

AGENDA

**WILL COUNTY BOARD OF HEALTH MEETING
WILL COUNTY HEALTH DEPARTMENT
501 ELLA AVENUE
JOLIET, IL 60433
CONFERENCE ROOM 1005A / 1005B
February 21, 2024– 3:00PM**

MISSION STATEMENT: *To prevent disease and promote a healthier environment for all residents, business operators and visitors. Our agency of professionally trained staff works 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
Recognitions
- V. Public Comment for Agenda Items Only – **Discussion**
- VI. Approval of Minutes
January 17, 2024, Regular Session – **Motion** (pgs. 1-6)
January 17, 2024, Executive Session – **Motion**
February 2, 2024, Regular Session -**Motion**
February 2, 2024, Executive Session - **Motion**
- VII. Treasurer’s Report & Department Financial Reports
November 30, 2023 – **Discussion** (pgs. 7-8)
January 31, 2024 – **Motion** (pgs. 9-12)
- VIII. Reports from Divisions (pgs. 13-46)
Division Statistical Reports – **Discussion** (pgs. 47-51)
- IX. Old Business
- X. New Business
County Legislative Agenda – **Discussion** (pgs. 52-78)
Resolutions #24-06 - #24-18
 1. Resolution #24-06 – MAPP Contribution Payment (Admin) – **Motion** (pgs. 79-80)
 2. Resolution #24-07 – Public Health Consulting Proposal for Strategic Plan (Admin) - **Motion** (pgs. 81-103)
 3. Resolution #24-08 - Intergovernmental Agreement between CHC and WCHD for Medical Advisor (Admin) – **Motion** (pgs. 104-107)
 4. Resolution #24-09 - Payment of The Fource Overall Campaign (Admin) – **Motion** (pgs. 108-110)
 5. Resolution #24-10 – SQL Server Licenses Purchase (Admin) – **Motion** (pg. 111)
 6. Resolution #24-11 - RCO Furniture Purchase (BH) – **Motion** (pgs. 112-123)
 7. Resolution #24-12 – Payment of Mier Group Consultants for Phase 1 (EP&R) – **Motion** (pgs. 124-125)
 8. Resolution #24-13 – Cities Readiness Initiative Appropriation (EP&R) – **Motion** (pgs. 126-133)
 9. Resolution #24-14 – General Services Sliding Fee Discount Scale for CHC (CHC) – **Motion** (pgs. 134-135)
 10. Resolution #24-15 – Dental Services Fee Schedule for CHC (CHC) – **Motion** (pgs. 136-139)
 11. Resolution #24-16 – Disposal/Recycling of Surplus Equipment (CHC) – **Motion** (pgs. 140-141)
 12. Resolution #24-17 – Chicago Biomedical Services Contract (CHC) – **Motion** (pgs. 142-144)
 13. Resolution #24-18 – Transfer of Funds (FHS) – **Motion** (pg. 145)
- XI. Executive Session re: Employment/ Legal Matters – **Motion & Roll Call** (pgs. 146-147)
- 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 MEETING MINUTES**

January 17, 2024

The monthly meeting of the Board of Health held at the Will County Health Department, 501 Ella Avenue, Joliet, IL was called to order at 3:01 p.m., Dr. Terrell, President presiding.

ROLL CALL/ QUORUM PRESENT

MEMBERS PRESENT

- Billie Terrell, PhD., ACSW, President
- Chief Paul Hertzmann, Vice President
- Teena Mackey, Secretary
- Edna Brass, MA, BS
- Natalie Coleman – arrived @ 3:13pm
- Chief Carey
- Allison Gunnink, MBA, MT-BC
- Gary Lipinski, M.D.
- Silvio Morales, M.D.
- Dr. Soderquist, D.D.S.
- Pamela Robbins, MSN, RN

MEMBERS ABSENT

- Annette Parker

STAFF PRESENT

- Elizabeth Bilotta, Executive Director, Administration
- Mary Kilbride, Executive Assistant, Administration
- Denise Bergin, Assistant Executive Director, Administration
- Diane Scruggs, Director of Behavioral Health
- Dr. Kathleen Burke, Program Coordinator, Behavioral Health
- Mary Maragos, CEO, Community Health Center
- Dr. Jennifer Byrd, CMO, Community Health Center
- Cindy Jackson, Director of Administrative Services
- Sean Connors, Director of Environmental Health
- Georgia VanderBoegh, Director of Family Health Services
- Katie Weber, Emergency Response Coordinator, Administration
- Kevin Juday, Media Services Manager, Administration
- Anthony Melei, Director of Information Technology, Administration
- Stacey Knack, Director of Human Resources, Administration
- Dr. Robert Dutton, Health Equity Manager, Administration
- Caitlin Daly, Program Manager, MAPP/Community Planning, Family Health Services
- Armando Reyes, Compliance Officer, Administration
- Rita Slechter, Healthworks Program Manager, Family Health Services
- Ted Strejcek, Information Technology Specialist II, Administration
- Alpesh Patel, Program Coordinator, Family Health Services
- Dr. Rita Gray, Psychologist, Behavior Health
- James Budrick-Rios, Community Health Educator, Family Health Services
- Jillian Carlisle, Information Systems Specialist III, Administration
- Katie Schram, Community Health Educator II, Family Health Services
- Barb Agor, EP&R Specialist II, Administration

OTHERS PRESENT

- Dan McGrath, Assistant State’s Attorney
- Alan Dyche, Representing Governing Council

A quorum was met.

PLEDGE OF ALLEGIANCE

PRESIDENT’S COMMENTS

EXECUTIVE DIRECTOR’S COMMENTS

- Ms. Bilotta spoke of January being National Radon Action Month which is the second leading cause of lung cancer.
- The Health Department and the Health Center are working together with the county and our lobbyist to put together information for the County the health departments state and federal legislative agenda.
- Ms. Bilotta is hoping to bring a resolution to the board in order to restart our Strategic plan for the health department.
- Will County did move from low COVID hospitalization to medium. The Community Health Center has instituted a mask mandate. At the HD it is recommended, and masks are available throughout the building if needed.
- Ms. Robbins spoke of the Community Wellness and Resource Fair in University Park and what a wonderful event it was.

PUBLIC COMMENTS FOR AGENDA ITEMS ONLY – NONE

APPROVAL OF BOARD OF HEALTH MINUTES

Moved to approve the December 20, 2023, regular meeting minutes as presented.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Ms. Gunnink
SECONDER:	Dr. Morales
AYES:	Dr. Terrell, Chief Hertzmann, Ms. Brass, Ms. Coleman, Chief Carey, Ms. Gunnink, Dr. Lipinski, Ms. Mackey, Dr. Morales, Dr. Soderquist, Ms. Robbins
ABSTAIN:	None

Moved to approve the December 20, 2023, Executive meeting minutes as presented.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Dr. Lipinski
SECONDER:	Ms. Mackey
AYES:	Dr. Terrell, Chief Hertzmann, Ms. Brass, Ms. Coleman, Chief Carey, Ms. Gunnink, Dr. Lipinski, Ms. Mackey, Dr. Morales, Dr. Soderquist, Ms. Robbins
ABSTAIN:	None

TREASURER’S REPORT AND DEPARTMENT FINANCIAL REPORTS

Ms. Bergin provided a detailed explanation of the County fiscal year ending November 2023 and revenue, expenditures, for the month of December. The Board of Health moved to approve the Treasurer’s Report and Department Financial Reports for the month of December 2023 as presented.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Chief Hertzmann
SECONDER:	Ms. Gunnink
AYES:	Dr. Terrell, Chief Hertzmann, Ms. Brass, Ms. Coleman, Chief Carey, Ms. Gunnink, Dr. Lipinski, Ms. Mackey, Dr. Morales, Dr. Soderquist, Ms. Robbins
ABSTAIN:	None

REPORTS FROM DIVISIONS

Reports were provided in the packet by the Executive Director, Chief Executive Officer, Division Directors, EPR Coordinator, and Media Services Manager.

Ms. Jackson – Director of Administrative Services (Presented Reports for the month of December)

- Ms. Jackson spoke of the Capital Improvement project taking place at CHC. Currently we are painting the lobby and in February new flooring will be installed in the OB area. We will be moving into another Capital Improvement Project which will be modernization of the call center.
- We will be requesting the Board’s approval for an extension of our lease agreement at our Eastern Branch Office (EBO) for an additional 4 yrs.
- We will begin interviewing for the Safety and Reduction Officer within the next week.

Ms. Scruggs – Director of Behavioral Health (Presented Reports for the month of December)

- The adult program is fully staffed. Our clinical training program had a total of 27 applicants for 2 spots. It is due to the clinical training program being APA certified.
- There has been a change in the Youth/Adolescent Program. They're still working on getting a counselor for this program.
- Mobile Crisis Response program has 2 vacancies.
- The 590 Program continues to look for two additional positions.
 - * *Ms. Gunnink questioned how many counselors are Spanish Speaking? Ms. Scruggs thought approximately 5.*

Dr. Burke – Substance Use Initiatives (Presented Reports for the month of December)

Dr. Burke provided recaps of the items in her report including:

- Overdose or death stats are 8% under last year although the final numbers are not in from the coroner as of yet.
- We have distributed over 1600 fentanyl test strips.
- Micro pantries have been a huge service for providing Narcan.
- All schools need to have Narcan available by 1/1/24.
- Mission Meals with the Health Department's collaboration are providing blessing bags to people in our community.
 - * *Dr. Lipinski asked if we have additional information on Zilazine. We are testers for Zilazine and Fentanyl. She also stated that we are seeing Zilazine in our coroner reports. She stated that Zilazine does not respond to Narcan.*

Ms. Maragos – Chief Executive Officer, Community Health Center (Presented Reports for the month of December)

Ms. Maragos provided a recap of the items in the report including:

- CHC received formal notice of \$214,870.33 for a grant award for School Based Health Center from IDPH.
- The 2024 CHC Strategic Plan was presented. The main goals are to improve the quality of care, increase access to care and address health disparities. The objectives and strategies were listed.
 - * *Dr. Lipinski asked if we get referrals from Bolingbrook Hospital to our clinics? Ms. Maragos stated someone on our MAPP committee is at Bolingbrook Hospital. Ms. Maragos stated since we have two locations in that area, we were hoping to establish good rapport with them. Ms. Bilotta stated there is a meeting with all of the hospitals at the end of January/ beginning of February for MAPP related items and she will add this to the agenda.*

Dr. Jennifer Byrd – Chief Medical Officer, Community Health Center (Presented Reports for the month of December)

Dr. Byrd provided a recap of the items in the report including:

- Dr. Byrd stated there has been a lot of progress in hiring at CHC.
- CDC is using bioanalytics to test wastewater and they are now proving that we are on our 2nd biggest surge of COVID.
- HRSA review will be in April.
 - * *Ms. Brass asked what "ACA" stands for? Dr. Byrd stated it means "Affordable Care Act".*

Mr. Connors – Director of Environmental Health (Presented Reports for the month of December)

Mr. Connors provided a recap of the items in the report including:

- Mr. Connors spoke of the recall of Valley Meats raw ground beef products.
- The 2024 Food Permit fees for foodservice establishments were due on 12/31/23. Payments received after 12/31/23 will be assessed a 25% late fee.
- 6952 more IMS samples were collected in 2023 than in 2022.

Ms. VanderBoegh – Director of Family Health Services (Presented Reports for the month of December)

Ms. VanderBoegh provided a recap of the items in the report including:

- Certain reports have been changed and will now be reported monthly on a specific program.
- There is currently one more nurse in Immunization due to ARPA funding. It has given us the ability to expand appointments both at EBO and NBO.
- More homebound visits are starting to take place with the nurses.

Mr. Patel – Program Coordinator, Family Health Services

- Mr. Patel presented the daily respiratory graph and discussed.
- RSV is on the rise.
- COVID is trending up.
- Mr. Patel spoke of promoting vaccinations, good hygiene and to protect yourself.
 - * *Ms. Gunnink asked what the acronym ILI means? Mr. Patel stated "Influenza Like Illness"*
 - * *Dr. Morales questioned if there is selection bias to reporting RSV? Mr. Patel stated it is commonly requested as part of the respiratory panel.*
 - * *Ms. Robbins questioned the data from schools on RSV? Mr. Patel stated it is self-reporting by the parents. If the school goes above 10% absentee, the nurse needs to tell HD of these absentees.*

Ms. Weber – Emergency Preparedness and Response (EP&R) Coordinator (Presented Reports for the month of December)

Ms. Weber provided a recap of items in the report including:

- Ms. Weber stated training with EMA has been cancelled due to the weather. It will be rescheduled for February.

Mr. Juday – Media Services Manager (Presented Reports for the month of December)

- Mr. Juday stated he has been working on the website. Resource guides are in design right now. He has met virtually with members of CHC as well as leadership at the Brooks Middle School for the School-Based health center. He will be working on videos that will be shared with students/parents about the general services that we offer.
- He has been speaking with Genoa Pharmacy and is preparing for press releases and social media once they open.

OLD BUSINESS: None

NEW BUSINESS:

WCHD Security Risk Assessment Presentation

Mr. Melei presented the WCHD Security Risk Assessment. A PowerPoint was shown, and discussion took place.

- * Ms. Gunnink asked about the Legacy software, what it is being used for and why we need it? Mr. Melei stated the Legacy Software was the BH Electronic Health record system. We are moving that system over to Nextgen.

Resolutions #23-76; #24-01-#24-04

RESOLUTION #23-76 APPROVAL FOR THE APPROPRIATION OF FUNDS FOR THE WILL COUNTY RECOVERY COMMUNITY ORGANIZATION PROJECT

The Board of Health approves to remove from table Resolution #23-76 Appropriation of Funds for the Will County Recovery Community Organization Project.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Dr. Morales
SECONDER:	Dr. Lipinski
YEAS:	Dr. Terrell, Chief Hertzmann, Ms. Brass, Ms. Coleman, Chief Carey, Ms. Gunnink, Dr. Lipinski, Ms. Mackey, Dr. Morales, Dr. Soderquist, Ms. Robbins
NAYS:	None

Dr. Burke thanked the BOH for allowing BH to utilize this for another year. The County allowed HD to move the monies from FY23 to FY24.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Chief Carey
SECONDER:	Ms. Brass
YEAS:	Dr. Terrell, Chief Hertzmann, Ms. Brass, Ms. Coleman, Chief Carey, Ms. Gunnink, Dr. Lipinski, Ms. Mackey, Dr. Morales, Dr. Soderquist, Ms. Robbins
NAYS:	None

RESOLUTION #24-01 APPROVAL TO EXTEND LEASE FOR EASTERN BRANCH OFFICE LOCATION

Ms. Jackson spoke of the extension of the Eastern Branch lease for an additional four years, through December 31, 2028. Ms. Jackson stated that they are currently working with County to expand the Pace Will Ride transportation program to provide increased access to WCHD services for those without access to transportation.

- * Ms. Gunnink asked about the Pace Program. Ms. Jackson spoke of the Pace Service and with an agreed upon rate, the bus will go to people's homes and pick them up.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Ms. Gunnink
SECONDER:	Chief Carey
YEAS:	Dr. Terrell, Chief Hertzmann, Ms. Brass, Ms. Coleman, Chief Carey, Ms. Gunnink, Dr. Lipinski, Ms. Mackey, Dr. Morales, Dr. Soderquist, Ms. Robbins
NAYS:	None

RESOLUTION #24-02 APPROVAL TO EXTEND THE MASTER ACQUISITION AND MAINTENANCE AGREEMENT WITH CANON SOLUTIONS AMERICA

Mr. Melei stated the County is adding additional services to the contract. They will be adding records management to the contract. It is currently costing approximately \$1500.00 a month for maintenance, toners, printers etc.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Dr. Lipinski
SECONDER:	Ms. Mackey
YEAS:	Dr. Terrell, Chief Hertzmann, Ms. Brass, Ms. Coleman, Chief Carey, Ms. Gunnink, Dr. Lipinski, Ms. Mackey, Dr. Morales, Dr. Soderquist, Ms. Robbins
ABSTAIN:	None

RESOLUTION #24-03 APPROVAL OF PAYMENT FOR MEDIA CAMPAIGN ACTIVITIES

Mr. Juday spoke about this being the latest invoice for digital marketing, social media, and billboards from the FOURCE.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Chief Hertzmann
SECONDER:	Ms. Mackey
YEAS:	Dr. Terrell, Chief Hertzmann, Ms. Brass, Ms. Coleman, Chief Carey, Ms. Gunnink, Dr. Lipinski, Ms. Mackey, Dr. Morales, Dr. Soderquist, Ms. Robbins
NAYS:	None

RESOLUTION #24-04 APPROVAL TO SURPLUS EQUIPMENT

Ms. Bilotta spoke of the surplus equipment that we were requesting to dispose of.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Ms. Gunnink
SECONDER:	Chief Carey
YEAS:	Dr. Terrell, Chief Hertzmann, Ms. Brass, Ms. Coleman, Chief Carey, Ms. Gunnink, Dr. Lipinski, Ms. Mackey, Dr. Morales, Dr. Soderquist, Ms. Robbins
NAYS:	None

APPROVAL TO GO INTO EXECUTIVE SESSION AT 3:59PM TO DISCUSS HIRING AND DISCIPLINE UNDER SECTION 2c1 OF THE OPEN MEETINGS ACT

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Chief Hertzmann
SECONDER:	Ms. Coleman
AYES:	Dr. Terrell, Chief Hertzmann, Ms. Brass, Ms. Coleman, Chief Carey, Ms. Gunnink, Dr. Lipinski, Ms. Mackey, Dr. Morales, Dr. Soderquist, Ms. Robbins
NAYS:	None

APPROVAL TO COME OUT OF EXECUTIVE SESSION AT 4:17pm

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Chief Hertzmann
SECONDER:	Ms. Coleman
AYES:	Dr. Terrell, Chief Hertzmann, Ms. Brass, Ms. Coleman, Chief Carey, Ms. Gunnink, Dr. Lipinski, Ms. Mackey, Dr. Morales, Dr. Soderquist, Ms. Robbins
NAYS:	None

APPROVAL OF PERSONNEL STATUS REPORT

Personnel Status Report was discussed. The Board approved all personnel changes for the Will County Health Department for the month of December.

- *Dr. Morales asked about the contractual Narcan Rapid Response team and how many hours a week they work? Ms. Bilotta stated the hours do vary because of their other jobs but she will get that information for the next BOH meeting.*
- *Ms. Mackey questioned if we do exit interviews? Ms. Knack stated a lot of times staff does not want to meet with her, so she is speaking with them or sending them a form to fill out.*
- *Ms. Robbins asked is there a process for a lobbyist to understand about the necessity of the HD getting data from a school setting regarding the number of illnesses. She spoke of nurses being eliminated and there not being nurses in every school. She stated that Ms. Robbins could attend a county meeting.*
- *Chief Hertzmann asked if the Health Department has been impacted by the migrants? Ms. Bergin stated we do not know the number served because we cannot ask migrant status. We serve whoever comes through the door. We are a safe haven, and our resources go to anyone who needs help.*

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Ms. Robbins
SECONDER:	Chief Hertzmann
AYES:	Dr. Terrell, Chief Hertzmann, Ms. Brass, Ms. Coleman, Chief Carey, Ms. Gunnink, Dr. Lipinski, Ms. Mackey, Dr. Morales, Dr. Soderquist, Ms. Robbins
NAYS:	None

BOARD MEMBERS' COMMENTS/CONCERNS

PUBLIC CONCERNS AND COMMENTS – NONE

ADJOURNMENT

A motion was made at 4:34pm by Chief Carey and seconded by Ms. Mackey to adjourn the meeting.

By: _____
Teena Mackey, Secretary
Will County Board of Health

By: _____
Mary Kilbride, Executive Assistant
Will County Health Department

Will County Health Department

FY 2023

Budget Comparison - Revenue Twelve Months Ending November 2023

Revenue	<u>Adopted Budget</u>	<u>Revised Budget</u>	<u>Revenue</u>	<u>Target - 100% Percent Realized</u>
Property Taxes	11,015,000.00	11,015,000.00	10,962,599.66	99.52%
Intergovernmental Grants & Contracts				
Administration	1,860,302.00	1,979,704.00	3,796,209.76	191.76%
Emergency Preparedness and Response	398,013.00	419,333.00	395,882.62	94.41%
Environmental Health	1,020,068.00	1,020,068.00	875,478.45	85.83%
Behavioral Health	2,214,170.00	2,416,287.00	1,342,122.08	55.54%
Family Health Services	4,038,495.00	4,756,300.00	4,392,848.63	92.36%
Community Health Center	4,119,216.00	4,290,801.00	3,910,392.24	91.13%
	<u>13,650,264.00</u>	<u>14,882,493.00</u>	<u>14,712,933.78</u>	<u>98.86%</u>
Licenses, Permits & Charges for Services				
Administration	246,500.00	246,500.00	210,883.95	85.55%
Environmental Health	1,836,000.00	1,836,000.00	1,943,892.20	105.88%
Behavioral Health	3,076,054.00	3,076,054.00	3,436,092.52	111.70%
Family Health Services	292,300.00	292,300.00	329,435.67	112.70%
Community Health Center	6,137,310.00	6,137,310.00	6,474,611.45	105.50%
	<u>11,588,164.00</u>	<u>11,588,164.00</u>	<u>12,394,915.79</u>	<u>106.96%</u>
Fines and Forfeitures	500.00	500.00	-	-
Miscellaneous Revenues				
Rental Income	8,400.00	8,400.00	1,400.00	16.67%
Donations/Fundraiser	500.00	500.00	-	0.00%
Expense Recovery	-	-	28,696.25	-
CHC Other: MCO Capitation, Performance	46,800.00	46,800.00	43,676.25	93.33%
Anticipated New Revenues	4,000,000.00	2,777,771.00	-	-
Funds On Hand	1,706,439.00	1,696,439.00	-	-
	<u>5,762,139.00</u>	<u>4,529,910.00</u>	<u>73,772.50</u>	<u>1.63%</u>
Transfers In	300,000.00	300,000.00	300,000.00	-
Total Revenue	<u>42,316,067.00</u>	<u>42,316,067.00</u>	<u>38,444,221.73</u>	<u>101.59% *</u>
* Total Revenue used for Revenue Performance %	36,609,628.00	37,841,857.00	-	
Less: Anticipated New Revenues and Funds on Hand				

Note: These amounts may change during the outside audit, according to accounting guidelines.

Will County Health Department

FY 2023

Budget Comparison - Expenditures Twelve Months Ending November 2023

Expenditures	<u>Adopted Budget</u>	<u>Revised Budget</u>	<u>Expenditures</u>	<u>Encumbrances</u>	<u>Remaining Budget</u>	<u>Target - 100% Percent Used</u>
Personnel - Salaries						
Administration	2,605,691.00	2,758,152.00	2,758,036.85	-	115.15	100.00%
Emergency Preparedness and Response	276,129.00	290,929.00	290,918.50	-	10.50	100.00%
Environmental Health	1,587,337.00	1,587,337.00	1,569,495.88	-	17,841.12	98.88%
Behavioral Health	4,933,460.00	4,915,753.00	3,657,887.48	-	1,257,865.52	74.41%
Family Health Services	4,469,909.00	4,698,021.00	4,398,785.40	-	299,235.60	93.63%
Community Health Center	8,083,233.00	8,043,983.00	7,310,013.94	-	733,969.06	90.88%
Total Personnel - Salaries	21,955,759.00	22,294,175.00	19,985,138.05	-	2,309,036.95	89.64%
Personnel - Benefits						
Administration	1,052,807.00	1,075,143.00	1,051,133.35	-	24,009.65	97.77%
Emergency Preparedness and Response	113,036.00	113,036.00	115,164.29	-	(2,128.29)	101.88%
Environmental Health	813,178.00	813,178.00	753,968.61	-	59,209.39	92.72%
Behavioral Health	2,023,116.00	2,046,192.00	1,320,288.22	-	725,903.78	64.52%
Family Health Services	2,083,380.00	2,141,182.00	1,928,412.35	-	212,769.65	90.06%
Community Health Center	3,108,575.00	3,117,812.00	2,634,924.64	-	482,887.36	84.51%
Total Personnel - Benefits	9,194,092.00	9,306,543.00	7,803,891.46	-	1,502,651.54	83.85%
Commodities						
Administration	288,165.00	286,243.00	219,919.90	-	66,323.10	76.83%
Emergency Preparedness and Response	9,147.00	20,052.57	20,027.30	-	25.27	99.87%
Environmental Health	187,467.00	207,811.12	203,229.06	(5,729.74)	10,311.80	97.80%
Behavioral Health	112,444.00	146,788.84	76,643.44	-	70,145.40	52.21%
Family Health Services	255,123.00	348,703.00	255,311.77	-	93,391.23	73.22%
Community Health Center	1,739,889.00	1,870,677.74	1,758,243.64	-	112,434.10	93.99%
Total Commodities	2,592,235.00	2,880,276.27	2,533,375.11	(5,729.74)	352,630.90	87.96%
Contractual Services						
Administration	1,126,863.00	1,271,885.00	1,074,126.81	-	197,758.19	84.45%
Emergency Preparedness and Response	27,840.00	38,254.43	38,427.83	-	(173.40)	100.45%
Environmental Health	190,209.00	169,864.88	133,491.99	(449.00)	36,821.89	78.59%
Behavioral Health	1,236,279.00	1,185,387.16	760,555.91	-	424,831.25	64.16%
Family Health Services	239,473.00	577,784.00	483,797.82	-	93,986.18	83.73%
Community Health Center	1,388,103.00	1,448,912.26	1,159,257.95	-	289,654.31	80.01%
Total Contractual Services	4,208,767.00	4,692,087.73	3,649,658.31	(449.00)	1,042,878.42	77.78%
Capital Outlay						
Administration	10,000.00	10,000.00	-	-	10,000.00	-
Community Health Center	355,214.00	355,214.00	345,869.22	-	9,344.78	97.37%
Total Capital Outlay	365,214.00	365,214.00	345,869.22	-	19,344.78	94.70%
Other Expenditures - Anticipated New						
Administration	4,000,000.00	2,777,771.00	-	-	2,777,771.00	-
Total Expenditures	42,316,067.00	42,316,067.00	34,317,932.15	(6,178.74)	8,004,313.59	86.80% *
* Total Exp for Expense Performance %	38,316,067.00	39,538,296.00	-	-	-	-
Less: Anticipated New Expenses	-	-	-	-	-	-

Note: These amounts may change during the outside audit, according to accounting guidelines.

Will County Health Department

FY 2024

Balance Sheet

Two Months Ending January 2024

	<u>Beg Bal</u> <u>12/1/2023</u>	<u>End Bal</u> <u>1/31/2024</u>	<u>Change</u>
Assets			
Cash and cash equivalents	4,637,876.43	3,511,548.27	(1,126,328.16)
Investments	11,700,000.00	11,700,000.00	-
Receivables	3,607,830.97	1,626,759.51	(1,981,071.46)
Total Assets	19,945,707.40	16,838,307.78	(3,107,399.62)
Liabilities			
Payables	2,031,041.79	202,847.05	(1,828,194.74)
Due to	723.19	-	(723.19)
Unearned revenue	656,861.54	1,050,767.54	393,906.00
Total Liabilities & Equity	19,945,707.40	16,838,307.78	(3,107,399.62)

Note: These amounts may change during the outside audit, according to accounting guidelines.

Will County Health Department

FY 2024

Change in Cash

Two Months Ending January 2024

	Dec 2023	Jan 2024	Total
Cash and Cash Equivalents			
Beginning Balance**	4,637,876.43	3,641,434.57	4,637,876.43
Deposits	1,658,314.63	2,598,965.65	4,257,280.28
Loan from Corporate	-	-	-
AP Payments	(1,054,468.49)	(2,237,172.23)	(3,291,640.72)
Payroll	(1,600,198.86)	(491,045.67)	(2,091,244.53)
Investment Maturity/(Additions)	-	-	-
Prior Period Due To	(89.14)	(634.05)	(723.19)
Ending Balance	<u>3,641,434.57</u>	<u>3,511,548.27</u>	<u>3,511,548.27</u>
Investments			
Beginning Balance	11,700,000.00	11,700,000.00	11,700,000.00
Additions to Investments*	-	-	-
Maturities*	-	-	-
Ending Balance	<u>11,700,000.00</u>	<u>11,700,000.00</u>	<u>11,700,000.00</u>
Total Cash and Investments	<u>15,341,434.57</u>	<u>15,211,548.27</u>	<u>15,211,548.27</u>

* Investments are updated retrospectively.

Note: These amounts may change during the outside audit, according to accounting guidelines.

Note: Beginning balance difference due to recording of cash adjustments for AP, GovPay, and Corrections in FY23.

Will County Health Department

FY 2024

Budget Comparison - Revenue Two Months Ending January 2024

Revenue	<u>Adopted Budget</u>	<u>Revised Budget</u>	<u>Revenue</u>	<u>Target - 16.7% Percent Realized</u>
Property Taxes	11,015,000.00	11,015,000.00	10.19	0.00%
Intergovernmental Grants & Contracts				
Administration	1,430,389.00	1,430,389.00	-	0.00%
Emergency Preparedness and Response	417,509.00	417,509.00	-	0.00%
Environmental Health	1,275,963.00	1,275,963.00	-	0.00%
Behavioral Health	2,042,017.00	2,042,017.00	-	0.00%
Family Health Services	3,945,574.00	3,945,574.00	15,623.26	0.40%
Community Health Center	3,247,318.00	3,247,318.00	-	0.00%
	<u>12,358,770.00</u>	<u>12,358,770.00</u>	15,623.26	0.13%
Licenses, Permits & Charges for Services				
Administration	237,000.00	237,000.00	13,220.00	5.58%
Environmental Health	1,936,000.00	1,936,000.00	794,024.50	41.01%
Behavioral Health	3,076,054.00	3,076,054.00	39,921.26	1.30%
Family Health Services	185,000.00	185,000.00	5,019.79	2.71%
Community Health Center	6,750,030.00	6,750,030.00	265,723.82	3.94%
	<u>12,184,084.00</u>	<u>12,184,084.00</u>	1,117,909.37	9.18%
Fines and Forfeitures	500.00	500.00	-	-
Miscellaneous Revenues				
Rental Income	11,400.00	11,400.00	-	0.00%
Donations/Fundraiser	450.00	450.00	-	0.00%
Other: MCO Capitation, Performance, Return Cks	33,800.00	33,800.00	(1,240.00)	-3.67%
Anticipated New Revenues	4,000,000.00	4,000,000.00	-	-
Funds On Hand	1,453,534.00	1,453,534.00	-	-
	<u>5,499,184.00</u>	<u>5,499,184.00</u>	(1,240.00)	-0.02%
Transfers In	2,750,000.00	2,750,000.00	750,000.00	-
Total Revenue	<u>43,807,538.00</u>	<u>43,807,538.00</u>	<u>1,882,302.82</u>	<u>4.91% *</u>
* Total Revenue used for Revenue Performance %	38,354,004.00	38,354,004.00	-	
Less: Anticipated New Revenues and Funds on Hand			-	

Note: These amounts may change during the outside audit, according to accounting guidelines.

Will County Health Department

FY 2024

Budget Comparison - Expenditures

Two Months Ending January 2024

	<u>Adopted Budget</u>	<u>Revised Budget</u>	<u>Expenditures</u>	<u>Encumbrances</u>	<u>Remaining Budget</u>	<u>Target - 8.3% Percent Used</u>
Expenditures						
Personnel - Salaries						
Administration	2,745,729.00	2,745,729.00	277,608.57	-	2,468,120.43	10.11%
Emergency Preparedness and Response	304,119.00	304,119.00	27,574.06	-	276,544.94	9.07%
Environmental Health	1,804,844.00	1,804,844.00	168,964.27	-	1,635,879.73	9.36%
Behavioral Health	5,220,514.00	5,220,514.00	400,114.66	-	4,820,399.34	7.66%
Family Health Services	4,576,454.00	4,576,454.00	452,669.10	-	4,123,784.90	9.89%
Community Health Center	8,602,309.00	8,602,309.00	764,313.87	-	7,837,995.13	8.88%
Total Personnel - Salaries	23,253,969.00	23,253,969.00	2,091,244.53	-	21,162,724.47	8.99%
Personnel - Benefits						
Administration	1,040,640.00	1,040,640.00	106,114.83	-	934,525.17	10.20%
Emergency Preparedness and Response	115,368.00	115,368.00	9,758.88	-	105,609.12	8.46%
Environmental Health	854,243.00	854,243.00	80,658.71	-	773,584.29	9.44%
Behavioral Health	2,140,242.00	2,140,242.00	144,313.63	-	1,995,928.37	6.74%
Family Health Services	1,974,132.00	1,974,132.00	195,560.59	-	1,778,571.41	9.91%
Community Health Center	3,190,857.00	3,190,857.00	276,087.92	-	2,914,769.08	8.65%
Total Personnel - Benefits	9,315,482.00	9,315,482.00	812,494.56	-	8,502,987.44	8.72%
Commodities						
Administration	290,158.00	290,158.00	10,232.00	-	279,926.00	3.53%
Emergency Preparedness and Response	8,770.00	8,770.00	225.00	-	8,545.00	2.57%
Environmental Health	306,501.00	306,501.00	-	-	306,501.00	-
Behavioral Health	134,871.00	135,256.00	-	-	135,256.00	-
Family Health Services	302,343.00	302,343.00	-	-	302,343.00	-
Community Health Center	2,012,370.00	2,012,370.00	168,073.23	-	1,844,296.77	8.35%
Total Commodities	3,055,013.00	3,055,398.00	178,530.23	-	2,876,867.77	5.84%
Contractual Services						
Administration	1,167,519.00	1,297,519.00	290,099.90	-	1,007,419.10	22.36%
Emergency Preparedness and Response	46,211.00	46,211.00	614.08	-	45,596.92	1.33%
Environmental Health	185,335.00	185,335.00	10,735.06	-	174,599.94	5.79%
Behavioral Health	1,024,556.00	894,171.00	81,671.07	-	812,499.93	9.13%
Family Health Services	252,324.00	252,324.00	30,566.40	-	221,757.60	12.11%
Community Health Center	1,497,130.00	1,497,130.00	58,734.68	-	1,438,395.32	3.92%
Total Contractual Services	4,173,075.00	4,172,690.00	472,421.19	-	3,700,268.81	11.32%
Capital Outlay						
Administration	10,000.00	10,000.00	-	-	10,000.00	-
Other Expenditures - Anticipated New						
Administration	4,000,000.00	4,000,000.00	-	-	4,000,000.00	-
Total Expenditures	43,807,539.00	43,807,539.00	3,554,690.51	-	40,252,848.49	8.93% *
* Total Exp for Expense Performance %	39,807,539.00	39,807,539.00	-	-	-	-
Less: Anticipated New Expenses	-	-	-	-	-	-

Note: These amounts may change during the outside audit, according to accounting guidelines.



Administration BOH Report – provided by Cindy Jackson, Director of Admin Services

FACILITY UPDATES

501 Ella:

Parking Lot Lighting: Five broken pole lights and two broken wall pack lights in the parking lot were repaired in January.

Key swipe and camera repairs: On January 12th, three cameras (one at CHC) and one keyless card entry point (at 501 Ella) were repaired.

Other facility repairs: We had a second story broken window, a roof top unit, and the building annunciator in the security office repaired in January.

CHC:

Painting and Flooring: In FY23, the county dedicated \$100,000 for painting and new flooring. These funds were dedicated to improvements in the main lobby and OB Suite at the CHC. The painting work was completed in January. To wrap up this project, the flooring will be installed in the OB suite beginning the week of February 5th.

2024 Capital Improvement Projects (CIP): The CHC Call Center Modernization CIP project was approved by the County Board in the FY24 budget for \$381,047. To prepare for the Call Center Modernization Project, we must empty the CHC Medical Records room on the lower level. As of January 26, a total of 1,136 boxes of medical records were moved to the Will County Records Management (RM) Facility for record storage. There are about 1,000 boxes worth of records that still need to be boxed and moved. In January, Administration met with an Architect, recommended by the county, to look at the space and request a quote for architectural drawings for the project. A quote for \$15,500 was received on February 5th. The space will consist of six cubicles, three manager offices, and additional storage space for CHC medical and office supplies.

EBO:

In January, we met with the County Transportation Liaison, Colin Phillips, to discuss the need for expanding the Pace Bus Will-Ride program to our EBO Office.

NBO:

Continuing our search for a space in Bolingbrook for the North Branch Office. We have talked to the Village of Bolingbrook Co-Administrator for assistance in finding potential spaces to lease in the village. They plan to provide us some options that may meet our needs by mid-February.

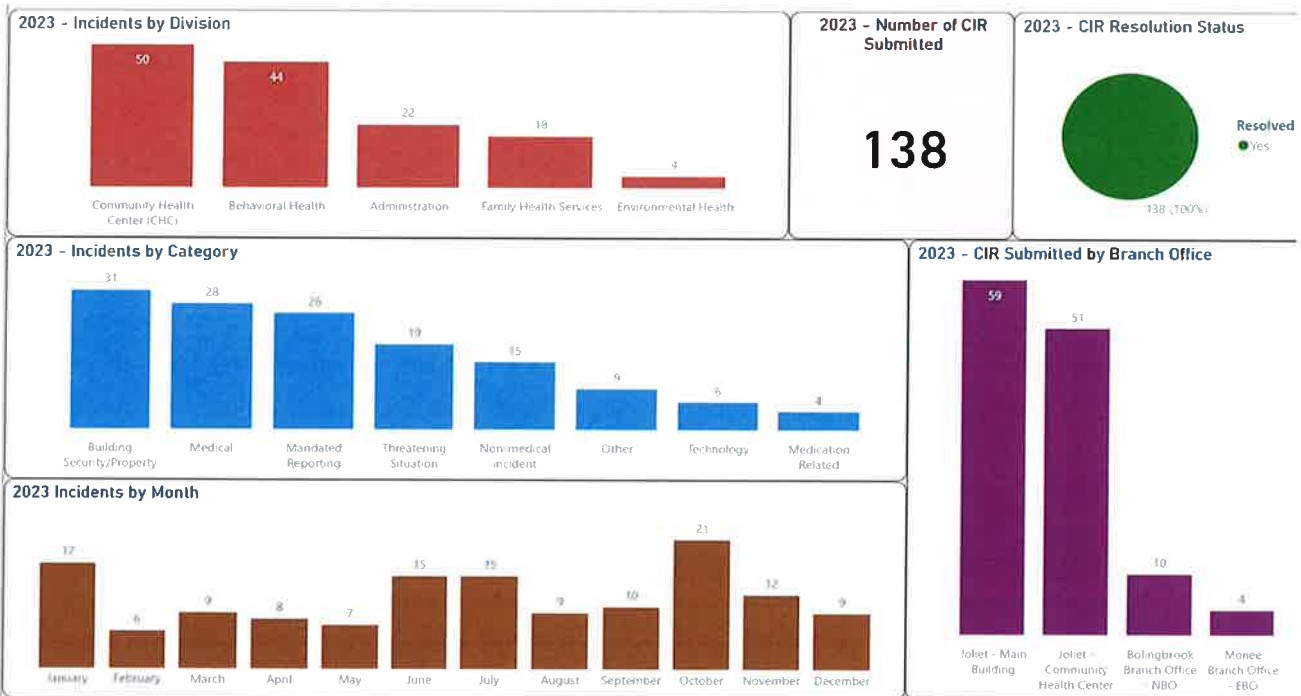
SAFETY UPDATE

With the recent icy weather that we experienced, we worked hard to keep our facilities safe. At our Joliet campus, the County Facilities Department used two vendors to clear and salt our parking lots multiple times a day. Staff, security, and the facilities department all assisted with regular salting the walkways. We also put out large Caution ICY signs in four locations on the Joliet campus, so staff and patients would use extra caution. At the Branch Offices, we worked closely with our two landlords to communicate weather related concerns and to address any parking lot snow/ice issues. Our Branch Office Facility Liaisons salted walkways regularly and communicated their building needs with Administration, whether they needed more salt delivered or someone to reach out to the landlord with concerns. It was a true team effort to keep our staff safe.

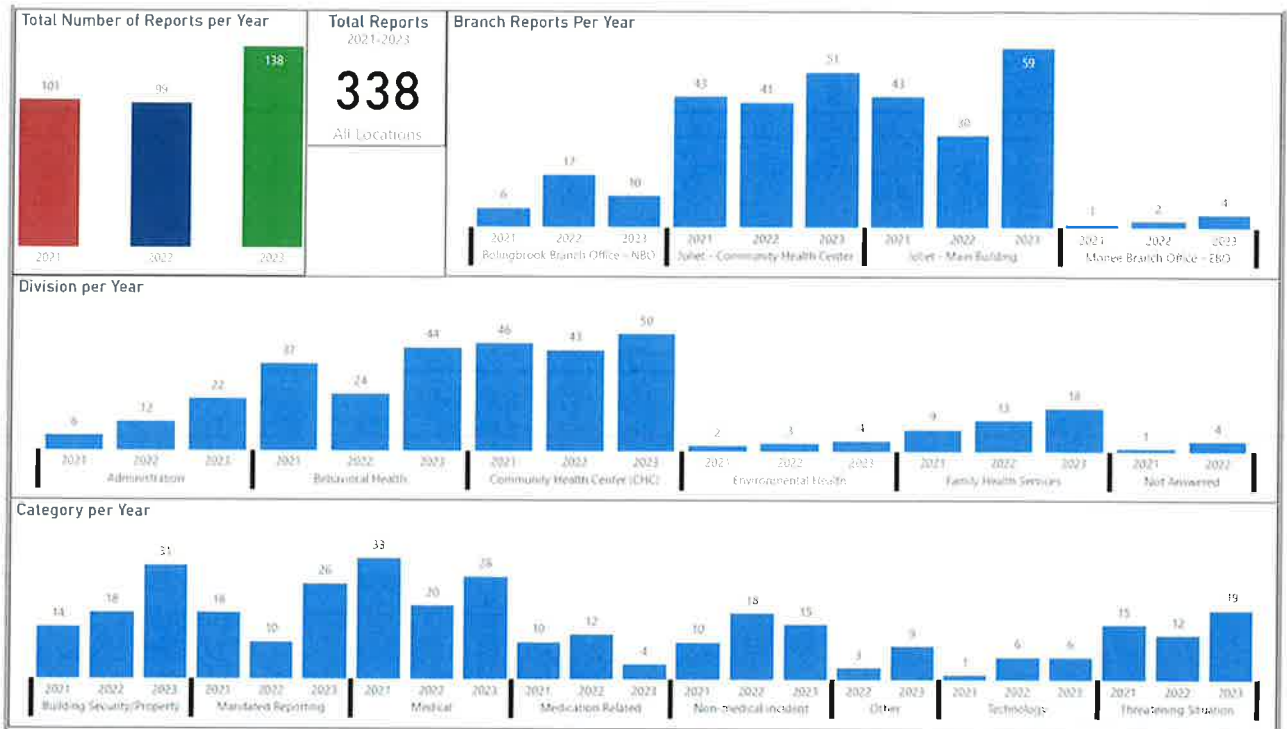
Compliance BOH Report – provided by Armando Reyes, Compliance Officer

- Succession Planning workgroup meeting was conducted on 1/25/2024 with Division Directors and key leadership to present on a “Guide to Succession Planning”. The purpose of the workgroup was to show how effective succession planning increases the availability of capable individuals who are prepared to assume such roles as they become readily available. With proper leadership, pivotal, key (also known as critical positions) roles can easily be filled as employees retire, resign, or go on FMLA. Division Directors will be working on a “Planning for vacancy of pivotal position” worksheet. This tool focuses on facilitating assessment of risk and development of mitigation strategies for key positions. It focuses on identifying specialized knowledge, skills, and abilities of employees.
- Working with ITT on developing a consumer KIOSK Survey system for all Divisions. The purpose of a kiosk survey is to gather data or feedback from a target audience. Kiosk surveys are convenient because they can be self-administered and do not require any interaction with a survey administrator. Participants can simply approach the kiosk, answer the questions on the touchscreen, and submit their responses.
- Why is Critical Incident Reporting Reflection (analysis) important? Critical reflection helps us make changes and improvements to our practice, knowledge, actions, interactions, and learning environment at WCHD. It is a crucial part of meaningful learning and practice improvement.

Overall statistics for WCHD Critical Incident Reporting for Year 2023



Years 2021-2023



Finance - BOH Report – provided by Katie Schaefer, Finance & Grants Mgmt. Coordinator

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

- All State Fiscal Year 2024 grant agreements have been executed. State Fiscal Year 2024 began July 1, 2023.
- We are working on amending our FY24 Comprehensive Health Protection Grant to include the State of Illinois appropriation General Revenue Funds of \$250,000 to include funds for costs associated with an overdose prevention program, including the purchase of FDA-approved 8-milligram naloxone nasal spray doses, and associated administrative / operating expenses.
- We are working on amending our FY24 Cities Readiness Initiative grant by \$8,000.00 to help pay for the Tabletop exercise contracted with the Mier Consulting Group.
- We are working to properly capture and record all Fiscal Year 2023 revenue during the lapse period.

Health Equity BOH Report – provided by Robert E.F. Dutton Ph.D., Health Equity Manager

The Will County Health Department in conjunction with the Activating Relationships in Illinois for Systematic Equity (ARISE) Coalition participated in 4 community engagement events for the month of January, passing out over 3,000 COVID-19 test kits and PPE equipment. On January 16 -18th from 9am – 1pm, the Health Equity Team participated in a University Park “Community Wellness & Resource Fair”. Over those three days during the frigid temperatures, 1,218 residents participated in the event. There were 27 vendors, for health screenings, food, clothing, utility/rental assistance, immigration services and childcare. This event consisted of a committee of 6 community members, that we put together to organize 15 clothes donation pick-up locations, area canvassing of University Park, Crete, Monee, Park Forest with flyers to our underserved community neighborhoods, local business, churches and posting on social media platforms. We collected over 2,500 pounds of new and used clothing, and 800 pounds of food items. Health services offered – Flu, COVID-19, and Chicken Pox vaccinations, A1C checks, HIV prevention, medical health appointments scheduling, blood pressure screenings and registration for dental health screenings. A wide variety of education and resources were provided to all that participated. We had 8 Spanish speaking volunteers that assisted the vendors in setting up and working with attendees to visit each booth. A big thank you to all the volunteers that helped with the sorting, the clothing items, setting up the room for the event, and our two Board of Health Members who

participated in the event Dr. Lipinski, our MD on-site, and Pam Robbins with the Chicago Chapter of Black Nurses Association. Additional donations from the United Way Diaper Depot, National Hook Up of Black Women (food donation and toiletry items bag), Holsten Human Capital Development blankets), Supermercado La Loma (food donation), Aldi and Family Dollar.



WCHD Donation Box



National Hook-up of Black Women

Mobilizing for Action through Planning & Partnerships (MAPP) BOH Report – provided by Caitlin Daly, Program Manager

Action Teams continue to meet monthly on Microsoft Teams:

Access to Health Care meets on the third Monday from 1:00-2:00pm on Microsoft Teams. Fourteen (14) members attended our January 19th meeting. The team established contact with a Research and Evaluation Professor at University of Illinois Chicago (UIC) to provide technical assistance with the Medicaid Pediatric Provider survey. We've scheduled a meeting for early February to receive feedback on the survey questions developed by the team. Initially we planned to disseminate the survey in January but were delayed as we worked to secure our relationship with our Collegiate partner, UIC. We plan to launch the survey in March. More details to follow.

Access to Food and Nutrition meets on the second Monday from 10:00-11:00am on Microsoft Teams. Twenty-three (23) members attended the January 9th meeting.

Behavioral Health/Substance Use meets on the fourth Monday from 1:00-2:30pm on Microsoft Teams. Dr. Kathleen Burke (Will County Health Department) serves as Chair and Dr. Lori McMeel (Lewis University) serves as a Co-Chair. Thirty-seven (37) members attended our January 22nd meeting. Members are engaged in a strategic discussion to determine actionable items for members to collaborate on. Initially, there was interest in working on a capacity assessment that will help us to better identify locations that offer inpatient versus outpatient services, mental health versus substance use services, accept Medicaid or self-pay, offer Telehealth services, etc. Members are being surveyed for availability to start an ad-hoc committee to strategize on a coordinated 'ask' for Illinois Opioid Relief dollars for Will County. Also, the 'Stigma Task Force' ad-hoc committee continues to meet monthly. The team acknowledged frontline workers, loved ones and stakeholders/public representatives are known sources of mental health and substance use stigma. We're exploring opportunities to provide education to our targeted sources to reduce stigma as a barrier to receiving care.

Stabilizing the Built Environment meets on the fourth Monday from 10:00-11:00am on Microsoft Teams. Merridith Montgomery (Will County Continuum of Care) serves as Chair and Elizabeth Protich (Riverwalk Homes/Holsten Human Capital Development) serves as Co-Chair. Nineteen (19) members attended the January 22nd meeting. In acknowledgement of Heart Health Month (February) and that cardiovascular disease is a primary source of morbidity and mortality among persons experiencing homelessness, MAPP is teaming up with Daybreak Shelter, Riverwalk Homes, the Continuum of Care, Silver Cross Hospital and Rasmussen University to bring heart health biometric screenings and education to the shelter setting. We've scheduled one outreach

event for Friday, February 23rd at Daybreak Shelter beginning at 1:00pm, and a second event for Monday, February 26th at Riverwalk Homes beginning at 11:00am.

Additional Updates:

American Rescue Plan Act (ARPA) MAPP was awarded \$799,806 ARPA funding based on a 2022 request to implement a 'Food for All for a Healthier Community' initiative. We've been awaiting the approval of a Memorandum of Understanding (M.O.U.) agreement between the Will County MAPP Collaborative and the United Way of Will County, MAPP's Fiscal Sponsor, to be able to formally accept these funds. The M.O.U. will be presented to United Way's advisory Board for final approval during their February 27th meeting. We are confident United Way's Board will vote in favor of approving the M.O.U. and are looking at a March 1st start day for the program.

Adler University: Social Justice Practicum (SJP) MAPP secured two interns from Adler University in Chicago. Jamie Bibian-Lopez and Abigail Kloop are young professionals pursuing her master's in clinical psychology. According to Adler University, the SJP is a first-year, non-clinical and non-discipline specific practicum designed to help students learn how to work alongside the community as an agent of social change; and serves as the catalyst for students to realize and understand their own strengths and responsibility to contribute to social equity. The SJP helps students to gain the knowledge, skills and perspectives necessary to be socially responsible practitioners. Jamie is helping us start our sixth community health improvement cycle under the MAPP 2.0 framework. Abigail is helping to plan a stakeholders 'Coffee and Chat' engagement event to be hosted at the Will County Health Department Joliet on April 4th from 10:00-2:00pm.

ITT BOH Report – provided by Anthony Melei, Director ITT

CHC Network Project

Over the Lincoln's Birthday and President's Day holidays, Ted Strejcek, Information Systems Specialist II, and Jillian Carlisle, Information Systems Specialist III, and vendor Rack Communications are relocating existing telephone cables from the wall in the CHC data room to the rack, to accommodate a cleaner connection to the new Cisco Switches. These cables were originally analog telephone cables, but the CHC is now on Voice over IP (VoIP) which is implemented over our Cisco Switches.

Succession Planning

The Director of ITT position has been posted for a replacement, for when Anthony Melei retires. Over the last few months, Anthony has been working on documenting and preparing information for his successor, to enable a smooth transition. Once a candidate is chosen, Anthony will mentor the candidate, until his retirement date.

OSIS NextGen Infrastructure Upgrade

Over the weekend of January 19, 2024, The Electronic Health Records Team (Mike Cirullo, Ann Conrad), the ITT Team (Jillian Carlisle, Daisy Fajardo), and OSIS moved the NextGen Infrastructure to new hosted servers. This was the request of OSIS, since our hosted servers were reaching end-of-life. OSIS has hosted our NextGen Infrastructure for 10 years.

The months prior to this move, we had planning meetings up until the Go-Live date. However, Go-Live did not go smoothly, and we are still having issues with the new infrastructure. These issues include some users unable to login in to NextGen, connection issues to the hosting environment, some interfaces not transferring over to the new servers, and other issues. All the teams above, have developed workarounds until we get the issues resolved. As of February 7, 2024, we are still working through the remaining issues.

NextGen Electronic Health Records Infrastructure: During the week of February 7, 2024 the bid for the NextGen Infrastructure was published. We are awaiting responses from NextGen certified vendors to host our new environment.

NextGen EHR Certification: Michael Cirullo, EHR Project Manager is responsible for certifying our NextGen EHR application each year in accordance with Federal Regulations. Attached is this year's certification.

Certified Health IT Product List

The CMS EHR Certification ID shown corresponds to the collection of products listed below. Submit this ID as part of the attestation process for the CMS EHR Incentive Programs

* Additional certification criteria may need to be added in order to meet submission requirements for Medicaid and Medicare programs.

CMS EHR ID: 0015CJQ812GRY22

Listing 1

Certifying Body	Drummond Group
Practice Type	N/A
Product Certification #	15 04 04 2054 Next 60 10 I 220318
Developer	NextGen Healthcare
Product Name	NextGen Enterprise EHR
Version	6 2021 I Cures
Classification	N/A
Certification Edition	2015 Cures Update

2015 CMS EHR Base Criteria Met

Demographics

170.315(a)(5)

Implantable Device List

170.315(a)(14)

Clinical Decision Support

170.315(a)(9)

Computerized Provider Order Entry

170.315(a)(1), 170.315(a)(2), or 170.315(a)(3)

Clinical Quality Measures-Record and Export

170.315(c)(1)

Transitions of Care

170.315(b)(1)

Application Access-Patient Selection

170.315(g)(7)

Application Access-Data Category Request

170.315(g)(10)

Application Access-All Data Request

170.315(g)(9)

Direct Project or Direct Project, Edge Protocol, and XDR/XDM

170.315(h)(1) or 170.315(h)(2)

Surveillance Activities

(0 found) Show Details ▾

Direct Review Activities

(0 found) Show Details ▾

Additional Information

Certification History

INHERITED CERTIFIED STATUS (ICS):

True

INHERITS FROM:

[15.04.04.2054.Next.60.09.1.220303 \(Mar 3, 2022\)](#)

ICS SOURCE FOR:

[15.04.04.2054.Next.80.11.1.230620 \(Jun 20, 2023\)](#)

Select a Certified Product to the right to view more information. You can also click and drag to scroll through the Certified Products.

[Compare all Certified Products](#)

15.04.04.2054.Next.80.11.1.230620
Information by Certification

15.04.04.2054.Next.80.11.1.230620
Information by Certification

15.04.04.2054.Next.80.11.1.230620
Information by Certification

15.04.04.2054.Next.80.11.1.230620
Information by Certification

15.04.04.2054.Next.80.11.1.230620
Information by Certification

15.04.04.2054.Next.80.11.1.230620
Information by Certification

Developer Identified Targeted Users

Ambulatory

Estimated Number of Promoting Interoperability Users

No Promoting Interoperability Users data exists.

Enter a preferred language for an existing patient	Show Details ▼
Enter a race for a new patient	Show Details ▼
Enter a sexual orientation for an existing patient	Show Details ▼
Enter address for a new patient	Show Details ▼
Enter an email address for an existing patient	Show Details ▼
Enter an ethnicity for a new patient	Show Details ▼
Enter birth sex for a new patient	Show Details ▼
Enter date of birth for a new patient	Show Details ▼
Enter first name for a new patient	Show Details ▼
Enter last name for a new patient	Show Details ▼
Ignore a medication for reconciliation	Show Details ▼
Modify a radiology order	Show Details ▼
Modify the dosage	Show Details ▼

Order CDS Intervention	Show Details ▼
Place the diagnostic test order	Show Details ▼
Place the lab order	Show Details ▼
Reconcile an allergy that needs to be added to the chart	Show Details ▼
Review an allergy to see if it has any interactions with any current medications	Show Details ▼
Review sig information	Show Details ▼
Review the device identifier information for the implantable device	Show Details ▼
Review the manufacturer information for the implantable device	Show Details ▼
Search and find an implantable device to be added	Show Details ▼
Search for a medication	Show Details ▼
Select a diagnostic test	Show Details ▼
Select a dosage	Show Details ▼
Select a lab order	Show Details ▼

Select quantity	Show Details ▼
Select refill	Show Details ▼
Send medication via eRx	Show Details ▼
Update Sig	Show Details ▼
Update Sig	Show Details ▼
When a drug-drug alert appears while selecting a medication, cancel the order to protect the patient's safety.	Show Details ▼

G1/G2 Measures

Measure Name	Required Test	G1/G2?	Associated Criteria
<i>Removed - Electronic Prescribing: Eligible Professional</i>	Required Test 1: Medicaid Promoting Interoperability Program	G2	170.315 (a)(10); 170.315 (b)(3)
Electronic Prescribing: Eligible Clinician	Required Test 1: Merit-based Incentive Payment System (MIPS) Promoting Interoperability Performance Category	G2	170.315 (a)(10); 170.315 (b)(3)

Measure Name	Required Test	G1/G2?	Associated Criteria
Verify Opioid Treatment Agreement: Eligible Clinician	Required Test 14: Merit-based Incentive Payment System (MIPS) Promoting Interoperability Performance Category	G2	170.315 (a)(10); 170.315 (b)(3)
Support Electronic Referral Loops by Receiving and Incorporating Health Information: Eligible Clinician	Required Test 15: Merit-based Incentive Payment System (MIPS) Promoting Interoperability Performance Category	G2	170.315 (b)(1); 170.315 (b)(2)
<i>Removed - Patient Electronic Access: Eligible Professional</i>	Required Test 2: Medicaid Promoting Interoperability Program	G2	170.315 (e)(1); 170.315 (g)(8); 170.315 (g)(9); 170.315 (g)(10)
Provide Patients Electronic Access to Their Health Information (formerly Patient Electronic Access): Eligible Clinician	Required Test 2: Merit-based Incentive Payment System (MIPS) Promoting Interoperability Performance Category	G2	170.315 (e)(1); 170.315 (g)(8); 170.315 (g)(9); 170.315 (g)(10)
<i>Removed - Patient Care Record Exchange: Eligible Professional</i>	Required Test 7: Medicaid Promoting Interoperability Program	G2	170.315 (b)(1)
Support Electronic Referral Loops by Sending Health Information (formerly Patient Care Record Exchange): Eligible Clinician	Required Test 7: Merit-based Incentive Payment System (MIPS) Promoting Interoperability Performance Category	G2	170.315 (b)(1)

Compliance Activities

Inherited Certified Status Surveillance Activity

(1 found)

Version	Quality Measure	170.315 (c)(1)	170.315 (c)(2)	170.315 (c)(3)	170.315 (c)(4)
v5	CMS130: Colorectal Cancer Screening	✓	✓	✓	✓
v5	CMS131: Diabetes: Eye Exam	✓	✓	✓	✓
v5	CMS132: Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	✓	✓	✓	✓
v5	CMS133: Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	✓	✓	✓	✓
v5	CMS134: Diabetes: Medical Attention for Nephropathy	✓	✓	✓	✓
v5	CMS135: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	✓	✓	✓	✓
v6	CMS136: ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	✓	✓	✓	✓
v5	CMS137: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	✓	✓	✓	✓
v5	CMS138: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	✓	✓	✓	✓
v5	CMS139: Falls: Screening for Future Fall Risk	✓	✓	✓	✓

Version	Quality Measure	170.315 (c)(1)	170.315 (c)(2)	170.315 (c)(3)	170.315 (c)(4)
v5	CMS142: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	✓	✓	✓	✓
v5	CMS143: Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	✓	✓	✓	✓
v5	CMS144: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	✓	✓	✓	✓
v5	CMS145: Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	✓	✓	✓	✓
v5	CMS146: Appropriate Testing for Children with Pharyngitis	✓	✓	✓	✓
v6	CMS147: Preventive Care and Screening: Influenza Immunization	✓	✓	✓	✓
v5	CMS149: Dementia: Cognitive Assessment	✓	✓	✓	✓
v5	CMS153: Chlamydia Screening for Women	✓	✓	✓	✓
v5	CMS154: Appropriate Treatment for Children with Upper Respiratory Infection (URI)	✓	✓	✓	✓
v5	CMS155: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	✓	✓	✓	✓

Version	Quality Measure	170.315 (c)(1)	170.315 (c)(2)	170.315 (c)(3)	170.315 (c)(4)
v5	CMS156: Use of High-Risk Medications in the Elderly	✓	✓	✓	✓
v5	CMS157: Oncology: Medical and Radiation - Pain Intensity Quantified	✓	✓	✓	✓
v5	CMS158: Pregnant women that had HBsAg testing	✓	✓	✓	✓
v5	CMS159: Depression Remission at Twelve Months	✓	✓	✓	✓
v5	CMS160: Depression Utilization of the PHQ-9 Tool	✓	✓	✓	✓
v5	CMS161: Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	✓	✓	✓	✓
v5	CMS164: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	✓	✓	✓	✓
v5	CMS165: Controlling High Blood Pressure	✓	✓	✓	✓
v6	CMS166: Use of Imaging Studies for Low Back Pain	✓	✓	✓	✓
v5	CMS167: Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	✓	✓	✓	✓

Version	Quality Measure	170.315 (c)(1)	170.315 (c)(2)	170.315 (c)(3)	170.315 (c)(4)
v5	CMS169: Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	✓	✓	✓	✓
v5	CMS177: Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	✓	✓	✓	✓
v3	CMS249: Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture	✓	✓	✓	✓
v1	CMS347: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	✓	✓	✓	✓
v2	CMS349: HIV Screening	✓	✓	✓	✓
v3	CMS645: Bone density evaluation for patients with prostate cancer and receiving androgen deprivation therapy	✓	✓	✓	✓

Safety Enhanced Design (SED)

SED Summary

FULL USABILITY REPORT:

https://www.drummondgroup.com/pdfs/NextGen_Healthcare_Summative_Test_5.9_v3-1_5.9.4_Jan2020.pdf
https://www.drummondgroup.com/pdfs/NextGen_Healthcare_Summative_Test_5.9_v3-1_5.9.4_Jan2020.pdf

☐ <http://www.hhs.gov/d/iscclaimer.html>

DESCRIPTION OF INTENDED USERS:
Providers, Nurses, Medical Assistants

DATE SED TESTING WAS COMPLETED:
Jun 30, 2017

SED Tested Certification Criteria & Associated UCD Processes

Certification Criteria	UCD Process	UCD Process Details
170.315 (a)(1)		
170.315 (a)(2)		
170.315 (a)(3)		
170.315 (a)(4)		
170.315 (a)(5)	NISTIR 7741	NISTIR 7741 was used
170.315 (a)(9)		
170.315 (a)(14)		
170.315 (b)(2)		
170.315 (b)(3)		

SED Testing Tasks

[DOWNLOAD TASK DETAILS](#) ↓

Access CDS reference

Show Details ▼

Add a medication for reconciliation

Show Details ▼

Add the date the implantable device was inserted

Show Details ▼

Approve an Rx change request

Show Details ▼

Cancel a medication due to a drug-drug interaction

Show Details ▼

Change CDS reference link

Show Details ▼

Change lab order status

Show Details ▼

Commit the implantable device information to the chart

Show Details ▼

Confirm allergy reconciliation

Show Details ▼

Confirm medication reconciliation that will be saved to the chart

Show Details ▼

Enter ZIP code for a new patient

Show Details ▼

Enter a gender identity for an existing patient

Show Details ▼

Enter a phone number for an existing patient

Show Details ▼

- ✓ **170.315 (b)(3)** Electronic Prescribing Show Details ▼
- ✓ **170.315 (b)(9)** Care Plan Show Details ▼
- ✓ **170.315 (b)(10)** Electronic Health Information Export Show Details ▼
- ✓ **170.315 (c)(1)** Clinical Quality Measures - Record and Export Show Details ▼
- ✓ **170.315 (c)(2)** Clinical Quality Measures - Import and Calculate Show Details ▼
- ✓ **170.315 (c)(3)** Clinical Quality Measures - Report Show Details ▼
- ✓ **170.315 (c)(4)** Clinical Quality Measures - Filter Show Details ▼
- ✓ **170.315 (d)(1)** Authentication, Access Control, Authorization Show Details ▼
- ✓ **170.315 (d)(2)** Auditable Events and Tamper-Resistance Show Details ▼
- ✓ **170.315 (d)(3)** Audit Report(s) Show Details ▼
- ✓ **170.315 (d)(4)** Amendments Show Details ▼
- ✓ **170.315 (d)(5)** Automatic Access Time-out Show Details ▼
- ✓ **170.315 (d)(6)** Emergency Access Show Details ▼
- ✓ **170.315 (d)(7)** End-User Device Encryption Show Details ▼

-
- ✓ **170.315 (d)(8)** Integrity Show Details ▼
 - ✓ **170.315 (d)(9)** Trusted Connection Show Details ▼
 - ✓ **170.315 (d)(10)** Auditing Actions on Health Information Show Details ▼
 - ✓ **170.315 (d)(11)** Accounting of Disclosures Show Details ▼
 - ✓ **170.315 (d)(12)** Encrypt Authentication Credentials Show Details ▼
 - ✓ **170.315 (d)(13)** Multi-Factor Authentication Show Details ▼
 - ✓ **170.315 (e)(1)** View, Download, and Transmit to 3rd Party Show Details ▼
 - ✓ **170.315 (e)(3)** Patient Health Information Capture Show Details ▼
 - ✓ **170.315 (f)(1)** Transmission to Immunization Registries Show Details ▼
 - ✓ **170.315 (f)(2)** Transmission to Public Health Agencies - Syndromic Surveillance Show Details ▼
 - ✓ **170.315 (f)(4)** Transmission to Cancer Registries Show Details ▼
 - ✓ **170.315 (f)(5)** Transmission to Public Health Agencies - Electronic Case Reporting Show Details ▼
 - ✓ **170.315 (f)(7)** Transmission to Public Health Agencies - Health Care Surveys Show Details ▼

✓ 170.315 (g)(2)	Automated Measure Calculation	Show Details ▼
✓ 170.315 (g)(3)	Safety-Enhanced Design	Show Details ▼
✓ 170.315 (g)(4)	Quality Management System	Show Details ▼
✓ 170.315 (g)(5)	Accessibility-Centered Design	Show Details ▼
✓ 170.315 (g)(6)	Consolidated CDA Creation Performance	Show Details ▼
✓ 170.315 (g)(7)	Application Access - Patient Selection	Show Details ▼
✓ 170.315 (g)(9)	Application Access - All Data Request	Show Details ▼
✓ 170.315 (g)(10)	Standardized API for Patient and Population Services	Show Details ▼
✓ 170.315 (h)(1)	Direct Project	Show Details ▼

Clinical Quality Measures

SEE ALL CQMS (57 found)

Note 170.315 (c)(3) has two versions, so please check the criterion in the "Certification Criteria" section above to determine which version applies here.

Version	Quality Measure	170.315 (c)(1)	170.315 (c)(2)	170.315 (c)(3)	170.315 (c)(4)
v6	CMS2: Preventive Care and Screening: Screening for Depression and Follow-Up Plan	✓	✓	✓	✓
v5	CMS22: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	✓	✓	✓	✓
v5	CMS50: Closing the Referral Loop: Receipt of Specialist Report	✓	✓	✓	✓
v5	CMS52: HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis	✓	✓	✓	✓
v5	CMS56: Functional Status Assessment for Total Hip Replacement	✓	✓	✓	✓
v6	CMS65: Hypertension: Improvement in Blood Pressure	✓	✓	✓	✓
v5	CMS66: Functional Status Assessment for Knee Replacement	✓	✓	✓	✓
v6	CMS68: Documentation of Current Medications in the Medical Record	✓	✓	✓	✓
v5	CMS69: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	✓	✓	✓	✓
v6	CMS74: Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	✓	✓	✓	✓

Version	Quality Measure	170.315 (c)(1)	170.315 (c)(2)	170.315 (c)(3)	170.315 (c)(4)
v5	CMS75: Children Who Have Dental Decay or Cavities	✓	✓	✓	✓
v4	CMS82: Maternal Depression Screening	✓	✓	✓	✓
v6	CMS90: Functional Status Assessment for Congestive Heart Failure	✓	✓	✓	✓
v5	CMS117: Childhood Immunization Status	✓	✓	✓	✓
v5	CMS122: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	✓	✓	✓	✓
v5	CMS123: Diabetes: Foot Exam	✓	✓	✓	✓
v5	CMS124: Cervical Cancer Screening	✓	✓	✓	✓
v5	CMS125: Breast Cancer Screening	✓	✓	✓	✓
v5	CMS127: Pneumococcal Vaccination Status for Older Adults	✓	✓	✓	✓
v5	CMS128: Anti-depressant Medication Management	✓	✓	✓	✓
v6	CMS129: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	✓	✓	✓	✓

NextGen Enterprise EHR

VIEW LISTING HISTORY

COMPARE

CERT ID

LISTING INFORMATION

CERTIFICATION CRITERIA

CLINICAL QUALITY MEASURES

SAFETY ENHANCED DESIGN (SED)

Listing Information

CHPL PRODUCT NUMBER:

15.04.04.2054.Next.60.10.1.220318

ONC-ACB CERTIFICATION ID:

15.04.04.2054.Next.60.10.1.220318

PREVIOUS CHPL PRODUCT NUMBERS:

15.04.04.1918.Next.60.10.1.220318

CERTIFICATION DATE:

Mar 18, 2022

PREVIOUS DEVELOPER:

NextGen Healthcare
Transfer Date: Jun 1, 2023

VERSION:

6.2021.1 Cures

CERTIFICATION EDITION:

2015 Cures Update

CERTIFICATION STATUS:

Active

ONC-AUTHORIZED CERTIFICATION BODY:

Drummond Group

ONC-AUTHORIZED TESTING LABORATORY:



Drummond Group

MANDATORY DISCLOSURES:

<https://www.nextgen.com/certifications-and-cost-disclosures> <https://www.nextgen.com/certifications> <http://www.hhs.gov>

Developer

DEVELOPER:
NextGen Healthcare

DEVELOPER WEBSITE:
<https://nextgen.com> 
<https://nextgen.com> 
<http://www.hhs.gov/disclaimer.htm>

SELF-DEVELOPER:
No

Address:
18111 Von Karman Ave, Suite 600
Irvine, CA 92612, USA

Contact
Mike Boucher
(215)657-7010
mboucher@nextgen.com

Conditions and Maintenance of Certification

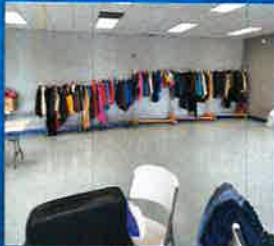
ATTESTATIONS:
NextGen Healthcare

REAL WORLD TESTING:
PLANS:
<https://www.nextgen.com/certifications-and-cost-disclosures?id=3> 
<https://www.nextgen.com/certifications-and-cost-disclosures?id=3> 
<http://www.hhs.gov/disclaimer.htm>
RESULTS:
<https://www.nextgen.com/certifications-and-cost-disclosures?id=3> 
<https://www.nextgen.com/certifications-and-cost-disclosures?id=3> 
<http://www.hhs.gov/disclaimer.htm>

Certification Criteria

SEE ALL CERTIFICATION CRITERIA (47 found)

✓ 170.315 (a)(1)	Computerized Provider Order Entry (CPOE) - Medications	Show Details ▾
✓ 170.315 (a)(2)	CPOE - Laboratory	Show Details ▾
✓ 170.315 (a)(3)	CPOE - Diagnostic Imaging	Show Details ▾
✓ 170.315 (a)(4)	Drug-Drug, Drug-Allergy Interaction Checks for CPOE	Show Details ▾
✓ 170.315 (a)(5)	Demographics	Show Details ▾
✓ 170.315 (a)(9)	Clinical Decision Support	Show Details ▾
✓ 170.315 (a)(12)	Family Health History	Show Details ▾
✓ 170.315 (a)(14)	Implantable Device List	Show Details ▾
✓ 170.315 (a)(15)	Social, Psychological, and Behavioral Determinants Data	Show Details ▾
✓ 170.315 (b)(1)	Transitions of Care	Show Details ▾
✓ 170.315 (b)(2)	Clinical Information Reconciliation and Incorporation	Show Details ▾



University Park

Community Wellness &
Resource Fair
January 16 – 18, 2024

27 VENDORS

1,218 ATTENDEES

Diane Scruggs
Director, Behavioral Health
February 2024

Behavioral Health Programs experienced little to no significant changes during February. All programs have worked hard to fill existing staff openings.

Adult Program Updates:

- The Adult Behavioral Health Program is fully staffed and seeing patients.
- We are focusing attention on the possible expansion of the PATH Program. This program addresses the needs of the homeless population.

Clinical Training Program Report

The Clinical Training Program has interviewed 11 candidates for the two open intern positions for the upcoming training year. Match Day for Doctoral Level Interns is February 16th, and we will be able to fill our two open slots. Interviews for Practicum Students has started, and we have received over 50 applications. The plan is to fill 15 practicum positions across Behavioral Health. The new training year begins mid-August.

All the programs in Behavioral Health accept students/externs/interns. The programs include the Adult Program, Child & Adolescent, Mobile Crisis Response (MCR), the Youth Experiencing Success in School (YESS) Program, and the Substance Use Initiative Program.

Through training, students can apply what they have learned in a professional setting and this hands-on approach allows them to gain competence and confidence. In exchange for their training, Behavioral Health benefits from having more providers to service our clients and the community.

(C&A) Child and Adolescent, (MCR) Mobile Crisis Response, & (YESS) Youth Experiencing Success in School Updates:

MCR/SASS (Mobile Crisis Response and SASS)

Still actively recruiting for two vacant positions. A meeting with Silver Oaks Behavior Health Hospital CEO, Lindsay Pelletier, on February 14th has been setup to enhance our working relationship.

C&A (Child and Adolescent Program)

Still actively recruiting for two vacant positions

School-Based

Two staff are presenting at the National Hook-up of Black Women's (NHBW) Teens Overcoming Pressure Summit (TOPS) hosted by NHBW, Inc. in partnership with Joliet Public School District 86

noting that Laraway Community Consolidated School District 70c students will also be present. The event is:

- When: Tuesday, February 27 at 4-5:30pm (3:15 arrival for speakers)
- Where: Dirksen Jr. High (Joliet)
- Who: 8th Grade Students - the number of students is TBD (registration deadline is Friday, February 9)

YESS (Youth Experiencing Success in School)

A current staff member transferred from the C&A program to YESS. This move brings assistance to that program and adds the much needed bi-lingual component.

590 Updates:

The program has recently filled 3 positions giving us one full team The new Engagement Specialist and Access to Care Specialist will start on February 20th and the Crisis Response Specialist will begin on March 4th.

Substance Use Initiatives and Substance Use Treatment Program Report

Substance Use Treatment Program

Clients 2023 - 2024	2023 Year End total	2024 January
Intensive Outpatient Program (IOP)	25	9
Individual Outpatient	4	2
Aftercare/Continuing Care	6	1
Assessments	39	14
Treatment Visits	409	118

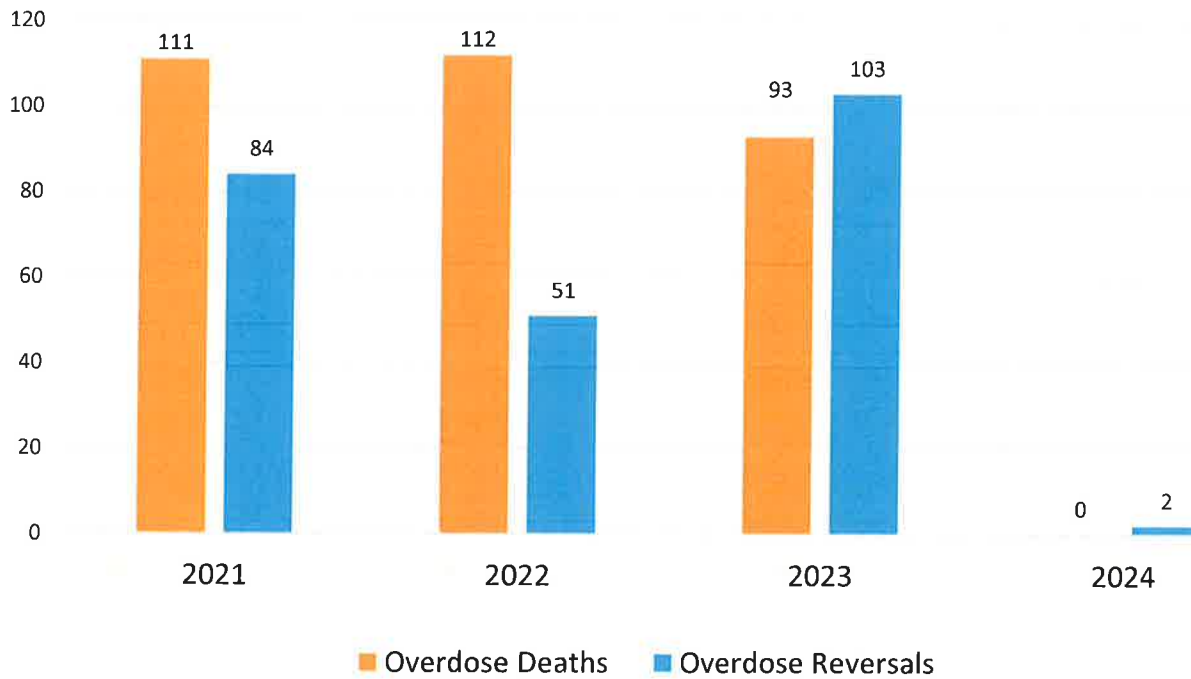
The Substance Use Treatment Program continues to have one full-time job vacancy for the position of Mental Health Counselor II – Substance Use Treatment Focused. This position provides evaluative, diagnostic, and comprehensive treatment services to adults and adolescents experiencing life-area impact from the use of substances.

Substance Use Treatment Program representatives attended the January 25, 2024 Will County Problem Solving Court ceremony honoring recent graduates' achievements in recovery.

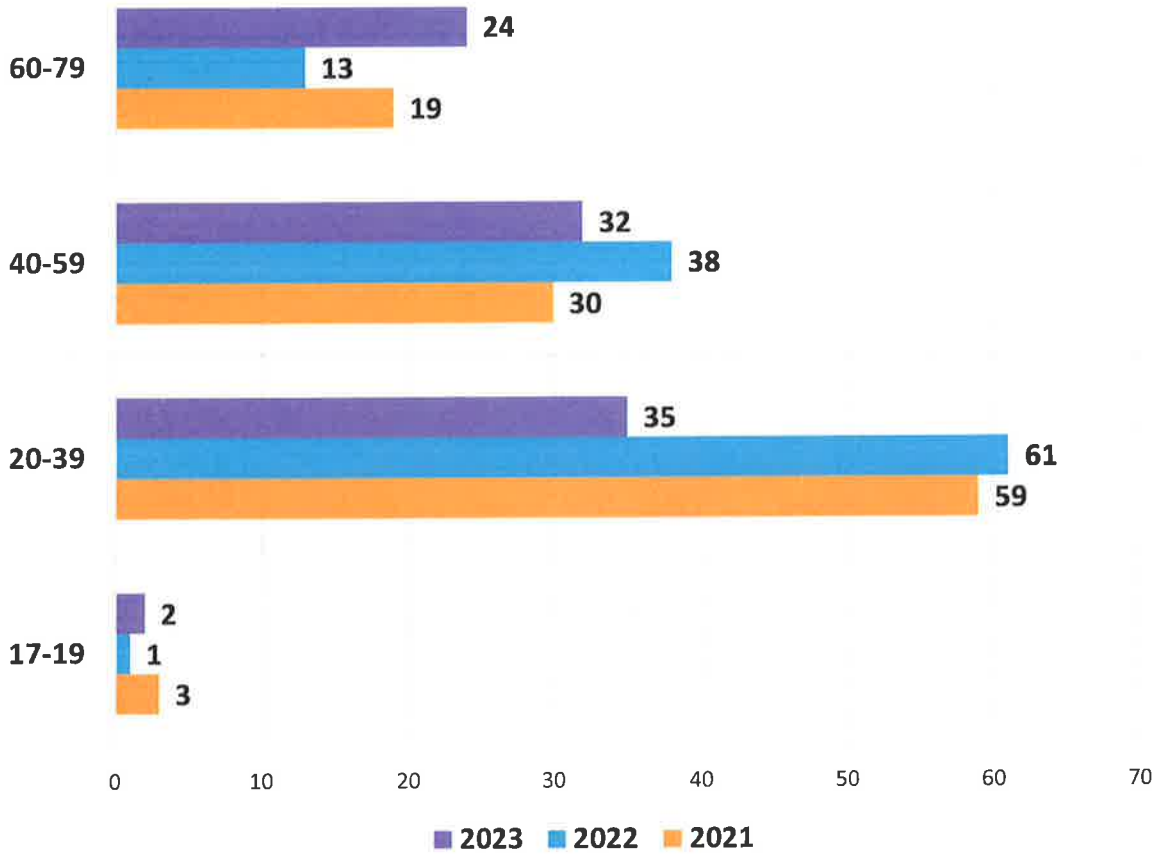
Substance Use Initiatives

Summary Totals Per Year	<u>2024</u>	<u>2023</u>	<u>2022</u>	<u>2021</u>
Opioid Overdose Deaths		93	112	111
Overdose Reversals	2	103	51	84
Fentanyl/Xylazine Test Strips	165	1658	1563	N/A
Got Naloxone Locations	46	888	754	243
Business Locations	24	64	485	N/A
Naloxone Kits (Delivered to the public)	2115	11688	6002	4630
Naloxone Trainings	1617	1806	445	548
Micro pantry Distribution	33	791	605	1469
Methadone Clinic Distribution	0	299	370	450
Naloxone Plus Program Calls Answered	2	13	3	4
Persons Placed in Temporary Housing	1	4	8	30
Suicides		64	56	N/A
Coroner Last Entry 12/13/2023				

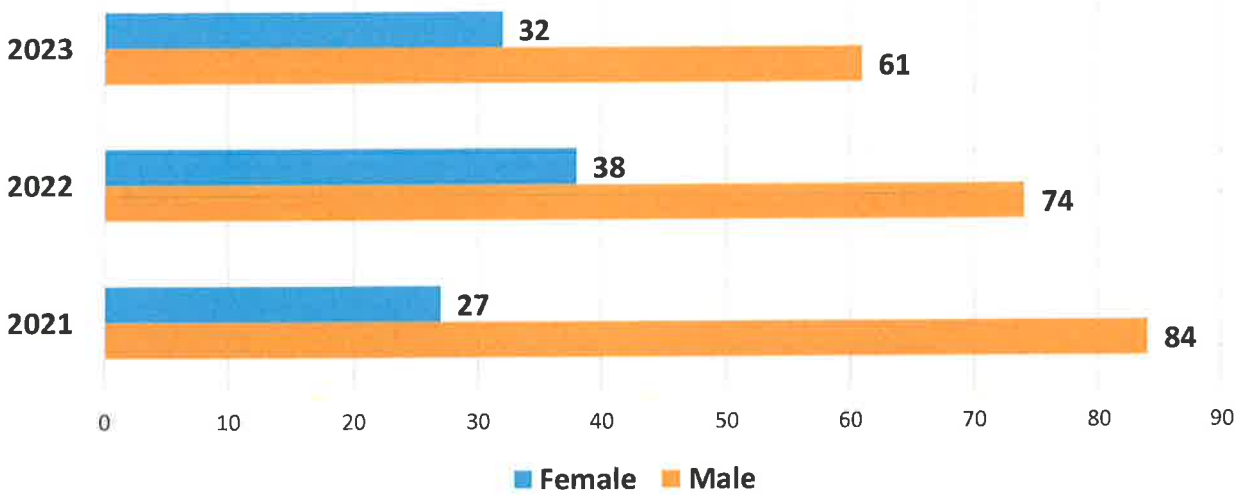
**Will County Overdose Deaths
December 13, 2013**



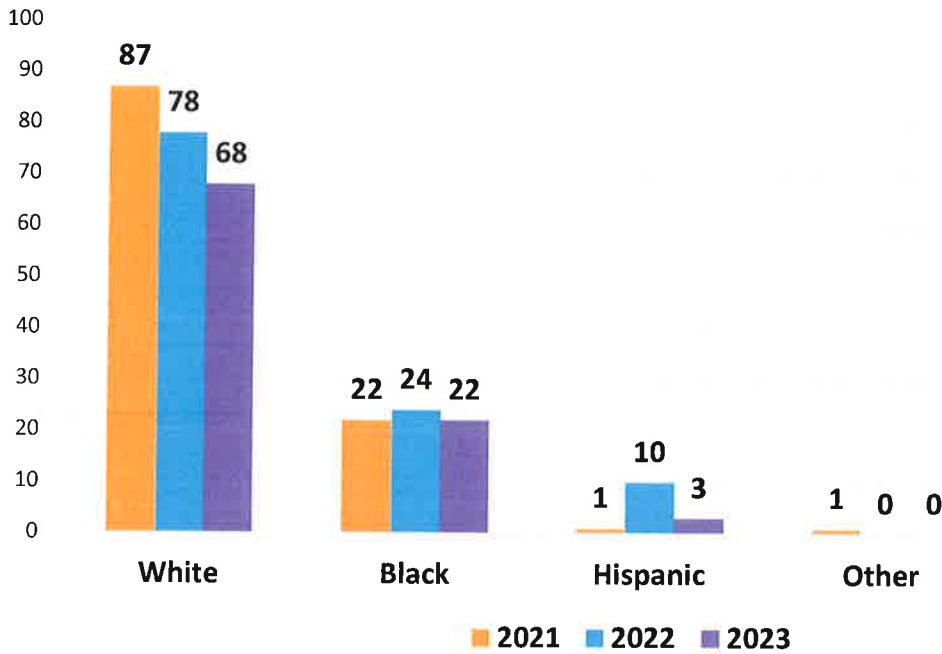
Overdose Deaths Age Bracket



Overdose Deaths Gender



Overdose Deaths Race



Overdose Deaths

Final figures indicate fatal overdose deaths are trending 16% less than last year. Naloxone Distribution trending 30% higher than last year.

School Naloxone Training Update

In response to the January 2024 deadline for schools to have naloxone available, we continued training this month.

School district’s naloxone training and Narcan supply

- Joliet Township High School Central Campus - 1000 trained.
- Fairmont School 65-trained.
- Wilmington School Dist. 6-trained.

Rapid Response Team Happenings

Spring is just around the corner and baseball/softball games are on the horizon. Rapid Response was invited to the Crete-Monee registration event. Seventy-five (75) kits were distributed, with another registration coming up in February in Joliet. In collaboration with Dr. Robert Dutton Health Equity Manager for the WCHD, we attended the Community Wellness and Resource Fair in University Park on January 16-18. Sixty-two (62) kits were distributed. It was a very diverse crowd. It was a great event to connect with our neighboring communities.

According to the Drug Enforcement Administration (DEA) Washington Division, they recorded a surge of over 250% in Fentanyl Pill Seizures in 2023.

House Bill 3924 requires high schools to teach students about the dangers of fentanyl in state-required health courses. The coursework would include differentiating legal and illegal uses of the drug, details about “the process of lacing fentanyl in other drugs and why drugs get laced with fentanyl,” as well as

information on how to detect fentanyl in drugs and how to save someone from an overdose (Journal Star, Dec 2023).

402 Grant for Suicide Prevention First Responders Program

Goal: Design and deliver a campaign to combat mental health stigma among First Responders and their families.

- Eight presentations at local first responder agencies broaching mental health challenges, wellness, reduction of stigma, and lethal means prevention were completed throughout the month of January.
- The Behavioral Health Department's Suicide Prevention First Responders Program team has been invited by representatives of the Illinois Department of Human Services-Division of Mental Health to share knowledge, training, and experience within the statewide learning collaborative of Suicide Prevention First Responders Program providers.

Crisis Intervention Training (CIT)

A Will County Government contractor pre-bid meeting was completed on January 12, 2024. The pre-bid meeting was focused upon providing Will County based law enforcement officers and first responders with specialized behavioral health 40 - hour certification training in Crisis Intervention to support the residents of the Will County community. Pre-bid participants received information pertaining to the 40-hour Crisis Intervention Team Training Basic Program (CIT-B) which requires providers to be fully approved by the Illinois Law Enforcement Training and Standards Board (ILETSB) for provision of training within this specialty area. The CIT training program is an in depth, specialized course for officers with at least two years' experience. The five-day course includes presentations by behavioral health specialists, experienced field officers and representatives from regional service providers. Officers receive training in topics such as mental illness/signs and symptoms, co-occurring disorders, child and adolescent issues, medical conditions and psychotropic medications, and law enforcement response and legal issues. Participants also learn advanced communication and de-escalation techniques, partake in valuable exercises, have a unique opportunity to participate in discussions with individuals who have a mental illness and or their family members, and are given an opportunity to exercise their skills in realistic scenario role plays. Unfortunately, we had no bids on the project. We are looking for other options to provide this valuable training.

Mary Maragos
CEO, Community Health Center
February 2024

Health Resources and Services Administration (HRSA)’s Approval of Change of Scope to add 501 Ella-

We received Notice of Award and approval to add 501 Ella, Joliet, as a practice site within our scope of services for our HRSA 330 (FQHC) grant!

This is our SIXTH practice site, including 1106 Neal, the mobile medical/ dental unit (added in 2012), 323 Quadrangle in Bolingbrook (“NBO”) (added in 2017), 5601 Monee-Manhattan Rd in Monee (“EBO”) (added in 2020), and Brooks Middle School in Bolingbrook (added in 2022).

We plan to initiate services at 501 Ella in late February or early March, once Dr. Flowers, our new Psychiatrist, starts in mid-February and her orientation is completed. After services are initiated at a new site, we are required to notify HRSA.

Infectious Disease Specialist and Infectious Disease Program Manager: At the Governing Council meeting we received approval to hire Dr. Dan Garganera, MD, Internal Medicine Physician, and Infectious Disease Specialist. He is currently in practice with Southwest Infectious Disease in Joliet. He is the person to whom we have been primarily referring our patients with HIV and hepatitis for specialty care. He has also been the Medical Advisor for the Will County Health Department (WCHD) and the Medical Director for the Sunny Hill Tuberculosis (TB) Clinic. Since 501 Ella, the address for both WCHD and Sunny Hill TB Clinic, has been approved as a practice site within our scope, he can continue to perform services for the WCHD and Sunny Hill TB and maintain Federal Tort Claims Act (FTCA) liability coverage. Dr. Garganera will see patients also at 1106 Neal and possibly Bolingbrook in the Care Clinic for sexually transmitted infection testing, Pre-Exposure Prophylaxis (of HIV) and HIV management. He will also see adults for other infectious diseases such as hepatitis, COVID, pneumonia, etc. His first day of work here will be April 29, 2024.

We have posted for an Infectious Disease Program Coordinator to work along with Dr. Garganera and oversee the Care Clinic operations and Ryan White HIV program.

The Governing Council also approved MOUs between the WCCHC and separately with the WCHD and Sunny Hill TB Clinic, for Dr. Garganera’s medical advisory services.

2024 Sliding Fee Schedule and 2024 Dental Fees: – Annually we update our sliding fee schedule, based on the Federal Poverty Guidelines as published in the Federal Register. Sliding fees are applicable to all WCCHC patients, not only those who are uninsured. We also review our fees throughout the health center, to align with the 75th percentile of usual and customary fees in our region. We must carefully ensure that nominal fees do not impair or impede access to care for the uninsured. We turn no one away for inability to pay. The Governing Council approved the Sliding Fee Schedule and also the 2024 Dental fees. Dental fees are obtained from a publication of the American Dental Association. Fees for other services will be presented for approval in March.

MMaragos 2-7-24



Jennifer Byrd, MD, FAAFP
CMO, Community Health Center
February 2024

Quality Initiatives:

- The Brooks Middle School will be evolving our standard operating procedures by refining our response to patients/students that we come to know are **suicidal**.
 - We understand that this refinement is necessary as there will be occasions that our school-based health center students will disclose suicidality with plans; they will need an immediate intervention.
 - Our protocol will include completing a Certificate of Committal, calling emergency medical services (EMS), contacting the parent, informing the school (school to arrange a staff to ride along).
 - The existing health center policy on *Emergency Transfers* will be updated to reference this new School-based Health Center protocol.
- As we prepare for our Health Resources and Services Administration (HRSA) review we are ramping up for a **Hand Hygiene Study**. Our last study of this kind was in March of 2023. The health center staff performed the function of proper hand hygiene at a rate of 30%, this was well below our desired standard of 100%.
 - The elements examined were, hand hygiene prior to patient contact, prior to gloving and after degloving, and if gloves were worn at all.
 - New study data pending.

Collaboration:

- The health center and the administration's Behavior Health Departments are undergoing a transitioning of our pediatric Psychiatry patients from the retiring physician to the incoming physician. Points of discussion are communication to the patients and parents, scheduling, medical record information sharing, medication bridging, and advertising. A smooth transition is fully expected.
- The health center's Brooks Middle School location has initiated its Behavioral Health Program with the addition of two (2) Mental Health Nurse Practitioners.
 - They will cover all five (5) days of the week, providing Psychiatric evaluations and Medication management.
 - They will be fully credentialed on February 7, 2024.

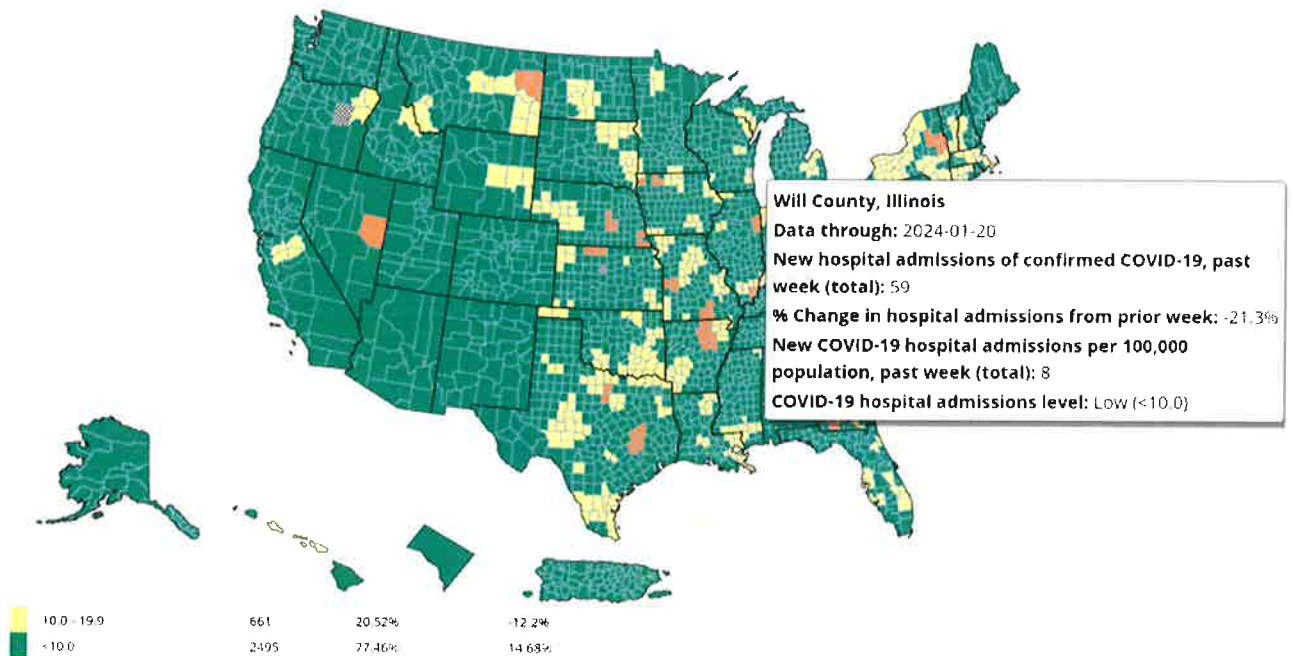
- Ultimately, the goal is to add a Social Worker who will provide therapy and assist with resources to fulfill the needs as related to the social determinants of health (education/language/literacy, housing, transportation, food insecurity).



Infectious Disease Watch:

- COVID current trend data show overall “low” transmission rates nationwide.
- To that end, the health center has transitioned from 100% masking to a mask optional status.
- The infectivity trends will be sinusoidal, progressively decrease as we approach spring, have surge again in the fall (the expected and usual viral pattern of transmission).
- The staff have been given the expectation that these trends will be monitored, and should COVID rates increase to a widespread level, we could return to 100% masking again.

Reported COVID-19 New Hospital Admissions Rate per 100,000 Population in the Past Week, by County - United States



Staffing:

-Certified Medical Assistants

- * **6** open positions (**down from** having **13 open positions** in October 2023)
- * 7 CMAs have been **hired**

- Behavioral Health Manager

- * **hired** since last report, starts on January 22, 2024
- * on hold, awaiting paperwork (**update**)

- Family Medicine Physician

- * 1 open position
- * One new applicant (**update**)

- Licensed Practical Nurse

- * 1 temp in our employ who is applying for a full-time / permanent position (**applicant has accepted post**)

- Registration Clerks

- * 2 open positions

- Healthcare Liaison

- * 1 open position

- Reimbursement Specialist

- * 2 open positions

- Licensed Clinical Social Worker

- * 1 open position

- Population Health Manager

- * 1 open position

- COVID Tester

- * 1 open position



Sean Conners
Director, Environmental Health
February 2024

FOOD PROGRAM

1. The US Food and Drug Administration (FDA) is advising consumers not to eat, and restaurants and food retailers not to sell, and to dispose of certain Intershell International Corp (MA 7802 SP) whole, live scallops that were received from an unlicensed harvester, believed to be harvested from prohibited waters in Massachusetts (MA) and incorrectly labeled as harvest location FED 514, with harvest dates 12/26/23, 12/27/23 and 01/01/24 because they may be contaminated. The scallops were directly distributed to distributors and retailers in IL, MA, NJ, NY, and PA and may have been distributed further from these states. Scallops harvested from prohibited waters may be contaminated with human pathogens, toxic elements or poisonous or deleterious substances and can cause illness if consumed.
2. CHICAGO, Illinois – The Quaker Oats Company announced an expansion of the December 15, 2023, recall including additional cereals, bars and snacks listed below because they have the potential to be contaminated with Salmonella. The products were sold throughout the 50 United States, Puerto Rico, Guam, and Saipan. Consumers should check their pantries for any of the products listed below and dispose of them. Consumers can scan the SmartLabel QR code on the product package to determine if it has been recalled.
3. The Centers for Disease Control (CDC) announced that a recall of charcuterie meats for Salmonella contamination was widened, including a new brand sold at Costco. The CDC said that the recall had been expanded to include all lots of the "Busseto Foods Charcuterie Sampler" sold at Sam's Club which originally saw one lot code recalled and added all lots of "Fratelli Beretta brand Antipasto Gran Beretta" sold at Costco. The outbreak saw 23 new illnesses and five new hospitalizations, bringing the totals up to 47 and 10 respectively across 22 states.
4. Due to recent flooding in late January along the Kankakee River due to ice jams, public water safety in eastern & southern Will County had become a concern and Boil Order Notifications were issued for the affected areas. Sanitarians responded to the affected areas and distributed Boil Order Guidance materials and worked with permitted food facilities that were affected by the flooding.

EH LAB / WATER PROGRAM / SEWAGE

1. The EH Laboratory had a slight increase in the number of samples analyzed in January 2024 (2,426) compared to December 2023 (2,324).
2. The Water Program saw an increase in the collection of payments compared to the previous month. The total of payments received in December 2023 was \$5,072.00.00 compared to the total of payments received in January 2024 of \$11,305.00.
3. The Sewage Program collected \$11,390.00 in fees in the month of January 2024. This amount is slightly higher than the month of December 2023 (\$11,205.00). As of the end of January 2024 just under half of the IMS Discharge Permit fees have been collected (\$243,140.00).

OTHER

- The EH Division sold ten radon test kits this month.
- The Local Public Health Quarterly reports were completed for the Food, Private Water, Private Sewage, West Nile Virus, Tick Surveillance, Tanning & Body Art & Radon programs.
- The Will County Health Department EH division received and processed thirty-four Freedom of Information Requests (FOIA) in the month of January.



COMMUNITY HEALTH INITIATIVE PROGRAMS/COMMUNITY HEALTH EDUCATION

Increasing Well-Woman Visits Program (WW)

The Well-Woman (WW) program aims to increase knowledge and awareness of what an annual well-woman visit is, address the barriers women ages 18-44 report in making their appointment, as well as ensuring there are resources in the community available to assist women in receiving their yearly visit with a provider. Some activities that WW staff have been working on to address barriers have included marketing, partnership building, collaboration, and outreach.

WW staff created a yearlong educational marketing campaign with Unidos Digital Marketing as well as designed free interior bus ads for Pace Suburban Bus Heritage Line. These ads are provided in English and Spanish, and the locations of these specific ads were chosen (Joliet, Crest Hill, Bolingbrook, and Plainfield) to satisfy areas of need based on data requirements determined by the grantor. The interior Pace Bus ads also include a QR code that links directly to the WW resource page on the Health Department's website. The WW webpage provides regularly updated information about women's preventative health topics and provider resources in the county.

On November 1, 2023, the Well-Woman program coordinated the second successful *Well-Woman Day Health Fair*. The event centered around access to health care, and the first day of open enrollment for the health insurance Marketplace. The event included Certified Application Counselors and OB-GYN staff from the Community Health Center (CHC), and 13 other agencies, and health department staff, that provide women's health, and social services in Will County. An estimated 100 women attended the fair.

To better understand women's healthcare needs in Will County, WW staff are currently conducting two surveys with the goal of gathering helpful information from women and providers in Will County. The first is a community survey being promoted to women ages 18-44 to gain feedback on the state of women's health services and resources in Will County. The survey is being distributed through various outlets, such as community partners, social media, and at outreach events. Postcards were created as well, that provide a QR code linking to English and Spanish surveys being distributed. The other is a survey, that will be conducted through mail, to gather feedback from women's health providers who received our *Well-Woman Toolkit for Providers* last year.

WW program staff continue to build community partnerships throughout the county. In collaboration with CHC Health Promotions and Marketing staff, WW staff recently created and implemented a text/email appointment reminder campaign to be sent out to female clients aged 18-44 who have not had, or are due for, their annual Well-Woman visit. Staff also regularly seek out and attend health and resource fairs and has built many relationships with community organizations who have the shared goal of meeting the health needs of women in Will County. Since July 2023, WW staff have participated in 15 outreach events. Current grant funding for the WW program goes until June 2025.

All Our Kids (AOK) Early Childhood Network

The Will County All Our Kids (AOK) Early Childhood Network is one of 12 community-based cross-sector collaborations in Illinois that work to improve health outcomes for children and their families from pregnancy to age five. AOK strives to make a more equitable and accessible system of services for children and families in Will County through active family and community engagement, linkages to resources, outreach and education, community collaboration, and data collection.

The Will County AOK Network, comprised of local early childhood organizations (schools, early intervention, childcare center, social service agencies) meets monthly to discuss various topics related to early childhood. The group also promotes resources for families and young children. One important resource is developmental screenings, such as the Ages and Stages Questionnaire (ASQ). The ASQ is a free resource for families that can help determine if a young child is developing appropriately for their age. This tool can reassure parents about their child's development or let them know if further monitoring is needed. The AOK Network has several partners providing this free resource throughout the county, and families can visit our website for more information.

In order to provide Will County families with an easier way to link to resources, the Integrated Referral and Intake System (IRIS) was established in 2020. IRIS is a closed-loop online referral system that connects Will County families with resources they need. Since its launch on February 3, 2020, over 5,000 referrals have been sent between agencies including schools, healthcare providers, mental health agencies, and more. To date, IRIS is used in 163 active programs housed in 86 different agencies across the county.

As part of our continued outreach and education surrounding early childhood development, each year in May, Will County AOK, along with our partners from Child and Family Connections #15, Lewis University, Catholic Charities, Bridges to a New Day, and Caregiver Connections, host a free early childhood mental health conference for roughly 150 professionals that work with children and families. Planning for the conference is currently underway, and details are expected to be finalized in February. The conference will tentatively be held on Friday, May 10, 2024, at Lewis University.

As a new component of the family and community engagement for the network, AOK launched a Parent Ambassador program to promote family engagement in Will County. Parent Ambassadors are community members that apply their expertise and lived experience in AOK workgroups, meetings, and outreach events. We are currently finalizing the steps needed to onboard one Parent Ambassador.

The AOK Network also participates in a robust assessment process. Every 5 years, AOK networks statewide conduct a community assessment to learn more about the needs of young children and families. To begin this process, a data workgroup, consisting of AOK Network members, was formed to compile and review child and family health data, including 210 survey responses collected by AOK staff and network members. The workgroup has identified potential areas for improvement in Will County, and during our next network meeting, the AOK network partners will vote on which issues to prioritize for the next 5-year cycle.

Tobacco Control and Prevention

The Tobacco Control and Prevention program offers services to decrease tobacco use rates, keep youth tobacco-free, and eliminate exposure to secondhand smoke in Will County. Tobacco staff partner with community coalitions to help educate the community and build relationships with schools and municipalities to work on policy implementation to reduce tobacco use. Staff also enforce the Smoke-Free Illinois Act (SFIA) through random compliance checks, following up on any tobacco complaints received, and educating the public about SFIA.

In January, Tobacco staff attended the CADCA (Community Anti-Drug Coalitions of America) National Leadership Forum as representing members of the Will County Substance Abuse Prevention Coalition (WCSAPC), and presented work done by the coalition, focusing on their 2023 youth media campaign. This campaign was advertised across Will County and utilized different forms of media to reach youth and families. Eight separate messages depicting alternatives to substance use, with the theme of "*Not The Vibe*", were used. Geofencing was utilized to target youth in frequented areas. As a part of the conference, staff also attended several educational sessions on substance use, and participated in Capitol Hill Day, where we advocated for substance use issues with our federal legislators. Tobacco staff will also be attending the Illinois Prevention Network Advocacy Day in Springfield in March. There, staff will advocate for substance use issues (such as vaping and tobacco) at the state level with several other Illinois coalitions.

With vaping continuing to be an ever-growing problem with youth, tobacco staff have updated the School Vaping Toolkit and are in the process of distributing it to Middle and High schools in Will County. Staff are

also continuing our outreach to schools and park districts to strengthen local tobacco-free policies and increase engagement with youth regarding the huge issue of vaping. Our team is continuing to provide education to schools and administrators, while encouraging them to implement vaping education in their curriculums.

To ensure compliance with the Smoke-Free Illinois Act, tobacco staff continue to investigate complaints received through the State's SFIA compliance system or by phone, while also performing regular SFIA activities such as, signage compliance checks, compliance checks on non-food businesses, and providing education to the community through social media. Tobacco staff will be increasing signage checks in the second half of the grant cycle to better cover the businesses in the outlined quadrant this grant year. Also, with the addition of electronic cigarettes to the Smoke Free Illinois Act, as of January 1, 2024, staff have increased social media efforts to inform the public and are also in the process of releasing a PSA to further reach and inform Will County residents and business owners.



Katie Weber
Program Coordinator, Emergency Preparedness & Response
February 2024

EP&R Program

- Katie Weber attended the Will County EMA Strategic Planning and Long-Term Recovery meetings. The groups are working towards connecting partners in planning events, updating plans, and coordinating resources. The two groups consist of various responding agencies throughout Will County including government organizations, non-profits, transportation agencies, and utility companies.
- Meetings with the Mier Group continue. Progress is being made on the Emergency Operations Plans (EOP). There is one more Annex to complete.
- Training on the Pharmaceutical Distribution Plan with Command Staff was rescheduled due to weather. Command will now have a training on February 22nd. Training will include a review of plans in preparation for the Tabletop Exercise in March.
- The All-Hazards Planning for Animal Agricultural and Food Related Disasters was cancelled due to weather. It has been rescheduled for August 19th.

COVID Tests

- At the end of January and the beginning of February, Will County received and distributed 12,420 Covid Tests to 11 local Long-Term Care Facilities through a one-time IDPH bulk order.
- During the month of January, 600 Covid Tests were distributed to 3 different agencies through our regular program.
- We are coordinating test ordering with the Health Equity Manager so that there is only one requestor to the state for tests from the Will County Health Department.
- We ordered and received 1,320 tests from the state in the month of January.
- We currently have 570 iHealth tests on hand.

Medical Reserve Corps (MRC)

- Two MRC volunteers participated in a volunteer opportunity at Midway Airport on January 8th with the TSA Canine Unit. This opportunity was shared with us from the Will County Emergency Management Agency. The volunteers served as a decoy, carrying a concealed training item through an area where a Passenger Screening Canine Team conducted a search activity. Sounds like this is an ongoing opportunity that other volunteers have expressed interest in also participating in.
- We received 10 Emergency Go Kits from the Medical Reserve Corps of Illinois (MRCIL) which was funded by the grant they received for the entire state.
- Barb Agor was awarded a travel scholarship from NACCHO to travel to the MRC National Summit Conference in Chicago this May 2024.

MEDIA SERVICES

FEBRUARY 2024



MONTHLY REPORT

KEVIN JUDAY, MANAGER

- Media Services completed compiling the changes needed to redesign the Agency's printed resource guide. Changes are currently being made by our freelance designer and the updated resource guide should be available shortly.
- Three new webpages were designed. We have created new webpages for the 590 Crisis Care Program, Substance Use Treatment & Recovery Services and the new Genoa Pharmacy that will be opening in the Community Health Center.
- Graphics for social media and the website were designed and posted to promote National Radon Awareness Month in January and National Children's Dental Health Awareness Month in February. Banners for National Children's Dental Health Awareness month were also designed and printed.
- Flyers were designed and printed to promote the 590 Crisis Care Program.
- Two-sided cards in English and Spanish were designed and printed and distributed to first responders of an overdose. The cards highlight available treatment and recovery options.
- In addition to continuing to promote our own services on social media, Media Services also used social media to promote awareness and knowledge of the Affordable Care Act Open Enrollment Period, Radon Action Month, American Heart Month and Cervical Cancer Awareness Month.

SOCIAL MEDIA

January 2024



51
posts

1,245
engagements

144
reactions

33,349
impressions



42
posts

46
engagements

7
reactions

3,344
impressions



44
posts

44
engagements

38
reactions

1,277
impressions

Will County Community Health Center Patients and Visits CY 2023 as of December 31, 2023

	2023	2023	2023	2023	2023	2023	2022	2023	2022	2022	2023	2022	2023	2022	2023	2023	2023	2023	2023	2023	2022	
	Joliet	NBO	EBO	SBHC Visits	Mobile Unit	Total Clinic Visits	Clinic Visits	Virtual Visits	Virtual Visits	SBHC Visits	Hospital Visits	Hospital Visits	All Visits	All Visits	Joliet patients	NBO patients	EBO patients	SBHC patients	Mobile Unit Patients	Total Patients	Patients	
Family Physicians	380					418	472	8	54				426	526							169	195
General Practitioners																						
Internists	106					119	182	0	0				119	182							74	81
Obstetrician/Gynecologists	7967					8760	8793	0	1				8760	8794							2808	3007
Pediatricians	2828			28		3154	2655	201	338	0			3355	2993				28			1865	1692
Other Specialty Physicians																						
Total Physicians	11281			28		12451	12102	209	393				12660	12495				28			4832	4975
Nurse Practitioners	8800	117	21	222		9782	9225	2107	2204	0			11889	11429				201			5115	5049
Certified Nurse Midwives	434					459	439	0	0				459	439							323	249
Total NPs and CNMs	9234	117	21	222		10241	9664	2107	2204				12348	11868				201			5336	5298
Nurses	19					24	428	1	1				25	429							23	368
Total Medical	20534	117	21	250		22744	22194	2317	2598				25033	24363				229			9055	8941
Dentists	5676				1	6169	5326	0	0				6169	5326	2916					1	3077	2624
Dental Hygienists	473				187	727	465	0	0				727	465	393					172	621	421
Dental Therapists																						
Total Dental Services						6896	5791	0	0				6896	5791	3309					173	3387	3045
Psychiatrists	803	316	18			1234	1367	2468	2860				3702	4227							695	790
Mental Health - Physicians other than Psychiatrists	347					379	376	12	3				391	379							333	327
Mental Health Nurse Practitioners	2999	28				3185	2331	568	694				3753	3025							1425	1340
Licensed Clinical Psychologists	0					0	1	957	1024				957	1025							373	433
Licensed Clinical Social Workers	0					0	12	0	0				0	12							0	12
Other Licensed Mental Health Professionals	1097					1227	1169	74	523				1301	1692							371	444
Other Mental Health Staff																						
Total Mental Health						6025	5256	4079	5104				10104	10360							3197	3346
Substance Abuse Services	1476	69	2			1681	1499	894	1211				2575	2710							801	848
Other Professional Services																						
Optometrists	381					414	542	0	0				414	542							408	519
Case Managers	1					1	3	0	0				1	3							1	3
Patient/Community Education Specialists						0	0	0	0				0	0							0	0
Total Enabling Services						1	3	0	0				1	3							1	3
Obstetrical Deliveries																						
Circumcisions											419	356										
Gyne Admissions including surgeries											89	73										
Hospital Visits (ER & Admissions)											70	95										
Dr. Flores' Newborn visits											382	535										
TOTALS											1063	1140	45023	43769								
Unduplicated patients Year to date																					11,915	11366

Up by 2.86%
Up by 4.83%

WILL COUNTY COMMUNITY HEALTH CENTER - Patients and Visits CY2024 as of 1-31-24													
	2024	2023	2024	2023	2024	2023	2024	2023	2024	2023	2024	2023	2024 SBHC Patient
	Clinic Visits	Clinic Visits	Virtual Visits	Virtual Visits	SBHC Visits	SBHC Visits	Hospital Visits	Hospital Visits	All Visits	All Visits	Patients	Patients	
Family Physicians	168	36	30	1					198	37	178	30	
Internists	0	9	0	0					0	9	0	6	
Obstetrician/Gynecologists	697	776	1	0					698	776	538	601	
Pediatricians	144	253	11	12	0	6			155	265	149	249	
Total Physicians	1009	1074	42	13					1051	1087	854	883	
Nurse Practitioners	742	834	65	190	40	0			807	1024	739	916	38
Certified Nurse Midwives	26	49	0	0					26	49	25	49	
Total NPs and CNMs	768	883	65	190					833	1073	762	956	
Nurses	3	1	0	0					3	1	3	1	
Total Medical	1780	1958	107	203					1887	2161	1570	1787	
Dentists	479	474	0	0					479	474	439	440	
Dental Hygienists	72	63	0	0					72	63	72	62	
Total Dental Services	551	537	0	0					551	537	509	499	
Psychiatrists	67	139	167	221					234	360	222	346	
Mental Health - Physicians other than Psychiatrists	33	39	0	0					33	0	33	39	
Mental Health Nurse Practitioner	155	249	8	58					163	307	160	286	
Licensed Clinical Psychologists	0	0	30	94					30	94	30	94	
Licensed Clinical Social Workers	0	0	0	0					0	0	0	0	
Other Licensed Mental Health Providers	107	102	5	40					112	141	108	141	
Total Mental Health	362	529	210	413					572	902	553	906	
Substance Abuse Services	101	147	53	90					154	237	0	219	
Other Professional Services													
Optometrists	63	49	0	0					63	49	61	49	
Case Managers	0	0	0	0					0	0	0	0	
Patient/Community Education Specialists													
Total Enabling Services	0	0	0	0					0	0	0	0	
Obstetrical Deliveries													
Circumcisions													
Gyne Admissions including surgeries													
Hospital Visits (ER & Admissions)													
Dr. Flores' Newborn visits													
TOTALS													
Unduplicated patients Year to date											2,367	2740	

FEBRUARY 2024-DIVISIONAL STATISTICS REPORT				
ENVIRONMENTAL HEALTH		Jan-24	FY24 YTD	FY23 YTD
Food Program Activities		851	1948	1604
Water Program Activities		74	219	386
Sewage Program Activities		21	56	94
Other Program Activities (beaches, tanning facilities, etc.)		565	1392	1539
Aerobic Treatment Plant Samples		222	670	766
Number of Service Requests		18	43	33
Number of Complaints		52	106	90
Number of Well Permits		8	16	17
Number of Septic Permits		11	23	17
Number of Lab Samples Analyzed by EH Lab		2426	4750	4944
TOTAL		4,248	9,223	9,490
OFFICE OF VITAL RECORDS		Jan-24	FY24 YTD	FY23 YTD
Births Recorded		394	800	712
Deaths Recorded		457	892	886

**WILL COUNTY HEALTH DEPARTMENT
BOARD OF HEALTH REPORT
01/2024
February BOH 2024
Stats**

Behavioral Health Statistics for 01/01/24 - 01/31/24	Month of January	CFY 2024	CFY 2023
Child and Adolescent (C&A) Mental Health Programs	C&A Psychiatric Services		
	122	263	380
	C&A Orientation Services		
	0	0	0
	School Services		
	226	448	418
	C&A Services		
Joliet Office	301	564	411
Northern Branch Office	113	182	88
Virtual Visits	252	361	393
Eastern Branch Office	2	2	2
Off Site	309	588	430
Screening Assessment and Support Services/Mobile Crisis Response *Effective October 1st the SASS Program has been renamed to Mobile Crisis Response and now includes individuals of all ages	Mobile Crisis Response Screenings		
	280	520	442
	Mobile Crisis Response Counseling Services		
	232	517	679
	FSP Services		
	0	3	69
	Adult Orientation Services		
	0	0	0
	Adult Services		
Joliet Office	427	752	388
Northern Branch Office	48	83	58
Virtual Visits	130	220	759
Eastern Branch Office	7	19	18
Off Site	387	719	518

Family Health Services Monthly Board of Health Report													
	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Total
APORS High Risk Birth caseload	120	121											241
Better Birth Outcomes caseload	51	47											98
High Risk Infant Follow-Up caseload	271	265											536
HealthWorks Lead Agency new wards	20	16											36
HealthWorks Lead Agency Medical Case Mgmt. caseload	712	710											1422
WIC caseload	8798	8862											17660
# non-compliant businesses-SFIA	0	9											9
# partners provided technical assistance with developing tobacco policy	0	0											0
# clients immunized	212	237											449
# travel clients immunized	16	13											29
# influenza vaccinations	93	68											161
# chlamydia cases	167	106											273
# gonorrhea cases	48	29											77
# syphilis investigations	70	75											145
# HIV tests performed	18	21											39
# CD investigations	5087	2498											7585

WILL COUNTY FY2025 FEDERAL AGENDA [DRAFT]

COMMUNITY DEVELOPMENT & HOUSING

- ❖ Community Development Block Grant Program
- ❖ HOME Investment Partnership Program (HOME)
- ❖ Affordable Housing
- ❖ Homeless Emergency Solutions Grant / Emergency Solutions Grant (ESG) / Continuum of Care (CoC)
- ❖ Homeless Services Grants and Housing Vouchers
- ❖ HUD Veterans Affairs Supportive Housing Program
- ❖ Transition from Homelessness Program

ECONOMIC AND WORKFORCE DEVELOPMENT

- ❖ Workforce Innovation and Opportunity Act

ENERGY & ENVIRONMENT

- ❖ DuPage River Study
- ❖ Renewable Natural Gas (RNG) Plant
- ❖ Renewable Fuel Standard
- ❖ Complimentary Federal Policies and Incentives

HEALTH & HUMAN SERVICES

- ❖ Will County Health Department and Community Health Center
- ❖ Medicaid and 340B Program
- ❖ Substance Use and Mental Health
- ❖ Opioid Epidemic – A Public Health Emergency
- ❖ Will County Peer Support Specialist Program
- ❖ Cottage Food Law
- ❖ Expand Access to Vaccines for Uninsured Adults
- ❖ Provide Funding, through WIC, for Breastfeeding Assistance
- ❖ Expand the Public Health Workforce and Prevent the Cliff in ARPA-Funded Services

INFRASTRUCTURE & LAND USE

- ❖ Transportation
- ❖ Competing for Federal Grants
- ❖ Infrastructure Plans and Studies
- ❖ Transportation Project Priorities
- ❖ Agricultural Exports
- ❖ Sewer and Water

PUBLIC SAFETY

- ❖ Emergency Management Performance Grant Program (EMPG)
- ❖ Port Security Grant Program (PSG)
- ❖ Hazardous Materials Emergency Preparedness Grant Program (HMEP)
- ❖ FEMA's National Flood Insurance Program (NFIP)

COMMUNITY DEVELOPMENT & HOUSING

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

The Community Development Block Grant Program (CDBG) has been a critical component to Will County's neighborhood improvement and affordable housing goals. Virtually every township and neighborhood in the County has benefited from this program. Many of the beneficiaries of the program are low- and moderate-income households.

Will County supports increased funding for CDBG in FY 2025. It is important to protect the CDBG program, as it provides positive and direct impact it has on Will County's ability to fund unique housing, infrastructure, and economic development needs.

Over the past 20 years, the Will County CDBG entitlement grant has leveraged funds at a \$4.40 to \$1 ratio. Implicit in this program goal is the reality that low-income neighborhoods do not generate a sufficient tax base necessary to pay for needed neighborhood improvements. CDBG leverages local and other federal funds to bring about the necessary improvements to these communities.

Other uses of CDBG funds:

- *Affordable Housing for Seniors.* Affordable housing is also a critical need in the County. As with many communities throughout the state, the senior population is growing and the need for affordable housing options are limited. To help seniors "age in place," CDBG funds are used to fund a Safe @ Home program that pays for home repairs and rehab such as roof repairs, HVAC, accessibility, and plumbing help eligible elderly stay safely housed. To date, the program has helped 116 senior households with critical rehab and repairs.
- *Sewer and Water Projects.* A substantial amount of the county's annual CDBG funds are directed towards sewer and water infrastructure projects. Typically, these projects impact between 150 and 350 households. An ongoing multiyear project funded by CDBG that will be completed this year is the transfer of water and sewer service from Township services to City of Joliet services, which includes 890 homes. This multijurisdictional project ensures safe water and sewer service to residents of unincorporated Fairmont. The unincorporated areas known as Preston Heights and East Joliet are also areas with deteriorating water and sewer infrastructure that will likely need assistance in the future. CDBG also assists low moderate income areas located within municipal boundaries of communities. The most recent project completed in Wilmington replaced a water main and lead service lines.
- *Support for Low-Income Populations.* In addition to public infrastructure improvement projects, CDBG also allows for 15 percent of the allocation to be used for public service projects. CDBG funds are used to support non-profits that serve low-income populations. Examples of projects include homeless prevention programs, Guardian Ad-litem training program for abused and neglected children, food pantry assistance, and housing counseling programs for foreclosure prevention and homebuyers.

HOME INVESTMENT PARTNERSHIP PROGRAM (HOME)

Since 1992, Will County has been awarded \$25.5 million in HUD HOME funds. The County deliberately utilizes these funds to support affordable housing projects, including acquisition, construction, rehabilitation, home buyer assistance, and tenant-based rental assistance. HOME

funds have enabled Will County to leverage over \$27 million in private investment and create opportunities to revitalize and build affordable housing projects.

Will County supports increased funding for HOME for FY 2025.

HOME Funded Projects in Will County:

- The County partners with Habitat for Humanity for development of affordable homes and each HOME investment leverages between 25 and 50 percent of donated time and material. A project currently underway is a 10-unit (5 duplex's) development in Elwood.
- \$2.2 million of HOME funds have been used during this Consolidated Plan to increase affordable housing through homebuyer programs including down payment assistance. This program was particularly critical as interest rates rose because it helped families close the gap. To date the program has assisted 65 low to moderate income households secure affordable homes throughout Will County,
- During the last program year, \$220,300 of HOME funds were used to help 57 renters secure units through tenant based rental assistance program.
- HOME funds are also used to rehab group homes that serve people with disabilities.

AFFORDABLE HOUSING

Will County has a limited supply of rental housing at a level of 13% compared to 35% regionally. The lack of available rental housing hinders the availability of affordable housing options serving low-moderate income families. and creates higher demand which increases rental rates and further creates additional hurdles for families to maintain stable housing. In a recent report by the National Low-Income Housing Coalition, the ability to afford housing Illinois is \$22.80 per hour, while most essential worker (such as retail, food service, janitorial, and health care workers) earn far below that. Affordable housing units for our residents are desperately needed. The construction of new units and policy updates that reduce barriers to development of multi-family and non-congregate shelters are County priorities.

HOMELESS EMERGENCY SOLUTIONS GRANT / EMERGENCY SOLUTIONS GRANT (ESG) / CONTINUUM OF CARE (COC)

Will County supports increased funding for the ESG program for FY 2025. Will County has been awarded approximately \$2.5 million in HUD ESG funds since the program's inception in 1990. However, the county did not receive an allocation for FY2023.

The ESG program and the CoC programs are the cornerstones of the County's system to end homelessness. ESG funded street outreach, homelessness prevention and diversion, emergency shelter and rapid re-housing. Those services now need funding from other sources, or the County will be forced to cease services. The CoC program funds permanent supportive housing, rapid re-housing, transitional housing, and coordinated entry.

HOMELESS SERVICES GRANTS AND HOUSING VOUCHERS

Will County supports increased funding for homeless services grants and housing vouchers. The Continuum of Care program, serving Will, Kendall, and Grundy counties has successfully secured approximately \$4.5 million annually through competitive application to assist in ending homelessness. The County's ESG funds were used in tandem with the CoC funds for homeless prevention by providing much needed rental assistance to households at risk of homelessness. To

end homelessness, the Continuum of Care system needs increased funding to account for the loss of County ESG funds, changing market conditions and limited affordable housing stock.

HUD VETERANS AFFAIRS SUPPORTIVE HOUSING PROGRAM

Will County supports increased funding for the HUD Veterans Affairs Supportive Housing (VASH) Program and Housing Choice Voucher (HCV). These programs provide rental assistance for homeless veterans with case management and clinical services provided by the Department of Veterans Affairs (VA). VA provides these services for participating Veterans at VA medical centers (VAMCs) and community-based outreach clinics.

TRANSITION FROM HOMELESSNESS (PATH) PROGRAM

Will County supports increased federal funding for the Projects for Assistance in Transition from Homelessness (PATH) Program. The County receives approximately \$100,000 annually from the program through the U.S. Department of Health and Human Services. This funding level has remained the same and does not account for cost of living increases. The lack of a PATH COLA means fewer individuals can be served.

Will County supports provisions in the following legislation and encourage inclusion in future legislative proposals:

- *Incentivize Increasing Affordable Housing Options* – Affordable and Homeless Housing Incentives Act of 2023 (H.R. 5176) would allow the profit earned from the sale of homes to qualified housing operators to be excluded from income for tax purposes. The Strengthening Housing Supply Act of 2024 (H.R. 6948) would authorize CDBG funds to be used for affordable housing construction.
- *Capital Support to Repair Public* – Housing Infrastructure Act (H.R. 4497, 117th Congress) and the American Housing and Economic Mobility Act (S. 1368 and H.R. 2768, 117th Congress) proposed investing \$75 billion to fully address the capital needs to repair public housing, \$45 billion in the national Housing Trust Fund, and \$200 billion for rental assistance.
- *Investment in Public Housing Construction* – Affordable HOME Act (S. 2234 and H.R. 5385, 117th Congress) proposed investing \$45 billion in the national Housing Trust Fund to build rental homes affordable to people with the lowest incomes and \$70 billion to preserve public housing. The bill provides funding to support an additional one million housing vouchers and creates a national right to counsel, among many other changes.
- *The Affordable Housing Credit Improvement Act (AHCIA) of 2023* (S. 1557 and H.R. 3238) would restore the 12.5% Low Income Housing Tax Credit cap increase that expired in 2021 and further increase allocation by 50% over two years and improve the LIHTC to bolster affordable housing stock.

ECONOMIC DEVELOPMENT & WORKFORCE

WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)

Will County's Workforce Innovation and Opportunity Act (WIOA) programs are administered through a partnership between the Workforce Investment Board of Will County, the Will County Executive, and the Will County Board. The Workforce Investment Board is made up of a diverse group of business and community leaders in Will County which sets policies for the WIOA programs offered in the County. These local programs are developed to ensure that the residents and employers of Will County are the focus of the funds and that there is flexibility to change those programs and initiatives to meet rapidly changing local workforce needs. In recent years, the Workforce Investment Board has seen an increase in job seekers and has made an effort to educate lawmakers on how programming helps customers find jobs.

Will County supports increased funding for the WIOA State Formula Grant program. Funding for workforce programs under the WWIOA ranges from approximately \$4.2 million to \$5.0 million yearly. These funds are used to provide workforce services and training to adults and youth with barriers to employment as well as dislocated workers. Services include, but are not limited to, occupational skill training, job search assistance, resume preparation, job search workshops, math and reading skill enhancement and work readiness training. Additionally, funds are used to assist Will County businesses with recruiting, retaining, and training their workforce ensuring local companies remain productive and competitive, and most importantly, that they stay in business.

WILL COUNTY SUPPORTS THE FOLLOWING POLICY CHANGES TO WIOA:

- *Equity in operational cost sharing for one-stop center.* Require that a mandatory percentage contribution from each WIOA partner be paid to the local workforce board to support the operations of the one-stop center. Currently all partners are required to pay for the operations of the center, but the amount each pay is negotiated locally, which can result in WIOA Title I (Workforce Services Division) covering operational costs other partners do not pay.
- *Administrative relief.* Allow for the Workforce Investment Board (WIB) to approve a continuation of service of the One-Stop-Operator (OSO) if the service is deemed satisfactory. Currently, the service must be bid regardless of if entities would like to continue the agreement.
- *Programmatic funding flexibility.* Having additional flexibility to transfer to different WIOA programs (adult, dislocated worker, and youth) is needed. Specifically, provide local workforce boards the flexibility to determine the percentage of youth funds allocated to work-based learning based on need. The mandate that requires 20% of all youth funds be spent on work-based learning which results in less youth funding available for short-term skills training, which has a greater impact on a youth's ability to get and keep a job.
- *Maintain the Workforce Board requirement of 20% labor participation.* Increases in labor participation on the board would result in more private sector participants.
- *Remove deterrents to employer participation.* Remove the requirement that employers provide Social Security Numbers for all employees when applying for employee grants, i.e., incumbent worker funds. This requirement creates a deterrent and barrier for applicants who do not wish to disclose such information about their employees.

- *Increased funding for upskilling training* and include staff time as a measure for direct training for resume building, interview skills, and other critical skills for job seekers. These changes could provide additional tools in addressing the teacher shortage.

ENERGY & ENVIRONMENT

DUPAGE RIVER STUDY

Will County has continued its partnership with the United States Army Corps of Engineers (USACE) in the implementation of the DuPage River Study.

The DuPage River and tributaries drain approximately 353 square miles in suburban Cook, DuPage and Will Counties in Metropolitan Chicago. The study area has experienced rapid development over the past two decades, and currently includes 40 communities affecting approximately 4,300,000 people. Major storm events are common, which result in significant overbank flooding in over 20 communities. The weather events cause significant damage to residential and non-residential structures, critical infrastructure has closed two major interstate highways (I-80 and I-55) for several days.

In August 2019, the U.S. Army Corps of Engineers, Chicago District, approved the DuPage River, Illinois Feasibility Report and Integrated Environmental Assessment. The feasibility study investigated flood risks within the DuPage River watershed in northeastern Illinois and identified potential solutions to mitigate those risks. The study sought to address the impacts of flooding to structures, infrastructure, and the transportation system. In addition, there continues to be concern regarding the health and safety of residents due to impacts on water and sewage systems from high river and groundwater levels.

Will County supports increasing annual programmatic funding for USACE Continuing Authorities Program (CAP) to implement components of the DuPage River Study.

Current Project Status:

Will County secured language in the Fiscal Year 2020 Energy & Water Appropriations spending bill that directed the Army Corps to expedite the implementation of the feasibility study, “[t]he Corps is encouraged to expedite the implementation of feasibility studies approved in 2019 under section 206 of the Flood Control Act of 1958.” In May 2021, the County of Will entered into a Project Partnership Agreement with the Department of the Army for The DuPage River Nonstructural Flood Risk Management Project.

The County’s FY2024 budget includes \$694,226 in local match to pay for implementation of these projects. It is estimated that the total local match needed for all the construction projects under this study is roughly \$3 million. It is anticipated that the construction costs will be spread over the next four fiscal years, FY 2024-FY 2027. At the end of 2023 and early part of 2024, the County had purchased two (2) of the eight (8) homes in the buyout partnership agreements. In early 2024, the United States Army Corps of Engineers will continue with the flood proofing portion of the project.

RENEWABLE NATURAL GAS (RNG) PLANT

The County’s RNG Plant at the Prairie View Landfill opened October 2022. The Prairie View Landfill produces biogas that the County refines and converts into renewable natural gas (RNG) which is injected into a nearby natural gas pipeline grid for use as transportation fuel. This not only mitigates methane emissions but allows the County to generate additional revenue and reduce

vehicle emissions through replacement of diesel fuel with renewable compressed natural gas (RCNG).

Projections have shown that the County can expect, on an annual basis, to produce approximately 7.7 million diesel gallon equivalents (DGE) of renewable fuel and reduce CO2 emissions by approximately 60,000 metric tons. The RNG Plant is estimated to initially capture up to 4,500 standard cubic feet per minute (scfm) of landfill gas, with future estimates to capture up to 6,900 scfm as the landfill gas volumes increase over time.

The County supports and closely monitors federal legislation that is important to the success of the Prairie View Landfill gas upgrading project such as: (A) the Renewable Fuel Standard obligation levels; and (B) Complimentary Policies/Regulations, including the Inflation Reduction Act of 2022.

RENEWABLE FUEL STANDARD

The County depends on supportive federal policies designed to ensure stable and consistent RNG market demand and pricing. The fundamental policy driver helping to achieve this end has been the federal Renewable Fuel Standard (RFS). The RFS was intended to promote investment, development, and use of four types of renewable fuels. The policy assured biofuel producers, developers, and investors that if RFS qualifying gallons of renewable fuel can be produced, there will be a buyer for them up to the annual statutory volume target in the law up to year 2022. Following the EPA release of the new Set Rule Summary on June 21, 2023, volume requirements have been established for future years, though the EPA has retained the authority to waive the volume requirements if necessary.

	c2021	2022	2023 Proposal	2024 Proposal	2025 Proposal	2023	2024	2025
Cellulosic biofuel	0.56	0.63	0.72	1.42	2.13	0.84	1.09	1.38
Biomass-based diesel*	2.43	2.76	2.82	2.89	2.95	2.82	3.04	3.35
Advanced biofuel	5.05	5.63	5.82	6.62	7.43	5.94	6.54	7.33
Renewable fuel	18.84	20.63	20.82	21.87	22.68	20.94	21.54	22.33
Supplemental Standard	n/a	0.25	0.25	n/a	n/a	0.25	n/a	n/a

*BBD volumes are given in billion gallons

The significance of the strength of the RFS policy and the federal market signal it sends creates demand for RNG and other biofuels. Going forward, it will be vital for the County to support the implementation of the Biogas Regulatory Reform Rule and encourage the Environmental Protection Agency (EPA) to continue issuing guidance in relation to the Rule.

Biogas Regulatory Reform Rule (BRRR): The EPA has established new definitions and regulations for RIN generation, RIN separation, RFS registration, and biointermediates in their Set Rule Summary released on June 21, 2023. As part of BRRR, D3 RINs received a 33% RVO increase over the 2022 mandate. The County must update their registration with EPA to prove the facility meets the new standards in place by BRRR by January 1, 2025.

It is expected that the new regulation will allow for the streamlining of registration and RIN generation. Though facilities will no longer be required to submit contracts or certificates of analysis at point of registration, this information is required in the three-year updates. The regulation also calls for specific measurement, record keeping, metering, and storage requirements. Details and specific requirements regarding BRRR can be found in the summary information provided to the County by EcoEngineers.

COMPLIMENTARY FEDERAL POLICIES AND INCENTIVES

Federal policies and programing continue to evolve to promote new and advanced technologies for biofuel production through tax breaks and subsidies.

The Inflation Reduction Act (IRA) created the Clean Fuel Production Credit (45Z). For clean fuels produced in the US and sold after December 31, 2024, and before January 1, 2028, the IRA established a new technology neutral ‘clean fuel production credit,’ referred to as 45Z. Clean fuels with less than 50 kilograms of carbon dioxide equivalents per MMBtu qualify as clean fuels eligible for credits. Credit levels for each gallon or gallon equivalent of clean fuel production depend on the lifecycle carbon emissions associated with such fuel. The credit is equal to the applicable amount per gallon of fuel produced by the taxpayer at a qualified facility and then sold, multiplied by the emission factor for the fuel. The applicable amount for fuels produced at a qualified facility is 20 cents. A bonus rate of \$1.00 is available for taxpayers who meet prevailing wage requirements and satisfy apprenticeship requirements. Further guidance on 45Z is expected to come from EPA during the next 90 days.

WILL COUNTY SUPPORTS:

- *Continuation of Federal Renewable Fuel Standard.* The value proposition of the RNG plant to the County depends on supportive federal policies designed to ensure stable and consistent RNG market demand and pricing. The fundamental policy driver helping to achieve this end has been the federal Renewable Fuel Standard (RFS). First passed in 2005 and then enhanced and passed again in 2007, the RFS was intended to promote investment, development, and use of four types of renewable fuels in increasing volume amounts up to a total of 36 billion gallons by 2022. The policy commits to biofuel producers, developers, and investors that, if RFS qualifying gallons of renewable fuel can be produced, there will be a buyer for the biofuel up to the annual statutory volume target in the law.

- *The EPA setting the Renewable Volume Obligations (RVOs) for the Renewable Fuel Standard (RFS) program for 2023.* Under the RFS statute, the following year's RVOs for the four categories of RFS fuels must be issued by November 30th of the previous year. Without prospective RVOs, the RFS does not function in the strong market driving capacity as intended, which negatively impacts demand and therefore RIN prices. The strength of the County's RNG plant and projected carbon emissions savings and additional revenue is dependent on strong market demand for RNG and RIN prices. The County supported the EPA releasing three years of RVOs in 2023 (2023-2025).
- *Extending the Investment Tax Credit (ITC) to biogas property that converts biomass into a gas which consists of not less than 52% methane or is concentrated by such system into a gas which consists of not less than 52% methane and captures such gas for productive use.* Electricity production is not a requirement.
- *Establishing a competitive grant program that prioritizes investments in waste reduction infrastructure, incentives and related activities located in, or directly serving, low-income and disadvantaged communities.*

HEALTH & HUMAN SERVICES

WILL COUNTY HEALTH DEPARTMENT AND COMMUNITY HEALTH CENTER

The Will County Health Department and Community Health Center relies on a variety of federal funding, including Title X family planning funding, Women, Infants and Children (WIC) funding, Maternal and Child Health Block Grant funding, Social Services Block Grant funding, SAMHSA funding, Emergency Preparedness and Response funding, and Health Resources and Services Administration (HRSA).

These resources enable the Health Department to focus on core public health programs such as food, water, sewage, communicable disease, as well as substance use and mental health treatment, and comprehensive primary care and dental care services through a public entity model Federally Qualified Health Center (FQHC). Will County supports increased funding for these programs to be able to maintain existing services and expand access for seniors, immigrants, and low-income communities.

The County utilized American Rescue Plan Act (ARPA) funding to hire needed staff and provide increased resources. As this funding expires at the end of 2024, the County is actively seeking opportunities to prevent this fiscal cliff so they can continue to provide the requisite resources to the community. To assist the County with applying for funds, an increase in data sharing with state and federal partners, including gathering data that increases accessibility for applying for funds, would be beneficial.

The Will County Health Department has an annual budget of roughly \$39 million. The FQHC receives roughly \$2.3 million in annual Community Health Center federal grant funding from HRSA. The Affordable Care Act (ACA) resulted in the uninsured population in Will County going from 50% to roughly 30%.

Will County supports expanded use of federal dollars for Federally Qualified Health Centers (FQHC) for specialty services (e.g. optometry, school health, HIV, etc.). If allowed, the County would use a percentage of 330 funding for specialty care. The County currently operates a medical/dental vehicle that is dispatched approximately three times per week to provide vaccinations, physicals, checkups, and dental services throughout the County, where there is no hospital or urgent care center or where residents lack transportation. These services are critical, and maintenance costs for the van and medical/dental supplies are costly. Additional federal resources for a medical/dental vehicle maintenance cost would allow more funding to be used for health care services.

The Health Department is focused on addressing health equity and hired a health equity manager who coordinates with community-based organizations and local hospitals to identify ways to expand access to underserved communities. Additionally, the County employs several outreach specialist / health navigators to help the community access health care insurance coverage.

MEDICAID AND 340B PROGRAM

For several recent years, Medicaid was expanded to include care for seniors and new immigrants, however that funding ceased. The County supports reinstating this Medicaid coverage to increase access to care and limit the use of hospital and emergencies for these critical populations.

The County strongly supports allowing Medicaid payment for services furnished to individuals detained in local jails pretrial and during the 30-day period preceding to the individual's release from jail or prison to facilitate continuous access. Currently, when an individual is arrested, they automatically lose Medicaid coverage, even before conviction. The County supports continuing Medicaid coverage upon arrest. Further, reinstating coverage 30-days before release is critical to ensuring individuals have the behavioral health care and medical resources the moment they are released. To that end, the County supports the Due Process Continuity of Care Act (H.R. 3974 / S. 971) and Reentry Act of 2023 (H.R. 2400 / S. 1165) that supports providing these essential resources.

In addition to expanding Medicaid coverage, additional steps are needed to ensure equitable access to health coverage. One tool is the 340B Program, which is a drug discount program established by Congress in 1992. Under the program, drug manufacturers are required to offer significant discounts to covered entities – including community health centers (FQHCs) – on prescription medications. For uninsured patients, discounts are passed along to ensure medication is affordable and accessible. For insured patients, covered entities bill the payer and the difference between the discounted purchase price and the market rate reimbursement generates savings that are reinvested into care.

The National Association of Community Health Centers (NACHC) developed a comprehensive 340B strategy, which includes continuing to build support for the PROTECT 340B Act (H.R. 2534). The County supports the swift passage of this bill with added language to address manufacturer restrictions.

This program is a necessary tool in increasing access to health resources. The savings generated from the 340B Program are required to be reinvested into care. Health centers have a long track record of being a good steward of 340B and are subject to strict reporting requirements and auditing. There are concerns that pharmacy benefits managers (PBMs) have found creative ways to drain funds from the program – counter to the program's intent and harmful to patients. This legislation would enhance safeguards to ensure the 340B Program operates as Congress intended.

SUBSTANCE USE AND MENTAL HEALTH

The County is expanding access to mental health and substance use services and supports expanding Medicare coverage for mental health and substance use treatments. 1 in 4 adults in the US experience a mental illness and more than half did not receive treatment in the past year. That leaves 122,803 Will County citizens over 18 may have a mental illness and 61,402 did not get treatment. 1 in 6 adults in the US experience a substance use disorder (SUD) and more than 90% did not receive treatment in the last year. In Will County 81,869 may have an SUD and 73,682 did not receive treatment. Current reimbursement rates should be more equitable and reflect market-appropriate rates for substance use and mental health care providers, which directly improve the quality of services individuals receive.

Medicare is always considered the primary provider and even if a client has a secondary insurance that covers substance use and mental health treatment, the client is denied access to services. There

are no providers in Will County who are able to treat substance use and mental health patients with Medicare. This is a huge stumbling block for access to care.

Will County supports the Parity Enforcement Act of 2023 (H.R. 3752) and Improving Mental Health and Drug Treatment Act of 2023 (H.R. 3892). Both bills would facilitate the ease of health access.

Ensuring there are high quality, well-trained staff continues to be a top issue for the County. Current credentialing barriers, including for clinical staffing, make it difficult to hire quickly and keep up with the staffing shortages resulting from the COVID-19 pandemic.

WILL COUNTY SUPPORTS:

- *Adequate funding to address substance use and mental health issues.* In addition to the critical federal funding specifically for the Community Health Center is the lack of adequate funding to address substance use and mental health issues. While supplemental funding to combat the COVID-19 pandemic and increased dollars for telehealth was beneficial, these funding streams are coming to a close, which will leave populations that still need critical support without access. The County is utilizing some funding from the Coronavirus State and Local Fiscal Recovery Funds (SLFRF) program on equity initiatives to identify how to promote access and support to all County residents. Increased federal resources for County workforce focused on public health is needed as resources tied to mitigating COVID-19 decrease.
- *Closely integrate substance use and mental health with primary care.* Substance use and mental health are as important as physical health, yet fee-for-service reimbursement rates are not equitable. Behavioral health has not been a priority in the medical community until very recently with the significant increase in opioid overdoses and the need for Medication Assisted Treatment (MAT). The Will County Health Department supports substance use and mental health be more closely integrated with primary care.
 - In Will County there is a shortage of substance use and mental health providers, mostly due to low reimbursement rates from insurance companies and Medicaid. This shortage has been exacerbated throughout the pandemic. When hospital services are covered under insurance, the patient is discharged as soon as stabilized but not yet well. In most cases they are not yet linked to appropriate outpatient services for critical follow-up outpatient care.
 - The data on increased homelessness, opioid deaths, crime, drug, and alcohol use are all indicators of a stressed society. To combat this fact, additional mental health and substance use treatment resources are critically needed.
- *Policy responses and federal funding for expanding the workforce for mental health and substance use treatment.* The County has responded to multiple large-scale health emergencies (COVID-19, Monkey Pox, H1N1, etc.) that require well-trained, high-quality staff. Sufficient funding to enable the Health Department to hire professionals before an emergency occurs would allow accelerated care and keep the community safe. The federal government should prioritize recruitment programs and incentives for skilled health care providers, substance abuse treatment specialists, and other FQHC employees. These health care providers and facilities are often strained and overutilized by local populations that

turn to these resources first if they lack insurance or are unaware of how to access healthcare in their communities.

OPIOID EPIDEMIC – A PUBLIC HEALTH EMERGENCY

Drug overdoses remain a public health crisis. We can no longer only categorize the problem as an “opioid epidemic” but rather an “overdose epidemic”. The deadly opioid fentanyl is being mixed with all drugs including stimulants like cocaine and methamphetamine and counterfeit pills (Xanax, Adderall, Vicodin) sold as prescription drugs. An increasing number of deaths are a combination of fentanyl and Xylazine. Xylazine is a non-opioid sedative and analgesic that can't be reversed by naloxone.

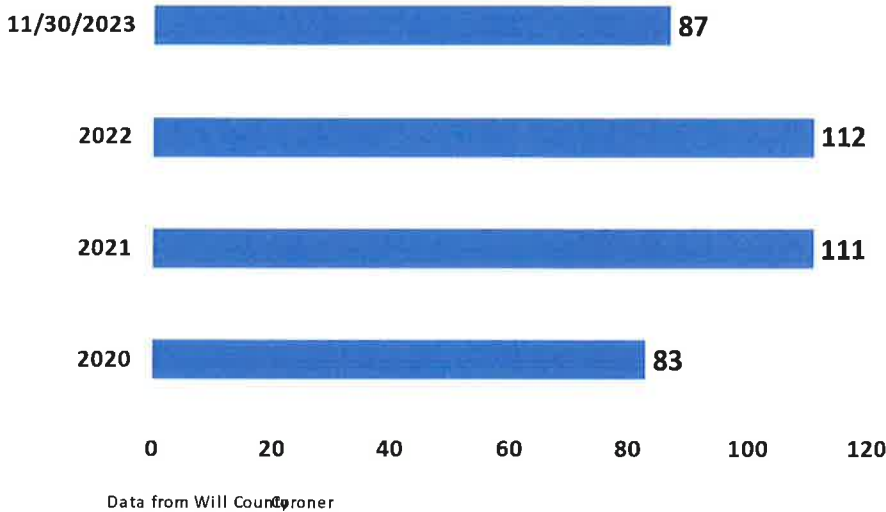
Overdose deaths from opioids, including prescription painkillers and synthetics like fentanyl, continue to rise. According to the Centers for Disease Control and Prevention, an estimated 187 people in the U.S. die every day of opioid overdoses, most involving illicit and dangerous versions of fentanyl. Between 2019 and 2021, synthetic opioid fatalities led by fentanyl poisonings among US children under 14 years old increased faster than among any other age group. Overdose deaths among pregnant or postpartum people skyrocketed between 2018 and 2021 (JAMA Psychiatry). Fentanyl is involved in more deaths of Americans under 50 than any other cause of death, including heart disease, cancer, and all other accidents.

Opioid overdose deaths in Will County in 2023 saw a small decline (8% to date). The County has made a concerted effort to saturate Will County with naloxone, the antidote to an opioid overdose. Between January 2022 and December 2023 over 15,954 boxes of Narcan and 3,221 fentanyl and xylazine test strips have been distributed across the County. Narcan is available free of charge through an Illinois Department of Human Services Substance Use Prevention and Recovery (SUPR) grant. Since September 2016, Illinois Department of Human Services Division of Substance Use Prevention and Recovery (IDHS/SUPR) has been awarded over \$110 million across four federal grants to address the opioid crisis from Substance Abuse and Mental Health Services Administration (SAMHSA). Continuation of this funding and inclusion of fentanyl test strips is critical to maintain in order to reduce overdose deaths. The County strongly supports HALT Fentanyl Act (H.R. 467 and S. 1141) and urges swift passage in the Senate.

Federal funding and grant guidelines for Naloxone distribution and harm reduction should allow purchasing of fentanyl test strips. Fentanyl test strips are a low-cost method of helping prevent drug overdoses and reducing harm. Fentanyl test strips are small strips of paper that can detect the presence of fentanyl in all different kinds of drugs (cocaine, methamphetamine, heroin, etc.) and drug forms (pills, powder, and injectables).

There are still residual impacts from the pandemic—such as prolonged social isolation and stress, people using drugs alone, an overall increase in rates of alcohol and drug use, and decreased access to substance use treatment, harm reduction services, and emergency services—that exacerbated these trends. Access to follow-up care for substance use treatment and recovery was also curtailed during the pandemic, leaving many who had completed treatment without adequate peer support or a care team to support their ongoing recovery.

Will County Opioid Overdose Deaths



WILL COUNTY PEER SUPPORT SPECIALIST PROGRAM

Through shared understanding, respect, and mutual empowerment, peer support workers help people become and stay engaged in the recovery process and reduce the likelihood of relapse. Will County supports continued funding for the Department of Labor Disaster Recovery National Dislocated Worker Grant Program (IOCDWG). In FY 2022, Will County received Congressionally Directed Spending to hire temporary disaster relief employees (Recovery Coaches/Peer Support Specialists) to alleviate the effects of the opioid crisis across the County. These funds established a partnership with nine (9) behavioral health agencies and nineteen (19) recovery coach/peer support specialist trainees. The Recovery Coach team is comprised of dislocated workers and incumbent workers (currently underemployed or unemployed) who support individuals struggling with a substance use disorder. Additional funding is needed to grow and expand this type of workforce development program to maximize its impact.

There are barriers to the expansion of this resource. Reimbursement is only provided to mental health peer support specialists and not substance use specialists. All insurers including Medicaid and Medicare should provide this funding. Additionally, the County supports federal initiatives that complement the work being done at the state level to address workforce shortages. State laws like the Health Care Worker Background Check Act (225 ILCS 46), which applies to all unlicensed individuals employed or retained by a health care employer, could be enhanced with corresponding federal legislation. Individuals with disqualifying convictions are prohibited from working in any of the above positions unless a waiver has been granted by the Department of Public Health. However, the Department of Public Health only provides waivers for licensed individuals. There is currently no mechanism to receive a waiver for unlicensed individuals.

WILL COUNTY SUPPORTS:

- *Continued federal funding, via SAMHSA, of the state-administered Drug Overdose Prevention Program (DOPP).* The grants provided by the program have been used by Will

County to distribute and provide education on the use of naloxone and other overdose prevention methods.

- *Removal of the Medicaid IMD exclusion in federal mental health – substance use disorder legislation to improve access to care for people with a mental health/substance use disorder.* The Federal IMD Exclusion prohibits states from using Medicaid to pay for care provided in “institutions for mental disease” (IMDs), which are psychiatric hospitals or other residential treatment facilities that have more than 16 beds. This is the only part of the federal Medicaid law that prohibits payment for the cost of providing medically necessary care because of the type of illness being treated. The IMD exclusion is discriminatory and has a real-life impact on people’s ability to access needed treatment. Will County has a shortage of treatment options for individuals with a mental health and/or substance use problem, especially those who are covered by Medicaid or uninsured. Approximately one in seven County residents are enrolled in Medicaid.
- *Expanding resources to provide treatment options.* The Better Mental Health Care, Lower-Cost Drugs, and Extenders Act of 2023 (S. 3430) would waive the IMD restrictions for adults with serious mental illness, children with serious emotional disturbance, and short-term residential stays for the treatment of substance use disorder.
- *Medicaid reimbursement for recovery support services.* Allowing reimbursement would reduce pressure on inpatient care for a substance use disorder. Recovery coaches, certified recovery specialists are essential and are not reimbursed by insurance, including Medicaid. These services are less expensive than clinical services and support long term recovery.
- *Medicaid reimbursement for recovery home stays.* Housing becomes the next barrier to long term recovery once a patient is released from inpatient care. Recovery homes provide a safe, supportive environment for an individual to continue outpatient services and recovery support.
- *Codifying temporary SAMHSA and DEA regulation changes for Opioid Treatment Programs (OTPs) to enable increased telehealth and take-home medication.* The regulation changes made were temporary and done in response to COVID -19 mitigation efforts. Positive outcomes are being realized due to the availability of telehealth and take-home medication.
- *Repeal of the “inmate exclusion” that prohibits the use of federal Medicaid matching funds from covering healthcare services in jails and prisons and remove the inmate limitation on benefits under Medicare.* Continuation of healthcare coverage during detention and incarceration would improve treatment continuity and retention, possibly with the same addiction treatment provider, which increases the probability of long-term recovery.
- *The passage of H.R. 3892 – Improving Mental Health and Drug Treatment Act of 2023* which would amend the Social Security Act to make permanent the State plan amendment option to provide medical assistance for patients in mental health institutions.
- *Additional resources for local crisis response systems.* Legislation like the Local 9-8-8 Response Act of 2023 (H.R. 4974 / S. 3444); Mental Health Infrastructure Improvement Act (H.R. 5804); and Ensuring Excellence in Mental Health Act (S. 2993) would enhance resources for evidence-based crisis response models, and for the development of critical infrastructure.
- *Linking housing to social services programs.* Many individuals with a substance use disorder struggle with life skills - stable employment, housing, and food insecurity, which can lead to a downward spiral that increases relapse risk and damage to recovery. These

efforts require assistance with supporting emergency pathways, including through Medicaid waivers, to connect housing and social services.

- *Scholarship or workforce training grants for psychiatrists, psychologists, and advanced nurse practitioners specializing in behavioral health.* One of the biggest challenges to increase access to services is the huge workforce shortage.
- *Expansion of funding for capital projects in order to respond to the growing demand and need for access.* Will County is geographically very large and most behavioral health services are centralized. Will County has branch offices in Bolingbrook and Monee. The Bolingbrook office also includes primary care services and is out of space. We would like to expand satellite offices.

COTTAGE FOOD LAW

The State's Cottage Food Law allows home-based food businesses to sell food directly to consumers. While the County supports these small businesses, we remain concerned about the health and safety standards and protocols these businesses follow. As the Cottage Food Law evolves, cottage food operators are allowed to prepare more complex food items that are Time & Temperature Control for Safety (TCS) as long as they are prepackaged.

The preparation, storage and transportation of TCS food items can be complex and require sound food safety practices and principles. The Cottage Food Law does not mandate inspection/oversight via the local health department unless there is a complaint. The public may be exposed to a higher risk of foodborne illness without adequate oversight of complex food preparation that is permitted in a "home kitchen". Therefore, the Illinois Department of Human Services (IDHS), local health departments (LHDs), and federal partners need to be involved in the decision making regarding what food products should be allowed by the Cottage Food Law.

EXPAND ACCESS TO VACCINES FOR UNINSURED ADULTS

The United States made enormous investments in vaccine development and distribution during the COVID-19 pandemic. Without access to vaccines, including long-term access to vaccines for uninsured adults, we will neglect an important opportunity for advancing health and economic benefits in this population, which includes many essential workers, caregivers, and others. Building on the success of the Vaccines for Children (VFC) program and associated discretionary funding supporting immunization infrastructure, the Vaccines for Adults (VFA) program has the potential to be a low-cost, high-reward initiative that could help achieve the essential goal of ensuring vaccine availability throughout the life span.

PROVIDE FUNDING, THROUGH WIC, FOR BREASTFEEDING ASSISTANCE

Will County Health Department supports funding through the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) for breastfeeding assistance and hiring lactation consultants. Lactation Consultants provide assistance to new breastfeeding mothers and infants that provide the skills, training, and resources essential for success. Breastfeeding for at least the first six (6) months of life provides infants with healthy nutrients for growth and development, increases the ability to fight infections, and lowers the risk of serious health issues like asthma and digestive issues.

EXPAND THE PUBLIC HEALTH WORKFORCE AND PREVENT CLIFF IN ARPA-FUNDED SERVICES

The COVID-19 pandemic taught us that our public health workforce was severely depleted. The government recognized that need and allotted generous funding to temporarily build the workforce, but that funding is set to expire at the end of this year. However, the need is still there and greater than ever. The ARPA funds have allowed for the hiring of additional registered nurses, 1 assistant in our case management program to support our current team of 4 RNs and the over 1,100 clients on our ever-increasing caseload each month. Additionally, the ARPA funds have provided us with the ability to hire two additional Communicable Disease Investigators and a much-needed nurse, manager, and clerk for our Immunizations Program along with a safety and risk reduction officer, our health equity staff, assistance for Human Resources, and additional YESS Behavioral Health counseling staff placed within local schools. The Health Department will need to at least maintain the current workforce in order to continue to provide the level of services we deliver to the residents of Will County.

The County supports the Bipartisan Primary Care and Health Workforce Act (S. 2840) and the PEER Support Act (S. 2733), both pieces of legislation would expand training and hiring opportunities for community health centers and behavioral workforce groups. These bills would enhance workforce training and opportunities to expand the public health workforce.

INFRASTRUCTURE & LAND USE

TRANSPORTATION

Will County is home to the largest inland port in North America, which requires robust investment in our highways, bridges, and roads. The Will County Division of Transportation is responsible for the planning, design, construction, and maintenance of these 252 miles (621 lane miles) of roadway. Outside of the jurisdiction of the county system, Will County has five major interstates, intercity and commuter rail service, multiple regional and Class I railroads, inland waterways, aviation facilities, and major intermodal freight yards. Combined, these transportation systems make Will County an innovative and economic hub in multimodal freight and transportation systems.

The County is concerned about three bills in the 118th Congress that, if enacted, would significantly impede the County's infrastructure safety and control over roadways: the CARS Act (H.R. 2948), Legislation to Authorize a Pilot program for 6-Axle Vehicles (H.R. 3372), and Safe Routes Act of 2023 (H.R. 2493 / S. 1818). Permitting larger, heavier, trucks on our roads could damage local infrastructure and strain local resources. The County is opposed to these bills.

COMPETING FOR FEDERAL GRANTS

Laraway Road Corridor Project

The entire Laraway Corridor is 12.5 miles and a major east-west connector within Will County, of which 4.5 miles is the Laraway Road Corridor Project. The typical cross section of Laraway Road is a rural two-lane cross section with intermittent intersection improvements and signals. The improvement of this corridor has been split into separate projects for study and ultimately construction. Breaking this large corridor into smaller segments allows for project completion over multiple years.

The improvements, when completed, will widen West Laraway Road from west of Cherry Hill Road to Cedar Road by realigning the right-of-way and adding an additional through lane in each direction matching the expanded cross section to the east. The intersection at Cedar and Laraway was recently upgraded and modernized. The existing temporary signals were converted to a permanent traffic signal with pedestrian crossings and dual left turn lanes. The next segment to the west is under construction with the subsequent segment well into design. The Route 52 intersection is ready for letting pending right-of-way acquisition. The County has also received Design Approval and started construction documents for the 4 miles east of Cedar Road with initial construction to begin in 2025. These projects will enhance safety, decrease idling times, and improve vehicle movements.

Gougar Road Corridor Project

The Gougar Road corridor is approximately 3.25 miles spanning from Laraway Road on the south to Francis Road on the north. The project has received Design Approval with the development of construction documents now underway. This segment of Gougar Road is currently a rural two-lane cross section with intermittent intersection improvements and signals. Gougar road has a unique mix of land uses, residential at the north and south ends, two high schools, numerous houses of worship, Cherry Hill Business Park, and Joliet Park District and Forest Preserve lands. There are also crossings of the CN Railroad near the south end, and Metra's Rock Island District at US

30. The project is planned to have a future cross section with two lanes in each direction with a barrier median, a grade separation at Gougar Road over the CN Railroad, and the widening and replacement of the I-80 grade separation with IDOT funding contributions.

A successful Will County Gougar Road CRISI grant application would provide funding that would allow for the grade separation over the CN Railroad to be completed in a faster timeframe. The proposed improvements would separate the existing at-grade crossing by means of a roadway bridge over the railroad tracks. This improvement is necessary to reduce traffic delays, enhance safety at the railroad crossing, increase pedestrian connectivity, improve vehicular movements, and allow for an uninterrupted north-south route for emergency vehicles through the area.

Safe Streets for All Grant

Roadway safety remains a top priority for Will County. The County partnered with the Chicago Metropolitan Agency for Planning (CMAP), Illinois Department of Transportation (IDOT) and five other regional counties on a northeastern Illinois Safe Streets and Road for All federal planning grant. This comprehensive regional program is called Safe Travel for All Roadmap (STAR) and was awarded \$5 million in the FY22 funding cycle for planning. STAR will allow Will County to develop a county-wide safety action plan, which will help prioritize County projects to increase road user and pedestrian safety. Once the Action Plan is completed, Will County will be positioned to apply for an implementation grant.

WILL COUNTY SUPPORTS:

- ❖ Additional incentives for areas that work across jurisdictional borders to address shared infrastructure challenges.
- ❖ The County is working closely with its municipal and township partners and the State of Illinois in planning projects and addressing common issues. Public-to-Public Partnerships can play a larger role in solving our nation's infrastructure challenges and USDOT should reward that type of collaboration in their review and scoring for competitive grants.
- ❖ Streamline roadway project completion while ensuring the safety of the environment.
- ❖ The County requests the opportunity to provide feedback on streamlining provisions included in the BIL or future federal legislation related to permitting reform. Flexibility given to states working with local jurisdictions on the environmental processes would expedite project completion.

INFRASTRUCTURE PLANS AND STUDIES

Will County continues to invest in studies to better understand the region's current and future infrastructure needs, as well as assist with future planning decisions.

COMPLETED STUDIES

Over the past five years, the County has conducted three major studies related to transportation infrastructure and land use which build upon the 2017 Community Friendly Freight Mobility Plan.

The Will County – Joliet Intermodal Transportation Master Plan, which builds on findings and recommendations in the 2017 Freight Plan. The County partnered with the City of Joliet, IDOT and private industrial interests in the intermodal area to develop a transportation improvement program that will identify and prioritize projects that will ease congestion and improve safety. The

Plan was completed January 2022 and identifies projects that support both the Freight Plan and the County's long-range transportation plan, Will Connects 2040.

The Western Will County Truck Routing and Communities Study (Truck Routing Strategy), Completed in December 2021, the study aids in developing east/west truck routes to help move freight from warehouses / intermodal developments in Will County to interstate highways. CMAP has identified Will County as one of the fastest growing freight land use clusters and a critical component to the regions' freight hub. The study provides guidance and considerations for the implementation of truck routes listed by jurisdiction to create a mutually agreed upon and comprehensive truck route network.

The Will County Freight Transportation and Land Use Strategy (Land Use Strategy) Study. Also completed in December 2021, the study examines how to best support corridors in areas with high truck traffic, rail, and/or industrial and commercial land uses. The intent is to maximize compatibility and avoid conflicts in freight-supportive areas when planning for potential land uses and community facilities.

STUDIES IN PROGRESS

Wilmington-Peotone PEL Study

The Will County Division of Transportation (WCDOT) is performing a Planning and Environmental Linkages (PEL) study over approximately 22 miles along Wilmington-Peotone Road between Interstate 55 and Drecksler Road. In response to the rapid growth and development across Will County, several new freight clusters have appeared along the Wilmington-Peotone corridor that have placed challenges along the roadway infrastructure. The purpose of this PEL study is to understand efficient east-west mobility for all users and multimodal options throughout the corridor. Will County is taking a systematic approach to understand current and future travel demand and develop a corridor that can handle demand in a safe manner to support the economic vitality of the County.

Our Way Forward 2050 Long Range Transportation Plan

Will County is undergoing a comprehensive long-term planning effort to inform the next 25 years of transportation projects. The plan includes four phases that look at existing and future conditions, draft recommendations, transform those recommendations into a draft plan, and finalize a draft plan by the end of 2025. The County is currently utilizing broad community engagement and comprehensive data analysis to examine all modes of transportation including walking, biking, driving transit, and freight. Once completed, the plan will be used to identify transportation investments that align with the public's goals for the county, such as improved safety and quality of life, reduced congestion, and enhanced economic development.

Access Will County - Paratransit Integration and Efficiency Study

Will County is embarking on a Paratransit Integration and Efficiency Study, called Access Will County, to develop a mobility management structure to better coordinate Americans with Disabilities Act (ADA) Paratransit and on-demand dial-a-ride services for the entire county. The study will help determine service gaps related to geographic regions, destinations, rider eligibility, and hours of operation, all while making the system more efficient.

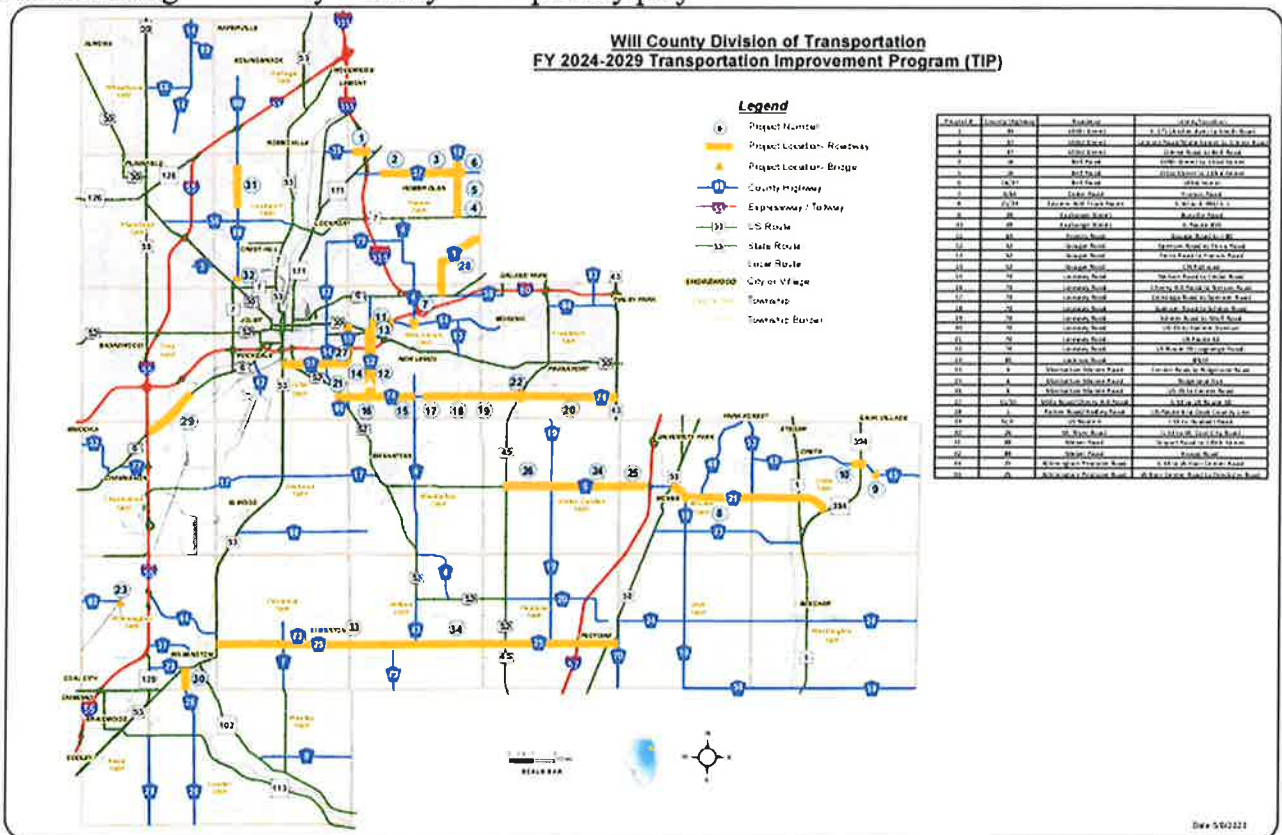
The study began in March 2022 and is scheduled to be completed in Spring 2023. Throughout the study there was community involvement and stakeholder engagement, with a final plan available for adoption in May 2023. The outcomes will provide key recommendations for implementation that will allow for a cohesive countywide service. The County will examine options to secure federal funding to implement the study’s recommendations.

Electric Vehicle Readiness Plan

Will County received funding from the Illinois Department of Transportation Statewide Planning and Research (SPR) funds to complete a countywide Electronic Vehicle (EV) Readiness Plan. As EV’s are deployed more widely, the County recognized the need to be prepared for the growing demand for charging infrastructure for personal, commercial and freight vehicles. Will County’s EV Readiness Plan will be developed with robust public engagement and will include identification of public locations for electric vehicle charging locations as well as technical analysis and data driven assessments with a key focus on equity. The Will County EV Readiness planning efforts are expected to begin in early 2023 and last approximately 14 months.

TRANSPORTATION PROJECT PRIORITIES

The below Will County Transportation Improvement Program (TIP) map is helpful for understanding the locality of many of the priority projects noted above.



AGRICULTURAL EXPORTS

Will County remains one of the fastest growing counties in Illinois by total population numbers and remains a major hub in the national transportation system with five major interstates, multiple regional and Class I railroads, inland waterways, aviation facilities, and intermodal freight yards. As a result, Will County is one of the largest Inland Ports in the world and a vital part of the global supply chain.

The County's inland ports are an agricultural export hub for the entire Midwestern United States. Over 90 million bushels of grain were shipped to foreign markets through two local intermodal facilities last year (the Joliet UP intermodal yard and the Elwood BNSF intermodal yard). The continued growth in agricultural exports in the region has made developing freight goods movement networks critically important.

Will County supports ongoing federal infrastructure investments vital to relieving traffic congestion due to the increasing amount of freight traffic and exports going through the County. These investments are also critical to keeping motorists and pedestrians safe navigating both the highway and local road systems.

SEWER AND WATER PROJECTS

Will County supports federal programs which provide needed funding to transition orphaned water and sanitary districts to municipal water systems. Many unincorporated areas are served by local water and sanitary districts that are not funded adequately to ensure needed capital improvements. Years of disinvestment has led to aging systems and infrastructure. Often located in low-income areas, the local tax base is insufficient to fund improvements and there is limited ability for residents to absorb any increases in monthly payments.

A substantial amount of the county's annual CDBG funds are directed towards sewer and water infrastructure projects. Most often, these types of projects impact between 150 and 350 homes per project.

A multiyear project currently funded by CDBG is the transfer of water and sewer service from Township services to City of Joliet services, which includes 890 homes. This is a multijurisdictional project and is necessary to ensure safe water and sewer service to residents of unincorporated Fairmont. We expect the demand for this type of relief to increase in the years to come in unincorporated areas of Will County.

Will County is seeking clarification on the definition of "ditches" under Waters of the United States (WOTUS). Clarity is necessary for conducting environmental review and expedite infrastructure project completion. The County requests EPA and USACE to provide clarification as soon as possible.

WILL COUNTY SUPPORTS:

- *Efforts to reduce the cost for local governments to borrow money to fund capital projects, either through tax-exempt municipal bonds or through other financing tools, such as private activity bonds or advanced refunding.*
 - Will County is intentional and competitive when leveraging bonds for necessary municipal facilities. The County most recently utilized nearly \$300 million to finance

a public safety complex (opened November 2017), new courthouse (opened October 2020), and a health department facility (opened 2020).

- *Continued access to tax-exempt municipal bonds*, which allows local governments to make key capital investments at the lowest possible cost to taxpayers. The County supports efforts by the federal lawmakers to preserve and improve the incentives related to municipal bonds as tax legislation conversations continue into 2024.

PUBLIC SAFETY

EMERGENCY MANAGEMENT PERFORMANCE GRANT PROGRAM (EMPG)

The EMPG program provides funding on a matching basis via the states to help support local emergency management programs. The program has existed for over 40 years. Will County supports increasing funding for EMPG in FY 2025.

Will County supports:

- *Ensuring that EMPG remains distinct from other funding programs so it may continue to be directed specifically to emergency management programs.* There have been efforts in recent years to “bundle” EMPG with other homeland security-related grant programs.
- *Increasing EMPG funding.* The program is intended to fund up to 50% of eligible administrative costs for a local emergency management program. However, typical funding levels provided to the County only amount to approximately 15% of its eligible costs.
- *Additional requirements for states to provide a greater portion of funding to local programs.* This policy change will ensure federal dollars are being adequately directed to local governments.

PORT SECURITY GRANT PROGRAM (PSG)

Will County supports increased funding for the PSG Program. The PSG program provides funding for various initiatives intended to prevent, detect, deter, and respond to threats to the nation’s ports and waterways. Will County has successfully obtained grant funding for various projects over the years. These projects have benefitted Will County and improved our readiness posture in several key areas. PSG is one of the few Homeland Security-related grant programs to which Will County may directly apply without going through the State. Over the last several years, federal funding for the PSG program has remained stagnant, which is insufficient to protect against threats.

HAZARDOUS MATERIALS EMERGENCY PREPAREDNESS GRANT PROGRAM (HMEP)

Will County Supports increased funding of the HMEP program. HMEP provides funding for planning and related preparedness activities for hazardous materials fixed facilities and transportation risks. HMEP funding is administered through the State. Program changes at the federal and state levels have caused this funding to fluctuate from year to year. Funding is also allocated based on subjective criteria. Will County supports changes in the program to allocate funding to counties based upon the degrees of fixed facility and transportation risk.

FEMA’S NATIONAL FLOOD INSURANCE PROGRAM (NFIP)

Will County supports expansion of the NFIP qualifications and efforts to keep rates low to ensure households are protected in the event of a flood. FEMA requires homeowners located in flood zones to obtain flood insurance, or their property is uninsurable.

Flood insurance is expensive and can cost as much as \$11,000 annually. Many residents are faced with either paying high premiums or high rates for policy riders. Additionally, most homeowners’ insurance does not cover losses due to flooding, which can be some of the most severe losses generated by severe weather events.

Flood maps were recently updated and many low-income residences in the City of Joliet were determined to be in flood zones. The City of Joliet is working on mitigation strategies to remove homeowners out of flood zones.

DRAFT

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

**APPROVAL OF 2023-2024 MAPP CONTRIBUTION TO UNITED WAY
OF WILL COUNTY – NOT TO EXCEED \$10,000**

WHEREAS, the Will County Mobilizing for Action Through Planning and Partnership (MAPP) collaborative continues to assess the health needs of Will County using a broad-based community wide strategy; and

WHEREAS, the Health Department continues to assume a lead role in the MAPP process through the efforts of the MAPP Program Manager; and

WHEREAS, the Health Department is one of several community partners on the MAPP Executive Committee to contribute financially to the MAPP initiative; and

WHEREAS, United Way of Will County is acting as the MAPP fiscal sponsor.

NOW, THEREFORE, BE IT RESOLVED, the Will County Board of Health hereby approves payment of the 2023-2024 MAPP contribution to United Way of Will County in the amount of \$10,000.

DATED THIS 21st day of February, 2024.

Billie Terrell, Ph.D., ACSW, President
Will County Board of Health



United Way of Will County

54 N. Ottawa Street, Suite 300

Joliet, IL 60432

815.723.2500 | www.uwwill.org

Date: 2/12/2024

MAPP INVOICE

Inv #: 2324MAPP-WCHD

BILL TO:
Will County Health Department
501 Ella Avenue
Joliet, IL 60433

DESCRIPTION	QUANTITY	AMOUNT	TOTAL
MAPP Contribution for July 2023-June 2024	1	\$10,000.00	\$10,000.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
TOTAL DUE			\$10,000.00

United Way of Will County serves as Fiscal Sponsor to MAPP

To ensure proper credit, please follow the below:

1. Make check payable to: United Way of Will County/MAPP Project
2. Return a copy of this invoice with payment
3. Mail to United Way of Will County at above address

MAPP Questions? Please contact Caitlin Daly: cdaly@willcountyhealth.org

FINANCE Questions? Please contact Heather Swain: heather@uwwill.org

**WILL COUNTY BOARD OF HEALTH
RESOLUTION # 24-07**

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

**APPROVAL TO CONTRACT WITH PUBLIC HEALTH CONSULTING, LLC TO
FACILITATE STRATEGIC PLANNING PROCESS - NOT TO EXCEED \$20,000**

WHEREAS, the Will County Health Department began its inaugural strategic planning process in September 2016 with activities that continued through March 2023. Our strategic plan communicates our priorities, what we plan to achieve, methods by which we will be successful, and measurements to monitor the process; and

WHEREAS, the Will County Health Department would like to continue our process with a second reiteration of our strategic plan to reassess our strengths, weaknesses, opportunities, and threats and to develop goals and objectives based on the data; and

WHEREAS, Public Health Consulting, LLC. has numerous years of experience in public health and guided the Will County Health Department and our stakeholders through our inaugural planning process.

NOW, THEREFORE, BE IT RESOLVED, the Will County Board of Health hereby approves the proposal from March 1, 2024, through December 31, 2024, with Public Health Consulting, LLC. in the amount not to exceed \$20,000.

DATED THIS 21st day of February, 2024.

Billie Terrell, Ph.D., ACSW, President
Will County Board of Health

Proposal for Strategic Planning Services for
Will County Health Department &
Community Health Center
Joliet, Illinois

Prepared by:



Public Health Consulting, LLC

When everyone knows public health

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btremain@publichealthconsulting.net
www.publichealthconsulting.net

February 1, 2024

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SECTION A. INTRODUCTION

Public Health Consulting, LLC is pleased to submit this proposal to the Will County Health Department & Community Health Center. The work for this project will occur in Will County, Illinois (Figure 1). This work will be a collaboration between Dr. Beverly Triana-Tremain, President and Owner of Public Health Consulting, LLC (hereafter "Consultant") and the Will County Health Department Administration and Staff (hereafter, "WCHD"). This proposal represents the work suggested to create a strategic plan for 2024-2029. Phases of this work include orientation to the process of strategic planning; development of a departmental mission, vision, and values; collection of data from staff, partners, and the community; a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis; review of all data; consensus building around the data; selection of strategic issues; and development of goals, objectives, and action steps. The entire process is estimated to take up to 5 months with bi-weekly virtual meetings (as needed) and one to two in-person meetings. This strategic planning work will increase the readiness and capacity to fully execute a 5-year strategic plan. Dr. Tremain's bio is in Attachment A.



Figure 1

SECTION B. GEOGRAPHICAL SETTING OF THIS PROJECT

Table 1 provides an overview of the sociodemographic factors of Will County, Illinois. The county is considered a “2” on the Rural-Urban Continuum scale, which is a county in metro areas of 250,000 to 1 million population.¹ Figure 2 provides an illustration of the townships within Will County, Illinois.

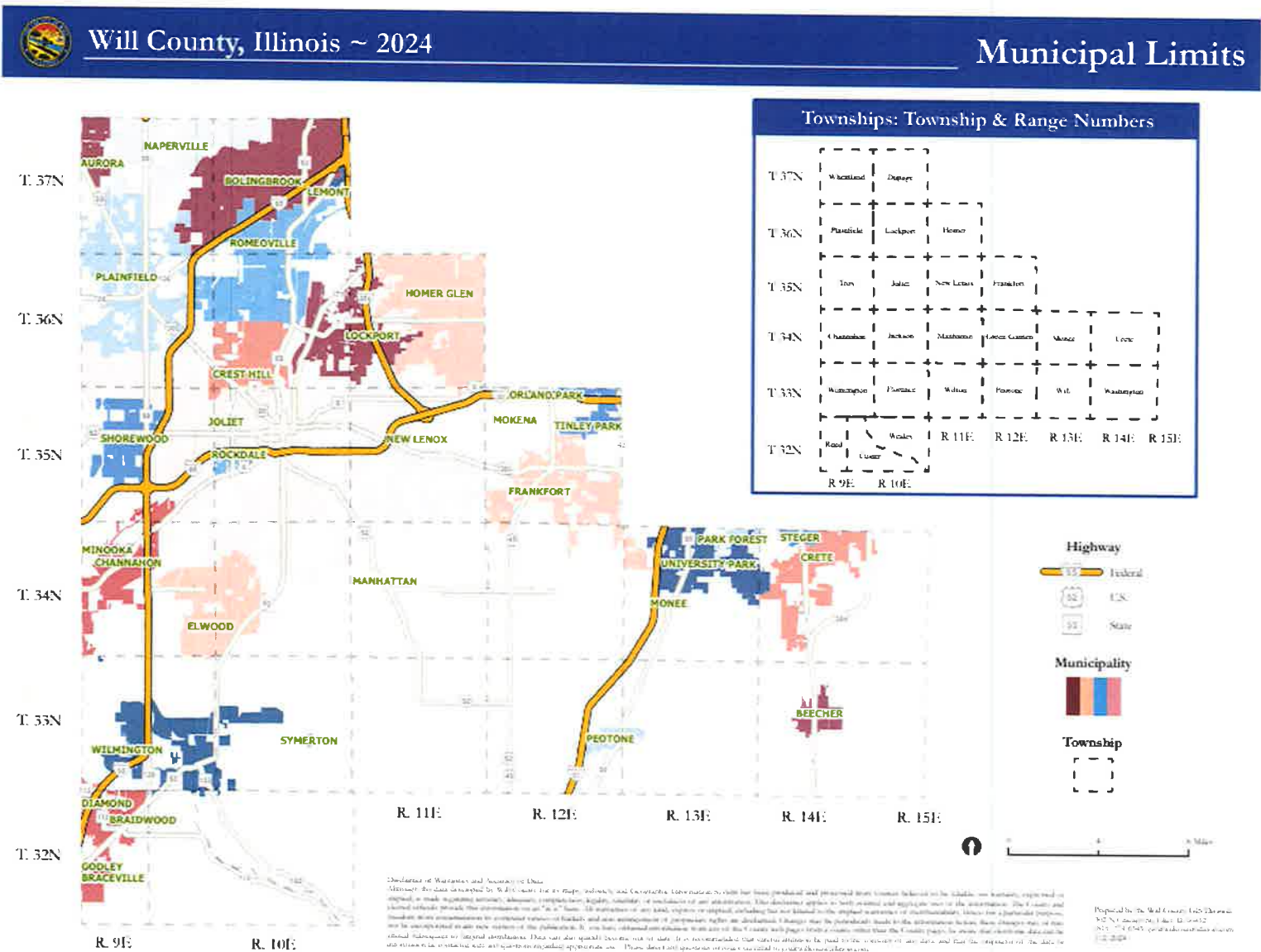
Table 1. Sociodemographic Description of Will County, Illinois ²

Variable	Value	Variable	Value
People	696,757	Language Other than English Spoken at Home	23%
Median Age	39	Bachelor’s Degree or Higher	36%
65 Years and Older	15%	Housing Units	250,678
Poverty	7%	Hispanic or Latino	130,851
Poverty by Age		Median Household Income	\$96,668
< 18 years	10%	Employment Rate	65%
18-64 years	6%	No Health Care Coverage	5%
65 years +	7.3%	Veterans	5%
Ancestry			
German	16%		
Irish	13%		
Polish	11%		

¹ Economic Research Service. (2024). *Rural-Urban continuum codes* [Data set]. United States Department of Agriculture. <https://www.ers.usda.gov/data-products/rural-urban-continuum-codes/>

² U.S. Census Bureau. (2022). *Will County, Illinois* [Data set]. United States Government. https://data.census.gov/profile/Will_County,_Illinois?g=050XX00US17197

Figure 2



5

SECTION C. OVERVIEW OF THE WORK

The Public Health Accreditation Board (PHAB) defines strategic planning as

a disciplined process aimed at producing fundamental decisions and actions that will shape and guide what an organization [the local health department] is, what it does, and why it does what it does. The process of assessing a changing environment to create a vision of the future; determining how the organization fits into the anticipated environment, based on its mission, strengths, and weaknesses; then setting in motion a plan of action to position the organization. (Public Health Accreditation Board, 2012)³

A strategic plan results from a deliberate decision-making process and defines where an organization is going. The plan sets the direction for the organization and, through a common understanding of the mission, vision, goals, and objectives, provides a template for all employees and stakeholders to make decisions that move the organization forward. The Strategic Planning Process is depicted in Figure 3.

Figure 3. Steps of the Strategic Planning Process



³ Public Health Accreditation Board. (2012). *National public health department accreditation prerequisites*. <https://www.phaboard.org/wp-content/uploads/Public-Health-Accreditation-Prerequisites-Information-July-2012.pdf>

More detailed questions about what the strategic planning process is designed to answer are provided in Table 2.

Table 2. Strategic Plan and Questions to be Answered	
Step	Questions to be Answered
1. Orientation	<ul style="list-style-type: none"> • What does the staff know about strategic planning? • Do staff understand the connection between the CHA, CHIP, Essential Services, Core Functions and Strategic Planning? • What fears do staff have about strategic planning? • What opportunities exist for improvement?
2. Developing Mission, Vision and Values	<ul style="list-style-type: none"> • What is the purpose of the organization? • What is the ideal state the organization aspires to? • What are the underlying assumptions that guide the organization?
3. Collecting Data, Review, and Consensus Building	<ul style="list-style-type: none"> • What is going on in the community the LHD serves? What are the trends, needs and opportunities for change within the community? • What do staff think about working at the LHD? • Are our customers satisfied with our services? • What is the financial picture within the economic climate? • What are the LHD resources, assets and opportunities? • How is the health department doing? What are the health department's strengths and weaknesses? Are internal processes efficient and meeting needs of the customer (internal or external)? • What is going on at the state, national and legislative level that may impact the health department or community? • What types of learning and growth are important for the health department? What is the current capacity of the health department to do the work needed now and in the future? • Who does the staff consider stakeholders for the department? Who are influential, powerful, and engaged stakeholders?
4. Selecting Strategic Issues	<ul style="list-style-type: none"> • What must be addressed for the LHD to achieve its vision? • Can the organization do something about this issue? • What happens if they do not address the issue? • How should issues be prioritized?
5. Writing Goals, Objectives and an Action Plan	<ul style="list-style-type: none"> • What goals should the LHD try to achieve? • What interventions should be implemented to change health outcomes? • What metrics will be used to judge success? • When will they accomplish these goals?
6. Implementing, Monitoring and Revising as Needed	<ul style="list-style-type: none"> • How does the strategic Plan compare to what is asked of staff? • How do the daily activities of staff relate to the strategic plan? • Are we doing what we set out to do? • Are we reaching our targets? • Are we meeting our timeline and budget? • What are the results of the efforts? • What were our challenges, wins, successes along the way? • What are the changes in the organizations, intended population or community? • How efficient was the work?

A distinction can be made between the Community Health Assessment (CHA), the strategic plan, and the CHIP (Community Health Improvement Plan). The CHA provides data about a community related to a multitude of factors, including morbidity, mortality, and sociodemographic factors. The CHIP is analogous to a strategic plan for the community. The Strategic Plan is a more internally focused document about what the organization needs to do to be better in its effort to carry out the 3 Core Functions and 10 Essential Services so that community health improvement is possible (Figure 4).

Figure 4. Distinction Between the Community Health Assessment, Community Health Improvement Plan (CHIP) and the Strategic Plan



Section D. Frameworks Used in the Strategic Planning Process

There are two frameworks that will be used during the 6-step process:

1. PHAB requirements for strategic planning
2. 3 Core Functions and 10 Essential Services

PHAB, for national accreditation, requires that strategic plans be developed and carried out according to certain standards. A list of these are provided in Table 3 and a deeper explanation of requirements is provided in Attachment B, C, and D. As WCHD works through their strategic planning process, we will ensure completion of these requirements.

The 3 Core Functions and 10 Essential Public Health Services (Figure 5) provide a useful framework for determining who is responsible for the community's health and well-being. The services reflect core processes used in public health to promote health and prevent disease. During the data collection step, the staff will participate in an assessment of the strengths and challenges of the functions and services as an organization overall and in their respective roles. This data will be used in conjunction with other data to determine strategic issues, goals, and objectives.

Reference Item	Measure and Page Number
<ul style="list-style-type: none"> Alignment of the branding strategy with the health department's strategic plan. 	3.1.2 A – p. 121
<ul style="list-style-type: none"> Prioritization of the other gaps could also be from those assessments or could be, for example, capacity or capability needed to fulfill objectives in the strategic plan or priorities in the state/Tribal/community health improvement plan. 	8.2.1 A – p. 217
<ul style="list-style-type: none"> Internal data systems for collecting progress updates from staff responsible for strategic plan objectives 	9.1.1 A – p. 231
<ul style="list-style-type: none"> Organizational or programmatic plans or workplans (e.g., targets established through strategic plan, health improvement plan, or workforce development plan; or targets established through program-level workplans). 	9.1.A – p. 232
<ul style="list-style-type: none"> Linkages with the strategic plan could be, for example, performance management goals and indicators tied to the strategic priorities. The performance management system does not need to link to all elements of the strategic plan, but it will show where linkages are appropriate for effective planning and implementation. 	9.1.1 A – p. 233
<ul style="list-style-type: none"> Conduct a department-wide strategic plan 	10.1.1 A – p. 270 ⁵
<ul style="list-style-type: none"> Adopt a department-wide strategic plan 	10.1.2 A – p. 272 ⁶
<ul style="list-style-type: none"> Monitor implementation of the department -wide strategic plan 	10.1.3. A – p. 276 ⁷

⁴ Public Health Accreditation Board. (2024). *Standards & measures for initial accreditation 2022*. <https://phaboard.org/wp-content/uploads/Standards-Measures-Initial-Accreditation-Version-2022.pdf>

⁵ For more clarification on this requirements, see Attachment B.

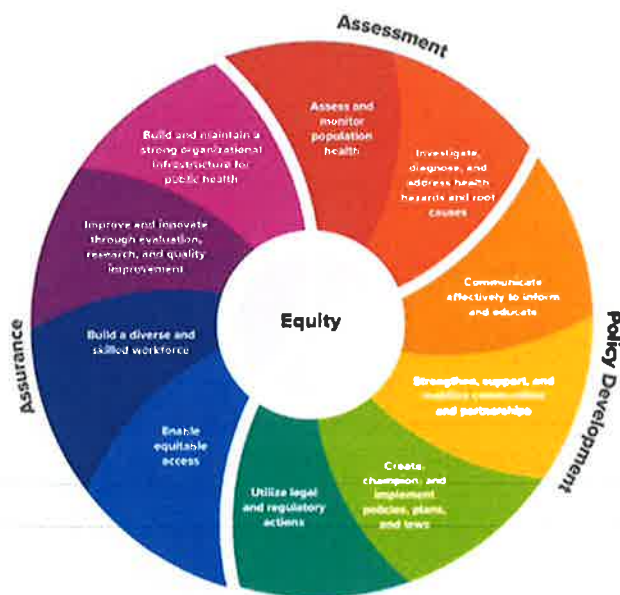
⁶ For more clarification on this requirements, see Attachment C.

⁷ For more clarification on this requirements, see Attachment D.

THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

To protect and promote the health of all people in all communities

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve equity, the Essential Public Health Services actively promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities. Such barriers include poverty, racism, gender discrimination, ableism, and other forms of oppression. Everyone should have a fair and just opportunity to achieve optimal health and well-being.



ESSENTIAL PUBLIC HEALTH SERVICE #1
Assess and monitor population health status, factors that influence health, and community needs and assets

ESSENTIAL PUBLIC HEALTH SERVICE #2
Investigate, diagnose, and address health problems and hazards affecting the population

ESSENTIAL PUBLIC HEALTH SERVICE #3
Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it

ESSENTIAL PUBLIC HEALTH SERVICE #4
Strengthen, support, and mobilize communities and partnerships to improve health

ESSENTIAL PUBLIC HEALTH SERVICE #5
Create, champion, and implement policies, plans, and laws that impact health

ESSENTIAL PUBLIC HEALTH SERVICE #6
Utilize legal and regulatory actions designed to improve and protect the public's health

ESSENTIAL PUBLIC HEALTH SERVICE #7
Assure an effective system that enables equitable access to the individual services and care needed to be healthy

ESSENTIAL PUBLIC HEALTH SERVICE #8
Build and support a diverse and skilled public health workforce

ESSENTIAL PUBLIC HEALTH SERVICE #9
Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement

ESSENTIAL PUBLIC HEALTH SERVICE #10
Build and maintain a strong organizational infrastructure for public health

Created 2020

Figure 5

Section E. Activities and Products from the Strategic Planning Process

For each of the steps in the planning process, Table 4 provides the overall activities and products to be completed.

Step	Activities and Products
1. Orientation	<ul style="list-style-type: none"> <input type="checkbox"/> Determine internal strategic planning team <input type="checkbox"/> Develop communication plan <input type="checkbox"/> Review definition, purpose, and structure of a strategic plan <input type="checkbox"/> Understand PHAB requirements <input type="checkbox"/> Review examples <input type="checkbox"/> Assess readiness <input type="checkbox"/> Write report on orientation to the strategic plan step 1
2. Defining the Mission, Vision, & Values Statements	<ul style="list-style-type: none"> <input type="checkbox"/> Review existing mission, vision, and values <input type="checkbox"/> Determine need for updates <input type="checkbox"/> Develop the mission, vision, and values (if necessary) <input type="checkbox"/> Communication of the statements <input type="checkbox"/> Write report on defining mission, vision, and values step 2
3. Collecting Data, Review & Consensus Building	<ul style="list-style-type: none"> <input type="checkbox"/> Plan and collect data for 10 Essential Services survey from staff <input type="checkbox"/> Plan and collect data for board assessment <input type="checkbox"/> Plan and collect data for staff climate survey <input type="checkbox"/> Plan and collect data for customer voice and segmentation survey <input type="checkbox"/> Plan and collect data for partners survey <input type="checkbox"/> Plan and collect data for a SWOT analysis <input type="checkbox"/> Write report on data collection step 3
4. Selecting Strategic Issues	<ul style="list-style-type: none"> <input type="checkbox"/> Hold an in-person meeting retreat <input type="checkbox"/> Review all data sources <input type="checkbox"/> Staff complete "What's Floating to the Top for Me? Worksheet" <input type="checkbox"/> Conduct consensus building exercise to select strategic issues <input type="checkbox"/> Write report on selecting strategic issues step 4 <input type="checkbox"/> Internal team selects design and format of strategic planning document <input type="checkbox"/> Consultant begins development of strategic planning document
5. Writing Goals, Objectives and an Action Plan	<ul style="list-style-type: none"> <input type="checkbox"/> Identify workgroups by strategic issue <input type="checkbox"/> Workgroups work independently to create goals, objectives and action plan by strategic issue <input type="checkbox"/> Workgroups provide consultant 1st draft of strategic issue, goals, and objectives <input type="checkbox"/> Consultant provides feedback. Continue process. <input type="checkbox"/> Consultant assures alignment with PHAB standards <input type="checkbox"/> Consultant provides complete near final strategic plan draft to internal team (non-graphic format) <input type="checkbox"/> Internal team reviews near final draft <input type="checkbox"/> Consultant provides final draft (graphic format) to internal team
6. Implementing & Evaluating the Strategic Plan	<ul style="list-style-type: none"> <input type="checkbox"/> Consultant provides internal team a dashboard (Excel file) for monitoring the plan

SECTION F. CONSULTANT ROLE, SUGGESTED TIMELINE AND PROPOSED COST

Below is an example of the types of services the consultant will provide:

- Arrange all meetings
- Identify best practices for each step
- Seek guidance from internal team about preferred working processes
- Document all processes and activities completed
- Facilitate all meetings
- Create presentation materials to education internal team on strategic planning processes
- Send calendar invites
- Set agendas
- Take minutes
- Review action steps
- Write and provide instruction manuals for conducting data collection methods
- Create surveys
- Write narrative for emails for data collection
- Analyze all data
- Design and write sub-reports
- Provide guidance and feedback to subgroups in writing the goals, objectives and action plans, produce final strategic planning document
- Assure compliance with PHAB standards

Table 5 outlines a suggested timeline and cost for the project. The timeline can be reviewed by the board, administration, and internal team and adjusted as needed. All meetings except one (or two) in-person meetings will occur on Zoom. Document sharing will occur through technology suggested by the internal team (e.g., Dropbox, SharePoint). Travel costs are not included in this bid. A travel itinerary, including mileage, hotel, food, airline, with costs, will be prepared when travel is necessary.

Table 5. Suggested Timeline for Project	
Step	Suggested Timeline
1. Orientation	March 2024
2. Defining the Mission, Vision, & Values Statements	April 2024
3. Collecting Data, Review & Consensus Building	April 2024-May 2024
4. Selecting Strategic Issues	May 2024
5. Writing Goals, Objectives and an Action Plan	May 2024-June 2024
6. Implementing & Evaluating the Strategic Plan	July 2024 to July 2029

The cost for the project is \$12,000, not including travel. Invoices for \$4,000 each, will be sent at each third point in the project, for example, after data collection, after the retreat, and after submission of the final strategic plan. Invoices are to be paid to:

**Dr. Beverly Triana-Tremain
Public Health Consulting, LLC
350 Ridgecrest
Saddlebrooke, Missouri 65630
F/EIN: 20-5314360**

Attachment A
Biography of Dr. Beverly Triana-Tremain

Dr. Beverly Triana-Tremain has at least 35 years of public health teaching, evaluation/research, and consulting experience. She received her bachelor's degree from Texas A&M University-Commerce, master's degree in Exercise Science/Exercise Physiology from Texas Woman's University, and her doctorate from Texas Woman's University in Health Studies. Her background and skill set blends theoretical and practical approaches in Evaluation, Epidemiology, and Quality Improvement Processes.

She is a fellow in the National Public Health Leadership Institute and in 2006 established Public Health Consulting, LLC to assist agencies in improving the public health system. Dr. Tremain has a green belt in Lean Six Sigma.

She has been the evaluator or quality improvement consultant on grants received from Robert Wood Johnson Foundation, Centers for Disease Control and Prevention, Substance Abuse and Mental Health Administration, and Health Resources and Services Administration for nonprofit, state and local health departments.

Currently, she is Epidemiologist with the South Southwest Prevention Center at the University of Oklahoma for the federal Substance Abuse and Mental Health Administration's (SAMHSA) Prevention Technology Transfer Center (PTTC). In this role, she serves five states with increasing the use of data in decision making.

She recently completed writing a textbook with SAGE Publications titled, Evaluation Time: A Practical Guide for Evaluation. Her passion is helping organizations slow down and understand the processes that promote authentic and quality strategies to improve the public's health. Her proudest achievement is her husband Jack and her three boys, Hunter, Hayden, and Holden.

Attachment B
Further Explanation about Measure 10.1.1
Required Elements of a Strategic Planning Process⁸

1. A department-wide strategic planning process, which must include:

The planning process may have been facilitated by staff of the health department or by an outside consultant.

a. A list of the individuals who participated in the strategic planning process. Participants must include various levels of staff and representative(s) of the health department's governing entity or advisory board.

For required element a: The health department's size and organizational structure will define the various levels of staff engaged in the strategic planning process. The intent of this required element is that both leadership or management and non-managerial or frontline staff contribute towards the strategic planning process. In a centralized state, the state health department could include staff serving local jurisdictions, as appropriate. Participation could include, for example, contributing towards an environmental scan (components listed within required element b) or developing elements of the strategic plan, such as, the mission, vision, values, or strategic priorities. Sharing a final version of the strategic plan would not demonstrate the intent of this requirement. Similarly, presenting the final version to the governing entity for approval, would not meet the intent. While the health department does not need to engage the governing entity or staff in every strategic planning meeting, the intent is that at least one member from the governing entity or a liaison to the governing entity (e.g., a representative from the governor's or mayor's office) or advisory board and staff provide input during the development process to inform the final version. The documentation could be supplemented with an explanation in the Documentation Form to clarify participant titles and roles if, for example, the documentation (e.g., an excerpt for the strategic plan, meeting minutes) lists participants but does not include their titles.

1 b. A summary or overview of the strategic planning process, which must include:

i. The identification of the department's internal strengths and challenges.

⁸ This excerpt is found starting on p. 270.

ii. The identification of external trends, events, or other factors that may impact community health or the health department.

For required element b: The strategic planning process could include use of a variety of tools or techniques, for example, brainstorming, stakeholder analysis, value stream mapping, storyboarding, or scenario development. The process could involve structured facilitation to assess, for example, the health department's strengths, weaknesses, opportunities, and challenges or threats (SWOC or SWOT), strengths aspirations, opportunities, and results (SOAR) analysis, or another environmental scanning process. Internal strengths and challenges generally include factors within the health department's control (e.g., staffing, technology, or financial management). External trends or events are outside of the health department's control with ramifications that could impact the health department's sustainability or programs/services (e.g., political or economic pressures, changes in the population's health status or socioeconomic status, or events).

iii. Consideration of capacity for or enhancement of workforce development, communication, financial sustainability, and information management or technology.

iv. The process for selecting strategic priorities. If the health department is part of a super health agency or umbrella agency, the health department's process may have been part of a larger organizational planning process. If that is the case, the health department must have been actively engaged in the process and must provide evidence that public health was an integral component in the process. If not, then the health department must document that it has conducted a health department specific strategic planning process.

Critical components to sustain and enhance the effectiveness of the health department's infrastructure and operation include the health department's workforce development, communication (including brand strategy), finances, and information management or technology. Health departments could demonstrate consideration of the areas in iii by, for example, including them in strengths and challenges (i) or trends (ii), as appropriate; gathering feedback from staff or stakeholders about capacity or needed enhancements; including assessments of the health department's capacity (e.g., a workforce or technology assessment) in the items reviewed by the strategic planning participants; or providing information to the planning participants about what other health departments are doing in these areas.

The health department's assessment of internal and external factors, as well as consideration of its capacity, informs the selection of strategic priorities. Methods to select priorities (iv) could include, for example, developing a list of potential goals and prioritizing among them through group voting, nominal group technique, or prioritization matrices.

Documentation Examples

Documentation could include, for example, meeting or strategic planning session materials (e.g., minutes or a presentation) or excerpt of the strategic plan.

Attachment C
Further Explanation about Measure 10.1.2 A
Required Elements of a Department-Wide Strategic Plan⁹

1 strategic plan dated within 5 years

1. A department-wide strategic plan, which must include:

The intent of this requirement is that the strategic plan outlines the health department's collective strategy for the future based on the assessment of internal organizational factors (e.g., strengths and opportunities based on capacity and capabilities) and external factors.

Some health departments may have shorter planning timeframes and could produce a strategic plan more frequently (e.g., every three years). Some of the objectives in the plan could be for a longer time period than five years, but the plan will have been developed or revised within the last five years.

a. The health department's mission, vision, and guiding principles or values.

For required element a: The mission reflects why the health department exists or the purpose of its collective units, services, or functions. A mission statement is a written declaration of the health department's core purpose and focus. The vision statement reflects the ideal future state (i.e., what the health department hopes to achieve). Guiding principles, or values, describe how work is done and what beliefs are held in common as a basis for that work.

b. Strategic priorities. For required element b:

Strategic priorities outline what the health department plans to achieve at a high level in order to accomplish its vision.

Strategic priorities could be called by a different name (e.g., strategic goals).

c. Objectives with measurable and time-framed targets.

For required element c:

⁹ This excerpt is found starting on p. 273.

Objectives with measurable and time-framed targets could be contained in another document, such as an annual work plan. If this is the case, the companion document will be provided with the strategic plan for this requirement. Objectives will be measurable and time-bound, and could be written, for example, in SMART or SMARTIE (Specific, Measurable, Attainable, Relevant, Time-bound, Inclusive and Equitable) form. Logic models may be used to support alignment of activities and outcomes and to demonstrate how these objectives help measure progress towards realizing the health department's mission.

d. Strategies or actions to address objectives.

For required element d:

Strategies or actions include steps the health department will take to achieve its objectives, in order to reach the intended outcome of the priorities. Strategies could be contained in a workplan outlining specific actions towards each objective and strategic priority. If in another document, the companion document will be provided with the strategic plan for this requirement.

e. A description of how the strategic plan's implementation is monitored, including progress towards achieving objectives, and strategies or actions.

For required element e:

The intent of this required element is to describe how the health department monitors progress toward implementing the strategic plan, including objectives and strategies or actions, as identified in required elements c and d. Implementation of the strategic plan could be monitored, for example, through the performance management system, regularly scheduled meetings, or progress reports.

f. Linkage with the community health improvement plan (CHIP). (If the linkage with the CHIP is not evident in the plan, it could be indicated in the Documentation Form.)

For required element f:

Linkage could include, for example, strategic priorities aligned with priorities identified in the state/Tribal/community health improvement plan (CHIP). For example, if the CHIP has a priority related to reducing the infant mortality rate, the

strategic plan might prioritize strengthening the health department's capacity to conduct surveillance related to maternal and child health in order to build its ability to support the partnership in this area.

g. Linkage with performance management (PM). (If the linkage with PM is not evident in the plan, it could be indicated in the Documentation Form.)

For required element g:

Linkage with performance management could include, for example, strategic plan priorities or activities that directly link to advancing a culture of quality or advancing use of performance management concepts or QI methods among staff. The linkage could also be demonstrated through explicit language about how the health department will use performance management to meet one of the strategic plan priorities (e.g., by specifying a plan to apply QI or performance management methods to meeting a priority related to expanding the health department's communications reach within the community) or to track progress on strategic plan objectives.

Attachment D
Further Explanation about Measure 10.1.3 A
Required Monitoring of a Department-Wide Strategic Plan¹⁰

MEASURE 10.1.3 A: Required Documentation 1

Examples Dated Within 3 years (2 most recent reports)

- 1. Monitoring of progress towards all the strategic plan objectives. Reviews must be completed at least annually. If the plan has been adopted within the year of submission to PHAB, progress on a previous plan may be provided, or detailed monitoring plans may be submitted.**

The intent of this requirement is to show monitoring of progress towards all objectives within the strategic plan. A review of one or a few objectives would not meet the intent. If no progress has been made on an objective, this can be indicated. It is not expected that all objectives would have been achieved, only that the health department is reviewing and monitoring the plan in its entirety at least annually. Monitoring may take place more frequently than annually (e.g., quarterly). Monitoring of the strategic plan provides opportunities to assess what strategies or actions have been completed, whether timelines or targets require adjusting, or if additional resources are needed to support implementation.

Documentation Examples - Documentation could include, for example, progress reports or presentations, or screenshots of a dashboard showing actual progress towards objectives.

MEASURE 10.1.3 A: Required Documentation 2

Examples Dated Within 2 years

- 2. Communication with governance and staff at various levels concerning implementation of the strategic plan. One example must demonstrate sharing with staff and one example must demonstrate sharing with the governing entity or advisory board.**

The intent of this requirement is that the health department informs at least one of its governing entities or advisory boards and both leadership/management and non-

¹⁰ This excerpt is found starting on p. 277.

managerial/frontline staff on progress towards the implementation of the strategic plan. Regular communication fosters increased awareness of priorities and provides an opportunity for dialogue on the feasibility and effectiveness of priorities and objectives as the plan is implemented. In a centralized state, the state health department could include staff serving local jurisdictions, as appropriate.

Documentation Examples - Documentation could include, for example, meeting minutes, reports shared with the governing entity and staff, presentations, emails, or other discussion records.



**WILL COUNTY BOARD OF HEALTH
RESOLUTION #24-08**

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

**APPROVAL OF AGREEMENT BETWEEN THE WILL COUNTY HEALTH
DEPARTMENT AND THE WILL COUNTY COMMUNITY HEALTH CENTER**

WHEREAS, the Will County Health Department requires the services of a Medical Advisor / Medical Health Officer as a certified health department; and

WHEREAS, the Will County Community Health Center employs staff who, per their credentials and their job descriptions, fulfill the requirements in accordance with Title 77 Chapter I Subchapter h Part 600 of the Illinois Administrative Code for a Medical Advisor / Medical Health Officer; and

WHEREAS, this intergovernmental agreement provides this service to the Will County Health Department and is reviewed and renewed annually.

NOW, THEREFORE, BE IT RESOLVED, the Will County Board of Health hereby approves the attached agreement between the Will County Health Department and the Will County Community Health Center for Medical Advisor Services effective April 29, 2024 for \$2,000 per month or \$24,000 annually and \$200 per hour for special projects.

DATED THIS 21st day of February, 2024.

Billie Terrell, Ph.D., ACSW, President
Will County Board of Health

Agreement for Service

This Agreement is entered into by and between the **Will County Health Department (“WCHD”)**, and the **Will County Community Health Center (“WCCHC”)** (collectively, the “Parties”) with the Effective Date of April 29, 2024. Witnesseth:

Whereby, the WCHD wishes to contract with the WCCHC to provide the following services:

1. Medical Advisory Services

Whereby, the WCCHC wishes to provide the above-mentioned services to the WCHD.

Therefore, for Medical Advisory Services, the WCHD will pay to the WCCHC:

- The monthly amount of \$2,000; plus,
- The hourly rate of \$200.

The above-stated dollar amounts may be changed by mutual agreement of the Parties.

Other Provisions

1. **Medical Records.**

- a. **Ownership and Maintenance.** All patient medical records related to the professional services provided at the WCHD, including the services rendered under this Agreement, are possessed, and maintained by the WCHD for the benefit of said patients.
- b. **Access and Use.** The WCHD and WCCHC shall comply with all applicable confidentiality and privacy laws, statutes, and regulations in the maintenance and management of all patients’ medical records. In compliance with all applicable confidentiality and privacy laws, statutes, and regulations, any WCCHC physician providing services pursuant to this Agreement shall have access and use of all patients’ medical records related to the professional services provided at the WCHD.

2. **Assignment.** Neither Party may assign any interests in this Agreement without the express written consent of the other party.

3. **Governing Law.** This Agreement shall be construed and governed pursuant to the laws of the State of Illinois, and venue shall be in the 12th Judicial Circuit, Will County, Illinois.

4. **Modification & Amendment.** This Agreement shall not be modified or amended except by a written document executed by both Parties.

5. **Section Headings.** The section headings set forth in this Agreement are for purposes of convenience only and shall have no bearing whatsoever on the interpretation or actual content of this Agreement.

6. **Severability.** In the event that any Sections, sentences, clauses, or phrases of this Agreement shall be found invalid, void and/or unenforceable, for any reason, neither this Agreement generally nor the remainder of this Agreement shall, as a result, be rendered

invalid, void and/or unenforceable. Instead, each such provision and, if necessary, other provisions of this Agreement shall be reformed by a court of competent jurisdiction so as to effect, insofar as is practicable, the intention of the parties as set forth in this Agreement. Notwithstanding the preceding sentence, if such court does not make such reformation, the remainder of this Agreement shall be construed and given effect as if such invalid, void, and/or unenforceable provisions had not been a part of this Agreement.

7. **Successors.** This Agreement shall be binding upon and shall inure to the benefit of the Parties and their respective successors, representatives and permitted assigns.
8. **Further Actions.** Each Party agrees it shall execute and deliver such further instruments or documents and do such further acts and things as may be required or useful to carry out the intent and purpose of this Agreement and as are consistent with the terms of this Agreement.
9. **Non-Waiver.** No waiver by either of the Parties to this Agreement of any failure by the other party to keep or perform any provision, covenant or condition of this Agreement shall be deemed to be a waiver of any preceding or succeeding breach of the same, or of any other provision, covenant, or condition. All rights and remedies herein granted or referred to are cumulative; resort to one shall not preclude resort to another or any other right or remedy provided by law.
10. **Entire Agreement.** This Agreement constitutes the entire Agreement between the Parties as of the effective date and supersedes all other previous agreements and understandings between the parties with respect to the subject matter of this Agreement. There are no other Agreements or understandings, written or oral, between the parties regarding this Agreement other than as set forth in this Agreement.
11. **Non-Discrimination.** The Parties shall abide by the requirements of Executive Order 11246, 42 U.S.C. Section 2000d and the regulations thereto, as may be amended from time to time, the Illinois Human Rights Act, and the Rules and Regulations of the Illinois Department of Human Rights. There shall be no unlawful discrimination or treatment because of race, color, religion, sex, national or ethnic origin, ancestry, military status, sexual orientation, gender identity or expression, political affiliation, handicap, disability, status as a disabled veteran or veteran of the Vietnam era, or any other protected class in the employment, training, or promotion of personnel engaged in the performance of this Agreement.
12. **Counterparts.** This Agreement may be executed in one or more counterparts, each of which shall be deemed to be an original, but all of which together shall constitute one and the same instrument.
13. **Term.** This Agreement shall last for one (1) year, starting on the Effective Date. This Agreement may be extended for successive one-year terms by mutual agreement of the Parties.
14. **Termination.** This Agreement may be terminated at any time without cause by either Party upon thirty days' written notice to the other Party.

Dated this ____ day of _____ 2024

Will County Community Health Center

By: _____
Mary Maragos, CEO

Dated this ____ day of _____ 2024

Will County Health Department

By: _____
Elizabeth Bilotta, Executive Director

DRAFT



**WILL COUNTY BOARD OF HEALTH
RESOLUTION #24-09**

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

**APPROVAL OF PAYMENT FOR MEDIA CAMPAIGN ACTIVITIES– NOT TO EXCEED
\$45,809**

WHEREAS, the Will County Health Department provides health information and education to the general public and specific groups; and

WHEREAS, the FOURCE Group was selected as the Communication Management group through a Request for Qualifications (RFQ) to develop, implement and administer an overall marketing and communications campaign; and

WHEREAS, the invoice presented covers media campaign advertising activities for March 2024; and

WHEREAS, funding was secured through the American Rescue Plan Act of 2021 (ARPA) State and Local Fiscal Recovery funding to support public health media communications.

NOW, THEREFORE, BE IT RESOLVED, the Will County Board of Health hereby approves payment of the media campaign activities to The FOURCE Group not to exceed \$45,809.

DATED THIS 21st day of February, 2024.

Billie Terrell, Ph.D., ACSW, President
Will County Board of Health

THE FOURCE

BILL TO

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

HII THIS IS YOUR 8850

INVOICE #

DATE 02.01.2024

DUE DATE 02.29.2024

TERMS DUE ON RECEIPT

ACTIVITY	QTY	RATE	AMOUNT
----------	-----	------	--------

MEDIA PLAN _____
OVERALL CAMPAIGN RUN: 1 DECEMBER 2023 THRU 31 DECEMBER
2024
INVOICE FLIGHT 4: 1 MARCH THRU 31 MARCH, 2024

CAMPAIGNS: WELL BABY
DENTAL CARE
BEHAVIORAL HEALTH
SUBSTANCE ABUSE
SEXUAL HEALTH
BREAST + CERVICAL CANCER
PRIMARY CARE
VACCINES (FLU, COVID, SHINGLES, ETC)
BACK TO SCHOOL PHYSICALS
IMMUNIZATIONS

CAMPAIGNS FLIGHT :
1. WELL BABY
2. BEHAVIORAL HEALTH
3. PRIMARY CARE
4. VACCINES

TARGET AUDIENCES |
1. GENERAL POPULATION
2. AFRICAN AMERICAN
3. HISPANIC
4. RURAL

ACTIVITY	QTY	RATE	AMOUNT
DIGITAL MEDIA MOBILE APPS 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	9,888.00	9,888.00
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	7,231.50	7,231.50
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	9,813.00	9,813.00
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	7,434.00	7,434.00
YOUTUBE 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	5,062.50	5,062.50
OUTDOOR ADVERTISING TRANSIT MOBILE DISPLAY MEDIA: FIVE (5) SUPER QUEEN PANEL SIZE: 108" X 110" ROUTE: JOLIET PINK ZONE RUN: FEBRUARY + MARCH MEDIA: FIVE (5) SUPER TAIL PANEL SIZE: 84" X 26" ROUTE: JOLIET PINK ZONE RUN: FEBRUARY + MARCH	2	3,190.00	6,380.00

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

BALANCE DUE

\$45,809.00

Resolution #24-10
(ADM)

**Approval for Purchase
of SQL Server Licenses
will be added to the
packet by or at
Board**



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

**APPROVAL OF PURCHASE OF OFFICE FURNITURE FOR THE RECOVERY
COMMUNITY ORGANIZATION PROJECT – NOT TO EXCEED \$26,520**

WHEREAS, the Will County Health Department received cannabis tax revenue funding of \$300,000 from Will County to support the startup of a Recovery Community Organization; and

WHEREAS, the Will County Health Department Behavioral Health Division is requesting approval to purchase furniture to equip the Recovery Community Organization; and

WHEREAS, Midwest Office Interiors, Inc. is an authorized dealer under Cooperative Joint Purchase Master Agreements via Omnia Partners Public Sector Allsteel Contract R191802 and HON Contract R191804.

NOW, THEREFORE, BE IT RESOLVED, the Will County Board of Health hereby approves the purchase of furniture from Midwest Office Interiors, Inc. not to exceed \$26,520.

DATED THIS 21st day of February, 2024.

Billie Terrell, Ph.D., ACSW, President
Will County Board of Health



PROPOSAL

Date: 1/23/2024

10330 Argonne Woods Drive, Ste. 600
Woodridge, IL 60517

John McNulty
Senior Account Executive
Midwest Office Interiors
10330 Argonne Woods Dr. Ste. 600
Woodridge, IL 60517
630-633-2761
630-783-2143
jmcnulty@midwestofficeinc.com

Bill To:

Kathleen Burke PHD
Behavioral Health Division
Will County Health Department
501 Ella Ave.
Joliet, IL 60433
815-774-5953

Installation Address:

Kathleen Burke PHD
Behavioral Health Division
Will County Health Department
172 S. Chicago St.
Joliet, IL 60436
815-774-5953

Part Number		Qty	Sell	Ext Sell
APWRMOD2Q		4	\$ 238.82	\$ 955.28
2 Power 1 Dual USBA Qi Power Module				
.STRM	Storm			
AJTRGH24		4	\$ 30.60	\$ 122.40
24" Cable Management Tray - Black Only				
\$(P1)	P1 Paint Opts			
.P27	Matte Black			
HIWMMS		4	\$ 463.73	\$ 1,854.92
Ign 2.0 Mid-back 4-way Mesh - Mesh Seat				
.Y1	Syncho-Tilt W Seat Slider			
.A	Height and Width Adj			
.H	Hard (Standard)			
.IM	4-Way Black			
.IMS	Ignition Mesh Seat			
.BL	Black Adjustable Lumbar			
.SB	Standard Base			
.T	Black			
.N	No Headrest			
HCWPT		1	\$ 208.75	\$ 208.75
15" x 17" Personal Table				
\$(L1STD)	Grd L1 Standard Laminate			
.F	Shaker Cherry			
.F	Shaker Cherry			
\$(P1)	P1 Paint Opts			
.CBK	Charblack			
HMAVMA		2	\$ 1,150.69	\$ 2,301.38

Part Number		Qty	Sell	Ext Sell
MAV Single Lounge Mid Back Arms				
\$(2)	Grade 2 Uph			
.PNS	Appoint Seating			
007	Jet			
.4S	Four Star			
Y	Polished			
HMAVHA		2	\$ 1,259.50	\$ 2,519.00
MAV Single Lounge High Back Arms				
\$(2)	Grade 2 Uph			
.PNS	Appoint Seating			
009	Mandarin			
.4S	Four Star			
Y	Polished			
HMAVO		2	\$ 605.23	\$ 1,210.46
MAV Single Lounge Ottoman				
\$(2)	Grade 2 Uph			
.PNS	Appoint Seating			
009	Mandarin			
.4S	Four Star			
Y	Polished			
HNL1530BK3		1	\$ 408.16	\$ 408.16
30x14-1/4x42 Bookcase 3-shelf				
.G	Smooth, Flat			
F	Shaker Cherry			
\$(L1STD)	Grd L1 Standard Laminates			
.F	Shaker Cherry			
\$(L1STD)	Grd L1 Standard Laminates			
.F	Shaker Cherry			
HCWPT		2	\$ 208.75	\$ 417.50
15" x 17" Personal Table				
\$(L1STD)	Grd L1 Standard Laminate			
.F	Shaker Cherry			
.F	Shaker Cherry			
\$(P1)	P1 Paint Opts			
.CBK	Charblack			
HWH3SS		1	\$ 2,636.22	\$ 2,636.22
West Hill Three Seat Lounge-Std Cushion				
.B	Both Arms			

Part Number		Qty	Sell	Ext Sell
\$(2)	Grade 2 Uph			
.WP	Whisper			
36	Cerulean			
.SM	Square Metal			
P8V	Textured Titanium			
P15036TP		3	\$ 236.68	\$ 710.04
Optimize Tckble Pnl 50H x 36W w/out Top Cap				
\$(A)	GRD A FAB			
.TP9	Tempest			
35	Zebra			
\$(P1)	P1 Paint Opts			
.P27	Black			
P1AOP-TC36		3	\$ 14.03	\$ 42.09
Optimize Painted Top Trim - 36"W				
\$(P1)	P1 Paint Opts			
.P27	Black			
P3AOP-ET50		6	\$ 36.60	\$ 219.60
Optimize Panel End Trim - 50"H				
\$(P1)	P1 Paint Opts			
.P27	Black			
T52448S		4	\$ 178.73	\$ 714.92
Primary 24Dx48W Flat Eg Lam w/Grommets				
\$(L1STD)	Grd L1 Standard Laminates			
.LW7C	Shaker Cherry			
.DF	Shaker Cherry *Prev EDF*			
.P	Plastic Grommet			
T6CB18L		3	\$ 23.49	\$ 70.47
Cantilever Bracket 18D LH Terrace				
\$(P1)	P1 Paint Opts			
.P27	Black			
T6CB18R		3	\$ 23.49	\$ 70.47
Cantilever Bracket 18D RH Terrace				
\$(P1)	P1 Paint Opts			
.P27	Black			
Z6PL29FP		5	\$ 218.99	\$ 1,094.95

Part Number		Qty	Sell	Ext Sell
Fixed Post Leg 29-1/2H Pr Flat/Sq Eg				
\$(P1)	P1 Paint Opts			
.P27	Matte Black			
851536M		1	\$ 147.01	\$ 147.01
Straight 15Dx36W Cntp Flat Eg				
\$(L1STD)	Grd L1 Standard Laminates			
.LW7C	Shaker Cherry			
.DF	Shaker Cherry *Prev EDF*			
A871236		1	\$ 119.26	\$ 119.26
Power Harness 36W				
.P	Black			
A871242		1	\$ 126.88	\$ 126.88
Power Harness 42W				
.P	Black			
A871501		1	\$ 21.96	\$ 21.96
Duplex Recept Circuit 1: 3+1 or 2+2 System				
.E4	Black			
A871502		1	\$ 21.96	\$ 21.96
Duplex Recept Circuit 2: 3+1 or 2+2 System				
.E4	Black			
A871504		1	\$ 21.96	\$ 21.96
Duplex Recept Circuit 4: 3+1 or 2+2 System				
.E4	Black			
A879072		1	\$ 133.90	\$ 133.90
Base Power In-Feed Cable 3+1 & 2+2 Systems				
.P	Black			
LKFE1MTS		1	\$ 9.15	\$ 9.15
Lock Core Kit Matte Silver -- 1 core 2 keys				
\$(KEYNUM)	Key Number			
.X101	Key Number 101			
.1	1			
AW4BC4824R		1	\$ 2,527.20	\$ 2,527.20

Part Number		Qty	Sell	Ext Sell
34Hx48Wx24D BuffetCredRemovable BackRght w/Grom				
.X	Standard Wood			
\$(L1STD)	Grd L1 Standard Laminates			
.LW7C	Shaker Cherry			
DF	Shaker Cherry			
\$(L1STD)	Grd L1 Standard Laminates			
.LW7C	Shaker Cherry			
DF	Shaker Cherry			
\$(P1)	P1 Paint Opts			
.P02	Flint			
.OMT	Omit Lock Core			
AW4SHELF		1	\$ 88.56	\$ 88.56
Metal Interior Shelf				
\$(P1)	P1 Paint Opts			
.P02	Flint			
ESC336A		1	\$ 596.88	\$ 596.88
Essentials 39-1/8Hx36W StorageCabinet Arch				
\$(P1)	P1 Paint Opts			
.P27	Black			
.EL	Matte Silver			
.STD	Standard Random key			
HIWMMS		1	\$ 463.73	\$ 463.73
Ign 2.0 Mid-back 4-way Mesh - Mesh Seat				
.Y1	Syncho-Tilt W Seat Slider			
.A	Height and Width Adj			
.H	Hard (Standard)			
.IM	4-Way Black			
.IMS	Ignition Mesh Seat			
.BL	Black Adjustable Lumbar			
.SB	Standard Base			
.T	Black			
.N	No Headrest			
HMAVMN		2	\$ 925.59	\$ 1,851.18
MAV Single Lounge Mid Back Armless				
\$(2)	Grade 2 Uph			
.PNS	Appoint Seating			
005	Lawn			
.4S	Four Star			
Y	Polished			

Part Number		Qty	Sell	Ext Sell
ISLAUTNPB3618		1	\$ 122.40	\$ 122.40
Stor Isla Top 36Wx18D S1				
.X	Non-FSC Wood			
\$(L1STD)	Grd L1 Standard Laminates			
.LW7C	Shaker Cherry			
.DF	Shaker Cherry *Prev EDF*			
P14236TP		5	\$ 213.20	\$ 1,066.00
Optimize Tckble Pnl 42.5H x 36W w/out Top Cap				
\$(A)	GRD A FAB			
.TP9	Tempest			
35	Zebra			
\$(P1)	P1 Paint Opts			
.P27	Black			
P14242TP		1	\$ 234.55	\$ 234.55
Optimize Tckble Pnl 42.5H x 42W w/out Top Cap				
\$(A)	GRD A FAB			
.TP9	Tempest			
35	Zebra			
\$(P1)	P1 Paint Opts			
.P27	Black			
P1AOP-TC36		5	\$ 14.03	\$ 70.15
Optimize Painted Top Trim - 36"W				
\$(P1)	P1 Paint Opts			
.P27	Black			
P1AOP-TC42		1	\$ 14.64	\$ 14.64
Optimize Painted Top Trim - 42"W				
\$(P1)	P1 Paint Opts			
.P27	Black			
P3AOP-ET42		2	\$ 35.08	\$ 70.16
Optimize Panel End Trim - 42.5"H				
\$(P1)	P1 Paint Opts			
.P27	Black			
P3CONL42N		3	\$ 43.92	\$ 131.76
42.5H "L" Connector Post				
\$(P1)	P1 Paint Opts			
.P27	Black			

Part Number	Qty	Sell	Ext Sell
P3CONSL "L" Connector Strap	3	\$ 7.32	\$ 21.96
P3CONTT Optimize Inline Connector Kit	2	\$ 33.55	\$ 67.10
P51500-42 Countertop Brackets for 42.5H Mount-1 Ea RH & LH	2	\$ 16.78	\$ 33.56
\$(P1) P1 Paint Opts .P02 Flint			
T52442S Primary 24Dx42W Flat Eg Lam w/Grommets	1	\$ 164.70	\$ 164.70
\$(L1STD) Grd L1 Standard Laminates .LW7C Shaker Cherry .DF Shaker Cherry *Prev EDF* .P Plastic Grommet			
T5922ER Corner Cove 36x72-24L/24R Extd RH Flat w/Grom	1	\$ 292.50	\$ 292.50
\$(L1STD) Grd L1 Standard Laminates .LW7C Shaker Cherry .DF Shaker Cherry *Prev EDF* .P Plastic Grommet			
T6BK Worksurface Bracket Kit	2	\$ 22.27	\$ 44.54
\$(P1) P1 Paint Opts .P27 Black			
T6CB18L Cantilever Bracket 18D LH Terrace	1	\$ 23.49	\$ 23.49
\$(P1) P1 Paint Opts .P27 Black			
T6CB18R Cantilever Bracket 18D RH Terrace	1	\$ 23.49	\$ 23.49
\$(P1) P1 Paint Opts .P27 Black			
LKFE2MTS	1	\$ 18.00	\$ 18.00

Part Number		Qty	Sell	Ext Sell
Lock Core Kit Matte Silver -- 2 cores 2 keys				
\$(KEYNUM)	Key Number			
.X102	Key Number 102			
.1	1			
YPPSP281518BBF		1	\$ 348.31	\$ 348.31
Align Ped 28x15x18 BBF MetFront Plinth				
.BX	Recessed Plinth			
.A	Arch			
PR0	Anodized Silver			
\$(P1)	P1 Paint Opts			
.P27	Black			
\$(MATCH)	Match Case			
.NA	Match Case			
.X	Omit Lock			
YPPSP281518FFM		1	\$ 348.31	\$ 348.31
Align Ped 28x15x18 FF MetFront Plinth				
.BX	Recessed Plinth			
.A	Arch			
PR0	Anodized Silver			
\$(P1)	P1 Paint Opts			
.P27	Black			
\$(MATCH)	Match Case			
.NA	Match Case			
.X	Omit Lock			
Z5SC42		1	\$ 26.23	\$ 26.23
30W External Supt Channel for 42W W/S				
LABOR		1	\$ 1,710.00	\$ 1,710.00
Delivery and Installation				
			Total:	\$ 26,518.09

Required Deposit:

Part Number

Qty

Sell

Ext Sell

Terms and Conditions:

Please note: a deposit is required on all furniture orders prior to order placement.

Due to the our vendors' lean manufacturing processes, cancellations or returns are not permitted once the order has been placed.

Estimated lead time is subject to the manufacturer's production / shipping schedule.

Your signature below indicates your acknowledgement of the following: Midwest Office Interiors' terms and conditions, and that the products specified within, are considered "as-requested" by the end user.

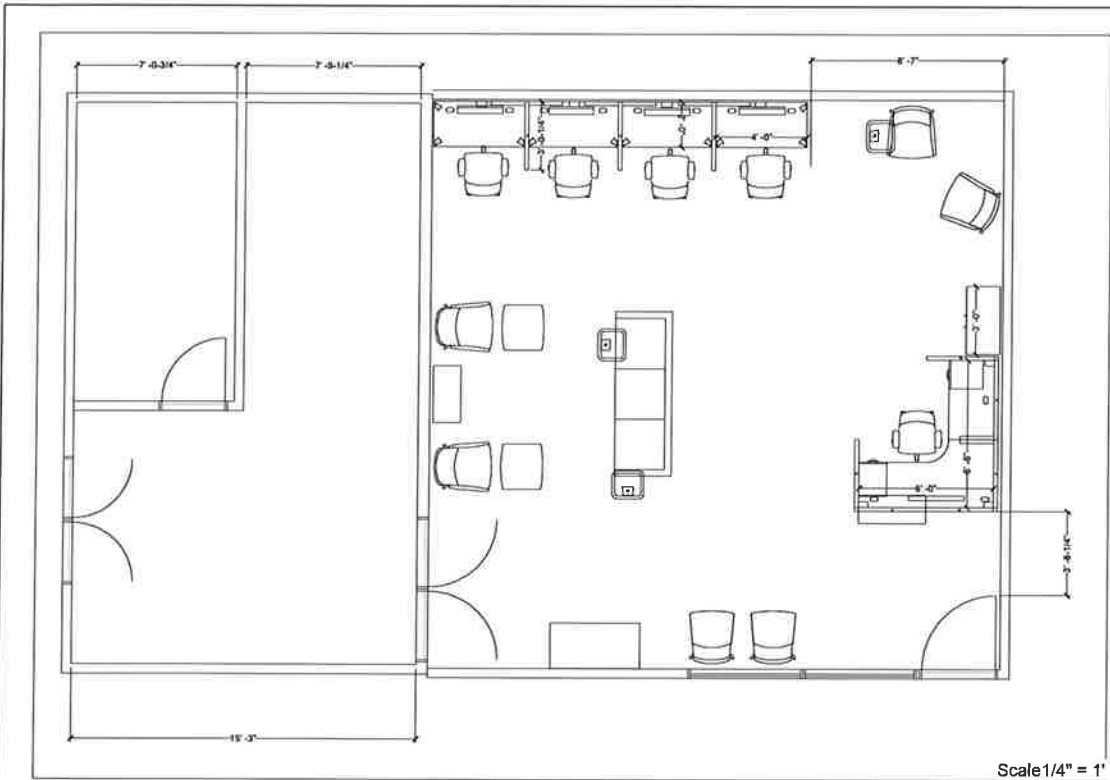
Purchase Order: _____

Signature: _____

Date: _____

Printed Name: _____

All products on this proposal are covered under the Allsteel Omnia Partners Contract #R191802 and the HON Omnia Partners Contract #R191804.



DRAWING REVIEW

These drawings must be reviewed by the Owner/Architect/Contractor, or other appropriate representative prior to furniture order. If these drawings are correct mark the appropriate box below. If incorrect, note corrections to be made and return to Midwest Office Interiors for corrections.

APPROVED
 APPROVED AS NOTED
 REVISE AND RESUBMIT

Signature _____
 Print _____
 Date _____

DISCLAIMER: Signing off here acknowledges that you have reviewed all documents in the set.

Scale 1/4" = 1'

M Midwest Office Interiors
 12313 Argonne Woodch Drive - Suite 603,
 Woodridge, IL 60517
 Main Phone: 630.852.8700
 www.MidwestOffice.com

WCHO
JOLIET, IL
RECOVERY COMMUNITY ORGANIZATION
OPEN OFFICE

Page/Sheet	1/2
Account Exec:	J. McNULTY
Designer:	N. GRACE
Print Date:	12/17/2023

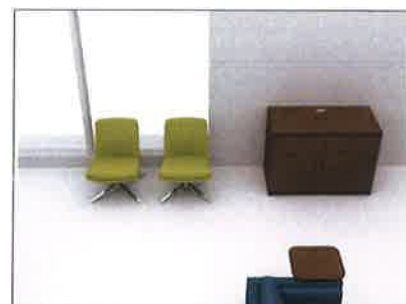
REV.	REVISION DESCRIPTION	Drawn by

DISCLAIMER
 These designs and plans are the property of Midwest Office Interiors, Inc. and have been prepared for the client named herein. They are not to be used for any other project without the written permission from Midwest Office Interiors, Inc.

File Name: v:\McNulty, John\Will County Public Health\2023\Recovery Community Organization\CET\WCHO - Recovery Community Organization.cdw



RECEPTION



RECEPTION



OPEN WORK AREA



COLLABORATION

M Midwest Office Interiors
 18339 Argonne Woods Drive - Suite 600,
 Woodridge, IL 60517
 Main Phone: 630.822.8100
 www.MidwestOffice.com

WCHO
JOLIET, IL
RECOVERY COMMUNITY ORGANIZATION
OPEN OFFICE

Page/Sheet: 2/2
 Account Exec: J. MCNUITY
 Designer: N. GRACE
 Print Date: 12/17/2023

REV	REVISION DESCRIPTION	DATE

DISCLAIMER
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File Name: v:\McNulty, John\Will County Public Health\2023\Recovery Community Organization\CET\WCHO - Recovery Community Organization.cxdw

**WILL COUNTY BOARD OF HEALTH
RESOLUTION #24-12**

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

**APPROVAL OF PAYMENT FOR PHASE 1 SERVICES FROM MIER CONSULTING
GROUP, INC. - NOT TO EXCEED \$12,000**

WHEREAS, the Administration division of the Will County Health Department operates the Emergency Preparedness and Response program; and

WHEREAS, the Mier Consulting Group, Inc. was selected to provide services for a two phase project, to rewrite of the Will County Health Department Emergency Operations Plan (EOP) and to facilitate a Table Top Exercise (TTX); and

WHEREAS, the invoice presented covers Phase I of the project of the EOP rewrite; and

WHEREAS, funding was secured through the Public Health Emergency Preparedness (PHEP) and the Cities Readiness Initiative (CRI) grants to support the project.

NOW, THEREFORE, BE IT RESOLVED, the Will County Board of Health hereby approves the payment of activities during Phase I of the project to Mier Consulting Group, Inc. not to exceed \$12,000.

DATED THIS 21st day of February, 2024.

Billie Terrell, Ph.D., ACSW, President
Will County Board of Health



INVOICE

Mier Consulting Group, Inc.
 10637 S. Oakley Ave
 Chicago, IL 60643
 Phone: 773-354-2136 Email: steve@themiergroup.com

INVOICE #EXEOP24-01
 DATE: JANUARY 23, 2024

TO:
 Katie Weber
 Emergency Preparedness & Response
 Emergency Response Coordinator
 Will County Health Department
kweber@willcountyhealth.org

FOR:
Will County Health Department
EOP Revision + Anthrax TTX Project

Sent via Email – This is the first invoice of this order	
DESCRIPTION	AMOUNT
<ul style="list-style-type: none"> • Anthrax TTX: IPM, MPM, SITMAN, Slides • Base EOP draft • Pandemic annex draft • IT annex draft • Epi annex final • PIO annex final • Behavioral health annex final • Environmental health annex final 	
Subtotal of services/products	\$12,000.00
INVOICE TOTAL	\$12,000.00

Make checks payable to:

Mier Consulting Group, Inc.
 10637 S. Oakley Ave
 Chicago, IL 60643

Total due in 30 days.

MCG appreciates your business!



**WILL COUNTY BOARD OF HEALTH
RESOLUTION #24-13**

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

**APPROVAL OF THE APPROPRIATION OF FUNDS FOR THE ILLINOIS DEPARTMENT
OF PUBLIC HEALTH CITIES READINESS INITIATIVE GRANT - WILL COUNTY HEALTH
DEPARTMENT - \$8,000**

WHEREAS, the Will County Health Department (WCHD) received an Illinois Department of Public Health (IDPH) Cities Readiness Initiative to assess, prioritize, build, train, and exercise the necessary resource element and capability to save lives in the event of an emergency that requires the rapid deployment of emergency medical countermeasures; and

WHEREAS, additional funds of \$8,000 were added to the award of \$104,032 and provide funding to support other professional services for Command Center training; and

WHEREAS, the project period is July 1, 2023, through June 30, 2024; and

NOW, THEREFORE, BE IT RESOLVED the Board of Health approves the additional appropriation of funds to the FY2024 Will County Health Department budget:

Revenue:

Decrease:	2102-498010-120-34010-40	Anticipated New Revenue	\$ 8,000
Increase:	2102-434540-120-34020-40	CRI	\$ 8,000

Expenses:

Decrease:	2102-599010-120-34010-40	Anticipated New Expenses	\$ 8,000
Increase:	2102-541090-120-34020-40	Other Professional Services	\$ 8,000

DATED THIS 21st Day of February 2024.

Billie Terrell, Ph.D., ACSW, President
Will County Board of Health

Grant Budget Detail for Cities Readiness Initiative - 2024
 Agency: Will County Health Department
 Application: Cities Readiness Initiative - 2024

2/9/2024

Line Item	Qty	Rate	Units	UOM	Total Amount	Amount Requested	Cash	Inkind
DIRECT EXPENSES								
Program Expenses								
1 Personal Services (Incl Salary & Wages)								
Barbara Agor, ER Specialist Notes : Grant funds are requested to support the personnel expenses of an emergency response specialist duties include Open POD and MRC coordination, management and training. Works in coordination with ERC on EP&R projects.	4963.4200	1.000	12.000	MTH	59,561.06	59,561.06	0.00	0.00
2 Fringe Benefits								
Social Security Notes : Grant funds are requested to support the fringe benefit expense of an administrative clerk who provides an array of supportive services for the program necessary to meet project objectives. FICA/Social Security is payable for all employees at 7.65% of gross salary less	0.0000	6.542	59561.060		3,896.44	3,896.44	0.00	0.00

Grant Budget Detail for Cities Readiness Initiative - 2024
 Agency: Will County Health Department
 Application: Cities Readiness Initiative - 2024

2/9/2024

Line Item	Qty	Rate	Units	UOM	Total Amount	Amount Requested	Cash	Inkind
employee health insurance contributions. FICA is calculated for this program at 6.542%								
Retirement Notes : Grant funds are requested to support the fringe benefit expense of an administrative clerk who provides an array of supportive services for the program necessary to meet project objectives. Retirement/IMRF is payable for all full-time and part-time employees and is calculated for this program at the 7.76%, the 2023 established IMRF rate.	0.0000	7.760	59561.060		4,621.94	4,621.94	0.00	0.00
Group Insurance Notes : Grant funds are requested to support the fringe benefit expense of an administrative clerk who provides an array of supportive services for the program necessary to meet project objectives. Group insurances are projected at \$18,000 per FTE less employee contribution which is based on salary and coverage selected. Group insurance expense for this program is calculated at 21.024%.	0.0000	21.024	59561.060		12,522.56	12,522.56	0.00	0.00

Grant Budget Detail for Cities Readiness Initiative - 2024
 Agency: Will County Health Department
 Application: Cities Readiness Initiative - 2024

2/9/2024

Line Item	Qty	Rate	Units	UOM	Total Amount	Amount Requested	Cash	Inkind
Total for Fringe Benefits					21,040.94	21,040.94	0.00	0.00
3 Travel								
OutState Meals Notes : Grant funds are requested to support out-of-state meals for the NACCHO Preparedness Summit to be attended by Barb Agor and Katie Weber. The 2024 Preparedness Summit is April 2024 in Cleveland, Ohio.	2.0000	58.330	6.000	DY	700.00	700.00	0.00	0.00
OutState Lodging Notes : Grant funds are requested to support out-of-state lodging for the NACCHO Preparedness Summit to be attended by Barb Agor and Katie Weber. The 2024 Preparedness Summit is April 2024 in Cleveland, Ohio. Lodging expense is projected at \$120 per night for 5 nights.	2.0000	120.000	5.000	NGHT	1,200.00	1,200.00	0.00	0.00
OutState Others-Airfare Notes : Grant funds are requested to support out-of-state airfare for the NACCHO Preparedness Summit to be attended by Barb Agor and Katie Weber. The 2024 Preparedness Summit is April 2024 in	2.0000	450.000	1.000	RT	900.00	900.00	0.00	0.00

Grant Budget Detail for Cities Readiness Initiative - 2024
 Agency: Will County Health Department
 Application: Cities Readiness Initiative - 2024

2/9/2024

Line Item	Qty	Rate	Units	UOM	Total Amount	Amount Requested	Cash	Inkind
Cleveland Ohio. Round trip airfare expense is projected at \$450/person.								
InState Mileage Notes : Grant funds are requested to support travel in state by Emergency Response Coordinator and Emergency Response Specialist for meetings/drills/workshops and exercises related to public health emergency preparedness & response. This will include regional and state meetings/ conferences. Meeting locations vary and are to be determined. Mileage is calculated at the 2023 Federal rate of .655per mile.	1.0000	0.655	3816.790	MIL	2,500.00	2,500.00	0.00	0.00
InState Lodging Notes : Lodging for the Emergency Response Coordinator and the Emergency Response Specialist to attend the required CRI meeting at the determined date and location. \$200/night for 2 people	2.0000	100.000	2.000	NGHT	400.00	400.00	0.00	0.00
InState Meals Notes : Per Diem for the Emergency Response Specialist and the Emergency Response Coordinator to attend the CRI meeting when	2.0000	100.000	2.000	DY	400.00	400.00	0.00	0.00

Grant Budget Detail for Cities Readiness Initiative - 2024
 Agency: Will County Health Department
 Application: Cities Readiness Initiative - 2024

2/9/2024

Line Item	Qty	Rate	Units	UOM	Total Amount	Amount Requested	Cash	Inkind
announced.								
Total for Travel					6,100.00	6,100.00	0.00	0.00
4 Equipment								
5 Supplies								
Misc Supplies Notes : Grant funds are requested to purchase office and operating supplies needed for program operations, including label printer and printer supplies.	1.0000	1000.000	0.000	VAR	1,000.00	1,000.00	0.00	0.00
Command Supplies Notes : Grant funds are requested for purchasing command supplies to replenish supplies used during COVID. Command structure was also redesigned so supplies for new positions are needed.	1.0000	650.000	0.000	VAR	650.00	650.00	0.00	0.00
Trailer Wheels Notes : To purchase trailer wheels for the trailer that is utilized to haul supplies to and from POD sites during exercises and real events. The tires have never been replaced and are needed for safe transport	1.0000	600.000	0.000	UNT	600.00	600.00	0.00	0.00
Total for Supplies					2,250.00	2,250.00	0.00	0.00

Grant Budget Detail for Cities Readiness Initiative - 2024
 Agency: Will County Health Department
 Application: Cities Readiness Initiative - 2024

2/9/2024

	Line Item	Qty	Rate	Units	UOM	Total Amount	Amount Requested	Cash	Inkind
6	Contractual Services								
	NACCHO Preparedness Summit Registration Notes : Grant funds are requested to support the registration fee of the NACCHO Preparedness Summit to be attended by Barb Agor and Katie Weber. The Preparedness Summit will be held in Cleveland, Ohio in April 2024. Registration expense is projected at \$725 per person. Contact Details : NACCHO 1201 Eye St, NW,4th Floor Washington,DC,20005, Phone : 2027835550	0.0000	0.000	0.000		1,450.00	1,450.00	0.00	0.00
	Command Training/w outside trainers, TBD Notes : Trainers and consultants will be brought in to assist in training Command staff and all staff for all Public Health incidents. Consultants may also assist in updating plans. Contact Details : Mier Consulting Group, Inc 11165 S. Artesian Ave, Chicago,IL,60655, Phone : 7733542136 Attachment : ZZZ_17_Mier_Subcontractors_Disclosur.PDF	0.0000	0.000	0.000		21,630.00	21,630.00	0.00	0.00
Total for Contractual Services						23,080.00	23,080.00	0.00	0.00
7	Consultant Services								
8	Telecommunications								
9	Occupancy - Rent and Utilities								

Grant Budget Detail for Cities Readiness Initiative - 2024
 Agency: Will County Health Department
 Application: Cities Readiness Initiative - 2024

2/9/2024

Line Item	Qty	Rate	Units	UOM	Total Amount	Amount Requested	Cash	Inkind	
10	Training and Education								
11	Other or Miscellaneous Costs								
Total Program Expenses					112,032.00	112,032.00	0.00	0.00	
TOTAL DIRECT EXPENSES					112,032.00	112,032.00	0.00	0.00	
INDIRECT EXPENSES									
Indirect Costs									
1	Indirect Costs								
	De Minimis Rate – up to 10%	0.0000	10.000	112032.000		11,203.20	0.00	11,203.20	0.00
	Notes : The agency match is calculated as indirect costs utilizing the de minimis rate of 10%. Indirect costs include administrative and facility costs supporting all health department programs. Support provided include Executive Administration, Information Technology, Human Resources, Accounting, Facilities, Accounts Payable, Payroll.								
Total Indirect Costs					11,203.20	0.00	11,203.20	0.00	
TOTAL INDIRECT EXPENSES					11,203.20	0.00	11,203.20	0.00	
TOTAL EXPENDITURES					123,235.20	112,032.00	11,203.20	0.00	



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

**APPROVAL TO ADOPT THE SLIDING FEE DISCOUNT SCALE FOR COMMUNITY
HEALTH CENTER SERVICES AND PROCEDURES**

WHEREAS, the Will County Community Health Center provides medical, behavioral health, dental, and hospital services and procedures; and

WHEREAS, the Will County Community Health Center updates the sliding fee discount scale annually, based on Federal Poverty Guidelines as published in the Federal Register. Sliding fee discounts are applicable to all WCCHC patients, not only those who are uninsured.

NOW, THEREFORE, BE IT RESOLVED, the Will County Board of Health hereby approves the adoption of the sliding fee discount scale as presented, effective February 7, 2024.

DATED THIS 21st day of February, 2024.

Billie Terrell, Ph.D., ACSW, President
Will County Board of Health

Will Co Comm Health Center Sliding Fee Scale

Effective 02/7/24

2024 Sliding Fee Scale

For all Fees (Medical, BH, Dental & Hospital)

Excluding Family Planning

Based on 2024 Revised Guidelines as published in the Federal Register

Established Poverty Level Guideline	Family Size	A	B	C	D	E
		<100%	100-133%	134-185%	186-200%	>200%
15,060	1	15,060	20,030	27,861	30,120	
20,440	2	20,440	27,185	37,814	40,880	
25,820	3	25,820	34,341	47,767	51,640	
31,200	4	31,200	41,496	57,720	62,400	
36,580	5	36,580	48,651	67,673	73,160	
41,960	6	41,960	55,807	77,626	83,920	
47,340	7	47,340	62,962	87,579	94,680	
52,720	8	52,720	70,118	97,532	105,440	
58,100	9	58,100	77,273	107,485	116,200	
63,480	10	63,480	84,428	117,438	126,960	
68,860	11	68,860	91,584	127,391	137,720	
74,240	12	74,240	98,739	137,344	148,480	
79,620	13	79,620	105,895	147,297	159,240	
85,000	14	85,000	113,050	157,250	170,000	
Fees		Nominal	25%	50%	75%	100.00%

Each Additional Family Member, add to baseline income \$5,380.00



Will County
Health Department &
Community Health Center

**WILL COUNTY BOARD OF HEALTH
RESOLUTION #24-15**

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

**APPROVAL TO ADOPT THE COMMUNITY HEALTH CENTER DENTAL FEE
SCHEDULE FOR DENTAL SERVICES AND PROCEDURES**

WHEREAS, the Will County Community Health Center provides dental services and procedures; and

WHEREAS, the Will County Community Health Center updates the dental fee schedule annually, based on a publication of the American Dental Association.

NOW, THEREFORE, BE IT RESOLVED, the Will County Board of Health hereby approves the adoption of the dental fee schedule as presented, effective February 7, 2024.

DATED THIS 21st day of February, 2024.

Billie Terrell, Ph.D., ACSW, President
Will County Board of Health

WCCHC Dental Fee Schedule Proposed 2023		2024 Proposed	2023	A	B	C	D	E
				<100% FPL	101-133% FPL (25%)	134-185% FPL (50%)	186-200% FPL (75%)	≥ 200% FPL
				MINIMUM FEE				FULL FEE
CODE	PROCEDURE		A	B	C	D	E	
DIAGNOSTIC								
D0120	Periodic Oral Exam, Established Pt	\$ 69.00	\$ 69.00	15.00	\$ 17.25	\$ 34.50	\$ 51.75	\$ 69.00
D0140	Emergency Exam, Problem Focused	\$ 98.00	\$ 98.00	20.00	\$ 24.50	\$ 49.00	\$ 73.50	\$ 98.00
D0150	Comprehensive Oral Exam, new or est. pt	\$ 110.00	\$ 110.00	23.00	\$ 27.50	\$ 55.00	\$ 82.50	\$ 110.00
RADIOGRAPHS								
D0210	Intra-Oral Complete Set	\$ 175.00	\$ 175.00	35.00	\$ 43.75	\$ 87.50	\$ 131.25	\$ 175.00
D0220	Intra-Oral Periapicle, first image	\$ 38.00	\$ 38.00	5.00	\$ 9.50	\$ 19.00	\$ 28.50	\$ 38.00
D0230	Intra-Oral Periapicle, Each add'l image	\$ 32.00	\$ 32.00	5.00	\$ 8.00	\$ 16.00	\$ 24.00	\$ 32.00
D0330	Panoramic image	\$ 150.00	\$ 150.00	35.00	\$ 37.50	\$ 75.00	\$ 112.50	\$ 150.00
D0272	Bitewing, Two images	\$ 59.00	\$ 59.00	10.00	\$ 14.75	\$ 29.50	\$ 44.25	\$ 59.00
D0274	Bitewing, Four images	\$ 82.00	\$ 82.00	18.00	\$ 20.50	\$ 41.00	\$ 61.50	\$ 82.00
PREVENTATIVE								
D1110	Prophylaxis, Age 21 and over	\$ 120.00	\$ 120.00	25.00	\$ 30.00	\$ 60.00	\$ 90.00	\$ 120.00
D1120	Child Prophylaxis, Ages 0 20	\$ 88.00	\$ 88.00	18.00	\$ 22.00	\$ 44.00	\$ 66.00	\$ 88.00
D1206	Fluoride Varnish	\$ 52.00	\$ 52.00	10.00	\$ 13.00	\$ 26.00	\$ 39.00	\$ 52.00
D1351	Sealant- per tooth	\$ 70.00	\$ 70.00	10.00	\$ 17.50	\$ 35.00	\$ 52.50	\$ 70.00
AMALGAM RESTORATIONS								
D2140	Primary or Permanent, 1 Surface	\$ 184.00	\$ 184.00	40.00	\$ 46.00	\$ 92.00	\$ 138.00	\$ 184.00
D2150	Primary or Permanent, 2 Surfaces	\$ 232.00	\$ 232.00	50.00	\$ 58.00	\$ 116.00	\$ 174.00	\$ 232.00
D2160	Primary or Permanent, 3 Surfaces	\$ 278.00	\$ 278.00	60.00	\$ 69.50	\$ 139.00	\$ 208.50	\$ 278.00
D2161	Primary or Permanent, 4 or More Surfaces	\$ 325.00	\$ 325.00	70.00	\$ 81.25	\$ 162.50	\$ 243.75	\$ 325.00

WCCHC Dental Fee Schedule Proposed 2023		2024 Proposed	2023	A	B	C	D	E			
				<100% FPL	101-133% FPL (25%)	134-185% FPL (50%)	186-200% FPL (75%)	≥ 200% FPL			
				MINIMUM FEE					FULL FEE		
				A	B	C	D	E			
CODE	PROCEDURE										
COMPOSITE RESTORATION											
D2330	Composite, 1 Surface, Anterior	\$ 211.00	\$ 211.00	40.00	\$ 52.75	\$ 105.50	\$ 158.25	\$ 211.00			
D2331	Composite, 2 Surfaces, Anterior	\$ 257.00	\$ 275.00	45.00	\$ 64.25	\$ 128.50	\$ 192.76	\$ 257.00			
D2332	Composite, 3 Surfaces, Anterior	\$ 310.00	\$ 310.00	60.00	\$ 77.50	\$ 155.00	\$ 232.50	\$ 310.00			
D2335	Composite, 4 or More Surfaces or Involving Incisal Angle (Anterior)	\$ 382.00	\$ 382.00	75.00	\$ 95.50	\$ 191.00	\$ 286.50	\$ 382.00			
D2391	Composite 1 Surface Posterior	\$ 235.00	\$ 235.00	50.00	\$ 58.75	\$ 117.50	\$ 176.25	\$ 235.00			
D2392	Composite 2 Surfaces, Posterior	\$ 296.00	\$ 296.00	60.00	\$ 74.00	\$ 148.00	\$ 222.00	\$ 296.00			
D2393	Composite 3 Surfaces, Posterior	\$ 360.00	\$ 360.00	75.00	\$ 90.00	\$ 180.00	\$ 270.00	\$ 360.00			
D2394	Composite 4 or More Surfaces, Posterior	\$ 423.00	\$ 423.00	80.00	\$ 105.75	\$ 211.50	\$ 317.25	\$ 423.00			
INTERIM RESTORATION											
D1354	Interim Caries Arresting Medicament (Silver Diamine Fluoride)- Per Tooth	\$ 75.00	\$ 75.00	20.00	\$ 18.75	\$ 37.50	\$ 56.25	\$ 75.00			
D2940	Sedative Filling/ Protective Restoration	\$ 153.00	\$ 153.00	35.00	\$ 38.25	\$ 76.50	\$ 114.75	\$ 153.00			
PRIMARY DENTITION											
D3220	Pulpotomy with Medicament application	\$ 254.00	\$ 340.00	45.00	\$ 63.50	\$ 127.00	\$ 190.50	\$ 254.00			
PERIO											
D4341	Scaling & Root Planing- 4 or more teeth (per quadrant)	\$ 322.00	\$ 322.00	50.00	\$ 80.50	\$ 161.00	\$ 241.50	\$ 322.00			

WCCHC Dental Fee Schedule Proposed 2023		2024 Proposed	2023	A	B	C	D	E
				<100% FPL	101-133% FPL (25%)	134-185% FPL (50%)	186-200% FPL (75%)	≥ 200% FPL
				MINIMUM FEE				FULL FEE
CODE	PROCEDURE			A	B	C	D	E
D4342	Periodontal scaling and root planing One to three teeth per quadrant	\$ 234.00	\$ 234.00	50.00	\$ 58.50	\$ 117.00	\$ 175.50	\$ 234.00
D4355	Gross Scale/ Full Mouth Debridement	\$ 229.00	\$ 229.00	50.00	\$ 57.25	\$ 114.50	\$ 171.75	\$ 229.00
D4910	Periodontal Maintenance (per quadrant)	\$ 182.00	\$ 182.00	40.00	\$ 45.50	\$ 91.00	\$ 136.50	\$ 182.00
EXTRACTIONS								
D7140	Extraction, Erupted Tooth or Exposed Root	\$ 240.00	\$ 240.00	50.00	\$ 60.00	\$ 120.00	\$ 180.00	\$ 240.00
D7210	Surgical Removal of Erupted Tooth	\$ 362.00	\$ 362.00	80.00	\$ 90.50	\$ 181.00	\$ 271.50	\$ 362.00
D7410	Excision of Benign Lesion up to 1.25 cm	\$ 525.00	\$ 383.00	100.00	\$ 131.25	\$ 262.50	\$ 393.75	\$ 525.00
ANESTHESIA								
D9230	Analgesia Nitrous Oxide	\$ 97.00	\$ 97.00	15.00	\$ 24.25	\$ 48.50	\$ 72.75	\$ 97.00
OTHER SERVICES								
D9110	Palliative (Emergency) Treatment of Dental Pain-minor procedure	\$ 165.00	\$ 165.00	40.00	\$ 41.25	\$ 82.50	\$ 123.75	\$ 165.00
OTHER SERVICES								
D9310	Consultation	\$ 157.00	\$ 157.00	35.00	\$ 39.25	\$ 78.50	\$ 117.75	\$ 157.00

Based on Usual and Customary Fees for Illinois, Indiana, Michigan, Ohio, Wisconsin @75th & U&C
Based on American Dental Assoc. 2022 survey. (2023 not yet published)



Will County
Health Department &
Community Health Center

**WILL COUNTY BOARD OF HEALTH
RESOLUTION #24-16**

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

APPROVAL TO SURPLUS EQUIPMENT– LISTING ATTACHED

WHEREAS, the Will County Health Department requires the disposal and/or recycling of medical equipment and office furniture for the Community Health Center.

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

DATED THIS 21st day of February, 2024.

Billie Terrell, Ph.D., ACSW, President
Will County Board of Health

Surplus Disposal Form

Department : Community Health Center

Phone No.: (815) 774-7375

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
Furniture	None	3 Section Desk	10+	W - Poor condition								
Furniture	None	14 Vertical File Storage Units	10+	W - No longer needed								
Medical Equipment	None	Biopsy Forceps	5	NW								
Medical Equipment	None	Covidien Tympanic Thermometer	3	NW		SMF0118-011						
Medical Equipment	None	Welch Allen Blood Pressure Machine	3	NW		100001962312	17046			5/		
Medical Equipment	None	McKesson Handheld Doppler	5	NW		2023070333						
Medical Equipment	None	Welch Allen Universal Charger	5+	NW		12135	17035					
Medical Equipment	None	Welch Allen Otoscope	5+	NW		11710	17040					
Medical Equipment	None	Welch Allen Ophthalmoscope	5+	NW			17037					
Furniture	None	Metal Work Bench 10 +	10+	W - Poor condition								
Furniture	None	5 Office Chairs	5	W - Poor condition								
Medical Equipment	None	Cavitator Ultrasonic Instrument Cleaner	5+	NW		0120ZZL000253						
Medical Equipment	None	Aqua Slatt Water Distiller	5+	NW		DC 12080856 - 81538	15414					
Medical Equipment	None	Hilux Corded Dental Cure Light	10+	NW		950-919-128						
Medical Equipment	None	Leol Blast Cordless Cure Light	5+	NW		HB0735						
Medical Equipment	None	Dental Amalgamator	5+	NW		22862						
Medical Equipment	None	Schick Interface Box	5+	NW		3448533486	16342					
Medical Equipment	None	Schick Interface Box	5+	NW		3448533486	16343					

(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

(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

-Computer Staff (either ICT or department staff) should initial to verify hard drive was stripped



**WILL COUNTY BOARD OF HEALTH
RESOLUTION #24-17**

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

**APPROVAL TO CONTRACT WITH CHICAGO BIOMEDICAL SERVICES FOR
MEDICAL EQUIPMENT REPAIR AND INSPECTION SERVICES NOT TO EXCEED
\$13,000 PLUS DETAIL FOR SERVICE AND TRAVEL AS INDICATED IN THE
CONTRACT**

WHEREAS, the Will County Health Department and Community Health Center requires a certified biomedical company to repair and inspect all medical equipment prior to first use and annually; and

WHEREAS, Chicago Biomedical Services offers certified technicians that are available to travel to the Community Health Center and its satellite locations to provide this required service; and

WHEREAS, Will County has used Chicago Biomedical Services in the past with satisfactory results and has recently renegotiated the Service Agreement.

NOW, THEREFORE, BE IT RESOLVED, the Will County Board of Health hereby approves the Service Agreement from February 6, 2024 through February 6, 2025 with Chicago Biomedical Services in the amount not to exceed \$13,000 per year plus detailed costs for additional service calls and travel that may be required.

DATED THIS 21st day of February, 2024.

Billie Terrell, Ph.D., ACSW, President
Will County Board of Health

CHICAGO BIOMEDICAL SERVICES

Where Every Day We Make a Difference in the Lives of Patients and Caregivers

CONTRACT #:
020624WCH

EQUIPMENT MAINTENANCE PROGRAM

Chicago Biomedical Services Agrees to service the products listed herein during the term of his Agreement for the following customer:

BILL TO: Will County Community Health Centers SERVICE AT: Three Locations
1106 Neal Avenue
Joliet, IL 60433
ATTN: Stacy Baumgartner – Operations Director
Phone # 708-821-8410

This program includes the labor and travel to perform maintenance inspections on listed equipment according to the manufacturer's specifications during normal business hours. (Excluding service required as a direct result of abuse, misuse, external causes, unauthorized service and advanced instrument modifications). Such service will be billed in accordance with the then prevailing rates. Chicago Biomedical Services will perform routine preventive maintenance inspections as agreed in this program and maintain a Service Log on all equipment.

INCLUDED SERVICES

Total Preventive Maintenance Inspections..... 1 (ONE)
 Preventive Maintenance Inspections performed in the month of..... MARCH 2024
 Biomedical Preventive Maintenance Costs during normal working hours (8am-5pm Mon-Fri.)...\$75.00/hour- plus \$75.00/hr. Travel
 Additional service call(s) after normal working hours (After 5pm Mon-Fri or Weekends.)...\$112.50/hour. plus \$112.50/hour Travel
 No Parts are covered or included under the terms of this contract.
 Any repairs required to bring the covered equipment to manufacturers operating specifications or pre-existing equipment failures are not covered under the terms of this contract. Service for these repairs will be invoiced at the then prevailing rates.
TOTAL COST OF BIOMEDICAL PROGRAM IS \$13000.00 Including Data Entry and Reports
ALL INCOMING INSPECTION AND REPAIR SERVICE CALLS ARE NOT INCLUDED AND WILL BE BILLED AT THE CONTRACTED RATE FOR LABOR AND TRAVEL

ADDITIONAL TERMS OR SPECIAL SERVICES

EMERGENCY REPAIRS WILL NORMALLY BE FULFILLED WITHIN 5 BUSINESS AFTER RECEIPT OF REQUEST.

INITIAL TERMS OF THIS AGREEMENT ARE FROM 2/6/24 TO 2/6/25

EQUIPMENT TO BE MAINTAINED

MFG.	TYPE				
	Joliet Location – (580) Pieces of Biomedical Equipment				
	Bolingbrook Location – (38) Pieces of Biomedical Equipment				
	Monee Location – (23) Pieces of Biomedical Equipment			641 Total Pieces	

<i>Jose A Rivera</i>	
Chicago Biomedical Services Authorized Signature	Company Authorized Signature/Title
DATE: 2/6/24	DATE:
CONTRACT No. 020624WCH	PO #:
	CONTACT: Stacy Baumgartner – Operations Director
	DEPARTMENT:
	PHONE: 708-821-8410

CHICAGO BIOMEDICAL SERVICES

Where Every Day We Make a Difference in the Lives of Patients and Caregivers

CHICAGO BIOMEDICAL SERVICES - SERVICE AGREEMENT TERMS

In accordance with this Agreement, Chicago Biomedical Services will perform service as agreed in this program. The customer will be notified in advance of each visit and agrees that the equipment will be made available for service at the appointed time during normal working hours. In the event the equipment is in use and cannot be removed for service at the time of the visit, the customer agrees that the Chicago Biomedical Services representative shall perform only such sight inspections as conditions permit.

At the customer's request, Chicago Biomedical Services will make a regular service call in addition to those contracted for hereunder at Chicago Biomedical Services then prevailing rate for any additional service calls. Service work performed on weekends, holidays, or outside normal working hours (8 A.M. - 5 P.M., Mon. thru Fri.) shall be charged at a time plus one half the standard rate.

The Agreement covers only the equipment listed herein equipment cannot be deleted during the period of this contract. Any new equipment purchased by the customer during the period of this contract cannot be included under the Agreement already in effect. An additional Agreement will be drafted to include the newly purchased equipment.

The service provided hereunder will not include cleaning procedures required to maintain the customers normal standard of cleanliness for this type of equipment.

It is understood that by agreeing to service this equipment, Chicago Biomedical Services assumes no responsibility for any condition affecting the proper operation of the equipment resulting from accident, negligence, abuse, or alterations made to the equipment by anyone other than the authorized Chicago Biomedical Services representative, or from other causes beyond our reasonable control whether or not similar to those enumerated.

This Agreement shall continue in full force and effect for the Initial Term specified on the reverse side hereof, and may be renewed for subsequent one (1) year terms by mutual agreement of the Parties. Either Party may terminate this contract without cause by giving thirty (30) days' written notice to the other Party.

CHICAGO BIOMEDICAL SERVICES

ELECTRONIC SALES - SERVICE - LEASES

1244 S. Sawyer Ave.

Chicago, IL 60623

PHONE: (708) 415-1730

Chicago_biomedical@sbcglobal.net

**WILL COUNTY BOARD OF HEALTH
RESOLUTION #24-18**

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

APPROVAL OF THE TRANSFER OF FUNDS - \$52,972

WHEREAS, the Family Health Services division of the Will County Health Department requires interpreter services necessary for program operations; and

WHEREAS, one additional interpreter clerk was budgeted within the FY2024 budget; and

WHEREAS, in lieu of increasing interpreter clerk staffing, contracted interpreter services will be utilized as needed to provide translation services.

NOW, THEREFORE, BE IT RESOLVED, the Will County Board of Health hereby approves the following transfer of funds in the FY2024 Will County Health Department budget:

Expenses:

Decrease:	2102-511010-120-34050-40	Full-Time Employees	\$30,527
	2102-521010-120-34050-40	FICA	\$ 2,259
	2102-522010-120-34050-40	IMRF	\$ 2,186
	2102-523010-120-34050-40	Health Insurance	\$18,000
Increase:	2102-542520-120-34050-40	Interpreter	\$52,972

DATED THIS 21st day of February, 2024.

Billie Terrell, Ph.D., ACSW, President
Will County Board of Health

<u>EMPLOYEES</u>	<u>DATE</u>
<u>NEW</u>	
Nohemi Hernandez CHC CMA	2/5/2024
Ana Rohde CHC – NBO CMA	3/4/2024
Stefanie Monreal BH Access to Care I	2/20/2024
Yvonne Walker CHC LPN	2/5/2024
Andrew Sarwark BH Crisis Response Specialist II	3/4/2024
Maritza Romero CHC Reimbursement Specialist I	2/20/2024
Nicol Mack BH Mental Health Counselor II Child & Adolescent	4/1/2024
Marc Woods BH Engagement Specialist II	2/20/2024
Stephanie Wilhelmi CHC CMA	2/20/2024
Alicia Alvarado BH Staff Nurse II	3/18/2024
<u>CONTRACTUAL EMPLOYEE</u>	
Dan Garganera, MD CHC Internal Medicine/Infectious Disease	4/29/2024-4/28/2027 (1 st yr. of 3 yr. contract)
<u>CONTRACTUAL</u>	
Terri White BH Rapid Response Naloxone Team	2/3/2024-11/30/2024

TRANSFER

Diane Weber
FHS
Administrative Clerk II-Immunizations
2/5/2024
(ARPA Grant funded until 12/31/24)
(transfer from BH Medical Secretary)

PROMOTION

Michael Bragg
EH
Lab Analyst 1
Ernestina LaMonte
Administration
Vital Records Technician I
2/5/2024
(transfer from EH Asst)
3/4/2024
(transfer from Admin Clerk-FHS)

TEMPORARY

Hettimia Wheeler
Administration
HR Assistant I
Brandy Leggette
CHC
Covid Tester
1/22/2024
(SIPA Grant)
3/4/2024

RESIGNATION

Alma Flores
CHC
COVID Nurse (temporary)
Tia Funches
Administration
Health Navigator
1/18/2024
(term due to max hours)
2/5/2024
(term due to max hours)

OTHER

Whitney Lipscomb
CHC
APRN
1/22/2024
(changed from 3 yr. to 2 yr. contract)

RETIREMENT

Georgia VanderBoegh
FHS
Division Director
5/31/2024

Approved:

Billie Terrell, PhD, ACSW, President, Board of Health

Date

Recommended:

Elizabeth Bilotta, Executive Director, WCHD

Date