, motivate and teach safer behaviors, and instill self-efficacy for HIV prevention strategies. KIU! was recently designated by the CDC as a best evidence risk-reduction intervention and is the first online HIV prevention program developed for young gay and bisexual men to be included in the Compendium of Evidence-based Interventions and Best Practices for HIV Prevention.

Eligible participants:

- report that they were assigned male at birth
- identify their current gender identity as male
- report having condom less anal sex (CAS) with at least one man in the past 6 months
- are between the ages of 18-34, test negative for HIV at the time of registration
- are not on PrEP, or have missed 1 or more doses of their PrEP medication in the past 6 months

We are in partnership with Northwestern University to provide KIU! When WCHD encounter individuals that may qualify for this intervention, staff show them a quick video clip of what the program entails. If they agree to participate, their information is given to Northwestern, and they take it from there, getting consent, and enrolling them in the program.

We have access to a shared dashboard where we can monitor the progress of each enrollee. Participants are incentivized with \$10.00 visa gift cards after they complete the intervention's episodes or reach certain milestones. In addition, they are offered STU testing through the care clinic. WCHD staff also reached out to remind the participants when additional episodes are available for completion or when STI testing is suggested.

WOMEN, INFANTS, CHILDREN SUPPLEMENTAL NUTRITION PROGRAM (WIC)

For October, 95 new clients were added for a total of 8,037 enrolled clients. The number of clients that received services in October increased by 36. The waiver that allows staff to do all WIC business by phone has been extended to mid-April 2022.

BETTER BIRTH OUTCOMES PROGRAM

Better Birth Outcomes (BBO) is a DHS funded case management program that follows the highest risk pregnant women in Will County throughout their pregnancy until 6 weeks postpartum. Illinois is one of 22 agencies in the State of Illinois that receives this grant.

The goal of the program is to prevent preterm birth and complications associated with various medical conditions and social issues through prenatal education, support, and care coordination.

The RN case manager provides prenatal education based on the March of Dimes curriculum by meeting monthly with the client and by conducting a home visit once a trimester. Currently, visits are conducted telephonically and home visits are on hold due to Covid.

Participants are referred to community services and resources based on their individual needs and concerns.

A Perinatal Depression Screening is conducted during the prenatal period, as well as postpartum. Referrals are made for mental health concerns as necessary.

Birth control is discussed with the client and a reproductive life plan is formulated as part of their interconceptional care.

DHS has very recently begun to collect data about how the BBO program impacts the rate of pre-term births.

Anecdotally, BBO has impacted clients in a positive manner because of the support and guidance provided by our team of knowledgeable, experienced RNs. Clients have easy access to our RNs for questions and concerns, and this communication has prevented neonatal and maternal complications on several occasions.

HIGH-RISK INFANT FOLLOW-UP (HRIF) PROGRAM

The HRIF program provides case management services to infants and toddlers up to the age of two that had a medical condition diagnosed in the neonatal period. The purpose of the infant follow-up program is to minimize disability in high-risk infants by identifying, as early as possible, conditions requiring further evaluation, diagnosis, and treatment, and by ensuring an environment that will promote optimal growth and development. High-risk infants are referred to the health department through the Adverse Pregnancy Outcome Reporting System (APORS) by the hospital or medical provider. Registered nurses provide education, support and guidance to parents and families of high-risk infants. Participants receive a minimum of six visits that are offered at specific intervals in the first 2 years of life. Developmental screenings are done starting at 6 months and referrals to early intervention services (OT, PT, Speech and developmental therapy) are made as deemed appropriate. Home visits are conducted to assess the home and family environment and to facilitate early intervention of identified problems, including those related to sleep safety. Currently, all HRIF services are conducted telephonically and home visits are on hold due to Covid. Anecdotally, the HRIF program has helped families access services in a timelier fashion. Additionally, the valuable support and guidance provided to families by our team of RNs is immeasurable and lifesaving.

ADOLESCENT HEALTH GRANT

Youth-Friendly Education Materials

During October, AH staff distributed 63 youth friendly materials and created a one-page tip sheet for adolescents transitioning from pediatric healthcare to adult health care. This tip sheet provides a breakdown, by age, of the steps that should be taken to transition successfully to adult health care. Tips include knowing who your doctors are, how to make an appointment and knowing your medical history. This tip sheet can also be found on our Adolescent Health program page on the HD website. In addition, AH staff posted a total of 25 social media messages on the Will County Health Department Facebook, Twitter and Instagram pages. The messages promoted the importance of annual well-care visits, youth mental health awareness, certified application counseling services provided by the CHC, local food pantry information, and general health education for adolescents. The posts reached a total of 12,099 people, and there were 106 engagements.

TOBACCO CONTROL & PREVENTION

Will County Substance Abuse Prevention Coalition (WCSAPC)

Tobacco staff have been invited to attend the Community Anti-Drug Coalitions of America (CADCA) National Leadership Forum in early January 2022. As a part of this conference, Tobacco staff submitted an application to do a poster presentation at the Coalition Ideas Fair portion of the conference. Staff submitted an evidence-based, detailed proposal for this presentation on the work of the Hidden In Plain Site (HIPS) trailer and will be notified mid-November regarding acceptance. The HIPS trailer is a unique community education initiative sponsored by the Will County Sheriff's Office, and our staff hope to be able to share the efforts of the trailer and the coalition by being chosen to present at this conference.



Katie Weber
EP&R Coordinator
November, 2021

BINAX NOW UPDATES

53,440 BinaxNOW rapid COVID tests have been provided to 89 organizations that are providing tests at more than 150 county locations.

Expiration Extensions - Despite months of communication with Abbott, the test manufacturer, and IDPH, we have no final resolution regarding test usage after the expiration date. It does appear, for the time being, there will be no further expiration extensions.

Test Inventory - We continue to meet Will County's needs for tests. WCHD inventory varies, based on community outbreaks, number of participating organizations and IDPH deliveries.

Coordinating with Surrounding Counties - During a recent outbreak, Grundy County Health Department could not meet their immediate test needs. We were asked and provided tests to two schools, one with a large number of Will County residents, and a fire department.

We recently received 1920 tests that DuPage County could not utilize prior to expiration. These tests were placed at 11 of our busiest sites, to be used in the next two weeks.

OSHA Testing Requirements - We have received questions regarding our ability to provide tests to the businesses with 100+ employees that will be required to test those who are not vaccinated.

The question has been submitted to IDPH regarding the number of tests that can be made available to us for businesses, such as critical infrastructure, large employees, and/or others. At this time, we have no answer.

We are still attempting to locate sources where these organization can obtain tests, if IDPH can not meet the needs.

Planning Tool - As sites enter the program, or during the testing cycle, events influence the number of tests used. Tests are initially ordered based on assumptions, without knowledge of the Governor's Orders or outbreaks. The number of tests used changes daily, weekly and monthly.

Months into the program there is data available at each site sufficient to determine the average number of tests used per week. Knowing at any time there could be an outbreak, which would greatly influence testing.

To assist in planning, a form was developed and sent to each participating organization. Information related to: number of tests at each site, expiration dates, number of tests used per week, number of testing locations, if all tests will be used by their expiration date.

We learned, from these reports, that many sites had test kits (40 test packages) that would not be used by the expiration dates. These unopened kits are being returned and provided to other county sites that will use them before they expire. This is done with IDPH's knowledge and assuring chain-of-custody is documented.

Medical Reserve Corps (MRC)

WCHD MRC COVID-19 Vaccination Clinic Hours									
	On-Site			Off-Site			Totals		
2021 Month	# of volunteers	On-Site hours	On-Site Value	# of volunteers	Off-site hours	Off-Site Value	Total # of volunteers	Total Hours	Total Value
January	32	769.5	26,581.00	0	0	0	32	769.5	26,581.00
February	59	1505	59,042.29	7	45	2,062.32	66.00	1550	61,104.61
March	114	2523	93,636.51	21	95	4,330.46	135.00	2618	97,966.97
April	101	1644	58,530.47	10	69	3071.19	111	1713	61,601.66
May	55	471	16,743.62	14	65	2829.27	69	536	19,572.89
June	54	567	21,007.71	6	30	1255.45	60	597	22,263.16
July	30	234	9,755.73	9	32	1312.53	39	266	11,068.26
August	20	146	6,338.91	23	108	4088.43	43	254	10,427.34
September	25	244	12,230.48	12	60	2,351.20	31	304	14,581.68
October	24	131	5,785.71	5	27	1,137.89	29	158	6,923.60
Total	514	8234.5	309,652.43	107	531	22438.74	615	8765.5	332,091.17

WCHD Student Nurse COVID-19 Vaccination Clinic Hours					
2021 Month	JJC	Lewis U	Rasmussen	USF	Total Hours
January	172	54	0	88	314
February	290.5	223.25	568.25	192	1274
March	327.5	312.5	340	0	980
April	296	354.75	421	0	1071.75
May	0	0	1123	0	1123
June	0	0	328.25	0	328.25
July	0	0	325	0	325
August	0	0	748	0	748
September	0	0	191.5	136	327
October	0	30	457.5	224	711.5
Total	1086	974.5	4502.5	640	7202.5



FOR IMMEDIATE RELEASE:
November 3, 2021

For more information, contact:
Anastasia Tuskey (815) 530-2372

Will County Health Department to Offer Vaccine Clinics for Pediatric COVID-19 Vaccinations

WILL COUNTY – After approval earlier this week by the Food and Drug Administration (FDA), the Center for Disease Control (CDC) today is recommending the Pfizer COVID-19 vaccine for children ages five to 11. Beginning Monday, November 8, the Will County Health Department is joining local pediatricians, pharmacies, and federally qualified health centers (FQHCs) and other community partners to administer this life-saving vaccine.

“We are proud to offer this important vaccine to younger children in our county,” said Sue Olenek, Executive Director of the Will County Health Department. “The more people we have fully vaccinated, the closer we get to herd immunity, and decrease the opportunity for the virus to continue to mutate.”

The Pfizer pediatric COVID-19 vaccine will be administered in a two-dose series, given three weeks apart. The pediatric vaccine will be available at the Will County Health Department vaccine clinics and several clinics held at schools across the county.

“Our vaccine clinic at the health department will be offering the Pfizer pediatric vaccine during our clinic hours on Mondays, Tuesdays, and Thursdays,” said Cindy Jackson, Director of Mass Vaccination. “We urge all parents to have their children vaccinated. The Pfizer vaccine is safe and effective and will protect our children and their families.”

Vaccine clinics will also be offered at Plainfield North High School, Manhattan Junior High School, Joliet West High School, Bolingbrook High School, Fairmont School, Peotone High School, and Reed Township Office. To schedule an appointment, visit the website: <https://willcountyhealth.org/covid-19/vaccine-for-ages-5-11>.

To read the Vaccine Information Fact Sheet for Children ages 5 to 11, visit: <https://www.fda.gov/media/153717/download>. For more information regarding COVID-19 vaccinations for children 5 to 11 years old, visit: <https://www.cdc.gov/vaccines/covid-19/planning/children.html>.



FOR IMMEDIATE RELEASE:
October 21, 2021

For more information, contact:
Anastasia Tuskey (815) 530-2372

WILL COUNTY HEALTH DEPARTMENT OFFERS SAFETY GUIDELINES FOR HALLOWEEN AND OTHER FALL ACTIVITIES TO KEEP FAMILIES HEALTHY

JOLIET, IL – The Will County Health Department (WCHD) has released updated guidance by the Illinois Department of Public Health (IDPH) to help people celebrate Halloween and other Fall festivities more safely, as the County continues to battle the COVID-19 pandemic.

“We are committed to keeping everyone in Will County healthy and safe this Fall Holiday Season,” said Sue Olenek, Executive Director of the WCHD. “These precautionary guidelines are simple actions we can each take to enjoy trick-or-treating, fall festivals and Día de los Muertos and keep each other safe, especially children younger than 12 years old, since a vaccine is not yet available for them.”

Olenek said that the most effective way to protect against the virus is to get vaccinated. The Health Department continues to hold vaccination clinics and work with partners throughout Will County to provide free vaccines. To find the nearest location, visit www.willcountyhealth.org for the most up to date information.

“As families and individuals throughout Will County celebrate this fall, I join the Health Department in encouraging everyone to take the necessary steps to stay safe and protect themselves from COVID-19,” said Jennifer Bertino-Tarrant, Will County Executive. “I also want to urge individuals who have not been vaccinated to consider getting the vaccine to keep themselves and their loved ones safe.”

The guidelines released by the State of Illinois Health Department include:

Masks

Masks are currently required, per [Executive Order](#), in all indoor public locations in Illinois. A costume mask is ***NOT*** a substitute for a well-fitting [mask to prevent the spread of COVID-19](#). Wearing a costume mask over a face covering to prevent the spread of COVID-19 is not recommended because it could make breathing more difficult. Safer options include choosing a

costume that does not come with a costume mask or find a costume that incorporates a face covering.

Trick-or-Treat

Trick-or-treating outdoors in small groups is best. If outdoors is not an option, there are steps people can take to make indoor trick-or-treating safer. Those handing out tricks or treats indoors should open doors and windows as much as possible to promote increased ventilation and wear a mask. It is also important for everyone handing out or receiving treats to wash their hands. Alternatives to door-to-door trick-or-treating can include setting up tables in a parking lot or other safe outdoor area where individually wrapped treats can be set out or holding an outdoor costume parade for kids along with a parent/guardian.

Haunted Houses, Woods, Walks

Open-air haunted houses are safer than an enclosed haunted house. Masks are required to be worn in indoor haunted houses and the number of people should be limited to reduce crowding. Other options include visiting outdoor haunted woods or going on a haunted walk.

Pumpkin Patches, Orchard Visits, Fall Festivals

Schedule visits to pumpkin patches, orchards, and festivals at times that aren't as busy. Also limit exposure by moving away from crowded areas and wearing a mask.

Halloween Parties and Social Gatherings

Large gatherings increase the risk of COVID-19 transmissions and outdoor parties are safer than indoor parties. If indoors, masks must be worn in public places, but can also be worn in private settings where physical distancing is difficult. For indoor gatherings, try to increase air flow by opening doors and windows.

Día de los Muertos

Holding events and activities outdoors to honor deceased loved ones for Día de los Muertos is safer than indoors. If gathering indoor, increase air flow by opening windows and try to physically distance as much as possible. Another option to celebrate and remember deceased loved ones is to exchange traditional family recipes with family or neighbors that they can make at home.

If you have symptoms of COVID-19 or have been exposed to someone who has COVID-19, do not participate in any Halloween or fall events.

More information on Halloween and Fall Guidance is on the IDPH website at <https://dph.illinois.gov/covid19/community-guidance/Halloween>.

**WILL COUNTY HEALTH DEPARTMENT
BOARD OF HEALTH REPORT
11/17/2021
October 2021
Stats**

Behavioral Health Statistics for 10/1/2021 - 10/31/2021	Month of October 2021	CFY 2021	CFY 2020
Child and Adolescent (C&A) Mental Health Programs	C&A Psychiatric Services		
	175	2,401	2,613
	C&A Orientation Services		
	30	339	189
	School Counseling Services		
	18	32	106
Joliet Office	170	579	1,123
Northern Branch Office	37	37	290
Telephonic Services	154	3,347	2,533
Eastern Branch Office	0	0	N/A
Screening Assessment and Support Services/Mobile Crisis Response	Mobile Crisis Response Screenings		
*Effective October 1st the SASS Program has been renamed to Mobile Crisis Response and now includes individuals of all ages	225	2,099	1,691
	Mobile Crisis Response Counseling Services		
	376	4,953	4,142
ICC (Intensive Care Coordination)/FSP(Family Support Program)	FSP Counseling Services		
*Effective October 1st the ICC Program name changed to Family Support Services (FSP)	22	458	493
Adult Mental Health Programs	Adult Psychiatric Services		
	Terminated Program 7/2016		N/A
	33	250	179
	Adult Counseling Services		
Joliet Office	115	402	792
Northern Branch Office	9	9	197
Eastern Branch Office	0	0	59
Telephonic Services	288	4,031	3,383
	PAS Services		
PAS/MH	24	284	316

WILL COUNTY COMMUNITY HEALTH CENTER - Patients and Visits CY2021 as of Oct. 28, 2021										
	2021	2020	2021	2020	Thru Sept 2021	Thru Sept 2020				
	Clinic Visits	Clinic Visits	Virtual Visits	Virtual Visits	Hospital Visits	Hospital Visits	All Visits	All Visits	Patients	Patients
Family Physicians	517	516	59	218			576	734	277	318
Internists	0	109	0	0			0	109	0	92
Obstetrician/Gynecologists	7782	8206	6	19			7788	8225	2708	2634
Pediatricians	2490	1916	214	78			2704	1994	1666	1216
Total Physicians	10789	10747	279	315			11068	11062	4651	4260
Nurse Practitioners	7861	5933	2268	2201			10129	8134	4423	3933
Certified Nurse Midwives	436	424	0	0			393	424	250	271
Total NPs and CNMs	8297	6357	2268	2201			10522	8558	4673	4204
Nurses	107	732	0	1			105	733	93	213
Total Medical	19193	17836	2547	2517			21695	20353	9417	8677
Dentists	3750	2957	1	1			3751	2958	1847	1692
Dental Hygienists	0	0	0	0			0	0	0	0
Total Dental Services	3750	2957	1	1			3751	2958	1847	1692
Psychiatrists	786	2168	2686	1844			3472	4012	767	964
Mental Health - Phys. other than Psychiatrists	300	307	1	13			301	320	259	257
Mental Health Nurse Practitioner	1602	1228	592	525			2194	1753	1030	923
Licensed Clinical Psychologists	3	608	1120	521			1123	1129	448	360
Licensed Clinical Social Workers	0	0	0	0			0	0	0	0
Other Licensed Mental Health Providers	873	716	485	189			1358	905	296	254
Total Mental Health	3564	10941	4884	3092			8448	14033	2800	2758
Substance Abuse Services	1048	1383	1116	644			2164	2027	706	674
Other Professional Services (Audiology)	39	0	0	0			39	0	31	0
Optometrists	331	89	1	0			332	89	314	89
Case Managers	1	0	0	0			0	0	1	0
Patient/Community Education Specialists	0	0	0	0			0	0	0	0
Total Enabling Services	1	0	1	0			2	0	1	0
Obstetrical Deliveries					319	339				
Circumcisions					62	92				
Gyne Admissions including surgeries					76	57				
Hospital Visits (ER & Admissions)					350	356				
TOTALS	27925	33206	8549	6254	807	844	36097	39460	15115	13890
UNDUPLICATED PATIENTS									9962	9120
Uninsured									33.9	35.9
Medicaid									51.3	50.2
Medicare									5.4	5.6
Private Insurance									9.4	8.3

NOVEMBER 2021-DIVISIONAL STATISTICS REPORT				
ENVIRONMENTAL HEALTH	Oct-21	FY21 YTD	FY20 YTD	
Food Program Activities	752	7302	6068	
Water Program Activities	154	1595	1317	
Sewage Program Activities	63	967	878	
Other Program Activities (beaches, tanning facilities, etc.)	1007	10474	12469	
Aerobic Treatment Plant Samples	605	4754	6191	
Number of Service Requests	28	336	285	
Number of Complaints	75	678	931	
Number of Well Permits	19	107	112	
Number of Septic Permits	19	154	119	
Number of Lab Samples Analyzed by EH Lab	2841	24770	28409	
OFFICE OF VITAL RECORDS	Oct-21	FY21YTD	FY20YTD	
Births Recorded	390	4146	4051	
Deaths Recorded	431	4581	4529	

Family Health Services Monthly Board of Health Report

	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Total
APORS High Risk Birth caseload	169	167	165	157	150	142	133	138	143	140	137		1641
Better Birth Outcomes caseload	55	68	71	67	65	69	72	67	82	82	85		783
High Risk Medical Case Mgmt. caseload	240	244	241	253	249	257	252	270	277	265	270		2818
HealthWorks Lead Agency new wards	49	25	38	40	34	27	22	15	30	51	38		369
HealthWorks Lead Agency Medical Case Mgmt. caseload	702	704	702	696	710	698	709	706	718	734	744		7823
WIC caseload	7563	7658	7578	7751	7763	7830	7895	7899	7949	8003	8037		85926
# students ages 11-19 served: TPP	155	101	341	399	97	239	0	0	0	233	354		1919
# non-compliant businesses: SFIA	60	95	1	42	49	0	32	0	2	0	1		282
# partners provided technical assistance with developing a tobacco policy	6	0	1	1	0	1	2	0	1	1	0		13
# clients immunized	217	153	106	123	134	147	161	213	535	315	498		2602
# travel clients immunized	1	0	1	2	0	0	0	1	3	2	2		12
# Influenza vaccinations	101	25	17	18	14	2	4	0	0	141	198		520
# chlamydia cases	267	212	191	221	197	182	208	184	175	142	132		2111
# gonorrhea cases	76	63	62	64	31	54	45	74	49	42	46		606
# syphilis investigations	23	38	17	23	16	17	27	20	46	26	36		289
# HIV tests performed	15	13	12	15	31	10	16	34	22	27	15		210
# new child lead cases	2	2	0	4	1	3	7	5	1	1	1		27
# vision screenings	310	324	545	1455	1122	1271	71	65	0	865	1494		7522
# hearing screenings	687	574	632	1790	1225	1551	71	65	0	1203	2135		9933
# CD Investigations	13146	9275	3738	3804	5578	3051	828	1997	5799	5334	4509		57059

W WE WILL WIN

COVID-19 VACCINATION UPDATE 11.10.2021



Will County
Health Department &
Community Health Center



WILL COUNTY VACCINATION DATA, 11.10.21

Total* Vaccines Administered
871,713

Population Vaccinated with at
Least 1 Dose
435,271
62.87% of total population

Race/Ethnicity	Number of Vaccinations Given	Percent of Total* Vaccinations Given	Percent of Population in Will County *
White	535,289	61.4%	62.5%
Hispanic	121,744	14%	18.2%
Black	83,184	9.5%	12.2%
Asian	64,050	7.4%	6%
American Indian or Alaska Native	3,494	.4%	.5%
Native Hawaiian or Other Pacific Islander	1,531	.2%	.1%
Other	32,418	3.7%	N/A
Unknown	29,936	3.4%	N/A

Age	Number of Vaccinations Given	Percent of Vaccinations Given	Percent of Population in Will County *
5-11	1,382	0.2%	Not available
12-17	76,995	8.8%	Not available
18-64	600,095	68.8%	62.1%
65+	193,223	22.2%	13.5%

Gender	Number of Vaccinations Given	Percent of Vaccinations Given	Percent of Population in Will County *
Female	466,506	53.5%	53.4%
Male	403,154	46.2%	49.6%

*Will County Population data based on the US Census Bureau 2019 Population Estimates (<https://www.census.gov/quickfacts/willcountyillinois>)



WILL COUNTY VACCINATION DATA, 11.10.21

Population Fully Vaccinated

399,688

57.73% of total population

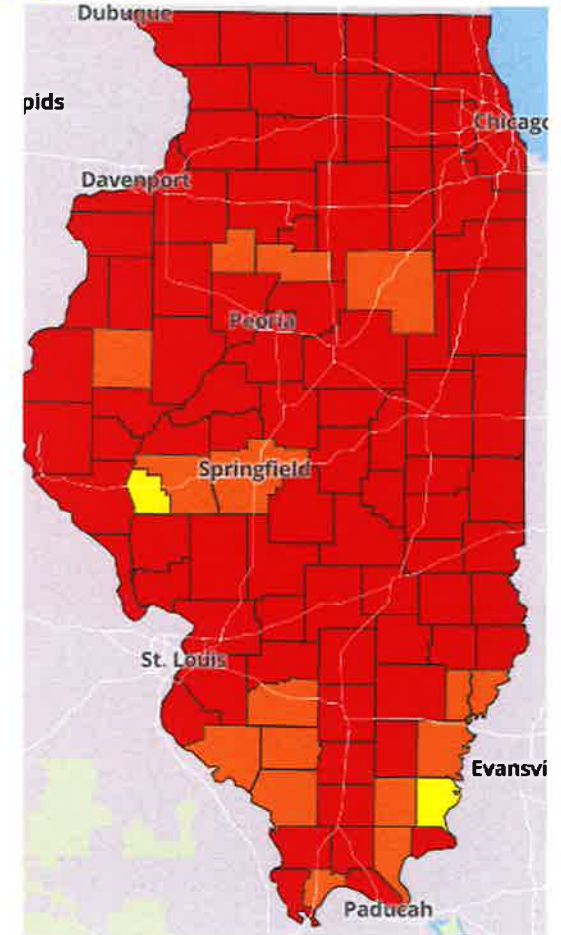
Race/Ethnicity	Number of Fully Vaccinated	Percent of Population for each Race/Ethnicity in Will County ** Population 692,310	Percent of Race/Ethnicity Fully Vaccinated
White alone, not Hispanic or Latino	244,633	62.5% (432,694)	244,633 / 432,694 = 56.5%
Hispanic	56,141	18.2% (126,000)	56,141 / 126,000 = 44.6%
Black	38,315	12.2% (84,462)	38,315 / 84,462 = 45.4%
Asian	29,056	6% (41,539)	29,056 / 41,539 = 70%
American Indian or Alaska Native	1,605	.5% (3,462)	1,616 / 3,462 = 46.7%
Native Hawaiian or Other Pacific Islander	708	.1% (692)	708 / 692 = 100+%**
Other	14,989	N/A	
Unknown	14,211	N/A	

Will County Population data based on the US Census Bureau **2019 Population Estimates (<https://www.census.gov/quickfacts/willcountyillinois>)



WILL COUNTY POSITIVITY RATE, 11.9.21

County	Cases 7-Day Total	Case Total Per 100K	Positivity
Will County	1,122	162.43	3.54%



Source: <https://dph.illinois.gov/covid19/data/covid-19-community-transmission-data.html>

■ Low Transmission
 ■ Moderate Transmission
 ■ Substantial Transmission
 ■ High Transmission



BOOSTER VACCINATIONS

Boosters Administered in Will County

59,777

- On 9/28, we began to administer **Pfizer** booster doses at all onsite and offsite clinics
- On 10/25, we began to administer **Moderna** and **Janssen** booster doses at the WCHD Joliet clinic

Target populations for Pfizer & Moderna boosters:

- Individuals 65 of age and older
- Individuals 18 through 64 years of age at high risk of severe COVID-19
- Individuals 18 through 64 years of age whose frequent institutional or occupational exposure to SARS-CoV-2 puts them at high risk for serious complications of COVID-19

Administration of Pfizer & Moderna boosters: 6-months after a completed two-dose series

Target populations for Janssen boosters: Individuals 18 years and older

Administration of Janssen boosters: 2-months after a completed single-dose primary vaccination



COVID-19 BOOSTER DOSE FACT SHEET

MODERNA BOOSTER DOSE

Who is eligible:

- Individuals 65 of age and older
- Individuals 18+ who live in long-term care settings
- Individuals 18+ who have underlying medical conditions
- Individuals 18+ who live in high-risk settings
- Individuals 18+ who work in high-risk settings
 - First responders
 - Education staff
 - Food and agriculture workers
 - Manufacturing workers
 - Corrections workers
 - U.S. Postal Service workers
 - Public transit workers
 - Grocery store workers

Dosage: When are you eligible:

1/2 Dose At least six-months after the initial two-dose series was administered

Want to switch brands?

Yes, you can receive a single booster dose of Moderna as long as you completed a one or two-dose series with a different COVID-19 vaccine.

JOHNSON & JOHNSON (JANSSEN) BOOSTER DOSE

Who is eligible:

Individuals 18 years and older

Dosage:

Full Dose

When are you eligible:

At least two-months after a single dose primary vaccination was administered

Want to switch brands?

Yes, you can receive a single booster dose of Johnson & Johnson as long as you completed a two-dose series with a different COVID-19 vaccine.

PFIZER BOOSTER DOSE

Who is eligible:

- Individuals 65 of age and older
- Individuals 18+ who live in long-term care settings
- Individuals 18+ who have underlying medical conditions
- Individuals 18+ who live in high-risk settings
- Individuals 18+ who work in high-risk settings
 - First responders
 - Education staff
 - Food and agriculture workers
 - Manufacturing workers
 - Corrections workers
 - U.S. Postal Service workers
 - Public transit workers
 - Grocery store workers

Dosage: When are you eligible:

Full Dose At least six-months after the initial two-dose series was administered

Want to switch brands?

Yes, you can receive a single booster dose of Pfizer as long as you completed a one or two-dose series with a different COVID-19 vaccine.

To schedule a **booster dose** appointment, visit willcountyhealth.org or call our call center at **815-774-7386**.

JOLIET VACCINE CLINIC

AVAILABLE VACCINES: J&J, MODERNA, & PFIZER
501 ELLA AVENUE, JOLIET, IL 60433

CLINIC HOURS

MONDAY	9AM - 3:30PM
TUESDAY	9AM - 5:30PM
WEDNESDAY	CLOSED
THURSDAY	9AM - 5:30PM
FRIDAY	CLOSED

BOLINGBROOK VACCINE CLINIC

AVAILABLE VACCINE: PFIZER
323 QUADRANGLE DRIVE, BOLINGBROOK, IL 60440

CLINIC HOURS

WEDNESDAY	10AM - 5:30PM
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THIRD DOSE FOR IMMUNOCOMPROMISED

- Third dose **Moderna** and **Pfizer** vaccines are only approved for immunocompromised individuals
 - Third dose is to be administered 28 days after 2nd dose
 - Third doses are being administered at all WCHD onsite and offsite clinics
- Third doses are also being administered to homebound patients that qualify



THIRD DOSE OF MODERNA OR PFIZER FOR IMMUNOCOMPROMISED INDIVIDUALS

WHO IS ELIGIBLE

Third COVID-19 Doses of Moderna and Pfizer for People who are Moderately or Severely Immunocompromised.

This includes people who have:

- Been receiving active cancer treatment for tumors or cancers of the blood
- Received an organ transplant and are taking medicine to suppress the immune system
- Received a stem cell transplant within the last 2 years or are taking medicine to suppress the immune system
- Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids or other drugs that may suppress your immune response

If your condition or medication isn't on this list and you think you have a weakened immune system, talk to your healthcare provider about your medical condition and whether getting an additional dose is appropriate.

DOSAGE

Full Dose of Moderna or Pfizer (You will receive the same brand you received during the initial two-dose series)

WHEN ARE YOU ELIGIBLE

At least four weeks (28 days) after the initial two-dose series was administered

To schedule a **third dose** appointment, visit willcountyhealth.org or call our call center at **815-774-7386**.

JOLIET VACCINE CLINIC

AVAILABLE VACCINES: MODERNA, & PFIZER
501 ELLA AVENUE, JOLIET, IL 60433

CLINIC HOURS

MONDAY	9AM - 3:30PM
TUESDAY	9AM - 5:30PM
WEDNESDAY	CLOSED
THURSDAY	9AM - 5:30PM
FRIDAY	CLOSED

BOLINGBROOK VACCINE CLINIC

AVAILABLE VACCINE: PFIZER
323 QUADRANGLE DRIVE, BOLINGBROOK, IL 60440

CLINIC HOURS

WEDNESDAY	10AM - 5:30PM
-----------	---------------



PFIZER VACCINATIONS FOR 5 TO 11 YEAR-OLDS

- **October 26:** FDA voted in favor to expand the use of Pfizer to the 5 to 11 year-olds
- **November 2:** ACIP voted to approve the expansion to this additional age group
- **November 8:** Will County Pediatric Vaccinations began

Dosage:

- The Pfizer pediatric COVID-19 vaccine formulation, dosage and storage/handling are different then the adult formulation.

Initial Pediatric Vaccine Order:

- Pediatric vaccine order for Will County included an order for many community vaccine providers



PARENT SURVEY – 989 SURVEYS COMPLETED

LAUNCHED 9.30.21

ATTENTION WILL COUNTY PARENTS/GUARDIANS OF 5-11-YEAR-OLD CHILDREN

Will County Health Department is planning for the expansion of the COVID-19 vaccination campaign efforts to include the **5-11-year-old age group**. We are **looking for feedback from Will County parents/guardians regarding their plans for vaccinating their 5-11-year-old children**. Please complete this short survey:

THANK YOU SO MUCH!

TAKE THE SURVEY

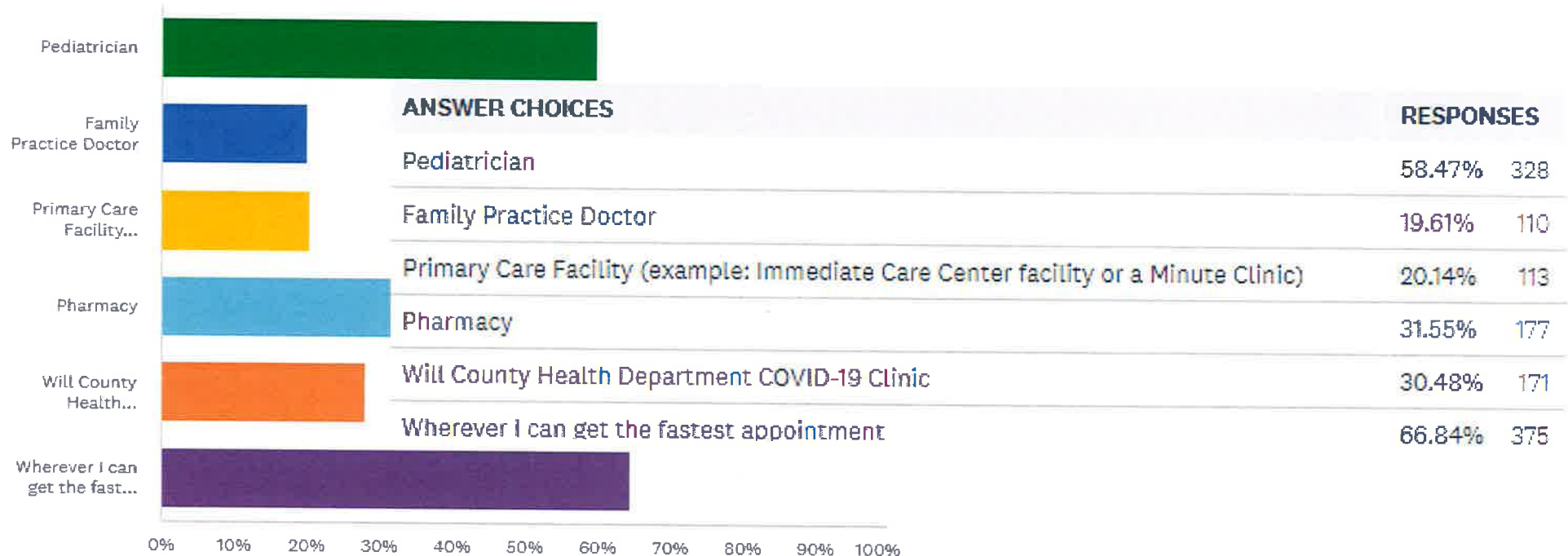
SPANISH SURVEY





WHAT ARE PARENTS SAYING.....

69% of parents/guardians of 5 to 11 years-old that completed the survey plan to get their child vaccinated





VACCINATION CLINIC PLANS FOR THE 5-11 AGE GROUP

SCHOOL VACCINATION CLINICS FOR THE 5 TO 11 YEARS-OLD

- Clinics are scheduled for November (1st doses) and December (2nd doses)
- Regional vaccination clinics using Will County's Tier 1 Points of Dispensing (POD) locations
- We are working with school districts to plan these regional vaccination clinics
- KodoCare Pharmacy is assisting by hosting some of the clinics
- Will promote widely through social media, website, newsletter, schools and ROE
- Webpage developed for this age group: <https://willcountyhealth.org/covid-19/vaccine-for-ages-5-11/>



Regional School Vaccination Clinics for Children 5-11 years-old

- ☐ Lincoln-Way School District: Nov. 10, [Jewel-Osco](#)
- ☐ Plainfield North High School: Nov. 10 & Dec. 1, 4-8 pm
- ☐ Manhattan Jr. High School: Nov. 11, [KodoCare Pharmacy](#)
- ☐ Joliet West High School: Nov. 13 & Dec. 4, 11am-3pm
- ☐ Lockport Township High School: Nov. 13, 12-3pm, [KodoCare Pharmacy](#)
- ☐ Bolingbrook High School: Nov. 14 & Dec. 5, 11am-3pm
- ☐ Fairmont School: Nov. 17 & Dec. 8, 3-7pm
- ☐ Peotone School: Nov. 18, 4-8pm, [KodoCare Pharmacy](#)
- ☐ Reed Township, Braidwood: Nov. 22 & Dec. 13, 3-6pm

- ☐ WCHD Joliet onsite clinic: Mondays, Tuesdays, Thursdays beginning Nov. 8th



UPCOMING POP-UP CLINICS & PARTNER CLINICS

- ❑ **Bolingbrook:** St. Francis Church, 1501 W. Boughton Rd., 11/20, 8:30am-1:30pm
- ❑ **Plainfield:** C.W. Avery Family YMCA, 15120 Wallin Dr., 11/10, 12-4pm
- ❑ **Crete:** Crete Public Library, 1177 Main St., 11/10, 12-4pm
- ❑ **Mokena:** St. John's Church of Christ, 11046 2nd St., 11/10, 4-7pm
- ❑ **Frankfort:** Frankfort Public Library, 21119 S. Pfeiffer Rd., 11/11, 12-4pm
- ❑ **University Park:** University Park Library, 1100 Blackhawk Dr., 11/12, 11am-4pm
- ❑ **Joliet:** Joliet Moose 300 Family Center, 25 Springfield Ave., 11/13, 8am-1pm
- ❑ **Homer Glen:** Homer Township Public Library, 14320 W. 151st St., 11/13, 10am-2pm
- ❑ **Joliet:** Will County Community Care Fair, 402 Singleton Place, 11/13, 11am-3pm
- ❑ **Braidwood:** Fossil Ridge Public Library, 386 West Kennedy Rd, 11/13, 8am-4pm



COVID-19 QUESTIONS?

Our team of Customer Service
Representatives are ready to
help answer any question.

815-774-7386

Call Center Hours of Operation:
Monday - Friday
8:00 AM - 4:30 PM

The call center can help...

- Schedule, Reschedule or Cancel your COVID-19 Vaccination Appointment through the Will County Health Department
- Find a COVID-19 Vaccination Location near you
- Find a COVID-19 Testing Location near you
- Answer basic COVID-19 questions:
 - Information on available COVID-19 Vaccinations
 - General COVID-19 Vaccine related guidelines
 - Where to locate guidelines on the CDC website
- Sign up for the Will County Health Department Weekly Newsletter
- Obtain Proof of COVID-19 Vaccinations





COVID-19 VACCINATION RECORD REPLACEMENTS

<https://willcountyhealth.org/#vaccine-record>

REQUEST A NEW COVID-19 VACCINE RECORD CARD OR ALTERNATIVE FORM OF THE VACCINE RECORD FROM WILL COUNTY HEALTH DEPARTMENT.

This two-sided English/Spanish form can be completed to request a new COVID-19 vaccine record card, to have your COVID-19 vaccine record corrected, or to request an alternative form of the COVID-19 vaccine record. Requests will be filled within 72 business hours. Please plan additional time if your record is mailed via US Postal Service.

[Download the PDF](#)

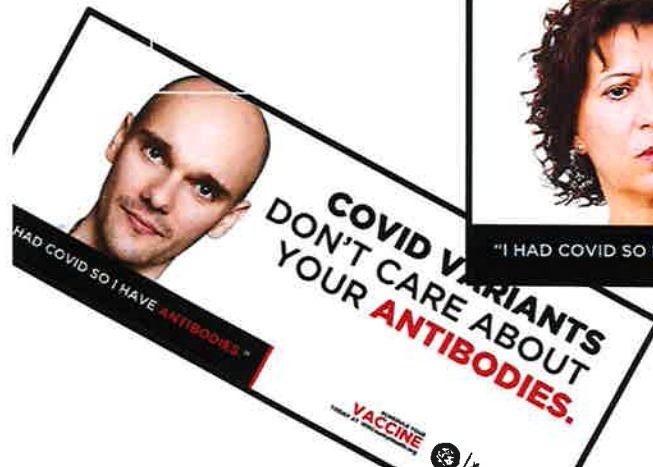
GET ACCESS TO YOUR VACCINATION RECORDS ELECTRONICALLY, THROUGH THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH'S VAX VERIFY SYSTEM

[Request a printout of your vaccine history](#)



FOURCE PR TEAM UPDATES

- Late Adopter Marketing Campaign will address the following populations:
 - Wait and See
 - Antibodies
 - It Takes Two Doses!
 - Stop the Spread





MEDICAL RESERVE CORPS COVID-19 VACCINATION CLINIC HOURS

WCHD MRC COVID-19 Vaccination Clinic Hours

	On-Site			Off-Site			Totals		
2021 Month	# of volunteers	On-Site hours	On-Site Value	# of volunteers	Off-site hours	Off-Site Value	Total # of volunteers	Total Hours	Total Value
January	32	769.5	26,581.00	0	0	0	32	769.5	26,581.00
February	59	1505	59,042.29	7	45	2,062.32	66.00	1550	61,104.61
March	114	2523	93,636.51	21	95	4,330.46	135.00	2618	97,966.97
April	101	1644	58,530.47	10	69	3071.19	111	1713	61,601.66
May	55	471	16,743.62	14	65	2829.27	69	536	19,572.89
June	54	567	21,007.71	6	30	1255.45	60	597	22,263.16
July	30	234	9,755.73	9	32	1312.53	39	266	11,068.26
August	20	146	6,338.91	23	108	4088.43	43	254	10,427.34
September	25	244	12,230.48	12	60	2,351.20	31	304	14,581.68
October	24	131	5,785.71	5	27	1,137.89	29	158	6,923.60
Total	514	8234.5	309,652.43	107	531	22438.74	615	8765.5	332,091.17





NURSING STUDENTS COVID-19 VACCINATION CLINIC HOURS

WCHD Student Nurse COVID-19 Vaccination Clinic Hours					
2021 Month	JJC	Lewis U	Rasmussen	USF	Total Hours
January	172	54	0	88	314
February	290.5	223.25	568.25	192	1274
March	327.5	312.5	340	0	980
April	296	354.75	421	0	1071.75
May	0	0	1123	0	1123
June	0	0	328.25	0	328.25
July	0	0	325	0	325
August	0	0	748	0	748
September	0	0	191.5	136	327
October	0	30	457.5	224	711.5
Total	1086	974.5	4502.5	640	7202.5

**Thank you to Joliet Junior College, Lewis University,
Rasmussen University, & University of Saint Francis
Nursing Students & Faculty!**



EQUITY UPDATE 11.10.21



Will County
Health Department &
Community Health Center





EQUITY – COMMUNITY - PROGRESS

We're making connections in the community and building trust, one person, one community at a time.

- Our equity team has continued to make progress in the community by establishing trust and working side-by-side with trusted messengers such as community-based organizations and other community partners.
- Increased local business outreach to expand our educational efforts and show support for the business community.
- Connected with 19 early childhood providers that will assist in reaching families throughout the County to educate them on pediatric and 12+ vaccination.
- Secured commitments from Township officials, County Board members and Congressional offices to host/promote vaccination clinics. We are in the process of scheduling these clinics.
- Will County residents are taking notice of our presence in the community. These interactions and conversations are making a difference. We are receiving positive feedback from our efforts to engage the community in vaccination and other health related discussions and connecting them to needed services/resources.



Will County
Health Department &
Community Health Center



PARTNERS IN ACTION

It's about community!
Food, Fun, and Friendship

**NHBW Joliet, Silver Cross Hospital,
Northern IL Food Bank** – addressing food
insecurity and vaccination
outreach/education by WCHD Health
Navigator

University Park Trunk or Treat –
community education and vaccinations
through WCHD/IDPH

WCHD Vaccination Clinic –
overcoming hesitancy through 1:1
connections



Highlights from some of our community outreach efforts



COMMUNITIES IN NEED



There are several priority communities that we are targeting for additional vaccine outreach and education, including our black and brown communities, rural communities, and immigrant/migrant communities.

1

Black/AA

- Promote diverse representation in research and communications
- Acknowledge distrust due to unethical historical practices
- Encourage questions

2

Hispanic/Latinx

- Seek ambassadors within inner circles to share factual information
- Partner with Doctors as trusted messengers
- Offer linguistically appropriate communications

3

Rural Community

- Acknowledge hesitancy/reluctance
- Provide the facts
- Focus on protecting self and loved ones
- Respect that it's a personal decision

4

Immigrants/Migrants

- Acknowledge concerns/distrust
- Provide communications in multiple languages
- Respect cultural and religious norms and practices



*With all community members, do not assume high levels of health literacy. Facts should be presented in plain language, not highly scientific.

COVID-19 Vaccine Equity Grant – Funded Community-Based Organizations

- Child Care Resource & Referral
 - Easter Seals of Joliet
 - Fairmont Community Partnership Group
 - Holsten Human Capital Development/Riverwalk Homes
 - National Hook-up of Black Women
 - Spanish Community Center
 - Warehouse Workers for Justice
 - Warren Sharpe Community Center
 - Will-Grundy Medical Clinic
- * Targeted Zip Codes: 60432, 60433, 60435, 60436, 60440, 60441, 60446, 60475, 60484
- Southwest Suburban Immigrant Project



Will County
Health Department &
Community Health Center



MEASURING PROGRESS

Activities

- Vaccination clinics
- Community events
- Door-to-Door canvassing
- Social media outreach

Reached

Our CBO partners have reached over **13,000** residents!

Vaccinated

Held **35** vaccination and outreach events!

COVID-19 Vaccine Equity Grant

Our CBOs have been aggressively working to educate and vaccinate members of the community. Here are a few outcomes from their work!





DATA DRIVEN STRATEGY

Identifying Vaccination Locations and Educational Opportunities

KEY STRATEGIES

Working with our County GIS Manager, Rebecca Colwell-Ongena, we're able to utilize data tools to effectively strategize for our outreach efforts. This also allows us to measure our progress as we connect communities with vaccinations and other community resources.

65

educational opportunities

40

potential vaccination locations



Through a partnership with Holsten Human Capital Group/Riverwalk Homes, we are able to distribute 345 bags with vaccination education resources to each apartment. This is one of our lowest vaccination "pockets" in our targeted zip codes.



Will County
Health Department &
Community Health Center



FOLLOW-UP ACTIVITIES

☐ 01

Outreach Opportunities

Identified 65 locations for educational opportunities/materials. We are disseminating printed materials to these locations.

☐ 02

Vaccination Locations

Identified 40 locations as potential vaccination locations. Approximately 12 of these partners have submitted vaccination clinic requests.

☐ 03

Partners in Action

We are in the early stages of organizing a monthly collaborative canvassing and/or phone-banking event with our CBOs to educate the community on COVID vaccinations.

☐ 04

Identifying Barriers and Needs

Through 1:1 communications with community members, we can identify barriers to vaccinations that translate to broader social determinants of health. One need we have identified relates to mental health resources and we have received some initial guidance from Dr. Troiani and our Behavioral Health team on available services.



Will County
Health Department &
Community Health Center

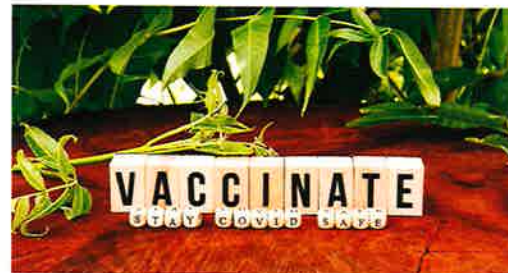


CONCLUSION

Additional highlights from our Vaccine Equity Team for the month of October

Although we are seeing an increase in vaccinations among our targeted communities, we still have work to do!

We will continue to strategize effectively utilizing data and on the ground outreach to improve vaccine confidence and uptake!



Partnerships

- Partnership with 19 early childhood providers
- Invited to participate in regional advisory meeting for IPHA

Outreach

- Provided education to 700 residents in Joliet, University Park and Steger
- Continued weekly canvassing in low vaccination areas

Education

- Education and outreach during visit from the Mexican Consulate
- Provided information for R3 Collaborative Community Meetings



Will County
Health Department &
Community Health Center



**WILL COUNTY BOARD OF HEALTH
RESOLUTION #21-76**

**RESOLUTION OF THE WILL COUNTY BOARD OF HEALTH
WILL COUNTY, ILLINOIS**

RESOLUTION FOR APPROVAL TO SURPLUS EQUIPMENT – LISTING ATTACHED

WHEREAS, the Will County Health Department requires disposal and recycling of office equipment, phone equipment, copiers, electronics, televisions, routers and switches, computer related items, and other miscellaneous items from the CHC, Family Health Services, Administration, Behavioral Health and Environmental Health.

NOW, THEREFORE, BE IT RESOLVED the Board of Health approves the disposal and/or recycling of the attached listings of items.

DATED THIS 17th day of November 2021.

James E. Zelko, President
Will County Board of Health

TRANSFERABLE ASSETS / SURPLUS FORM
Will County Purchasing - 302 N. Chicago St. - Joliet, IL 60432
(815) 740-4605 Fax (815) 740-4604

Department :

**Phone
No.:**

Resolution No.:

Approved By:

Signature:

Date Approved:

(1)	(2)	(3)		(4)								(5)
Category	Trf Asset / Surplus Tag No.	Item/Description	Age	Condition (W / NW)	Vehicle Mileage	Serial No./ Vin No.	County Tag No.	Transferred to Warehouse/Dept/ Charitable Inst	Received By (Signature)	Date Received	Disposed of by Warehouse/ Department	Initial
Computer		HP PRO TABLET		NW		5CD7186476	19241					
Computer		LENOVO M71Z		NW		MJFNRGH	15613					
Computer		LENOVO A 27		NW		MJCTVPN						
Computer		LENOVO M73		NW		MG0047TD	18721					
Computer		HP DC 5700		NW		2UA8050PJX	1180					
Computer		HP DC 5700		NW		2UA7450KST	4958					
Computer		LENOVO		NW		MJTGPMB	16402					
Printer		LENOVO EDGE 92Z		NW		MJ432W5	16433					
Computer		LENOVO M 92Z		NW		MJTNPNC	15680					
Computer		LENOVO		NW		MJWKEWK	16423					
Computer		HP DC 5800		NW		2UA8421S4Q	12965					
Computer		HP 6000 COMPAQ		NW		2UA01928VP	14764					
Computer		HP DC 5800		NW		2UA84018FF	12974					
Laptop		LENOVO A70Z		NW		S1AEH28						
Computer		LENOVO M73Z		NW		MJ02UF4S	19207					
Printer		HID FARGO		NW		B5190569						

(1) Category- Office Equipment, Furniture, Computer, Machinery,

(4) Condition - W-Working ; NW-Non-Working

Vehicle, Others

(5)

(2) Surplus Tag No.- Tag Number assigned by the Purchasing Department

Initial- Department Head should initial for disposal of non-computer broken item

-If Maintenance is disposing of the item(s), the Maintenance Staff should initial

(3) Item/Description - If transferring computer equipment, include operating system descriptive -Computer Staff (either ICT or department staff) should initial to verify hard drive w

TRANSFERABLE ASSETS / SURPLUS FORM
Will County Purchasing - 302 N. Chicago St. - Joliet, IL 60432
(815) 740-4605 Fax (815) 740-4604

Department :

Phone No.:

Resolution No.:

Approved By:

Signature:

Date Approved:

(1) Category	(2) Trf Asset / Surplus Tag No.	(3) Item/Description	Age	(4) Condition (W / NW)	Vehicle Mileage	Serial No./ Vin No.	County Tag No.	Transferred to Warehouse/Dept/ Charitable Inst	Received By (Signature)	Date Received	Disposed of by Warehouse/ Department	(5) Initial
MONITOR	VIEW SONIC			NW		S6R112508762						
MONITOR	HP			NW		CNC751PTBD						
MONITOR	HP			NW		CNC47P69X						
MONITOR	VIEW SONIC			NW		QRL074900751						
MONITOR	DELL			NW		CN0TPZ219641807AP						
MONITOR	HP			NW		CNK050146N						
MONITOR	HP			NW		CNK0451407						
SCANNER	FUJITSU			NW		516306	13025					
LAPTOP	ELITEBOOK 8730W			NW		CNU9317FBD						
LAPTOP	HP PROBOOK 470			NW		5CD839ODDR	13293					
COMPUTER	LENOVO			NW		MJ03CZS4	14893					
COMPUTER	LENOVO			NW								
COMPUTER	LENOVO			NW			14892					
COMPUTER	LENOVO			NW			14890					
COMPUTER	HP DC5700			NW		2UA7211N46	4942					
				NW								

(1) **Category** - Office Equipment, Furniture, Computer, Machinery,
Vehicle, Others

(2) **Surplus Tag No.** - Tag Number assigned by the Purchasing Department

(3) **Item/Description** - If transferring computer equipment, include operating system description. Ex: Windows 2000 -Computer Staff (either ICT or department staff) should initial to verify hard drive w

(4) **Condition** - W-Working ; NW-Non-Working

(5) **Initial** Department Head should initial for disposal of non-computer broken item(s)
-If Maintenance is disposing of the item(s), the Maintenance Staff should initial

TRANSFERABLE ASSETS / SURPLUS FORM
Will County Purchasing - 302 N. Chicago St. - Joliet, IL 60432
(815) 740-4605 Fax (815) 740-4604

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Signature:

Date Approved:

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Computer	LENOVO EDGE 92Z			NW		MJ827G7						
Computer	LENOVO			NW		MJ00YC54	18278					
Computer	LENOVO			NW		MG008AAP	18730					
PRINTER	HP 1320			NW		CNB2T67824						
MONITOR	HP LE1911			NW		CNC947P6S7						
MONITOR	HP			NW		CND64522Z9						
PRINTER	OKIDATA			NW		AE97018935DO						
PRINTER	OKIDATA			NW		AE97018930DO						
PRINTER	OKIDATA			NW		AE97018931DO						
PRINTER	OKIDATA			NW		AE97027224DO						
PRINTER	OKIDATA			NW		AK33056329EO						
PRINTER	OKIDATA			NW		AK76007775EO						
PRINTER	OKIDATA			NW		AK06038729DO						
PRINTER	OKIDATA			NW		AK35036506EO						
PRINTER	OKIDATA			NW		AE97018728DO						

(1) **Category** Office Equipment, Furniture, Computer, Machinery,
Vehicle, Others

(2) **Surplus Tag No.**- Tag Number assigned by the Purchasing Department

(3) **Item/Description** - If transferring computer equipment, include operating system description. Ex: Windc-Computer Staff (either ICT or department staff) should initial to verify hard drive

(4) **Condition** - W-Working ; NW-Non-Working

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(1) Category	(2) Trf Asset / Surplus Tag No.	(3) Item/Description	Age	(4) Condition (W / NW)	Vehicle Mileage	Serial No. Vin No.	County Tag No.	Transferred to Warehouse/Dept/ Charitable Inst	Received By (Signature)	Date Received	Disposed of by Warehouse/ Department	(5) Initial
PRINTER		OKIDATA		NW		AK6A050313EO						
PRINTER		OKIDATA		NW		AK6A050315EO						
				NW								
				NW								
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(1) Category- Office Equipment, Furniture, Computer, Machinery,
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**WILL COUNTY BOARD OF HEALTH
RESOLUTION #21-77**

**RESOLUTION OF THE WILL COUNTY BOARD OF HEALTH
WILL COUNTY, ILLINOIS**

**RESOLUTION TO APPROVE PAYMENT FOR MEDIA PLAN ACTIVITIES TO THE
FOURCE FOR THE COMMUNITY VACCINATION CLINICS AND THE COVID-19
PANDEMIC RESPONSE- NOT TO EXCEED \$142,000**

WHEREAS the Will County Health Department (WCHD) is currently responding directly to the COVID-19 global pandemic; and

WHEREAS, this direct response includes, in part, facilitating the administration of COVID-19 vaccine to residents in Will County; and

WHEREAS, the Business Associate Agreement for the WCHD's Communication firm hired through a County RFQ (The Fource) includes a media plan for different markets / populations in Will County including African American, Hispanic and General Population and consisting of four types of medium including online digital display, online digital mobile, social media including Facebook, Instagram, and rich media including U Tube and connected TV for the month of October 2021 to promote the community vaccination clinics and the COVID-19 pandemic response; and

WHEREAS, the media campaign for October focused on the Late Adopters; and

WHEREAS, funding for this expenditure was budgeted for in the County CARES Allocation.

NOW, THEREFORE, BE IT RESOLVED the Board of Health approves the expenditure for the media plan activities for October 2021 from The Fource in the amount not to exceed of \$142,000. (see attached invoices and media plan).

DATED THIS 17th day of November 2021.

James E. Zelko, President
Will County Board of Health



Hi! This Is Your
Invoice 6341

BILL TO

ELIZABETH BILOTTA
WILL COUNTY HEALTH
DEPARTMENT
501 Ella Avenue, Joliet, IL
60433
JOLIET, IL 60433

DATE
11.01.2021

PLEASE PAY
\$42,600.00

DUE DATE
11.01.2021

PRODUCT SERVICE	DESCRIPTION	QTY	RATE	AMOUNT
	ROUND 5			
	LATE ADOPTERS VACCINE CAMPAIGN WAIT AND SEE ANTIBODIES TAKES 2 STOP THE SPREAD (AFRICAN AMERICAN, HISPANIC + GEN POP)			
	2 OCTOBER THRU 1 NOVEMBER 21			
SOCIAL CHANNEL MARKETING	FACEBOOK SOCIAL ADVERTISING Engage defined audience through social media to capture behavior interaction. Rebuild audiences based on those traits for retargeting communication. Video, Carousel Ads and Instagram	1	42,600.00	42,600.00

THANK YOU! It's been GREAT working with you. Contact us
again.

TOTAL DUE \$42,600.00

THANK YOU.

S. Deane
11/4/21



Hi! This Is Your
Invoice 6342

BILL TO

ELIZABETH BILOTTA
WILL COUNTY HEALTH
DEPARTMENT
501 Ella Avenue, Joliet, IL
60433
JOLIET, IL 60433

DATE
11.01.2021

PLEASE PAY
\$28,400.00

DUE DATE
11.01.2021

PRODUCT SERVICE	DESCRIPTION	QTY	RATE	AMOUNT
	ROUND 5			
	LATE ADOPTERS VACCINE CAMPAIGN WAIT AND SEE ANTIBODIES TAKES 2 STOP THE SPREAD (AFRICAN AMERICAN, HISPANIC + GEN POP)			
	2 OCTOBER THRU 1 NOVEMBER 21			
DIGITAL MEDIA	YOUTUBE Build audience based on brand values to reach them within their own digital environment. Demo, Placement, and conversion KPI's (traffic, census, etc.) Publisher Ad Placements: News Sites, Video Preroll, Display Mobile App and InAd Video	1	28,400.00	28,400.00

THANK YOU! It's been GREAT working with you. Contact us
again.

TOTAL DUE \$28,400.00

THANK YOU.

S. Deen
11/4/21



Hi! This Is Your
Invoice 6343

BILL TO

ELIZABETH BILOTTA
WILL COUNTY HEALTH
DEPARTMENT
501 Ella Avenue, Joliet, IL
60433
JOLIET, IL 60433

DATE
11.01.2021

PLEASE PAY
\$14,200.00

DUE DATE
11.01.2021

PRODUCT SERVICE	DESCRIPTION	QTY	RATE	AMOUNT
	ROUND 5			
	LATE ADOPTERS VACCINE CAMPAIGN WAIT AND SEE ANTIBODIES TAKES 2 STOP THE SPREAD (AFRICAN AMERICAN, HISPANIC + GEN POP)			
	2 OCTOBER THRU 1 NOVEMBER 21			
SOCIAL CHANNEL MARKETING	INSTAGRAM SOCIAL ADVERTISING Engage defined audience through social media to capture behavior interaction. Rebuild audiences based on those traits for retargeting communication. Video, Carousel Ads and Instagram	1	14,200.00	14,200.00

THANK YOU! It's been GREAT working with you. Contact us
again.

TOTAL DUE \$14,200.00

THANK YOU.

Shane
11/4/21



Hi! This Is Your
Invoice 6345

BILL TO

ELIZABETH BILOTTA
WILL COUNTY HEALTH
DEPARTMENT
501 Ella Avenue, Joliet, IL
60433
JOLIET, IL 60433

DATE
11.01.2021

PLEASE PAY
\$14,200.00

DUE DATE
11.01.2021

PRODUCT SERVICE	DESCRIPTION	QTY	RATE	AMOUNT
	ROUND 5			
	LATE ADOPTERS VACCINE CAMPAIGN WAIT AND SEE ANTIBODIES TAKES 2 STOP THE SPREAD (AFRICAN AMERICAN, HISPANIC + GEN POP)			
	2 OCTOBER THRU 1 NOVEMBER 21			
DIGITAL MEDIA	DISPLAY ADVERTISING Build audience based on brand values to reach them within their own digital environment. Demo, Placement, and conversion KPI's (traffic, census, etc.) Publisher Ad Placements: News Sites, Video Preroll, Display Mobile App and InAd Video	1	14,200.00	14,200.00

THANK YOU! It's been GREAT working with you. Contact us
again.

TOTAL DUE \$14,200.00

THANK YOU.

S. Schaub
11/4/21



Hi! This Is Your
Invoice 6344

BILL TO

ELIZABETH BILOTTA
WILL COUNTY HEALTH
DEPARTMENT
501 Ella Avenue, Joliet, IL
60433
JOLIET, IL 60433

DATE
11.01.2021

PLEASE PAY
\$14,200.00

DUE DATE
11.01.2021

PRODUCT SERVICE	DESCRIPTION	QTY	RATE	AMOUNT
	ROUND 5			
	LATE ADOPTERS VACCINE CAMPAIGN WAIT AND SEE ANTIBODIES TAKES 2 STOP THE SPREAD (AFRICAN AMERICAN, HISPANIC + GEN POP)			
	2 OCTOBER THRU 1 NOVEMBER 21			
DIGITAL MEDIA	MOBILE DISPLAY ADVERTISING Build audience based on brand values to reach them within their own digital environment. Demo, Placement, and conversion KPI's (traffic, census, etc.) Publisher Ad Placements: News Sites, Video Preroll, Display Mobile App and InAd Video	1	14,200.00	14,200.00

THANK YOU! It's been GREAT working with you. Contact us
again.

TOTAL DUE \$14,200.00

THANK YOU.

S. Deane
11/4/21



Hi! This Is Your
Invoice 6346

BILL TO

ELIZABETH BILOTTA
WILL COUNTY HEALTH
DEPARTMENT
501 Ella Avenue, Joliet, IL
60433
JOLIET, IL 60433

DATE
11.01.2021

PLEASE PAY
\$28,400.00

DUE DATE
11.01.2021

PRODUCT SERVICE	DESCRIPTION	QTY	RATE	AMOUNT
	ROUND 5			
	LATE ADOPTERS VACCINE CAMPAIGN WAIT AND SEE ANTIBODIES TAKES 2 STOP THE SPREAD (AFRICAN AMERICAN, HISPANIC + GEN POP)			
	2 OCTOBER THRU 1 NOVEMBER 21			
DIGITAL MEDIA	RICH MEDIA Build audience based on brand values to reach them within their own digital environment. Demo, Placement, and conversion KPI's (traffic, census, etc.) Publisher Ad Placements: News Sites, Video Preroll, Display Mobile App and InAd Video	1	28,400.00	28,400.00

THANK YOU! It's been GREAT working with you. Contact us
again.

TOTAL DUE \$28,400.00

THANK YOU.

S. Lynch
11/4/21



Will County
Health Department &
Community Health Center

**WILL COUNTY BOARD OF HEALTH
RESOLUTION #21-78**

**RESOLUTION OF THE WILL COUNTY BOARD OF HEALTH
WILL COUNTY, ILLINOIS**

**RESOLUTION FOR APPROVAL TO PURCHASE HP MSA 2050 STORAGE AREA
NETWORK (SAN) ENCLOSURE--\$17,072.05**

WHEREAS, the Will County Health Department and Community Health Center requires to add storage capacity to the HP MSA 2050 Storage Area Network for the Microsoft Hyper-V Virtual Server infrastructure; and

WHEREAS, the HP MSA 2050 SAN will add 28.8 TB (terabytes) of additional storage capacity to the existing Microsoft Hyper-V infrastructure.

NOW, THEREFORE, BE IT RESOLVED, the Board of Health approves the purchase of the HP MSA 2050 Storage Area Network (SAN) enclosure from CDWG for \$17,072.05.

DATED THIS 17th day of November 2021

James E. Zelko, President
Will County Board of Health



Quote # MLPR489

Description: HPE MSA 2050 SFF DISK ENC**Created Date:** 11/04/21**Status:** Open**Requested By:** ANTHONY MELEI**Customer Notes:****Ship to:**

WILL COUNTY HEALTH DEPT
**** MUST SHIP COMPLETE ****
501 ELLA AVE
JOLIET , IL 60433-2700

Billed to:

WILL COUNTY HEALTH DEPT
ATTN: **** MUST SHIP COMPLETE ****
501 ELLA AVE
DEBBIE ARTHUR
JOLIET , IL 60433-2700
(815) 727-8500

Shipping method:

Drop Ship Ground

Payment method:

Net 30 Days-Govt State/Local

Quote Summary

Subtotal \$17,072.95

*US Tax \$0.00



Shipping \$0.00


Grand Total \$17,072.95

*Tax may change if this quote is amended by
your account manager.

[Checkout](#)[Add to Cart](#)

Product Details

ITEM	AVAILABILITY	PRICE	QUANTITY	ITEM TOTAL
 <u>HPE Modular Smart Array 2050 SFF Disk Enclosure - storage enclosure</u> MFG Part: Q1J07B CDW Part: 6319808 UNSPSC: HPE MSA 2050 SFF Disk Enclosure	4-6 Weeks Orders placed today will ship within 4-6 weeks by a CDW partner.	\$1,771.10 Pricing Option Applied: National IPA Technology Solutions	1	\$1,771.10
 <u>HPE Pointnext Tech Care Critical Service - extended service agreement - 3 y</u> MFG Part: H25B8E CDW Part: 6665750 UNSPSC: 81112301 Electronic distribution - NO MEDIA	In Stock	\$3,846.97 Pricing Option Applied: National IPA Technology Solutions	1	\$3,846.97

ITEM		AVAILABILITY	PRICE	QUANTITY	ITEM TOTAL
	HPE Enterprise - hard drive - 1.2 TB - SAS 12Gb/s (pack of 6) MFG Part: R0P85A CDW Part: 5517195 UNSPSC: HPE MSA 7.2TB SAS 12G Enterprise 10K SFF (2.5in) 3yr Wty 512n 6-pack HDD Bundle	In Stock Get it Wednesday, November 10 by a CDW partner	\$2,863.72 Pricing Option Applied: National IPA Technology Solutions	4	\$11,454.88

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Product Finders

CDW Outlet

Contact An Expert | P 800 808 4239 | Email Us

CDW | CDW-G | Canada | CDW-UK



CDW is the Official Technology Partner of the PGA TOUR

powered by VeriSign

BBB Rating: A+

Citrix
cloud

QUOTE CONFIRMATION



DEAR ANTHONY MELEI,

Thank you for considering CDW•G LLC for your computing needs. The details of your quote are below.
[Click here](#) to convert your quote to an order.

QUOTE #	QUOTE DATE	QUOTE REFERENCE	CUSTOMER #	GRAND TOTAL
MLRT461	11/8/2021	CITRIX CLOUD	2348564	\$85,703.84

QUOTE DETAILS

ITEM	QTY	CDW#	UNIT PRICE	EXT. PRICE
<u>CITRIX VIRTUAL APPS AND DESKTOPS SVC</u> Mfg. Part#: 6000276 Electronic distribution - NO MEDIA Contract: National IPA Technology Solutions (2018011-01)	60	6193127	\$189.72	\$11,383.20
<u>CITRIX SEC+PERF ANALYTICS</u> Mfg. Part#: 6000223 Electronic distribution - NO MEDIA Contract: National IPA Technology Solutions (2018011-01)	120	5962423	\$55.44	\$6,652.80
<u>CITRIX ADC VPX/BLX PREM SUP 200Mbps</u> Mfg. Part#: 6000387 Electronic distribution - NO MEDIA Contract: National IPA Technology Solutions (2018011-01)	2	6245256	\$5,254.87	\$10,509.74
				28,545.74
<u>CITRIX VIRTUAL APPS AND DESKTOPS SVC</u> Mfg. Part#: 6000276 Electronic distribution - NO MEDIA Contract: National IPA Technology Solutions (2018011-01)	60	6193127	\$189.73	\$11,383.80
<u>CITRIX SEC+PERF ANALYTICS</u> Mfg. Part#: 6000223 Electronic distribution - NO MEDIA Contract: National IPA Technology Solutions (2018011-01)	120	5962423	\$55.33	\$6,639.60
<u>CITRIX ADC VPX/BLX PREM SUP 200Mbps</u> Mfg. Part#: 6000387 Electronic distribution - NO MEDIA Contract: National IPA Technology Solutions (2018011-01)	2	6245256	\$5,254.87	\$10,509.74
				28,545.74
<u>CITRIX VIRTUAL APPS AND DESKTOPS SVC</u> Mfg. Part#: 6000276 Electronic distribution - NO MEDIA Contract: National IPA Technology Solutions (2018011-01)	60	6193127	\$190.26	\$11,415.60
<u>CITRIX SEC+PERF ANALYTICS</u> Mfg. Part#: 6000223 Electronic distribution - NO MEDIA Contract: National IPA Technology Solutions (2018011-01)	120	5962423	\$55.59	\$6,670.80
<u>CITRIX ADC VPX/BLX PREM SUP 200Mbps</u> Mfg. Part#: 6000387	2	6245256	\$5,269.28	\$10,538.56
				28,545.74

QUOTE DETAILS (CONT.)

Electronic distribution - NO MEDIA

Contract: National IPA Technology Solutions (2018011-01)

PURCHASER BILLING INFO	SUBTOTAL	\$85,703.84
Billing Address: WILL COUNTY HEALTH DEPT **** MUST SHIP COMPLETE **** 501 ELLA AVE DEBBIE ARTHUR JOLIET, IL 60433-2700 Phone: (815) 727-8500 Payment Terms: Net 30 Days-Govt State/Local	SHIPPING	\$0.00
	SALES TAX	\$0.00
	GRAND TOTAL	\$85,703.84
DELIVER TO	Please remit payments to:	
Shipping Address: WILL COUNTY HEALTH DEPT **** MUST SHIP COMPLETE **** 501 ELLA AVE DEBBIE ARTHUR JOLIET, IL 60433-2700 Phone: (815) 727-8500 Shipping Method: ELECTRONIC DISTRIBUTION	CDW Government 75 Remittance Drive Suite 1515 Chicago, IL 60675-1515	

Need Assistance? CDW•G LLC SALES CONTACT INFORMATION



Dave Engmark

800.808.4239

davieng@cdwg.com

LEASE OPTIONS

FMV TOTAL	FMV LEASE OPTION	BO TOTAL	BO LEASE OPTION
\$85,703.84	\$2,297.72/Month	\$85,703.84	\$2,654.25/Month

Monthly payment based on 36 month lease. Other terms and options are available. Contact your Account Manager for details. Payment quoted is subject to change.

Why finance?

- Lower Upfront Costs. Get the products you need without impacting cash flow. Preserve your working capital and existing credit line.
- Flexible Payment Terms. 100% financing with no money down, payment deferrals and payment schedules that match your company's business cycles.
- Predictable, Low Monthly Payments. Pay over time. Lease payments are fixed and can be tailored to your budget levels or revenue streams.
- Technology Refresh. Keep current technology with minimal financial impact or risk. Add-on or upgrade during the lease term and choose to return or purchase the equipment at end of lease.
- Bundle Costs. You can combine hardware, software, and services into a single transaction and pay for your software licenses over time! We know your challenges and understand the need for flexibility.

General Terms and Conditions:

This quote is not legally binding and is for discussion purposes only. The rates are estimate only and are based on a collection of industry data from numerous sources. All rates and financial quotes are subject to final review, approval, and documentation by our leasing partners. Payments above exclude all applicable taxes. Financing is subject to credit approval and review of final equipment and services configuration. Fair Market Value leases are structured with the assumption that the equipment has a residual value at the end of the lease term.

This quote is subject to CDW's Terms and Conditions of Sales and Service Projects at http://www.cdwg.com/content/terms-conditions/product_sales.aspx
For more information, contact a CDW account manager

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**WILL COUNTY BOARD OF HEALTH
RESOLUTION #21-79**

**RESOLUTION OF THE WILL COUNTY BOARD OF HEALTH
WILL COUNTY, ILLINOIS**

**RESOLUTION FOR APPROVAL TO RENEW AND UPGRADE CITRIX SERVICE AND
LICENSE SUBSCRIPTION FOR REMOTE APPLICATION AND DESKTOP SERVICES —
NOT TO EXCEED \$28,546 PER YEAR FOR THREE (3) YEARS**

WHEREAS, the Will County Health Department and Community Health Center requires on-premise Citrix Services for Remote Application and Desktop services; and

WHEREAS, the CITRIX Service and License Subscription is up for renewal, and the following additional features are needed: 1) Citrix Virtual Apps and Desktops On-Prem, 2) Performance Analytics, and 3) VPX200; and

WHEREAS, the CITRIX Service and License subscription has a three year term with payments of \$28,546 per year; and

WHEREAS, funding for this expenditure was budgeted under capital expenses in the in FY21 budget.

NOW, THEREFORE, BE IT RESOLVED the Board of Health approves the renewal of the CITRIX Service and License Subscription renewal for \$28,546 annual payment to CDWG for three (3) years.

DATED THIS 17th day of November 2021

James E. Zelko, President
Will County Board of Health

**WILL COUNTY BOARD OF HEALTH
RESOLUTION #21-80**

**RESOLUTION OF THE WILL COUNTY BOARD OF HEALTH
WILL COUNTY, ILLINOIS**

**RESOLUTION FOR APPROVAL TO RENEW CISCO SMARTNET EQUIPMENT
MAINTENANCE AGREEMENT FOR CISCO NETWORK EQUIPMENT—
NOT TO EXCEED \$ 33,147**

WHEREAS, the Will County Health Department and Community Health Center requires 24x7x4 support for mission critical Cisco Network Equipment; and

WHEREAS, Cisco, provides a Smartnet agreement for the Cisco Network Infrastructure, that provides a replacement of equipment within 4 hours; and

WHEREAS, CDWG is the State of Illinois Master Contract vendor for the purchase of Cisco Equipment and Services.

NOW, THEREFORE, BE IT RESOLVED, the Board of Health approves the renewal of the CISCO SMARTNET renewal for \$33,146.18 to CDWG.

DATED THIS 17th day of November 2021.

James E. Zelko, President
Will County Board of Health



EFFECTIVE COVERAGE CO-TERMED THROUGH DECEMBER 31, 2022

Please Note: This Quote is valid until January 02, 2022

Quotes Generated On: November 04, 2021

CDW Proprietary and Confidential

Contract Type	Contract Number	Quote Number	Service Description	Annual Cost	Prorated Cost	Discounted Cost
SNT	New	251875229	8x5xNext Business Day	\$ 619.89	\$ 747.26	\$ 620.22
SNT	New	251875229	Premium 24x7x4	\$ 29,828.70	\$ 35,957.88	\$ 29,845.00
ANYSL	New	251875229	Subscription ANYSL	\$ 387.25	\$ 371.25	\$ 233.89
FTDLO	New	251875229	Subscription FTDLO	\$ 4,815.00	\$ 4,617.12	\$ 2,447.07

Total:

\$ 35,650.84

\$ 33,146.18

Customer is responsible to pay freight charges. Estimated or actual freight charges are not included in quotes (unless specifically stated). This quote excludes sales tax (unless specifically stated).

Acceptance of Terms and Conditions of Sales and Services

By ordering or accepting delivery of Products from Seller or by engaging Seller to perform or to procure Services on behalf of Customer, Customer thereby signifies its agreement with Seller: (i) The terms and conditions provided on this link apply:

<http://www.cdw.com/content/terms-conditions/default.aspx>, except if there is an effective written agreement between the parties applicable to the Transaction, then the terms and conditions governing the Transaction are those contained in such effective written agreement; and (ii) that if Customer delivers or conveys to Seller by any means: (a) any additional terms or conditions; or (b) any terms or conditions that differ in any respect, material or otherwise, from those governing the Transaction, then such terms or conditions will be null and void unless accepted in a writing executed by the authorized signatories of both parties.

**WILL COUNTY BOARD OF HEALTH
RESOLUTION #21-81**

**RESOLUTION OF THE WILL COUNTY BOARD OF HEALTH
WILL COUNTY, ILLINOIS**

**RESOLUTION FOR APPROVAL TO PURCHASE HP DL380 SERVER FOR THE
MICROSOFT HYPER-V INFRASTRUCTURE--\$21,218.24**

WHEREAS, the Will County Health Department and Community Health Center requires to add a HP DL380 Server to the Microsoft Hyper-V Infrastructure to add capacity for additional Virtual Servers; and

WHEREAS, the virtual servers are needed to support remote access, virtual desktops, and applications.

NOW, THEREFORE, BE IT RESOLVED, the Board of Health approves the purchase of the HP DL380 Server for the Microsoft Hyper-V Infrastructure under a state government contract from Computer Discount Warehouse Government (CDWG).

DATED THIS 17th day of November 2021.

James E. Zelko, President
Will County Board of Health

QUOTE CONFIRMATION



DEAR ANTHONY MELEI,

Thank you for considering CDW•G LLC for your computing needs. The details of your quote are below.
[Click here](#) to convert your quote to an order.

QUOTE #	QUOTE DATE	QUOTE REFERENCE	CUSTOMER #	GRAND TOTAL
MLRG007	11/8/2021	HPE DL380/ HYPERV HOST	2348564	\$21,218.24

QUOTE DETAILS				
ITEM	QTY	CDW#	UNIT PRICE	EXT. PRICE
HPE ProLiant DL380 Gen10 - rack-mountable - no CPU - 0 GB - no HDD Mfg. Part#: 868703-B21 UNSPSC: 43211501 Contract: National IPA Technology Solutions (2018011-01)	1	4723429	\$1,463.39	\$1,463.39
HPE ProLiant DL380 Gen10 Base - rack-mountable - no CPU - 0 GB - no HDD Mfg. Part#: 868703-B21#ABA Contract: MARKET	1	6689159	\$0.00	\$0.00
Intel Xeon Gold 6226 / 2.7 GHz processor Mfg. Part#: P02501-L21 UNSPSC: 43201503 Contract: National IPA Technology Solutions (2018011-01)	1	5614017	\$1,925.10	\$1,925.10
Intel Xeon Gold 6226 / 2.7 GHz processor Mfg. Part#: P02501-B21 UNSPSC: 43201503 Contract: National IPA Technology Solutions (2018011-01)	1	5646213	\$1,925.10	\$1,925.10
HPE SmartMemory - DDR4 - module - 32 GB - DIMM 288-pin - 2933 MHz / PC4-234 Mfg. Part#: P00924-B21 UNSPSC: 32101602 Contract: National IPA Technology Solutions (2018011-01)	12	5529216	\$1,031.54	\$12,378.48
HPE 300GB SAS 12G Enterprise 10000rpm SFF SC Digitally Signed HDD Mfg. Part#: 872475-B21 UNSPSC: 43201803 Contract: National IPA Technology Solutions (2018011-01)	2	4605104	\$200.70	\$401.40
HPE 96W Smart Storage - storage device battery - Li-Ion Mfg. Part#: P01366-B21 Contract: National IPA Technology Solutions (2018011-01)	1	6550591	\$109.31	\$109.31
HPE Smart Array P408i-A SR Gen10 - storage controller (RAID) - SATA 6Gb/s / Mfg. Part#: 804331-B21 UNSPSC: 43201557 Contract: National IPA Technology Solutions (2018011-01)	1	4723432	\$523.24	\$523.24

QUOTE DETAILS (CONT.)				
<u>HPE 562FLR-SFP+ - network adapter - PCIe 3.0 x8 - 10 Gigabit SFP+ x 2</u>	1	4296217	\$542.34	\$542.34
Mfg. Part#: 727054-B21 UNSPSC: 43201404 Contract: National IPA Technology Solutions (2018011-01)				
<u>HPE - power supply - hot-plug / redundant - 800 Watt - 908 VA</u>	2	4723434	\$283.72	\$567.44
Mfg. Part#: 865414-B21 UNSPSC: 39121004 Contract: National IPA Technology Solutions (2018011-01)				
<u>HPE Small Form Factor Easy Install Rail Kit rack rail kit - 2U</u>	1	3428550	\$71.10	\$71.10
Mfg. Part#: 733660-B21 UNSPSC: 24102001 Contract: National IPA Technology Solutions (2018011-01)				
<u>HPE Integrated Lights-Out Advanced - license + 3 Years 24x7 Support - 1 ser</u>	1	5878919	\$280.14	\$280.14
Mfg. Part#: BD505A Electronic distribution - NO MEDIA Contract: National IPA Technology Solutions (2018011-01)				
<u>HPE Pointnext Tech Care Basic Service - extended service agreement - 3 year</u>	1	6546094	\$0.00	\$0.00
Mfg. Part#: HU4B2A3 Electronic distribution - NO MEDIA Contract: MARKET				
<u>HPE Pointnext Tech Care Basic Service - extended service agreement - 3 year</u>	1	6499159	\$1,031.20	\$1,031.20
Mfg. Part#: HU4B2A3#WAH Electronic distribution - NO MEDIA Contract: National IPA Technology Solutions (2018011-01)				

PURCHASER BILLING INFO	SUBTOTAL	\$21,218.24
Billing Address: WILL COUNTY HEALTH DEPT **** MUST SHIP COMPLETE **** 501 ELLA AVE DEBBIE ARTHUR JOLIET, IL 60433-2700 Phone: (815) 727-8500 Payment Terms: Net 30 Days-Govt State/Local	SHIPPING	\$0.00
	SALES TAX	\$0.00
	GRAND TOTAL	\$21,218.24
	Please remit payments to: CDW Government 75 Remittance Drive Suite 1515 Chicago, IL 60675-1515	
DELIVER TO		
Shipping Address: WILL COUNTY HEALTH DEPT **** MUST SHIP COMPLETE **** 501 ELLA AVE DEBBIE ARTHUR JOLIET, IL 60433-2700 Phone: (815) 727-8500 Shipping Method: DROP SHIP-GROUND		

Need Assistance? CDW•G LLC SALES CONTACT INFORMATION



Dave Engmark

800.808.4239

davieng@cdwg.com

LEASE OPTIONS			
FMV TOTAL	FMV LEASE OPTION	BO TOTAL	BO LEASE OPTION
\$21,218.24	\$581.17/Month	\$21,218.24	\$667.95/Month

Monthly payment based on 36 month lease. Other terms and options are available. Contact your Account Manager for details. Payment quoted is subject to change.

Why finance?

- Lower Upfront Costs. Get the products you need without impacting cash flow. Preserve your working capital and existing credit line.
- Flexible Payment Terms. 100% financing with no money down, payment deferrals and payment schedules that match your company's business cycles.
- Predictable, Low Monthly Payments. Pay over time. Lease payments are fixed and can be tailored to your budget levels or revenue streams.
- Technology Refresh. Keep current technology with minimal financial impact or risk. Add-on or upgrade during the lease term and choose to return or purchase the equipment at end of lease.
- Bundle Costs. You can combine hardware, software, and services into a single transaction and pay for your software licenses over time! We know your challenges and understand the need for flexibility.

General Terms and Conditions:

This quote is not legally binding and is for discussion purposes only. The rates are estimate only and are based on a collection of industry data from numerous sources. All rates and financial quotes are subject to final review, approval, and documentation by our leasing partners. Payments above exclude all applicable taxes. Financing is subject to credit approval and review of final equipment and services configuration. Fair Market Value leases are structured with the assumption that the equipment has a residual value at the end of the lease term.

This quote is subject to CDW's Terms and Conditions of Sales and Service Projects at <http://www.cdw.com/content/terms-conditions/product-sales.aspx>
For more information, contact a CDW account manager

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**WILL COUNTY BOARD OF HEALTH
RESOLUTION #21-81**

**RESOLUTION OF THE WILL COUNTY BOARD OF HEALTH
WILL COUNTY, ILLINOIS**

**RESOLUTION FOR APPROVAL TO PURCHASE HP DL380 SERVER FOR THE
MICROSOFT HYPER-V INFRASTRUCTURE--\$21,218.24**

WHEREAS, the Will County Health Department and Community Health Center requires to add a HP DL380 Server to the Microsoft Hyper-V Infrastructure to add capacity for additional Virtual Servers; and

WHEREAS, the virtual servers are needed to support remote access, virtual desktops, and applications.

NOW, THEREFORE, BE IT RESOLVED, the Board of Health approves the purchase of the HP DL380 Server for the Microsoft Hyper-V Infrastructure under a state government contract from Computer Discount Warehouse Government (CDWG) for \$21,218.24.

DATED THIS 17th day of November 2021.

James E. Zelko, President
Will County Board of Health



OFFICE OF WILL COUNTY EXECUTIVE
JENNIFER BERTINO-TARRANT

Will County Office Building – 302 N. Chicago Street – Joliet, Illinois 60432

David E. Tkac
Director of Facilities

Phone (815) 740-8071
dtkac@willcountyillinois.com

September 24, 2021

RE: WC IFB 2021-73 CHC Women's Health Renovations

On Tuesday, September 21, 2021, contractor bids were opened for the Community Health Center Women's Health Renovations Project located at the Will County Community Health Center, 1106 Neal Avenue, Joliet, IL 60433.

Seven (7) bids were received with the lowest bid of: \$36,744.00 being received from:

Ostrander Construction, Inc. located at 2001 Butterfield Road, Suite 1120, Downers Grove, IL 60515

After careful review of all bids and a detailed scope review during my phone call with the Ostrander project manager, Edward J. Lamb, on September 22, 2021, it is my recommendation to proceed with contract award to Ostrander Construction, Inc. for the amount of \$36,744.00.

David E. Tkac

**FROM THE DESK OF
KEVIN LYNN
PURCHASING DIRECTOR**

BID HISTORY

ITEM: 2021-73 CHC WOMEN'S HEALTH RENOVATIONS
DEPARTMENT: WILL COUNTY HEALTH DEPARTMENT
BID RELEASE: AUGUST 23, 2021
PUBLISHED NOTICE: AUGUST 25, 2021, HERALD NEWS & INTERNET

BID OPENING: SEPTEMBER 21, 2021 3:10 P.M.
LOCATION: WILL COUNTY OFFICE BUILDING
302 N. CHICAGO STREET
JOLIET, ILL. 60432

BIDDING RESULTS:

NUMBER RELEASED: 20 + INTERNET **NUMBER RETURNED:** 8

<u>BIDDER:</u>	<u>Total Cost</u>
Osterander Construction, Downers Grove, IL	\$36,744.00
Lite Construction Montgomery, IL	\$53,678.00
KWCC Inc. Sugar Grove, IL	\$68,145.00
Rodgers Construction Manhattan, IL	\$69,800.00
Troop Contracting Inc. Willowbrook, IL	\$69,900.00
Harbour Contracting Plainfield, IL	\$85,479.00
Cosgrove Construction Joliet, IL	\$93,500.00
Blue Reef, LLC Chicago, IL	Disqualified Late Arrival




Recommendation from Dave Tkac, Facilities Director, is to **award the lowest responsible, responsive bidder, Osterander Construction, Downers Grove, IL for a total amount of \$36,744.00**

BID TABULATION FOR

DEPARTMENT: # 2021-73 CHC WOMEN'S HEALTH RENOVATIONS

DUE: 9-21-21, 3:00 P.M.

OPENED: 9-21-21, 3:10 P.M.

BIDDER INFORMATION	REQUIREMENTS	TOTAL PRICE
Harbour Contractors Plainfield, IL 	Bid Bond Rec: 10% Addenda Rec (0): Yes Prime Contractor Rec: Y Bid form signed Y	\$ \$85,479. ⁰⁰
Rodgers Construction Manhattan, IL	Bid Bond Rec: 10% Addenda Rec (0): Prime Contractor Rec: Y Bid form signed Y	\$ \$69,800. ⁰⁰
KWCC Inc Sugar Grove, IL 	Bid Bond Rec: 10% Addenda Rec (0): Prime Contractor Rec: Y Bid form signed - Y	\$ \$68,145. ⁰⁰
Osterlander Construction  Downers Grove, IL	Bid Bond Rec: 10% Addenda Rec (0): Prime Contractor Rec: Y Bid form signed - Y	\$ \$36,744. ⁰⁰
Cosgrove Construction Joliet, IL	Bid Bond Rec: 10% Addenda Rec (0): Prime Contractor Rec: Y Bid form signed - Y	\$ \$93,500. ⁰⁰

ALSO PRESENT: Kevin Lynn, Nancy Ruettiger





BID TABULATION FOR

DEPARTMENT: # 2021-73 CHC WOMEN'S HEALTH RENOVATIONS

DUE: 9-21-21, 3:00 P.M.

OPENED: 9-21-21, 3:10 P.M.

BIDDER INFORMATION	REQUIREMENTS	TOTAL PRICE
Lite Construction Montgomery IL [Signature]	Bid Bond Rec: 10% Addenda Rec (0): Prime Contractor Rec: Y Bid Form signed Y	\$ 53,678 ⁰⁰
Troop Contracting Inc. Willowbrook IL SK	Bid Bond Rec: 10% Addenda Rec (0): Prime Contractor Rec: Y Bid Form signed Y	\$ 69,900 ⁰⁰
Blue Reef LLC Chicago IL [Signature]	Bid Bond Rec: Addenda Rec (0): Prime Contractor Rec: Bid Form	\$ Rejected - Late
	Bid Bond Rec: Addenda Rec (0): Prime Contractor Rec:	\$
	Bid Bond Rec: Addenda Rec (0): Prime Contractor Rec:	\$

ALSO PRESENT: Kevin Lynn, Nancy Ruettiger

BOH Agenda Items Overview

November 17, 2021

COVID-19 Response Update

As we move through our nineteenth month of formal response to the COVID-19 Pandemic, our response includes the following activities:

- Contact Tracing
- Resource Assistance- housing assistance, testing sites, outreach
- Consultation with community- schools, workplaces, etc.
- Complaint Investigation
- Call Center
- Vaccine on site clinic
- Vaccine Pop-up community clinics
- Homebound Vaccination Program
- Testing Program
- Vaccine Card replacement
- Media Plan
- Equity Plan- outreach and work with CBOs, health navigators
- Presentation Requests

Federally Mandated Vaccinations

President Biden has put into action two vaccine mandates that affect our agency.

Firstly, OSHA is issuing a rule that any employer having 100+ employees must require vaccination of their staff, contractors, and any individuals regularly visiting the workplace. There are exemptions for medical contraindications, and for religious reasons. The unvaccinated must be tested weekly, and testing costs are not a responsibility of the employer. OSHA would be the enforcing agency, and such employers are required to have a COVID-19 Plan in accordance with OSHA's ETS (Emergency Temporary Standard) in place. It is not known how long the testing of unvaccinated individuals would be required.

The other vaccine mandate rolled out by President Biden is applicable to all entities that conduct business with the Centers for Medicare and Medicaid (CMS). CMS is issuing a rule to require that healthcare workers and facilities participating in Medicare and Medicaid are fully vaccinated. There is no option to test out. Any employee covered by the CMS requirement must have their final vaccination dose by January 4th, 2022. There are exemptions for medical contraindications or religious exemptions. Additionally, the rule includes vaccination of board members, and in our case, Governing Council members.

According to the press briefing at the White House, the CMS rule supersedes the OSHA rule, so ultimately our agency must comply with the vaccine mandate or risk being de-certified by Medicaid and Medicare. Our agency typically receives \$5M to \$6m annually in billing for CMS for multiple programs, so this would have a huge financial impact for the agency.

I have included a narrative of the press briefing at the White House from November 3, when these announcements were made. I am in discussions with the SAO regarding possible options and any pending litigation that may affect these new rules. Of course, any county department, as well as the county as a whole is affected by one of these mandates, as I am sure the county executive is working through a plan for those departments.

Currently, this is the breakdown of our situation regarding unvaccinated staff totaling 39 individuals.

21 FTE

3 FTE requesting medical exemption

1 FTE positive for COVID

2 FTE requesting religious exemption

2 Interns, requesting religious exemption

2 agency staff requesting medical exemption

1 agency staff

2 independent contractor staff

1 Part-time staff, requesting medical exemption

4 FTE out on FMLA

I placed this on the agenda since we are unsure of our options, and I wanted to have the Board fully aware of what we are facing, and the necessary decisions moving forward. I look forward to our discussion- please read the press briefing for additional information prior to our discussion.

Background Press Call on OSHA and CMS Rules for Vaccination in the Workplace

NOVEMBER 04, 2021 • PRESS BRIEFINGS

(November 3, 2021)

6:12 P.M. EDT

MR. MUNOZ: All right. Good evening. Thank you, everybody, for joining. Thanks for joining us tonight for an embargoed press call on the forthcoming OSHA and CMS vaccination policies.

As a reminder, this call is embargoed until tomorrow, November 4th at 8:45 a.m., and the entire call will be attributable to “senior administration officials.”

On this call you will hear remarks from [senior administration officials].

At the end, we’ll have time for some questions. I kindly ask you in advance to keep those questions to one question.

And with that, I’ll pass it to [senior administration official].

SENIOR ADMINISTRATION OFFICIAL: Thanks, [senior administration official], and thank you all for joining us tonight.

Before we get into tonight’s announcements, let me start with why we’re here.

Today, 70 percent of adult Americans are now fully vaccinated — up from less than 1 percent when the President took office. This is tremendous progress, but we know that we need more vaccinations to save lives, strengthen the economy, and accelerate our path out of this pandemic.

That’s why the President has been leading on requiring vaccinations, including for federal

employees and federal contractors, and has called on employers to do the same. Thousands of employers have answered the President's call and stepped up to implement vaccination requirements covering tens of millions of Americans.

These requirements have already reduced the number of eligible unvaccinated Americans by 40 percent — down from about 100 million to just over 60 million now.

Tomorrow morning, the administration is announcing a series of new policies that will protect workers and drive additional progress in getting millions of Americans vaccinated.

First, the Occupational Safety and Health Administration, OSHA, is issuing a rule to require employers with 100 or more employees to ensure each of their workers is fully vaccinated or tests negative for COVID at least once a week. This rule covers 84 million employees.

Second, the Centers for Medicare & Medicaid Services, CMS, is issuing a rule to require that healthcare workers at facilities participating in Medicare and Medicaid are fully vaccinated. This rule covers more than 17 million workers at approximately 76,000 healthcare facilities around the country.

And third, to make it easy for businesses and workers to comply, we will be aligning the deadline for the previously announced requirement for employees of federal contractors to be fully vaccinated with these new OSHA and CMS rules. This single, consistent deadline across all three requirements is January 4th, 2022.

So, any employee covered by the CMS or federal contractor requirement must have their final vaccination dose by January 4th. And employers covered by the OSHA rule will need to ensure their employees have received their final vaccination dose by January 4th, with at least weekly testing required for unvaccinated employees after that.

Before I turn to my colleagues to walk through the OSHA and CMS rules in detail, I want to underscore the impact these policies will have on our fight against the virus.

Together, the OSHA and CMS rules, along with the other policies the administration has previously implemented, means that over two thirds of all workers in the United States are now covered by vaccination policies.

Many organizations that have adopted vaccination requirements have increased vaccination rates by more than 20 percentage points to well over 90 percent, and compliance is very high.

Higher vaccination rates protect our workers, reduce hospitalizations and deaths. This is good for workers and, importantly, this is good for the economy.

For example, analysts at Goldman Sachs projected these kinds of vaccination requirements could lead to up to 5 million Americans reentering the workforce, as they feel safer going back to work and experience fewer disruptions to things like childcare.

The bottom line is: Vaccination requirements work. And the actions we're taking tomorrow will lead to millions of Americans getting vaccinated, protecting workers, saving lives, strengthening our economy, and helping it to accelerate our path out of this pandemic.

With that, I'll turn it over to [senior administration official].

SENIOR ADMINISTRATION OFFICIAL: Thank you very much. The Occupational Safety and Health Administration is dedicated to ensuring every working person in the country has a safe and healthy workplace.

The unmitigated spread of the coronavirus in the workplace presents a grave danger of illness or death to unvaccinated workers. OSHA has determined that in order to protect workers from this continued hazard, we must issue an Emergency Temporary Standard to protect workers from the spread of coronavirus in the workplace.

The rule we are announcing covers employers with 100 or more employees, firm or company wide, and provides options for compliance to protect their workers.

The standard requires employers to develop, implement, and enforce a mandatory COVID-19 vaccination policy, unless they adopt a policy requiring employees to choose either to get vaccinated or to undergo weekly COVID-19 testing and wear a face covering at work.

In addition, the ETS requires employers to provide paid time to workers to get vaccinated and paid leave to recover from any side effects that keep employees from being able to work.

While we are encouraged to know that vaccination requirements have already helped cut the number of unvaccinated Americans by nearly 40 percent, it's important to understand that there are still so many workers who are not protected and remain at risk from being seriously ill or dying from COVID-19.

This rule will protect more than 84 million workers from the spread of the coronavirus on the job. OSHA estimates that this rule will save thousands of lives and prevent over 250,000

hospitalizations during the six months after implementation.

OSHA will help employers develop a vaccine or testing requirement program by offering robust compliance assistance to businesses implementing the standard, including sample plans, factsheets, frequently asked questions, and other materials.

OSHA will begin outreach to the regulated community and will continue working to provide businesses the information that they need to comply.

OSHA is committed to ensuring the health and safety of workers in this country, and I want to thank each of you for taking part in this important conversation about how we're doing it.

And now I'll turn over the computer to [senior administration official].

SENIOR ADMINISTRATION OFFICIAL: Thank you very much. Good evening, everyone.

Now that you have had an overview of the standard, I'd like to talk briefly about OSHA's legal authority to issue this standard.

The Occupational Safety and Health Act was adopted to ensure working people in this country have safe and healthy working conditions.

In particular, the OSH Act gives OSHA the authority to act quickly in an emergency where the agency finds that workers are subjected to a grave danger and a new standard is necessary to protect them.

A virus that has killed more than 745,000 Americans, with more than 70,000 new cases per day currently, is clearly a health hazard that poses a grave danger to workers.

The new Emergency Temporary Standard is well within OSHA's authority under the law and consistent with OSHA's requirements to protect workers from health and safety hazards, including infectious diseases.

There is well-established legal precedent for OSHA's authority to evaluate existing scientific evidence and apply data to develop safety and health standards.

OSHA has broad authority to issue and enforce health and safety standards to protect workers in staying safe and healthy on the job — like precautions against bloodborne diseases, excessive noise, and falls from dangerous heights — and now, getting vaccinated against a virus that has

taken more American lives than World War One, World War Two, the Vietnam War, and 9/11 combined.

The OSH Act provides that OSHA standards preempt any state occupational safety or health standard “relating to [the same] occupational safety or health issue” as the federal standard OSHA.

This ETS preempts the occupational safety and health issues of vaccination, wearing face coverings, and testing for COVID-19. Thus the standard preempts states, and political subdivisions of states, from adopting and enforcing workplace requirements relating to these issues, except under the authority of a federally approved state plan.

Our mission to make sure workers come home at the end of their shift — our mission is to make sure that workers come home safe at the end of their shift, and OSHA will never hesitate to use its authority to keep workers safe on the job.

Thanks very much.

SENIOR ADMINISTRATION OFFICIAL: Excellent. [Senior administration official].

SENIOR ADMINISTRATION OFFICIAL: Thank you. Good evening. This is [senior administration official].

At CMS, we know that everyone working in healthcare wants to keep their patients safe. That is why CMS is acting to require healthcare workers to get vaccinated now.

Thursday morning, at 8:45 a.m. Eastern Time, CMS will publish an emergency regulation requiring staff vaccinations for COVID-19 across Medicare- and Medicaid-certified healthcare providers including, but not limited to, nursing homes, hospitals, dialysis facilities, ambulatory surgical settings, and home health agencies. This requirement will cover approximately 17 million healthcare workers across 76,000 healthcare facilities across the country.

When the pandemic first began, CMS focused heavily on infection control measures to address the spread of COVID-19. Today we are focused on getting staff vaccinated as quickly as possible. Including in the regulation and consistent with the other requirements are critical deadlines for healthcare workers across the country to meet.

By January 4, 2022, facilities must ensure that all staff have received the necessary shots to be fully vaccinated — either two doses of Pfizer, two doses of Moderna, or one dose of Johnson &

Johnson.

For Medicare- and Medicaid-certified providers, these vaccination regulations supersede all others, including state regulations and those issued by OSHA.

We will ensure compliance with these requirements through our established survey and enforcement processes. If a facility does not meet the requirements, they will be cited by a surveyor and have an opportunity to return to compliance before additional actions occur.

CMS's goal is to bring healthcare providers into compliance; it is not to punish workers or healthcare facilities. However, we will not hesitate to use our full enforcement authority to protect the health and safety of patients.

As more and more businesses, organizations, and states across the country implement vaccine requirements, it's becoming clearer every day: Vaccination requirements are effective.

At Houston Methodist, the first organization to implement a vaccine requirement, 98 percent of their 25,000-person staff got vaccinated. Trinity Health, one of the largest Catholic healthcare systems in the nation, increased its vaccination rate of its 120,000 employees from 75 percent to 96 percent vaccinated and in compliance. Rush University Medical Center in Chicago recently hit 99 percent compliance in vaccination.

Today, more than 2,500 hospitals, or 40 percent of all U.S. hospitals, have announced COVID vaccination requirements, or are in states that have such requirements, for the healthcare workforce. They span all 50 states, the District of Columbia, and Puerto Rico.

Leading healthcare organizations like the American Medical Association, the American Hospital Association, the American Nurses Association, and the American Academy of Pediatricians, which together represent millions of healthcare professionals, called for "mandatory COVID-19 vaccination for healthcare workers to protect the safety of patients and residents of long-term care facilities and make the healthcare sector a leader in COVID-19 vaccinations."

Where requirements have been implemented, we have not seen widespread resignations in the healthcare workforce. In fact, we know that the requirements are an essential tool to protect patients and healthcare personnel.

We're on the right track, but the fight is not over. That's why we're acting to get more Americans to get vaccinated.

With that, I'll turn it back over to [senior administration official].

SENIOR ADMINISTRATION OFFICIAL: Thanks. Kevin, over to you.

MR. MUNOZ: All right. As a reminder, keep your question to one question so we can get as many in as possible.

First, let's go to Spencer Kimball at CNBC.

Q Hi, can you hear me?

SENIOR ADMINISTRATION OFFICIAL: Yep, we can.

Q Okay, great. Yeah, my question is about the OSHA mandate, and it's on enforcement and compliance.

So, after January 4th, what should businesses expect in terms of enforcement? Will there be a robust inspection regime on site? And connected to that, how high will the penalties be for noncompliance?

SENIOR ADMINISTRATION OFFICIAL: Again, this is [senior administration official]. And we at OSHA will be enforcing this rule, just like OSHA enforces any of the other rules that are in place at the agency, where we recognize that the vast majority of employers and workplaces comply with the requirements of an OSHA standard.

And so where we target our focus and our effort are on those workplaces where workers need assistance to have a safe and healthful workplace. That typically comes through in the form of a complaint.

We also will be having some programmed or planned inspections where we do go to workplaces to check to make certain that the workplace is in compliance with the rule.

And again, we'll be doing that just as we do with other rules that are in place. And the penalties that would be issued as a result of those inspections, if we find some deficiencies in the program, are commensurate with any other penalties that we have in place for other standards.

MR. MUNOZ: Let's go to Dee-Ann Durbin at the AP.

Q Thanks. Can you clarify, when you were saying they're commensurate with other — I mean, let's get a — can we get a number here? Can we get something more specific? When you're saying what's commensurate, what are you talking about? What kind of fine can they expect? Thanks.

SENIOR ADMINISTRATION OFFICIAL: Yeah, so — and again, depending upon the number of violations that would be identified would have some — you know, a significant impact on the scope and scale of the amount of a penalty, that would be cited and put into the citation.

We also have a scale that is increasing with more severe violations. So, for example, if we identify that an employer is willfully violating a standard, then that penalty is significantly higher than a workplace that is not willfully doing so.

And so —

Q Is there a maximum amount?

SENIOR ADMINISTRATION OFFICIAL: Well, so for a standard penalty of \$14,000, if there was a single citation, a single violation, a single issue that was wrong, \$14,000 would be the approximate penalty.

Q Okay. Thank you.

MR. MUNOZ: All right, let's go to the next question. Dave Shepardson at Reuters.

Q Hey, thanks for doing this. Just briefly, to follow up on Dee-Ann's question, is — the maximum would be \$14,000 per employer per — I'm sorry, \$14,000 per employee per location. Is that right?

SENIOR ADMINISTRATION OFFICIAL: Sorry — again, this is [senior administration official]. We were muted there for just a second.

So \$14,000 per item that would be cited. So if there were multiple items out of the standard that we cited, there would be, you know, multiple penalties that could be issued along with that.

We also would assess whether or not there were multiple violations depending on the number of instances of the violation that we were looking at. So, you know, potentially there could be

multiples of that. But it would depend upon the situation during the inspection and the evidence that was presented.

Q Okay. Just to — so my question was, broadly: Obviously, this is a big — it will give some relief to federal contractors and others as it pushes the deadline, you know, past the holiday season. Can you talk a bit about what your thoughts were; why you opted to make everything effective on January 4, as opposed to holding to that December 8th deadline?

SENIOR ADMINISTRATION OFFICIAL: Thanks, Dave. I can take that one. Look, I think, for us, we wanted to do this because we're really aligning it to make it easier — to make it as easy as possible for businesses to implement these requirements and for workers to comply.

That said, there's no reason to wait, and we hope that — and we know that many employers are not waiting. And we hope that employers and workers will get vaccinated as quickly as possible, because that's obviously our path out of this pandemic.

MR. MUNOZ: Great. Next question. Let's go to Rachel Rouben at the Washington Post.

Q Hi. Thanks. I have a question for [senior administration official]. Can you also detail what the enforcement mechanism is for health facilities? Essentially, like, would they be kicked out of participating in the Medicare and the Medicaid program, or is that further down the line? Thanks.

SENIOR ADMINISTRATION OFFICIAL: Sure. So this is [senior administration official]. So there are a series of remedies that we would take to make sure that facilities are in compliance with our vaccine requirement. So, first, we want to work with facilities. And tomorrow, we will be having a listening session and really walk through all of the requirements and details to answer any questions. So, we really want to work with them.

If a facility were not making steps to come into compliance, we have a range of remedies. That could be civil monetary penalties. We could also deny payment, and as a — certainly, as a last resort, terminate them from the Medicare and Medicaid programs.

But I would just want to emphasize that our goal is to bring healthcare facilities into compliance. And termination would really only occur if, after providing a facility with an opportunity to make corrections and come into compliance, they chose not to do so.

MR. MUNOZ: All right. Next question. Let's go to Maureen Groppe at USA Today.

Q Hi. I want to ask about the 21 states that run their own workplace safety programs. How much time are they going to have to adopt either this standard or one equally as strong? And are you prepared to take over their programs if they don't meet that deadline?

SENIOR ADMINISTRATION OFFICIAL: Thank you. [Senior administration official], can I turn to you?

SENIOR ADMINISTRATION OFFICIAL: Yes, thanks, [senior administration official]. And so, this is [senior administration official] again. And to also back up to the prior question — one clarification: The questions talked about an OSHA mandate. And just keep in mind that the OSHA rule coming out is not a mandate for a vaccine; there's a — employers can put in a mandatory vaccination program, or there's the other route of vaccination for those who choose to, and testing and masks for those other employees that don't. So, just wanted to make sure that was clear.

And also, you know, we use the \$14,000 for a serious OSHA citation violation amount. The real, actual amount is \$13,653, just to be clear with that.

And for — we referred to the willful penalties. That amount is \$136,532. So, you know, again, just to make certain we're providing you with the clear information.

As far as the state OSHA programs in the 21 states that operate those programs, we'll have a 30-day window for them to implement this rule once the Federal Register is published later this week. And they will need to put in place this rule or a rule that is at least as effective as this rule.

And then, you know, we certainly — at OSHA, we have a long history of working with state plans to make certain that they are providing at least as effective as safety and health provisions. And we'll continue to do that.

But it's also, you know, OSHA's responsibility to ensure that state plans are at least as effective as. And so, we certainly will do everything that is necessary to ensure that that's the case in this instance for this standard.

Q So that would include potentially taking over the state programs?

And one of the reasons I ask is because three states have already missed the deadline for complying with your earlier standard in June.

SENIOR ADMINISTRATION OFFICIAL: Correct. Three states. And we are working with those three states. And they're — within the last couple of weeks, we've provided them with the preliminary notification that we're going to be assessing the program to make certain that it is at least as effective as.

And as we walk through that process, one option at the end of that, for the OSHA Assistant Secretary to determine, would be to move that state from being a full state program to having less of the authority and code enforcement in some cases with federal OSHA.

MR. MUNOZ: All right. Next question. Let's go to Anne Flaherty at ABC.

Q Hi. Thanks for taking my question. This is probably for [senior administration official]. How much of the holiday season and the current worker shortage factored into your decision to push the deadlines until January 4th?

SENIOR ADMINISTRATION OFFICIAL: Thanks. Thanks very much, Anne. I think, you know, we know that some employers have — may have workplaces subject to requirements for the federal contractors and other workplaces subject to the ETS rule. And so, as I said, in order to make it easier for businesses to comply and workers to comply, we've decided to align the contractor deadline with the deadline for both CMS and OSHA.

So, this is not a reason to wait, of course. You know, we know that vaccines help reduce absenteeism. We know they protect workers. We know they create a safer and healthier workplace, which workers want. But that's the reason we decided to align the three policies.

MR. MUNOZ: All right. And last question, let's go to Courtney Rozen at Bloomberg.

I'm not seeing Courtney unmute. So, we have time for one more question. Let's go to Nate Weixel at The Hill.

Q Can you hear me?

SENIOR ADMINISTRATION OFFICIAL: Hi. Oh, who —

Q Hi, it's Courtney.

SENIOR ADMINISTRATION OFFICIAL: Hi, Courtney.

MR. MUNOZ: Two more questions. Hi, Courtney. Let's go.

Q Hi. Sorry. I haven't heard anyone mention, for the CMS rule, religious and medical exemptions. Can you talk about how you'll handle those?

SENIOR ADMINISTRATION OFFICIAL: There are exemptions. This is [senior administration official] speaking. There are exemptions for people with medical conditions that do not permit them to be vaccinated or for religious exemptions.

Q And how will you handle processing those?

SENIOR ADMINISTRATION OFFICIAL: It is the responsibility of the facility to have a plan in place to make sure they comply with the exemptions that we outline in the rule.

MR. MUNOZ: All right. Nate, you're up last.

Q Thanks. Just to piggyback on that: For the CMS rule, is there a testing option, or is it only for exemptions?

SENIOR ADMINISTRATION OFFICIAL: There is not a testing option. We have a higher bar for healthcare workers, given their critical role in ensuring the health and safety of their patients. And so, it's either vaccination or an exemption under the rules outlined.

MR. MUNOZ: Thank you, [senior administration official]. All right, thank you, everybody, for joining tonight's call.

As a reminder, this is attributable to "senior administration officials" and it's embargoed — as well as the factsheet that I sent out — until 8:45 a.m. tomorrow.

Thank you, everybody.

6:42 P.M. EDT

EMPLOYEES

	<u>DATE</u>
<u>NEW</u>	
Diane Weber CHC Medical / Dental Secretary	November 1, 2021
Jennifer McKenzie FHS Nutrition Specialist	November 15, 2021
Matthew Bedore ADM Media Services Manager	November 29, 2021
* Alex Blye FHS Contact Tracing Assistant	December 6, 2021
<u>CHANGE(s)</u>	
Amanda Whitaker ADMN Customer Service Representative (from part time to full time)	October 1, 2021
<u>PROMOTION(s)</u>	
Twila Scates BH Reimbursement Specialist I (due to job audit)	September 27, 2021
<u>RESIGNATION(s)</u>	
Rachiel Buerger CHC Certified Medical Assistant	October 29, 2021
<u>TEMPORARY</u>	
Allison Hamerla CHC COVID Relief Assistant	August 23, 2021
Cynthia Griggs EH Temporary EH Assistant	October 20, 2021
<u>TRANSFER(s)</u>	
Ben Gonzalez ADM Driver (to Records Management)	November 5, 2021

Alejandra Garcia
CHC
Switchboard Operator (to Recorder of Deeds)

November 5, 2021

Gregory Krantz
FHS
Staff Nurse III (lateral move)

November 29, 2021

*** Approval for payout of comp time due to COVID—related activities to include wages, FICA, and IMRF.**

Muneeza Azher	56.25
Komal Gujarathi	95.50
Carrie Jackson	71.00
Alpesh Patel	311.50
Janet Harris	96.75