

AGENDA

WILL COUNTY BOARD OF HEALTH MEETING
WILL COUNTY HEALTH DEPARTMENT
501 ELLA AVENUE
JOLIET, IL 60433
CONFERENCE ROOM 1005A / 1005B
November 19, 2025– 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 (pgs. 1-5)
October 15, 2025, Regular Session – **Motion**
- VII. Treasurer’s Report & Department Financial Reports (pgs. 6-9)
October 31, 2025 – **Motion**
- VIII. Reports from Divisions (pgs. 10-55)
Division Statistical Reports – **Discussion** (pgs. 56-61)
- IX. Old Business
 - A. Funding Update - **Discussion**
 - B. BOH By Law Revision – **Motion** (pgs. 61-64)
- X. New Business
 - A. Resolutions #25-66 – #25-73
 1. Resolution #25-66 Approval of FY2026 Budget (Adm) – **Motion** (pgs. 65-74)
 2. Resolution #25-67 Approval of Cisco SmartNet Maintenance Agreement (Adm) – **Motion** (pgs. 75-77)
 3. Resolution #25-68 Approval of Year Two Citrix Services and License Subscription (Adm) – **Motion** (pgs. 78-80)
 4. Resolution #25-69 Approval of Year Three Canon Master Service Agreement (Adm) – **Motion** (pgs. 81-91)
 5. Resolution #25-70 Approval of Three-Year Meraki License and Support Subscription (Adm) – **Motion** (pgs. 92-94)
 6. Resolution #25-71 Approval of Team Clock Institute Contract (BH) – **Motion** (pgs. 95-96)
 7. Resolution #25-72 Approval of Two-Year Biomedical Maintenance Agreement (CHC)- **Motion** (pgs. 97-99)
 8. Resolution #25-73 Approval of Purchase of Computer Equipment (CHC) – **Motion** (pgs. 100-102)
 - B. Review of Community Health Center Service Area Competition (SAC) grant application – **Discussion** (pgs. 103-184)
 - C. Election of Officers (Chief Hertzmann) - **Motion**
 - D. Approval of BOH meetings for 2026 (Chief Hertzmann) – **Motion** (pg. 185)
- XI. Executive Session re: Employment/ Legal Matters – **Motion & Roll Call**
- XII. Board Approval of Personnel Status Report – **Motion** (pgs. 186-187)
- XIII. Board Members’ Concerns and Comments – **Discussion**
- XIV. Public General Comments and Concerns – **Discussion**
- XV. Adjournment – **Motion**



**WILL COUNTY HEALTH DEPARTMENT
BOH MEETING MINUTES
October 15, 2025**

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 3:00 p.m., Chief Paul Hertzmann, President presiding.

ROLL CALL/ QUORUM WAS MET AT 3:00pm

MEMBERS PRESENT

Chief Paul Hertzmann, President
Billie Terrell, PhD., ACSW, Vice President
Edna Brass, MA, BS, Secretary
Chief Carey
Dr. Lipinski
Dr. Soderquist
Pamela Robbins, MSN, RN
Mica Freeman (arrived @ 3:06pm)
José Vera (arrived @ 3:01pm)
Raquel Mitchell (arrived @ 3:13pm)

MEMBERS ABSENT

Allison Gunnink, MBA, LPMT, MT-BC
Dr. Morales

STAFF PRESENT

Elizabeth Bilotta, Executive Director, Administration
Denise Bergin, Assistant Executive Director, Administration
Mary Kilbride, Executive Assistant, Administration
Cindy Jackson, Director of Administrative Services
Stacy Baumgartner, Chief Executive Officer, Community Health Center
Dr. Kathleen Burke, Program Coordinator, Behavioral Health
Cheryl Picard, Assistant Director of Family Health Services
Alpesh Patel, Program Coordinator, Family Health Services
Trisha Kautz, Director Laboratory Operations, Environmental Health
Barb Agor, Safety & Risk Reduction Officer, Administration
Armando Reyes, Director of Compliance, Administration
Ted Strejcek, Information Technology Specialist II, Administration
Caitlin Daly, Program Manager, MAPP/Community Planning, Family Health Services
Magda Lara, Staff Nurse II, Family Health Services
Randel Jurek, Director of ITT, Administration
Jillian Carlisle, Assistant Director of ITT, Administration
Sylvia Muniz, Director of Family Health Services
Kevin Juday, Communications Program Manager, Administration
Katie Weber, Emergency Preparedness & Response Coordinator, Administration
Michelle Zambrano, Director of Operations, Behavioral Health
Stacey Knack, Director of HR, Administration
Ann Conrad, EHR Training Supervisor, Administration
Aishwarya Balakrishna, Health Equity Manager, Administration
Rebecca Anderson, Community Health Educator II, Family Health Services

OTHERS PRESENT

Toni Renken, Assistant State's Attorney
Birute Satraitis, Resident

PLEDGE OF ALLEGIANCE: Chief Hertzmann

PRESIDENT’S COMMENTS: Chief Hertzmann thanked all who were able to attend the NBO Open House.

EXECUTIVE DIRECTOR’S COMMENTS

- Ms. Bilotta spoke of October being Breast Cancer Awareness month. Staff will be wearing pink every Friday to show our support.
- Covid Vaccines are being offered at the Health Department if anyone is interested. Call Immunizations to set up an appointment.
- Ms. Bilotta spoke of finding out tomorrow at the County Board meeting the FY26 levy amounts. We will not know until November County meeting if Cannabis monies will be appropriated to the WCHD.
- A special BOH meeting has been scheduled on November 21st at 9:00am if the WCHD FY26 budget will need to be changed due to decisions made at the County Board meeting on November 20th.
- Ms. Bilotta spoke briefly of the services that the Health Department and Community Health Center offer.
- Ms. Bilotta thanked the Board Members and the Health Department and Community Health Center staff for their continued service and support.

PUBLIC COMMENTS FOR AGENDA ITEMS ONLY: None

APPROVAL OF BOARD OF HEALTH MINUTES

Moved to approve September 17th, 2025, regular meeting minutes as presented.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Ms. Brass
SECONDER:	Dr. Terrell
AYES:	Chief Hertzmann, Dr. Terrell, Ms. Brass, Dr. Lipinski, Ms. Robbins, Ms. Freeman, Mr. Vera
ABSTAIN:	Chief Carey, Dr. Soderquist

Ms. Bergin presented a detailed explanation of the Agency’s financial statements as provided by the County ending September 30th, 2025.

The Board of Health moved to approve the Treasurer’s Report and Department Financial Reports for the month of September 2025 as presented.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Dr. Terrell
SECONDER:	Ms. Freeman
AYES:	Chief Hertzmann, Dr. Terrell, Ms. Brass, Chief Carey, Dr. Lipinski, Dr. Soderquist, Ms. Robbins, Ms. Freeman, Mr. Vera, Ms. Mitchell
ABSTAIN:	None

REPORTS FROM DIVISIONS

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

Ms. Baumgartner – Chief Executive Officer, Community Health Center (Presented Report for the month of October for Dr. Byrd who was not in attendance)

- Ms. Baumgartner spoke briefly about the Prostate Cancer Screening Guidelines.
- Brooks Middle School is currently having “Back-To-School” physical exams. A newly hired provider is currently being trained in Joliet so there are three (3) providers filling in three (3) days a week until she starts at the school.
- Staffing update was given.
- Brooks success story shared regarding Diabetic child
 - * Ms. Robbins asked how old the patient was? Age 11

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

- Ms. Baumgartner spoke about *Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PROWA)*. Illinois Community Health Centers were notified that a preliminary injunction was issued on September 10, 2025. Per this order, PROWA may not be implemented or enforced by any Health and Human Services employee, component, program, grantee, or contractor.

- Ms. Baumgartner has been invited to participate in an expert panel at the IPHCA Annual Leadership Conference. The session will partner with two other health centers and Prevent Blindness Illinois to discuss ways health centers can bring Optometry services to patients of health centers.
- Ms. Baumgartner spoke about the Title V grant that requires School-Based health centers to have a functioning Community Advisory Board that evaluates and provides feedback on overall program operations. The council met in September and program updates and marketing efforts were shared
- The Health Center has fallen short of many benchmarks in our quality indicators. Therefore, a committee has been formed. The team is developing workflows to ensure that the clinical care documentation is captured. As workflows are developed, they will be approved by the Chief Medical Officer (CMO) and communicated to the clinical staff with training. The committee expects to see changes in the quality measure outcomes by November.

Ms. Knack – Director of Human Resources (Presented Reports for the month of October)

- Ms. Knack spoke of the 14th Annual Benefits Fair for all County employees. Over 200 employees participated. This took place on Friday, September 12, 2025.
- A newer version of our current payroll software Kronos 8.0 will go live on October 11th.
- Ms. Knack asked the Board of Health what they would like to have her report on going forward?
 - *Dr. Terrell said she likes hearing about information on the continuous education for employees.*
 - *Ms. Brass confirmed if new job titles will be presented after they have been approved? Ms. Knack stated Yes.*
 - *Ms. Robbins asked if staff is resigning due to the possibility of changes taking place? Ms. Knack stated not at this time.*

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

- Ms. Jackson spoke of going out to bid for a new Security Contract for FY26-28. Four companies submitted bids for review, three bids were accepted and our recommendation is included in the packet.
- Ms. Jackson spoke briefly about the issues with the elevator at the Health Department.
- Ms. Jackson spoke briefly about the Open House at NBO.
 - *Ms. Brass questioned if the current security company submitted a bid? Ms. Jackson stated Yes, but their application was non-conforming.*

Ms. Kautz – Director of Laboratory Operations (Presented Reports for the month of October)

- Ms. Kautz spoke of Environmental Health passing their National Environmental Laboratories Accreditation Chemistry Certification with the Illinois Environmental Protection Agency on September 15, 2025.
- Ms. Kautz spoke about coordinating a seminar hosted by the Northeastern Illinois Regional Groundwater Protection Planning Committee on Per- and Polyfluoroalkyl (PFAS) Substances held at the Will County Health Department on September 25, 2025.

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

- Ms. Scruggs spoke of seeing results already at the NBO location. Patients have transferred over to that location to see their therapist due to it being a more convenient location.
- We have seen an increase in numbers of court clients as well as hospital discharges. Currently we are scheduling for about three weeks out for adult therapy services. Child and Adolescent services are being scheduled for two weeks out. There have been 140 Intakes for all programs from 9/1/25-9/30/25.
- Nine new students have been accepted in the Behavioral Health Clinical Training program. Over the next several weeks, they will be trained in multiple and often complex tasks and responsibilities for which they will be accountable.
- Mobile Crisis Response (MCR) staff received 131 calls.
- Our second-quarter audits showed overall improvement in most areas. A Performance Improvement Plan is currently in development and will be shared with management and staff before completion of our third quarter audits.
- There was a decrease in Child & Adolescent visits from 2024 to 2025.
 - *Ms. Bergin asked if Ms. Scruggs has the numbers for Child and Adolescent Programs in the schools? Ms. Scruggs stated No.*
 - *Ms. Brass asked where Madden Mental Health Center is located? Ms. Scruggs stated it is in Hines, IL.*
 - *Ms. Brass asked if the Daily Living Group meets weekly? Ms. Scruggs stated Yes.*
 - *Mr. Vera asked that Ms. Scruggs speak of why there will be a greater need for the services spoken. Ms. Scruggs stated the changes at the Federal level will affect almost everyone. There will be a lack of access to services e.g. food, vaccines, preventative care for children and behavioral health.*

Dr. Burke – Behavior Health Community Coordinator, Behavioral Health (Presented Reports for the month of October)

- Opioid overdose deaths have decreased 52% compared to the same time last year.
- 1241 boxes of Naloxone were distributed in September. There were 312 distributed from our Red Boxes.
- Dr. Burke spoke of Nitazene which is a powerful class of synthetic opioids. It can be 10-40 times stronger than fentanyl.
- Dr. Burke will continue to monitor if cases of Nitazene overdoses occur in Will County.
- Dr. Burke spoke briefly about prevention through our wound kits that the Rapid Response team has been handing out.
- The wound kits were a pilot which worked very well so they will continue to get more of these kits.

Ms. Muniz – Director of Family Health Services (Presented Reports for the month of October)

- Ms. Muniz spoke about the coat drive taking place in Women Infant and Children (WIC) through next week.
- Off-Site School Clinics were held at the Plainfield School district and Sator Sanchez Elementary School for Joliet District 86. There were 27 students immunized, and 62 vaccines were administered to students entering Kindergarten, 6th grade and 12th grade.
 - * *Ms. Brass asked what is the difference in Spikevac (Moderna) for the ages of 12 + vs. 6 months. through 11 yrs. old.? Ms. Muniz stated it is a different dose according to age of patient. Ms. Muniz stated there has not been a big demand for the COVID vaccine and therefore we have not purchased a lot of the Spikevac.*

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

- Ms. Weber stated Illinois Environmental Protection Agency (IEPA) has been covering the cost of the contractors collecting daily filters for BioWatch. An agreement has been reached, and the program will continue for another five months.
- Ms. Weber spoke of the “Bens Blue Bag”. She showed all sensory items that were in the bag. These bags will be distributed to many of the fire departments and ambulances.

Mr. Juday – Communication Program Manager (Presented Reports for the month of October)

- Mr. Juday spoke of working with Caitlin Daly, MAPP Program Manager, on the design of a new MAPP webpage.
- Media Services is establishing a new social media working group through the agency. This group is for all programs and divisions that provide social media content. The group will set standards in dimensions, colors, logo and font usage while also working on creating a social media calendar a month in advance.
 - * *Ms. Freeman asked if Mr. Juday also does the newsletter? He stated Yes. Ms. Freeman asked if we could condense the newsletter as it currently reads like a book.*
 - * *Ms. Mitchell mentioned possibly giving bullet points, so it is not so long of a read.*

OLD BUSINESS:

Funding Update

Ms. Bergin provided a funding update.

NEW BUSINESS:

Resolutions #25-62 - #25-65

Resolution #25-62 APPROVAL OF SECURITY CONTRACT

Ms. Jackson spoke of Blue Line Security bid that had been selected. She briefly discussed the company.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Dr. Terrell
SECONDER:	Dr. Lipinski
AYES:	Chief Hertzmann, Dr. Terrell, Ms. Brass, Chief Carey, Dr. Lipinski, Dr. Soderquist, Ms. Robbins, Ms. Freeman, Mr. Vera, Ms. Mitchell
ABSTAIN:	None

Resolution #25-63 APPROVAL OF LOCUMTENENS CLIENT AGREEMENT

Ms. Scruggs spoke of the need for LocumTenens which provides medical staffing including psychiatrists and BH APRN's.

RESULT: APPROVED [UNANIMOUS]

MOVER:	Ms. Mitchell
SECONDER:	Ms. Freeman
AYES:	Chief Hertzmann, Dr. Terrell, Ms. Brass, Chief Carey, Dr. Lipinski, Dr. Soderquist, Ms. Robbins, Ms. Freeman, Mr. Vera, Ms. Mitchell
ABSTAIN:	None

RESOLUTION #25-64 APPROVAL OF APPROPRIATION OF FUNDS (CHC)

Ms. Baumgartner spoke of IDPH Loan Repayment Program.

- * *Dr. Lipinski asked how many providers does this include? Ms. Bergin stated one (1).*

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Ms. Freeman
SECONDER:	Ms. Mitchell
AYES:	Chief Hertzmann, Dr. Terrell, Ms. Brass, Chief Carey, Dr. Lipinski, Dr. Soderquist, Ms. Robbins, Ms. Freeman, Mr. Vera, Ms. Mitchell
ABSTAIN:	None

RESOLUTION #25-65 APPROVAL OF SURPLUS EQUIPMENT

Mr. Jurek spoke of the surplus items that are being asked to be disposed of.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Chief Carey
SECONDER:	Ms. Brass
AYES:	Chief Hertzmann, Dr. Terrell, Ms. Brass, Chief Carey, Dr. Lipinski, Dr. Soderquist, Ms. Robbins, Ms. Freeman, Mr. Vera, Ms. Mitchell
ABSTAIN:	None

Discussion of Amended BOH ByLaws. At November BOH, we will ask for approval to amend the ByLaws.

Ms. Bilotta spoke of the amended BOH ByLaws. One statement was added.

Any permitted public comment at the Board of Health meeting should be held to less than three (3) minutes.

** Dr. Lipinski asked why is it 3 minutes? Ms. Bilotta responded that we were following the Will County Board rules.*

Governing Council Amended ByLaws

Ms. Baumgartner spoke about the changes that were made to the Governing Council ByLaws. They were approved by the Governing Council. HRSA states that the Governing Council ByLaws have to be presented to the Board of Health but not approved by the Board of Health.

APPROVAL OF PERSONNEL STATUS REPORT FOR SEPTEMBER

Personnel Status Report was discussed by Ms. Bilotta

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Dr. Terrell
SECONDER:	Chief Carey
AYES:	Chief Hertzmann, Dr. Terrell, Ms. Brass, Chief Carey, Dr. Lipinski, Dr. Soderquist, Ms. Robbins, Ms. Freeman, Mr. Vera, Ms. Mitchell
ABSTAIN:	None

The Board approved all personnel changes for the Will County Health Department for the month of October.

BOARD MEMBERS' COMMENTS/CONCERNS: None

PUBLIC CONCERNS AND COMMENTS: Resident Birute Satraitis asked to speak for a few minutes. She spoke about Illinois Breast & Cervical Cancer Program and the delay she has experienced in the program.

ADJOURNMENT

A **motion** was made by Dr. Terrell and **seconded** by Ms. Freeman to adjourn the meeting at 4:23pm.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Dr. Terrell
SECONDER:	Ms. Freeman
AYES:	Chief Hertzmann, Dr. Terrell, Ms. Brass, Chief Carey, Dr. Lipinski, Dr. Soderquist, Ms. Robbins, Ms. Freeman, Mr. Vera, Ms. Mitchell
ABSTAIN:	None

By: _____
Edna Brass, Secretary
Will County Board of Health

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

Will County Health Department

FY 2025

Balance Sheet

Eleven Months Ending October 2025

	Beg Bal <u>12/1/2024</u>	End Bal <u>10/31/2025</u>	<u>Change</u>
Assets			
Cash and cash equivalents	9,215,160.53	1,869,917.38	(7,345,243.15)
Investments	12,875,000.00	20,140,000.00	7,265,000.00
Receivables	15,259,226.86	1,793,436.35	(13,465,790.51)
Total Assets	<u>37,349,387.39</u>	<u>23,803,353.73</u>	<u>(13,546,033.66)</u>
Liabilities			
Payables	2,930,808.39	89,271.46	(2,841,536.93)
Due to	17,175.69	9,134.00	(8,041.69)
Unearned revenue	271,502.12	351,756.43	80,254.31
Unavailable revenue	663,656.34	-	(663,656.34)
Property taxes levied for future periods	11,020,933.65	-	(11,020,933.65)
Equity			
Fund Balance	22,445,311.20	23,353,191.84	907,880.64
Total Liabilities & Equity	<u>37,349,387.39</u>	<u>23,803,353.73</u>	<u>(13,546,033.66)</u>

Will County Health Department

FY 2025 Change in Cash Eleven Months Ending October 2025

	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025	Total
Cash and Cash Equivalents												
Beginning Balance	9,215,160.53	3,972,104.74	2,250,131.17	8,273,346.49	6,955,729.23	6,941,598.02	5,620,155.44	4,948,726.51	9,992,589.13	662,694.30	3,158,937.64	9,215,160.53
Deposits	5,711,509.19	3,205,534.13	1,149,294.96	1,927,684.85	2,379,876.29	1,889,461.55	2,501,397.85	7,791,049.47	2,506,901.25	5,599,896.33	1,554,018.14	36,216,624.01
Loan from Corporate	9,134.00	-	-	-	-	-	-	1,574.56	(1,574.56)	-	-	9,134.00
AP Payments	(1,228,675.07)	(3,552,652.50)	(1,331,111.31)	(1,469,258.89)	(1,000,283.12)	(1,445,427.39)	(1,385,363.93)	(1,120,586.70)	(1,848,633.24)	(1,289,894.07)	(1,215,950.06)	(16,887,836.28)
Payroll	(1,725,889.91)	(1,369,158.08)	(1,792,623.76)	(1,776,043.22)	(1,393,724.38)	(1,765,476.74)	(1,787,462.85)	(1,628,174.71)	(2,721,588.28)	(1,813,758.92)	(1,627,088.34)	(19,400,989.19)
Investment Transfers *	(8,000,000.00)	-	8,000,000.00	-	-	-	-	-	(7,265,000.00)	-	-	(7,265,000.00)
Prior Period Due To	(9,134.00)	(5,697.12)	(2,344.57)	-	-	-	-	-	-	-	-	(17,175.69)
Ending Balance	3,972,104.74	2,250,131.17	8,273,346.49	6,955,729.23	6,941,598.02	5,620,155.44	4,948,726.51	9,992,589.13	662,694.30	3,158,937.64	1,869,917.38	1,869,917.38
Investments												
Beginning Balance	12,875,000.00	20,875,000.00	20,875,000.00	12,875,000.00	12,875,000.00	12,875,000.00	12,875,000.00	12,875,000.00	12,875,000.00	20,140,000.00	20,140,000.00	12,875,000.00
Investment Transfers *	8,000,000.00	-	(8,000,000.00)	-	-	-	-	-	7,265,000.00	-	-	7,265,000.00
Ending Balance	20,875,000.00	20,875,000.00	12,875,000.00	12,875,000.00	12,875,000.00	12,875,000.00	12,875,000.00	12,875,000.00	20,140,000.00	20,140,000.00	20,140,000.00	20,140,000.00
Total Cash and Investments	24,847,104.74	23,125,131.17	21,148,346.49	19,830,729.23	19,816,598.02	18,495,155.44	17,823,726.51	22,867,589.13	20,802,694.30	23,298,937.64	22,009,917.38	22,009,917.38

* Investments are updated retrospectively.

Will County Health Department

FY 2025

Budget Comparison - Revenue Eleven Months Ending October 2025

	<u>Adopted Budget</u>	<u>Revised Budget</u>	<u>Revenue</u>	Target - 91.67% <u>Percent</u> <u>Realized</u>
Revenue				
Property Taxes	11,015,000.00	11,015,000.00	10,793,274.24	97.99%
Intergovernmental Grants & Contracts				
Administration	1,217,000.00	1,217,000.00	70,905.90	5.83%
Emergency Preparedness and Response	418,331.00	418,331.00	419,160.85	100.20%
Environmental Health	1,277,513.00	1,277,513.00	872,277.48	68.28%
Behavioral Health	1,788,889.00	1,884,295.00	791,680.49	42.01%
Family Health Services	3,971,477.00	4,471,477.00	3,367,793.89	75.32%
Community Health Center	2,861,057.00	2,861,057.00	2,401,857.21	83.95%
	11,534,267.00	12,129,673.00	7,923,675.82	65.32%
Licenses, Permits & Charges for Services				
Administration	230,000.00	230,000.00	174,840.00	76.02%
Environmental Health	2,181,950.00	2,181,950.00	2,114,166.07	96.89%
Behavioral Health	3,617,554.00	3,617,554.00	3,178,859.06	87.87%
Family Health Services	260,000.00	260,000.00	288,687.10	111.03%
Community Health Center	7,743,900.00	8,043,900.00	6,000,851.52	74.60%
	14,033,404.00	14,333,404.00	11,757,403.75	82.03%
Fines and Forfeitures	500.00	500.00	250.00	50.00%
Miscellaneous Revenues				
Rental Income	11,628.00	11,628.00	10,583.00	91.01%
Donations/Fundraiser	450.00	450.00	-	-
Expense Recovery_Prior Years	-	-	25,930.02	-
Other: MCO Cap, Performance, MD Srv, Return Cks	160,608.00	160,608.00	94,052.35	58.56%
Anticipated New Revenues	4,000,000.00	1,265,710.00	-	-
Funds On Hand	1,716,323.00	3,555,207.00	-	-
	5,889,009.00	4,993,603.00	130,565.37	2.61%
Transfers In	3,750,000.00	3,750,000.00	3,750,000.00	100.00%
Total Revenue	46,222,180.00	46,222,180.00	34,355,169.18	82.98% *
	-	-	-	
* Total Revenue used for Revenue Performance %	40,505,857.00	41,401,263.00	-	
Less: Anticipated New Revenues and Funds on Hand				

Will County Health Department

FY 2025

Budget Comparison - Expenditures Eleven Months Ending October 2025

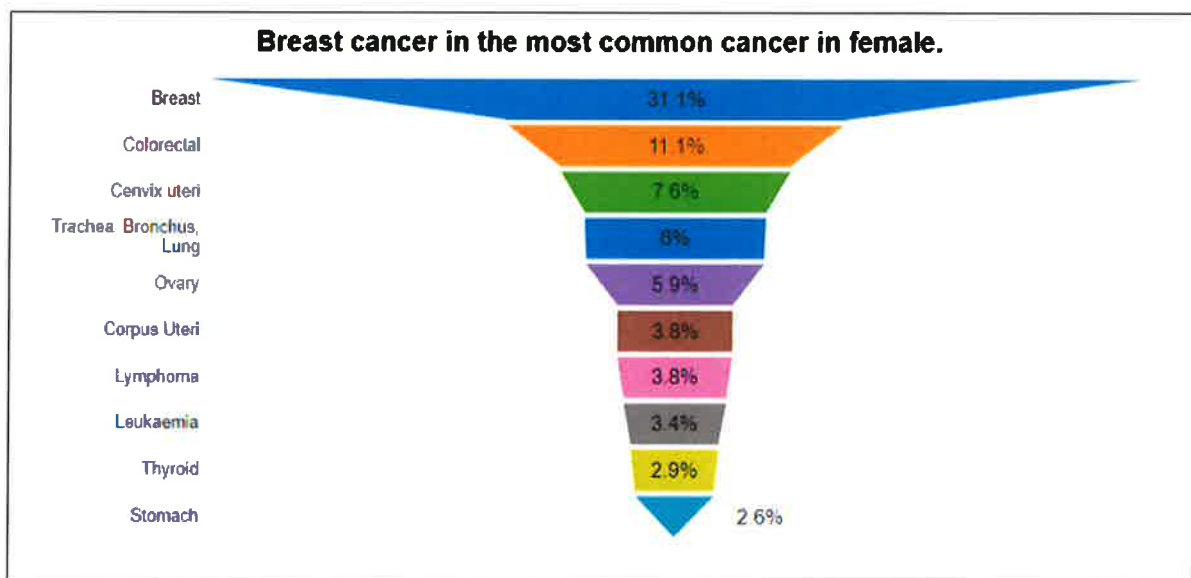
	<u>Adopted Budget</u>	<u>Revised Budget</u>	<u>Expenditures</u>	<u>Encumbrances</u>	<u>Remaining Budget</u>	<u>Target - 83.33%</u> <u>Percent Used</u>
Expenditures						
Personnel - Salaries						
Administration	2,547,221.00	2,547,221.00	1,883,052.77	-	664,168.23	73.93%
Emergency Preparedness and Response	299,910.00	299,910.00	262,706.65	-	37,203.35	87.60%
Environmental Health	1,875,823.00	1,875,823.00	1,525,097.91	-	350,725.09	81.30%
Behavioral Health	5,379,055.00	6,285,958.00	4,095,620.66	-	2,190,337.34	65.16%
Family Health Services	4,788,976.00	5,096,759.00	3,883,613.44	-	1,213,145.56	76.20%
Community Health Center	9,686,140.00	9,206,140.00	7,750,897.76	-	1,455,242.24	84.19%
Total Personnel - Salaries	24,577,125.00	25,311,811.00	19,400,989.19	-	5,910,821.81	76.65%
Personnel - Benefits						
Administration	951,657.00	951,657.00	700,439.65	-	251,217.35	73.60%
Emergency Preparedness and Response	117,797.00	117,797.00	98,835.41	-	18,961.59	83.90%
Environmental Health	883,443.00	883,443.00	704,864.24	-	178,578.76	79.79%
Behavioral Health	2,203,200.00	2,592,116.00	1,565,048.47	-	1,027,067.53	60.38%
Family Health Services	2,069,072.00	2,195,048.00	1,669,078.00	-	525,970.00	76.04%
Community Health Center	3,614,926.00	3,419,926.00	2,822,249.78	-	597,676.22	82.52%
Total Personnel - Benefits	9,840,095.00	10,159,987.00	7,560,515.55	-	2,599,471.45	74.41%
Commodities						
Administration	313,220.00	371,895.00	262,663.01	-	109,231.99	70.63%
Emergency Preparedness and Response	10,257.00	22,762.00	18,230.54	-	4,531.46	80.09%
Environmental Health	219,430.00	214,905.00	155,025.29	-	59,879.71	72.14%
Behavioral Health	168,464.00	262,873.25	109,625.22	-	153,248.03	41.70%
Family Health Services	344,025.00	319,563.00	175,576.85	-	143,986.15	54.94%
Community Health Center	2,094,575.00	2,455,511.00	2,357,896.62	-	97,614.38	96.02%
Total Commodities	3,149,971.00	3,647,509.25	3,079,017.53	-	568,491.72	84.41%
Contractual Services						
Administration	1,051,314.00	1,122,639.00	699,684.75	-	422,954.25	62.32%
Emergency Preparedness and Response	71,968.00	59,463.00	36,034.27	-	23,428.73	60.60%
Environmental Health	193,930.00	288,455.00	196,530.71	-	91,924.29	68.13%
Behavioral Health	1,553,617.00	1,997,633.75	1,295,939.60	-	701,694.15	64.87%
Family Health Services	300,895.00	346,143.00	616.20	-	345,526.80	0.18%
Community Health Center	1,433,265.00	1,951,829.00	1,143,217.48	-	808,611.52	58.57%
Total Contractual Services	4,604,989.00	5,766,162.75	3,372,023.01	-	2,394,139.74	58.48%
Capital Outlay						
Administration	50,000.00	36,160.00	-	-	36,160.00	-
Behavioral Health	-	23,620.00	23,541.86	-	78.14	99.67%
Community Health Center	-	11,220.00	11,201.40	-	18.60	99.83%
Total Capital Outlay	50,000.00	71,000.00	34,743.26	-	36,256.74	48.93%
Other Expenditures - Anticipated New						
Administration	4,000,000.00	1,265,710.00	-	-	1,265,710.00	-
Total Expenditures	46,222,180.00	46,222,180.00	33,447,288.54	-	12,774,891.46	74.40% *
* Total Exp for Expense Performance %	42,222,180.00	44,956,470.00	-	-	-	-
Less: Anticipated New Expenses			-	-	-	-

Patient Education & Health Promotion:

In the month of **October, Breast Cancer Awareness** was featured. To that end, our Affordable Care Act (ACA) staff has outfitted our patient education table with flyers, pamphlets, and information centering around breast health and the proper follow-up.

Epidemiology:

- In 2025, an estimated 316,950 women and 2,800 men will be diagnosed with invasive breast cancer in the U.S.
- ~ 42,170 women will die from breast cancer in 2025
- Worldwide: 2.3 million new cases in 2022
- Disparities → race: 38% of African American women are at higher risk of dying
→ genetics: Ashkenazi Jewish women are at higher risk of developing Breast Cancer → greater prevalence of the Breast Cancer (BRCA) gene mutation

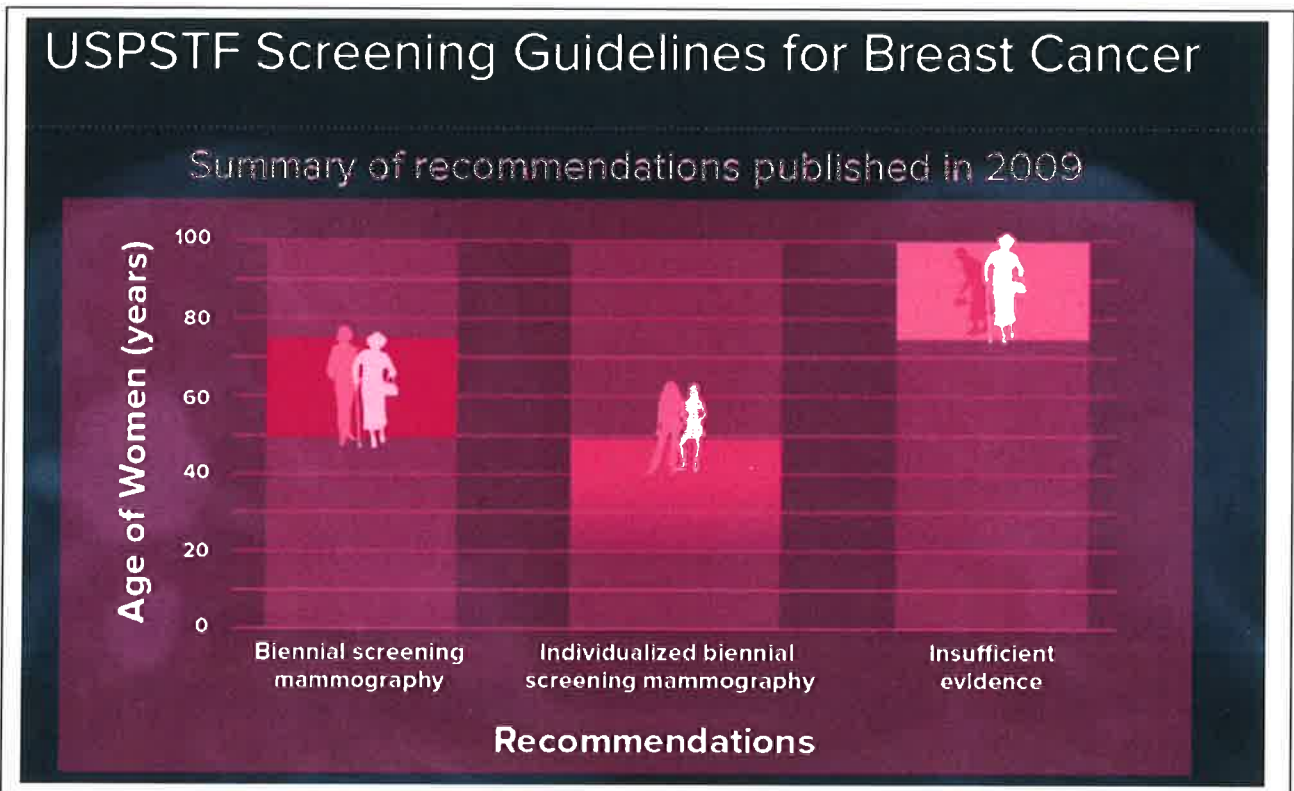


Prevention:

- Biennial Mammogram (MMG) screening (age 40 – 74)
- Family history, have a MMG 5 years prior to the youngest age of the diagnosed person in your family

Breast Cancer Screening Guidelines:

USPSTF = United States Preventative Services Task Force



Service Line Update:

~ **Brooks Middle School** Health Center staff achieved an incredibly successful "Exclusion Day" push for the Middle school. Exclusion Day is the final day for the students to receive the required school vaccinations or risk being suspended from school. Not only has the Brooks team seen 187 students since August 2025, but they also saw 32 students on the final day of the exclusion period!

These outcomes were accomplished with the help of the new provider who has been hired for the Brooks site, along with three other physicians.

We are also planning for the future at Brooks as we are...

- looking to reinvigorate our "Operation's" meetings and include members of the middle school staff
- exploring the option of adding Optometry services there
- pre-planning for next year's "Exclusion Day" by having a more robust staffing pattern and an increased vaccine stock

~ The Clinical Leadership Team [department managers, the Director of Nursing (DON), and the Chief Medical Officer (CMO)] have updated and are preparing to publish our **Clinical Workflows**. The process of reviewing, updating, and re-working the existing Workflows has been led by our DON.

Effective Workflows have the following impact on a medical practice:

- assurance that tasks are completed efficiently (clearly defined patterns of executing a duty)
- improves the throughput of patients (decrease wait times and cycle times)
- reduces errors (patterns of behavior → routines → habits)
- increases quality of care
- improved compliance / patient outcomes
- job satisfaction
- increases financial solvency (efficiency → increased patient served → increased revenue)

Staffing:

* Medical Assistants (CMA) – one (1) open position (Obstetrics/Gynecology)

* Registered Nurses – two (2) open positions (Primary Care & Infectious Disease)

* Infectious Disease Department Manager (RN) - open

* Psychologist – open

* Family Medicine Physician – open

→ *Locum Tenens Advanced Practice Nurse – Interviewing for temporary hire*

* Temporary staff

- RN Infectious Disease
- RN Behavioral Health

School Based Health Center

The school-based health center coordinated efforts with the Valley View School District (VVSD) to welcome students and families to the new school year and most importantly, to prevent exclusion for those who had not received school physicals and/or immunizations.

Special mention to Drs. Byrd, Khapekar and Flores, who provided medical services to students, while Missy Sporar, the new Nurse Practitioner, completed her onboarding. The providers completed nearly 300 medical visits from August 11 – October 24, 2025.

	Medical	Social Worker	Behavior Health	Total
2024/2025	533	339	175	1047
2025/2026*	330	191	33	(554)

*July 1 through October 24, 2025 – ***In 4 months the health center has reached 52% of the patient served during last school year***

Will County Community Health Center (WCCHC) leadership staff and administrative staff from VVSD met to discuss opportunities for improvement. Key topics included modifying workflows to improve communication between WCCHC and VVSD, responsiveness to parents, and the ongoing marketing efforts to achieve consistent utilization of the clinic throughout the school year.

The School-Based Health Alliance (SBHA) is presenting a six-month program focused on school-based health center (SBHC) sustainability and success. This program is supported through a grant by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). Learning topics include:

SBHC Basics	Strong Partnerships	Sound Business Model
High-Quality Practice	Core Competencies	Action Planning

The WCCHC Nurse Practitioner and Director of Operations, and VVSD Health Services Administrator will participate in this program which begins in November.

Rapid Improvement Team Update - Provider Template Reconfiguration

The management team, with the leadership of the Director of Operations and the Patient Access Manager, worked to standardize and update the provider scheduling template. The main goals of this project were to expand access by optimizing the provider schedules and increase revenue. The updated templates were implemented on October 6, 2025. The team standardized visit times across providers and removed blocks in the schedule that have been added over time and never removed. This in concert with the increase in Dr. Flores to full-time have created access in primary care by 114 visits. The health center's improvement initiatives are ongoing.

Illinois Primary Health Care Association (IPHCA)

IPHCA's Annual Leadership Conference was held on October 22-24, 2025. The conference was attended by the Chief Medical Officer, Chief Executive Officer, Director of Operations, Director of Nursing and the Outreach and Marketing Coordinator. They attended sessions in the areas of clinical, operations, finance, data, and the workforce. The CEO presented a session in collaboration with Prevent Blindness Illinois to discuss ways other Illinois health centers can bring Optometry services to their patients. The session focused on how the health center was able to partner with Midwest University to bring optometry services to the Will County Community Health Center at no cost to patients.

Service Area Competition Grant – Health Resource and Services Administration (HRSA)

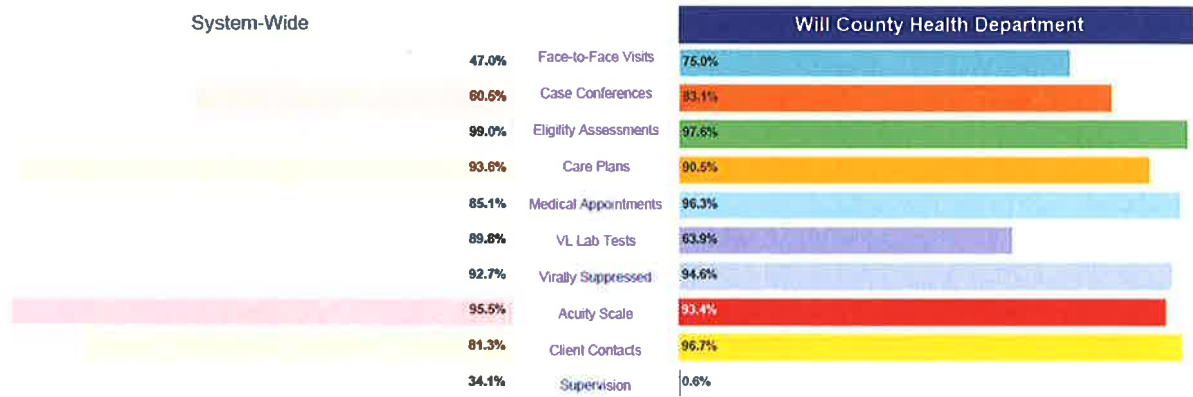
The Will County Community Health Center is funded in part by a grant administered through HRSA. The grant's purpose is to improve the health of underserved communities and population by providing support for the delivery of comprehensive, high-quality primary health care services in the United States and its territories. This year is the health center's Service Area Competition (SAC). This competitive grant will be awarded for either a one-year or a four-year period based on the performance of the health center. It is anticipated that the grant will be awarded for four years with annual performance review submissions to monitor the progress of the proposed services. The health center is requesting \$2,306,848 per year for four years.

Aids Foundation of Chicago (AFC) Site Visit

The AFC conducted their yearly site visit on October 15, 2025 to assess the Ryan White Case Management Program for human immunodeficiency virus (HIV) positive patients. The evaluation included agency policies and procedures, client records and documentation, personnel, cultural and linguistic competence, access to care, data management, administrative and facility, fiscal, and direct services. The findings include the need for case managers to complete more training, documenting agreements, the need to engage with a consumer advisory board or develop a way to gain input on programming, improving timely reporting, attending contract administrator's meetings, and ensuring timely billing. Overall, the site visit was a success, and the program received 42 out of a possible 48 points (87.5%). The report was provided to the Quality Improvement/Risk Management Program Manager who will coordinate an improvement plan and response with the goal of improving program compliance. Below is a snapshot of the program's performance.

83
Clients

Agency Performance: 9/1/2024-8/31/2025



Sylvia Muniz, MSN, RN
Division Director, Family Health Services
November 2025

The Family Health Services Division is comprised of 12 maternal child health and population health programs staffed by nurses, nutritionists, clerks, outreach workers, disease investigators and health educators. Most of our programs are educational and prevention based serving all residents of Will County from all three Health Department locations. We deliver services with compassion, dignity, and respect to all those who invite us to meet their needs.

Immunizations Program Lisa Carlson, RN, BSN, Program Coordinator

Will County Health Department (WCHD) Immunization Program now has COVID, Flu, Pneumonia and Respiratory Syncytial Virus (RSV) vaccines available through the Vaccine for Children (VFC) Program, the Adult 317 Program and purchased vaccine for adults with Medicaid, Medicare and insurance. Vaccine appointments can be scheduled at all three of our locations in Joliet, Bolingbrook and Monee. WCHD stocks the COVID vaccine Spikevax (Moderna) for children six month-11 years and for people 12 years and older. We also have the trivalent flu vaccine for persons six months of age and older and the high-dose Flu vaccine for those that are 65 years of age or over. Additionally, WCHD provides the adult RSV vaccine to adults 75 years old and older and to adults 50-74 years old with risk factors. During the months of September through January, pregnant women may get a dose of RSV at 32-36 weeks gestation to provide protection to their infant. We can also provide the RSV monoclonal antibody during the RSV season (October through March) to all infants under eight months old during the season. Finally, the pneumonia vaccine (Pneumovax 23) is available year-round for adults and to infants as part of their childhood vaccination series.

Two off-site Flu Clinics were held in October at the Individual Advocacy Group and Elwood school where a total of 72 shots were administered. Additionally, our nurses are scheduling one to two weeks out for requests for homebound services that have been mostly for Flu and COVID vaccines.

Outreach has grown in the eastern part of the County with WCHD nurses visiting senior centers/organizations in that area to discuss our services. Flyers and information about immunization clinic services have also been sent to the schools in the eastern part of the county and information is put in the Monee newsletter regularly. The number of clients accessing our Eastern Branch Office (EBO) location has doubled from last year requiring Immunization Clinics every Wednesday in the Monee office (previously twice per month).

Women, Infants, and Children (WIC) – Diana Visvardis, RD, LDN, MSND, CLS -Program Coordinator

Close out caseload numbers are reported with a two-month delay. Our caseload remained consistent from last month (August to September) with **88%**, totaling **8139 participants**. We received **42** online inquiries, with **36** successfully scheduled for appointments. WIC staff made 119 Integrated Referral and Intake System (IRIS) referrals to partner organizations, and we received four referrals from our partners. We are

excited to report that half of WIC babies are breastfed: 22.8% are exclusively breastfed and 27.6% are partially breastfed! Low breastfeeding rates negatively impact maternal and infant morbidity and mortality rates.

On October 29, WIC hosted a festive *Boo-trition Bash* open to the community! Families enjoyed a fun-filled event with music, coloring, and nutritious treats—all while learning about building a balanced plate. Following the United States Department of Agriculture (USDA) **MyPlate** guidelines, each table represented one of the five food groups, complete with themed snacks, recipes, and coloring pages to help children and families learn through hands-on activities. The event was a great success, engaging **87 community members** in interactive nutrition education and helping them discover that healthy eating can be both fun and delicious!



Mobilizing for Action through Planning & Partnerships (MAPP) - Caitlin Daly, Program Manager

The new MAPP webpage is live at willcountyhealth.org/mapp. Content is organized under About MAPP, MAPP for Professionals and MAPP for Residents. Professional and resident resources are further grouped by Action Team priorities to support strategy implementation. The 2025 Will County Community Health Needs Assessment (CHNA) and 2025–2030 Will County Illinois Project for Local Assessment of Needs (IPLAN) are available under MAPP for Professionals: Reports. The updated Find Food Access Map is under MAPP for Residents: Access to Food & Nutrition.

Throughout October, Action Teams met to advance implementation of the new strategies. All meetings are held virtually via Microsoft Teams.

- The Food and Nutrition Team met on October 14 with 15 participants. The team continues to meet on the second Tuesday of each month at 10:00 AM. The next meeting is scheduled for November 10, moved up one day for Veteran's Day.
- The Maternal and Child Health Team met on October 29 with 14 participants. The team will continue to meet bi-monthly (even months) on the third Wednesday at 10:00 AM. The next meeting is scheduled for December 10, moved up one week for the holidays.
- The Behavioral Health/Substance Use Team met on October 27 with 28 participants. This group meets monthly on the fourth Monday at 1:00 PM, with the next meeting on November 24.

For meeting invites or communications, contact Caitlin Daly at cdaly@willcountyhealth.org.

Community Health Initiatives (AOK, Tobacco Prevention) – Betsy Cozzie, Program Coordinator

All Our Kids Network (AOK)

The Will County All Our Kids (AOK) Early Childhood Network is a community-based collaboration which works to create and support long-lasting partnerships which empower families with knowledge and community resources promoting healthy development and lifelong success. Monthly hybrid meetings are held at the WCHD Joliet office featuring various guest speakers from the community and State.

We also facilitate the **IRIS** program providing system access and technical assistance to partners and quarterly updates. We currently have 239 active profiles from 134 agencies in IRIS. Additionally, we had 679 referrals made via IRIS and a total of 13,491 total referrals since the inception of IRIS in February 2020. Rebecca Anderson was recognized by Catholic Charities during their fall banquet for the AOK program and its contribution to the community through IRIS. Congratulations, Rebecca!



AOK collaborates with community partners to remind parents of developmental screening opportunities for young children. Developmental screenings (ASQ-Ages and Stages Questionnaire) are being done virtually and in-person throughout the county. Screenings can be scheduled online, and performed online or over the phone, if necessary. See the training calendar at https://www.svcincofil.org/?page_id=701 for more information.

Will County AOK is continuing with ASQ online. Current partners include Governors State University/Family Development Center, Catholic Charities/Healthy Families, Joliet School District/Marycrest Early Childhood Center, Joliet Junior College Early Childhood Center, Dr. James Mitchem Early Childhood Center and Debbie Sykora Early Childhood Center at Valley View School District. Will County launched the pilot in April 2021, and we have completed 2,125 online screenings to date.

In October, there were nine social media messages about developmental screening and the Parent Ambassador program posted for AOK on the WCHD's X (formerly Twitter), Facebook, and Instagram accounts. These posts had a reach of 11,269 hits.



Tobacco Control & Prevention

In October, WCHD received two new Smoke-Free Illinois Act (SFIA) complaints from the SFI complaint system and two complaints from Environmental Health. Snooker's Sports Bar & Grill in Wilmington, and the Big Apple Cafe in Joliet. Staff will be following up with a letter soon. Staff continue to follow up on previous complaints from August and September. Enforcement has been slower due to staffing changes. Staff has dates scheduled for compliance checks in November as time allows.

Staff continue to work with Lockport Township and Brooks Middle School in Bolingbrook to discuss tobacco-free park policies. Also at Brooks Middle School, staff continue open discussion regarding the implementation of a CATCH my Breath program as well as participating in their School-Based Health Center Advisory Group. Additionally, we continue to share information and resources from our work and participate in school/district events to reach parents, staff, and youth. Staff are also in various stages of development with Joliet District 86, Plainfield District 202, and Lincoln-Way Community High School District 210 regarding vaping prevention and education programs or events.

In October, staff continued work with the Wilmington Coalition leaders and 8th grade students on the reformed policy proposal around vaping with the Tobacco-Free Teens (TFT) group. Students were set to present in September but have now gotten the opportunity to be a part of the district's handbook committee to propose these changes. We have also been conducting the TFT program with 6th and 7th grades, completing the work with 6th and 7th grades in May. Students presented to the principal in May and received

feedback on the policy proposal ahead of the presentation to the committee, which will be later this school year.

In addition to school based activities, tobacco staff are active in coalition work throughout the county. They participate in the Will County Substance Abuse Prevention Coalition (WCSAPC) meeting and Will County Smoking and Vaping Subcommittee, Braidwood Area Healthy Community Coalition (BAHCC) and Wilmington Coalition for a Healthy Community (WCHC), MAPP Behavioral Health and Substance Use Task Force, and the Will-Grundy-Kankakee County Recovery Oriented System of Care Council (ROSC).

Staff created two social media messages that were posted in October on Facebook, Twitter (X) and Instagram. There were 21 engagements and 5,111 reach/impressions.



In October, Tobacco staff attended two community events and continued to keep in touch with partners. Staff partnered with the Community Health Center to host a resource table at a Breast Cancer/Colon Cancer Awareness event at Silver Cross Hospital, as well as a Family Fun Event at the Joliet Slammers Stadium.



Staff are initiating a new PACE Bus ad campaign for the winter months aimed at youth vaping and tobacco prevention. The first draft was approved internally to move forward with translation into Spanish. We hope to have the ad running in December.



Sexual Health Programs (HIV Prevention, STI Surveillance)- Kendra Coleman, Program Coordinator

In October, Human Immunodeficiency Virus (HIV) staff conducted 56 (Care Clinic: 34, Outreach: 22) HIV tests and identified one new HIV positive patient. We served 62 patients in our nine days of Care clinic and we linked 11 HIV positive patients to care. We conducted 39 screenings for Sexually Transmitted Infections (STIs) and treated three patients. Monthly outreach activities were done at Joliet Junior College (JJC) Main, River Walk Homes (RWH), River Valley Detention Center (RVDC), JJC Satellite Sites (City Center, Romeoville). HIV staff participated in outreach events at Troy Township, Joliet Disability Pride Fair, Plainfield Pride Fest, and JJC Pride Alliance, conducting three rapid tests at these events.

Our pre-exposure prophylaxis (PrEP) program continues to thrive with a total of 148 PrEP patients being seen through our weekly Care clinic. Seventy eight receive oral PrEP and 70 are on injectable PrEP. Six new PrEP patients accessed PrEP and 22 existing PrEP patients returned for follow-up appointments to continue their PrEP regimens.

Our two vacant positions remain open as of end of October with no applicants for the nurse manager position and a couple of interviews for the infectious disease (ID) nurse role. Unfortunately, both declined due to the salary offered not meeting their expectations for this position. This is an ongoing concern when trying to fill our clinic positions with educated quality clinical staff. As these positions remain open, we have continued to run our clinic with a temporary agency nurse and our full-time certified medical assistant (CMA). It is our hope to fill these positions soon and confidently ensure a positive outcome for our patients and community alike.

Communicable Disease and Epidemiology (CD) – Alpesh Patel – Program Coordinator

Several cases of **measles** exposure warranted investigation by CD staff that thankfully resulted in negative test results, meaning they were then considered not an active measles case. A 35-year-old female identified three days after hospital admission through syndromic surveillance. The case was low suspicion

based on history, atypical presentation, and vaccine status. Testing was coordinated via the Illinois Department of Public Health (IDPH) lab per protocol, and the negative result was posted within 24 hours. Another suspected measles case was that of a 54-year-old nurse who was in Florida two to three weeks prior to suspicion and had developed a rash on his chest and low-grade fever. The individual was not exposed to any prior cases, and he reported no known exposures. A specimen was submitted to the IDPH lab, and a negative result was posted the next day. Additional cases of measles exposure include a 75 year old man and his adult son who were exposed to a confirmed Cook County case. No record of vaccine administration for either man was available, so they had to isolate from the community until proof of immunity was obtained. CD staff obtained vaccine records from the son's high school, and his MMR (measles, mumps, rubella) status was confirmed so he was released from quarantine. The father, however, did not respond to attempts at communication and was closed as unable to locate. Also, we were unable to locate a family of four originally from the Philippines that had stayed at a home in Will County while traveling from Taiwan to Chicago; they were exposed to a confirmed measles case from Michigan on the international flight. A local hospital reported a suspected case of measles based on symptoms (respiratory distress, rash) for a 14 month old unvaccinated child. The child tested positive for Group A streptococcus (GAS) and mycoplasma pneumoniae in the emergency department (ED). He was briefly hospitalized in isolation because of the severity of symptoms and discharged home pending test results which resulted negative.

A few cases of measles exposure occurred in providers' offices. A mother and her 11 year old daughter required titer draws to prove immunity after the mother declined the MMR vaccine for the child. Because the child had had one MMR vaccine on record (two are recommended) and she was school-aged, she was required to monitor for symptoms until November 3. A 12-month old boy was exposed in the office and required immunoglobulin (IG) because of his age and risk factors-this will provide him with passive immunity for measles. He was to remain in home quarantine until November 10, 28 days after exposure.

A previously healthy 40-year-old female presented to the ED with neurological symptoms suspicious of **botulism** three days after a dental procedure. Her symptoms progressed over several days requiring intensive care. History revealed no exposure to canned foods or travel and that she regularly received Botox. Multidisciplinary treatment was provided, including the administration of Botulism Antitoxin (BAT) and the patient showed clinical improvement. Specimen sent to the Ohio State lab with test results pending.

We received a report of a 67-year-old male resident of a Will County independent senior living facility that was positive for **legionella**. He was hospitalized for 12 days and had no history of recent travel or exposure to sick contacts. The patient's residence is not a licensed congregate care setting but composed of individual apartments and therefore, this was not considered a healthcare exposure. CD staff notified our Environmental Health Division and IDPH of the case to collaboratively monitor Legionella cases in the community for any connection.

COMMUNICATIONS

NOVEMBER 2025



MONTHLY REPORT

KEVIN JUDAY, MANAGER

- The Communications Program Manager worked with Caitlin Daly, Mobilizing for Action Through Planning and Partnerships (MAPP) Program Manager, on the design of a new MAPP webpage. The new MAPP webpage is slimmed down and easier to navigate, allowing professionals and residents to find information quicker. The new MAPP page also contains an updated food access map in the county as well as latest IPlan and Community Health Needs Assessment. An archive of previous reports from 2022 was also created. The new page can be viewed at willcountyhealth.org/mapp
- Communications has been working on editing and producing videos to be used at new hire orientations. Seven videos have been finalized so far with three additional videos to complete.
- Communications is working on a collaboration with a Lewis University class that is reviewing the agency's website and social media content. The Communications Program Manager met virtually with the group of four students in October. The student group will be presenting a white paper of recommendations for the website and social media accounts.
- The new social media working group met for the first time in October. The group provided content ideas for the agency's social media accounts and we are working on scheduling out social media for the remainder of November.
- The agency completed its participation in the Age Guide's social connectiveness social media campaign. The campaign focused on promoting the health benefits of social connectiveness.
- In addition to continuing to promote our own services on social media, Media Services also used social media to promote awareness and knowledge of National Breast Cancer Awareness Month, National Dental Hygiene Month, Mental Illness Awareness Week, National Prescription Drug Take Back Day and more.

SOCIAL MEDIA

October 1-31



31
posts

1,236
engagements

245
reactions

22,960
impressions



20
posts

11
engagements

3
reactions

804
impressions



30
posts

49
engagements

34
reactions

2,625
impressions

Katie Weber
Program Coordinator, Emergency Preparedness & Response
November 2025

Emergency Preparedness and Response (EP&R) Program

- Centers for Disease Control (CDC) reversed their decision on including Kankakee County as part of the Cities Readiness Initiative (CRI) region. Due to that reversal, the cuts to the CRI grant were returned. Both grants have returned to level funding.
- EP&R staff, the Safety and Risk Reduction Manager, and two Behavioral Health staff attended the Active Threat Conference in Joliet from November 5-7th. This conference has been an amazing experience for the last three years with in-depth presentations on the response to various threat incidents in the past and the lessons learned from the actual responders who were present on scene.
- Staff attended Illinois Department of Public Health's (IDPH) Severe Weather and Public Health seminar virtually on November 12-13. The seminar focused on the whole community's approach to a severe weather event and the public health impacts that it could have on jurisdiction.
- Katie Weber, Cortney Smith, and Kevin Juday attended the Public Safety Symposium on November 19th. This annual Symposium hosted by Will County Emergency Management Agency (EMA) highlights local public safety programs, resources, and collaborative efforts between county agencies and local jurisdictions.
- Will County Health and Medical Group began meeting again. This group includes representatives from the county hospitals, Will County Emergency Management Agency, Regional Hospital Coalition Representative, and the coroner. We meet regularly to support planning and exercising within our agencies and to build the relationships necessary for when incidents do arise. The group has decided to plan a Chemical Seminar towards the end of our grant year. The planning is in the very early stages. More information will be provided as the group finalizes dates and plans for the day.
- The Command Retreat will be held on February 17th. The Command Retreat takes our Command Staff away from the distractions of the work site to focus on additional emergency preparedness training and exercising. The planning for the retreat has just begun but we hope to be able to complete two discussion-based exercises on that day.

BioWatch Program

- Just after the last Board of Health meeting, the BioWatch lab in Chicago was given a Stop Work order. Lab staff were locked out of their lab and unable to test samples. The field team collecting samples continued to collect the filters and deliver them to the lab site. Those samples will be tested if the lab staff are able to begin work again. The field collection team had enough filters to collect until October 31st. As of this date, no extension has been passed and BioWatch operations have ceased. If funding at the federal level gets approved, the program can begin operations again but there has been no word on the progress towards this initiative.

Medical Reserve Corps (MRC)

- Four MRC members attended Shorewood Glen's Health and Safety Expo on Friday, November 7th. The volunteers shared their experiences within the MRC and helped to recruit new members.
- Katie Weber and Cortney Smith concluded the last session in the MRC's training and activity series on October 25th. Twenty-six (26) volunteers participated in the series. Members learned about personal and community emergency preparedness measures, the roles and responsibilities of volunteers, and the readiness necessary for their role in distributing medical countermeasures.

Sean Conners
Director, Environmental Health
November 2025

FOOD PROGRAM

1. A family restaurant in Wilmington had their food permit suspended and the facility was closed for approximately three days due to a small black fly infestation. During a routine inspection at the facility our sanitarian observed hundreds of flies in the dishwashing area as well in the back storeroom. The director of Environmental Health met the sanitarian onsite to confirm the infestation and together informed the restaurant owner that their permit was suspended and they would need to close the restaurant to complete a "deep-clean" and work with their pest control company to eliminate the infestation. The sanitation throughout the facility had become subpar since the previous inspection and several areas were observed with an accumulation of debris which may promote breeding areas for flies. Small black flies such as fruit flies, drain flies, etc. breed in moist organic debris and that is one of the many reasons maintaining a food facility in a sanitary manner is crucial. The owner was provided with an immediate in-service on proper cleaning and sanitizing procedures as well as the importance of developing and maintaining a strict master cleaning schedule. The owner was instructed to put an extra focus on floor drains, bottom of garbage cans and any area where moist organic debris has built up. The restaurant completed a "deep-clean" of the entire facility and hired a pest control company to assist them in their Pest Management Program. Another inspection was completed by the sanitarian for this area, and the restaurant was allowed to reopen, and their permit was reinstated. The facility will be monitored at a higher frequency to ensure they maintain their sanitation program.
2. In July of 2024, a restaurant owner planned to move into an existing restaurant that had been closed for some time. The owner came into the Joliet office in August of 2025 requesting a Plan Review Approval letter so he may submit it to the City of Joliet to acquire a building permit. This was provided at the time of the visit. Our department as well as the Department of Agriculture began receiving complaints that the restaurant owner was preparing and selling food from his private residence and the business location. Site visits were made to the business address on July 28th, 29th & 30th, 2025 and a sanitarian from our North Branch Office made a site visit to the business owner's home address. The Department of Agriculture made a site visit on July 29th, 2025. The complaints were not able to be confirmed at that time. The restaurant owner requested an opening inspection in September of 2025. The inspection was conducted on September 26th, 2025. A permit was not issued at that time. The owner was provided with a list of items to complete prior to obtaining this department's approval. At the time of the inspection the sanitarian observed food in the facility, garbage bags filled with meat and numerous tubs of fish. The owner was instructed to remove all food from the facility because they have not been issued permission to prepare and serve food at that time. This department was notified via email by the City of Joliet in Mid-October that this facility had social media posts showing prepared food, videos of food preparation on TicToc and evidence of food orders and delivery through Uber Eats. On October 18th, 2025, a site visit was made, and the facility was issued an order to attend an Administrative Conference with our department. The conference was held on October 22nd, 2025. The restaurant owner and his wife were notified that we had been made aware of food preparation and service was being conducted at this facility without obtaining the appropriate permit. The facility was ordered to cease and desist, and the business was "Red Tagged". The restaurant owner was informed that if he is observed operating the business without the appropriate permit from the Will County Health Department the case will be forwarded to the State's Attorney's Office and that he may be subjected to a fine per day of the violation. As of this date the restaurant owner has not contacted this department, and no signs of operation have been observed.

3. Our division received a complaint regarding a homeowner operating a mobile unit without a permit on private property. A food truck was observed onsite at the owner's home, but it was not in operation at the time of the initial investigation. Signs that the truck was in operation were observed. Several picnic tables were present, flags announcing tacos for sale were also observed. A Will County Health Department Permit sticker was not observed on the mobile truck. A field note was left onsite requesting the homeowner contact the Will County Health Department. Will County Health Department was contacted the next day by the homeowner. The homeowner has food permits for a full-service restaurant and a mobile food truck on file with the Will County Health Department. The owner stated that all his facilities licenses were up to date. Will County Land Use, Code Enforcement was contacted about the mobile food truck operating in a residential area. Another complaint was received stating the mobile truck in question was fulfilling Door Dash orders and was providing their hours of operation. A sanitarian drove by the property and observed that the advertising flags were up, there was a person in line at the food truck, and the truck was in operation. The sanitarian recorded the license plate of the food truck and verified the license plate is not attached to an existing mobile file. This indicated the owner of this private residence may have a second mobile food truck that is not permitted by the Will County Health Department. This was confirmed and an immediate Cease and Desist Letter and Administrative Conference Letter were mailed to the homeowner. The 2026 invoices for the homeowner's other two permitted facilities were put on hold until resolution of this complaint. Will County Health Department was contacted by the homeowner after receiving both letters in the mail. The homeowner admitted to not completing the registration for the additional food truck prior to operation. The homeowner submitted and paid for a plan review and permit. The plan review and inspection of the additional food truck was completed, and the 2025 permit sticker was provided. The homeowner must attend an Administrative Conference to discuss the oversight and violation and discuss the requirements of the County's ordinance.



ENVIRONMENTAL HEALTH LAB/ WATER PROGRAM/ SEWAGE PROGRAM

1. The Environmental Health Laboratory ran 5,527 total samples in October 2025. This is the highest number of samples the laboratory has ever ran in one month (the laboratory has documentation of total samples ran per analysis every month dating back to 1996). The laboratory ran a total of 1,203 fecal coliform samples, 1,141 suspended solid and pH samples, and 1,132 residual chlorine samples. This is also the highest number of individual mechanical system samples that the laboratory has ever ran in one month. The laboratory also reached the highest number of bacterial and nitrate samples ran in one month so far this year. The laboratory ran 277 bacterial and 168 nitrate samples.



2. A routine septic tank replacement permit application and installation turned into a mystery that needed to be solved. One of our licensed septic contractors took out a tank replacement permit which is typically a simple job, but when a septic tank is replaced, we need to confirm that the septage from the septic tank is going into a septic field. In this instance, the septic contractor was unable to locate the septic field and decided not to take on the project. Another septic contractor took over the permit and stated that they had found the septic field and would complete the job. Our Geologist and sanitarian working on this permit were concerned since the contractor indicated that the septage was going to leave the new septic tank and go into multiple cesspools on the property and then into the existing septic field. Cesspools are not allowed in Will County or within the state of Illinois. Multiple conversations were had with the contractor attempting to get clarification of what work was going to be done so that it is compliant with our ordinance, but we were not making any progress on obtaining a solution. The issue was resolved during an onsite visit with the contractor, the Environmental Health Director, Sanitarian and our Geologist. There were four pits with metal lids. The pits were lined with bricks and had pipes leading into and out of each pit. We discovered that the old system was discharging into one of the brick-lined pits (referred to as a cesspool above) and the pit had a discharge pipe that was going into the existing septic system. That is not permitted by the State Code and our ordinance, so we had the contractor pump and crush the brick-lined pit and install the new septic tank that would discharge into the existing septic field. We believe the other three pits on the property are utilized to receive water from the drain spouts and possibly the home's footing sumps.



3. The Will County Onsite Wastewater Treatment Ordinance has been passed through the Will County Board, Public Health & Safety committee, and is on its way to the full County Board (November 20th) for review and final approval.

OTHER

- The Will County Health Department Environmental Health Division received and processed approximately 100 Freedom of Information Requests (FOIA) in October 2025.
- Our division conducted a tick drag at the Will County Forest Preserve, Isle a la Cache location in Romeoville on November 6, 2025. Our partners at Illinois Department of Public Health Vector Program suggested we start the tick drag earlier in the day with the expectation of catching more ticks. Unfortunately, this tick drag resulted in zero ticks collected and due to the morning dew, our cloth became saturated halfway through the drag. Our sanitarians swapped out the cloth with a new one and encountered the same result. We will reach out to our state representatives in the Vector Program and seek their guidance before we conduct our next tick drag later this month.

- Our billing season has begun and the 2026 invoices for our permitted food facilities have been printed and sent out for delivery. This year, we printed approximately 2,600 invoices with an expected revenue from the Food Program of approximately \$1,339,000.00.
- The Environmental Health Quarterly Newsletter was posted on our website and social media pages and is also provided in the BOH packet.

ENVIRONMENTAL HEALTH NEWSLETTER

INTRODUCTION

Welcome to the Will County Health Department Environmental Health Division quarterly newsletter.

The Environmental Health (EH) Division provides inspections and investigates complaints of public food facilities, private water wells, private wastewater treatment systems, swimming pools and bathing beaches, tanning and body art facilities, and non-community public water supplies. The EH Division participates in two vector programs: West Nile Virus & Tick Surveillance and provides education materials on radon gas risks as well as radon test kits for sale to the public.

The majority of our programs run all year round, but a few of our programs are seasonal, such as Vector Surveillance, Outdoor Swimming Pools & Bathing Beaches. The intent of the quarterly newsletter is to highlight current topics and events in each of the Environmental Health Division's programs and provide education on those programs.



Will County
Health Department &
Community Health Center

Our Programs

FOOD PROGRAM

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH FOOD CODE – NEW LEGISLATION – PUBLIC ACT 104-0090**

All certified food service sanitation managers employed by a restaurant must receive or obtain training in basic allergen awareness principles within SB1288 Enrolled LRB104 08358 BDA 18409 b Public Act 104-0090 30 days after employment and every 3 years thereafter. Training programs must be accredited

by the American National Standards Institute or another reputable accreditation agency under the ASTM International E2659-09 (Standard Practice for Certificate Programs). There is no limit to how many times an employee may take the training. Allergen awareness training must cover and assess knowledge of several topics including:

- The definition of a food allergy
- The symptoms of an allergic reaction
- The major food allergens
- The dangers of allergens and how to prevent cross-contact
- The proper cleaning methods to prevent allergen contamination
- How and when to communicate to guests and staff about allergens
- The special considerations related to allergens from workstations and self-serve areas
- How to handle special dietary requests
- Dealing with emergencies, including allergic reactions
- The importance of food labels
- How to handle food deliveries in relation to allergens
- Proper food preparation for guests with food SB1288 Enrolled LRB104 08358 BDA 18409 b Public Act 104-0090 allergies
- Cleaning and personal hygiene considerations to prevent contaminating food with allergens
- Understanding gluten, including sources of gluten, symptoms of gluten intolerance and celiac disease, the importance of gluten-free food preparation and handling, and proper cleaning methods to prevent gluten contamination

The amendment to Public Act 104-0090 was to add "Understanding Gluten" to the list of required allergen awareness training topics which is highlighted above.

Holiday Food Safety

The holiday season is fast approaching and that means lots and lots of parties with good friends, family & food. Let's prepare & practice sound food safety principles and not spoil all the fun with a foodborne illness. Please click on the links below for more information:

[Spooky Safe Halloween Tips from IDPH](#)

[Halloween Food Safety Tips from the FDA](#)

[IDPH Food Safety During the Holidays](#)

Food Safety In-Services Available

The EH Division is available to provide in-person food safety in-services on various topics for primary, middle & high school students and cafeteria staff. The in-service is typically 45 to 60 minutes in length and if school administrators are interested, please contact Sean M. Connors, Director of Environmental Health Services, at sconnors@willcountyhealth.org or (815) 727-8846.

ENVIRONMENTAL HEALTH NEWSLETTER

FOOD PROGRAM (CONTINUED)

**PATHOGEN PROFILE - Salmonella**

Salmonella is a motile, non-sporeforming, Gramnegative, rod-shaped bacterium in the family Enterobacteriaceae and the tribe Salmonellae. Salmonella causes two kinds of illness:

- Gastrointestinal illness, which causes nausea, vomiting, diarrhea, cramps, and fever, with symptoms generally lasting a couple of days and tapering off within a week. In otherwise healthy people, the symptoms usually go away by themselves, but long-term arthritis may develop.
- Typhoidal illness causes high fever, diarrhea or constipation, aches, headache, and lethargy (drowsiness or sluggishness), and, sometimes, a rash. It's a very serious condition; up to 10% of people who don't get treatment may die.

Many kinds of food can become contaminated with the first type, from meats and eggs to fruits and vegetables, and even dry foods, like spices and raw tree nuts. The typhoidal illness usually is associated with sewage-contaminated drinking water, or crops irrigated with sewage-contaminated water. Some pets, like turtles and other reptiles, and chicks, can carry Salmonella, which can spread to anything that comes into contact with the pet. For example, a pet owner can, through unwashed hands, contaminate foods or even his or her own face with Salmonella. This bacterium is hard to wash off of food, even with soapy water, so important measures for preventing foodborne illness from Salmonella include thorough cooking, hand washing, keeping raw foods separated from cooked foods, and keeping foods at the correct temperature (refrigerate foods at 41°F or below). In people with weak immune systems, Salmonella can spread to other organs and cause very serious illness.

Nontyphoidal Salmonellosis (caused by serotypes other than S. Typhi and S. Paratyphi A.)

- Mortality: Generally, less than 1%; however, S. Enteritidis has a 3.6% mortality rate in outbreaks in nursing homes and hospitals, with the elderly being particularly affected.
- Onset: 6 to 72 hours after exposure.
- Infective dose: As low as one cell, depending on age and health of host and strain differences among members of the genus.
- Symptoms: Nausea, vomiting, abdominal cramps, diarrhea, fever, headache. • Duration: Symptoms generally last 4 to 7 days, with acute symptoms usually lasting 1 to 2 days or longer, depending on host factors, the dose ingested, and strain characteristics.
- Complications: (1) Dehydration and electrolyte imbalance may occur as a result of diarrhea and vomiting. This can lead to death in the very young, the elderly, and the immunocompromised, if not treated promptly. (2) In 2% of culture-proven cases, reactive arthritis (i.e., arthritis from an immune reaction to the infection – an autoimmune response – rather than directly from the infection itself) may follow 3 to 4 weeks after the onset of acute symptoms. Indications of reactive arthritis may include, for example, joint inflammation, urethritis, uveitis, and/or conjunctivitis. (3) Nontyphoidal Salmonella can sometimes escape from the gastrointestinal tract into the body and cause blood poisoning (septicemia) or infect the blood, internal organs, and/or joints (bacteremia). S. Dublin is sometimes associated with this complication.
- Route of entry: oral (e.g., ingestion of contaminated food, fecal particles, or contaminated water).
- Pathway: Penetration and passage of Salmonella organisms from gut lumen into epithelium of small intestine, where inflammation occurs. There is evidence that enterotoxin may be produced, perhaps within enterocytes.

Typhoid Fever (Caused by serotypes S. Typhi and S. Paratyphi A, both of which are found only in humans.)

- Mortality: Untreated, as high as 10%.
- Onset: Generally, 1 to 3 weeks, but may be as long as 2 months after exposure. Duration: Generally, 2 to 4 weeks.
- Infective dose: Fewer than 1,000 cells.
- Symptoms: High fever, from 103° to 104°F; lethargy; gastrointestinal symptoms, including abdominal pains and diarrhea or constipation; headache; achiness; loss of appetite. A rash of flat, rose-colored spots sometimes occurs.
- Illness / Complications: Septicemia, with colonization of other tissues and organs, e.g., may lead to endocarditis. Septic arthritis may occur, in which the infection directly affects the joints and may be difficult to treat. Chronic infection of the gallbladder may occur, which may cause the infected person to become a carrier.
- Route of entry: Oral (e.g., ingestion of contaminated food, fecal particles, or contaminated water).
- Pathway: Penetration and passage of typhoid Salmonella organisms from gut lumen into epithelium of small intestine and into the bloodstream (i.e., septicemia), which may carry the organisms to other sites in the body, where inflammation occurs. There is evidence that enterotoxin may be produced, perhaps within enterocytes.

ENVIRONMENTAL HEALTH NEWSLETTER

RECENT EVENTS IN THE NEWS

POWASSAN VIRUS

The Illinois Department of Public Health (IDPH) is reminding Illinoisans to take appropriate precautions against tick bites after an Illinois resident became seriously ill with Powassan – a tickborne illness that had not previously been detected in this state. IDPH and the local health department are currently investigating whether the resident was exposed to the illness through a tick bite here in Illinois or in a different state. IDPH says the case serves as a reminder to protect oneself against any and all illnesses associated with ticks.

Powassan is a virus that can be spread to humans through the bite of an infected tick; the black-legged deer tick is most frequently associated with Powassan. According to the Centers for Disease Control and Prevention (CDC), initial symptoms can include fever, headache, vomiting, and weakness. Powassan virus can cause severe disease, including inflammation of the brain (encephalitis) or the membranes around the brain and spinal cord (meningitis), and can sometimes be fatal. Symptoms of severe disease include confusion, loss of coordination, difficulty speaking, and seizures. Powassan cannot be spread human-to-human through casual contact.

It's important to protect against tick bites to prevent that and other serious tickborne illnesses, including Lyme Disease, Rocky Mountain Spotted Fever, tularemia, ehrlichiosis, and babesiosis.

IDPH's Director Vohra stresses that people can also "Fight the Bite" by diligently checking themselves, their pets and children for ticks after spending time in areas where ticks live, such as in and near wooded areas, tall grass and brush. Removing ticks within a 24-hour period reduces the risk of potential disease transmission.

Learn more about [Powassan here](#) and learn to [protect yourself from tick bites here](#).

KISSING BUGS

The Illinois Department of Public Health provided a short presentation to local health departments on Kissing Bugs and their relation to Chagas Disease. Kissing bugs are typically found in the southern United States, Mexico, Central America, and South America. Eleven different species of triatomine bugs have been found in the southern United States. Chagas disease, also known as American trypanosomiasis, is a tropical parasitic disease caused by the *Trypanosoma cruzi* parasite, primarily transmitted by kissing bugs. Chagas Disease is spread when a Kissing Bug completes a bloodmeal from an animal or human, the bug defecates, and the parasite is in the feces. Open wounds (such as the recent bug bite), mucous membranes, or ingestion are ways that the parasite can infect a person or dog. Many years later, the parasite can cause heart disease and possibly death. There are few medicines to treat Chagas disease.

The Environmental Health Division took this information and created a one-page flyer. The flyer addresses the following topics of concern:

- What do they look like?
- When are they most active?
- Where can they be found?
- How to control Kissing Bugs?
- How is Chagas Disease spread?

The Kissing Bug

Kissing bugs are typically found in the southern United States, Mexico, Central America, and South America. Eleven different species of triatomine bugs have been found in the southern United States.

Kissing Bug Facts

- Kissing bugs have 'cone-shaped' heads, thin antennae, and thin legs.
- They are mainly black or very dark brown, with red, orange or yellow 'stripes' around the edge of their bodies.
- Kissing bugs are mostly active at dusk or night.
- Kissing bugs can be found around woodpiles, debris in the yard, and woodrat nests, but are also attracted to the lights and carbon dioxide associated with human houses and dog kennels.
- Kissing bugs are insects that may be infected with *Trypanosoma cruzi*, the parasite that causes Chagas disease.

Controlling Kissing Bugs

- Seal up your house to keep kissing bugs from sneaking in.
- Keep the area around your house neat. Remove wild animal nests, piles of branches and wood, and trash so that wild animals stay away from your house.
- Turn off outside lights at night if safe. Kissing bugs might fly towards lights and then crawl into a house. Keeping the lights off can keep the kissing bugs from coming near.

If you think you have a kissing bug, email a clear picture of suspected kissing bugs to EH@willcountyhealth.org for identification by IDPH

How is Chagas Spread?

After taking a bloodmeal from an animal or human, the bug defecates, and the parasite is in the feces. Open wounds (such as the recent bug bite), mucous membranes, or ingestion are ways that the parasite can infect a person or dog. Many years later, the parasite can cause heart disease and possibly death. There are few medicines to treat Chagas disease.

More information on Chagas Disease can be found on IDPH website or scan the QR code

Will County Health Department & Community Health Center

ENVIRONMENTAL HEALTH NEWSLETTER

VECTOR PROGRAM

The West Nile Virus season ended at the start of October 2025 and will restart in May 2026. The Tick surveillance program is ongoing but slows down in the last quarter of the year. The Blacklegged or Deer Tick (*Ixodes scapularis*) is active in wooded terrain with elevation, but not in floodplains. Blacklegged deer ticks need deer/game trails with plenty of leaf litter and their peak activity is March through May and October through November. Below is a picture of the Deer Tick in the larva stage (six legs), nymph stage (eight legs) and male & female deer ticks.



Will County
Health Department &
Community Health Center

RADON PROGRAM



Radon and Lung Cancer

November is Lung Cancer Month and Radon Awareness Month is the entire month of January 2026, beginning on Thursday, January 1st. It is a time to raise public awareness about radon, a colorless, odorless radioactive gas that is the leading cause of lung cancer in non-smokers. Overall, radon is the second leading cause of lung cancer. Radon is responsible for about 21,000 lung cancer deaths every year. About 2,900 of these deaths occur among people who have never smoked. During this month, individuals are encouraged to test their homes for radon, fix any existing problems, and learn about radon-resistant new construction. The Environmental Health Division offers radon test kits for sale at all three of our offices for \$8.00. Please see the information below to learn more about radon.

What is radon?

Radon is a cancer-causing radioactive gas that comes from the natural (radioactive) breakdown of uranium in soil, rock and water and gets into the air you breathe. You can be exposed to this gas in any type of building anywhere in the U.S. but your greatest risk of exposure is in your own home where you spend the largest part of your time. You can't see, smell or taste radon but it is known to cause many thousands of deaths each year from lung cancer. Next to smoking, radon exposure is the second leading cause of lung cancer.

Radon Levels in Will County

Studies by the Illinois Emergency Management Agency's (IEMA) Radon Program, the U.S. Environmental Protection Agency (USEPA) and others show that radon occurs in every county in Illinois, including Will County.

Can I test for Radon myself?

Yes! Radon testing is easy and inexpensive. The Will County Health Department offers home radon tests for purchase at all of its locations. Radon detectors are also available at hardware or home improvement stores.

Radon in Homes

Any home can have elevated radon levels. It doesn't matter whether your house is old or new or whether it has a basement, crawlspace, or slab-on-grade foundation. Most radon enters a home because of air pressure and temperature differentials between the indoors and outdoors. When air is exhausted by natural or powered ventilation, make-up air is drawn in through openings in the foundation from the surrounding soil.

Lowering Radon Levels

Indoor radon levels can be lowered by installing a radon mitigation system that collects radon prior to its entry into the house and discharges it to a safe location. Contact a mitigation system professional licensed by IEMA to reduce the radon levels in your home.

Residents may install a mitigation system in their own home; however, without proper equipment or technical knowledge, you could increase the radon level or create other potential hazards. The cost of an active mitigation system is typically between \$1000 to \$1500 for installation, and the energy cost for running the fan will average around \$100 per year. Since June 2013 the Illinois Radon Resistant Construction Act has required the installation of passive radon reduction techniques during construction.

Diane Scruggs
Director, Behavioral Health
November 2025

The Division of Behavioral Health (BH) is feeling the impact of the changes happening at the Federal Level. We have provided clients with lists of food pantries, and we have opened up our telehealth appointments for those clients who are disabled or afraid to leave their homes. As we approach the holiday season, we are anticipating more crisis calls from residents experiencing depression, anxiety, and grief.

Intake Unit

Our new intake counselor began on September 29, 2025. She will be housed at our Bolingbrook office. We will continue to look into crisis training as we are receiving an increased number of people in crisis who are calling. It has proven to be beneficial to have designated staff and times to be available for these calls.

Stefanie Monreal, Intake Program Manager, attended the City of Joliet Active Threat & Mental Wellness conference, November 5th -7th. This training provided valuable information to bring back to the team.

Scheduling:

Due to the addition of two new Adult Therapists, we have decreased the amount of time we are scheduling our clients for the adult program. Currently, we are scheduling one to one and half weeks out. The use of the emergent appointment times for these therapists has been extremely helpful when scheduling clients who are in more immediate need of services. Child and adolescents are scheduled two weeks out.

Intake has seen an increase in crisis calls in the past month or so, which has resulted in the need for staff to use their training, experience and backgrounds in psychology to react quickly to ensure client safety. Examples of interventions used include:

- a. three calls to first responders to conduct wellness checks,
- b. a referral to the Crisis and Referral Entry Services (CARES) line for assessment.
- c. a referral directly to Silver Oaks due to suicidal ideation.
- d. seven calls from individuals in crisis in which the staff's ability to de-escalate the crisis has enabled clients to safely wait for an upcoming emergent client appointment within the next few days.

Kudos to Stefanie Monreal, Intake Program Manager, for the excellent job she does ensuring that intake staff are thoroughly trained and prepared to deal with any call that comes their way.

Number of Intakes from 10/01/2025 to 10/31/2025

Joliet/Adult: 70

Bolingbrook (Northern Branch Office[NBO]) /Adult: 16

Monee (Eastern Branch Office [EBO])/Adult:2

Child and Adolescent Joliet/ Bolingbrook(NBO):45

Total Intakes for all programs: 133

Number of Walk-Ins

Joliet: 8 (4 of which were Spanish-speaking)

Bolingbrook (NBO): 2

Hospital Discharges: 20**IRIS referrals:**

Schools: 16

Joliet Fire Department: 10

Number of calls requesting Substance Use services: 14**Adult Mental Health Outpatient Program**

In the month of October, the Adult Program had 88 new intakes scheduled throughout the three locations. From Oct 1st to Oct 29th, we had 835 scheduled adult client appointments. This number does not include clients assigned to students. We had a 60% Kept Rate, 16% Canceled rate, 7% Staff Cancel rate, and 17% Fail Rate. We have successfully filled two positions with internal candidates, Michelle DeMato, LPC (Licensed Professional Counselor), CADC (Certified Alcohol and Drug Counselor) and Emilie Brazinski, LCPC, CADC. Michelle started on September 29, 2025, and Emilie started on October 13, 2025. They are piloting our new emergent client hours. They will have set aside a block of time once a week for two hours that will be filled for emergent clients, which will be determined by the Intake Program Manager. Emergent clients' needs may vary, but we are focusing on those who need a shorter wait time to start the assessment and therapy process. We are hoping this will limit wait times and get clients in quickly who have higher needs.

Since 2024, we have gone from six adult therapists across three locations to ten adult therapists across three locations. We serve adult clients at our Monee office (EBO) on Mondays & Fridays. Our Bolingbrook (NBO) and Joliet offices provide service five days a week. We have a Spanish-speaking therapist at our Bolingbrook location. We offer alternative modes of treatment other than face-to-face for clients who cannot come in person due to medical or other reasons.

Child and Adolescent Services

Services are provided at the Joliet office for children and adolescents Monday through Saturday and in Bolingbrook (NBO) Monday through Friday. There was a total of 808 appointments scheduled. Five hundred and forty-one (541) were kept (67%), and 267 were cancelled (33%).

The average case load for the child and adolescent program is 395, with nine staff. This surpasses the caseload size at the same time last year, which was 313.

Mobile Crisis Response (MCR)

The average caseload for Mobile Crisis Response Staff is 161 with seven staff. The caseload size last year was 180. There were 414 appointments scheduled and 319 were kept (77%), and 95 were cancelled (33%). Total Crisis calls MCR team responded: 294 (up to October 31st) compared to 321 from the same time period up to October 31, 2024.

Community Involvement and Education

During October, staff also participated in nine outside events to promote the BH department in Joliet, Lockport, Monee, New Lenox, Braidwood, and Crest Hill.

Several department members attended training classes in September and October, including:

- Blue Cross Blue Shield Mandatory Medicaid Training
- Crisis Response: Addressing Co-morbidity
- Introduction to Motivational Interviewing
- Recognizing and Responding to Human Trafficking
- Collaborating with Law Enforcement
- Fire Extinguisher training (see photos below)
- Online Clinical Supervision: Best Practices for Every Clinician
- Comprehensive Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR) Updates
- Ethics and Boundary Issues
- Blending Strengths Based Practice with Situational Leadership



School Based

2025 is continuing to end on a positive note. We are currently servicing 255 students. The length of treatment of each student varies, with most students staying with our therapists for an average of two years. The therapists see a wide range of presenting problems from conduct issues to severe depression. Unfortunately, the current climate of the country has the therapists seeing an increase of students with anxiety and poor coping skills. If the presenting problem follows the usual course, we will start to see more referrals for depression as we get closer to the holiday season.

We are happy to report that Gabrielle Love, Mental Health Counselor (MHC) II, was transferred to the school-based program to help with the ever-increasing referrals we are receiving from the Plainfield School District. Currently, Plainfield School District is giving Joliet Township High School competition to be our number one referral source. Kathleen Cios, MHC II, continues to develop Mental Health Matters posts for Will County Health Department (WCHD) and the local schools we serve.

Performance and Quality Improvement (PQI)

1. CARF (Commission of Accreditation of Rehabilitation Facilities) Plans

The Cultural Competency, Risk Management, and Technology and Systems Plans have all been completed. Still in progress are our Succession, Accessibility, Strategic, and Performance Management plans.

Performance Measurement Plan

Darcy Jasien, PQI Program Coordinator, has located a free resource from CARF called "Six Steps to Building a Performance Management System: a CARF Workbook." Darcy and Diane Scruggs, Division Director, plan to review this book together and use it to prepare our own Performance Management plan.

A confidential team culture survey was completed by staff in August to support employee engagement. Individual responses are kept confidential by our management consultant, but overall results will be reviewed with the Director, Director of Operations, and the PQI Site Coordinator on November 19th.

These numbers will be compared with last year's responses and future (2026) results to measure ongoing change within our division. They will also be used in the development of our Performance Measurement and Management Plan.

2. Health and Safety Drills, Inspections, and Trainings

Darcy has been working with Armando Reyes, Director of Compliance, and Barb Agor, Safety and Risk Reduction Officer, to ensure that all annual requirements are completed. Most have all been completed, and there is a plan to complete those that are still pending.

3. Organizational Chart

Darcy is putting the final touches on the Division's organizational chart, required for CARF. It will be ready for viewing by next month.

4. Quarterly Clinical Audits

Third quarter audits are now underway. Darcy is in the process of meeting with each clinical team (Adult, Child & Adolescent, and students) to explain the contents of the Audit Packet and how it can be used both in daily work and when conducting audits. Audit packets will be distributed to staff and students and will be made available on Teams. Examples of well-done IATPs (Individual Assessment /Treatment Plans) and step-by-step instructions as to how to complete them will also be made available. This is all being done not only as clinical best practice, but also in preparation for CARF and BALC (Bureau of Accreditation, Licensure, and Certification).

5. Client Surveys

Darcy is continuing to work on plans for semi-annual "client survey months" in which there will be an extra emphasis placed on encouraging clients to share their feedback. The first is tentatively scheduled to be completed by the end of the calendar year, and the second will be six months later. Survey results will be shared with staff and stakeholders, such as the BOH and 708 Board, and will also be used to help create our CARF-required plans.

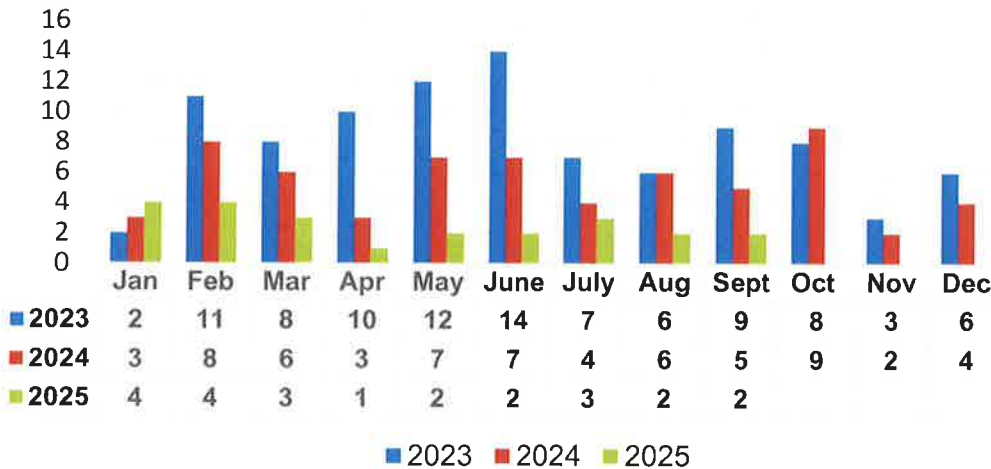
Clinical Training Program

The Clinical Training Program currently has nine students in total in the Child & Adolescent and Adult Programs. Students are training in psychotherapy and psychological testing. Those training in psychotherapy are being

assigned caseloads that average from 15 to 20 clients. There are currently 24 referrals on the waitlist for psychological testing. Referrals for psychological testing come from the core therapists and from the psychiatric providers. For October, there were 67 appointments scheduled across all students, 14 were no-shows or cancellations, and 53 appointments were kept.

Report from Kathleen Burke, PhD, Behavioral Health Community Coordinator

Opioid Overdose Trends
Will County Coroner's Office
Update 10/20/2025



- Overdose deaths have decreased by 56.6% compared to the same time last year.

Opioid Overdose Deaths						
Will County Coroner	Accidental	Suicide	Undetermined	Total	Overdose Reversals	Reversals compared to Deaths
2023	92	1	2	95	103	92%
2024	62	1	1	64	53	83%
2025	22		1	23	21	105%

Will County Health Department Rapid Response Naloxone Distribution/Community Education Highlights

Summary Totals per Year	October	2025	2024	2023	2022
Naloxone Plus Calls	1	6	15	13	3
Fentanyl/Xylazine Test Strips	155	897	2562	1658	1563
Got Naloxone Locations	74	581	624	888	754
NALOXONE DISTRIBUTED					
Business/Narcan Drop Off	13	214	425	564	485
Naloxone Kits Distributed to Public	889	6325	8800	8792	7285
Naloxone Training/ Kits	32	410	2728	1806	445
Micro Pantry Distribution	136	592	656	791	605
Red Distribution Boxes	356	2977	3020	0	0
TOTAL BOXES of Naloxone	1426	10519	15629	11953	8820

October Pop-Events, Substance Use Prevention Month

- ❖ St. John the Baptist – Joliet
- ❖ St. John Lutheran Church – Joliet
- ❖ Recovery Community Center of Joliet - HIV Testing
- ❖ Salvation Army – Joliet
- ❖ Joliet Township High School Resource Fair
- ❖ Warren Sharpe – Joliet
- ❖ Joliet Pride
- ❖ Riverwalk Homes – Joliet
- ❖ Will County Take Back the Night – Joliet
- ❖ Men Who Cook – Joliet
- ❖ New Day Employment Network Fair Will County Courthouse
- ❖ Trunk or Treat – Joliet Police Department
- ❖ Helping Hands Healing Pantry – Peotone
- ❖ Crete-Monee Middle School Coat Fair
- ❖ Trunk or Treat – Monee
- ❖ Fairmont Food Pantry – Lockport
- ❖ Alpha Baptist Church – Bolingbrook
- ❖ Taste of Fall – Manhattan
- ❖ Trunk or Treat – Braidwood
- ❖ Project Pinky Fest – Braidwood
- ❖ Fire Department Open House – Braidwood
- ❖ Share Fest – New Lenox
- ❖ Argonne National Laboratory Employee Resource Fair - Lemont

Community Education

Will County Health Department Rapid Response Team Highlights

- October brings lots of fun events like Trunk or Treats. The team gets into the spirit by decorating their cars.

- Men Who Cook is always a great event. The team gave out 113 boxes of Narcan, collaborated with other agencies, and enjoyed some great food.
- Participated in the Employee Resource Fair at Argonne National Laboratory. This event offered an opportunity to raise awareness about the opioid crisis and train individuals to be prepared in case they encounter an overdose. The engagement and curiosity from the employees reflected a strong commitment to community safety and wellness, both inside and outside the workplace. 110 boxes of Narcan were distributed.

Rapid Response Team Member Sara at MMA Stop, Crest Hill for Trunk or Treat (below)



Rapid Response Team Member Patrick at Argonne National Laboratory (above)

Keeping an Eye Out – Carfentanil: One of the Deadliest Synthetic Opioid

We had one overdose with Fentanyl and Carfentanil. The young man obtained what he thought was Xanax. It was a counterfeit pill that contained Fentanyl and Carfentanil.

What is Carfentanil:

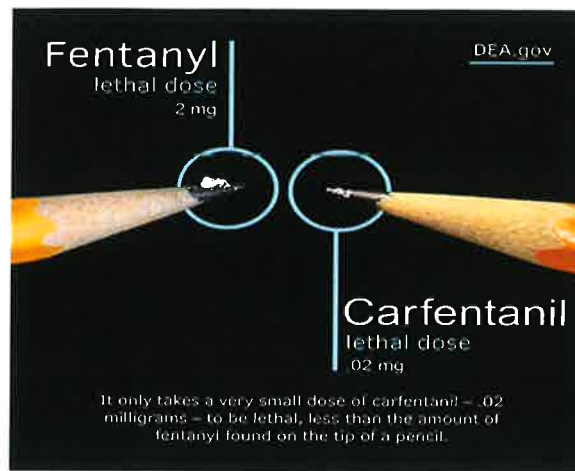
- Synthetic Opioid 10,000x stronger than morphine.
- Originally made to sedate large animals (Elephants).
- Not approved for human use due to extreme potency.

Effects on Humans:

- Acts on the central nervous system, depressing breathing and heart rate.
- Even a few micrograms (grains of salt) can be fatal.

Why it Matters:

- Carfentanil is increasingly found mixed with heroin, fentanyl, and counterfeit pills.
- High fatality rates due to intentional exposure or overdose.
- Requires community awareness, rapid response, and prevention efforts.



Just a Reminder about Kratom

Kratom is a tree from the coffee family native to Southeast Asia. Also known as *Mitra Gyna speciosa*, it is grown in Thailand, Malaysia, and Indonesia. Its leaves are dried and used to make tea or put into capsules for sale as a supplement. Kratom leaves can also be smoked like tobacco. Sometimes referred to as gas station heroin. It is sold online and in herb and wellness stores, vape stores, smoke shops, gas stations and convenience stores. Sales are governed by local laws and regulations.

People use Kratom for:

- Pain Relief
- Mood enhancement
- Managing Opioid withdrawal
- Stimulation and energy boost
- Cultural and Southeast Asia traditional uses

Kratom is an opioid and can be addictive. In low doses, it acts as a stimulant and in high doses can relieve pain. Very little research has been done on the health effects of Kratom.



October was Substance Use and Misuse Prevention Month

Prevention month lifts the national conversation – to showcase prevention's positive effects on communities across the country.

How is Prevention improving lives?

- Prevents substance use in the first place.
- Prevents the progression to a substance use disorder.

- Prevents consequences associated with use.
- Prevention science, with decades of research and community-based experience, shows that prevention works.
- Prevention strengthens protective factors and reduces risk factors in individuals, families, schools, communities, and society.
- Prevention helps us get ahead of substance use and mental health challenges so that youth, families, and communities can thrive.

Substance Prevention for First Responders (402 Program) Update

- Met with Frankfort, Wilmington, and Shorewood Firefighters for project training.
- Certified BH interns at the Will County Health Department in Mental Health First Aid.
- Introduced the program to the Beecher Fire Department.
- Provided training on October 14th, 15th, and 16th to the Troy Fire Department, Chief Paul Hertzmann.
 - 38 attendees
 - 38 Resources pamphlets handed out
 - 5 Locks handed out
- Collaborated with Will County Health Department Rapid Response team on events in Joliet and Plainfield.

Andres Zayes (pictured in action at the Beecher Farmers Market) is the Suicide Prevention Training Specialist for the program with Mark and Patrick from the Rapid response Team.



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

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

1. All State Fiscal Year 2026 grant applications have been completed. The State Fiscal Year 2026 grant agreements continue to be executed as issued by the state. State Fiscal year 2026 began July 1, 2025.
2. The Will County Health Department submitted documentation to the State of Illinois Court of Claims requesting grant funds that were not received by the end of the State Fiscal Year 2023. The total request was for \$113,257.47, of which \$73,763.38 has been received to date.
3. The end of the Fiscal Year 2025 is rapidly approaching. The Will County Finance Department has issued FY25 Year End Processing guidelines for Purchasing, Accounts Payable, BMO, and deposits.

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

FREEDOM OF INFORMATION ACT (FOIA) REQUESTS

So far in FY25 (12/1/24 – 11/4/25), the Agency has received 1,032 FOIA requests. Most months we receive 100-130 FOIA requests. A majority of the requests are for Environmental Health well and septic permits.

POLICY UPDATES

In October, the following Agency policies were updated, shared with all staff via email, and posted on SharePoint:

- ADM-015 Building Key, Access Card & Video Monitoring – *Updated October 6*
 - This policy ensures the physical security and safety of our facilities and establishes procedures for the management and control of keys, access cards, locking mechanisms, and surveillance equipment.
- ADM-016 Personal Items and Building Appearance – *Updated October 8*
 - This policy outlines parameters for personal items brought in the workplace to promote and maintain a clean, neat work environment.
- ADM-017 Office Air Temperature – *Updated October 8*
 - This policy defines an acceptable temperature range for agency facilities and establishes procedures for addressing temperatures outside of that range. The recommended temperature range is 68-76°F.

SECURITY UPDATES

FY26 Security Bid:

We met with the new Security Company, Blue Line Security Solutions, on November 3rd to begin discussions regarding the transition from our current security vendor to Blue Line. The resolution and FY26 bid was presented to the Community Health Center Governing Council for approval on November 5,

and to the Tuberculosis Clinic Board on November 19. The new contract for Blue Line Security Solutions will take effect on December 1, 2025.

FACILITY UPDATES

Joliet Campus

Thank you to the Will County Facilities Department for working with the landscaping company to provide both Joliet buildings with beautiful outdoor fall displays. *Pictured below.*



501 Ella – Main Building



1106 Neal – CHC

501 Ella (Main)

Elevator:

On September 17th the elevator was taken out of service. A valve malfunctioned causing an issue with the elevator. The elevator technician tried to temporarily repair the elevator valve twice, but was unsuccessful. The new valve was ordered on September 19th. The parts were received and the elevator was repaired and put back into service on October 3rd. The elevator has been serviced on Oct. 17th, 20th, 21st and 23rd to make adjustments, but unfortunately the elevator is back out of service as of November 3rd.

Lighting:

In Behavioral Health, there was one student office where there were no working lights. Also, in addition there were 17 can lights (mostly located in hallways) that were not working. On Sunday, October 12th, the Will County Facilities Department fixed the student office lights and replaced five hallway can lights. There are 12 can lights that still need to be replaced. The Facilities Department has ordered additional parts, so they can schedule another Sunday to complete the repairs.

Community Health Center (CHC)

Painting:

The Will County Facilities Onsite Technician is working on painting areas of need at the health center. In October, hallway A off the main lobby was painted and a hallway wall in Primary Care was painted. The entire Primary Care area needs to be painted. Facilities will work on painting this area over the next several months.

North Branch Offices (NBO)

NBO:

The Air Conditioning (AC) Unit for the IT room stopped working after only eight to nine months of use. Administration is worked with the vendor on the two year warranty and replacement. On November 4th, the company responded that they would ship us a new replacement unit.

NBO CHC:

We had a plumber run a proper drain from the IT Server Closet AC Unit to an exam room sink drain pipe. This will resolve the need to empty the unit's reservoir of water every couple days.

Compliance Report – provided by Armando Reyes, Director of Compliance

The Compliance Program continues to support organizational accountability, regulatory readiness, and a culture of safety across all divisions. Reporting, policy development, training, and coordinated oversight efforts remain focused on consistency, transparency, and continuous improvement. Collaboration with division leadership and staff has strengthened incident review practices, supported corrective action planning, and advanced alignment with state, federal, and accreditation standards.

Policy Development & Oversight

- Critical Incident Reporting (CIR) and Service Animal Policies – finalized, pending implementation
- Confidentiality & Privacy (ADM-26) – under revision to reflect HIPAA/HITECH updates
- Artificial Intelligence (AI) and Telephone Request Log Policies – drafted, under Information Technology and Telecommunications (ITT) review
- Outreach Risk Mitigation and Medication Management Policies – under development
- Cultural Competency and Accessibility Policies – to be developed with Equity and Behavioral Health
- Medication Management – under development

Divisions are encouraged to consult Compliance early when drafting policies to ensure consistency and reduce duplication.

Audits & Monitoring

Unannounced internal confidentiality and privacy walkthroughs identified visible Protected Health Information (PHI) at select sites; corrective steps were taken immediately.

Family Health Services

Illinois Public Health Association (IPHA) – Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) Site Visit: November 5, 2025 – Pending Results

IPHA – HIV Regional Implementation Group (RIG) Prevention Site Visit: November 6, 2025 – Pending Results

Centene/Department of Children and Family Services (DCFS) – Health Works Desk Audit: July 25, 2025 – 100% Pass

Centene/DCFS – Health Works Desk Audit: October 31, 2025 – Pending Results

Community Health Center

Illinois Primary Care Association (IPCA) – Navigator Grant Site Visit: October 16, 2025 – In Compliance/Successful

Environmental Health

Illinois Environmental Protection Agency (IEPA) through TNI (The NELAC Institute) – Chemistry Certification: September 15, 2025 – In Compliance/No Deviations

Training & Workforce Development

Compliance New Employee Orientation continues to train on:

- Compliance
- Confidentiality & Privacy
- Critical Incident Reporting (CIR)
- Code of Conduct & Ethics
- Mandated Reporting
- Cultural Competence

Communication & Resources

The Fall 2025 Compliance Corner Newsletter is in development. Compliance resources continue to be updated on SharePoint. The Compliance Hotline remains available via either by phone (815-768-8479) or by email (complianceofficer@willcountyhealth.org).

Licensing & Accreditation

- Behavioral Health received licensing approval for the North Branch Office from Illinois Department of Human Services Division of BH for Substance Use Disorder Services.
- The Community Health Center is preparing for an unannounced Joint Commission survey.
- Behavioral Health's Commission on Accreditation of Rehabilitation Facilities (CARF) survey is scheduled for September 2026.

Program Oversight & Critical Incident Reporting (CIR)

The Compliance Program remains stable with consistent reporting and follow-up across divisions. Post-incident reviews continue to support corrective action and learning. Compliance, Safety, and ITT are improving the CIR follow-up tracking process to ensure timely closure. Mandated Reporting remains among the most common incident types. Data trends continue to guide safety, prevention, and quality improvement efforts.

Critical Incident Quarterly Analysis Summary (Q3 2025)

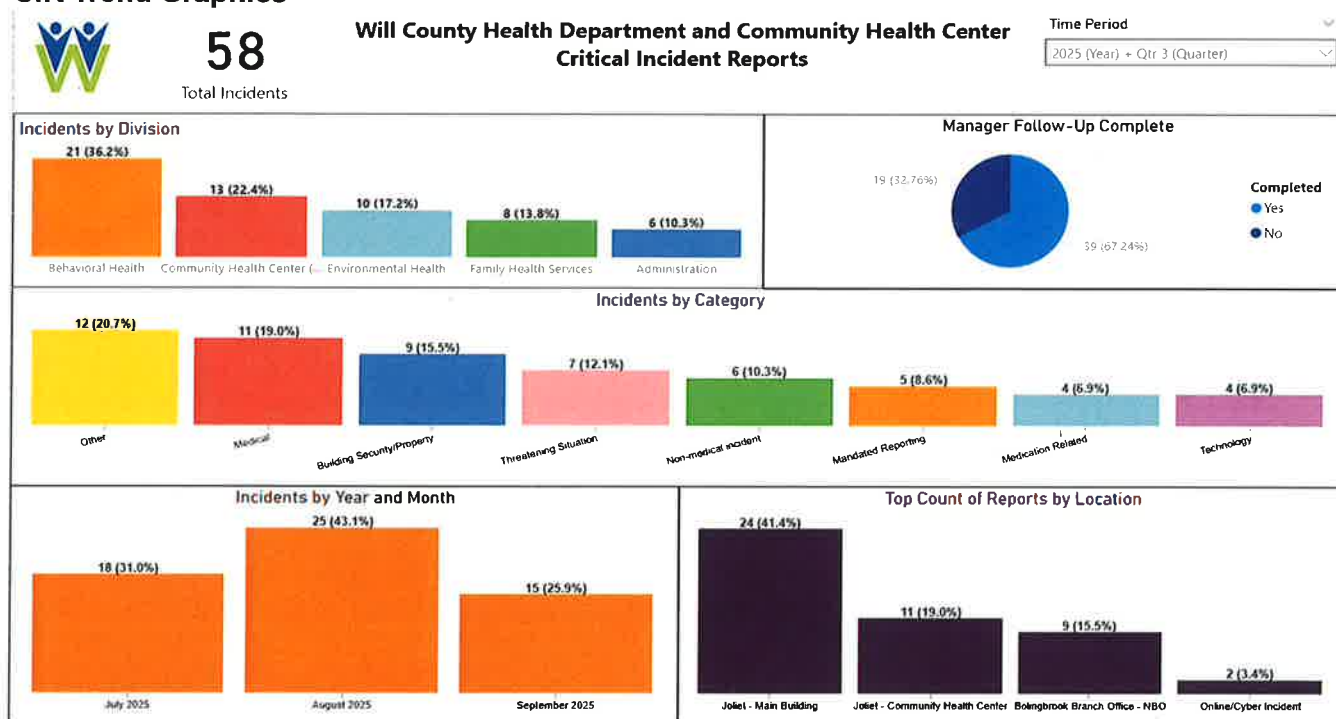
Overall incident reporting in Quarter 3 remained consistent with prior quarters, reflecting continued engagement in the reporting process. The data suggests that most incidents were associated with routine workflow activity, service volume fluctuations, and environmental factors, rather than isolated or intentional staff actions. Timely submission of incident reports supported effective follow-up and organizational learning.

Patterns observed across the quarter indicate:

- Stable frequency of incident reporting, demonstrating ongoing staff awareness and willingness to report.
- Common incident types were related to workflow transitions, documentation challenges, and client interactions typical too busy service periods.
- Root cause reviews continued to highlight process variation and communication transitions as key contributors, reinforcing the need for consistency in procedures and handoff practices.
- Follow-up completion has improved with increased coordination between Compliance, Safety, and supervisory staff.

There were no widespread systemic safety failures or trends suggesting elevated risk; instead, the quarter reflects normal operational variation with opportunities to refine clarity in workflows, communication practices, and environment setup to support staff efficiency and client safety.

CIR Trend Graphics



All Locations Where Incidents Are Reported

2025
Year

58
Incidents Reported

Year and Quarter

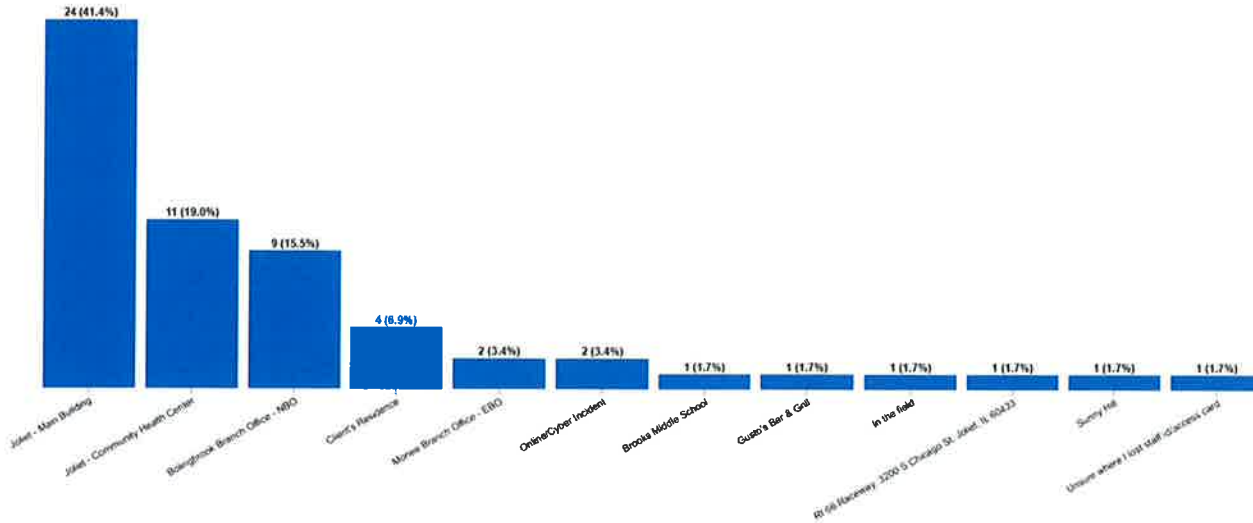
2025

Time Period

2025 (Year) + Qtr 3 (Quarter)

58

Total Incidents



Number of Incidents

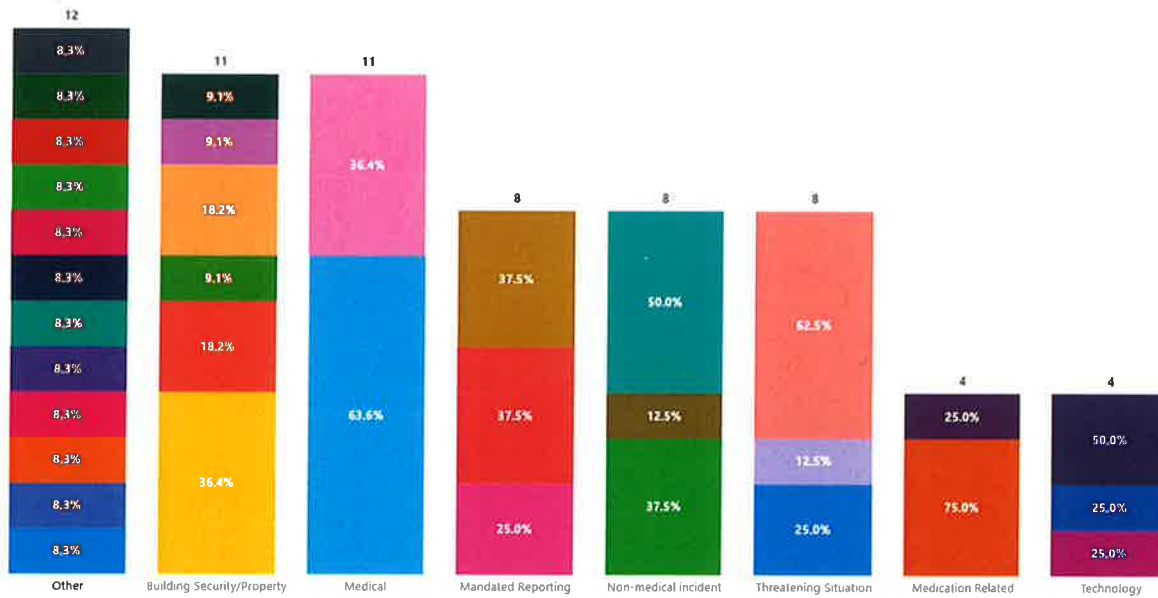
58

Sub-category Counts Within Categories

Will County Health Department and Community Health Center Sub-Categories

Time Period

2025 (Year) + Qtr 3 (Quarter)



Health Equity - BOH Report – provided by Aishwarya Balakrishna, Health Equity Manager

During the month of October, the Health Equity team has continued their work in the community through outreach, education, and advocacy. The team has attended a few community events this month and have discussed some new initiatives for the team to implement moving forward.

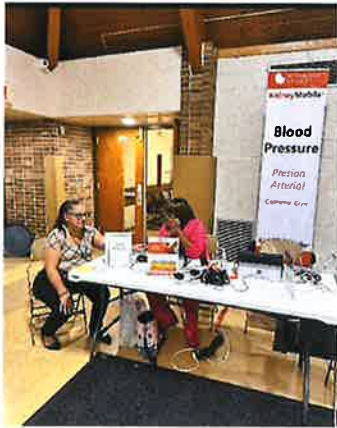
Social Services guide: The team has started compiling a draft “Social Services Guide” for Will County to refer residents to services if we do not provide them here at the Health Department. We are compiling service organizations and resources based on the top needs and referrals by need shown in the Illinois 211 Dashboard under Will County (shared via United Way of Will County). This is also in line with the agency’s ongoing strategic plan.

Collaboration with Will-Grundy Medical Clinic (WGMC) in Healthy Resilient Communities Grant: WGMC recently received the Illinois Healthy Resilient Communities Grant from the state. This grant establishes The Will County Community Equity Resilience Taskforce (CERT). CERT is a collaboration between Will-Grundy Medical Clinic (WGMC), Will County Health Department & Community Health Center (WCHD-CHC), and Holsten Human Capital Development (HHCD) that aims to advance health equity by addressing social and structural drivers of health disparities in Will County’s highest-risk communities. WGMC, WCHD-CHC, and HHCD will collaborate to identify priority populations, coordinate Community Health Worker training and continuing education in the county and manage referrals to close care gaps. We had multiple meetings between all partners to kick off this grant and activities in October.

Illinois Public Health Institute (IPHI) Grant: WCHD received a Senior Social Connectedness Mini-Grant from IPHI. The Will County Health Department will implement a targeted initiative to strengthen social connectedness among older adults while improving access to nutritious food and behavioral health services. This is a joint project with Mobilization for Action through Planning and Partnerships (MAPP) and Health Equity. We attended the first grantee call in October and have begun planning implementation of these deliverables, including a productive meeting with Meals on Wheels to partner on this grant. MAPP and Health Equity also met with Howard Kim at Will County GIS to expand the Find Food Access Map and discussed adding a senior tab to share senior café and Meals on Wheels locations across the county for social dining opportunities. The grant activities will also attempt to equip senior cafés, Meals on Wheels locations, and local food pantry staff with information on recognizing signs of social isolation and emotional distress in seniors and being able to refer them to a local behavioral health provider for assistance.

Community Office Hours Launch: The Health Equity team is excited to share this collaboration with elected officials across Will County to partner with them on their community office hours to reach residents with critical resources. This initiative helps us reach residents in a new way in partnership with our elected representatives. Many of them are already conducting regular office hours to share government resources and we are bringing in health resources and information to share alongside them. This effort kicks off November 6th in partnership with State Representative Dagmara Avelar’s office, from 12-2PM at Fountaindale Library in Bolingbrook. The health insurance enrollment counselors from the Will County Community Health Center will be joining us to offer assistance in enrollment to residents and to promote Get Covered Illinois and Open Enrollment. We are continuing to reach out to other offices to collaborate with them and are looking to schedule another one before the end of the year.

Community Outreach/Events: The Health Equity Team attended two events in October to reach residents with health resources. The team hosted a resource table at a kidney and blood pressure awareness event on October 4th at National Hookup of Black Women and at Braidwood's Annual Prescription Drug Take-Back Day on October 25th, hosted by the Braidwood Area Healthy Community Coalition.



Conferences:

Health Equity Manager, Aishwarya Balakrishna, attended two conferences this month focused on prevention and health equity. This included the Connections in Prevention Conference hosted by Prevention First and the Illinois Minority Health Conference hosted by Illinois Department of Public Health. There was a lot learned from several sessions at both conferences, including learning about what other communities are doing to address disparities and to reach vulnerable populations. In addition to attending sessions, Aishwarya presented a session at the Prevention First Conference with two other preventionists from Illinois on legislative advocacy for substance use prevention and the continuum of care.

Innovative Approaches to Policy Advocacy: Empowering Substance Use Prevention and the Continuum of Care

- Agenda
- Advocacy vs. Lobbying
- Learn about the Illinois Prevention Network and how we use the Collective Impact Model for advocacy
- Using Collective Impact through the Continuum of Care



Ongoing collaboration with MAPP and Assessment Tour: Health Equity and MAPP are planning a joint advocacy tour to share the newly published health assessments and to continue to build relationships with our legislators and public health champions in the State Legislature and Congress.

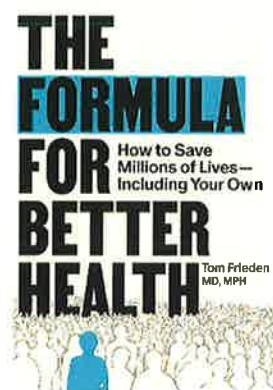
Legislative/Advocacy: Health Equity is continuing to stay informed with state and federal updates with the ongoing government shutdown and veto session in Springfield. We continue to do outreach and help with legislative pushes to advocate for public health and our critical services in the county.

Food for thought: Book by Tom Frieden, former CDC Director and NY Health Commissioner

The Formula for Better Health

Also featured on Public Health on Call Podcast (Johns Hopkins Univ SPH):

<https://www.youtube.com/watch?v=qTwbsXV-Otk>



Human Resources Report – provided by Stacey Knack, Director of Human Resources

Collective Bargaining Agreement Update

We have successfully completed the Unit of Clarification process. As part of this effort, we are introducing two new classification levels within existing job titles: **Communicable Disease Investigator IV** and **Breastfeeding Specialist I, II, III, and IV**. These additions will provide a clear pathway for advancement and allow us to formally recognize and promote employees who are performing higher-level, essential duties within these roles.

Employee Training

As part of our continued focus on employee well-being, the County's Employee Assistance Program (EAP) presented a Lunch & Learn session titled **"From Burnout to Balance"** on **November 5th and 7th**. These sessions will be available to all County employees, both **in-person and virtually**.

The presentation is designed to equip employees with tools to:

- Identify the signs of burnout
- Understand the causes and effects of emotional exhaustion and mental distancing
- Learn practical strategies to prevent and manage burnout

This initiative reflects our commitment to fostering a supportive and healthy work environment for all staff.

Payroll System Transition Update

We have successfully completed our first payroll using the newly implemented **UKG system**. In support of this transition, we are actively developing training and reference materials for employees at all levels to ensure a smooth user experience.

It is important to note that the implementation of UKG is an **interim solution**. The County plans to transition to the **Dayforce platform** for all departments, with an anticipated go-live date between **April and no later than July 2026**.

This phased approach allows us to maintain payroll continuity while preparing for a more comprehensive, long-term solution.

Orientation Summary (October)

- New Hires: 6
- Transfers: 5

- Promotion: 1

Resignations, Terminations, and Retirees

- Resignations: 3
- Terminations: 0
- Retirements: 0

Employee Count by Department

- Administration: 39
- Environmental Health: 31
- Behavioral Health: 69
- Community Health Center: 121
- Family Health Services: 84
- **Total Employees: 344**

Information Technology & Telecommunications (ITT) Report – provided by Randy Jurek, Director ITT

A Reason to Be Thankful

Autumn is in full bloom, and it is the time of the year to reflect and understand how much we should be thankful for, even when sometimes it is hard to find those reasons. There are a tremendous number of things in our everyday lives we should be thankful for. With that in mind, I have decided to use this month's report to tell you the things I am thankful for within the ITT department.

I Am Thankful For....

Windows 11 Migration/Duo Multi-factor Authentication Roll Out Update

As mentioned in the last report, our department is diligently working on trying to upgrade all our Windows 10 machines to Windows 11, while getting staff acclimated to the new multi-factor platform where we can. I am thankful not only for my staff who are doing this as fast as they can while still attending to the day in and day out responsibilities, but also, I am thankful for Agency staff for being understanding and patient with us through this process. It has been a tremendous help.

Cybersecurity Lunch & Learn

I would also like to express my thanks to Jillian, Ted, and Daisy from the ITT team. We were asked to present a cybersecurity refresher to agency staff during a Lunch & Learn at the 501 Ella building. I unfortunately could not present or attend, as I was at a cybersecurity seminar in Springfield, but more on that soon. From all accounts it went very well, and the response has been very positive. We will look forward to doing more in the future. One of the components of the presentation was Jillian's presentation of password managers. This garnered some attention. So much so, we may do a full Lunch & Learn just on the password managers.

We are also looking at doing other Lunch and Learns such as more specific aspects of cybersecurity, artificial intelligence usage, and potentially an open IT ask-us-anything presentation to cover the tools we use every day and how we can be more effective at using them.

TEEX Cybersecurity Seminar

I am thankful to have had the opportunity to attend a cybersecurity seminar in Springfield, IL for a couple days presented by Texas Engineering Extension Service (TEEX). This organization is a member of the Texas A&M University infrastructure, and they handle different kinds of training from cybersecurity to emergency response.

The presentation was very insightful and got me thinking of many ways we can do cybersecurity training and refreshers. There is a growing concern that normal, typical cybersecurity presentations for employees often are not as memorable, and many attendees do not retain much. Doing tabletop exercises, the Lunch & Learns, etc., I believe will have a more lasting impact on staff. We can have the best firewalls and protection in technology, but our front-line defense is our staff. The more knowledgeable they are about the dangers that are out there, the more protected we will be from cyber-attacks and events. I would be truly thankful if we could avoid those.

In Closing

If you've noticed this report is cybersecurity-heavy, that's no accident. It's the core responsibility of any IT department to protect its systems. However, today's threats, including those driven by artificial intelligence and quantum computing, are more complex and harder to detect. That's why we are investing so much time and energy into system upgrades, firewall rollouts, and staff education. We can have the best tech in the world, but if staff are not aware of the risks, the agency is still vulnerable. Losing data or our reputation simply isn't an option.

Having said all that, I just want to say I am thankful to you for taking the time to read the Information Technology segment of the report, and I hope you and your families have a wonderful Thanksgiving! Thank you.

Safety Report – provided by Barbara Agor, Safety & Risk Reduction Officer **October was Fire Prevention Month:**

Fire Prevention Month is observed every October. It is a nationwide campaign to raise awareness about fire safety and reduce risks of fires in homes, workplaces, and communities. It commemorates the Great Chicago Fire of 1871, that killed more than 250 people and left 100,000 homeless. In 1925, President Calvin Coolidge proclaimed Fire Prevention Week a national observance, making it the longest running public health and safety observance in the United States. We at the health department take fire prevention very seriously not only in October, but all year long. We conduct Fire/Evacuation Drills throughout the year. We inspect our Fire Extinguishers every month. We host Fire Safety Trainings (classroom style) throughout the year and Fire Extinguisher trainings (hands-on) every October. We conduct our building safety inspections throughout the year, looking for any safety hazards especially fire safety hazards. We make sure walkways and exits are clear and that there is 18-inch clearance around our sprinkler heads to ensure water can spray effectively. We recommend that Will County residents install and maintain smoke detectors, create a fire escape plan, and practice the plan. For additional ways to prevent fires in a home visit, <https://www.ready.gov/home-fires#prevent>

Trainings and Drills:

- **Fire Extinguisher Training** – On October 9th, we held two sessions of our annual training, where staff were reminded about RACE (Rescue, Alert/Alarm, Contain, Extinguish /Evacuate) and PASS (Pull, Aim, Squeeze, Sweep) and were able to put out an actual fire. Forty-five staff were trained. Thank you to the Facilities Manager and Integrity Fire for their continued partnership.
- **Fire/Evacuation Drills** – on October 24th, we held two



Fire/Evacuation Drills, one at each building on our Bolingbrook campus. Nineteen staff participated in the drill. There were recommendations that came out of those drills. We are working through those recommendations and corrective actions now.

- **Safety Orientation Training (for new staff) on October 15th and October 28th:** Six new staff oriented to our Safety Handbook and safety procedures. Safety orientation helps them understand what to do in different emergencies and helps familiarize them with the reference handbook that they receive.
- **Panic Button Training/Drill on October 28th:** Four new staff members participated and activated the panic button in a Behavioral Health office. This aided in their understanding of what to expect when a panic button is activated. Staff were informed of the purpose of the panic button, who it notifies, and who it does not notify, along with what alarms are triggered and where. These trainings/drills also gave our security a chance to practice their response protocols and manage the alarm system – silencing the alarm, clearing the alarm, and resetting the panic buttons.
- **Bloodborne Pathogens Training on October 17th:** Stericycle provided their annual training on Bloodborne Pathogens. Twenty-four staff were trained. Stericycle also offered a mock OSHA audit, which we did very well.

Safety Walkthroughs October 3rd and October 16th:

Completed a safety walkthrough in the 501 Ella Building on October 3rd and 16th. We identified a few minor potential hazards. The division has already completed the corrective actions.

Policy, Procedures, & Plan Development and Committee Updates:

Agency Infection and Exposure Control Plan Committee met on October 20th: This committee continues to work through the final edits of the plan, logistics to roll out annual respirator Fit Testing, logistics for the use of a new Hepatitis B Vaccination / Declination form, and the draft of an Agencywide Bloodborne Pathogen Post-Exposure Plan. I am very proud of the work we are all doing on these plans, documents, processes. Our next meeting is on November 17th.

REVISED				
October 2025 BOH -DIVISIONAL STATISTICS REPORT				
ENVIRONMENTAL HEALTH	Sep-25	FY25 YTD	FY24 YTD	
Food Program Activities	785	7814	8074	
Water Program Activities	121	1038	1193	
Sewage Program Activities	92	912	800	
Other Program Activities (beaches, tanning facilities, etc.)	1653	13843	10845	
Aerobic Treatment Plant Samples	893	6384	4956	
Number of Service Requests	28	330	362	
Number of Complaints	100	696	570	
Number of Well Permits	15	126	116	
Number of Septic Permits	20	166	170	
Number of Lab Samples Analyzed by EH Lab	4169	29240	24094	
TOTAL	7,876	60,549	51,180	
OFFICE OF VITAL RECORDS	Sep-25	FY25 YTD	FY24 YTD	
Births Recorded	348	3,715	3,923	
Deaths Recorded	339	4,014	3,837	

	<i>November 2025 BOH -DIVISIONAL STATISTICS REPORT</i>			
	<i>ENVIRONMENTAL HEALTH</i>	Oct-25	FY25 YTD	FY24 YTD
	Food Program Activities	970	8784	8984
	Water Program Activities	123	1161	1336
	Sewage Program Activities	92	1004	919
	Other Program Activities (beaches, tanning facilities, etc.)	1853	15696	11944
	Aerobic Treatment Plant Samples	1208	7592	5533
	Number of Service Requests	37	367	393
	Number of Complaints	69	765	633
	Number of Well Permits	14	140	124
	Number of Septic Permits	25	191	194
	Number of Lab Samples Analyzed by EH Lab	5527	34767	26739
	TOTAL	9,918	70,467	56,799
	<i>OFFICE OF VITAL RECORDS</i>	Oct-25	FY25 YTD	FY24 YTD
	Births Recorded	350	4,065	4,306
	Deaths Recorded	400	4,414	4,215

Family Health Services Monthly Board of Health Report													
	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Total
APORS High Risk Birth caseload	137	134	134	124	108	118	105	*	*	*	*		860
Better Birth Outcomes Comprehensive	43	41	42	61	45	53	46	87	94	104	112		728
High Risk Infant Follow-Up caseload	260	259	263	255	266	266	261	244	226	225	231		2756
HealthWorks Lead Agency Medical Case Mgmt. caseload	651	656	665	656	666	650	648	645	618	602	603		7060
WIC caseload	8733	8835	8699	8777	8850	8912	8857	7965	8038	8118	8139		93923
# non-compliant businesses-SFIA	1	15	11	1	16	16	1	19	2	6	6		94
# partners provided technical assistance with developing tobacco policy	0	0	0	2	2	3	0	0	1	NA	0		8
# clients immunized	269	305	255	292	264	202	261	343	499	338	571		3599
# travel client immunizations	22	42	26	43	52	52	26	18	25	26	15		347
# influenza vaccinations	117	114	93	81	49	14	6	0	0	215	247		936
# chlamydia cases	152	174	155	179	214	245	90	163	123	195	229		1919
# gonorrhea cases	49	55	49	48	59	63	29	38	40	55	77		562
# syphilis investigations	60	54	46	95	76	60	77	121	91	67	91		838
# HIV tests performed	21	31	33	26	60	53	48	33	63	55	56		479
# Mpox cases	0	0	0	0	0	0	0	0	3	0	1		4
# CD investigations	315	328	303	324	717	756	659	771	891	704	777		6545

U/A=results unavailable at this time

* APORS program now merged with BBO,
renamed Better Birth Outcomes
Comprehensive

October 2025 CD Investigations

Disease	Case Count
Botulism Other Unspecified	1
Campylobacteriosis	25
Candida auris, clinical	5
Carbapenemase Producing Organism, clinical	1
Carbapenem Resistant Organism	5
Cryptosporidiosis	2
Cyclosporiasis	1
E. coli unspecified	1
Hepatitis A	3
Hepatitis B Acute	2
Hepatitis B Chronic	275
Hepatitis B, Perinatal Case Management	1
Hepatitis C Virus Acute Infection	1
Hepatitis C Virus Chronic Infection	310
Histoplasmosis	2
Influenza with ICU Hospitalization	1
Legionellosis - Legionnaires Disease	2
Lyme Disease	9
Measles	3
Rabies, Potential Human Exposure	10
Respiratory Syncytial Virus (RSV) with ICU Hospitalization	1
Salmonellosis	17
SARS-CoV-2 infection (COVID-19) with ICU Hospitalization	5
Shiga toxin-producing E. coli (STEC)- Shiga toxin pos, not cultured or serotyped	3
Shigellosis	2
Spotted Fever Rickettsioses	1
Streptococcal Disease Invasive Group A	2
Varicella (Chickenpox)	3
Vibriosis	2
West Nile Virus Non-Neuroinvasive Disease	2
Animal Exposures / Bites	79
Sum:	777

**NO STATS
AVAILABLE FROM
CHC**

**WILL COUNTY HEALTH DEPARTMENT
BOARD OF HEALTH REPORT
OCTOBER STATS**

NOVEMBER 2025 BOH

Behavioral Health Statistics for 10/01/25 - 10/31/25	Month of October	CFY 2025	CFY 2024
Child and Adolescent (C&A) Mental Health Programs	C&A Psychiatric Services		
	84	1,065	744
	School Services		
	607	3,313	2,346
Joliet Office	351	4,422	3,081
Northern Branch Office	133	1,570	1,053
Telehealth	1	58	50
Telephone Services	422	3,285	2,386
Eastern Branch Office	0	28	28
Off Site	107	3,473	3,486
Screening Assessment and Support Services (SASS) /Mobile Crisis Response (MCR)	Mobile Crisis Response Screenings		
	260	2,987	2,831
	Mobile Crisis Response Counseling Services		
	196	2,802	2,935
	Adult Psychiatric Services		
	136	605	1,188
	Adult Services		
Joliet Office	541	5,935	3,793
Northern Branch Office	170	1,948	860
Telehealth	25	344	147
Telephone Services	273	3,056	1,455
Eastern Branch Office	9	147	134
Off Site	359	4,324	4,038

WILL COUNTY BOARD OF HEALTH BY-LAWS

This Board of Health operates under the provisions of Division 5-25 of the Counties Code of the State of Illinois, entitled "County and Multiple-County Health Departments" (55 ILCS 5/5-25001, et seq.).

ARTICLE I Members

Appointments to the Board of Health are made by the County Executive with the approval of the Will County Board, in conformance with Division 5-25 of the Counties Code of the State of Illinois.

ARTICLE II Officers

1. Officers of the Board of Health shall be a President, a Vice-President, and a Secretary, who shall be elected annually by the Board. The elected County Treasurer shall be the Treasurer of the County Health Department, although not a member of the Board of Health.
2. The duties of the officers of the Board of Health shall be those which are customary for such officers, (See Roberts Rules of Order), and any other duties as shall be set forth in these By-Laws. If there is any conflict between these By-Laws and Roberts Rules of Order, these By-Laws shall control.
3. Officers shall be elected for the ensuing fiscal year at the Board of Health meeting held in November.

ARTICLE III Meetings

1. The regular meeting dates of the Board of Health shall be established following the annual election of Officers. All regular meetings and special meetings of the Board of Health are subject to the Illinois Open Meetings Act and shall, at all times, comply with the Illinois Open Meetings Act. A quorum of the Board of Health shall consist of a majority of the total number of members currently sitting on the Board.
2. The Board of Health may hold special meetings upon a written request signed by (2) two members of the Board of Health and filed with the Secretary, or on request of the medical health officer or public health administrator.
3. Any permitted public comment at the Board of Health meeting should be held to less than three (3) minutes.

ARTICLE IV Voting

All questions before the Board of Health shall be decided by a majority vote of all members present, unless Illinois law or Roberts' Rules of Order requires otherwise.

ARTICLE V Duties of Board of Health

The Board of Health:

1. Shall initiate and carry out programs and activities deemed necessary or desirable in the promotion and protection of health and in the control of disease.

*Will County Board of Health Bylaws
Amended by the Will County Board of Health
November 19, 2025*

2. May request the Will County Board to pass ordinances permitting the charging and collection of such fees as may be necessary to finance selected services, and the promotion and protection of health and control of disease.
3. Shall provide for, or request, adequate financing for the health department program; and shall adopt fiscal policies which shall be kept in writing.
4. May enter into contracts as allowed by Illinois law.
5. Shall employ a staff adequately qualified to carry out the department program(s) and which shall meet at least "The Minimum Qualifications for Personnel Employed by Local Health Departments as Established by the Illinois Department of Public Health" and shall adopt personnel policies which shall be kept in writing and made available to employees.
6. Shall appoint a medical health officer or a public health administrator as executive officer of the department. The executive officer shall possess qualifications prescribed by the Illinois Department of Public Health and Illinois law.
7. Shall, according to the requirements of Division 5-25 of the Illinois Counties Code, and within the professional technical competence of its staff, and the number of staff employed; and, with the staff of the health department acting as its agent, enforce all State laws pertaining to the preservation of health, and all county and municipal ordinances except as otherwise provided in the Division 5-25 of the Illinois Counties Code; also shall enforce all rules, regulations and ordinances promulgated by the Illinois Department of Public Health, the Will County Board or by the governing bodies of cities and villages in the county, except as otherwise provided by Illinois state law.
8. May, according to Division 5-25 of the Illinois Counties Code, recommend, when deemed necessary, to the Will County Board, the enactment of such ordinances and rules and regulations as may be necessary or desirable for the protection of health and control of disease within its jurisdiction.
9. Shall be responsible for recommending and approving goals that support the organization's mission, values, and strategic goals.

ARTICLE VI Fiscal Year

The fiscal year of the Board of Health shall be the same as that of the County of Will: December 1 through November 30.

ARTICLE VII Budget and Disbursements

The Board of Health:

1. Shall, annually approve a budget for the Health Department for submission to the Will County Board.
2. Shall review at each meeting the fiscal status of the Health Department.
3. Shall adopt and review salary ranges and increments for staff members.

ARTICLE VIII Accounts

The Board of Health:

1. Shall keep a record in the Health Department headquarters of all receipts and disbursements. This record shall be compared and reconciled, at least annually, with the records of the County Treasurer.
2. Shall cause an annual audit to be made of the Health Department accounts. The County Treasurer's annual audit of all accounts, which includes the Health Department, may be accepted as the Board of Health's official audit.

ARTICLE IX Annual Reports

The Board of Health shall annually publish a report explaining the Health Department's activities and expenditures for the past year. This report shall be for free distribution and shall be submitted to the Will County Board.

ARTICLE X Committees

The President of the Board of Health:

1. Shall, create such committees as seem appropriate for the conduct of the Board of Health business. Members of such committees should be appointed from current members of the Board of Health. All such committees shall comply with the Open Meetings Act.
2. May appoint Ad Hoc Advisory Committees from professional or community groups.

ARTICLE XI Reimbursement for Expenses of Members of Board of Health

The Board of Health:

1. Shall serve without compensation.
2. May be reimbursed for actual, necessary expense incurred in the performance of their duties, such as attendance at meetings of the Board of Health, Will County Board and Will County Board Committee meetings or at meetings of the Illinois Association of Boards of Health and Illinois Public Health Association.

ARTICLE XII Property of the Board of Health

The Board of Health:

1. Shall request the executive director of the Health Department to keep an accurate inventory of all property of the Health Department.
2. Shall cause property of the Health Department to be adequately protected by insurance.
3. May require that property of the Health Department destroyed or damaged by carelessness of any employee, be replaced at the expense of the employee, if circumstances justify.

ARTICLE XIII Nepotism and Conflict of Interest

1. **Conflict of Interest.** No member of the Board of Health shall use his or her position to influence any decision or action in any matter in which he or she has any economic interest distinguishable from that of the public generally.
2. **Gifts.** No member of the Board of Health shall accept any gift based upon any understanding, either explicit or implicit, that a judgment or decision will be influenced.
3. **Advice or Assistance.** No member of the Board of Health shall solicit or accept any gift in return for advice or assistance on any matter concerning the operation or business of the Health Department.
4. **Use of County Owned Property.** No member of the Board of Health shall engage in or permit unauthorized use of Department owned property.
5. **Use or Disclosure of Confidential Information.** No member of the Board of Health shall disclose confidential information or use confidential information gained in the course of his or her position for financial gain.
6. **Interest in Department Business.** Board of Health members will refrain from recommending products or services supplied by any vendor which is owned or operated by a family member, or in which they have an economic interest. Should such vendors be considered by the Board, members should disclose any familial or economic interest, and refrain from voting on related subjects.
7. **Nepotism.** No member of the Board of Health shall hire or advocate for hire in any county agency, any person who is a relative as defined as spouse, parent, child, brother or sister, aunt or uncle, niece or nephew, grandparent or grandchild, solely because of that relationship. Whenever any such hiring takes place, it will be presumed that it was done solely because of existing relationship, and it will be incumbent on the hiring officer or agency to demonstrate otherwise.

Will County Board of Health Bylaws
Amended by the Will County Board of Health
November 19, 2025

8. No member of the Board of Health shall violate the Will County Ethics Ordinance (Sections 32.065, 32.066, 32.067, 32.068 and Section 32.069 of the Will County Code of Ordinances) in any respect.

ARTICLE XIV
Electronic Meeting Attendance

Board of Health members shall be permitted to attend a Board meeting electronically only in strict compliance with the Illinois Open Meetings Act 5 ILCS 120/1, et seq.

ARTICLE XV
Amendments of Bylaws

Members of the Board of Health may amend these Bylaws by a vote of two-thirds (2/3) of the Board of Health, provided that a written notice of the proposed changes be sent to each member at least two (2) weeks before the meeting at which the Bylaws are to be amended.

ATTEST:

Chief Paul Hertzmann
President, Board of Health

Adopted by the Will County Board of Health, April 10, 1973
Revised by the Will County Board of Health, January 11, 1989
Amended by the Will County Board of Health, October 16, 2002
Amended by the Will County Board of Health, December 20, 2006
Amended by the Will County Board of Health, December 18, 2024
Amended by the Will County Board of Health, November 19, 2025

Will County Board of Health Bylaws
Amended by the Will County Board of Health
November 19, 2025

WILL COUNTY BOARD OF HEALTH
RESOLUTION #25-66

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

**APPROVAL TO ADOPT THE WILL COUNTY HEALTH DEPARTMENT
FY2026 BUDGET APPROPRIATION**

WHEREAS, the Will County Health Department FY2026 proposed budget has been presented to the Board of Health; and

WHEREAS, the FY2026 budget for the General Operating Fund (2102) presents balanced revenue and expenditures; and

WHEREAS, the Will County Board has not yet passed a FY2026 budget and changes to the Will County approved budget could impact the Health Department budgeted revenue and necessitate revision.

NOW, THEREFORE, BE IT RESOLVED, the Will County Board of Health hereby adopts the Will County Health Department FY2026 Operating Budget appropriation as presented:

Health Fund – 2102

Revenue

Levy	\$12,015,000
Intergovernmental Grants	\$ 9,612,371
Licenses, Permits, Charges	\$16,459,589
Fines & Forfeitures	\$ 500
Misc Revenue	\$ 160,918
Transfers In	\$ 4,779,500
Funds on Hand	\$ 1,412,861
Anticipated New	\$ 4,000,000
Total	\$48,440,739

Expenditures

Personnel	\$25,543,881
Fringe Benefits	\$10,343,377
Commodities	\$ 3,640,863
Contractual Services	\$ 4,862,618
Capital Outlay	\$ 50,000
Anticipated New	\$ 4,000,000
Total	\$48,440,739

DATED THIS 19th day of November, 2025.

Chief Paul Hertzmann, President
Will County Board of Health

Memorandum

TO: Will County Board of Health
FROM: Elizabeth Bilotta, Executive Director
DATE: November 12, 2025
RE: FY2026 Budget- Final

Included in your packet is the final FY2026 Health Department budget draft that will be presented to the County Board for approval. Please find attached the following materials:

1. 2026 Revenues with detail
2. 2026 Expenditures
3. Comparison by Division

Items of note:

- Includes anticipated new revenue and anticipated new expenses of \$4,000,000 to allow for additional grant revenue and expenditures to be appropriated as needed.
- The FY2026 tax levy increased from \$11,000,000 to \$12,000,000 as estimated.
- Grant revenue decreased by approximately \$2,500,000 due to the expiration of Covid related recovery grants, decreases in public health initiatives, and the discontinuation of the Crisis Care System program.
- Transfers-in include:
 - 708 Mental Health Board contribution of \$4,000,000 to support Behavioral Health Services. 708 Mental Health Board funding of \$3,750,000 were received in FY25.
 - Opioid Settlement funds of \$700,000 to support substance use prevention initiatives. Opioid Settlement funds of \$750,000 were received in FY24 and fully expended throughout FY24 and FY25.
 - Cannabis funds of \$79,500 to support vaping prevention and education initiatives.
- Revenue includes \$1,412,861 in Funds on Hand, necessary to present a balanced budget.
- Personnel and fringe benefits are budgeted at 100%, excluding the Health Center, which is budgeted at 97% due to historically higher staff turnover trends.
- Modifications to the County's proposed FICA and IMRF rates are based on a WCHD analysis and were approved by County Finance.
- The existing Collective Bargaining Agreement expires November 30, 2025; wage increases are projected based on historical trends. Bargaining Unit increases for FY26 include a 3.5% increase on December 1, 2025 and a step increase of 2.5% on June 1, 2026 for eligible employees.
- Expenses funded under the American Rescue Plan Act of 2021 (ARPA) State and Local Fiscal Recovery are not included within the Health Department budget. Will County maintains a separate fund to account for ARPA revenue and corresponding expenditures. ARPA funding expires December 31, 2026. Our target is to fully utilize available funding by July 31, 2026.

Will County Health Department

FY2026 Budget Presentation Revenue

	2025 <u>Revised Budget</u>	2026 <u>Proposed Budget</u>
Revenue		
Property Taxes	11,015,000.00	12,015,000.00
Intergovernmental Grants & Contracts		
Administration	1,217,000.00	1,217,000.00
Emergency Preparedness and Response	418,331.00	418,331.00
Environmental Health	1,277,513.00	1,124,752.00
Behavioral Health	1,884,295.00	270,350.00
Family Health Services	4,471,477.00	3,675,649.00
Community Health Center	2,861,057.00	2,906,289.00
	<u>12,129,673.00</u>	<u>9,612,371.00</u>
Licenses, Permits & Charges for Services		
Administration	230,000.00	222,635.00
Environmental Health	2,181,950.00	2,392,500.00
Behavioral Health	3,617,554.00	4,883,554.00
Family Health Services	260,000.00	390,000.00
Community Health Center	8,043,900.00	8,570,900.00
	<u>14,333,404.00</u>	<u>16,459,589.00</u>
Fines and Forfeitures	500.00	500.00
Miscellaneous Revenues		
CHC Rental Income	11,628.00	11,860.00
CHC Donations	450.00	450.00
Expense Recovery	-	-
BH Other: MCO Performance	-	5,000.00
CHC Other: MCO Capitation, Performance, MD Srv Fees	160,608.00	143,608.00
Anticipated New Revenues	1,265,710.00	4,000,000.00
Funds On Hand	3,555,207.00	1,412,861.00
	<u>4,993,603.00</u>	<u>5,573,779.00</u>
Transfers In	3,750,000.00	4,779,500.00
Total Budgeted Revenue	<u><u>46,222,180.00</u></u>	<u><u>48,440,739.00</u></u>

Revenue Analysis		Revenue	2024	2024	2025	2025	2026
		Code	Budget	Actual	Budget	10/31/2025	Budget
Property Tax Levy							
34010	Prior Levy	410300	5,000		5,000		5,000
34010	Payment in Lieu of Taxes	410200	10,000	72,438	10,000	14,055	10,000
34010	Current Levy	410100	11,000,000	10,894,049	11,000,000	10,779,219	12,000,000
Property Tax Levy Total			11,015,000	10,966,487	11,015,000	10,793,274	12,015,000
Intergovernmental Grants & Contracts							
Administration							
34010	Vital Records Surcharge	433105	20,000	15,946	17,000	16,861	17,000
34010	ARISE	436020	9,484	66,375		-	
34010	Misc Local Grant	436020				4,200	
34010	Federal Financial Participation	435025	1,000,000	813,670	1,200,000	-	1,200,000
34010	COVID Crisis IDPH FPT	434540	401,374	379,497		-	
34010	SIPA - IDPH FPT	434540	242,205	300,155		49,845	
34010	MVP Grant	434540	-	2,188	-	-	-
Sub-Total			1,673,063	1,577,831	1,217,000	70,906	1,217,000
Emergency Preparedness and Response							
34020	PHEP	434540	313,477	315,769	313,477	314,918	313,477
34020	CRI	434540	112,032	83,127	104,854	104,242	104,854
34020	NACCHO MRC Rise	436020		8,586			
Sub-Total			425,509	407,482	418,331	419,161	418,331
Environmental Health							
34030	Health Protection	435040	1,135,000	1,101,320	1,135,000	736,749	985,000
34030	IDPH WNV Prevention	435040	93,088	76,662	93,088	87,991	87,252
34030	Non-Community Water Program	434540	21,250	23,338	22,800	14,163	20,000
34030	Body Art Inspection Program	435040	15,000	12,038	15,000	11,513	15,000
34030	Tick Surveillance	435040	4,125	4,125	4,125	7,892	8,000
34030	Radon Awareness	434560	5,000	7,464	5,000	8,521	7,000
34030	Summer Food Program	436020				3,600	
34030	Tanning Bed Program	435040	2,500	1,850	2,500	1,850	2,500
Sub-Total			1,275,963	1,226,796	1,277,513	872,277	1,124,752
Behavioral Health							
34040	PATH - FPT	434530	104,555	53,741	-		-
34040	Crisis Care Syst - FPT 590	434530	704,877	312,175	688,291	187,154	-
34040	Crisis Care Syst - State	435030	677,235		693,821		-
34040	Substance Abuse SOR - FPT	434530	191,513	277,511	255,350	177,998	255,350
34040	Substance Abuse SOR - State	435030	63,837		-		-
34040	Suicide Prevention First Reps - FPT	434530	300,000	181,555	246,833	168,668	-
34040	LHP - Narcan Distribution	435040	250,000		-	257,860	15,000
34040	SBA Direct BH Workforce Opioid	434060	-	60,759	-		-
34040	SAMHSA Opioid	434015	-	31,463	-		-
Sub-Total			2,292,017	917,204	1,884,295	791,680	270,350

Revenue Analysis		Revenue	2024	2024	2025	2025	2026
		Code	Budget	Actual	Budget	10/31/2025	Budget
	Family Health Services						
34050	WIC	434530	2,190,414	2,484,586	2,247,234	1,871,514	2,204,775
34050	Teen Pregnancy Prev	434530	-	93	-	-	-
34050	FCM, APORS Federal	434530	14,705	25,515	42,979	-	-
34050	FCM, APORS STATE	435030	88,645	91,961	81,641	47,482.27	-
34050	BBO Federal	434530	102,917	56,071	53,547	63,100	80,340
34050	BBO State	435030	123,463	149,427	172,833	127,765	228,660
34050	Early Childhood Block state (AOK)	435030	10,000	50,253	90,000	74,506	90,000
34050	Early Childhood Block fed (AOK)	434530	158,000	172,526	78,000	37,085	82,000
34050	LHD Respiratory Surveillance	434540	116,400	83,195	500,000	250,875	-
34050	COVID Response	434540	-	770	-	-	-
34050	COVID Vax	434540	50,112	123,430	-	-	-
34050	Perinatal Hep B	434540	12,000	4,510	12,000	10,233	12,000
34050	Well Woman Grant (new)	434540	162,500	164,249	125,000	68,856	-
34050	DIS Workforce Deve	434540	100,000	107,902	100,000	54,921	8,333
34050	PreP	435040	106,980	132,878	106,980	56,879	106,980
34050	Lead Program	435040	-	277	-	-	-
34050	Tobacco Prev & Control state	435040	248,966	248,966	248,966	248,966	248,966
34050	KeepItUp	436015	-	-	-	-	-
34050	NACCHO - CIC Scholarship	436020	-	610	-	-	-
34050	IPHA HIV Couns/Testing	436020	170,000	218,826	205,425	189,140	206,723
34050	Healthworks Youthcare	436025	215,424	314,457	215,424	163,572	215,424
34050	MCM Youth Care	436025	191,448	203,158	191,448	102,901	191,448
	Sub-Total		4,061,974	4,633,662	4,471,477	3,367,794	3,675,649
	Community Health Center						
34060	HRSA 330 Base + Supplemental	434015	2,335,950	2,801,124	2,306,848	1,930,610	2,306,848
34060	HRSA ECV	434015	-	100,712	-	-	-
34060	HRSA ARPA	434015	353,190	237,675	-	-	-
34060	HRSA Bridge	434015	-	9,940	-	22,355	-
34060	Oral Health Promo	434540	31,750	22,000	29,333	29,333	30,000
34060	Family Planning - FPT	434540	250,000	343,588	250,000	158,574	276,000
34060	Family Planning - state	435040	-	-	-	-	-
34060	Increasing School Health	435040	105,000	128,338	105,000	83,150	105,000
34060	EPCRE	435040	-	67,278	-	66,657	-
34060	IL Student Loan Repayment	435040	31,575	36,425	18,750	15,625	7,315
34060	Misc Local Grant	436020	-	1,872	-	-	-
34060	Non Profit Grants AFC	436020	99,228	89,412	101,126	44,920	101,126
34060	Non Profit Grants IPHCA	436020	50,000	49,777	50,000	50,632	80,000
	Sub-Total		3,256,693	3,888,142	2,861,057	2,401,857	2,906,289
Intergovernmental Grants & Contracts Total			12,985,219	12,651,118	12,129,673	7,923,676	9,612,371

Revenue Analysis		Revenue	2024	2024	2025	2025	2026
		Code	Budget	Actual	Budget	10/31/2025	Budget
Licenses, Permits & Charges for Services							
	Administration						
34010	Misc.	444090	5,000	3,598	5,000	503	5,000
34010	Vital records	444010	225,000	195,918	215,000	166,702	210,000
34010	TB Clinic Cooperative Agreement	444020	7,000	13,500	10,000	7,635	7,635
	Sub-Total		237,000	213,016	230,000	174,840	222,635
	Environmental Health						
34030	Food permits	424010	1,100,000	1,591,431	1,329,000	1,292,089	1,500,000
34030	Sewage permits	424020	85,000	126,700	100,000	117,650	114,000
34030	Well permits	424030	30,000	32,080	30,000	32,481	30,000
34030	Swimming pool program	424040	42,500	49,675	44,450	57,356	45,000
34030	Contractors license	424050	12,000	12,040	12,000	10,170	12,000
34030	IMS fee	424060	500,000	552,442	500,000	447,069	525,000
34030	Soil evaluation	444120	8,000	5,710	8,000	2,450	6,000
34030	Well & septic survey	444130	7,000	5,775	7,000	6,650	6,000
34030	Radon test kit fee	444150	500	1,240	500	1,232	500
34030	Food plan review	444160	50,000	75,982	50,000	69,055	60,000
34030	Subdivision plat review	444170	500	150	500	100	500
34030	Lab testing	444180	100,000	92,361	100,000	77,669	93,000
34030	Misc.	444190	500	100	500	195	500
34030	Adjudication	451040	-	-	-	-	-
	Sub-Total		1,936,000	2,545,685	2,181,950	2,114,166	2,392,500
	Behavioral Health						
34040	Patient payments	444515	1,500	11,492	3,000	20,425	15,000
34040	Addictions & MCO	444525	131,554	48,112	131,554	16,566	131,554
34040	Insurance	444530	16,000	9,634	16,000	36,425	20,000
34040	Medical records	444535	2,000	1,419	2,000	1,388	2,000
34040	DMH & MCO	444540	1,160,000	939,695	1,500,000	1,183,919	2,200,000
34040	Physician	444545	215,000	60,657	215,000	52,718	215,000
34040	SASS & MCO	444550	1,550,000	1,932,172	1,750,000	1,867,418	2,300,000
	Sub-Total		3,076,054	3,003,181	3,617,554	3,178,859	4,883,554
	Family Health Services						
34050	Immunizations	444310	175,000	308,019	240,000	272,071	350,000
34050	Influenza	444320	10,000	35,976	20,000	16,616	40,000
34050	FHS Clinical Fees	444340	-	-	-	-	-
	Sub-Total		185,000	343,995	260,000	288,687	390,000
	Community Health Center						
34060	Dental- medicaid FQHC	444710	450,000	559,750	575,000	431,849	630,000
34060	Dental - MC	444713	1,000	1,499	1,000	524	2,000
34060	Dental- insurance	444715	50,000	53,310	50,000	70,994	100,000
34060	Dental- patient pay	444725	90,000	120,607	105,000	119,264	150,000
34060	Medical- patient pay	444730	160,000	135,788	160,000	46,887	160,000
34060	Medical- medicaid FQHC	444735	2,693,630	2,355,311	2,900,000	1,856,764	3,000,000
34060	Medical- other third party	444740	100	-	100	-	100
34060	Medical- medicare FQHC	444745	100,000	65,963	100,000	72,107	100,000
34060	Medical- medicaid FFS	444750	312,500	360,713	400,000	256,801	400,000
34060	Medical- medicare FFS	444755	7,800	2,695	7,800	6,059	7,800
34060	Medical- insurance	444760	220,000	321,810	260,000	350,057	400,000
34060	340b pharmacy program	444770	1,500,000	1,407,347	2,000,000	1,864,917	2,000,000
34060	Bhv MA FQHC	444780	950,000	796,458	1,250,000	743,049	1,350,000
34060	Bhv MC FQHC	444785	150,000	92,316	150,000	89,668	150,000
34060	Bhv Patient Pay	444790	20,000	18,814	20,000	20,000	20,000
34060	Bhv Insurance	444795	40,000	63,848	60,000	70,529	100,000
34060	Medical records	444800	5,000	460	5,000	1,120	1,000
34060	Reference labs	444815	-	-	-	264	-
	Sub-Total		6,750,030	6,356,690	8,043,900	6,000,852	8,570,900
Licenses, Permits & Charges for Services Total			12,184,084	12,462,566	14,333,404	11,757,404	16,459,589

Revenue Analysis		Revenue	2024	2024	2025	2025	2026
		Code	Budget	Actual	Budget	10/31/2025	Budget
Fines & Forfeitures							
	Family Health Services						
34050	Quit smoking citations	452070	500	500	500	250	500
Fines & Forfeitures Total			500	500	500	250	500
Miscellaneous Revenues							
34010	Interest	461100		500	-	-	-
34060	CHC Rental income	491030	11,400	7,600	11,628	10,583	11,860
34060	CHC Donations	494010	450	-	450	-	450
34010	Adm Exp Recovery - Prior Yr	495410		45,466	-	1,405	-
34050	FHS Exp Recovery - Prior Yr	495410	-	9,701	-	24,525	-
34040	BH Managed care performance	496060	-	4,748	-	1,750	5,000
34060	CHC Managed care performance	496060	17,000	8,932	25,000	10,372	15,000
34060	CHC Managed Care fees	496065	16,800	13,859	19,000	12,056	12,000
34060	CHC Contracted MD Services	496087		77,072	116,608	73,438	116,608
34010	Adm Misc Revenues	496990		11	-	100	-
34030	EH Misc Revenues	496990		(4,106)	-	(3,679)	-
34050	FHS Misc Revenues	496990	-	33,840	-	15	-
34060	CHC Misc Revenues	496990		(85)			
Miscellaneous Revenues Total			45,650	197,538	172,686	130,565	160,918
Transfers In							
34040	BH Transfers In - Mental Health 708	611010	4,000,000	4,000,000	3,750,000	3,750,000	4,000,000
34040	BH Transfers In - Opioid	611010	750,000	750,000	-		700,000
34050	FHS Transfers In - Cannabis	611010					79,500
Transfer In Total			4,750,000	4,750,000	3,750,000	3,750,000	4,779,500
Revenue Summary							
	Property Tax Levy		11,015,000	10,966,487	11,015,000	10,793,274	12,015,000
	Intergovernmental Grants/Contracts		12,985,219	12,651,118	12,129,673	7,923,676	9,612,371
	Permits, Licenses, Charges		12,184,084	12,462,566	14,333,404	11,757,404	16,459,589
	Fine & Forfeitures		500	500	500	250	500
	Misc Other		45,650	197,538	172,686	130,565	160,918
	Transfers In		4,750,000	4,750,000	3,750,000	3,750,000	4,779,500
	Funds on hand (reserves)	499010	1,332,834		3,555,207		1,412,861
	Anticipated New Revenue	498010	1,494,251		1,265,710		4,000,000
GRAND TOTALS			43,807,538	41,028,210	46,222,180	34,355,169	48,440,739

Will County Health Department

FY2026 Budget Presentation Expenditures

	2025 <u>Revised Budget</u>	2026 <u>Proposed Budget</u>
Expenditures		
Personnel - Salaries		
Administration	2,547,221.00	2,564,330.00
Emergency Preparedness and Response	299,910.00	276,886.00
Environmental Health	1,875,823.00	1,928,740.00
Behavioral Health	6,285,958.00	5,687,125.00
Family Health Services	5,096,759.00	5,121,208.00
Community Health Center	9,206,140.00	9,965,592.00
Total Personnel - Salaries	25,311,811.00	25,543,881.00
Personnel - Benefits		
Administration	951,657.00	995,150.00
Emergency Preparedness and Response	117,797.00	100,521.00
Environmental Health	883,443.00	908,134.00
Behavioral Health	2,592,116.00	2,339,051.00
Family Health Services	2,195,048.00	2,247,903.00
Community Health Center	3,419,926.00	3,752,618.00
Total Personnel - Benefits	10,159,987.00	10,343,377.00
Commodities		
Administration	371,895.00	334,250.00
Emergency Preparedness and Response	22,762.00	15,770.00
Environmental Health	214,905.00	196,530.00
Behavioral Health	262,873.25	208,758.00
Family Health Services	319,563.00	325,950.00
Community Health Center	2,455,511.00	2,559,605.00
Total Commodities	3,647,509.25	3,640,863.00
Contractual Services		
Administration	1,122,639.00	1,112,000.00
Emergency Preparedness and Response	59,463.00	68,658.00
Environmental Health	288,455.00	252,130.00
Behavioral Health	1,997,633.75	1,705,990.00
Family Health Services	346,143.00	213,325.00
Community Health Center	1,951,829.00	1,510,515.00
Total Contractual Services	5,766,162.75	4,862,618.00
Capital Outlay		
Administration	36,160.00	50,000.00
Behavioral Health	23,620.00	
Community Health Center	11,220.00	
Total Capital Outlay	71,000.00	50,000.00
Other Expenditures		
Administration	1,265,710.00	4,000,000.00
Total Budgeted Expenditures	46,222,180.00	48,440,739.00

Will County Health Department Summary by Division	Admin	EP&R	EH	BH	FHS	CHC	Total Agency
CFY26							
Expenditures							
Personnel Costs	2,564,330	276,886	1,928,740	5,687,125	5,121,208	9,965,592	25,543,881
Personnel Benefits	995,150	100,521	908,134	2,339,051	2,247,903	3,752,618	10,343,377
Commodities	334,250	15,770	196,530	208,758	325,950	2,559,605	3,640,863
Contractual Services	1,112,000	68,658	252,130	1,705,990	213,325	1,510,515	4,862,618
Capital Outlay	50,000	-	-	-	-	-	50,000
Anticipated New	4,000,000						4,000,000
Total Expenditures	9,055,730	461,835	3,285,534	9,940,924	7,908,386	17,788,330	48,440,739
Revenue							
Levy Support	2,203,234	43,504	(231,718)	82,020	3,762,737	6,155,223	12,015,000
Intergovernmental Grants & Contracts	1,217,000	418,331	1,124,752	270,350	3,675,649	2,906,289	9,612,371
Licenses, Permits, Charges for Services	222,635		2,392,500	4,883,554	390,000	8,570,900	16,459,589
Fines					500		500
Rent: CHC						11,860	11,860
Donations: CHC						450	450
Other: CHC MCO, HD/TB Srv Fees				5,000		143,608	148,608
Transfer: MH 708 Board Contribution				4,000,000			4,000,000
Transfer: Opioid Settlement Funding				700,000			700,000
Transfer: Cannabis Funding					79,500		79,500
Funds On Hand	1,412,861						1,412,861
Anticipated New	4,000,000						4,000,000
Total Revenue	9,055,730	461,835	3,285,534	9,940,924	7,908,386	17,788,330	48,440,739

**WILL COUNTY BOARD OF HEALTH
RESOLUTION #25-67**

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

**APPROVAL OF THREE-YEAR CISCO SMARTNET SUPPORT AGREEMENT WITH
PRESIDIO NETWORKED SOLUTIONS GROUP LLC - \$80,305.97**

WHEREAS, the Will County Health Department requires support of mission critical Cisco Smartnet equipment; and

WHEREAS, the existing Cisco Smartnet agreement expires December 31, 2025; and

WHEREAS, the Cisco Smartnet agreement is a three-year term; and

WHEREAS, this purchase is made through Presidio Networked Solutions Group LLC under State of Illinois Joint Purchase Master Contract CMT4021089.

NOW, THEREFORE, BE IT RESOLVED, the Will County Board of Health hereby approves the three-year Cisco Smartnet Agreement with Presidio Networked Solutions Group LLC with payment of \$80,305.97.

DATED THIS 19th day of November, 2025.

Chief Paul Hertzmann, President
Will County Board of Health

TO: Will County Health Department
Jillian Carlisle
1106 Neal Avenue
Joliet, IL 60433

jcarlisle@willcountyhealth.org
(p) +1 815-727-8480
(f) (815) 727-8526

FROM: Presidio Networked Solutions Group, LLC
Tadd Gerst
225 West Washington
Suite 1450
Chicago, IL 60606

tgerst@presidio.com
(p) +1.309.306.7833

BILL TO: Will County Health Department
Jillian Carlisle
1106 Neal Avenue
Joliet, IL 60433

jcarlisle@willcountyhealth.org
(p) 815.727.8826

SHIP TO: Will County Health Dept
Jillian Carlisle
1106 Neal Avenue
Joliet, IL 60433

jcarlisle@willcountyhealth.org
(p) +1 815-727-8480

Customer#: WILLC005

Contract Vehicle: Illinois Chicago Transit Authority (CTA) Contract No. B24OP04871 (Piggybacking on State of IL Contract No. CMT4021089)

Account Manager: Tadd Gerst

Inside Sales Rep: Amy Peterson

Title: 2026 Smartnet Renewal

#	Part #	Description	Unit Price	Qty	Ext Price
Option 1: 1 Year					
1	CON-SMARTNET RENEWAL	CON-SMARTNET RENEWAL	\$30,699.48	1	\$30,699.48
		Start Date: 01/01/2026			
		End Date: 12/31/2026			
		Ship To: Will County Health Department 501 Ella Avenue Joliet, IL 60433 Jillian Carlisle			
		Comments: CCWR# 362196395			
Total (Option 1: 1 Year):					\$30,699.48
Option 2: 3 Year					
2	CON-SMARTNET RENEWAL	CON-SMARTNET RENEWAL	\$80,305.97	1	\$80,305.97
		Start Date: 01/01/2026			
		End Date: 12/31/2028			
		Comments: CCWR# 292277289			
Total (Option 2: 3 Year):					\$80,305.97

Sub Total:	\$0.00
Grand Total:	\$0.00

TERMS AND CONDITIONS OF CONTRACT B24OP04871 (PIGGYBACKING ON STATE OF ILLINOIS CMT4021089) SHALL GOVERN THIS QUOTE.

QUOTE IS VALID FOR 30 DAYS FROM DATE SHOWN ABOVE.

Customer hereby authorizes and agrees to make timely payment for products delivered and services rendered, including payments for partial shipments

Customer Signature

Date

**WILL COUNTY BOARD OF HEALTH
RESOLUTION #25-68**

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

**APPROVAL OF YEAR TWO PAYMENT OF THE CITRIX SERVICES AND LICENSE
SUBSCRIPTION – NOT TO EXCEED \$39,500**

WHEREAS, the Will County Board of Health approved the Citrix Services and License Subscription with CDW-G for a period of three years on December 18, 2024; and

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

WHEREAS, the Will County Health Department requires the Year 2 renewal of the Citrix Services and License Subscription; and

WHEREAS, this purchase is made through CDW-G under Sourcewell Cooperative Purchasing Contract 121923-CDW.

NOW, THEREFORE, BE IT RESOLVED, the Will County Board of Health hereby approves payment of year two Citrix Services and License Subscription with CDW-G not to exceed \$39,500.

DATED THIS 19th day of November, 2025.

Chief Paul Hertzmann, President
Will County Board of Health



Thank you for choosing CDW. We have received your quote.

Hardware

Software

Services

IT Solutions

Brands

Research Hub

QUOTE CONFIRMATION

JILLIAN CARLISLE,

Thank you for considering CDW•G for your technology needs. The details of your quote are below. **If you are an eProcurement or single sign on customer, please log into your system to access the CDW site.** You can search for your quote to retrieve and transfer back into your system for processing.

For all other customers, click below to convert your quote to an order.

This quote is subject to CDW's Third Party Cloud Services Order Form Terms and Conditions set forth at <https://www.cdwg.com/content/cdwg/en/terms-conditions/third-party-cloud-services-order-form-terms-and-conditions-.html>

Convert Quote to Order

QUOTE #	QUOTE DATE	QUOTE REFERENCE	CUSTOMER #	GRAND TOTAL
PFXL000	12/17/2024	CITRIX HYBRID MULTI CLOUD 3YR	2348564	\$117,617.40

QUOTE DETAILS

ITEM	QTY	CDW#	UNIT PRICE	EXT. PRICE
CITRIX UNIVERSAL HYBRID MULTI CLOUD Mfg. Part#: 6002995 YEAR 1 Electronic distribution - NO MEDIA Contract: Sourcewell 121923 CDWG-Software (121923)	60	7792146	\$653.43	\$39,205.80
CITRIX UNIVERSAL HYBRID MULTI CLOUD Mfg. Part#: 6002995 YEAR 2 Electronic distribution - NO MEDIA Contract: Sourcewell 121923 CDWG-Software (121923)	60	7792146	\$653.43	\$39,205.80
CITRIX UNIVERSAL HYBRID MULTI CLOUD Mfg. Part#: 6002995 YEAR 3 Electronic distribution - NO MEDIA Contract: Sourcewell 121923 CDWG-Software (121923)	60	7792146	\$653.43	\$39,205.80

These services are considered Third Party Services, and this purchase is subject to CDW's [Third Party Cloud Services Terms and Conditions](#), unless you have a written agreement with CDW covering your purchase of products and services, in which case this purchase is subject to such other written agreement.

The third-party Service Provider will provide these services directly to you pursuant to the Service Provider's standard terms and conditions or such other terms as agreed upon directly between you and the Service Provider. The Service Provider, not CDW, will be responsible to you for delivery and performance of these services. Except as otherwise set forth in the Service Provider's agreement, these services are non-cancellable, and all fees are non-refundable.

SUBTOTAL	\$117,617.40
SHIPPING	\$0.00
SALES TAX	\$0.00
GRAND TOTAL	\$117,617.40

PURCHASER BILLING INFO

Billing Address:
WILL COUNTY HEALTH DEPT
**** MUST SHIP
501 ELLA AVE
DEBBIE ARTHUR
JOLIET, IL 60433-2700
Phone: (815) 727-8500
Payment Terms: Net 30 Days-Govt State/Local

DELIVER TO

Shipping Address:
WILL COUNTY HEALTH DEPT
JILLIAN CARLISLE
501 ELLA AVE
JOLIET, IL 60433-2700
Phone: (815) 727-8500
Shipping Method: ELECTRONIC DISTRIBUTION

Please remit payments to:

CDW Government
75 Remittance Drive
Suite 1515
Chicago, IL 60675-1515

**Sales Contact Info**

Dave Engmark | 800.808.4239 | davieng@cdwg.com

Need Help?[My Account](#)[Support](#)[Call 800.800.4239](tel:800.800.4239)

[About Us](#) | [Privacy Policy](#) | [Terms and Conditions](#)

This order is subject to CDW's Terms and Conditions of Sales and Service Projects at
<http://www.cdwg.com/content/terms-conditions/product-sales.aspx>

For more information, contact a CDW account manager.

© 2024 CDW•G LLC, 200 N. Milwaukee Avenue, Vernon Hills, IL 60061 | 800.808.4239

**WILL COUNTY BOARD OF HEALTH
RESOLUTION #25-69**

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

**APPROVAL OF THE YEAR THREE RENEWAL OF THE CANON MASTER
ACQUISITION AND MAINTENANCE AGREEMENT – NOT TO EXCEED \$35,000**

WHEREAS, the Will County Board of Health approved the Master Acquisition and Maintenance Agreement with Canon Solutions America, Inc for a period of three years on January 17, 2024; and

WHEREAS, the Will County Health Department operates Multi-Function Printers (MFP) throughout the Agency which require support and maintenance; and

WHEREAS, the Will County Health Department requires the Year 3 renewal of the Canon Master Acquisition and Maintenance Agreement.

NOW, THEREFORE, BE IT RESOLVED, the Will County Board of Health hereby approves monthly payments to Canon Solutions America, Inc. for support and maintenance not to exceed \$35,000 for Fiscal Year 2026.

DATED THIS 19th day of November, 2025.

Chief Paul Hertzmann, President
Will County Board of Health

THESE MASTER LEASE TERMS (the "Lease Terms") apply to any schedule incorporating these Lease Terms by reference whether designated as a "Lease Schedule- Itemized," a "Lease Schedule - Blended" or otherwise (in any case, a "Lease Schedule") entered into by and between Canon Financial Services, Inc. ("CFS") and the customer identified in such Lease Schedule ("Customer") from time to time for the lease or rental, as applicable, to Customer of the Equipment (as defined below) supplied by Canon Solutions America, Inc. ("CSA") and described in such Lease Schedule. Each Lease Schedule referring to these Lease Terms will constitute a separate agreement for the lease of the equipment described therein and shall incorporate these Lease Terms.

1. AGREEMENT: CFS leases to Customer and Customer leases from CFS all the equipment described in any Lease Schedule signed by Customer and accepted by CFS, together with all replacement parts and substitutions for and additions to such equipment (the "Equipment"), and licenses of software, if applicable, ("Listed Software") with such Equipment and Listed Software collectively referred to as (the "Listed Items"), upon the Lease Terms.

2. TERM OF SCHEDULE: Each Lease Schedule shall be effective on the date the Equipment is delivered to Customer, provided Customer executes CFS' form of acceptance ("Acceptance Certificate") or otherwise accepts the Equipment as specified herein. Any such acceptance is irrevocable. If Customer has not, within ten (10) days after delivery of such Equipment, delivered to CFS written notice of any non-acceptance, specifying the reasons therefor and specifically referencing the relevant Lease Schedule, Customer shall be deemed to have irrevocably accepted such Equipment. The term of each Lease Schedule begins on the date accepted by CFS or any later date that CFS designates, and shall consist of the payment period specified on such Lease Schedule and any renewal periods. After acceptance of the Equipment covered by any Lease Schedule, Customer shall have no right to revoke such acceptance or cancel such Lease Schedule during the term indicated thereon. The term of any Lease Schedule shall end, unless sooner terminated by CFS, when all amounts required to be paid by Customer under such Lease Schedule have been paid as provided and either (a) Customer has purchased the Equipment in accordance with the terms hereof, or (b) the Equipment has been returned at the end of the scheduled term or renewal term in accordance with the terms thereof. Customer has no right to return the Equipment to CFS prior to the end of the scheduled term of any Lease Schedule for any reason whatsoever, including, without limitation, payment of all amounts due hereunder prior to the end of the scheduled term. As between CFS and Customer only, these Lease Terms shall supersede any Customer purchase order in its entirety, notwithstanding anything to the contrary contained in any such purchase order.

3. PAYMENTS: Customer agrees to pay to CFS, as invoiced, during the term of each Lease Schedule, (a) the lease or rental payments specified on the respective Lease Schedule, and (b) such other amounts permitted thereunder or in these Lease Terms as invoiced by CFS ("Payments"). The amount of each Payment and the End of Term Purchase Option specified on each Lease Schedule ("Purchase Option") are based on CSA's best estimate of the cost of the Equipment and any related services and supplies, including any sales and use tax. Customer authorizes CFS to adjust such Payments and Purchase Option prices by up to fifteen percent (15%) if the actual total cost of the Equipment and any related services and supplies, including any sales or use tax, is more or less than originally estimated. CSA has the right to increase service charges subject to the following: (1) If a Lease Schedule indicates a "Fixed" Price Plan, all base copy charges (if any) and all Per Image Charges shall be Fixed for the initial term and shall be subject to increase after the initial term on each anniversary of the Commencement Date thereafter; (2) If a Lease Schedule indicates a "Standard" Price Plan, a) the Base Charges related to copy charges (if any) shall be subject to increase after the initial term on each anniversary of the Commencement Date; and b) the Per Image Charge shall be subject to increase annually on each anniversary of the Commencement Date; and (3) The aforementioned increases in service charges shall not exceed fifteen percent (15%) of such charges which were in effect immediately prior to such price increase. **Customer agrees to advise CSA of the meter readings for the Equipment upon request.** Customer shall remit all Payments hereunder directly to CFS at 14904 Collections Center Drive, Chicago, Illinois 60693, unless otherwise directed by CFS. Customer's obligation to pay all amounts due under a Lease Schedule or these Lease Terms and all other obligations thereunder and hereunder is absolute and unconditional and is not subject to any abatement, set-off, defense, or counterclaim for any reason whatsoever. If Customer fails to pay any sum to be paid by Customer to CFS under any Lease Schedule on or before the due date, Customer shall pay CFS, upon demand, an amount equal to the greater of ten percent (10%) of each such delayed Payment or twenty-five dollars (\$25) for each billing period or portion of a billing period such Payment is delayed, in each case to the extent permitted by applicable law. The amounts specified above shall be paid as liquidated damages and as compensation for CFS' internal operating expenses incurred in connection with such late payment. In addition, Customer shall reimburse CFS for all of its out-of-pocket costs and expenses incurred in exercising any of its rights or remedies under any Lease Schedule or in enforcing any of the Lease Terms or any Lease Schedule, including without limitation reasonable fees and expenses of attorneys and collection agencies, whether or not suit is brought. Customer agrees that CFS may in its sole discretion apply, but shall not be obligated to apply, any amount paid in advance to any amount due or to become due hereunder. In no event shall any amount paid in advance earn interest except where required by applicable law.

4. NO CFS WARRANTIES: CUSTOMER ACKNOWLEDGES THAT CFS IS NOT A MANUFACTURER, DEALER, OR SUPPLIER OF THE EQUIPMENT. CUSTOMER AGREES THAT THE EQUIPMENT IS LEASED OR RENTED "AS IS" AND IS OF A SIZE, DESIGN,

AND CAPACITY SELECTED BY CUSTOMER. CUSTOMER ACKNOWLEDGES THAT CFS HAS MADE NO REPRESENTATION OR WARRANTY WITH RESPECT TO THE SUITABILITY OR DURABILITY OF THE EQUIPMENT, THE ABSENCE OF ANY CLAIM OF INFRINGEMENT OR THE LIKE, OR ANY OTHER REPRESENTATION OR WARRANTY, EXPRESS OR IMPLIED, WITH RESPECT TO THE EQUIPMENT INCLUDING, WITHOUT LIMITATION, THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE. So long as Customer is not in breach or default of any Lease Schedule, CFS assigns to Customer any warranties (including those agreed to between Customer and the manufacturer, dealer, or supplier) which CFS may have with respect to any item of Equipment; provided that the scope and limitations of any such warranty shall be solely as set out in any agreement between Customer and such manufacturer, dealer, or supplier or as otherwise specified in warranty materials from such manufacturer, dealer, or supplier and shall not include any implied warranties arising solely from CFS' acquisition of the Equipment. CUSTOMER ACKNOWLEDGES AND AGREES THAT NEITHER THE SUPPLIER NOR ANY DEALER IS AUTHORIZED TO WAIVE OR ALTER ANY LEASE TERM OR ANY LEASE SCHEDULE, OR MAKE ANY REPRESENTATION OR WARRANTY WITH RESPECT TO THE LEASE TERMS, ANY LEASE SCHEDULE, OR THE EQUIPMENT, ON BEHALF OF CFS.

5. USE; LOCATION; LIENS; PERSONAL PROPERTY; FINANCING STATEMENTS: Customer shall comply with all laws and regulations relating to the use and maintenance of the Equipment. Customer shall put the Equipment only to the use contemplated by the manufacturer. The Equipment shall remain personal property regardless of whether it becomes affixed to real property or permanently rests upon any real property or any improvement to real property. Customer shall not move the Equipment from the location specified on the applicable Lease Schedule except with the prior written consent of CFS. Customer shall keep the Equipment free and clear of all claims and liens other than those in favor of CFS. Customer authorizes CFS (and any third party filing service designated by CFS) to execute and file (a) financing statements evidencing the interest of CFS in the Equipment (including forms containing a broader description of the Equipment than the description set forth in the respective Lease Schedule), (b) continuation statements in respect thereof, and (c) amendments thereto, and Customer irrevocably waives any right to notice thereof. Customer's legal name (as set forth in its constituent documents filed with the appropriate governmental office or agency) is as set forth herein. Customer shall provide CFS with written notice at least thirty (30) days prior to any change of its legal name, chief executive office address or jurisdiction of organization).

6. INDEMNITY: Customer shall indemnify and defend CFS, its subsidiaries, directors, officers, employees and agents from and against any and all costs, expenses, liabilities, injuries, claims, damages, losses, judgments or fees (including reasonable attorneys' fees) caused by the Equipment, including, without limitation, arising from or related to the storage, transmission or destruction of Data. This Section shall survive termination of any and all Lease Schedules.

7. MAINTENANCE: Customer shall keep and maintain the Equipment in good working order and shall, at Customer's expense, supply and install all replacement parts and accessories when required to maintain the Equipment in good working condition. Customer shall not, without the prior written consent of CFS, make any changes or substitutions for and to the Equipment. Any and all replacement parts, accessories, authorized changes to and/or substitutions for the Equipment shall become part of the Equipment and subject to the Lease Terms. If a Lease Schedule includes payments for service and supplies, CSA is responsible for providing the service and supplies described in the Lease Schedule in accordance with CSA's terms and conditions, of which Customer acknowledges receipt. Unless otherwise indicated on a Lease Schedule, Customer authorizes CSA to use networked features of the Equipment and remote reporting software ("Remote Reporting Agent") to obtain meter readings, receive software updates, activate features/new licenses and transmit use and service data accumulated by the Equipment over your network by means of an HTTPS protocol and to store, analyze and use such data for purposes related to servicing the Equipment, providing reports and product improvement. Customer also authorizes CSA to accept on Customer's behalf, and Customer agrees to comply with, any licenses, terms of use and services, and privacy statements, which, unless otherwise agreed in writing by CSA, shall solely control as to the matters contained therein, including those pertaining to any personal data Customer may have shared in connection with the use of the Remote Reporting Agent. For example, CSA utilizes the Canon Universal Gateway 2 ("UGW2") as a Remote Reporting Agent through the UGW2 website, and the above authorization shall apply to the UGW2 Terms of Use and Terms of Service, and the UGW2 Privacy Statement. Customer acknowledges that the charges set forth on the Lease Schedule are contingent on the continued use of Remote Reporting Agent during the term. If CSA does not receive timely meter readings from Customer, Customer shall pay invoices that reflect CSA's estimates of meter readings. CSA or CFS may verify the accuracy of any meter readings from time to time and invoice Customer for any shortfall in the next invoice. Customer shall use reasonable care in handling and operation of the Equipment. CSA shall have the right to substitute equivalent Equipment at any time during the term of a Lease Schedule in connection with any replacement of the Equipment by CSA. Customer acknowledges that CFS will not be responsible for any service, repairs, or maintenance of the Equipment, whether provided for in the Lease Terms, the applicable Lease Schedule, or in any other agreement between CSA and Customer, and that if Customer has a dispute regarding the Equipment or the maintenance thereof, Customer shall continue to pay all charges due under the applicable Lease Schedule without deducting or withholding any amounts.

8. TAXES; OTHER FEES AND CHARGES: CUSTOMER SHALL PAY AND DISCHARGE WHEN DUE ALL LICENSE AND REGISTRATION FEES, ASSESSMENTS, SALES, USE, PROPERTY AND OTHER TAXES, AND OTHER EXPENSES AND CHARGES, together with any applicable penalties, interest, and administrative fees now or at any time imposed upon any Equipment, the Payments, or Customer's performance or non-performance of its obligations hereunder, whether payable by or assessed to CFS or Customer. If Customer fails to pay any such fees, assessments, taxes, expenses, or charges, as required hereunder, CFS shall have the right but not the obligation to pay those fees, assessments, taxes, expenses, and charges, and Customer shall promptly reimburse CFS, upon demand, for all such payments made plus administrative fees and costs, if any. Customer acknowledges that where required by law, CFS will file any notices and pay personal property taxes levied on the Equipment. Customer shall reimburse CFS for the expense of such

personal property taxes as invoiced by CFS and pay CFS a processing fee not to exceed \$50 per year per item of Equipment that is subject to such tax. Customer agrees that CFS has not, and will not, render tax advice to Customer and that the payment of such taxes is an administrative act. For each Lease Schedule commenced incorporating these Lease Terms, Customer shall pay to CFS a documentation fee in the amount of \$85.

9. LOSS; DAMAGE; INSURANCE: Customer shall bear the entire risk of loss, theft or damage to the Equipment from any cause whatsoever, effective upon delivery to Customer. No such loss, theft, or damage shall relieve Customer of any obligation under the Lease Terms or any Lease Schedule. In the event of damage to any item of Equipment, Customer shall immediately repair such damage at Customer's expense. If any Equipment is lost, stolen, or damaged beyond repair, Customer, at the option of CFS, will (a) replace the same with like equipment in a condition acceptable to CFS and convey clear title to such equipment to CFS (and such equipment will become "Equipment" and be subject to the Lease Terms), or (b) pay CFS the Remaining Lease Balance. Customer, at its sole cost and expense, shall, during the term hereof obtain and maintain property and liability insurance in form, amount, and with companies satisfactory to CFS. Each policy of insurance shall name CFS as additional insured and loss payee and provide CFS thirty (30) days written notice before the policy in question shall be materially altered or canceled. The proceeds of such insurance, at the option of CFS, shall be applied to (a) replace or repair the Equipment, or (b) pay CFS the Remaining Lease Balance on the applicable Lease Schedule. The "Remaining Lease Balance" shall be the sum of: (i) all Payments then owed and outstanding; (ii) the present value of all remaining Payments; (iii) the Purchase Option price of the Listed Items indicated on the Lease Schedule plus (iv) any applicable taxes, expenses, charges, and fees. For purposes of determining present value under any Lease Schedule, Payments shall be discounted at three percent (3%) per year. Customer hereby appoints CFS as Customer's attorney-in-fact solely to make claim for, receive payment of, and execute and endorse all documents, checks, or drafts for any loss or damage under any such insurance policy. If Customer fails to provide proof of insurance, CFS may, but is not required to obtain insurance covering CFS' interests, and charge the Customer for the costs of such insurance, and an administrative fee. CFS and any of its affiliates may make a profit on the foregoing.

10. DEFAULT: Any of the following events or conditions shall constitute an Event of Default under all Lease Schedules: (a) Customer defaults in the payment when due of any indebtedness of Customer to CFS, whether or not arising under any Lease Schedule, without notice or demand by CFS; (b) Customer or any guarantor of Customer's obligations hereunder ("Guarantor") ceases doing business as a going concern; (c) Customer or any Guarantor becomes insolvent or makes an assignment for the benefit of creditors; (d) a petition or proceeding is filed by or against Customer or any Guarantor under any bankruptcy or insolvency law; (e) a receiver, trustee, conservator, or liquidator is appointed for Customer, any Guarantor, or any of their property; (f) any statement, representation or warranty made by Customer or any Guarantor to CFS is incorrect in any material respect; or (g) if Customer or any Guarantor who is a natural person dies.

11. REMEDIES: Upon the happening of any one or more Events of Default, CFS shall have the right to exercise any one or all of the following remedies (which shall be cumulative), simultaneously, or serially, and in any order: (a) require Customer to immediately pay all unpaid Payments under any Lease Schedule (whether or not then due) and other amounts due under any and all Lease Schedules, with CFS retaining title to the Equipment; (b) to terminate any and all Lease Schedules with Customer; (c) with or without notice, demand or legal process, to enter upon the premises wherever the Equipment may be found, to retake possession of any or all of the Equipment, and (i) retain such Equipment and all Payments and other sums paid under all Lease Schedules, or (ii) sell the Equipment and recover from Customer the amount by which the Remaining Lease Balance exceeds the net amount received by CFS from such sale; or (d) to pursue any other remedy permitted at law or in equity. CFS (A) may dispose of the Equipment in its then present condition or following such preparation and processing as CFS deems commercially reasonable; (B) shall have no duty to prepare or process the Equipment prior to sale; (C) may disclaim warranties of title, possession, quiet enjoyment and the like; and (D) may comply with any applicable state or federal law requirements in connection with a disposition of the Equipment and none of the foregoing actions shall be deemed to adversely affect the commercial reasonableness of the disposition of the Equipment. If the Equipment is not available for sale, Customer shall be liable for the Remaining Lease Balance and any other amounts due under the applicable Lease Schedule. No waiver of any of Customer's obligations, conditions or covenants shall be effective unless contained in a writing signed by CFS. Failure to exercise any remedy that CFS may have shall not constitute a waiver of any obligation with respect to which Customer is in default.

12. ASSIGNMENT: CUSTOMER SHALL NOT ASSIGN OR PLEDGE ANY LEASE SCHEDULE IN WHOLE OR IN PART, NOR SHALL CUSTOMER SUBLET OR LEND ANY EQUIPMENT WITHOUT PRIOR WRITTEN CONSENT OF CFS. CFS may pledge or transfer any Lease Schedule. Customer agrees that if CFS transfers any Lease Schedule, the assignee will have the same rights and benefits that CFS has now and will not have to perform any of CFS' obligations which CFS will continue to perform. Customer agrees that the rights of the assignee will not be subject to any claims, defenses, or set-offs that Customer may have against CFS. If Customer is given notice of any such transfer, Customer agrees if so directed therein, to pay directly to the assignee all or any part of the amounts payable hereunder.

13. RENEWAL; RETURN: Except in the case of a Lease Schedule containing a \$1.00 Purchase Option, each Lease Schedule automatically renews under the same terms and conditions on a month-to-month basis if Customer fails to give CFS 60 days' prior written notice of its intent to purchase or return the Equipment before the end of any term. Unless a Lease Schedule automatically renews or Customer purchases the Equipment, Customer shall return the Equipment on the day the Lease Schedule terminates in good operating condition, ordinary wear and tear resulting from proper use excepted, at Customer's sole cost and expense to a location specified by CFS, and shall reimburse CFS for any costs incurred to place the Equipment in good operating condition. CFS may charge Customer a return fee equal to the greater of one Payment or \$250 for the processing of returned Equipment.

14. PURCHASE OPTION: A) END OF TERM PURCHASE OPTION. At the end of any term, Customer shall give CFS 60 days' irrevocable prior written notice (unless the Purchase Option is \$1.00) that it will purchase all the Equipment at the Purchase Option plus any costs. (B) PRIOR TO MATURITY PURCHASE. Customer may, at any time, upon 60 days' irrevocable prior written notice, purchase all the Equipment at a price equal to the sum of all remaining Payments plus the Fair Market Value plus costs. "Fair Market Value" shall be CFS' retail price when Customer purchases the Equipment. Equipment purchases shall be "AS-IS WHERE-IS" without warranty, except for title.

15. DATA: Customer acknowledges that the hard drive(s) on the Equipment, including attached devices, may retain images, content or other data that Customer may store for purposes of normal operation of the Equipment ("Data"). Customer acknowledges that CFS is not storing Data on behalf of Customer. Neither CFS nor any of its affiliates has an obligation to erase or overwrite Data upon Customer's return of the Equipment to CFS. Customer is solely responsible for: (A) its compliance with applicable law and legal requirements pertaining to data privacy, storage, security, retention and protection; and (B) all decisions related to erasing or overwriting Data. The Equipment contains various security features that Customer may utilize in this regard. Customer should contact CSA for further information. CSA will work with you to provide information regarding your options and offer services to assist you. Please note that such services may result in additional charges. The terms of this section shall solely govern as to Data, notwithstanding that any provisions of the Lease Terms or any separate confidentiality or data security or other agreement now or hereafter entered into between Customer, CSA and CFS applies, or could be construed to apply to Data.

16. MAXIMUM INTEREST; RECHARACTERIZED AGREEMENT: No Payment is intended to exceed the maximum amount of interest permitted to be charged or collected by applicable laws, and any such excess Payment will be applied to payments due under the applicable Lease Schedule, in inverse order of maturity, and any excess shall be refunded. If any Lease Schedule is recharacterized as a conditional sale or loan, Customer hereby grants to CFS, its successors and assigns a security interest in the Equipment to secure payment and performance of Customer's obligations under the Lease Terms and such Lease Schedule.

17. UCC - ARTICLE 2A: CUSTOMER ACKNOWLEDGES AND AGREES THAT EACH LEASE SCHEDULE IS INTENDED AS A "FINANCE LEASE" AS THAT TERM IS DEFINED IN ARTICLE 2A OF THE UNIFORM COMMERCIAL CODE ("UCC 2A"), AND THAT CFS IS ENTITLED TO ALL BENEFITS, PRIVILEGES, AND PROTECTIONS OF A LESSOR UNDER A FINANCE LEASE. CUSTOMER WAIVES ITS RIGHTS AS A LESSEE UNDER UCC 2A SECTIONS 508-522.

18. WAIVER OF OFFSET: The lease created by each Lease Schedule is a net lease. If the Equipment is not properly installed, does not operate as represented or warranted, or is unsatisfactory for any reason, Customer shall make such claim solely against the dealer, supplier, or manufacturer. Customer waives any and all existing and future claims and offsets against any Payments or other charges due under each Lease Schedule and these Lease Terms and unconditionally agrees to pay such Payments and other charges, regardless of any offset or claim which may be asserted by Customer or on its behalf.

19. GOVERNING LAW; VENUE; WAIVER OF JURY TRIAL: ~~EACH LEASE SCHEDULE SHALL FOR ALL PURPOSES BE DEEMED A CONTRACT ENTERED INTO IN THE STATE OF NEW JERSEY.~~ THE RIGHTS OF THE PARTIES UNDER EACH LEASE SCHEDULE SHALL BE GOVERNED BY THE LAWS OF THE STATE OF ~~NEW JERSEY~~ ILLINOIS WITHOUT REFERENCE TO CONFLICT OF LAW PRINCIPLES. ANY ACTION BETWEEN CUSTOMER AND CFS SHALL BE BROUGHT IN ANY STATE OR FEDERAL COURT LOCATED IN THE COUNTY OF ~~CAMDEN OR BURLINGTON, NEW JERSEY~~ WILL, ILLINOIS, OR AT CFS' SOLE OPTION, IN THE STATE WHERE THE CUSTOMER OR THE EQUIPMENT IS LOCATED. CUSTOMER, BY ITS EXECUTION AND DELIVERY HEREOF, IRREVOCABLY WAIVES OBJECTIONS TO THE JURISDICTION OF SUCH COURTS AND OBJECTIONS TO VENUE AND CONVENIENCE OF FORUM. CUSTOMER, BY ITS EXECUTION OF ANY LEASE SCHEDULE, AND CFS, BY ITS ACCEPTANCE THEREOF, HEREBY IRREVOCABLY WAIVE ANY RIGHT TO A JURY TRIAL IN ANY SUCH PROCEEDINGS UNLESS CUSTOMER RESIDES IN A STATE IN WHICH A WAIVER OF A RIGHT TO A JURY TRIAL IS UNENFORCEABLE AS A MATTER OF THAT STATE'S PUBLIC POLICY.

20. MISCELLANEOUS: All notices required or permitted under the Lease Terms or any Lease Schedule shall be sufficient if delivered personally, sent via electronic transmission, or mailed to such party at the address set forth in an applicable Lease Schedule, or at such other address as such party may designate in writing from time to time. Any notice deposited in the mail shall be effective after it has been received. Customer's representations, warranties, and covenants under each Lease Schedule shall survive the delivery and return of the respective Equipment. Any provision of the Lease Terms which may be determined by competent authority to be prohibited or unenforceable in any jurisdiction shall, as to such jurisdiction, be ineffective to the extent of such prohibition or unenforceability without invalidating the remaining provisions of the Lease Terms. No such prohibition or unenforceability in any jurisdiction shall invalidate or render unenforceable such provision in any other jurisdiction. Customer agrees that CFS may insert missing information on a Lease Schedule including the Equipment's description, serial number, and location, and corrections to Customer's legal name; otherwise, each Lease Schedule (incorporating the Lease Terms by reference) contains the entire arrangement between Customer and CFS with respect to such Lease Schedule and no modifications thereof shall be effective unless in writing and signed by the parties. Customer agrees that CFS may accept an electronic transmission of any Lease Schedule or any Acceptance Certificate as an original, and that electronically transmitted copies of Customer's signature will be treated as an original for all purposes. If the Lease Schedule references an existing master agreement between Customer and CFS (the "Existing Master CFS Lease") and to the extent applicable to the transactions contemplated by the Lease Schedule, then the terms of the Existing Master CFS Lease shall control over the Lease Terms for so long as the Existing Master CFS Lease remains in effect.

21. APPROVED AFFILIATES AND APPROVED SUBSIDIARIES: From time to time, affiliates and subsidiaries of Customer that meet CFS' credit underwriting standards then in effect (each, an "Approved Affiliate" or "Approved Subsidiary") may enter into Lease Schedules hereunder on the same terms and conditions as if each such Approved Affiliate or Approved Subsidiary was the Customer hereunder. Each of Customer and each Approved Affiliate or Approved Subsidiary shall be jointly and severally liable for the obligations under the Schedule(s) entered into by it pursuant to this Agreement.

22. FISCAL FUNDING (if applicable): This Section 22 shall only apply if "Fiscal Funding" is designated on the Lease Schedule. Customer warrants that it has funds available to pay Payments payable pursuant to the Lease Schedule until the end of its current appropriation period and warrants that it presently intends to make Payments in each appropriation period from now until the end of the term of Lease Schedule. The officer of Customer responsible for preparation of Customer's annual budget shall request from its legislative body or funding authority funds to be paid to CFS under the Lease Terms and any Lease Schedule. If notwithstanding the making in good faith of such request in accordance with appropriate procedures and with the exercise of reasonable care and diligence, such legislative body or funding authority does not appropriate funds to be paid to CFS for the Equipment, Customer may, upon prior written notice to CFS, effective upon the exhaustion of the funding authorized for the then current appropriation period, return the Equipment to CFS, at Customer's expense and in accordance with each Lease Schedule, and thereupon, Customer shall be released of its obligation to make Payments to CFS due thereafter, provided: (1) the Equipment is returned to CFS as provided for in the Lease Schedule; (2) the above described notice states the failure of the legislative body or funding authority to appropriate the necessary funds as the reason for cancellation; and (3) such notice is accompanied by payment of all amounts then due to CFS under the Lease Schedule. In the event Customer returns the Equipment pursuant to the terms of the Lease Schedule, CFS shall retain all sums paid by Customer. Customer's Payment obligations under each Lease Schedule in any fiscal year shall constitute a current expense of Customer for such fiscal year, and shall not constitute indebtedness or a multiple fiscal year obligation of Customer under Customer's state constitution, state law or home rule charter. Nothing in the Lease Terms shall constitute a pledge by Customer of any taxes or other monies, other than as appropriated for a specific fiscal year for each Lease Schedule and the Equipment.



CANON SOLUTIONS AMERICA

Canon Solutions Americas, Inc. ("CSA")
One Canon Park, Melville, NY 11747
(800) 613-2228

MASTER SALES AND SERVICES AGREEMENT ADDENDUM

Related Master Sales and Services Agreement Number: MA46259			
Customer: WILL COUNTY HEALTH DEPARTMENT			
Street Address: 501 ELLA AVE LAB COMPLEX	City: JOLIET	State: IL	Zip Code: 60433-2700

WHEREAS, Canon Solutions America, Inc. ("CSA"), and the above-described Customer ("you") have determined that it is in their mutual benefit to enter into this Master Sales and Services Agreement Addendum ("Addendum") to the above-described Master Sales and Services Agreement (the "Agreement"). All capitalized terms used below that are not defined in this Addendum shall have the meanings set forth in the Agreement.

NOW, THEREFORE, for good and valuable consideration, intending to be legally bound, the parties hereby agree as follows:

1. Anything in the Agreement to the contrary notwithstanding, and subject to all of the terms and conditions set forth in this Addendum, the terms and conditions of the Agreement shall be modified as follows:
 - a. **RIDER G [Version 2.0, 5-16-22]**
 - i. **Section 19:** Section 19 is amended by (i) deleting the first sentence in its entirety; (ii) deleting the words "NEW JERSEY" and replacing them with the word "ILLINOIS" in the second sentence; and (iii) deleting the words "COUNTY OF CAMDEN OR BURLINGTON" and replacing with the words "COUNTY OF WILL, ILLINOIS" in the third sentence.
2. In the event of any conflict or inconsistency between the provisions of this Addendum and any provisions of the Agreement, the provisions of this Addendum shall in all respects govern and control.
3. CSA may accept a facsimile or other electronic transmission of this Addendum as an original, and facsimile or other electronically transmitted copies of Customer's signature will be treated as an original for all purposes. THIS ADDENDUM SHALL BE EFFECTIVE WHEN IT HAS BEEN SIGNED BY CUSTOMER AND ACCEPTED BY CSA.

IN WITNESS WHEREOF, the parties have caused this Addendum to be executed by their duly authorized officials as of the date set forth below, intending to be legally bound hereby.

Canon Solutions America, Inc.

By: _____
Name: _____
Title: _____
Date: _____

WILL COUNTY HEALTH DEPARTMENT

By: *Elizabeth Bilotta*
Name: Elizabeth Bilotta
Title: Executive Director
Date: 1/18/24





CANON SOLUTIONS AMERICA

Canon Solutions Americas, Inc. ("CSA")
One Canon Park, Melville, NY 11747
(800) 613-2228

MASTER SALES AND SERVICES AGREEMENT ADDENDUM

Related Master Sales and Services Agreement Number: MA668			
Customer: COUNTY OF WILL			
Street Address: 302 N. Chicago St.	City: Joliet	State: IL	Zip Code: 60432

WHEREAS, Canon Solutions America, Inc. ("CSA"), and the above-described Customer ("you") have determined that it is in their mutual benefit to enter into this Master Sales and Services Agreement Addendum ("Addendum") to the above-described Master Sales and Services Agreement (the "Agreement"). All capitalized terms used below that are not defined in this Addendum shall have the meanings set forth in the Agreement.

NOW, THEREFORE, for good and valuable consideration, intending to be legally bound, the parties hereby agree as follows:

1. Anything in the Agreement to the contrary notwithstanding, and subject to all of the terms and conditions set forth in this Addendum, the terms and conditions of the Agreement shall be modified as follows:
 - a. **RIDER G [Version 2.0, 5-16-22]**
 - i. **Section 19:** Section 19 is amended by (i) deleting the first sentence in its entirety; (ii) deleting the words "NEW JERSEY" and replacing them with the word "ILLINOIS" in the second sentence; and (iii) deleting the words "COUNTY OF CAMDEN OR BURLINGTON" and replacing with the words "COUNTY OF WILL, ILLINOIS" in the third sentence.
2. In the event of any conflict or inconsistency between the provisions of this Addendum and any provisions of the Agreement, the provisions of this Addendum shall in all respects govern and control.
3. CSA may accept a facsimile or other electronic transmission of this Addendum as an original, and facsimile or other electronically transmitted copies of Customer's signature will be treated as an original for all purposes. THIS ADDENDUM SHALL BE EFFECTIVE WHEN IT HAS BEEN SIGNED BY CUSTOMER AND ACCEPTED BY CSA.

IN WITNESS WHEREOF, the parties have caused this Addendum to be executed by their duly authorized officials as of the date set forth below, intending to be legally bound hereby.

Canon Solutions America, Inc.

By: _____

Name: _____

Title: _____

Date: _____

COUNTY OF WILL

By:  _____

Name: Jennifer Berline Tarrant

Title: Will County Executive

Date: 1/12/2024





CANON SOLUTIONS AMERICA

Canon Solutions America, Inc. ("CSA")
One Canon Park, Melville, NY 11747
(516) 613-2228

MASTER ACQUISITION & MAINTENANCE AGREEMENT ADDENDUM #3

Customer: County of Will (f/k/a Will County, Illinois and Will County Board of Health)		Related to Purchase & Maintenance Agreement #: 2018-09-2002	
Street Address: 302 N. Chicago St	City: Joliet	State: IL	Zip: 60432
Equipment Description: Fleet		Term: 36 months	

WHEREAS Canon Solutions America, Inc. ("CSA") and the above-described Customer ("You") have determined that it is in their mutual benefit to enter into this Master Acquisition & Maintenance Agreement Addendum ("Addendum") to the above-described Master Acquisition & Maintenance Agreement ("Agreement"). All capitalized terms used below that are not defined in this Addendum shall have the meanings set forth in the Agreement.

NOW, THEREFORE, for good and valuable consideration, intending to be legally bound, the parties hereby agree as follows:

1. Anything in the Agreement to the contrary notwithstanding, and subject to all of the terms and conditions set forth in this Addendum, the terms and conditions of the Agreement shall be modified as follows:
 - a. Effective upon the date of your signature below, the Master Acquisition and Maintenance Agreement #2108-09-2002 is hereby extended through November 30, 2026.
 - b. The parties acknowledge and agree that the Customer's name on the Agreement was previously documented as "Will County, Illinois and Will County Board of Health". The Agreement shall now be bifurcated, and the Customers' names shall now be known as "County of Will" and "Will County Health Department" on a go-forward basis.
 - c. The County of Will and the Will County Health Department authorize CSA to clone the Master Acquisition and Maintenance Agreement #2108-09-2002 and any amendments thereof so that each entity has its own separate but identical agreement with CSA. CSA's internal contract reference numbers for these contracts shall be MA668 and MA46259, respectively. (See attached Exhibit 1 and Exhibit 2).
2. It is expressly agreed by the parties that this Addendum is supplemental to the Agreement, and that the provisions thereof, unless specifically modified herein, shall remain in full force and effect and shall apply to this Addendum as though they were expressly set forth herein.
3. In the event of any conflict or inconsistency between the provisions of this Addendum and any provisions of the Agreement, the provisions of this Addendum shall in all respect govern and control.

IN WITNESS WHEREOF, the parties have caused this Addendum to be executed on the date set forth below.

Canon Solutions America, Inc.

By: _____
Name: _____
Title: _____
Date: _____



County of Will

By: [Signature]
Name: JENNIFER BERTINO-TARRANT
Title: Will County Executive
Date: 1/12/2024

Will County Health Department

By: [Signature]
Name: Elizabeth Bilotta
Title: Executive Director
Date: 1/18/24

Attachments: Exhibit 1 and Exhibit 2



Canon Solutions America, Inc. ("CSA")
One Canon Park, Melville, NY 11747
(800) 613-2228

Exhibit 1

Master Sales & Services Agreement Customer Information Face Page

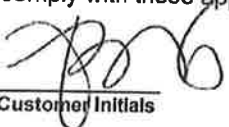
MA668

Salesperson: Nancy Harrell Holstein

Order Date: 11/21/2023

Customer ("you"):

Company: COUNTY OF WILL		
DBA:		
Address: 806 NICHOLSON ST		
City: JOLIET		County: WILL
State: IL	Zip: 60435-4622	Phone #: 815-727-8781
Contact: Christine Randall		
Email: clrandall@willcountyillinois.com		

Applicable Terms and Conditions	Customer Organizational Information
TERMS AND CONDITIONS ARE AVAILABLE AT: ESS.CSA.CANON.COM/CUSTOMERDOCUMENTS The CSA customer terms and conditions located at the above website ("Terms") form part of this Agreement. The Terms include general terms, and terms for product and service purchase, maintenance, support and leasing (pursuant to the terms of Rider G); managed print services; and quotes. The Terms applicable to each of your transactions will be referenced in the Order Schedule. By your initials herein and signature below, you understand and acknowledge such Terms and agree to comply with those applicable to each Order Schedule.  Customer Initials	Federal Tax ID Number: _____ Organization type: _____ Address for Notices: Attn: Christine Randall Address: 806 NICHOLSON ST Address 2: City: JOLIET State: IL Zip: 60435-4622 Email: clrandall@willcountyillinois.com
Existing Master Agreement CSA and You have previously entered into master agreement Master Acquisition & Maintenance Agreement 2018-09-2002, executed 11/19/2018 (the "Existing Master Agreement") as amended pursuant to which certain products and services are provided to You by CSA. The terms of the Existing Master Agreement shall remain unchanged and shall solely govern the transactions for the products and services being provided thereunder by CSA for as long as the Existing Master Agreement remains in effect. From time to time You may make specific requests for products and services which are outside the scope of the Existing Master Agreement ("Additional Requirements"). You agree that the applicable terms of the Agreement shall apply to such Additional Requirements, however where inconsistent, the terms of the Existing Master Agreement shall control over the terms of the Agreement. For avoidance of doubt, unless You order products or services from CSA outside of the scope of the Existing Master Agreement, the terms of the Agreement shall not apply to You. If/when such instances occur, the parties shall execute the applicable order Schedule related to such Additional Requirements.	

BY YOUR SIGNATURE BELOW, YOU AGREE TO LEASE, PURSUANT TO THE TERMS OF RIDER G, OR PURCHASE, AS SPECIFIED IN THIS AGREEMENT, THE ITEMS LISTED IN ANY SCHEDULE, RIDER OR ADDENDA (AS APPROVED BY CSA) TO THIS AGREEMENT. YOU ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT, AND AGREE TO ABIDE BY ALL OF THE TERMS AND CONDITIONS OF THIS FACE PAGE, APPLICABLE SCHEDULE(S), RIDER(S) AND SUCH ADDENDA, THE QUOTE, AND THE APPLICABLE TERMS AND CONDITIONS IDENTIFIED ABOVE, ALL OF WHICH IS INCORPORATED HEREIN AND MADE PART OF THIS AGREEMENT.

Customer's Authorized Signature _____

Printed Name: Jennifer Bertino Tarrant Title: Will County Executive Date: 1/12/24



Canon Solutions America, Inc. ("CSA")
One Canon Park, Melville, NY 11747
(800) 613-2228

Exhibit 2

Master Sales & Services Agreement Customer Information Face Page

MA46259

Salesperson: Nancy Harrell Holstein

Order Date: 11/21/2023

Customer ("you"):

Company: WILL COUNTY HEALTH DEPARTMENT		
DBA:		
Address: 501 ELLA AVE LAB COMPLEX		
City: JOLIET		County: WILL
State: IL	Zip: 60433-2700	Phone #: 815-530-4779
Contact: Anthony Melei		
Email: amelei@willcountyhealth.org		

Applicable Terms and Conditions	Customer Organizational Information
TERMS AND CONDITIONS ARE AVAILABLE AT: ESS.CSA.CANON.COM/CUSTOMERDOCUMENTS The CSA customer terms and conditions located at the above website ("Terms") form part of this Agreement. The Terms include general terms, and terms for product and service purchase, maintenance, support and leasing (pursuant to the terms of Rider G); managed print services; and quotes. The Terms applicable to each of your transactions will be referenced in the Order Schedule. By your initials herein and signature below, you understand and acknowledge such Terms and agree to comply with those applicable to each Order Schedule.  Customer Initials	Federal Tax ID Number: _____ Organization type: _____ Address for Notices: Attn: Anthony Melei Address: 501 ELLA AVE LAB COMPLEX Address 2: City: JOLIET State: IL Zip: 60433-2700 Email: amelei@willcountyhealth.org
Existing Master Agreement CSA and You have previously entered into master agreement Master Acquisition & Maintenance Agreement 2018-09-2002, executed 11/21/2018 (the "Existing Master Agreement") as amended pursuant to which certain products and services are provided to You by CSA. The terms of the Existing Master Agreement shall remain unchanged and shall solely govern the transactions for the products and services being provided thereunder by CSA for as long as the Existing Master Agreement remains in effect. From time to time You may make specific requests for products and services which are outside the scope of the Existing Master Agreement ("Additional Requirements"). You agree that the applicable terms of the Agreement shall apply to such Additional Requirements, however where inconsistent, the terms of the Existing Master Agreement shall control over the terms of the Agreement. For avoidance of doubt, unless You order products or services from CSA outside of the scope of the Existing Master Agreement, the terms of the Agreement shall not apply to You. If/when such instances occur, the parties shall execute the applicable order Schedule related to such Additional Requirements.	

BY YOUR SIGNATURE BELOW, YOU AGREE TO LEASE, PURSUANT TO THE TERMS OF RIDER G, OR PURCHASE, AS SPECIFIED IN THIS AGREEMENT, THE ITEMS LISTED IN ANY SCHEDULE, RIDER OR ADDENDA (AS APPROVED BY CSA) TO THIS AGREEMENT. YOU ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT, AND AGREE TO ABIDE BY ALL OF THE TERMS AND CONDITIONS OF THIS FACE PAGE, APPLICABLE SCHEDULE(S), RIDER(S) AND SUCH ADDENDA, THE QUOTE, AND THE APPLICABLE TERMS AND CONDITIONS IDENTIFIED ABOVE, ALL OF WHICH IS INCORPORATED HEREIN AND MADE PART OF THIS AGREEMENT.

Customer's Authorized Signature

Printed Name Jennifer Bertino-Tarrant

Title Will County Executive

Date 1/12/24

**WILL COUNTY BOARD OF HEALTH
RESOLUTION #25-70**

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

**APPROVAL OF THREE-YEAR MERAKI LICENSE AND SUPPORT AGREEMENT
WITH PRESIDIO NETWORKED SOLUTIONS GROUP LLC –\$35,870.91**

WHEREAS, the Will County Health Department requires Meraki network licensing to ensure secure, reliable connectivity and centralized management across all facilities; and

WHEREAS, the existing Meraki License and Support agreement expires January 11, 2026; and

WHEREAS, the Meraki License and Support agreement is a three-year term; and

WHEREAS, this purchase is made through Presidio Networked Solutions Group LLC under State of Illinois Joint Purchase Master Contract CMT4021089.

NOW, THEREFORE, BE IT RESOLVED, the Will County Board of Health hereby approves the three-year Meraki License and Support Agreement with Presidio Networked Solutions Group LLC with payment of \$35,870.91.

DATED THIS 19th day of November, 2025

Chief Paul Hertzmann, President
Will County Board of Health

TO: Will County Health Department
Jillian Carlisle
1106 Neal Avenue
Joliet, IL 60433

jcarlisle@willcountyhealth.org
(p) +1 815-727-8480
(f) (815) 727-8526

FROM: Presidio Networked Solutions Group, LLC
Tadd Gerst
225 West Washington
Suite 1450
Chicago, IL 60606

tgerst@presidio.com
(p) +1.309.306.7833

BILL TO: Will County Health Department
Jillian Carlisle
1106 Neal Avenue
Joliet, IL 60433

jcarlisle@willcountyhealth.org
(p) 815.727.8826

SHIP TO: Will County Health Dept
Jillian Carlisle
1106 Neal Avenue
Joliet, IL 60433

jcarlisle@willcountyhealth.org
(p) +1 815-727-8480

Customer#: WILLC005
Account Manager: Tadd Gerst
Inside Sales Rep: Amy Peterson
Title: 2026 Meraki Renewal

Contract Vehicle: Illinois DoIT Contract CMT4021089

#	Part #	Description	Unit Price	Qty	Ext Price
Option 1: 1 Year					
LIC-MG21-ENT-1Y					
1	LIC-MG21-ENT-1Y	Meraki MG21 Enterprise License and Support, 1Y	\$148.57	1	\$148.57
Total:					\$148.57
LIC-ENT-1YR					
2	LIC-ENT-1YR	Meraki MR Enterprise License, 1YR	\$126.44	113	\$14,287.72
Total:					\$14,287.72
LIC-MS120-8LP-1YR					
3	LIC-MS120-8LP-1YR	Meraki MS120-8LP Enterprise License and Support, 1 Year	\$37.30	1	\$37.30
Total:					\$37.30
LIC-MX68-SDW-1Y					
4	LIC-MX68-SDW-1Y	Meraki MX68 Secure SD-WAN Plus License and Support, 1YR	\$803.53	1	\$803.53
Total:					\$803.53
LIC-MX68W-SDW-1Y					
5	LIC-MX68W-SDW-1Y	Meraki MX68W Secure SD-WAN Plus License and Support, 1YR	\$927.44	1	\$927.44
Total:					\$927.44
Total (Option 1: 1 Year):					\$16,204.56
Option 2: 3 Year					
LIC-MG21-ENT-3Y					
6	LIC-MG21-ENT-3Y	Meraki MG21 Enterprise License and Support, 3Y	\$326.47	1	\$326.47
Total:					\$326.47
LIC-MS120-48LP-3YR					
7	LIC-MS120-48LP-3YR	Meraki MS120-48LP Enterprise License and Support, 3 Year	\$359.80	1	\$359.80
Total:					\$359.80

LIC-MX68-SDW-3Y						
8	LIC-MX68-SDW-3Y	Meraki MX68 Secure SD-WAN Plus License and Support, 3YR	\$1,765.06	1	\$1,765.06	
					Total:	\$1,765.06
LIC-MX68W-SDW-3Y						
9	LIC-MX68W-SDW-3Y	Meraki MX68W Secure SD-WAN Plus License and Support, 3YR	\$2,037.22	1	\$2,037.22	
					Total:	\$2,037.22
LIC-ENT-3YR						
10	LIC-ENT-3YR	Meraki MR Enterprise License, 3YR	\$277.72	113	\$31,382.36	
					Total:	\$31,382.36
					Total (Option 2: 3 Year):	\$35,870.91

		Sub Total:	\$35,870.91
		Grand Total:	\$35,870.91

TERMS AND CONDITIONS OF CONTRACT CMT4021089 SHALL GOVERN THIS QUOTE.

QUOTE IS VALID FOR 30 DAYS FROM DATE SHOWN ABOVE.

Customer hereby authorizes and agrees to make timely payment for products delivered and services rendered, including payments for partial shipments

Customer Signature

Date

**WILL COUNTY BOARD OF HEALTH
RESOLUTION # 25-71**

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

**APPROVAL TO CONTRACT WITH TEAM CLOCK INSTITUTE -
NOT TO EXCEED \$20,000**

WHEREAS, the Behavioral Health division of the Will County Health Department recognizes the value of leadership and management coaching; and

WHEREAS, Team Clock Institute will provide assessment, curriculum development and leadership coaching.

NOW, THEREFORE, BE IT RESOLVED, the Will County Board of Health hereby approves the agreement from January 1, 2026, through December 31, 2026, with the Team Clock Institute in the amount not to exceed \$20,000.

DATED THIS 19th day of November, 2025.

Chief Paul Hertzmann, President
Will County Board of Health



TEAM CLOCK[®] INSTITUTE

Statement of Work

This statement of work is entered into by and between the Will County Health Department and the Team Clock Institute in an engagement that will be executed in partnership between 1/1/2026 and 12/31/2026.

1.1 Overview

Will County Health Department Behavioral Health seeks to deliver sustainable programs and policies in response to the public health needs of the community. This vision is supported by organizational health and employee wellness. Our 2024 engagement revealed a range of growth opportunities designed to empower the management team to deliver values-based leadership in support of a collaborative, innovative, and resilient employee culture. 2025 provided a window of opportunity to elevate Behavioral Health Division leadership through management skill coaching. Our 2026 program will use pre/post survey metrics to shape professional development training.

1.2 Project Description

Baseline Diagnostic Assessment Administration (16 hours – **completed by 1/15/2026**): Designated leaders and managers participate in the Team Clock[®] online assessment survey to benchmark team strengths, vulnerabilities, pervasiveness, and recommended actions.

Follow-up survey assessment analysis, debrief and action planning (16 hours – **completed by 6/30/2026**): Design professional development training workshops based on pre/post metrics.

Monthly pre/post data-driven Training Workshops for program-based direct reports (24 hours – **completed by 12/31/2026**): Designed to anchor Will County Health Department's culture and team effectiveness principles in a broad commitment to accountability, trust, collaboration, and resilient change management.

Management coaching/mentoring (24 hours – **completed by 12/31/2026**): One-to-one coaching with key leaders/managers to train in team effectiveness methodology and maintain accountability with program-based direct reports.

1.3 Project Fees

The Team Clock Institute engagement includes curriculum development and leadership coaching at a cost of \$19,995 to be paid in thirds at the beginning, (\$6,665 by 1/31/2026) midpoint (\$6,665 by 5/31/2026), and conclusion (\$6,665 by 12/31/2026) of the engagement.

1.4 Confidentiality

Both parties acknowledge that during the engagement the consultant will have access to and become acquainted with various trade secrets, inventions, innovations, processes, information, records and specifications owned or licensed by the client in connection with the operation of its business. The consultant agrees that he or she will not disclose any of the aforesaid, directly or indirectly, or use any of them in any manner, either during the term of this Agreement or at any time thereafter, except as required in the course of this engagement.

IN WITNESS WHEREOF, the parties have duly executed this Statement of Work by their respective authorized representatives.

TEAM CLOCK INSTITUTE

Will County Health Department

Signature

Signature

Steven Ritter

Printed Name

Printed Name

CEO

Title

Title

5/14/2025

Date

Date



**WILL COUNTY BOARD OF HEALTH
RESOLUTION #25-72**

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

**APPROVAL OF TWO YEAR CONTRACT WITH CHICAGO BIOMEDICAL SERVICES
FOR MEDICAL EQUIPMENT INSPECTION AND REPAIR SERVICES
- NOT TO EXCEED \$17,000 PER YEAR**

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, the Equipment Maintenance Agreement is a two-year term with payments of \$13,500 per year for maintenance inspections plus labor and travel for repair service calls.

NOW, THEREFORE, BE IT RESOLVED, the Will County Board of Health hereby approves the Service Agreement from February 6, 2026 through February 6, 2028 with Chicago Biomedical Services and year one payment not to exceed \$17,000.

DATED THIS 19th day of November, 2025.

Chief Paul Hertzmann, President
Will County Board of Health

CHICAGO BIOMEDICAL SERVICES

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

CONTRACT #:
110625-WCH

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:** Five Locations
1106 Neal Avenue
Joliet, IL 60433
ATTN: Stacy Baumgartner – CEO
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 2026 and MARCH 2027
Biomedical Preventive Maintenance Costs during normal working hours (8am-5pm Mon-Fri.)...\$81.00/hour- plus \$81.00/hr. Travel
Additional service call(s) after normal working hours (After 5pm Mon-Fri or Weekends.)...\$121.50/hour. plus \$121.50/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 prevailing rates.
TOTAL COST OF BIOMEDICAL PROGRAM IS \$13500.00 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 2/6/25 TO 2/6/27

EQUIPMENT TO BE MAINTAINED

MFG.	TYPE				
	Joliet Location – (332) Pieces of Biomedical Equipment				
	Bolingbrook Location – (30) Pieces of Biomedical Equipment				
	Monee Location – (23) Pieces of Biomedical Equipment			418 Total Pieces	
	Brooks Middle School – (17) Pieces of Biomedical Equipment				
	Mobile Van – (16) Pieces				

<i>Jose A Rivera</i>	
Chicago Biomedical Services Authorized Signature	Company Authorized Signature/Title
DATE: 11/6/25	DATE:
	PO #:
CONTRACT No. 110625-WCH	CONTACT: Stacy Baumgartner – CEO
	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.

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 #25-73**

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

**APPROVAL OF PURCHASE OF COMPUTER EQUIPMENT FOR THE COMMUNITY
HEALTH CENTER – NOT TO EXCEED \$17,500**

WHEREAS, the Community Health Center of the Will County Health Department is requesting approval to purchase various computer equipment necessary to replace outdated technology and maintain operations; and

WHEREAS, this purchase is made through CDW-G under Sourcewell Cooperative Purchasing Contract 121923-CDW.

NOW, THEREFORE, BE IT RESOLVED, the Will County Board of Health hereby approves the purchase of computer equipment from CDW-G, Inc. not to exceed \$17,500.

DATED THIS 19th day of November, 2025.

Chief Paul Hertzmann, President
Will County Board of Health



Thank you for choosing CDW. We have received your quote.

Hardware

Software

Services

IT Solutions

Brands

Research Hub

QUOTE CONFIRMATION

JILLIAN CARLISLE,

Thank you for considering CDW•G for your technology needs. The details of your quote are below. **If you are an eProcurement or single sign on customer, please log into your system to access the CDW site.** You can search for your quote to retrieve and transfer back into your system for processing.

For all other customers, click below to convert your quote to an order.

[Convert Quote to Order](#)

QUOTE #	QUOTE DATE	QUOTE REFERENCE	CUSTOMER #	GRAND TOTAL
PRGT055	11/12/2025	EQUIPMENT	2348564	\$17,022.31

QUOTE DETAILS				
ITEM	QTY	CDW#	UNIT PRICE	EXT. PRICE
Dymo LabelWriter 550 - label printer - B W - direct thermal Mfg. Part#: 2112552 Contract: OMNIA Mesa 2024056-01 - GOV (2024056-01)	5	6648775	\$140.56	\$702.80
ASUS VA24DQSB - LED monitor - Full HD (1080p) - 23.8" Mfg. Part#: VA24DQSB Contract: OMNIA Mesa 2024056-01 - GOV (2024056-01)	20	6829422	\$136.44	\$2,728.80
Lenovo ThinkCentre M70q Gen 5 - tiny Core i5 i5-14400T 1.5 GHz - 16 GB - SS Mfg. Part#: 12TD001RUS Contract: OMNIA Mesa 2024056-01 - GOV (2024056-01)	4	7969995	\$925.50	\$3,702.00
Lenovo ThinkCentre M90a Gen 5 - all-in-one Core i5 i5-14500 2.6 GHz - vPro Mfg. Part#: 12SH001MUS Contract: OMNIA Mesa 2024056-01 - GOV (2024056-01)	4	7935097	\$1,372.34	\$5,489.36
Epson WorkForce DS-410 Document Scanner Mfg. Part#: B11B249201 UNSPSC: 43211711 Contract: OMNIA Mesa 2024056-01 - GOV (2024056-01)	5	4750342	\$367.63	\$1,838.15
Canon imageCLASS LBP247dw - printer - B W - laser Mfg. Part#: 5952C004 Contract: OMNIA Mesa 2024056-01 - GOV (2024056-01)	4	7754226	\$367.62	\$1,470.48
Logitech Z150 - speakers - for PC Mfg. Part#: 980-000802 UNSPSC: 52161512 Contract: OMNIA Mesa 2024056-01 - GOV (2024056-01)	1	3203382	\$29.51	\$29.51
StarTech.com 24in Monitor Privacy Screen, Anti-Glare Blue Light Filter, Scr	2	6050888	\$89.51	\$179.02

QUOTE DETAILS (CONT.)

Mfg. Part#: PRIVSCNMON24

Contract: OMNIA Mesa 2024056-01 - GOV (2024056-01)

[Lenovo ThinkPad E16 Gen 1 - 16" - Intel Core i7 - 1355U - 16 GB RAM - 512 G](#)

1

7492836

\$900.13

\$900.13

Mfg. Part#: 21JN0073US

Contract: OMNIA Mesa 2024056-01 - GOV (2024056-01)

SUBTOTAL \$17,022.31**SHIPPING** \$0.00**SALES TAX** \$0.00**GRAND TOTAL** **\$17,022.31****PURCHASER BILLING INFO****Billing Address:**

WILL COUNTY HEALTH DEPT

**** MUST SHIP

501 ELLA AVE

JOLIET, IL 60433-2700

Phone: (815) 727-8630**Payment Terms:** Net 30 Days-Govt State/Local**DELIVER TO****Shipping Address:**

WILL COUNTY HEALTH DEPT

**** MUST SHIP

501 ELLA AVE

JOLIET, IL 60433-2700

Phone: (815) 727-8630**Shipping Method:** Expeditors Deferred 3-5 Days**Please remit payments to:**

CDW Government

75 Remittance Drive

Suite 1515

Chicago, IL 60675-1515

**Sales Contact Info****Dave Engmark** | 800.808.4239 | davieng@cdwg.com**Need Help?**

My Account



Support



Call 800.800.4239

[About Us](#) | [Privacy Policy](#) | [Terms and Conditions](#)

This order is subject to CDW's Terms and Conditions of Sales and Service Projects at

<http://www.cdwg.com/content/terms-conditions/product-sales.aspx>

For more information, contact a CDW account manager.

© 2025 CDW•G LLC, 200 N. Milwaukee Avenue, Vernon Hills, IL 60061 | 800.808.4239

**SERVICE AREA
COMPETITION GRANT
APPLICATION
(selected excerpts)**



Application Submitted to HRSA

Submitted to HRSA

Organization: Will County Community Health Center, JOLIET, Illinois

Grants.gov Tracking Number: GRANT14500017

EHB Application Number: 242883

Grant Number: 6 H80CS00476-24-07

Funding Opportunity Number: HRSA-26-002

Received Date: 10/29/2025 1:53:19 PM

Table Of Contents

- 1. Application for Federal Assistance (SF-424)**
- 2. Project Abstract Summary**
- 3. Key Contacts (Grants.gov PDF)**
- 4. Project/Performance Site Location(s)**
- 5. Project Narrative**
- 6. SF-424A: Budget Information - Non-Construction Programs**
- 7. Budget Narrative**
- 8. SF-LLL Disclosure of Lobbying Activities**
- 9. Attachment 1: Service Area Map and Table (Service Area Maps.pdf)**
- 10. Attachment 2: Bylaws (Attachment 13 - Health Center Program Compliance.docx)**
- 11. Attachment 3: Project Organizational Chart (Org Chart WCCHC UPDATED SAC 10-8-25.docx)**
- 12. Attachment 4: Position Descriptions for Key Management Staff (Attachment 4 - Position Descriptions.pdf)**
- 13. Attachment 5: Biographical Sketches for Key Management Staff (Attachment 5 - Biographical Sketchs.pdf)**
- 14. Attachment 7: Summary of Contracts and Agreements (Attachment 7 - Summary of Contracts and Agreements.pdf)**
- 15. Attachment 9: Collaboration Documentation (Attachment 9 - Letters of Support.pdf)**
- 16. Attachment 10: Sliding Fee Discount Schedule(s) (Attachment 10 - Sliding Fee Discount Schedules.pdf)**
- 17. Attachment 13: Health Center Program Requirements Compliance (Attachment 13 - Health Center Program Compliance.pdf)**

- 18. Other Attachments (SF424_4_0-1234-Service Area Maps.pdf)**
- 19. Form 1A - General Information Worksheet**
- 20. Form 1C - Documents On File**
- 21. Form 2 - Staffing Profile**
- 22. Form 3 - Income Analysis**
- 23. Form 5A - Required Services Provided**
- 24. Form 5A - Additional Services Provided**
- 25. Form 5A - Specialty Services Provided**
- 26. Form 5B - Service Sites**
- 27. Form 5C - Other Activities/Locations**
- 28. Form 6A - Current Board Member Characteristics**
- 29. Form 6B - Request for Waiver of Board Member Requirements**
- 30. Form 8 - Health Center Agreements**
- 31. Form 12 - Organization Contacts**
- 32. Summary Page**

Application for Federal Assistance SF-424

OMB Approval No. 4040-0004
Expiration Date 11/30/2025*** 1. Type of Submission**

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*** 2. Type of Application**

- ☐ New
☒ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

Competing Continuation

*** 3. Date Received:**

9/19/2025

4. Applicant Identifier:

1363971168A1

*** 5.a Federal Entity Identifier:**Application #: 242883Grants.Gov
GRANT14500017**5.b Federal Award Identifier:**

H80CS00476

*** 6. Date Received by State:****7. State Application Identifier:****8. Applicant Information:***** a. Legal Name**

Will County Community Health Center

*** b. Employer/Taxpayer Identification Number (EIN/TIN):**

36-3971168

*** c. Organizational UEI:**

HBUEDUR8ZWM3

d. Address:*** Street1:**

1106 Neal Avenue

Street2:*** City:**

Joliet

County:

Will

*** State:**

IL

Province:*** Country:**

US: United States

*** Zip / Postal Code:**

60433-2548

e. Organization Unit:**Department Name:****Division Name:****f. Name and contact information of person to be contacted on matters involving this application:****Prefix:**

Ms.

*** First Name:**

Stacy

Middle Name: Middle Name:

A

Last Name:

Baumgartner

Suffix:**Title:**

Chief Executive Officer

Organizational Affiliation:*** Telephone Number:**

(815) 774-7375

Fax Number:*** Email:**

jsbaumgartner@willcountyhealth.org

9. Type of Applicant 1:

B: County Government

Type of Applicant 2:**Type of Applicant 3:***** Other (specify):***** 10. Name of Federal Agency:**

N/A

11. Catalog of Federal Domestic Assistance Number:

93.224

CFDA Title:

Community Health Center

*** 12. Funding Opportunity Number:**

HRSA-26-002

*** Title:**

Service Area Competition

13. Competition Identification Number:

9854

Title:

Service Area Competition	
Areas Affected by Project (Cities, Counties, States, etc.): See Attachment	
* 15. Descriptive Title of Applicant's Project: Health Center Cluster	
Project Description: See Attachment	
16. Congressional Districts Of:	
* a. Applicant IL-11	* b. Program/Project IL-11
Additional Program/Project Congressional Districts: See Attachment	
17. Proposed Project:	
* a. Start Date: 3/1/2026	* b. End Date: 2/28/2030
18. Estimated Funding (\$):	
* a. Federal	\$2,306,848.00
* b. Applicant	\$0.00
* c. State	\$138,125.00
* d. Local	\$7,878,370.00
* e. Other	\$291,174.00
* f. Program Income	\$8,546,900.00
* g. TOTAL	\$19,161,417.00
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
☐ a. This application was made available to the State under the Executive Order 12372 Process for review on _____ ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review. ☒ c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent Of Any Federal Debt(If "Yes", provide explanation in attachment.)	
☐ Yes ☒ No	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) ☒ I Agree ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: _____	* First Name: Stacy
Middle Name: _____	
* Last Name: Baumgartner	
Suffix: _____	
* Title: _____	
* Telephone Number: (815) 210-0600	Fax Number: _____
* Email: sbaumgartner@willcountyhealth.org	
* Signature of Authorized Representative: Stacy Baumgartner	* Date Signed: 9/19/2025

Project Abstract Summary

OMB Approval No. 4040-0019

Expiration Date 2/28/2025

This Project Abstract Summary form must be submitted or the application will be considered incomplete. Ensure the Project Abstract field succinctly describes the project in plain language that the public can understand and use without the full proposal. Use 4,000 characters or less. Do not include personally identifiable, sensitive or proprietary information. Refer to Agency instructions for any additional Project Abstract field requirements. If the application is funded, your project abstract information (as submitted) will be made available to public websites and/or databases including USAspending.gov.

Funding Opportunity Number

HRSA-26-002

CFDA(s)

93.224

Applicant Name

Will County Community Health Center

Descriptive Title of Applicant's Project

Health Center Cluster

Project Abstract

Service Area Competition, HRSA-26-002, Service Area ID 032 for Joliet, IL. Organization Name: Will County Health Department & Community Health Center Address: 1106 Neal Avenue, Joliet, IL 60433-2548; Project Director: Stacy Baumgartner, Phone: 815-774-7375, Email: sbaumgartner@willcountyhealth.org; Web site: <http://www.willcountyhealth.org>; Congressional District: IL-011. Funding requested: \$2,306,848 for Community Health Centers (CHC) Service type: Medical, Dental, Mental Health, Substance Use Disorder, Vision Funding Priority: Competing Continuation Applicant with Program Compliance (5 points) and PCMH Accreditation with the Joint Commission (5 points). Will County Community Health Center (WCCHC) evolved from the Will County Health Department and has been caring for residents of Will County since 1996. An FQHC since 2001, its mission is to improve the health of the residents of Will County by providing access to quality integrated medical, behavioral health, and dental care through community collaboration, service, and education. Dedicated to its role as a safety net provider, it serves residents of Will and contiguous counties (>45 zip codes), regardless of age, race, national origin, or ability to pay. Strategically located in Joliet (Central Will Co.), Bolingbrook (North Will Co.), Monee (East Will Co.) and a School-Based Health Center in Brooks Middle School, (Bolingbrook, IL). the WCCHC serves 5 Medically Under served Areas and 30 Health Profession Shortage Areas (primary care, mental health and dental). The target population is the uninsured and under served of Will, Grundy, and surrounding counties. In 2024, there were 127,725 low-income people in Will County and of these, 70.7% (123,983) were unserved by health centers. There were 32,420 uninsured people who were not served by a health center in Will County in 2024. In 2024, there were 13,674 low-income people in Grundy County and of these, 94.7% (12,949) were unserved by health centers. There were 2,408 uninsured people who were not served by a health center in Grundy County in 2024. In 2024, 31.82% of WCCHC patients were uninsured, 52.62% had Medicaid, 4.24% Medicare, and 11.32% private insurance. 63.34% had incomes < 100% FPL, and 92.67% < 200% FPL. In 2024 the WCCHC provided 23,114 medical, 8,162 mental health, and 7,570 dental visits for 12,331 individual patients. 55.01% were Hispanic, Latino/a or Spanish, and 27.61% limited English proficiency. 19.66% White, non-Hispanic, 21% Black, 0.18% Native American/Hawaiian/ Pacific Islander, 2.35% Asian, and 2.25% more than one race. Open 6 days a week, with 24-hour physician accessibility. Services are Primary Care, Peds, OB/Gyne, Adult/Child Psychiatry, therapy, Substance Use Disorder treatment, STD screening/treatment, Family Planning, PrEP for pts at high risk of HIV, Primary Care & Case Management for persons with HIV, Dentistry, Social Work/Case Management, Optometry, 340B Rx program, insurance enrollment counseling, on-site lab and pharmacy. A mobile unit provides medical and dental services to under served populations. Sliding fee scale available. Joint Commission Accredited for Ambulatory Care, Behavioral Health and PCMH. Major needs include high rates of substance abuse and STIs, and inadequate access to affordable

behavioral health and dental services. Barriers include limited public transportation, limited access to convenient and affordable specialty care services, and lack of adequate health insurance. Needs and barriers will be addressed by the proposed project with holistic, culturally sensitive, and comprehensive primary health care services delivered at affordable prices at accessible times and locations. It will be achieved by strengthening community collaboration; coordination of care internally and in the community; and increasing awareness of services and the appropriate use of the patient's medical home vs. hospital emergency departments. Project number of patients served in CY2024: 16,717.

NEED

The Will County Community Health Center (WCCHC) has been caring for the under and uninsured residents of Will County, Illinois since 1996. An FQHC since 2001, it has evolved from the Will County Health Department (WCHD). Integrated primary care, OB/gyne, behavioral health, substance use disorder, optometry, and dental services are provided to all ages without regard for ability to pay. Charges are based on a sliding fee scale. Dental services were expanded in 2011 with the addition of a 40-foot mobile dental facility, equipped with two operatories and digital x-ray capabilities. Mobile services are provided to homeless and domestic violence shelters, schools, daycare facilities, nursing homes, health fairs, and other community sites. In 2014, services were expanded to include psychiatry, the provision of medical services on the mobile van, and a walk-in clinic. A satellite clinic was opened in Bolingbrook (northern Will County) in 2017 and in 2019 another satellite clinic in Monee (far eastern Will County). The service area was expanded to include Grundy County in 2019, in response to a demand for dental services. A School-Based Health Center in Bolingbrook opened in August 2022, inside Brooks Middle School (grades 6-8, 967 students). Health Center services also include screening of adolescents and adults for substance use (SBIRT), screening all ages for a history of trauma, medication assisted treatment for substance abuse, optometry, telehealth, a pre/post-exposure prophylaxis (PrEP/PEP) clinic for HIV prevention, and Ryan White case management for those living with HIV plus primary care, medical, dental, and substance use disorder services for those living with HIV. The main clinic site is in Joliet (central Will County), in a 33,000-sq. ft. building built in 2003 on 5 acres of land, next door to the Will County Health Department complex, which includes a Women, Infants and Children nutrition program (WIC), Behavioral Health Services, Environmental Health Services, Emergency Response, Family Case Management, and Tuberculosis services.

In 2024 the WCCHC provided 23,114 medical, 8,168 mental health, and 7,570 dental visits for 12,331 individual patients. 1,125 of these were homeless (9.12%). The School Based Health Center completed 588 primary care visits and 295 behavioral health visits. Optometry completed 468 visits.

The mission of the WCCHC is to improve the health of the residents of Will County by providing access to quality integrated medical, behavioral health, and dental care through community collaboration, service, and education.

The objectives of the WCCHC are: 1) To provide primary health and supportive services to all seeking care, especially the medically underserved, uninsured and underinsured; 2) To increase the accessibility of primary and preventive health services to low-income populations; 3) To integrate primary health services with other community health resources; and 4) To engage with health care providers, health insurers and local businesses to coordinate care and market services appropriate to its mission.

Service Area:

Dedicated to its role as a safety net provider, the WCCHC serves residents of Will, Grundy, and contiguous counties (58 zip codes increasing from 51 zip codes in 2023), regardless of age, race,

national origin, gender, or sexual identity. The main clinic in Joliet is strategically located 1/2 mile south of a major expressway, in the middle of a low-to-middle income residential neighborhood, on the southeast side of Joliet, 45 miles south and east of Chicago. The WCCHC serves 5 Medically Underserved Areas and 5 Certified "Opportunity Zones", roughly in similar census tracts, all of which are either in the central and east side of Joliet and southeast Bolingbrook, and 30 Health Profession Shortage Areas (HPSA), including 12 census tracts for primary care, 12 for mental health, and 27 for dental. These HPSAs are in Bolingbrook, Crest Hill, New Lenox, Rockdale, and Joliet (east, central, and south sides of town). The ratio of Primary Care providers in Will County is 1820:1 and for Grundy County is 2790:1 compared to 1220:1 for the State of Illinois (County Health Rankings (CHR), 2025), ratio of Mental Health providers in Will County is 480:1 and Grundy County is 530:1 compared to 280:1 in Illinois (CHR 2025), and ratio of Dentists in Will County is 1630:1 and Grundy County 2680:1 compared to 1170:1 in Illinois (CHR 2025). In 2022, 24% of Will County adults, aged 18 and older, did not receive their annual checkup (BRFSS 2022). In 2024, according to UDS, 124,021 of the 127,725 low-income people in Will County (71%) were not served by a community health center.

The service area encompasses many governmental, school district and programmatic boundaries that can make access to services difficult for many to navigate. The WCCHC is a safety net facility that actively works with a multitude of other service agencies to transcend these barriers and boundaries that may limit access to Federal, State and local support programs. To provide access to services and linkage to community resources, the leadership of the WCCHC works to provide and coordinate services in collaboration with other Federally Qualified Health Centers (FQHC), private and non-profit organizations, local universities, recovery services, homeless shelters, among others. This ensures the care of the patients of the health center is comprehensive and coordinated, resulting in a healthier community.

This service area is reviewed annually during the health center's strategic planning process. A zip code analysis is part of the data review. This also enables us to complete a patient origin study to ensure the health center is aware of where the health center patients are coming from to advise outreach efforts and to ensure the services offered in the community reflect the identified needs of the population.

Demographics: The 2023 Will County population was 698,450 in an 835 square mile half urban, half rural area. The Grundy County population was 52,920 in a 418 square mile, mostly rural area. (American Community Survey, 5-year estimates, 2019-2023). From 2010 to 2020, the population of Will County has increased by 2.78%, with the greatest increase occurring in the Hispanic population with an increase of 23.66% as compared to Illinois at a 15.28% increase. In Will County, there was a 6.5% increase in the non-Hispanic Black Population over the last 10 years, compared to a 3.1% decrease in the rest of Illinois. The race and ethnic composition of WCCHC patients in 2024 was 19.66% Non-Hispanic White, 21% Black, 0.18% Native American/Hawaiian/ Pacific Islander, 2.35% Asian, 2.25% more than one race, and 55.01% Hispanic, Latino/a (2024 UDS Data). In contrast, the Will County population was 65% White, 11.8% Black, 0.4% Native American, 6.1% Asian, 0.0% Hawaiian/Pacific Islander, 9.7% two or more races, 6.9% other, and 20.2% Hispanic, Latino/a (American Community Survey, 5 year estimates, 2019-23). Among the 2024 WCCHC patients, 55% were Hispanic, rising steadily

since 2017 (41%). Hispanics make up just 20.2% of the total population in Will County. 27.61% of WCCHC patients have limited English proficiency, compared to Will County at 7.69%. The service area and intended population of the WCCHC is uninsured, low-income, and unserved by FQHCs of Will (124,021 people), Grundy (12,950 people), (source: Health Center GeoCare Navigator). Within this service area, zip codes 60432, 60433, 60435, 60436, 60440, 60441, 60446, and 60484, is a targeted service area due to the higher numbers of Hispanics, Blacks, and low-income people unserved by FQHCs, and high rates of teen births and chronic conditions such as hypertension. Hypertension is a focus based on zip code data: 60432 (34.6%), 60433 (39.2%), 60435 (34.2%), 60436 (36.2%), and 60436 (36.2%) compared to Will County (29.8%) (CDC BRFSS 2021).

UDS Comparison: Changes from 2023 to 2024 were impacted by several factors. Although the health center saw fewer medical patients, there was an increase in patients in dental and behavioral health. We also had an increase in optometry patients. The services in dental, behavioral health and optometry resulted in an overall increase in total number of patients. There were substantially fewer virtual visits, which is due to the lack of patient demand and provider preference. The number of patients and encounters increased at our School Based Health Center as the program became more established and was staffed with a consistent medical provider. Another factor which contributed to lower encounter numbers is there were some gaps in providers as some of them moved on to other ventures after their tuition reimbursement requirements were over.

Healthcare Needs

Income and insurance: In 2024, 31.82% of WCCHC patients were uninsured, compared to 54% in 2020, largely due to the Affordable Care Act and expansion of Medicaid in Illinois/Will County in 2023. In Will County 5.33% of the population is uninsured (36,888), and in Grundy County, 3.72%, compared to the State of IL at 6.95% (ACS 2023 5-year estimates). Most of Will County uninsured are between the ages of 18 and 64 (7.54%). In Will County, 13.23% of the Hispanic population is uninsured. (ACS 2023 5-year estimates). In 2024, 52.62% of WCCHC patients had Medicaid insurance (up from 34.60% in 2020), 4.24% had Medicare, and 11.32% private insurance. 63.34% of WCCHC patients had incomes $\leq$ 100% of the Federal Poverty Level (FPL), and 92.67% had incomes $<$ 200% FPL (2024 UDS HRSA Data). In all of Will County 17.23% people have incomes at or below 200% FPL, in Grundy County, 18.49%, compared to Illinois, at 26.8% (American Community Survey, 5yr estimates, 2019-23). Since 2021, the numbers of low income in Will County increased from 6.8% to 7% in 2024 (American Community Survey, 5yr estimates, 2019-23). The unemployment rate as of July 2025 for Will County was 4.8%, for Grundy County, 4.8%, compared to 4.6% nationwide (American Community Survey, July 2025 Average Monthly Unemployment Rate).

Education: Reading scores for Will County 4th graders are 3.1 as compared to Illinois at 3.0. There is a racial and ethnic discrepancy in reading scores for Blacks (2.5) and Hispanics (2.6). (County Health Rankings (CHR), 2025). In 2022, 8% of Will County residents had no high school diploma and 6% of Grundy County residents had no high school diploma, compared to 10% nationally. In 2024 Joliet Township High School District 204 had a graduation rate of 79%

(School Report Card) compared to 88% for the State. Absenteeism at this school was 51% compared to 26.3% for Illinois.

Other Socioeconomic/health factors: 18% of Will County children live in single parent households. There are a total of 16 food desert census tracts in Will County with a total of 54,301 people living within these food deserts. Ten of these food desert census tracts are located close to the health center's main site in Joliet, one is in Romeoville (Northern Will County), one in Braidwood (Southwest Will County) not far from our Northern Branch Office in Bolingbrook, and the remaining three are in Eastern Will County, close to the Eastern Branch Office in Monee, Illinois. A food desert being defined as any neighborhood that lacks healthy food sources due to income level, distance to supermarkets, or vehicle access. Food deserts are significant because they impact health causing and exacerbating chronic conditions.

Between 2018 and 2024, food insecurity rates in Will County remained relatively steady, showing slight overall improvement. The rate dropped from 8% in 2018 to 6% in both 2021 and 2024, aligning with the Healthy People 2030 target of 6.0%, though a brief increase to 7% occurred in 2023.

In contrast, Illinois and national rates showed more variability. Racial disparities in food insecurity remain a significant concern. In 2022, food insecurity affected 15% of Black residents and 16% of Hispanic residents in Will County, more than double the rate among White residents (6%). These gaps reflect deeper structural inequities in income, access to resources and eligibility for assistance programs (Will County Health Needs Assessment (HNA), 2025).

Affordable housing is a significant concern. According to US Department of Housing and Urban Development, (2024), 7,941 people in Will County live within the 3,201 subsidized housing units. 88% are minority, and 84% are Black non-Hispanic. 62% of the units have residents aged 62+ with a disability. 82% of subsidized housing units are occupied. The average wait for affordable subsidized housing is 15 months in Will County. Two emergency shelters exist in Will County. One of the 2 shelters requires attendance at religious services, which is a deterrent for some.

Preventive & Preventable factors: Per County Health Rankings (2025), Will County has rates much higher than the State of Illinois for preventable hospital stays, at 3,749/100,000 Medicare enrollees compared to 3,239 for the State of Illinois. 27% of the Medicare population has diabetes. (Dartmouth Atlas of Healthcare). The rates of diabetic hospitalizations among Black (12.20/1,000) and Hispanic (6.04/1,000) is higher than that of Whites (5.26/1,000). (Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project, State Inpatient Databases, 2019). Grundy County has comparatively low access to exercise opportunities, at 79% vs. 91% for the State. (CHR 2025). The Illinois Department of Public Health (IDPH) Cancer Statistics (2018-2022) shows an unusually high incidence of prostate cancer in Will County (129.5/100,000) for all races, and racial disparities: Will County Blacks: 204.4/100,000, Whites 111.2/100,000, all compared to the Illinois state incidence of 113.0/100,000. According to National Institute for Health, State Cancer Profiles, Will County's colorectal cancer screening rate was only 66.8%, compared to the Healthy People 2030 target of 74.4%. In 2016-2022 there

were 5 infant deaths/1000 live births, compared to 6 for Illinois for the Non-Hispanic Black population, it was 15/1000 live births. In 2022, 37% of Will County residents were considered obese with BMIs > 30 compared to state at 33%. (CHR 2025).

Environmental factors: Air pollution/particulate matter was found to be higher in both Will and Grundy Counties, at 9.8 mcg/m³ for both, compared to 9.74 for Illinois (Centers for Disease Control and Prevention (CDC) - National Environmental Public Health Tracking Network). Both counties have more than one large oil refinery that may be contributing. The Des Plaines River, running through Will County, often samples positive for polychlorinated biphenyl (PCB) mercury, arsenic, and phosphorus. (IPLAN 2020).

The Illinois Department of Human Services ranked Joliet (Will County) number 8 in the state for highest risk of violent behavior, particularly firearm violence (IDHS notice 8/8/22). The 2020 IPLAN Community Themes and Strengths survey indicated that transportation was the number one problem; 30% of respondents indicated they rarely or never had access to public transportation within the community.

Mental Health/ SUD: Behavioral health and substance abuse is a risk factor for the community and continues to be one of the top priorities for Will County based on the 2025 Community Health Needs Assessment. Will County had 1,123 overdose cases in its emergency departments in the last 12 months as of August 31, 2025, at a rate of 48.6 per 10,000 emergency department visits as compared to the Illinois rate of 60.7 per 10,000 emergency room visits and 43.4 per 10,000 emergency room visits for Grundy County. Overdose deaths for all drugs for 2023 was highest in Grundy County at 2.79 per 10,000 people, as compared to the Illinois rate of 2.63 per 10,000 and Will County at 1.84 per 10,000. (IDPH Overdose Data Dashboard). (IDPH Opioid Data Dashboard 2022). Joliet is at a crossroads of 2 major US highways (I55 and I80) and part of a major Chicagoland railroad hub and thus considered the gateway for drug access to the Chicagoland area.

In 2024, 13% of 12th grade students used tobacco, e-cigarettes, or other vaping products, 11% used marijuana, and 25% consumed alcohol (Illinois Youth Behavior Risk Factor Survey, 2024). The Will County suicide rate is 10.5/100,000. 19.4% of adults in Will County reported binge drinking, compared to 19.2% at the state level, and 16.6% at the national level (CDC Behavioral Risk Factor Survey System, 2022). A total of 59 of the 281 fatal accidents in Will County in 2022 were a result of drunk driving, resulting in 64 fatalities (National Highway Traffic Safety Administration 2018-2022). There are 28 substance abuse treatment providers in Will County; of these, only 4 accept Medicaid or Medicare, and only 3 offer a sliding fee scale for uninsured. These often have a 4 to 24 week wait for outpatient or inpatient services. WCCHC initiated its Medication Assisted Treatment (MAT) program in 2020; it continues to provide MAT to patients on Medicaid and the uninsured.

The Will County Health Department's Epidemiology and Communicable Disease division monitors and investigates disease cases in accordance with Illinois regulations. It conducts public health surveillance through data collection, analysis and dissemination, using sources like case reports, school absenteeism and syndromic surveillance, capturing data from hospitals and physicians. In 2024, Will County saw significant increases in several communicable diseases.

Rabies cases tripled compared to 2014, and pertussis cases spiked sharply, reaching 77. Respiratory Syncytial Virus (RSV) also emerged, with 29 cases requiring Intensive Care Unit hospitalization. Rising trends were noted in Varicella and Hepatitis A, and two measles cases were reported. In contrast, the county experienced notable declines in other diseases. Chronic Hepatitis C dropped significantly from 574 cases in 2014 to 87 in 2024, and Covid-19 cases declined steeply. Acute Hepatitis B and severe influenza cases remained low, suggesting effective public health efforts. Source: Will County Health Department and Community Health Center, 2024 as published in the Will County MAPP Community Health Needs Assessment 2025.

Maternal factors: In 2022 there were 5 infant deaths/1000 live births, compared to 6 for IL. The mortality rate for Black infants in Will County is 15 per 1,000 compared to 3 per 1,000 for Whites (County Health Rankings). In 2023, 31% of Black mothers did not enter prenatal care during their first trimester as compared to 15% of white mothers. Non-Hispanic black babies are more likely to be born with a low birth weight (13.5%) compared to 6.3% for whites and 7.9% for Hispanics. These inequities are similar across Illinois and the US (2025 March of Dimes). The Teen birth rate in Will County in 2023 was 8.2 per 1,000 births in females aged 15-19. This is lower than the state rate of 13.5. Broken down by race and ethnicity, the teen birth rate for Will County is as follows; 3.9 for non-Hispanic white, 16.5 for non-Hispanic black, and 14.5% for Hispanic/Latina. In 2020, 56% of Will County 12th graders reported having had sexual intercourse. Of those sexually active, 47% did not use a condom during their last sexual encounter, and 16% didn't use any form of birth control (IL HS Youth Risk Behavior Survey, 2020).

Hospitals: There are three hospitals in Will County – Silver Cross Hospital, Prime St. Joseph Medical Center, and AMITA Bolingbrook Medical Center. All provide charity care for the uninsured/ underinsured, based on family size and income. In the last several years there has been an increase in the number of urgent care and pharmacy-based clinics. However, these clinics do not accept Medicaid and Medicaid Managed Care insurance, do not charge on a sliding fee scale, and most do not provide management of chronic health conditions. Area physicians have been very vocal about their concern of inadequate continuity of care when their patients get services at the quick care clinics. The AMITA Bolingbrook Medical Center Strategic Plan for 2023-2025 identified these priorities: 1) Access to Care, 2) Behavioral Health and Substance misuse. The Prime St. Joseph Hospital Community Needs Assessment mirrored the assessment data from MAPP and specifically listed the WCCHC as a partner and resource for referrals. They also noted that 785 patients presented to their ED with an oral health diagnosis; 67% of whom live within 3 miles of the WCCHC.

Other FQHCs in Will County include Aunt Martha's Health and Wellness with locations in Joliet zip code 60432 (3.3 miles from WCCHC) and in 60435, inside Prime St. Joseph Hospital (5.5 miles away from WCCHC). There are no family planning, dental or mental health services at Aunt Martha's hospital site, and their other site in Joliet offers very limited child mental health services and none for adults. Aunt Martha's Health and Wellness recently opened a third facility in Joliet zip code 60435 (4.8 miles away from WCCHC). The opening of this facility has had minimal impact on the patient or visit numbers of the WCCHC.

The other FQHC, VNA Health Care, is in northern Will County, within .5 miles of Bolingbrook Hospital (1.5 miles away from the WCCHC satellite in Bolingbrook) with other sites in Romeoville (10.8 miles away from WCCHC) and another in Joliet (5.6 miles from WCCHC). Their Bolingbrook site has only 2 family practice providers, 2 OB/Gyne providers and no dental or mental health. Their Romeoville and Joliet sites have 1 family nurse practitioner, and no OB, dental or mental health services.

There is also a free clinic in Joliet, the Will-Grundy Medical Clinic, open five days per week. It is accessible only to uninsured people who are ineligible for insurance. They continue to refer approximately 200 patients to the WCCHC every year and are a major referral source.

Barriers and factors that impact access to care include limited public transportation, always ranks high as a community problem (United Way Community Assessment 2010, MAPP IPLAN 2017, 2021, 2025). Only 4.1% of the population uses public transportation. There are limited bus routes, and only 3 trains each morning and afternoon Monday-Friday, to and from Joliet to downtown Chicago. The average distance to the nearest primary care provider in Will County accepting Medicaid and uninsured patients is 9.58 miles, which takes 85 minutes by public transportation (PACE bus).

Another barrier to care is limited access to affordable and convenient specialty care services. Marketplace insurances often have high deductibles, up to \$10,000 per year, which keeps patients from accessing care except for emergencies. In Illinois, by June 2022, 78.87% of the 3,673,884 Medicaid patients were assigned to Medicaid Managed Care (MCO), 50.2% of whom were children. Most specialty providers and local hospitals do not accept these insurances and often patients must travel to downtown Chicago for care, 45 miles away. Prior authorizations are required for most tests or referrals, delaying needed care, and posing further barriers to care. Illinois patients with Medicaid Managed Care were randomly assigned to PCPs, regardless of where they were already receiving care. These patients were notified of such in writing, but many patients either did not receive such notification or could not read it, as the notifications were in only in English.

Based on the complex health care needs and barriers to care, the WCCHC continues to be agile and focused on meeting the identified current and future needs of the communities served. The health center is dedicated to ensuring comprehensive primary care, providing patient support services and identifying and addressing other significant needs that impact access to primary health care.

Access to comprehensive primary care: Below are the identified needs of the community based on current community assessments and community-based data. The Will County Community Health Center has positioned itself to overcome each of these identified population needs works to ensure access to the affordable and comprehensive primary care offered by the health center.

The 2025 WCHD Community Health Needs Assessment indicates the key factors affecting the health and well-being of Will County residents are: behavioral health and substance abuse, access to health care, food and nutrition; mental disorders (as the 3rd leading cause of hospitalizations); and accidental drug overdose deaths. In 2023, there were 75 suicides in Will

County with a suicide rate of 10.48 per 100,000 population, up from 2022 with a rate of 10.33. Homicides rates slightly increased in 2023, going from 4.33/100,000 in 2022 to 4.72/100,000 in 2023. The Grundy County IPLAN for 2021-2026 identified these top health needs: access to affordable health care (especially for mental health and dental care), asthma/ lung disease, substance use, and overweight/ obesity. (Grundy County Community Health Needs Assessment 2016-2021)

Factors that impact the community's access to affordable high quality health care include:

- High Poverty Rates
- High Hospitalization Rates
- Need for Chronic Disease Management (Diabetes)
- Need for Chronic Disease Management (Hypertension)
- Rising Rates of Communicable Disease
- High Cancer Rates
- Lack of Access to Mental Health Services
- Substance Abuse in the Community

Patient Support Services: The health center does more than provide health care, the leadership is dedicated to providing supportive services that impact overall health and wellbeing. The need for these services is critical to assist patients navigate the health care arena and achieve improved health outcomes. The service needs include:

- Insurance Enrollment for the Uninsured and Under-Insured Population
- Case Management and Social Work Services
- Recovery Coach for Substance Use Recovery

Other significant needs: Health center leadership is continuously scanning the environment and developing response strategies to support the health needs of the community. The service area assessments have identified additional community needs:

- Racial Disparities and Infant Mortality Rates
- Accessible and Affordable Dental Care

The Will County Community Health Center is a well-established community health care center that identifies and responds to the needs of the community and develops thoughtful and impactful interventions to support access to health care utilizing the Primary Care Medical Home model.

Changes to the local health care landscape

Women's health and OB delivery access: According to the 2024 Health Outcomes Disparities Report, between 2016 and 2023, 32 obstetrical hospitals closed, drastically reducing available birthing facilities. In the WCHC service area, three local hospitals are no longer supporting deliveries and pregnant patients are traveling great distances for labor and delivery services. The health center is focused on delivering OB services and ensuring coordinated access to their hospital partners to ensure patients can deliver conveniently in their community. Additionally, many private OB providers have closed, and the patient population has shifted to the health

center. This change in demand may require the health center leadership to shift resources to accommodate an influx of patients requiring OB services.

Pediatric Unit Closure – St. Joe’s Hospital: The recent closure of the pediatric unit at one of the two major hospitals in the service area has placed an additional strain on families already experiencing barriers to care. With pediatric inpatients now transferred to Edward Hospital in Naperville (~25 miles away), families in central, eastern and southern parts of the County will face increased costs and delays, complicating both admissions and family visitation. Families navigating financial, insurance and transportation challenges may delay hospital-based care or struggle with continuity following transfer, contributing to avoidable emergency visits or worsening child health outcomes, trends already underscored in the 2025 CHNA.

Healthcare and political landscape: Changes to Medicaid, 340B legislation and other supportive programs coupled with enhanced immigration enforcement have caused a lot of fear among the Will and Grundy Hispanic communities. Since the WCCHC is affiliated with the County Government, misperceptions continue about the perceived safety of accessing care and risk of deportation. Leadership continues to assess the impact on the health center population.

Unduplicated Patient Projections

Unduplicated patients projected to be served in CY2028: 13,349. The unduplicated patient projection is calculated at a 2% increase per year from 2024 through the performance assessment period of 2028, using 2024 UDS unduplicated patients of 12,331 as a baseline. This increase is reasonable based on performance from 2022 through 2024. Unduplicated patients rose 7.37%, from 11,485 in 2022 to 12,331 in 2024.

The health center has seen an increase in dental, behavioral health and optometry patients since last year and this trend is anticipated to continue. The School Based Health Center has grown and is seeing 187% more patients than this time last year. As this program expands, all families and staff of the school district will be able to access services. It is also anticipated that family planning will be expanding as the provider for the School Based Health Center has offered to serve at the Bolingbrook Satellite Clinic (1 mile away) to provide Primary Care and Family Planning at this location when there are no patients scheduled at the school location.

It is anticipated that mental health, and substance abuse services, including Suboxone treatment, will continue to expand. The number of Optometry visits provided by Midwest University students continues to grow and leadership is planning to add optometry services to the School Based Health Center. There is a need for both affordable vision services, and a need for field placement of the optometry students. We measure and monitor operational capacity monthly, and will add new hours, providers, and/or services as the demand is demonstrated and as approved by our Governing Council.

Needs Assessment

The WCCHC is constantly assessing need. A service area needs assessment is completed annually including zip code analysis and patient origin study to inform strategic planning. The

target service area is identified, examined, and reviewed depending on where our patients reside and the needs of the community and underserved areas.

Another way the WCHC assesses the service area is through the established Mobilizing for Action through Planning and Partnerships (MAPP) Collaborative which consists of more than 100 community agencies and works to assess and respond to the needs of the community and develops, implements, and evaluates initiatives to promote the highest quality of life for all area residents.

This in-depth assessment is conducted every 3 years, the WCCHC leadership is among the key participants. The last Community Health Needs Assessment (CHNA) was conducted in 2025. In preparation for the WCCHC's annual Strategic Planning Session, assessment data is updated and combined with internal metrics to inform and guide the direction of the Health Center in the next 1-3 years. The service area population data is examined and reviewed and the needs of the community and underserved geographical areas are identified. Additional sites and/or services are proposed in response to the needs identified through this process. For example, a concern for violence prevention, and an identified need for mental health assessments and school-based services was identified in northern Will County. In response, health center leadership collaborated with the school district in a large middle school in Bolingbrook (northern Will County, Illinois) to provide access to behavioral health and primary health care services. This area demonstrates higher than state averages of children living in poverty (64%), limited English proficiency (26%), uninsured (9.9%), and chronically absent (27%) (IL School Report Card, 2024).

The needs assessment process is meaningful and robust and has shown to provide tangible benefits to the community. Five years ago, the community was experiencing a rise in heroin and opioid overdose deaths, and this identified need prompted the Health Center to apply for HRSA funding to expand services to include substance abuse and Medication Assisted Treatment. The Will County Health Department also responded with an enhanced Substance Use Treatment and Recovery Program and Naloxone (Narcan) program. This response along with other community-based interventions has been effective on a community level and the Opioid Overdose monthly average has gone from 8 in 2023 to 2.6 in 2025.

RESPONSE

Ensuring access to all required services:

Service delivery sites were selected based on identified community need, and where the target population lives and works. With the main site in south-central Will County (Joliet), and satellites in far eastern Will County and far northern Will County, our mobile medical/dental unit serves the communities between the stationary sites and Grundy County. All stationary sites are located in identified MUAs and in low-income neighborhoods. The WCCHC directly provides the following services at its main site in Joliet: Family Practice, Internal Medicine, Pediatrics, Women's Health (OB/Gyne), STI screening/ treatment, Pre/Post-Exposure Prophylaxis (PrEP) Clinic, Family Planning/Title X, Optometry, Ryan White Medical Case management for persons with HIV, Dentistry (preventive and restorative), Immunizations, Social Work/Case

Management, Individual and Group Behavioral Health Counseling, Adult and Child Psychiatry, Screening for depression and substance use - SBIRT (ages 12 and older), Medication Assisted Treatment (M.A.T.), Trauma-Informed screening and care, Affordable Care Act counseling and insurance enrollment, same day appointments, and health education to all applicable age groups in the service area.

Accessible hours and sites: Services at the WCCHC are provided 6 days a week, Monday through Saturday, with established late hours, and 24- hour physician accessibility. An answering service screens the calls in the off hours, and providers rotate taking week-long “on-call” shifts. The main Joliet clinic sees all types of patients: Family Planning, Gynecological, Internal Medicine, Obstetrical, and Pediatric Patients during all hours the clinic is open on Monday-Thursday: 7:30am-6:00pm, Friday: 7:30am-4:30pm and Saturday: 7:30am-3:30pm. Behavioral health patients are seen Mondays through Thursdays from 8:00am-6:00pm and Fridays 8:00am-4:30pm. At the satellite in Bolingbrook, Primary Care patients are seen by a Advanced Practice Registered Nurse (APRN) on Tuesdays and Thursdays 10:00am-6:00pm, and an adult Psychiatrist sees patients Mondays and Wednesdays 10:00am-6:00pm and Fridays 8:00am-4:00pm. At the satellite in Monee, Primary Care patients are seen by an APRN on Wednesdays from 8:00am-4:00pm and a Behavioral Health Advanced Practice Nurse (BHAPRN) is provided on Tuesdays from 9:00am-5:00pm.

School-Based health care services are offered at Brooks Middle School on five days per week between the hours of 8:00am and 4:00pm. Primary care is offered 5 days a week, therapy is offered five days a week and psychiatry is offered two days per week with the flexibility to increase this as the need for the service increases on a district level.

The mobile health unit is operational 3-4 days per week, usually 8:00am-4:00pm, and responds to requests in the community such as for health fairs and screenings. Its purpose is to provide care for those for whom transportation is a barrier, such as nursing homes, homeless and domestic violence shelters, rural areas, and schools (where parents have difficulty bringing children to conventional service sites.) Outreach, medical, and dental services are provided through the mobile health unit.

Same day/ next day, appointments are available for all providers for all types of patients. The amount of walk-in and same-day appointment slots has been increased to accommodate the needs of the patients. One primary care nurse practitioner is designated as the “Walk-In Provider” each day, with immediately availability. If demand for walk-in slots exceeds capacity, patients are seen by other providers using their “same day” slots. The WCCHC continues to accept and advertise for new patients.

All family practice, internal medicine, and OB/gyne physicians and nurse practitioners provide both Family Planning (including Title X) and STI services every day during clinic hours. A Pre-Exposure Prophylaxis (PrEP) and HIV Linkage to Care clinic is available four days per week. This is in collaboration with WCHD’s STI/HIV Surveillance Team that recruits patients identified as high risk by other community providers and also markets on social media and targeted community sites. Five OB/gyne and 2 Family Practice providers are certified to insert long-acting contraceptive devices, available the same day it is desired.

All women access to gynecological surgery of all types, including hysterectomies, myomectomies, loop electrosurgical excision procedure (LEEP), and tubal ligations, because of increased surgery time at a partner hospital, Silver Cross. The waiting time for elective gynecological surgeries has decreased from 4 months to 4-6 weeks since 2014. This includes all women on Medicaid who request and sign a consent for tubal ligations and get them done within two months of delivery while their Medicaid insurance is still in effect. All WCCHC programs, hours, and services are listed on our website: willcountyhealth.org.

Hospital deliveries and gynecological surgeries are performed by four OB/gyne physicians and two contractual laborists at Silver Cross Hospital, 7.5 miles away. This is the only non-Catholic hospital in a 30-mile area, so the demand for surgical sterilizations remains constant.

All patients receiving services at the satellite locations, school-based health center, and mobile unit will have access to services at the Joliet location if the service is not available at that location. The health center uses NextGen and has established a robust internal referral system to ensure patients have access to all services the health center provides.

Eligibility Assistance: All adult uninsured patients are immediately offered an appointment with an ACA counselor upon check-in for primary care, behavioral health, women's health or dental appointment. Patients are educated on third-party coverage options, and their eligibility is assessed for federal, state, and local programs that support medical and enabling services. Four ACA counselors are available from 8:00am-6:30pm Monday-Thursday, Friday 8:00-5:00 and Saturdays 8:00-4:00. ACA counselors also routinely go to the Joliet Detention Center, homeless shelters, hospital EDs, local libraries and community events to assist with insurance eligibility and enrollment. Medicaid eligibility has expanded in the last year to include new immigrants age 55+. Family Planning coverage has been expanded to those with incomes <231%FPL or up to 283% FPL for pregnant women.

All walk-in patients who have a positive pregnancy test and all first time OB patients are automatically offered Medicaid Presumptive Eligibility (MPE) and enrollment by an Affordable Care Act Counselor or Reimbursement Specialist. MPE is effective immediately for 60-90 days until documentation is provided by the patient. All children under 18 years old who do not have any type of insurance are offered an appointment that day with an ACA counselor to enroll them immediately in the State of Illinois Medicaid Program called Healthy Families. In both cases, MPE for pregnant women and Healthy Families, all staff have been trained, and education leaflets are distributed to each patient and their families which list the requirements of each program including in-state residency, income guidelines and the fact that they do not have to be citizens or legal residents to qualify. The result has been a significant increase in the number and percentage of patients enrolled in Medicaid, with availability immediately upon pregnancy rather than waiting for several months.

Laboratory Services: Quest laboratory is located at the Joliet location. The WCCHC has an agreement with Quest Laboratories to provide charity care to offset expenses for patients of the health center with incomes at or below 100% of Federal Poverty Level. The WCCHC pays Quest for Family Planning labs for the uninsured and the IDPH Title X grant reimburses the health center for the cost. The same goes for laboratory services for people with HIV and participating

in the Ryan White Program. The Will County TB clinic within the WCHD offers free TB screening and x-rays. Quest also provides laboratory services to satellite locations and school-based health center. The health center staff collect the samples, and these are picked up by Quest for processing to ensure access to this service for all patients. All test results are automatically uploaded to NextGen.

Point of care testing (rapid strep, pregnancy, hemoglobin, glucose, HgA1C, COVID-19, RSV, flu A and B, and urinalysis) is available in all health centers and satellites. These are used for screening, diagnosis, and chronic care management. Rapid drug screening is available for M.A.T. patients, and rapid HIV testing for STI and PrEP patients.

Agreements are in place at Silver Cross Hospital for imaging and radiology services, to be charged according to a sliding fee scale for the uninsured. Charity Care programs, with sliding fees down to zero, exist at all hospitals.

At-home monitoring of blood pressure is available with E.H.R. linked to CAREMINDr software.

Pharmacy: A community pharmacy (Genoa) is located at the Joliet location. Additionally, a 340B pharmacy program is well established with Walgreens Pharmacy (25 locations), local Kodo Care/ Joliet Professional Pharmacy (one location) and CVS (19 locations). Pharmacy locations are assessed, and new ones added every 3 months, according to patients' utilization.

Health Education and Outreach: The health center has a robust, comprehensive, and busy outreach and health promotion team which consists of one Program Coordinator, four Outreach Specialists, and one Community Health Educator. This team promotes all health center services, coordinates health center and health insurance enrollment events and attends many community events, and health fairs. As of November 2025, this team has attended 63 events and health fairs and has connected with over 3,000 community members during these events. This team creates social media posts for health center services, educational materials for health center services, and numerous health topics as needed, and creates content for health center website pages.

Activities Include:

- Will County Community Health Center and patient education presentations in the community and within health department (division ambassador).
- Participate in events or fulfill requests for materials.
- Plan school physical and sport physicals within community in the summer months with Plainfield School District, Joliet Central, and other schools throughout the county.
- Works with Health Department Health Equity Manager and MAPP manager to coordinate health promotion efforts throughout the county.
- Program health center electronic signs and creating designs.
- Responsible for social media to promote services and events.
- Serve on the Population Health team to support in-reach efforts with current patients, using Nextgen Outreach Campaigns.
- Coordinate the quarterly Advisory Group for the health center's school-based health center. This Advisory Group gives valuable input on all aspects of the school-based health center.

- Promotes and markets the SBHC, which includes health education materials, promotional flyers, social media, website development, text messages, and parent square.
- Promotes and markets our family planning services, which include health education materials, promotional flyers, social media, outreach, email outreach to high schools and other relevant agencies, and text messages sent out through Nextgen population health.
- Ensures that deliverables for ACA Navigator grant are met, which includes enrollments, open enrollment events, health fairs, and outreach and health promotion of ACA.

Health Promotion of ACA includes social media, electronic sign programming and design, developing health education materials for ACA to distribute to patients, and community, and attending community events and meetings to update and increase awareness for community members.

Transportation: A contract is in place with a local taxicab company for transporting patients to and from their homes or from the WCCHC to specialists if they have no other means of transportation or have missed their bus. Many of the patients' insurances, particularly Medicaid and Medicaid Managed Care, offer transportation to and from the clinic on a pre-arranged basis. Ride share companies such as Uber and Lyft are also utilized and paid for by the WCCHC if patients cannot afford them.

Translation: Currently 3 of our five OB/Gyne physicians are bilingual native Spanish speakers. At least 60% of the medical assistants, nursing, registration, ACA insurance enrollment, and check-out staff are bilingual. 100% of the Switchboard staff are bilingual. There are 5 staff Spanish Interpreter Clerks available for use throughout the clinic. Other languages spoken by staff include Vietnamese, Chinese, French, Greek, Tagalog, Hindi, Punjabi, Russian and Urdu. A language line with web access is available for other languages including sign language as needed.

The Community Health Needs Assessment identified multiple barriers and factors that create a barrier to services. Each of these must be addressed with a carefully planned and integrated strategy. These focus areas and activities are listed below:

High poverty rates: The health center offers a sliding fee scale to ensure anyone (regardless of income) can access high quality, primary care resources. The health center implements a sliding fee scale that ensures income is not a barrier to service. No one is turned away based on inability to pay.

High hospitalization rates: The service area has high rate of preventable hospitalization stays. This is particularly true for those seeking emergency mental health assistance. The WCCHC partners with Silver Cross Hospital and Adventist Bolingbrook hospital as a resource to divert patients from the emergency room and provide them with a primary medical home where they can receive medical and behavioral health support with the mutual goal to decrease preventable hospital stays. In the upcoming year the focus will be on enhancing the connection between the health center and patients that present to the ED for dental issues and those transitioning out of inpatient behavioral health.

Chronic Disease Prevention: Chronic disease assessment and patient education occur during every patient visit. During intake, the patient's blood pressure, body mass index and other risk factors are established. When patients present with ranges that are outside of normal or who identify risk factors, the provider discusses the finding and provides patient education to prevent or address further risk. The health center has identified diabetes and hypertension as focus areas and has put in place multiple interventions to improve the health of those at risk from these conditions.

Chronic disease management – Diabetes: The service area has a high rate of diabetes. To address this, the health center had engaged one of the providers to be the champion of the diabetic population. This provider champion is a Certified Diabetic Educator, and her focus is to support the diabetic population. Currently the health center is providing diabetic education, weight loss clinic, and care coordination to improve health outcomes.

Chronic disease management – Hypertension: The WCCHC has engaged with Caremindr to institute a remote blood pressure monitoring program. This program uses remote monitoring to ensure the patient is monitoring their blood pressure and this data is sent to the provider in real time to inform the care team of the need for follow up or further patient education. In the first two years of its inception, we are seeing incredible results and based on the September 2025 data report, since the inception of the program 59.2% of the patients have brought their diabetes under control during their participation in the program.

Communicable disease: As a program of the Will County Health Department, the health center remains focused on communicable disease. The health center has hired a doctor that is an expert in infectious disease. He is the champion for our PrEP/PEP clinic with provides patients with pre and post exposure prophylaxis to prevent HIV infection and addresses other communicable diseases that occur within our population including MPOX and other emerging infectious diseases.

Mental health: The WCCHC has a robust behavioral health department consisting of Psychiatrists and Mental Health Advanced Practice Registered Nurses (BH APRN), Care Coordinators (RN's), Certified Medical Assistants, and a Medical Secretary to deliver comprehensive assessment, treatment, medication management and injection services for long-acting psychotropic medications. The services are provided based on a medical model, and all patients have a medical workup to provide a comprehensive evaluation including laboratories to address the overall health concerns of the patient.

Substance abuse service: The WCCHC has been providing Medication Assisted Treatment Services (MAT) since 2020. The purpose of this program is the treatment of Opioid Use Disorder and Alcohol Use Disorder with medications. The health center does not provide Methadone. MAT is a safe and effective way to control cravings for drugs as the patient progresses through their recovery journey.

High infant mortality: The health center's service area has documented a high infant mortality rate, especially in its underserved populations. The health center provides comprehensive pre and post-natal care to women of childbearing age. Often, patients come to the health center late in

their pregnancies and this increases the chance of negative outcomes. To further address the infant mortality rate, one of the Pediatric Medical Doctors goes to our partner hospital, Silver Cross, and visits each of the babies born to patient of the health center. This builds a critical link between the mother and the health center, ensuring they are aware of where they can seek medical care for their children.

The WCHCH is administered through the Will County Health Department and this provides a mechanism to ensure direct linkage to health department's service which include Better Birth Outcomes which is a case management program designed to engage pregnant women and provide education and support, High Risk Infant Follow-Up to coordinate access to medical care, and Women Infants and Children services and breast feeding support to provide nutrition assistance.

Accessible and affordable dental care: The Illinois Dept of Public Health provided support to develop the Public Health Dental Hygienist role. This individual can perform limited oral health services without a dentist present. The WCCHC was the beneficiary of an IDPH grant to hire and train such an individual for use on our mobile dental unit, and since she was hired in 2021 it has expanded access to affordable dental services for many.

High cancer rate: The health center is continually engaging in activities to reduce the incidence of cancer in the service population. All health care providers work to ensure proper and timely screening to detect cancer early to ensure the best outcomes possible. To support this endeavor the health center is partnering with Cologuard to provide colorectal cancer screening to patients within the test criteria. The health center ensures women's health patients receive cervical cancer and breast cancer screening. All eligible patients are also encouraged to receive the HPV vaccination series.

Mental health service: Patients presenting to the health center seeking behavioral health services are first scheduled for an initial appointment with a primary care provider. This provider will complete a full medical work up, order labs and bridge any existing medication ensure consistent medication management prior to their appointment with behavioral health. This model strengthens the overall care of the patient because the patient is also engaged in primary care and receives the same interventions to address potential chronic disease along with their behavioral health care. Providers continue to support this model of care because they have an opportunity to partner with the behavioral health provider to support the medical health of the patient. Often, patients have co-morbid conditions, and they receive the comprehensive care that they need.

Continuity of care/clinical effectiveness/care coordination: The WCCHC is certified and has implemented the Patient Centered Medical Home (PCMH) model since 2014. Care coordination teams in Family Practice, Internal Medicine, OB/Gyne, Pediatrics, and Behavioral Health consist of a physician or nurse practitioner, Nurse Care Coordinator, and two CMAs. Tracking of orders, referrals, insurance authorizations, and preventive care services can be done through the E.M.R. The BH team also includes a social worker, SUD case manager, 2 recovery coaches, and a licensed clinical psychologist (position currently vacant) that provides Cognitive Behavioral Therapy individually and in groups for those with anxiety and depression. The WCCHC has

been Joint Commission accredited for Primary Care and PCMH since 2017. In 2023 BH accreditation was added.

Providing enrollment support to the uninsured and under-insured population: Since the summer of 2013 the WCCHC has received federal funding for Affordable Care Act Enrollment Counselors and has trained seven to date. Four are currently in place, two of whom are fluent in Spanish. 95% of adults who are assisted with insurance eligibility qualify for expanded Medicaid.

Case management: The health center employs a Licensed Clinical Social Worker to support and coordinate services for patients that are experiencing social factors that are impacting their health. The health center also administers a Ryan White Program to provide comprehensive case management services to the HIV positive population.

Recovery Coach: To support the MAT program, the health center has a Recovery Coach that has lived experience and works with the provider, counselor and patient to support recovery and long-lasting health and welfare.

In concert with the patient-centered medical home model, each provider has one or two medical assistants, one nurse, and each department has a medical secretary that assist patients with prior authorizations and referrals. Social workers and nurse patient care coordinators assist patients with linkages to community resources for specialty care, nutrition services, employment, education, transportation, housing, utility assistance, and other critical financial needs.

Patients are encouraged to participate as part of their care team. All care is tailored to the individual and changes over time based on the patient's need and effectiveness. During each visit the provider and patient develop and discuss a care plan which includes the health goals of the patient and establishes the frequency of follow-up care, referrals and other relevant information to support the patient's overall health and wellbeing. This process includes making internal referrals to dental, women's health, behavioral health and other services as indicated. All services are designed to address the needs of the population. This includes an assessment of health literacy. Patients are screened for health literacy upon registration. Designated staff are available for assistance with forms, and an alert is placed in the health record, so all staff are aware to provide education at an appropriate reading level or if accommodation is needed for communication.

Communication tools, referral processes, and electronic exchange of patient health records: A bidirectional interface between our electronic health record and those at Silver Cross and Prime St. Joseph Hospitals, called Nextgen Share, allowing seamless electronic transfer of referral requests, lab and imaging orders, incoming results, reports, and notices of patient ED and inpatient discharges. Orders for imaging and labs are transmitted to other specialists and hospitals by Nextgen Share, electronic (E.H.R embedded) fax, or secure email. Incoming reports are placed in providers' or nurses' electronic in-boxes and become a part of the permanent patient record. Referrals and reports with specialists in the community may still be manually faxed, which medical records staff process and place in the E.H.R. Patient Care Coordinator

nurses and Healthcare Liaisons track and monitor the orders and referrals for completion with order management modules in the E.H.R. Patients recently discharged from hospitals are contacted immediately for timely outpatient follow-up. All patients, regardless of their reason for visit, are reminded of their visits by automatic phone calls and texts and contacted personally by phone to reschedule failed appointments.

Additional services: The WCCHC participates in the IL Department of Public Health Vaccine for Children (VFC) Immunization Program and recently enrolled in a program to provide vaccines to children with CHIP insurance and obtain reimbursement from IDPH for the cost of the vaccines. Vaccines are offered to all children who are not up to date, regardless of the purpose of the visit. Some vaccines are also available for adults, such as for HPV, diphtheria/pertussis/tetanus, Hep. A, Hep. B, pneumonia, COVID-19, Monkeypox, and influenza. The WCHD offers travel vaccines to all community members. The WCHD Immunization Clinic utilizes the same E.H.R. as the WCCHC and vaccination records are visible to WCCHC providers as well. A bidirectional interface with VFC (I-CARE) is utilized, and all vaccination records of our patients can be accessed, regardless of where in the U.S. they were received.

The WCCHC requires that all Providers, Medical and Dental and all health science students (Nursing, Nurse Practitioners, Dental, Behavioral Health, Optometry, and Medical Students) have all 6 Immunizations for Health Care Personnel recommended by the U.S. Centers for Disease Control (CDC) and titers proving their immunity. Clinic Managers are also required to meet these guidelines. The support staff is represented by AFSME local 1028, AFL-CIO.

Food insecurities: According to the 2025 Will County IPLAN, access to food and nutrition was the number one health priority established by the most recent Community Health Needs Assessment (CHNA 2025). The health center has partnered with the health department to open three micro pantries at the health centers and health department buildings. The health center is working with the health department to explore the feasibility of implementing a food is medicine program to support healthy eating as a way to combat disease. As the future of supplemental nutrition programs remains uncertain, this is one way the health center is planning to support the patient population.

Wellness Promotion. The WCCHC participates in the IL Department of Public Health Vaccine for Children (VFC) Immunization Program and recently enrolled in a program to provide vaccines to children with CHIP insurance and obtain reimbursement from IDPH for the cost of the vaccines. Vaccines are offered to all children who are not up to date, regardless of the purpose of the visit. Some vaccines are also available for adults, such as for HPV, diphtheria/pertussis/tetanus, Hep. A, Hep. B, pneumonia, COVID-19, Monkeypox, and influenza. The WCHD offers travel vaccines to all community members. The WCHD Immunization Clinic utilizes the same E.H.R. as the WCCHC and vaccination records are visible to WCCHC providers as well. A bidirectional interface with VFC (I-CARE) is utilized, and all vaccination records of our patients can be accessed, regardless of where in the U.S. they were received.

The WCCHC is responsive to community needs and has the flexibility and agility to meet community needs. For example, in response to community need, a satellite clinic site was opened in June 2017 in Bolingbrook, IL, 24 miles (37 minutes) north of our main site in Joliet, where primary care (family medicine, gynecology, family planning/Title X) and adult psychiatry are provided. Other services available to patients there include STI screening/treatment, screening for depression and substance abuse, walk-in availability, prescription assistance, and 340B. Labs are drawn on-site and picked up by Quest for processing. The WCHD provides counseling for adults and children, WIC, and immunizations at the Bolingbrook site as well.

Another satellite site was opened in Monee in 2019, in far eastern Will County. Adult and child psychiatry and Family Medicine are currently offered there one day per week. It has been a challenge to fully staff this facility due to the remote location of the clinic.

In response to community need and expressed request of the Valley View School District, a School-Based Health Center was opened in August 2022 in a middle school in Bolingbrook. Currently school and sports physicals and immunizations are offered there on 2 days per week, along with insurance eligibility and enrollment assistance for the large number of uninsured families. Funds were obtained from the IL Dept of Public Health for a Planning and subsequent Implementation grant. By June 2023 we will apply for SBHC certification. Full primary care and BH services will be offered there on 5 days per week starting in the Spring of 2023, and optometry services on 2 days per week starting in late Fall 2022. If students or family members need services outside of school hours, they are referred to our Bolingbrook health center location, just 1.6 miles away.

Medication Assisted Treatment was initiated in 2017 for adults with opioid and alcohol addictions. Five providers have become certified for Suboxone prescribing; four have X waivers. Two others are in the process of obtaining certification. All patients ages 12 and older are screened for substance use using the SBIRT screening tool which has been embedded in our E.H.R. We joined a SAMHSA learning community to learn the best practices of integrated BH care and Trauma-Informed Care. BH integrated care includes an initial exam from a primary care provider plus lab testing and drug screening for all initial BH patients. They are thus linked to primary care and screened for medical conditions that may be contributing to their BH symptomology.

The WCHD, next door to the WCCHC, provides these additional services: WIC, STI surveillance, High Risk Pregnancy Home Visiting Program, smoking cessation classes, immunization/travel clinic, hearing/vision screening, breastfeeding counseling, Emergency Management, Epidemiology/ Infectious Disease surveillance, Environmental Health, psychiatry for children/adolescents, BH counseling for adults, and a TB Clinic. The WCHD collaborates with the WCCHC for its PrEP clinic. IDPH has recently granted the WCHD & CHC funding to start a long-acting injectable PrEP program. We expect to receive our first supply by October 2022. Universal HIV screening is conducted on all clinic patients ages 18 and older. Free COVID and Monkeypox vaccinations are received from HRSA and IDPH. COVID antigen and PCR testing is conducted on-site daily by designated staff. Monkeypox testing is conducted in one of our 2 laminar flow rooms, and specimens can be processed through an on-site Quest lab. If treatment is needed, the patient is referred to a local infectious disease specialist who has access to medication from the National stockpile.

The WCCHC has a nationally recognized Reach Out and Read Program and was the 2013 recipient of the Richard Robinson Award. Children ages 6 months to 5 years receive a new age-appropriate book at their wellness exam, and parents are counseled on the importance of reading to their children. In 2022 from January to June, 594 books were distributed. Volunteers of Project Linus provide hand-knitted security blankets to newborns through adolescents. Until last month, the WCCHC had a Managed Care Specialist to help coordinate the various insurance contracts, requirements, and assist patients with approvals from insurances with which we do not contract. Additional contracts are forthcoming with Medicaid and Medicare Managed Care Organizations, for medical, dental, and behavioral health services. The WCCHC providers are enrolled in the Adventist Physicians Health Organization, a collaborative of physicians associated with Silver Cross Hospital (SCH). Their aim is for optimal contracting with insurance while limiting risk. Participating patients' labs are processed at SCH laboratory but can be drawn at the WCCHC.

Hospital Admitting Privileges: All WCCHC providers are credentialed and have admitting privileges at Silver Cross Hospital in New Lenox in central Will County. An MOU is also in place with Franciscan St. James Hospital in Cook County which is the closest hospital for those living in eastern Will County and utilizing our Monee satellite location. An MOU is in place with pediatric hospitalists (Lurie Children's Memorial Hospital) at Silver Cross Hospital. Contracts are in place with 3 adult medicine hospitalists and 2 OB/Gyne laborists to admit and care for WCCHC patients at Silver Cross Hospital. A referral linkage agreement is in place with Prime St. Joseph Medical Center for emergency, inpatient, laboratory, and radiology services. A consultation agreement is in place with a high-risk maternal fetal medicine specialist at Silver Cross Hospital, who accepts Medicaid and uninsured patients. Transportation is provided to hospitals and specialists as needed.

WCCHC has a policy for diagnostic tracking (WRM-0052) which purpose is to provide orders for the completion, follow-up and disposition of all lab/diagnostics/radiology ordered for the patients using the EHR functionalities. The procedures include process for orders completing, lab/diagnostics/radiology results reports, tasking the providers and clinical support staff, and tracking the communication between patients and providers including results and tests. In addition, quality assurance process is to monitor all tests on a weekly basis and generate an EHR report for all completed and any outstanding orders for patient of providers at the health center.

Receipt, follow up, and recording of medical information from referral sources: WCCHC has a policy for referral/consult tracking (QRM-0050) which ensures all referrals are accounted for and that patients are advised of the appropriate follow-up plan, to create a procedure for tracking and a procedure for placement and follow-up of all consultations and referrals using the electronic health record.

Follow-up for patients who are hospitalized or visit a hospital's emergency department: WCCHC has a policy for hospitalized patients and follow-up (PCS-0012) with the purpose of providing continuity of care and appropriate follow-up for WCCHC patients incurring an emergency department visit or hospital admission. The policy addresses the procedures when a WCCHC

provider initiates admission. If the provider is unaware of the hospitalization and to ensure continuity of care with the hospitals the health center monitors hospital discharges electronically, via Nextgen Share. Appointment slots are set aside on each provider's schedule to accommodate timely hospital follow-up appointments.

The Will County Community Health Center did not receive any supplemental awards for service provision.

Sliding Fee Discount Program: The WCCHC follows the Federal Poverty Guidelines for its Sliding Fees Scales, which are updated annually in January, based on the yearly changes in the Federal Poverty Guidelines. These guidelines and corresponding fee scales are reviewed and approved annually by the WCCHC Governing Council. There are separate fee structures for medical/ behavioral health services, hospital services, dental services, and Family Planning, and each is based on a sliding fee discount. The level of discount is based on family size and income. Family size includes the responsible party and all members in the household 18 years and under financially supported by the responsible party. Eligibility for discounts for emancipated minors who receive confidential Family Planning services must be based only on the income of the minor, per IL Department of Public Health (IDPH) guidelines. Both the family size and the family income are used to calculate eligibility for sliding scale fees. Family income is defined by proof of gross income. Family income is assessed by: salaries and wages (two most recent pay stubs, most recent income tax return or an earnings record from <https://ssa.gov>), tips, help from relatives/non-relatives, public assistance, unemployment, veterans benefits, sick pay, Social Security cash benefits, alimony, child support, net investment income, net self-employment earnings, pensions, a letter from an employer on company letterhead if income is cash only, and/or a letter from someone who is supporting the patient if no income at all).

Sliding fee eligibility is evaluated at the initial visit and annually at the first visit of the year. The electronic health record prompts the registration clerk to reassess annual income. If patient has not been seen in more than twelve months, a notification alert pops up, and schedulers will notify patients to bring in documentation. When the patient arrives at the clinic, income and family size fields are manually verified and updated. The sliding fee applies uniformly to all patients, regardless of insurance status.

Signs in both English and Spanish announcing the availability of the sliding fee discounts are posted throughout the Health Center - at the front and side entrances, in the main hallway, at registration, and at check-out. Bi-lingual Spanish and English-speaking staff at Registration, Check-out and at the Call Center/ Switchboard also notify patients of sliding fee discounts. Information regarding the sliding fee discounts is also given to patients at registration in a WCCHC brochure, available in English and Spanish. If a patient's insurance is not accepted, they are charged as if they were self-pay. Fees are posted at check-in and check-out so a patient is kept informed of what they may have to pay, including out-of-pocket costs.

Sliding fee discounts are applied to all required and additional services. Patients eligible for sliding fee discounts at $\leq 100\%$ FPL are charged a nominal office visit and/or procedure fee. Point-of-care tests are provided at no extra charge.

Nominal charges for individuals and families with annual incomes at or below 100% FPL are based on feedback from patients at registration and checkout, responses from patient surveys, Governing Council member feedback and approval, and comparison to other local clinics and FQHCs.

An annual assessment ensures nominal and sliding fees are not a barrier to care. Nominal fees do not reflect the true cost of the services being provided. The nominal fees are not more than those paid by patients with incomes at 100-133% FPL.

Fees for medical, behavioral health, and dental for individuals and families with incomes at 101-133% FPL, 134-185% FPL, and 186-200% FPL are charged 25%, 50%, or 75% of the full fee respectively. Those with incomes >200% FPL are charged the full fee. According to the IDPH guidelines, Family Planning patients are charged according to a separate fee structure: 0-100% FPL (no charge), 101-138% FPL (20%), 139-175% FPL (40%), 176-213% FPL (60%), 214-250% (80%), and >250% FPL are charged the full fee. Contracted in-house Quest lab services are also available to patients on a sliding fee basis. The three collaborating hospitals, Silver Cross Hospital, Prime St. Joseph Medical Center, Franciscan St. James Hospital offer Charity Care and sliding fee discounts for hospitalization, emergency room, physical therapy, laboratory, and imaging services, based on patients' incomes and family size.

Any time fees are changed they must be approved by the WCCHC Governing Council and Board of Health, with whom we have a Cooperative Agreement. No patient is ever turned away for inability to pay. If they cannot pay the nominal fee or even a few dollars, they are seen anyway that day and billed for the balance. If a patient cannot produce documentation of their income, kiosks are available in the registration area for a patient to get a printout from <https://ssa.gov> of their earnings. If the patient receives cash for their wages, they may complete and sign a letter of self-attestation of their earnings and family size, which is scanned and kept in their record. Patient statements are sent out monthly for any outstanding balances. Credit cards are accepted. By Oct. 1, 2022, patients will be able to pay at our website and on the Patient Portal. Payment plans are available. According to our policy, monthly patient balances are reviewed by the CEO and Billing Supervisor. Balances of patients who are unable to pay are written off as bad debt. If a patient is able to pay based on their family size and income but refuses to pay, a call is made to the patient, and every effort is made to collect from them.

Billing and Collections: The Will County Board approves the final budget which is first established by the CEO and Governing Council, with input from the managers and Finance Officer. The County of Will provides funding in the form of a tax levy. A lump sum is given to the WCHD and is distributed according to the needs of the various WCHD divisions, including the WCCHC. Additional revenue sources (12%) include rent from the on-site Basinger's Pharmacy, the 340B program, managed care fees, medical records charges, and Meaningful Use incentives. In the last several years, the WCCHC has enrolled in several private insurances, Medicaid Managed Care, Medicare Advantage insurances, and the Silver Cross Hospital/Advocate Physician Partners (PHO). Monthly per-member stipends and quality bonuses are available. A Managed Care Specialist was hired in May 2015 to assist with adherence to payor rules, regulations, HEDIS quality measures, staff and provider education, communication with the payors, and assisting patients with insurance issues as needed.

The established schedule of charges for health center services is consistent with locally prevailing rates and is designed to cover the reasonable cost of service operation.

In determining the fees for the various medical, behavioral health and dental services, fee schedules from area FQHCs are obtained and examined. Reimbursement from insurances is also considered. A complete listing of Usual and Customary fees, established by local insurance companies, is utilized. The data is regional, based on county and zip code, due to local differences in the cost of living. A standard list is compiled by the Illinois Department of Insurance, based on statistics from the Health Insurance Association of America. The WCCHC fees are generally at the 75th percentile of this formulary (per recommendation from our last HRSA financial site reviewer.) A separate Usual and Customary fee list is established by the Center for Medicare and Medicaid Services.

The WCCHC contracts with several Medicaid HMOs, Medicare Advantage, Children's Health Insurance Program (CHIP), and private insurances for medical, dental, and behavioral health, and receives the established FQHC rate of reimbursement for Medicaid and Medicare. The Medicare Prospective Payment System is also utilized.

Upon scheduling and registering, a patient is reminded of the expectation to pay for services rendered, and co-payments and minimum fees are collected. No patient is ever turned away for inability to pay, and all staff are aware of this policy. No approval is needed to allow the patient to be seen. Patient charges are entered into the E.H.R. upon check-out, based upon CPT codes and corresponding fees. Upon exiting, the patient is given a receipt by the Reimbursement Specialist/exiting clerk (walk out statement) with balance due at time of service, if there is one. Designated WCCHC staff review each billing record for compliance with coding requirements and confirm insurance eligibility for each patient (even though this is also done at the time of scheduling and registration.) Changes in the patient's record are made as necessary within the Practice Management system. Charges are posted daily and submitted to insurances within 24-48 hours of date-of-service. Separate staff members are responsible for responding to denials and resubmitting claims. The Billing Supervisor may also intervene with the insurance companies in special circumstances such as pending credentialing or when out of network.

If a patient balance is paid in full at time of visit, no further action occurs. Collection reports are generated by the Billing Supervisor monthly for patient accounts aged over 30 days with no payments received/ no activity. The patient is automatically sent notices 30, 60, and 90 days after the service date requesting payments in full and/or requesting immediate payment arrangements to resolve the balance. Credit card payments are accepted in person, over the telephone, and starting in October 2022 will be accepted through the Patient Portal. Once a month uncollected debt is reviewed by the Billing Supervisor and CEO and adjusted accordingly or referred to collections if payment plan is refused when there is an ability to pay. Accounts with third party payors and co pays due will not be written off to bad debt. If the patient returns for services in the future, payment in full and/or payment terms will be requested at that time on the entire balance. Whether or not payment is made, patients are not turned away. All uninsured patients are referred to the ACA Counselors for determination of insurance eligibility and subsequent enrollment. Staffing is adequate to allow for immediate walk-in appointments with the ACA Counselors. A 2-day on-site revenue cycle assessment was conducted in May 2018 by a

consultant from the National Assoc. of Community Health Centers (NACHC), partially subsidized by HRSA. Areas for improvement were identified and suggestions for improvement were implemented.

Patient Engagement. The PCMH model of care is focused on patient centered care. The team works with the patient and when appropriate, their family and other care givers to partner as decision makers and to ensure the patient's considerations are met. This joint decision making ensures patients are engaged in their service and feel they have ownership of their plan of care. This makes the patient much more likely to adhere to the plan and improve their health outcomes.

The WCCHC uses patient feedback to drive change and quality improvement that demonstrates a commitment to patient-based care that puts the needs of patients and their families at the heart of care delivery. The voice of the patient is important and WCCHC gathers patient feedback by using written patient satisfaction surveys and the Patient Suggestion Box as tools to gauge service quality, and to adequately address patients' needs and expectations. All the survey tools and forms are in English and Spanish. Separate surveys about dental, family planning, behavioral health, and medical services are collected monthly. Spanish language interpreters are available. A contract with Language Line is in place to address the various language needs of other patients. A Complaint/Grievance Resolution process encourages patients to share concerns about their health care experiences. Results of the Patient Satisfaction surveys are collected monthly and reported to the management team during weekly meetings, and to the providers and staff during the monthly providers' and All-Staff Meetings. Survey results are also shared with the Staff CQI Committee, the GC Quality Committee, and the Governing Council during their regularly scheduled meetings. Corrective action reports and recommendation strategies are also discussed and implemented. In addition to formal surveys, patients are asked at check-out if their expectations were met, and if any additional thing can be done to help them. Information gathered is shared with the managers and appropriate individuals. Patients may utilize social media such as Facebook and Twitter to express their opinions and satisfaction with services. Negative responses are taken seriously and personally addressed.

Patient satisfaction surveys are collected daily and tabulated monthly. Hours of operation are based on patient demand and will change according to need, after approval by the Governing Council.

COLLABORATION

To identify and respond to the needs of the community, the Will County Health Department founded the Will County MAPP Collaborative, made up of more than 100 agencies that participate in a community health needs assessment every three years, and develop a strategic plan to improve community health. Launched in 2001 by the Center for Disease Control and National Association of County and City Health Officials, MAPP provides a phased process for broad community planning based on public health policy. It provides a comprehensive framework for understanding and addressing the strategic health issues of the County. The 2021 Will County Community Health Needs Assessment and Strategic Plan was completed. The MAPP process is divided into 6 phases: Organizing for Success, Visioning,

Assessments, Strategic Issues, Goals and Strategies, and the Action Cycle. The benefits expected from adopting the MAPP planning process are: 1) create a healthier community and a better quality of life; 2) increase the visibility of public health within the community; 3) anticipate and manage change in the demand for and supply of health-related services; 4) create a stronger public health infrastructure; and 5) engage the community and create community ownership for public health issues. The WCCHC CEO and Director of Operations are active members of the MAPP Executive Committee, along with other community leaders.

Other FQHCs: Representatives from the two other FQHCs in Will County, Aunt Martha's Health and Wellness and VNA Health Care, also participate in MAPP. The WCCHC CEO maintains communication with Aunt Martha's (AM) staff, for collaboration on grants, coordination of Affordable Care Counselors in the community, and for public relations campaigns to improve the access to care for Hispanic community members. Best practices for use of the Nextgen E.H.R. are shared between AM and WCCHC technical support teams. Enrollment counselors from the VNA and WCCHC collaborate and coordinate to provide staff at community events. VNA and WCCHC management collaborate with Valley View School District (VVSD) administration on School-Based health center operations since each has a SBHC in the VVSD.

Coordination with Health Departments: The WCHD & CHC collaborates with and receives funding from the Illinois Department of Public Health (IDPH) for a Title X Family Planning Grant, STI testing/surveillance/ reporting/ PrEP/PEP, School-Based Health Center Implementation grant, Oral Health Promotion Program Grant, and Vaccines for Children program.

The WCCHC closely coordinates services with WCHD immunization and behavioral health programs. The WCHD Immunization & Travel Clinic utilizes the same Nextgen E.H.R. The WCHD Behavioral Health division has a Nextgen user license to view WCCHC patient records. Demographic information from patients in these divisions and WCCHC is shared among all, as is clinical information, for coordination of care. The WCHD offers WIC services, home visits for high-risk pregnancies, STI surveillance, COVID and Monkeypox vaccination and testing, Infectious Disease reporting and contact tracing, behavioral health counseling for all ages, 988 BH emergency response, and psychiatric services for children and adolescents. All are provided in a building adjacent to the WCCHC. The WCHD provides Information Technology and Telephone, Human Resources, marketing, and financial/grants management/accounting support to the WCCHC. The Sunny Hill TB Clinic, also supported by the County of Will, is located within the WCHD building, providing free TB screening including skin tests, x-rays, and treatment.

The WCCHC coordinates with the Grundy County Health Department to provide access to affordable dental services, with the use of our mobile dental unit. There are currently no dental providers in Grundy County who accept Medicaid or who provide sliding fees for uninsured patients. We also offer and market all our other primary care, OB/gyne, BH and SUD services to Grundy County residents. Our Quality Program Manager was formerly the Executive Director of Grundy County and maintains collaborative relationships in the County.

Other Social Service Agencies: The Will Grundy Medical Clinic (WGMC) is a free clinic and is also represented on the MAPP Executive committee and the Primary Care action team. The WGMC serves as a major referral source for the WCCHC, and the WCCHC has positioned ACA counselors at the WGMC. They in turn offer classes for diabetes management, to which the WCCHC providers refer. The WCCHC CEO is a member of the WGMC Board of Trustees. Since the WGMC refers many patients to WCCHC for primary care, BH, OB/gyne, and dental services. In turn, they offer some assistance with linkages to care for uninsured patients needing surgery and some specialty medical providers.

The WCCHC also has referral arrangements with Easter Seals (disabled children). WCCHC staff collaborates with the Spanish Center and Will County Senior Services to offer on-site ACA insurance counseling, and various health screenings. The Spanish Center and Senior Services in turn refer to the WCCHC for Medical, BH, and dental services. The WCCHC has agreements with SteppingStones (in-patient drug rehabilitation) and with Catholic Charities that operates seven Headstart Daycare Centers and a Homeless Shelter. We provide on-site medical and dental services, and vaccinations at their facilities with our Mobile Health Unit. They refer their clients to the WCCHC for Medical, BH/SUD, and Dental services, paid by Catholic Charities and SteppingStones if patients have no means to pay.

The WCCHC mobile health unit provides dental and medical services to many local schools, churches, homeless and domestic violence shelters, community social services agencies (such as Cornerstone Services for the disabled), nursing homes, and at health fairs. Vaccinations, school/sports physicals, screenings for diabetes and hypertension, illness care, and health education are some of the medical services offered on the mobile unit.

Specialty Services: The WCCHC has an agreement with Agape Missions for non-medical case management services for people with HIV, and with Southwest Infectious Disease physicians for care of patients with HIV, hepatitis, and other infectious illnesses. Written MOUs exist with several specialty providers for dental care services not provided at the WCCHC such as for dentures and root canals. MOUs also exist for referrals for high-risk obstetrical care and infertility services. Referrals for other specialty services such as orthopedics, dermatology, cardiology, neurology, rheumatology, and gastroenterology are facilitated by our clinical support staff. Nurse care coordinators, healthcare liaisons, and social work case managers share known community resources and availability of services for patients who are uninsured and for those with Medicaid. At times the closest resources for specialty care for these patients are in Chicago or Cook County, up to 45 miles away.

Hospitals: The WCCHC collaborates with Silver Cross Hospital (SCH) and Prime St. Joseph Hospital in many ways. All primary care and OB/gyne doctors and nurse practitioners are credentialed and on the Medical Staff of SCH. The physicians join the SCH Advocate Practice Partners, a physicians' cooperative for contracting with insurances, maintaining quality requirements, reporting, and facilitating linkages to specialists while limiting costs. Bonus payments are possible for meeting quality and financial benchmarks. This alliance allows the WCCHC to accept Blue Cross Blue Shield HMO patients, thus allowing County of Will employees access to WCCHC services. The WCCHC contracts with SCH hospitalist groups for inpatient care for its adults, pediatrics, and OB deliveries. Both the WCCHC, Silver Cross, and

Prime Hospitals as well as many specialists are linked electronically with Nextgen Share. Nextgen Share allows different electronic health record software programs to electronically share referrals, medical records, and lab/imaging results. SCH and Prime St. Joseph Hospitals use Nextgen Share to notify WCCHC of ED and hospital discharges so we can provide timely follow-up to our patients and to patients identified as not having a PCP in the community. The WCCHC refers to these 2 hospitals for radiology, imaging, laboratory, ED, inpatient services, physical therapy, and home visiting programs. The WCCHC contracts with Lurie Children's Hospital Faculty Practice, which is on-site at SCH, for care of infants after delivery and care of children who are hospitalized at SCH. One WCCHC pediatrician sees all WCCHC pregnant patients in the clinic, and then again visits their babies after delivery at SCH. A WCCHC care coordinator contacts all new moms to assure they are scheduled for postpartum and newborn visits. The WCCHC ACA workers go to the SCH emergency department to work with uninsured patients for insurance enrollment and to advertise the availability of services at the WCCHC. Clinic staff have access to the SCH and Prime St. Joseph Hospital's electronic health records. WCCHC prenatal patients' records are automatically shared with hospital staff at 34 weeks of gestation, and hospital delivery records are retrieved for mothers and babies. There are no rural health clinics or clinics supported by the Indian Health Service in the WCCHC service area.

Educational Institutions: The WCCHC has MOUs with Valley View School District and Lewis University for School-Based health services. Leadership is exploring a collaboration between Lewis University graduate and undergraduate nursing and social work students and Spanish interpreting students to provide support at the SBHC.

Prisons/ Jails: There are 6 corrections facilities in Joliet. An agreement exists between the Will County Juvenile Corrections Facility and the WCCHC. At pre-arranged times, the juvenile detainees are brought to the WCCHC for medical and dental care, accompanied by armed guards. Most often they are brought to the clinic in the early morning to limit their interaction with other patients. The WCCHC ACA workers go to the Will County Adult Detention Center once per week for assistance with insurance eligibility and enrollment. Adults who are released from the Detention Center with a substance abuse disorder are referred to the WCCHC for Medication Assisted Treatment. Those with BH or medical conditions are given medication for only 2 weeks, so follow-up with our providers is expedited.

State Primary Care Association: The WCCHC CEO is a member of the Illinois Primary Health Care Association (IPHCA), and several managers are on IPHCA Primary Care, Legislative, Finance, Clinical Operations, and Insurance committees. IPHCA provides education and support for Illinois FQHCs and Look-Alikes, as well as venues for collaboration and exchange of models of best practices. They also provide lobbyist support in Springfield and Washington DC. In August, IPHCA announced they were awarded funding to develop a network of 35 health centers that are committed to improving health care through the adoption of health care technology. The focus areas are Data Management and Analytics, Interoperability, Data Sharing, Value-Based Care, Cybersecurity, and Artificial Intelligence. This will help to prepare leadership for the future in community health care.

Letters of support for our program have been received from: the Will County Health Department, Aunt Martha's Health and Wellness, VNA Heath Care, Silver Cross Hospital, Lewis University, Illinois Primary Health Care Association, SteppingStones Treatment Center, WCCHC Governing Council Chairperson, Advent Bolingbrook Hospital, Valley View School District, Catholic Charities, Will Grundy Medical Clinic, Will County Health Department Family Health Services Division Director.

CAPACITY

Organizational Structure: Formed from the Family Services Division of the WCHD, the WCCHC became an FQHC Look-Alike and then an FQHC in 2005, developing its own Governing Council, the majority of members who are patients of the WCCHC. Together with the Board of Health, the governing body for the WCHD, a Cooperative Operational Agreement was established to outline the responsibilities of the Governing Council and the Board of Health with respect to the oversight of the WCCHC. Both are involved in the hiring of the CEO, but the Governing Council has final approval. The WCCHC continues to share services from the staff of the WCHD, particularly for financial operations, human resources, and information technology support.

There are 5 Divisions of the WCHD: The Community Health Center (primary care, dental, OB/gyne, adult/child psychiatry, adult counseling, SUD, optometry, audiology), Family Health Services (high risk pregnancy home visiting, immunizations, WIC, health educators, infectious disease reporting and surveillance), Behavioral Health (child/adolescent psychiatry, counseling for all ages, 988 emergency response), Emergency Services (includes COVID response), and Environmental Health. Each of the Divisions is headed by a director; for the CHC, the Director's title is CEO. Each Division head reports to the Executive Director of the Health Department. She in turn reports to the Board of Health and to the Will County Board.

Provider Staffing Plan: The WCCHC directly employs sufficient clinical providers to ensure same day/next day access to primary care (for pediatrics and adults), OB/gyne, psychiatry, BH counseling, and dentistry.

Care is currently provided by 20 providers (1.0 FTE Family Practice, 1.0 FTE Internal Medicine, 1.8 FTE Pediatrics, 5 FTE OB/Gyne, 5 FTE Psychiatry, and 2.24 FTE Dental). There is only one vacant provider position, for a family medicine physician. In addition to employed staff, contractual agreements are in place for two OB laborists at Silver Cross Hospital who share obstetrical call coverage with four WCCHC staff OB physicians. Contractual arrangements are also in place for in-patient care at Silver Cross Hospital (SCH), with a 2-person internal medicine group and Lurie Children's Hospital faculty practice, at SCH. Third-next available and patient panel reports are obtained monthly and analyzed for assurance that appointments and clinicians are available for timely access for patients in all departments and sites. The CMO fills-in as needed for an ill provider rather than cancel patient appointments on a given day.

Management team: The roles of the WCCHC Key staff (Project Director/CEO, Chief Medical Officer (CMO), Director of Operations (DOO), Quality Improvement/Risk Manager, and Director of Nursing are listed on Attachment 4. The Director of Finance and Grant Management Coordinator (acting as CFO) and Director of ITT are direct employees of the WCHD, and

provide services to all WCHD Divisions, including the WCCHC. The time dedicated specifically to WCCHC activities is 0.25 FTE for each of them. All other key WCCHC staff are devoted 100% to WCCHC activities. There were several managerial changes in the last year. The Front Office Supervisor position was vacant, and these duties were assumed by the DOO. A new supervisor was hired in April of 2025. This position title and description was changed to Patient Access Manager. This change was due to a renewed focus, not on management but ensuring access and minimizing missed appointment opportunities. The health center leadership also identified the need for a more stable organizational structure for the clinical staff, and a Primary Care Manager RN was created to provide leadership and support to the clinical staff in that program.

The WCCHC ensures that the clinical staff, contracted providers, and referral providers carry out all of the required duties and additional services. Contractual hospitalists and laborists must submit hospital face-sheets to document patient interactions. We have an order management system in our electronic health record that registers and keeps track of all specialty referrals. It is the assigned duty of the nurse care coordinators, healthcare liaisons, and case managers to follow up on all referrals, obtain a consultation note, and ensure that it is in the medical record. It is only then that the referral order may be “closed” and considered completed. Regarding our clinical staff and the assurance that their duties are being carried out, we have morning huddles among each PCMH team that provides a daily review of the pending and outstanding patient focused items. We also have a Peer Review system that allows for the routine examination of the providers’ performance and adherence to establish evidence-based care guidelines. The CMO routinely reviews the completion of the providers registry of tasks (“PAQ”) in the electronic health record.

The leadership team supports the operation of the health center, and these health center professionals participate in the Continuous Quality Improvement Committee which sets the project priorities, ensures compliance with programmatic requirements, identifies policies that need to be updated or implemented, and focuses on quality initiatives and carries out risk management activities. The rest of the committee consists of members from all services and employment levels to ensure broad reach and vast array of expertise. This committee is also responsible for evaluating patient satisfaction and developing strategies to respond to emerging needs in the community.

Joint Commission accreditation for Primary Care and PCMH is maintained by regular reviews of the standards and the tools, workflows and procedures instituted to ensure compliance. We interrogate our system of care with the use of a “Monthly Walk-Through” tool that was created to ensure that each area of compliance was reviewed monthly. Any area that falls outside of compliance standards is investigated to uncover what set of circumstances caused the non-compliance. Thereafter, the issue is corrected, the staff are re-educated, and the issue is rechecked the following month.

Recruitment & Retention: The WCCHC has a comprehensive plan to address recruitment, development, and retention of clinically and culturally competent staff by routinely seeking multilingual and culturally diverse staff to fill open positions. Workforce and/or contracting

equity is ensured through the transparent posting of positions, and a consistent interview and hiring process that is without bias or regard to disabilities, race, ethnicity, sexual orientation, or gender. The WCCHC employs staff of all ethnicities, including five full-time Spanish speaking interpreters. Among the providers and support staff, an additional ten languages are spoken fluently. Additional guidelines are utilized to ensure workforce/contracting equity include the following: 1) all candidates with similar qualifications will be considered equally, and 2) postings are made available in the community to increase the likelihood the hirings will reflect the demographics of the population. The workforce plan includes four goals to ensure the health center leadership meets the staffing needs of the agency. 1) WCCHC ensures that adequate providers and support staff are available to fulfill the needs of the Community Health Center; 2) Gaps in health care coverage are avoided by initiating the hiring process as soon as a vacancy is anticipated, 3) Aggressive efforts are made to recruit high quality staff through multiple means of advertisement, and 4) Offer salaries and benefits commensurate with those of local providers and other community health centers. Since the WCCHC, as a part of the County of Will, is self-insured, health insurance is offered at highly affordable rates. As the non-provider and non-management staff are unionized, benefits such as time off and a pension plan are attractive and highly competitive in the marketplace.

Educational opportunities are offered to staff at monthly All-Staff and separate All-Provider meetings. All providers receive supplemental funding for continuing education tuition, travel, and expenses along with paid time off. Specific and targeted training for all staff is provided at least monthly, based on the current environment. There is annual training required by insurance companies, Joint Commission, and OSHA. These are provided through an on-line platform called MedTrainer which can keep track of compliance.

Recruitment for key management staff and new health care providers is done through postings of vacancies (and specific qualifications) with the National Health Service Corp, IL Primary Healthcare Assoc., National Association of Community Health Centers, American Public Health Association, National Assoc. of County and City Health Officials, and pertinent trade organizations' online and print journals such as American Academy of Family Practice, IL Society of Advanced Practice Nurses, and American Academy of Pediatrics. Temporary physicians and nurse practitioners are obtained through a local staffing agency. The WCHD/ WCCHC has on-line job postings through its website and also utilizes Indeed.com.

The health center welcomed a new CEO in 2024 who has been with WCCHC for eight years and has 18 years' experience working in an FQHC in a multitude of roles including Grant Writer, Program Manager, Compliance Officer, Interim Safety Director, Director of Risk Management, Director of Performance Improvement, and Director of Operations. She has direct oversight of the CMO, DOO, Quality/Risk Management Program Manager, Billing Supervisor, and Executive Assistant, and has overall responsibility for all operations of the health center. Under her direction, and in response to the needs of the community, the WCCHC has added a school-based health center, doubled the service capacity at the Bolingbrook satellite location, completed construction on a Behavioral Health space that is conducive to the team based PCMH approach of care, among other capacity and facility renovations. As Project Director and CEO, she reports to the WCCHC Governing Council. The CMO has had 22 years' experience with similar

populations, including working with those in the Cook County, IL hospital system, University of Chicago, and another large IL FQHC with 23 locations. She is a board-certified geriatrician and family practice physician who continues to see patients 1-2 days per week at the WCCHC and is the provider champion for the MAT program. Due to previous experience, she led to efforts to get Joint Commission certification for the WCCHC. The DOO has 15 years' experience working in the 24-hour care environment, including direction of operations, compliance, and safety programs.

Finances and Accounting: The Will County Community Health Center (WCCHC) is a public entity model community health center under the co-applicant and grantee Will County Health Department (WCHD). The Will County Health Department is maintained as a special health fund under the County of Will, a local government entity established under Illinois State Statutes. The County of Will maintains financial management systems that are structured to ensure adequate financial data is available to prepare financial statements in compliance with Government Accounting Standards Board principles and to meet all applicable federal, state, and private reporting requirements, including those of the Federal Funding Accountability and Transparency Act of 2006. The Director of Finance and Grants Management has oversight, accounting and reporting responsibility for all WCHD/WCCHC grants and awards. The WCHD Finance Department works closely with the Will County Auditor's Office, the Will County Treasurer's Office, and the Will County Finance Department to oversee fiscal performance and ensure compliance with financial regulations. The financial systems utilized provide performance data necessary to meet established project reporting requirements and management needs. The financial management system, D365, allows summary and detailed financial reporting. The time management system, Kronos, documents time worked by project. Separate funds, department and sub-departments are utilized to properly account for revenue and expenses. Additionally, projects are created to track expenses and revenue at a grant or program level. Any equipment purchased with grant funds is itemized annually, and if disposal is necessary, approval is first required by the Board of Health.

Upon grant execution, a project is established within D365 by the WCHD Finance Department. Grant funding information is entered, the approved project budget is entered, and funding limits and budget constraints are set. Supporting documentation, including the grant contract and grant budget are uploaded. The grant project is submitted to workflow for review and approval by the Director of Finance and Grants Management and the Will County Finance Department. A project code is created within Kronos Time Management System by the WCHD Finance Department to document time spent on grant activities. Grant project management and WCHD Finance Department staff are responsible for ensuring approved activities and expenditures are charged to the grant. Allowable expenditures are set forth within the grant contract, and applicable state and federal regulations. Grant approved allowable expenses are detailed within the approved grant budget. Budgetary safeguards are established within D365 based upon the grant project budget entered. Expenditures exceeding available line-item balances or unbudgeted line-item expenditures will not be posted.

Personnel expenses charged to grants are based upon time and activities documented in Kronos Time Management system. All agency staff are responsible for accurately documenting their time and activities worked by project code. Time and activity records are reviewed and approved

each pay period by staff and their assigned managers. Non-personnel expenses charged to grants are identified by project code when entered into D365.

All transactions must include a project code, which identifies the grant or project the expense is attributed to. Supporting source documentation is uploaded into D365 for each expense and submitted to workflow for appropriate department level and county level review and approval.

Quarterly drawdown requests are prepared on a reimbursement basis by WCHD Finance Department staff and interest is not earned on grant funds. Grant funds are received via ACH by the Will County Treasurer's Office. Upon notification, WCHD Finance Department staff enter the grant payment in D365, by project code applied to the appropriate grant expenditures. A Project Invoice Proposal is generated, supporting documentation is uploaded, and the Proposal is submitted to workflow for approval. The Project Invoice Proposal is reviewed and approved by the Director of Finance and Grants Management and the Will County Finance Department. Upon approval, a Project Invoice is generated and submitted to the Will County Treasurer for deposit. Grant payments are reconciled to submitted reimbursement reports by the WCHD Finance Department to ensure accuracy. Any discrepancies are reported to the grantor.

Grant budget performance is monitored by the WCHD Finance Department. Significant variances are discussed with grant project management. When necessary, budget revisions are completed as required by contract. Budget revisions are entered into D365 after approved by the grantor. Grant closeout reports are submitted as required by contract. Required federal financial reports are reviewed and approved by the Director of Finance and Grants Management, signed by the Executive Director, and submitted according to grant contract. Unobligated balances per D365 are reconciled to grant reports; resolution is based on post-award requirements as set forth by grant contract.

Patient service revenue income is captured through NextGen, the practice management system. All payments received, entered, reviewed, and approved by WCCHC are submitted to the WCHD Finance Department daily. Receipts are recorded under the appropriate revenue account. A deposit is prepared no less than every other day, entered into D365 with supporting documentation, and submitted for review and approval by the Director of Finance and Grants Management and the Will County Finance Department. Deposits are submitted to the Will County Treasurer's Office for posting and deposited into the appropriate bank account. Deposits are reconciled to monthly reports prepared by the Will County Finance Department. As with all County departments, the Health Department has an awareness of and a commitment to strong internal controls. Comprehensive and current fiscal policies and procedures are maintained. Internal controls are necessary to prevent mishandling of funds and to safeguard against loss. Internal controls include, but are not limited to, adequate separation of duties and adequate safeguards for handling cash receipts, controlling inventory, and protecting assets. WCHD is required to adhere to procurement policies and procedures established by the Will County Purchasing Ordinance and capital asset policies and procedures established by the Will County Capital Asset Policy.

The request for purchase or incoming invoice is first routed through the purchasing clerk. Primary source documentation is required for any reimbursement. The CEO must first approve

all purchases and expenditures and assures the funds are available. WCHD Administration gives final approval before the issuance of checks from the Will County office of budgets and financing. Any appropriations must be approved by the Will County Board of Health and then the Will County Board.

The financial systems utilized provide performance data necessary to meet established project reporting requirements and management needs. The financial management system, Microsoft D365, allows summary and detailed financial reporting. The practice management system, NextGen, provides powerful reporting capabilities. Summary and detailed reports can be generated on patients, encounters, productivity, financial performance, and accounts receivable. Reports are customizable and can be sorted by any data element, such as payer, provider, type of service, etc. The Uniform Data System (UDS) report is completed on an annual basis, and reports can be generated for any time period, to allow for frequent monitoring of quality metrics. Performance reports are generated automatically, daily, and monthly, and sent electronically to the in-boxes of the CEO and key management staff. Financial reports are presented to the Governing Council and Board of Health monthly, including revenue, expenses, provider productivity, no-shows, on-call provider response times, and completion of orders and referrals (order management).

As a public entity model community health center under the co-applicant and grantee Will County Health Department, some standard financial indicators do not apply. Local county levy funding supports this project, and a balanced budget is presented. The agency operates on December 1 fiscal year. A single audit is performed for the County of Will on an annual basis pursuant to the Single Audit Act Amendments of 1996 and OMB Circular A-133. Federally funded grant expenditures are reported separately by award number and Assistance Listing (CFDA) number on the Schedule of Expenditures of Federal Awards and the Data Collection Form. For Fiscal Year ending November 30, 2020, there were no audit findings related to the Community Health Center or the Will County Health Department.

Billing and collections policies and procedures: The Will County Board approves the final budget which is first established by the CEO and Governing Council, with input from the managers and Finance Officer. The County of Will provides funding in the form of a tax levy. A lump sum is given to the WCHD and is distributed according to the needs of the various WCHD divisions, including the WCCHC., the 340B program, managed care fees, medical records charges, and Meaningful Use incentives. The WCCHC contracts with several Medicaid HMOs, Medicare Advantage, and private insurances for medical, dental, and behavioral health, and receives the established FQHC rate of reimbursement for Medicaid and Medicare.

The established schedule of charges for health center services is consistent with locally prevailing rates and is designed to cover the reasonable cost of service operation. In determining the fees for the various medical, behavioral health and dental services, fee schedules from area FQHCs are obtained and examined. Reimbursement from insurances is also considered. A complete listing of Usual and Customary fees, established by local insurance companies, is utilized. The data is regional, based on county and zip code, due to local differences in the cost of living. A standard list is compiled by the Illinois Department of Insurance, based on statistics from the Health Insurance Association of America. The WCCHC

fees are generally at the 75th percentile of this formulary (per recommendation from our last HRSA financial site reviewer.) A separate Usual and Customary fee list is established by the Center for Medicare and Medicaid Services.

Upon scheduling and registering, a patient is reminded of the expectation to pay for services rendered, and co-payments and minimum fees are collected. No patient is ever turned away for inability to pay, and all staff are aware of this policy. No approval is needed to allow the patient to be seen. Patient charges are entered into the E.H.R. upon check-out, based upon CPT codes and corresponding fees. Upon exiting, the patient is given a receipt by the Reimbursement Specialist/exiting clerk (walk out statement) with balance due at time of service, if there is one.

Designated WCCHC staff review each billing record for compliance with coding requirements and confirm insurance eligibility for each patient (even though this is also done at the time of scheduling and registration.) Changes in the patient's record are made as necessary within the Practice Management system. Charges are posted daily and submitted to insurances within 24-48 hours of date-of-service. Separate staff members are responsible for responding to denials and resubmitting claims. The Billing Supervisor may also intervene with the insurance companies in special circumstances such as pending credentialing or when out of network.

If a patient balance is paid in full at time of visit, no further action occurs. Collection reports are generated by the Billing Supervisor monthly for patient accounts aged over 30 days with no payments received/ no activity. The patient is automatically sent notices 30, 60, and 90 days after the service date requesting payments in full and/or requesting immediate payment arrangements to resolve the balance. Credit card payments are accepted in person, over the telephone, and starting in October 2022 payment has been accepted through the Patient Portal. Once a month uncollected debt is reviewed by the Billing Supervisor and CEO and adjusted accordingly or referred to collections if payment plan is refused when there is an ability to pay. Accounts with third party payors and co pays due will not be written off to bad debt. If the patient returns for services in the future, payment in full and/or payment terms will be requested at that time on the entire balance. Whether or not payment is made, patients are not turned away. All uninsured patients are referred to the ACA Counselors for determination of insurance eligibility and subsequent enrollment. Staffing is adequate to allow for immediate walk-in appointments with the ACA Counselors. A 2-day on-site revenue cycle assessment was conducted in May 2018 by a consultant from the National Assoc. of Community Health Centers (NACHC), partially subsidized by HRSA. Areas for improvement were identified and suggestions for improvement were implemented.

Annually the County of Will requires that all managers and Governing Council members sign an affidavit attesting to an existing or potential Conflict of Interest and as such are prohibited from involvement in the selection, award, or administration of such contracts that may pose a conflict of interest. All Unionized staff attest to compliance with the Conflict-of-Interest policy in the AFSME Council 31 local 1028 Work Rules. At the time of the annual performance evaluation, all employees must sign Confidentiality Statements, acknowledgement of having read the Patients' Bill of Rights, compliance with email and internet usage policies and procedures; acknowledgement of having read and understanding the False Claims Act Policy; and acknowledgement of mandated reporter status and responsibilities.

Continuity of services: As a division of the Will County Health Department (WCHD), the WCCHC utilizes the Will County All Hazard and Mitigation Plan for Hazard Vulnerability Analysis (HVA). This Plan is developed through Will County Emergency Management Agency (WCEMA), which involves county, municipal, private, and public entities, the Illinois Department of Emergency Management, and the Federal Emergency Management Agency (FEMA), and is approved by FEMA and the Will County Board. The Plan is reviewed every five years and covers mitigation, preparedness, response, and recovery. Under the Plan, the WCHD conducts the Will County Pharmaceutical Distribution Plan, the Pandemic Plan, the Behavior Health Plan, the Environmental Health Plan, the Continuity of Operations Plan, the Communicable Disease Plan, the Ebola Plan (utilized in 2014-15), the Public Information Plan, and the Information Technology and Communication Plan. The WCHD Emergency Preparedness and Response committee is a member of the Health Preparedness Task Force, and members include County hospitals, WCEMA, and WCHD. The committee meets monthly with the Illinois Department Public Health (IDPH) Chicago Region local health departments to plan, drill and exercise mass prophylaxis and all hazard events. The Will County Emergency Operations Center is also involved in nuclear exercises and planning. The WCCHC has emergency management plans that are specific to situations that may occur at the clinic. Drills for various emergencies are conducted regularly, such as for fire and evacuation, medical emergency (code blue), bomb threat, civil disturbance or violent situation, weather emergency, hazardous materials/chemicals, infant or child missing, conditional all clear, and all clear. An all-staff emergency phone text/email notification system Siren is updated monthly, and twice a year the system is activated as a test, with reports of efficacy and plans for improvement as necessary.

The WCHD also has developed a Continuity of Operations Plan (COOP), which is a living document and reviewed regularly. WCHD COOP Committee is made up of members from each Division of the WCHD, including the WCCHC. The Committee has identified mission critical services and each division and has prioritized all services in three essential function categories: Level 1: Functions can be delayed until normal business operations resume or until critical functions are established; Level 2: Functions can be delayed but must resume as soon as possible; Level 3: Mandated Critical Functions: Cannot be delayed. As determined by the event and in conjunction with WCHD COOP, the agency provides services at alternate locations or provides referrals to existing service providers in the area. Incident Command System (ICS) training for 100 (for local) and 700 (for national) emergencies is required for all WCHD/WCCHC employees. Depending on the event, and as requested by the Will County Emergency Management Agency (WCEMA), the WCCHC is required to deploy staff to non-health center sites/locations. During mass prophylaxis, immunization, or other public health response, the WCHD takes the lead through WCEMA. All data is reported through the appropriate division to the Illinois Department of Public Health (IDPH) and overall response cost and services are reported to WCEMA. Back up communications include internal and external. Internal communication includes land lines, internet, mobile phones, PA system, 800 MHz Radio, and email. External communication includes land lines, internet, mobile phones, PA system, 800 MHz Radio, email, StarCom Radio, Siren (alert and notification system located at WCEMA), Blast fax capability, local radio, website, Facebook, and other social media. WCHD is a Closed Point of Dispensing (POD) for agency staff and their families. WCHD Will County

Pharmaceutical Distribution Plan has 28 Open PODs and 82 Closed PODs. WCHD staff can be asked to work at Open PODs throughout the County.

In the event of an emergency at any of our health centers, patients will still have access to their medical records through our NextGen EHR system. The EHR has been configured to allow for remote access to records through a secure VPN. All requests for records during an emergency event will be sent to the Quality Improvement/Risk Management Coordinator or his designee for processing and record retrieval.

The WCCHC also has a patient emergency response plan that includes the utilization of an emergency “red box” which has medication that may be needed during an unanticipated patient event such as ammonia, EpiPens, nitroglycerine, aspirin, and glucagon. Automated External Defibrillators (AEDs) are available at each clinic site and on the mobile health unit. An overhead paging system is available for emergencies. As an active member of the IL Primary Healthcare Association, the WCCHC is expected to provide them annually with updated proof of FTCA insurance coverage, a copy of our annual audited financial statement, annual Medicaid and Medicare cost reports, current listing of WCCHC clinical providers, most recent HRSA notices of awards and amended awards with scope of project changes, Forms A-C of WCCHC services, sites, and other programs, and any group purchasing agreements. The WCCHC CEO is a member of the Executive Committee of the Governing Board and Legislative Committee Chairperson. As such, she is able to keep the health center staff apprised of all recent and upcoming changes to legislation impacting health center operations.

EVALUATIVE MEASURES

Quality Improvement/ Quality Assurance and Risk Management: The WCCHC has a comprehensive QI/QA plan - the Continuous Quality Improvement and Performance Management Plan (CQIPM). The plan encompasses both quality improvement and patient safety. The plan provides direction for developing, measuring, analyzing, and reporting all aspects of organizational performance and patient safety improvement activities. The WCCHC refers to the CQIPM Plan in setting performance improvement priorities and identifying needed adjustments in response to unusual or urgent events. This process helps the Health Center focus on high risk, high cost, high volume, and problem-prone indicators identified through data collection and assessment. The CQIPM Plan is an annual plan that identifies certain parameters and measures that are reviewed during specific months or time intervals: 1) Medical/Dental Electronic Record System, 2) Access to Care, 3) Patient Risk Minimization, 4) Patient Satisfaction, 5) Continuity of Care, 6) Support Staff Performance, 7) Organizational Effectiveness, 8) Patient Compliance, 9) Provider Staff Performance, 10) Appropriateness of Service, 11) Clinical & Financial Measures (measured and reported quarterly), and 12) Meaningful Use Core & Menu Set Objectives (measured and reported monthly.)

The Governing Council’s Quality Committee recommends the approval of the annual QA/QI plan to the full Governing Council board. Once approved, the Quality Committee is responsible for monitoring and tracking the parameters and indicators that are measured. Based on the performance results, recommended action plans to improve on identified measures are reported

to the full GC. The Quality Committee also monitors the Quality/Risk plans, implementation results, and reports their findings to the full board. The Quality Committee reviews policies and procedures, specific case studies and ad hoc analysis and reports to the GC on a quarterly basis.

QI/QA leadership includes the WCCHC Governing Council, the CEO, the CMO, the Quality Risk Management Program Manager, and the Staff CQI Committee. The Governing Council has the ultimate authority, accountability and responsibility for performance improvement and patient safety. Activities of the GC include but are not limited to routine monthly review and approval of clinic-wide performance indicators to track results of overall system performance; quarterly review and approval of audit of quality activities, annual review of medical staff credentialing processes, and annual review and approval of the CQIPM plan.

The WCCHC adheres to current clinical guidelines and standards of care in our provision of services through several avenues including but not limited to: practicing evidence-based standards of care within each subspecialty, utilizing written Practice Guidelines (specifically in the areas of Hypertension, Diabetes, and Asthma), maintaining a Peer Review system, monitoring the providers' maintenance of continuing medical education credits and licensure, and lastly by updating and sharing policies of our medical, BH, and dental practices. The WCCHC purchases an annual subscription of "Up to Date", a medical reference that is embedded in our Nextgen E.H.R. Providers can search for advice on diagnoses, treatment, and patient education. This resource helps providers make appropriate care decisions and drive better outcomes, using evidence-based clinical decision support that is continually updated. Providers can earn Continuing Medical Education credits with its use.

Patient Safety Issues: The WCCHC has a policy on Patient /Visitor Complaint and Grievance Resolution that provides patients and their families with a mechanism for communicating a concern or complaint and ensures that appropriate action is taken regarding this information. All patients are informed of their rights, which includes information on how to register a concern or complaint. A patient or family member may express a concern or complaint regarding any aspect of care or treatment to any employee of the WCCHC. This may be communicated verbally or in writing. If the complaint is made verbally, the employee to whom the complaint is made will record detailed information in a Critical Incident Report Form. Written complaints serve as the primary documentation. If the person to whom the complaint is made (verbally) or received (in writing) is unable to personally address the concern expressed by the complainant, s/he will forward the complaint documentation to the manager or supervisor of the area primarily addressed in the complaint. Complaints are to be addressed in a timely manner. If the issue/concern cannot be immediately addressed, the complainant is contacted by telephone or by letter, acknowledging receipt of the complaint, and letting them know what additional steps are needed to resolve the matter. Review of the issue/concern in the complaint is conducted by the manager/supervisor of the department most primarily addressed in the complaint and is documented. Documentation of the complaint, the review, and the response are submitted to the Quality/ Risk Management Program Manager for tracking and reporting purposes.

The WCCHC is committed to providing safe and effective care of the highest quality and value. The goal of the Center's patient safety program is to provide and enhance a safe environment for patients, visitors, and employees. WCCHC's philosophy supports the concept that errors occur

due to a breakdown in systems and processes. Variances and risks to patient safety exist and the leadership is committed to continuously improving its health care services. The intent of WCCHC is to adopt and support a blame-free (non-punitive) culture and approach in the management of errors and occurrences. WCCHC staff are encouraged and required to report suspected and identified medical/health variances and occurrences without fear of reprisal in relationship to their employment. Our incident reporting system identifies problems related to a system or process breakdown. Problems are identified through Critical Incident Reports, quality improvement monitoring, patient complaints, patient satisfaction surveys, and safety and inspection rounds. Policies and procedures are in place that ensure proper documentation of these identified problems is completed and reviewed and follow-up action is undertaken. All departments within the practice (patient care and non-patient care) are responsible for reporting all patient safety variances and occurrences according to the Health Center policy. The information is consolidated and reported to the management team and the Governing Council. The report will contain aggregated information related to types of variances and occurrences, severity of occurrences, number of occurrences, remedial actions taken, and patient outcomes.

Patient satisfaction surveys are provided to patients during their visit or in paper format. They are also available in the health centers via electronic kiosk. The patient satisfaction report is reviewed monthly by the Quality Improvement/Risk Management Manager and is aggregated into a quarterly report for the Governing Council's review and recommendation. When trends are identified, interventions are developed to increase the patient's experience and satisfaction. Currently, the health center is working to improve cycle time for registration based on direct patient feedback.

Staff are recognized for their helpfulness, creativity, and/or teamwork monthly with a designated "employee of the month" parking space. All staff who were given special credit on patient evaluations have their picture posted on a bulletin board in a main hallway. Staff are also encouraged to recognize each other for daily "random acts of kindness" with a note of gratitude. Recent formal staff training was provided for all managers, providers, and staff, focusing on the recognition of an individual's strengths and how team members can work together most effectively. Staff are encouraged to use the Employee Suggestion Box. There is an annual staff survey; operational changes are made accordingly. This year the WCCHC will participate in NACHC's Health Center Workforce Well Being Survey of FQHC staff nation-wide. This will assist us in knowing how our staff's responses compare to those of other FQHC staff throughout the country.

Improving Clinical Quality and Health Outcomes: The CEO is given full responsibility from the Governing Council for ensuring implementation of the CQIPM plan and delegates to the Chief Medical Officer (CMO) the authority, accountability, and responsibility for assuring adequate resources, support, and educational opportunities exist for performance improvement and patient safety for leaders, medical staff, and other employees. The CMO's responsibility is to support the quality improvement/assurance program and the provision of high-quality patient care. The Quality and Risk Management Program Manager in conjunction with the CMO act in a facilitative and consultative manner to assist the Quality Committee in the implementation of

policies, plans and projects aimed at improving performance, achieving/maintaining compliance, and accreditation or external (HRSA) Performance Review.

All policies are available on the WCCHC Microsoft TEAMS site which allows all staff to access and review the organization's policies and procedures. Any new or revised policies are uploaded to TEAMS and sent to all staff once approved by the Governing Council (if applicable). Managers are responsible for orienting their staff on the new and revised policies on an ongoing basis. All-staff meetings are held monthly, and individual department meetings/training sessions are held monthly. All providers (physicians, dentists, social workers, and advanced practice nurses) meet with key management monthly for training and collaboration. An educational component is always included, highlighting new treatment modalities and/or best practices. For example, recently three dentists from the WCCHC complete an annual presentation on the association and impact of oral health on chronic disease. Announcements, updates, and news is shared with all staff and providers via email. Urgent matters are communicated directly to appropriate personnel. Training is conducted annually on HIPAA, blood borne pathogen, infection control, human trafficking, mandated reporting, emergency preparedness, insurance requirements, and other topics via MedTrainer.

A staff CQI committee meets monthly. Comprised of key management, providers, and staff, they review the monthly patient surveys for dental, family planning and medical/behavioral health, any unusual occurrences and complaints, clinical quality data, processes, and policies. This committee is tasked to identify actual or potential problems related to patient care and clinical performance; form ad hoc committees to address concerns highlighted during quality assessments through the Plan-Do-Study-Act (PDSA) model; and submit reports and recommendations to the Quality Committee of the Governing Council which meets quarterly. As part of the QI/QA Program, the health center conducts periodic assessments of the appropriateness of both the utilization and quality of services. Data from internal and external sources are analyzed. Managers collect data monthly or quarterly on a number of metrics including but not limited to: patients and visits, no-show rates and follow-up calls, referral sources, revenue and expenses, appointment availability, patient and staff satisfaction, new patients by category, cycle times for each department from registration to check-out, order management, productivity, coding and documentation, patient portal enrollment and use, 340B use, timeliness of medical record scanning/filing/tasking/completion of requests, collection and co-pay rates, accounts receivables, timely posting and filing of claims, and denial rates. Mystery calls are made by WCCHC managers and Governing Council members, and their family members, to assess the Call Center staff for adherence to customer service standards. The E.H.R. is used to gather much of the objective data for quality monitoring. Surveys of staff and patients and direct observation is also utilized.

All physicians, advanced practice nurses, and dentists participate in peer review, and a report is generated quarterly to the Governing Council for review, using assessment tools specific to their specialties. Records are objectively assessed for adherence to current evidence-based clinical guidelines, standards of care, and standards of practice in the provision of health center services. Specific policies and procedures define the peer review process in the Health Center. Policies on Peer Review are: "Medical Record and Peer Review Program," "Peer Review Committee" and "Medical /Dental Staff Peer Review for Quality Improvement." The Medical Record and Peer

Review Program Policy defines the professional staff's role in conducting administrative medical record review and medical staff review. The monthly medical record and peer review is conducted with random sampling of patient charts using standardized criteria defined by the Center. Peer review data collection and analysis is the responsibility of the Chief Medical Officer and Chief Dental Officer. Feedback and results are shared with individual providers and areas for improvement are discussed, documented in the employees' record, and monitored. A Peer Review Committee chaired by the WCCHC Chief Medical Officer and meets when cases for review are identified through a number of processes including, but not limited to, screening, record review, occurrence reports, complaints, and reports from external agencies. Criteria may include, but are not limited to mortality, unusual occurrences, patient complaints, and missed or delay in treatment. The Peer Review Committee, working with the Chief Medical Officer, determines the disposition of the case and the appropriate progressive steps.

Tracking, review, and analysis of clinical performance measure data is performed quarterly. These results are reviewed by key management staff, shared with health care providers and staff, and reported to the Governing Council quarterly. Trends and outcomes are identified. Current performance on each clinical measure is compared against the target goal set. Improvement areas are identified and if needed, may require implementation of a change in processes, workflow, policies, or procedures.

Our health center has improved clinical quality and health outcomes related to Body Mass Index (BMI) screening and follow-up by providing system-wide education on the requirement and completing a demonstration in the provider meeting on how to appropriately document. The benchmark for this measure was 70% and after six years of meeting this measure the benchmark was increased to >80%.

The health center has improved clinical quality and health outcomes related to cancer screenings by engaging in multiple activities. All health care providers work to ensure proper and timely screening to detect cancer early to ensure the best outcomes possible. The health center ensures women's health patients receive cervical cancer and breast cancer screening and these numbers are monitored through our quality team and peer review process. All eligible patients are also encouraged to receive the HPV vaccination series. The health center is partnering with Cologuard to provide colorectal cancer screening to patients within the test criteria.

Our health center has improved clinical quality & health outcomes, in diabetes by arranging and financially supporting one of our Advanced Practice Nurses to become a Certified Diabetic Educator, creating a Diabetic Care team with an RN Diabetic Health Educator who attends in-person visits to provide them with education on diet and exercise. A separate Care Coordinator Nurse ensures that the patients have follow-up appointments, tracks the patients' sub-specialty referrals to Podiatry and Optometry, conducts appointment reminder calls, and ensures that specialty consult notes are obtained and presented to the provider. A Certified Medical Assistant works directly with the provider to ensure the patients have the appropriate waived testing (Hb A1C) conducted prior to the provider interaction, proper vitals & medication reconciliation, and copies of their diabetic 'homework' sheets available for Provider review. In 2025 these offerings were enhanced by hosting a weight loss clinic one day per week.

Our health center has improved clinical quality & health outcomes in the area of hypertension (HTN) by publishing Hypertension Guidelines that all providers follow, initiating a HTN Home Monitoring program (CAREMINDr) that is replete with in-home equipment for the patients, a direct data downloading capability to our Electronic Health Record, and a designated Registered Nurse who monitors the data, calls the patients to conduct well-being checks, and coordinates their care with the providers. We have enrolled in the learning collaborative called the National HTN Control Initiative to learn of best practices. This initiative has greatly improved the outcomes of our Hypertensive patients. Due to the success we have achieved with enrollment, patient engagement, and clinical outcomes, the CAREMINDr asked our staff to present about our program to other FQHCs nation-wide: <https://vimeo.com/723479017/566258d47c>

Our health center has improved clinical quality & health outcomes in the area of depression by having an integrated Behavioral Health (BH) model of care wherein all patients aged 12 years old and above receive a depression screening at each visit. The Continuous Quality Committee completed an improvement project to improve the depression screening statistics and was able to move the health center from 52.68% to 77.68% in the most recent quarter.

Our health center has improved clinical quality & health outcomes in the area of Opioid Crisis and Substance Abuse by developing a Medication Assisted Treatment (MAT) program. This program has five prescribers, four of which have X-Waivers to prescribe Suboxone. Additionally, the program has a Case Manager who is a certified Substance Abuse counselor and acts as “navigator” for the patients. The Case Manager ensures that the patients understand the program structure, their rights and responsibilities, and counsels them on their recovery journey and development of relapse prevention stratagem. The Case Manager also follows up with the patients by conducting well-being calls and assists them with any social issues they may be having which could affect their sobriety. The Case Manager also interacts with the patients’ treatment programs to gather collateral information about their progress in recovery. The CMO meets regularly with the Case Manager to review each patient in the MAT program to ensure that each patient is meeting their recovery goals. Will County Workforce Services received grant funding to supply the WCCHC with 2 Peer Recovery Coaches who contact the patients regularly to assist in their recovery efforts.

Our health center has improved clinical quality & health outcomes in the areas of Maternal and Child Health (early entry to prenatal care) to combat low birth weight by designating open time slots in each OB provider schedule to allow for same-day and timely access to new OB patients. A Nurse Care Coordinator works with each OB provider to improve follow up and follow through with Obstetrical appointments by providing reminder calls to scheduled patients. One of our 2 Pediatricians meets with each OB patient in her last trimester to introduce her to our pediatric services and provide health education. The other Pediatrician visits the new mother and her baby in the hospital to do the same. A medical secretary is assigned to contact each new mother to schedule her first post-partum visit. The WCCHC Quality Committee has made improvement in childhood immunization rates a top priority by designating a pediatrician champion. Immunizations are offered at each child’s visit, regardless of the reason for the visit. The IDPH Vaccines for Children immunization registry ICARE is utilized to document immunizations and learn of past vaccinations given throughout the country.

Our health center has improved clinical quality & health outcomes, and reduced health disparities towards the goal of ending the HIV epidemic by expanding our services to include a specialty PrEP Clinic that provides both Pre-exposure Prophylaxis (PrEP) and Post-exposure Prophylaxis (PEP) to patients engaging in high-risk sexual activities in an attempt prevent the development of HIV. This specialty clinic is a collaboration between our health center and the WCHD STI Team. The patients receive intensive education from the STI team, a complete history & physical exam, laboratories (which includes screening for all STIs), follow up and reminder calls, and linkages to HIV care with our collaborating Southwest Infectious Disease physicians as needed. We have condoms readily and openly available throughout our health center, free for the taking. The STI team has an expansive marketing strategy that includes a broad social media following and a grass-roots campaign that includes direct marketing to businesses, salons, nightclubs, and restaurants. The IDPH has recognized our successful PrEP program and awarded us with \$30,000 in the next year to launch an injectable PrEP program for uninsured and underinsured individuals. The WCCHC receives Ryan White grant funding through the AIDS Foundation of Chicago to provide medical case management services to HIV-positive persons, and financial support for primary care, BH, SUD, dental, and laboratory services for uninsured HIV positive individuals.

The health center is improving clinical quality and health outcomes by ensuring that patients are screened for tobacco use and received advice to quit. However, the health center does not meet the established benchmark in this tobacco use screening and education or in weight assessment and counseling. These measures have been identified as priorities in the next 12 months.

Governance

On November 6, 2006, the Will County Community Health Center's Governing Council (GC) and the Will County Board of Health (WCBH) entered into a "Cooperative Operational Agreement" to provide for operation, administration, and provision of primary care services in Will County, Illinois, through the WCCHC. The public entity, the WCBH (through the Will County Health Department) and the Governing Council (through the Will County Community Health Center), the co-applicant, established in the State of Illinois, a 501© (3) private, not-for-profit corporation, and collectively operate the Health Center as defined in their Agreement. All rules and regulations as listed in PIN-2014 are followed. Section 330 funding is awarded to the "Will County Health Department/ Will County Community Health Center", as grantee. The Agreement states that the GC shall act as the governing board for the Health Center in accordance with the terms of the Agreement and the Bylaws as adopted by the GC and WCBH.

Governing Council: The Governing Council provides leadership and guidance in support of the health center's mission. The WCCHC Governing Council is made up of 10 members, 6 of whom are active WCCHC patients, meeting the size and patient requirements of the board (Bylaws p.2, Article V. A. and V.B.1.) Patient board members must be currently registered patients of the health center and must have accessed the health center in the past 24 months to receive at least one or more in-scope services that generated a health center visit. GC members are representative of the patient population in terms of gender, race, and ethnicity, per Bylaws p. 2. Article V.B.1. Non-patient members are representative of the community in which the Health

Center is located, either by living or working in the community, per Bylaws p.2. Article V.B.4. Expertise of the Governing Council members include behavioral health/ SUD, engineering, legal, finance, nutrition, higher education, nursing, early childhood services, social services, hospice, healthcare insurance/ billing, and healthcare administration. Three out of the ten earn more than 10% of their annual income from the health care industry, which is not more than one-half of the members, per Bylaws p.2. Article V.B.2. Health Center employees, contractors, and immediate family members of employees may not be Health Center board members, per Bylaws p.2. Article V.B.5. Governing Council members are assigned to at least one of three committees: Governance, Finance, or Quality. The GC meetings occur monthly (per Bylaws p.4. Article VII.A.) and each committee meets quarterly. All meetings are in accord with the Illinois Open Meetings Act. Special meetings may be called by the GC Chair or the Chief Executive Officer of the WCCHC or upon a written request signed by two members of the Governing Council and filed with the Secretary in accord with the Illinois Open Meetings Act. To hold a special meeting, advance notice of such meeting must be given to each member of the Governing Council forty-eight hours before the time of the meeting, stating the time, place, and the business to be transacted and no other business may be considered at a special meeting. The regular meeting on the first Wednesday in April is known as the annual meeting and is for the purpose of electing officers, reappointment of Council members, and reviewing Council self-assessment reports and surveys. In no manner does the WCBH interfere with or have a say in the appointment or election of the officers of the GC.

The WCCHC CEO reports directly to the Governing Council. The GC approves the selection and dismissal of the Chief Executive Officer of the Health Center (Bylaws p. 16, Article XI. B.) The Governing Council also approves clinic services, sites, hours of operation (Bylaws p. 18, Article XI.G.), policies and procedures, annual quality plan, the annual budget, contracts, agreements, applications, and grant submissions. The budget outlines the proposed uses of both federal 330 grant awards and non-federal resources, including revenue. These approvals are according to Bylaws p. 17-18. Article XI. F. & G. It is also responsible for the discipline and evaluation of the CEO, per Bylaws p.17, Article XI.C. and Cooperative Agreement (CA) p. 2, item 3.

The GC evaluates Health Center performance, utilization patterns, productivity, patient satisfaction, and achievement of project objectives, per Bylaws p.17. Article XI. D. and p.18.XI.H where it describes the GC responsibilities for strategic planning. The GC has developed a process for hearing and resolving patient grievances. The GC assures that the WCCHC is operated in compliance with applicable Federal, State, and local laws and regulations, per Bylaws p.17, Article XI.E. The GC establishes and/or approves policies which include scope and availability of services, location and hours of services, and quality of care audit procedures, per Bylaws p.17-18 Article XI.F. The co-applicant Board of Health has the authority to adopt policies for financial management practices and a system to ensure accountability for health center resources, including periodic review of the financial status of the health center and results of the annual audit to ensure appropriate follow-up actions are taken. (Bylaws p. 18, Article XI. F.) The Board of Health establishes general personnel policies for the health center, including those addressing selection and dismissal procedures, salary and benefit scales, employee grievance procedures, and equal opportunity practices. (Bylaws p. 18, Article XI. F.)

The Governing Council acts as the governing board for the health center. (CA p.1, item 1.) It is made clear that no outside entity (such as the WCBH or the Will County Executive) has the authority to override the Governing Council's approval of the CEO or any other official recommendation or confirmation regarding the WCCHC. The day-to-day direction and management responsibility for the health center rests with staff under the direction of the CEO, in alignment with the WCHD's personnel policies and procedures as established by the Board of Health. (Bylaws p. 16, Article XI, A., and CA p. 5, item 15(a).

In the Agreement, it stipulates that "all personnel of the WCCHC shall be employees of the Will County Board of Health (BOH) which shall be responsible for the payment of wages, fringe benefits, worker's compensation and unemployment compensation. All employees shall be subject to all applicable personnel policies, rules, and benefits of the BOH which policies and procedures shall set forth selection and dismissal procedures, salary and benefit scales and employee grievance procedures, and which shall meet all federal employment requirements, including, but not limited to, equal employment opportunity, drug free workplace, and non-discrimination. All affected Bargaining Unit employees shall be subject to the current bargaining unit agreement of the BOH. The authority vested in the Governing Council shall in no way limit or prohibit the parties of the Collective Bargaining Agreement from fulfilling their contractual obligations." (CA p. 4-5, Item 11.)

With regards to the annual budget, in the Cooperative Agreement it states that the WCCHC CEO shall prepare the initial draft of the annual budget and submit it to the GC's Finance Committee and the administrative staff of the Will County Health department for initial review. The WCHD's administrative staff shall then work collaboratively with the administrative staff of the Will County Executive's Office to adjust and prepare the draft budget to be submitted to the County Board of the County of Will, Illinois. After the County Board has approved and passed the county-wide budget for the next fiscal year, the WCCHC CEO shall make any final adjustment. All Section 330 funds are disbursed by the BOH in accordance with the federally approved budget. In accordance with 45 CFR section 74.25, the health center is required to report deviations from budget and program plans and request prior approvals for budget and program plan revisions. Any grant funds remaining after the end of the fiscal year shall be accounted for and their future use shall be approved by HRSA BPHC. (CA p. 4, item 10.) No other individual or entity reserves approval authority with regard to required authorities or functions. (CA p. 6-7, item 20.)

In the Bylaws, it stipulates that conflict of interest or the appearance of conflict of interest by GC members, employees, consultants, and those who provide services or furnish goods to the WCCHC is prohibited. The Chief Executive Officer may be a non-voting, ex-officio member of the GC, and as such is bound by the same requirements. No member of the GC shall use his or her position to influence any decision or action in any matter in which he or she has any economic interest distinguishable from that of the public generally. No member of the GC shall accept any gift based upon any understanding, either explicit or implicit, that a judgment or decision will be influenced. No member of the Council shall solicit or accept any gift in return for advice or assistance on any matter concerning the operation or business of the Center. No member of the Council shall engage in or permit unauthorized use of County owned property.

No member of the Council shall disclose confidential information or use confidential information gained during his or her position for financial gain. GC members are required to refrain from recommending products or services supplied by any vendor which is owned or operated by a family member, or in which they have an economic interest. Should such vendors be considered by the GC, members should disclose any familial or economic interest, and refrain from voting on related subjects. No member of the Council shall hire or advocate for hire in any county agency, any person who is a relative as defined as spouse, partner, parent, child, brother, sister, aunt uncle, niece, nephew, grandparent, or grandchild, solely because of that relationship. Members serve without compensation except for expenses incurred due to participation in Governing Council activities, e.g., travel expenses, meals, and incidentals as outlined in the Will County Business/Travel Reimbursement Regulations and within limits of available funds. The WCCHC does not compensate members of the Governing Council for services rendered in the ordinary course of service as members of the Governing Council. However, if a member of the Governing Council who is not an officer is uniquely qualified to perform professional services for the Health Center, the Health Center may consider contracting with that member of the GC for such professional services, provided that the affected member of the GC does not participate in Council discussions or vote on his/her selection, the contract is in all respects "arms-length," consistent with Federal procurements standards if federal funds will be used, and in the best interests of the Health Center. The GC will meet to resolve alleged conflicts of interest by majority vote. The subject of the allegation may attend, state his/her case, answer direct questions, but cannot vote. If a member is found to have a conflict of interest, that member will be removed immediately. No individual, entity, or committee (including, but not limited to, an executive committee authorized by the board) reserves or has approval/veto power over the board with regard to the required authorities and functions. Collaboration or agreements with other entities do not restrict or infringe upon the board's required authorities and functions. (Bylaws p. 19-21, Article XIV)

Strategic Planning

The GC Bylaws stipulate that the Governing Council is responsible for the long term and strategic planning of the Community Health Center. As such, the Governing Council sets benchmarks, and specific goals, including those proscribed by law and regulations, for the WCCHC. These goals are updated as needed to reflect the current situation of the WCCHC. The GC is responsible for monitoring WCCHC's progress in meeting its annual and long-term goals and annually reviewing the overall mission and objectives of the organization. The GC members, the WCCHC management team, WCBH members, plus the Executive Director and Assoc. Exec. Director of the WCHD participate in annual strategic planning. Strengths, weaknesses, opportunities, and threats as well as unmet needs are identified. Annual goals are established with long-range planning included. Recent needs assessments; community/regional/national events, trends, and changes; input from support staff and providers; financial and quality outcomes; and staff and patient surveys are considered when defining the goals and plans. The participants review the mission and vision statement and develop 3-year strategic directions with intended accomplishments. The strategic directions for 2025 are: 1) Access to Care 2) Improve Quality of Care, 3) Staff Engagement, 4) Financial Sustainability and 5) Transformation and Innovation. The management team members report on progress quarterly.

The voting members of the Governing Council and Co-Applicant Board of Health leverage their areas of expertise to actualize patient-centered care for our service area. The GC Chair (PL) is the Executive Director of SteppingStones, an in-patient SUD treatment center. He was instrumental in assisting the WCCHC staff with developing its SUD/ MAT program. WCCHC refers to SteppingStones for in-patient treatment and they refer to WCCHC for MAT after discharge. A GC member (DK) and BOH member (NR) are faculty members at Lewis University and were instrumental in formulating a collaboration between the Lewis University faculty and students to assist the WCCHC with service delivery at its new School-Based Health Center (SBHC). Another BOH member (MT), a teacher at a feeder Bolingbrook elementary school, has agreed to participate on the SBHC's advisory board. A GC member (ML), an educator at the Univ. of St. Francis, was instrumental in the school's collaboration with the WCCHC on a 6-year HRSA Nurse Education grant, whereby the USF graduate nursing students receive clinical experiences with WCCHC providers. GC member (NL) who works at Catholic Charities, arranged for the WCCHC mobile dental unit to provide services to its 7 preschool/daycare centers. BOH Chair (BT), an LCSW, was helpful in assisting WCCHC to select a screening tool for at-risk students at its new SBHC.

SUPPORT REQUESTED

The budget presented within the application is projected for a four-year period and details expenses and income. All projections and resources for both income and expenses are calculated conservatively based on previous experience and are consistent and sufficient to meet the project's intended goals and objections.

The total project budget for year 1 is \$19,161,417. Total users and encounters are based upon past trends. Based on current patient trends, the WCCHC anticipates exceeding the unduplicated patient target of 12,331 presented in the HRSA Service Area Competition Announcement Table by December 31, 2028. By the end of CY28, the project is estimated to serve 13,349 unduplicated users and to provide 44,248 billable encounters. In 2024, the Total Cost per Patient was \$1,290.53. This compares favorably to the 2024 National Total Cost per Patient of \$1,564.73. Federal funding of \$2,306,848 is requested to support this project. The level of federal support requested in year 1 is 12.04% of the total project budget of \$19,161,417.

Financial and workforce-related factors such as payor mix changes and workforce recruitment and retention challenges can significantly impact the achievement of patient and financial targets. Recruitment efforts are ongoing, and efforts are made to maintain salaries at a competitive level while benefits exceed averages as a public, local government entity. In the previous year, the health center had to rely on temporary staffing for critical nursing positions. Many of these vacancies have been filled and it is anticipated that the staffing will continue to be more stable than in the previous several years. We anticipate growing patient numbers due to our new site inside a middle school in Bolingbrook, Illinois, expanded services at the Bolingbrook satellite location and increasing pediatrics by two days per week.

The project leverages county, state, and private money to the maximum extent possible to diversify the budget. The Federal grant funds being requested are used to significantly leverage

other sources of funding. State and private grants of \$299,381, Will County health levy funding of \$7,878,370, other support and contributions of \$129,918 and program income of \$8,546,900 are leveraged against the Federal award in a budget totaling \$19,161,417. Additional funding sources to support project objectives are actively sought.

Payer mix, and patient service revenue is projected based on years of experience in this operating environment and includes historical allowances for uncollectible accounts and other bad debt. Project management is aware of the payer mix and is proactive in monitoring the payer distribution. As a result of the Affordable Care Act, uninsured patient levels have declined while Medicaid, Medicaid Managed Care, and private insurance levels have increased. During 2024, Medicaid patients accounted for 52.6% of patient load, while uninsured fell to 31.8%. The Illinois Medicaid transition to a managed care environment has also impacted payer mix and patient service revenue. Client outreach, active ACA enrollment, presumptive Medicaid eligibility for pregnant women, and patient and community education are utilized to reach target population. By implementing an automated insurance verification system, third party payer sources are maximized. However, the impact of federal and state policy changes on payers and revenue projections remains uncertain.

The agency is fully capable of supporting the business plan goals and objectives necessary to carry out the activities described in the Business Plan and the Health Care Plan. This organization is proactive in its environment and is constantly changing to meet the challenges which face health care providers serving low-income populations. Community collaborations have strengthened, gaps in services are identified, quality improvement techniques are utilized, and board participation is increased through information and training. The management and strategic planning skills of the staff and board make the budget presented in this application sound and feasible for the long-term success of this facility. This project is a cost-effective approach to meeting the primary and preventive healthcare needs of our underserved population.

SF-424A: BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 4040-0004

Expiration Date 8/31/2016

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity	Catalog of Federal Domestic Assistance Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
Community Health Center	93.224	\$0.00	\$0.00	\$2,306,848.00	\$16,854,569.00	\$19,161,417.00
Total		\$0.00	\$0.00	\$2,306,848.00	\$16,854,569.00	\$19,161,417.00

SECTION B - BUDGET CATEGORIES			
Object Class Categories	Federal	Non-Federal	Total
a. Personnel	\$1769934.00	\$9218011.00	\$10987945.00
b. Fringe Benefits	\$536914.00	\$3697886.00	\$4234800.00
c. Travel	\$0.00	\$25020.00	\$25020.00
d. Equipment	\$0.00	\$0.00	\$0.00
e. Supplies	\$0.00	\$1906450.00	\$1906450.00
f. Contractual	\$0.00	\$791137.00	\$791137.00
g. Construction	\$0.00	\$0.00	\$0.00
h. Other	\$0.00	\$1216065.00	\$1216065.00
i. Total Direct Charges (sum of a-h)	\$2306848.00	\$16854569.00	\$19161417.00
j. Indirect Charges	\$0.00	\$0.00	\$0.00
k. TOTALS (sum of i and j)	\$2306848.00	\$16854569.00	\$19161417.00

SECTION C - NON-FEDERAL RESOURCES				
Grant Program Function or Activity	Applicant	State	Other Sources	TOTALS
Community Health Center	\$0.00	\$138,125.00	\$16,716,444.00	\$16,854,569.00
Total	\$0.00	\$138,125.00	\$16,716,444.00	\$16,854,569.00

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Federal	\$2,306,848.00	\$576,712.00	\$576,712.00	\$576,712.00	\$576,712.00
Non-Federal	\$16,854,569.00	\$4,213,642.00	\$4,213,642.00	\$4,213,642.00	\$4,213,643.00
Total	\$19,161,417.00	\$4,790,354.00	\$4,790,354.00	\$4,790,354.00	\$4,790,355.00

SECTION E - FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	First	Second	Third	Fourth
Community Health Center	\$2,306,848.00	\$2,306,848.00	\$2,306,848.00	\$0.00
TOTAL	\$2,306,848.00	\$2,306,848.00	\$2,306,848.00	\$0.00

SECTION F - OTHER BUDGET INFORMATION

Direct Charges	No information added.
Indirect Charges	No information added.
Remarks	No information added.

Budget Justification		Year 1 Federal Request	Year 1 Non-Federal Resources	Year 1 Total	Year 2 Total	Year 3 Total	Year 4 Total
Revenue							
SAC / SAC-AA Funding Request		\$ 2,306,848	\$ -	\$ 2,306,848	\$ 2,306,848	\$ 2,306,848	\$ 2,306,848
Program Income			8,546,900	8,546,900	8,939,456	9,344,969	9,760,471
State Funds			138,125	138,125	138,125	138,125	138,125
Other Federal Funding			-	-	-	-	-
Contributions			450	450	450	450	450
Private/Foundation Grants			161,256	161,256	161,256	161,256	161,256
Other Support			129,468	129,468	132,057	134,698	137,392
Local Applicant Funding			7,878,370	7,878,370	7,878,370	7,878,370	7,878,370
TOTAL REVENUE		\$ 2,306,848	\$ 16,854,569	\$ 19,161,417	\$ 19,556,562	\$ 19,964,716	\$ 20,382,912
Expenses							
Personnel - Table of Personnel included							
Administration		460,258	3,340,510	3,800,768	3,895,787	3,993,182	4,093,012
Medical Staff		416,809	4,050,437	4,467,246	4,578,927	4,693,400	4,810,735
Dental Staff		115,095	631,543	746,638	765,304	784,437	804,048
Behavioral Health Staff		530,081	671,945	1,202,026	1,232,077	1,262,879	1,294,451
Enabling Staff		247,691	523,576	771,267	790,549	810,313	830,571
Other Staff			-	-	-	-	-
TOTAL PERSONNEL		\$ 1,769,934	\$ 9,218,011	\$ 10,987,945	\$ 11,262,644	\$ 11,544,211	\$ 11,832,817
Fringe Benefits							
FICA @ 7.072%		125,179	651,943	777,122	796,494	816,407	836,817
IMRF @ 8.332% (not applic to temporary staff)		147,476	768,068	915,544	938,403	961,864	985,910
Group Insurances @ \$18,500 per full/part time FTE		264,259	2,175,242	2,439,501	2,439,501	2,439,501	2,439,501
Uniform Allowance @ \$330 per required FTE			14,350	14,350	14,350	14,350	14,350
Bilingual Provider Stipend			24,000	24,000	24,000	24,000	24,000
Productivity Quality Provider Stipend			39,000	39,000	39,000	39,000	39,000
Medical Staff Ed Allowance @ \$1500 per FTE			25,283	25,283	25,283	25,283	25,283
TOTAL FRINGE BENEFITS		\$ 536,914	\$ 3,697,886	\$ 4,234,800	\$ 4,277,031	\$ 4,320,405	\$ 4,364,861
Travel							
Provider Staff for CME @ \$500 per FTE Provider			9,928	9,928	9,928	9,928	9,928
Other Direct Staff for Ed/Training @ \$100 per FTE			800	800	800	800	800
Administrative Staff Travel - meetings, trainings			14,292	14,292	14,578	14,870	15,167
TOTAL TRAVEL		\$ -	\$ 25,020	\$ 25,020	\$ 25,306	\$ 25,598	\$ 25,895
Equipment							
TOTAL EQUIPMENT		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Budget Justification		Year 1 Federal Request	Year 1 Non-Federal Resources	Year 1 Total	Year 2 Total	Year 3 Total	Year 4 Total
Expenses: (cont)							
Supplies							
Medical	\$ 3.65 per encounter		107,540	107,540	110,229	112,985	115,810
Pharmacy/Drugs	\$ 40.70 per encounter		1,570,000	1,570,000	1,609,250	1,649,481	1,690,718
Laboratory	\$ 0.10 per encounter		3,000	3,000	3,075	3,152	3,231
Dental	\$ 7.56 per encounter		70,000	70,000	71,750	73,544	75,383
Education/Awareness	\$ 0.01 per encounter		600	600	615	630	646
Janitorial & Maint	\$ 0.20 per encounter		9,700	9,700	9,943	10,192	10,447
Office & Operating	\$ 3.02 per encounter		145,610	145,610	149,250	152,981	156,806
TOTAL SUPPLIES		\$ -	\$ 1,906,450	\$ 1,906,450	\$ 1,954,112	\$ 2,002,965	\$ 2,053,041
Contractual							
Physician - OB/GYN On-Call Coverage @ \$115/hr 15 hrs/month for 12 months @ March 2026			20,700	20,700	20,700	20,700	20,700
Physician - OB/GYN .46 FTE @ \$142/hr 75 hr/month for 12 months @ March 2026			127,800	127,800	127,800	127,800	127,800
Physician - Hospitalist @ March 2026 94 Admits @ \$325 & 19 Obsrv @ \$200			34,380	34,380	34,380	34,380	34,380
CNW .19 FTE @ \$56/hr 31.25 hr/month for 12 months @ March 2026			21,000	21,000	21,000	21,000	21,000
Dentist .71 FTE @ \$88/hr 115 hr/month for 12 months @ March 2026			121,440	121,440	121,440	121,440	121,440
Dentist .18 FTE @ \$88/hr 30 hr/month for 12 months @ March 2026			31,680	31,680	31,680	31,680	31,680
Reference Labs 6,033 labs @ \$15 average			90,500	90,500	92,763	95,082	97,458
Subtotal Patient Care Contracts		\$ -	\$ 447,500	\$ 447,500	\$ 449,763	\$ 452,082	\$ 454,459
Temporary Contractual Staffing			24,125	24,125	24,808	25,100	25,602
Prof Services - interpreter, background, shredding			55,465	55,465	56,574	57,705	58,859
Auditing Services - financial, 340b			15,000	15,000	15,300	15,608	15,918
Systems Analyst ITT Svc - compliance, infrastructure			28,545	28,545	29,116	29,698	30,292
Education & Training - General & Computer			24,877	24,877	25,375	25,883	26,401
Student Loan Repayment grant pymt			3,125	3,125			
Utilities - Gas \$417 /month 12 months			5,000	5,000	5,100	5,202	5,306
Utilities - Electric \$5,508 /month 12 months			66,100	66,100	67,422	68,770	70,145
Utilities - Water \$733 /month 12 months			8,800	8,800	8,976	9,156	9,339
Building Mats \$217 /month 12 months			2,600	2,600	2,652	2,705	2,759
Security Services \$9,167 /month 12 months			110,000	110,000	112,200	114,444	116,733
Subtotal Non-Patient Contracts		\$ -	\$ 343,637	\$ 343,637	\$ 347,319	\$ 354,261	\$ 361,342
TOTAL CONTRACTUAL		\$ -	\$ 791,137	\$ 791,137	\$ 797,082	\$ 806,343	\$ 815,801
Construction							
TOTAL CONSTRUCTION		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Budget Justification		Year 1 Federal Request	Year 1 Non-Federal Resources	Year 1 Total	Year 2 Total	Year 3 Total	Year 4 Total
Expenses: (cont)							
Other							
Telephone - Regular Services	\$2,565 /month 12 months		30,780	30,780	31,396	32,024	32,664
Telephone - Cell Services	\$1,245 /month 12 months		14,940	14,940	15,239	15,544	15,855
Telephone - Efax	\$413 /month 12 months		4,960	4,960	5,059	5,160	5,263
Biomedical Waste	\$817 /month 12 months		9,800	9,800	9,996	10,196	10,400
Non-Employee Transportation	taxi vouchers for clients		650	650	663	676	690
Professional Dues, Subscriptions			20,000	20,000	20,400	20,808	21,224
IPHCA Annual Dues			26,000	26,000	26,520	27,050	27,591
Provider Hospital Dues	\$250 /provider 12 providers		3,000	3,000	3,060	3,121	3,183
NextGen EPM/EHR Licenses	\$23,366 /month 12 months		280,395	280,395	286,003	291,723	297,557
Microsoft G3 Licenses	\$3,417 /month 12 months		41,000	41,000	41,820	42,656	43,509
Microsoft Enterprise Agreement	\$3,250 /month 12 months		39,000	39,000	39,780	40,576	41,388
GBS EPM/HER/Pop Hlth/Otto	\$36,894 /month 12 months		466,725	466,725	476,060	485,581	495,293
Clearinghouse / Ins Verification	\$3,350 /month 12 months		40,200	40,200	41,004	41,824	42,660
Planet DDS	\$625 /month 12 months		7,500	7,500	7,650	7,803	7,959
Caremindr Services	\$1,100 /month 12 months		13,200	13,200	13,464	13,733	14,008
Inventory Mgmt Subscription	\$2,000 /month 12 months		24,000	24,000	24,480	24,970	25,469
MedTrainer	\$450 /month 12 months		5,400	5,400	5,508	5,618	5,730
Up-To- Date Subscription	\$1,083 /month 12 months		13,000	13,000	13,260	13,525	13,796
ICN/Internet Services	\$3,333 /month 12 months		40,000	40,000	40,800	41,616	42,448
Meals & Lodging for education and training			16,175	16,175	16,499	16,829	17,166
Medicare DDE Access	\$125 /month 12 months		1,500	1,500	1,530	1,561	1,592
Printing - forms	\$698 /month 12 months		8,375	8,375	8,543	8,714	8,888
Postage - statements, welcome	\$792 /month 12 months		9,505	9,505	9,695	9,889	10,087
Advertising - outreach	\$293 /month 12 months		3,515	3,515	3,585	3,657	3,730
Maintenance Agreements/Repairs			20,440	20,440	20,849	21,266	21,691
Vehicle Maintenance/Repairs			20,170	20,170	20,573	20,984	21,404
Copier Maintenance Agreements	\$854 /month 12 months		10,250	10,250	10,455	10,664	10,877
IT Infrastructure Maint Agreements	\$2,195 /month 12 months		26,345	26,345	26,872	27,409	27,957
Building, Machinery & Equipment Repairs			17,240	17,240	17,585	17,937	18,296
Books & Periodicals	annual CPT / ICD10 books		2,000	2,000	2,040	2,081	2,123
TOTAL OTHER		\$ -	\$ 1,216,065	\$ 1,216,065	\$ 1,240,388	\$ 1,265,195	\$ 1,290,498
TOTAL DIRECT EXPENSES		\$ 2,306,848	\$ 16,854,569	\$ 19,161,417	\$ 19,556,562	\$ 19,964,716	\$ 20,382,912
Indirect							
TOTAL INDIRECT EXPENSES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL EXPENSES		\$ 2,306,848	\$ 16,854,569	\$ 19,161,417	\$ 19,556,562	\$ 19,964,716	\$ 20,382,912

Form 1A - General Information Worksheet

00242883: Will County Community Health Center

Due Date: 10/29/2025 (Due In: 0 Days)

Announcement Number: HRSA-26-002

Announcement Name: Service Area Competition

Application Type: Competing Continuation

Grant Number: H80CS00476

Target Population: Community Health Center

Target Audience: Not Available

Resources

As of 10/29/2025 01:54:45 PM

OMB Number: 0915-0285 OMB Expiration Date: 4/30/2026

1. Applicant Information

Applicant Name Will County Community Health Center

Fiscal Year End Date November 30

Application Type Competing Continuation

Grant Number H80CS00476

Business Entity
(Select one option that aligns with the type entered in SAM.gov)

☐ Tribal
☐ Urban Indian
☐ Private, non-profit (non-Tribal or Urban Indian)
☒ Public (non-Tribal or Urban Indian)

☐ Faith based
☐ Hospital
☐ State government
☒ City/County/Local Government or Municipality
☐ University
☐ Community based organization
☐ Other

Organization Type (Select all that apply)

If 'Other' please specify:

2. Proposed Service Area

2a. Service Area Designation

Select MUA/MUP

(Each ID must be 5 to 12 digits. Use commas to separate multiple IDs, without spaces)

[Find an MUA/MUP](#)

☒ Medically Underserved Area (MUA) ID # 00868,07300

☐ Medically Underserved Population (MUP) ID #

☐ Medically Underserved Area Application Pending ID #

☐ Medically Underserved Population Application Pending ID #

2b. Service Area Type

* Choose Service Area Type

☒ Urban
☐ Rural

If your selection differs from what is listed on the SAAT, explain why using publicly available data

2c. Patients and Visits

Unduplicated Patients and Visits by Population Type

How many unduplicated patients do you project to serve in the assessment period?
For a 4-year period of performance, the assessment period is CY 2028.

13349

Population Type	UDS / Baseline Value		Projected in the assessment period (January 1 - December 31)	
	Patients	Visits	Patients	Visits
Total	12331	39314	13349	44248
Medically Underserved Populations (CHC) ⓘ (Include all patients/visits not reported in the rows below)	10801	39314	11869	42708
Migratory and Seasonal Agricultural Workers (MSAW)	303		315	330
Residents of Public Housing (RPH)	102		105	110
Homeless Population (HP)	1125		1060	1100

Patients and Visits by Service Type

Service Type	UDS / Baseline Value		Projected In the assessment period (January 1 - December 31)	
	Patients	Visits	Patients	Visits
Total Medical Services	8952	23114	9265	24518
Total Dental Services	3781	7570	3913	8020
Behavioral Health Services				
Total Mental Health Services	1748	7751	1809	8220
Total Substance Use Disorder Services	86	411	849	2970
Total Vision Services	459	468	475	520
Total Enabling Services	0	0	125	720

▼ **00242883: Will County Community Health Center**

Due Date: 10/29/2025 (Due In: 0 Days)

Announcement Number: HRSA-26-002

Announcement Name: Service Area Competition

Application Type: Competing Continuation

Grant Number: H80CS00476

Target Population: Community Health Center

Target Audience: Not Available

▼ **Resources**

As of 10/29/2025 01:54:52 PM

OMB Number: 0915-0285 OMB Expiration Date: 4/30/2026

Management and Finance	Date of Last Review/Revision (MM/DD/YYYY)	Not Applicable (N/A)
Personnel policies, including selection and dismissal procedures, salary and benefit scales, employee grievance procedures, and equal opportunity practices.	11/30/2024	
Policies/procedures consistent with E.O. 14273 and terms of awards to make insulin and injectable epinephrine available at or below the discounted price paid by the health center awardee or sub-awardee under the 340B Drug Pricing Program (plus a minimal administration fee) to individuals with low incomes who: (a) have a high cost-sharing requirement for either insulin or injectable epinephrine; (b) have a high unmet deductible; or (c) have no health care insurance. For this purpose, "a low-income individual" means an individual living in a household with an income level at or below 200 percent of the Federal Poverty Guidelines.		[X]
Procurement procedures.	04/09/2024	
Standards of Conduct/Conflict of Interest policies/procedures.	05/01/2024	
Financial Management/Accounting and Internal Control policies and/or procedures to ensure awarded Health Center Program federal funds are not expended for restricted activities.	10/15/2024	
Financial Management/Accounting and Internal Control policies/procedures related to restrictions on the use of federal funds for the purchase of sterile needles or syringes for the hypodermic injection of any illegal drug. ¹ (Only applicable if your organization provides syringe exchange services or is otherwise engaged in syringe service programs; otherwise, indicate as N/A.)		[X]
Financial Management/Accounting and Internal Control policies/procedures related to restrictions on the use of federal funds to provide abortion services, except in cases of rape or incest or where there is a threat to the life of the mother. ² (Only applicable if your organization provides abortion services; otherwise, indicate as N/A.)		[X]
Billing and Collections policies/procedures, including those regarding waivers or fee reductions and refusal to pay.	05/01/2024	
Services	Date of Last Review/Revision (MM/DD/YYYY)	Not Applicable (N/A)
Credentialing/Privileging operating procedures.	05/01/2024	
Coverage for Medical Emergencies During and After Hours operating procedures.	04/03/2024	
Continuity of Care/Hospital Admitting operating procedures.	07/01/2025	
Sliding Fee Discount Program policies, operating procedures, and sliding fee schedule.	04/03/2024	
Quality Improvement/Assurance Program policies and operating procedures that address clinical services and management, patient safety, and confidentiality of patient records.	05/08/2025	
Governance	Date of Last Review/Revision (MM/DD/YYYY)	Not Applicable (N/A)
Governing Board Bylaws.	10/06/2025	
Co-Applicant Agreement (Only applicable to public agency health centers; otherwise, indicate as N/A.)		[X]
Evidence of Nonprofit or Public Agency Status.	02/14/1995	

Form 2 - Staffing Profile**00242883: Will County Community Health Center****Due Date: 10/29/2025 (Due In: 0 Days)**

Announcement Number: HRSA-26-002

Announcement Name: Service Area Competition

Application Type: Competing Continuation

Grant Number: H80CS00476

Target Population: Community Health Center

Target Audience: Not Available

Resources

As of 10/29/2025 01:55:00 PM

OMB Number: 0915-0285 OMB Expiration Date: 4/30/2026

Management and Support Personnel

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Project Director/Chief Executive Officer (CEO)	1.00	N/A
Finance Director/Chief Financial Officer (CFO)	0.34	NO
Chief Operations Officer (COO)	1.00	NO
Chief Information Officer (CIO)	0.34	NO
Clinical Director/Chief Medical Officer (CMO)	1.00	NO
Other Management and Support Personnel	17.50	NO

Facility and Non-Clinical Support Personnel

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Fiscal and Billing Personnel	2.06	NO
IT Personnel	1.72	NO
Facility Personnel	0.00	NO
Patient Support Personnel	31.00	NO

Physicians

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Family Physicians	1.00	NO
General Practitioners	0.00	NO
Internists	1.00	NO
Obstetrician/Gynecologists	5.00	YES
Pediatricians	1.86	NO
Other Specialty Physicians	0.00	NO

Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Nurse Practitioners	4.00	NO
Physician Assistants	0.00	NO
Certified Nurse Midwives	0.00	YES

Medical Care Services

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Nurses	6.00	NO
Other Medical Personnel (e.g. Medical Assistants, Nurse Aides) - Certified Medical Assistants	22.00	NO
Laboratory Personnel	0.00	NO
X-Ray Personnel	0.00	NO

▼ Dental

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Dentists	2.42	YES
Dental Hygienists	0.63	NO
Dental Therapists	0.00	NO
Other Dental Personnel - Dental Assistants	4.51	NO

▼ Behavioral Health (Mental Health and Substance Use Disorder Services)

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Psychiatrists	2.00	NO
Licensed Clinical Psychologists	0.82	NO
Licensed Clinical Social Workers	1.00	YES
Other Licensed Mental Health Providers - BH APRN	4.00	NO
Other Mental Health Personnel - BH Nurses; BH Certified Medical Assist	5.00	NO
Substance Use Disorder Providers	0.00	NO

▼ Professional Services

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Other Professional Health Services Personnel	0.00	NO

▼ Vision Services

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Ophthalmologists	0.00	NO
Optometrists	0.00	YES
Other Vision Care Personnel	0.00	YES

▼ Pharmacy Personnel

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Pharmacy Personnel	0.00	YES

▼ Enabling Services

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Case Managers	4.00	NO
Patient and Community Education Specialists	0.00	NO
Outreach Workers	0.00	NO
Transportation Workers	0.00	NO
Eligibility Assistance Workers	4.00	NO
Interpretation Personnel	5.00	NO
Community Health Workers	0.00	NO
Other Enabling Services Personnel - Mobile Driver	0.51	NO

▼ Other Programs and Services

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Quality Improvement Personnel	1.69	NO
Other Programs and Services Personnel	0.00	NO

▼ Total FTEs

Totals	Direct Hire FTEs	Contract/Agreement FTEs
Totals	132.40	N/A

Form 3 - Income Analysis

00242883: Will County Community Health Center

Due Date: 10/29/2025 (Due In: 0 Days)

Announcement Number: HRSA-26-002

Announcement Name: Service Area Competition

Application Type: Competing Continuation

Grant Number: H80CS00476

Target Population: Community Health Center

Target Audience: Not Available

Resources

As of 10/29/2025 01:55:08 PM
OMB Number: 0915-0285 OMB Expiration Date: 4/30/2026

Payer Category	Patients By Primary Medical Insurance (a)	Billable Visits (b)	Income Per Visit (c)	Projected Income (d)	Prior FY Income (e)
Part 1: Patient Service Revenue - Program Income					
1. Medicaid	6,615	28,151	\$191.11	\$5,880,240.00	\$4,489,081.00
2. Medicare	533	2,904	\$89.45	\$888,729.00	\$683,192.00
3. Other Public	5	1,200	\$208.42	\$250,100.00	\$343,588.00
4. Private	1,424	5,231	\$114.71	\$1,144,454.00	\$889,319.00
5. Self Pay	4,001	6,670	\$49.48	\$383,377.00	\$317,344.00
6. Total (Lines 1 to 5)	12578	44156	N/A	\$8,546,900.00	\$6,722,524.00
Part 2: Other Income - Other Federal, State, Local and Other Income					
7. Other Federal	N/A	N/A	N/A	\$0.00	\$0.00
8. State Government	N/A	N/A	N/A	\$138,125.00	\$254,042.00
9. Local Government	N/A	N/A	N/A	\$7,878,370.00	\$5,561,372.00
10. Private Grants/Contracts	N/A	N/A	N/A	\$161,256.00	\$141,061.00
11. Contributions	N/A	N/A	N/A	\$450.00	\$0.00
12. Other	N/A	N/A	N/A	\$129,468.00	\$85,132.00
13. Applicant (Retained Earnings)	N/A	N/A	N/A	\$0.00	\$0.00
14. Total Other (Lines 7 to 13)	N/A	N/A	N/A	\$8,307,669.00	\$6,041,607.00
Total Non-Federal (Non-Health Center Program) Income (Program Income Plus Other)					
15. Total Non-Federal (Lines 6+14)	N/A	N/A	N/A	\$16,854,569.00	\$12,764,131.00

Comments/Explanatory Notes (If applicable)

Program income is entered as presented on the FY26 agency budget. Billable visits are projected based on current productivity and payer trends. For this income analysis presentation, which combines medical, dental, and behavioral health services, income per visit is calculated based on projected income and billable visits. Medicaid projected income does not equal billable visits multiplied by income per visit. Projected income includes \$27,000 related to care management fees, capitated managed care fees and performance incentives and \$473,240 related to pharmacy services not included in billable visits or income per visit. Medicare projected income does not equal billable visits multiplied by income per visit. Projected income includes \$628,929 related to pharmacy services not included in billable visits or income per visit. Other Public projected income does not equal billable visits multiplied by income per visit due to rounding. Family Planning funding of \$250,000 and encounters are included under Other Public. However, patients receiving services under the family planning program are included under their primary medical coverage classification. Private projected income does not equal billable visits multiplied by income per visit. Projected income includes \$544,454 related to pharmacy services not included in billable visits or income per visit. Self-Pay projected income does not equal billable visits multiplied by income per visit. Projected income includes \$53,377 related to pharmacy services not included in billable visits or income per visit. State government funding of \$138,125 includes the \$30,000 IDPH Oral Health Promotion grant, \$3,125 Student Loan Repayment Program, and the \$105,000 IDPH Increasing School Based Health Centers grant. Private grant funding of \$161,256 includes \$101,126 AFC Ryan White grant and \$60,130 IL Primary Health Care Association grant. Other Support of \$129,468 includes \$1,000 Medical Record fees, \$11,860 Rental income and \$116,608 for TB Contracted Medical Services.

Form 5A - Required Services Provided

00242883: Will County Community Health Center

Due Date: 10/29/2025 (Due In: 0 Days)

Announcement Number: HRSA-26-002

Announcement Name: Service Area Competition

Application Type: Competing Continuation

Grant Number: H80CS00476

Target Population: Community Health Center

Target Audience: Not Available

Resources

As of 10/29/2025 01:55:16 PM

OMB Number: 0915-0285 OMB Expiration Date: 4/30/2026

Form 5A - Required Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
General Primary Medical Care	[X]	[_]	[_]
Diagnostic Laboratory	[X]	[X]	[X]
Diagnostic Radiology	[_]	[_]	[X]
Screenings	[X]	[_]	[X]
Coverage for Emergencies During and After Hours	[X]	[X]	[_]
Voluntary Family Planning	[X]	[X]	[_]
Immunizations	[X]	[_]	[_]
Well Child Services	[X]	[_]	[_]
Gynecological Care	[X]	[X]	[X]
Obstetrical Care			
Prenatal Care	[X]	[X]	[X]
Intrapartum Care (Labor & Delivery)	[X]	[X]	[X]
Postpartum Care	[X]	[X]	[X]
Preventive Dental	[X]	[X]	[_]
Pharmaceutical Services	[X]	[X]	[X]
HP Required Substance Use Disorder Services	[_]	[_]	[_]
Case Management	[X]	[_]	[_]
Eligibility Assistance	[X]	[_]	[_]
Health Education	[X]	[_]	[_]
Outreach	[X]	[_]	[_]
Transportation	[X]	[_]	[_]
Translation	[X]	[X]	[_]

Form 5A - Additional Services Provided

▼ **00242883: Will County Community Health Center**

Due Date: 10/29/2025 (Due In: 0 Days)

Announcement Number: HRSA-26-002

Announcement Name: Service Area Competition

Application Type: Competing Continuation

Grant Number: H80CS00476

Target Population: Community Health Center

Target Audience: Not Available

▼ **Resources** 

As of 10/29/2025 01:55:23 PM

OMB Number: 0915-0285 OMB Expiration Date: 4/30/2026

Form 5A - Additional Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
Additional Dental Services	☒	☒	☐
Behavioral Health Services			
Mental Health Services	☒	☐	☒
Substance Use Disorder Services	☒	☐	☐
Optometry	☒	☐	☒
Recuperative Care Program Services	☐	☐	☐
Environmental Health Services	☐	☐	☐
Occupational Therapy	☐	☐	☐
Physical Therapy	☐	☐	☐
Speech-Language Pathology/Therapy	☐	☐	☐
Nutrition	☐	☐	☐
Complementary and Alternative Medicine	☐	☐	☐
Additional Enabling/Supportive Services	☐	☐	☐

Form 5A - Specialty Services Provided

▼ 00242883: Will County Community Health Center

Due Date: 10/29/2025 (Due In: 0 Days)

Announcement Number: HRSA-26-002

Announcement Name: Service Area Competition

Application Type: Competing Continuation

Grant Number: H80CS00476

Target Population: Community Health Center

Target Audience: Not Available

▼ Resources [🔗](#)

As of 10/29/2025 01:55:31 PM

OMB Number: 0915-0285 OMB Expiration Date: 4/30/2026

Form 5A - Specialty Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
Podiatry	☐	☐	☐
Psychiatry	☒	☐	☐
Endocrinology	☐	☐	☐
Ophthalmology	☐	☐	☐
Cardiology	☐	☐	☐
Pulmonology	☐	☐	☐
Dermatology	☐	☐	☐
Infectious Disease	☐	☐	☐
Gastroenterology	☐	☐	☐
Advanced Diagnostic Radiology	☐	☐	☐

▼ **00242883: Will County Community Health Center**

Due Date: 10/29/2025 (Due In: 0 Days)

Announcement Number: HRSA-26-002

Announcement Name: Service Area Competition

Application Type: Competing Continuation

Grant Number: H80CS00476

Target Population: Community Health Center

Target Audience: Not Available

▼ **Resources**

As of 10/29/2025 01:55:38 PM

OMB Number: 0915-0285 OMB Expiration Date: 4/30/2026

WILL COUNTY COMMUNITY HEALTH CENTER (BPS-H80-001567)

Action Status: Picked from Scope

Site Name	WILL COUNTY COMMUNITY HEALTH CENTER	Physical Site Address	1106 Neal Ave, Joliet, IL 60433-2548
Site Type	Service Delivery Site	Site Phone Number	(815) 727-5935
Web URL	www.willcountyhealth.org		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	1/12/1994	Site Operational By	12/5/2005
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	FQHC Site Medicare Billing Number	141909
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	53
Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Intermittent Sites	0		
Site Operated by	Health Center/Applicant		

Organization Information

No Organization Added

Service Area Zip Codes 60433, 60447, 60442, 60410, 60481, 60450, 60451, 60436, 60544, 60423, 60491, 60446, 60586, 60435, 60431, 60408, 60517, 60466, 60432, 60403, 60434, 60490, 60448, 60440, 60441

Will County Community Health Center - East (BPS-H80-027626)

Action Status: Picked from Scope

Site Name	Will County Community Health Center - East	Physical Site Address	5601 W Monee Manhattan Rd Ste 109, Monee, IL 60449-8864
Site Type	Service Delivery Site	Site Phone Number	(815) 727-8803
Web URL	www.willcountyhealth.org		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	3/5/2019	Site Operational By	5/21/2019
FQHC Site Medicare Billing Number Status		FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	40
Months of Operation	August, July, June, May, December, November, October, September, April, March, January, February		
Number of Intermittent Sites	0		
Site Operated by	Health Center/Applicant		

Organization Information

No Organization Added

Service Area Zip Codes 60417, 60484, 60449, 60401, 60468, 60466, 60475

Mobile Medical and Dental Unit (BPS-H80-010960)

Action Status: Picked from Scope

Site Name	Mobile Medical and Dental Unit	Physical Site Address	Joliet, IL 60433
Site Type	Service Delivery Site	Site Phone Number	(815) 774-7397
Web URL	www.willcountyhealth.org		
Location Type	Permanent	Site Setting	Domestic Violence Shelter
Date Site was Added to Scope	10/17/2011	Site Operational By	7/20/2011
FQHC Site Medicare Billing Number Status	Number is pending; application for this site has been submitted to CMS	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	24
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Intermittent Sites	0		
Site Operated by	Health Center/Applicant		

Organization Information

No Organization Added

Service Area Zip Codes 60451, 60479, 60481, 60446, 60433, 60448, 60440, 60441, 60432, 60416, 60586, 60410, 60436, 60434, 60437, 60444, 60450, 60424, 60408, 60491, 60403, 60517, 60466, 60447, 60490, 60544, 60442, 60407, 60431, 60474, 60423, 60435

Will County Community Health Center at Will County Health Department (BPS-H80-038181)

Action Status: Picked from Scope

Site Name	Will County Community Health Center at Will County Health Department	Physical Site Address	501 Ella Ave, Joliet, IL 60433-2799
Site Type	Service Delivery Site	Site Phone Number	(815) 727-8670
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	1/31/2024	Site Operational By	2/17/2024
FQHC Site Medicare Billing Number Status		FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	45
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Intermittent Sites	0		
Site Operated by	Health Center/Applicant		

Organization Information

No Organization Added

Service Area Zip Codes 60432, 60403, 60435, 60436, 60433

Will County Community Health Center - North (BPS-H80-019321)

Action Status: Picked from Scope

Site Name	Will County Community Health Center - North	Physical Site Address	323 Quadrangle Dr, Bollingbrook, IL 60440-3409
Site Type	Service Delivery Site	Site Phone Number	(630) 679-7000
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	3/10/2017	Site Operational By	6/27/2017
FQHC Site Medicare Billing Number Status		FQHC Site Medicare Billing Number	

FQHC Site National Provider Identification (NPI) Number	1902811714	Total Hours of Operation	40
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Intermittent Sites	0		
Site Operated by	Health Center/Applicant		

Organization Information

No Organization Added

Service Area Zip Codes 60564, 60439, 60440, 60585, 60565, 60446, 60544, 60490

Will County Community Health Center Brooks Middle School (BPS-H80-035423)

Action Status: Picked from Scope

Site Name	Will County Community Health Center Brooks Middle School	Physical Site Address	350 Blair Ln, Bolingbrook, IL 60440-1801
Site Type	Service Delivery Site	Site Phone Number	(630) 759-6340
Web URL			
Location Type	Permanent	Site Setting	School
Date Site was Added to Scope	8/9/2022	Site Operational By	8/9/2022
FQHC Site Medicare Billing Number Status	FQHC Site Medicare Billing Number		
FQHC Site National Provider Identification (NPI) Number	1942935986	Total Hours of Operation	30
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Intermittent Sites	0		
Site Operated by	Health Center/Applicant		

Organization Information

No Organization Added

Service Area Zip Codes 60446, 60440, 60565, 60490

Will County Community Health Center - North (BPS-H80-040280)

Action Status: Picked from Scope

Site Name	Will County Community Health Center - North	Physical Site Address	391 Quadrangle Dr, Bolingbrook, IL 60440-3443
Site Type	Service Delivery Site	Site Phone Number	(815) 727-8670
Web URL	https://willcountyhealth.org		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	6/20/2025	Site Operational By	7/22/2025
FQHC Site Medicare Billing Number Status	FQHC Site Medicare Billing Number		
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	40
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Intermittent Sites	0		
Site Operated by	Health Center/Applicant		

Organization Information

No Organization Added

Service Area Zip Codes 60564, 60439, 60440, 60585, 60565, 60544, 60490, 60446

▼ **00242883: Will County Community Health Center**

Due Date: 10/29/2025 (Due In: 0 Days)

Announcement Number: HRSA-26-002

Announcement Name: Service Area Competition

Application Type: Competing Continuation

Grant Number: H80CS00476

Target Population: Community Health Center

Target Audience: Not Available

▼ **Resources**

As of 10/29/2025 01:55:48 PM

OMB Number: 0915-0285 OMB Expiration Date: 4/30/2026

Activity/Location Information

Type of Activity	Medical Rounds
Frequency of Activity	As required for patient care
Description of Activity	for Obstetric and Gynecology patients only
Type of Location(s) where Activity is Conducted	Hospital

Activity/Location Information

Type of Activity	Other - Portable Dental and Medical Care
Frequency of Activity	as scheduled
Description of Activity	Go to various schools and community sties to provide dental or medical care
Type of Location(s) where Activity is Conducted	various schools, shelters, and community agencies

Activity/Location Information

Type of Activity	Medical Rounds
Frequency of Activity	As required for patient care
Description of Activity	Courtesy medical rounding for record reading only; no care provided
Type of Location(s) where Activity is Conducted	Hospital

Activity/Location Information

Type of Activity	Other - Hospital Admitting Privileges
Frequency of Activity	As required for on call arrangement
Description of Activity	Hospital OB/GYN patients only
Type of Location(s) where Activity is Conducted	Hospital

Activity/Location Information

Type of Activity	Health Fairs
Frequency of Activity	three times per year
Description of Activity	health education/screenings
Type of Location(s) where Activity is Conducted	Various schools, community agencies

Form 6A - Current Board Member Characteristics**00242883: Will County Community Health Center****Due Date: 10/29/2025 (Due in: 0 Days)**

Announcement Number: HRSA-26-002

Announcement Name: Service Area Competition

Application Type: Competing Continuation

Grant Number: H80CS00476

Target Population: Community Health Center

Target Audience: Not Available

Resources

As of 10/29/2025 01:55:56 PM

OMB Number: 0915-0285 OMB Expiration Date: 4/30/2026

List of All Board Member(s)

Name	Current Board Office Position Held	Area of Expertise	>10% of Income from Health Industry	Health Center Patient	Live or Work in Service Area
Paul Lauridsen	Governing Council Board Member	Substance Use Treatment			
Nicole Luebke	Governing Council Treasurer	Social Services			
Tracy Metcalf	Governing Council Board Member	Mental Health			
Vernice Warren	Governing Council Vice Chairperson	Healthcare Finance			
Julia Koklys	Governing Council Board Member	Education			
Alejandra Zamudio	Governing Council Board Member	Social Services			
Jose Balboa	Governing Council Board Member	Healthcare			
Matthew Glowiak	Governing Council Chairperson	Education and Psychology			
Christopher Galloway	Governing Council Board Member	Education			
Frank Sandoval	Governing Council Secretary	Legal			
Nag Jaiswal	Governing Council Board Member	Information Technology			

If the applicant is a public organization/center, do the board members listed above represent a co-applicant board?

☒ YES ☐ NO ☐ N/A

 Form 6B - Request for Waiver of Board Member Requirements

▼ **00242883: Will County Community Health Center**

Due Date: 10/29/2025 (Due In: 0 Days)

Announcement Number: HRSA-26-002

Announcement Name: Service Area Competition

Application Type: Competing Continuation

Grant Number: H80CS00476

Target Population: Community Health Center

Target Audience: Not Available

▼ **Resources**

As of 10/29/2025 01:56:03 PM

OMB Number: 0915-0285 OMB Expiration Date: 4/30/2026



Alert:

This form is not applicable to you, since you are currently receiving or applying to receive **Community Health Center (CHC)** funding and/or you have selected 'Tribal' or 'Urban Indian' as the Business Entity in [Form 1A](#).

00242883: Will County Community Health Center

Due Date: 10/29/2025 (Due In: 0 Days)

Announcement Number: HRSA-26-002

Announcement Name: Service Area Competition

Application Type: Competing Continuation

Grant Number: H8DCS00476

Target Population: Community Health Center

Target Audience: Not Available

Resources

As of 10/29/2025 01:56:11 PM

OMB Number: 0915-0285 OMB Expiration Date: 4/30/2026

PART I: Health Center Agreements

★ 1. Does your organization have a parent, affiliate, or subsidiary organization?
If Yes, indicate the number of each agreement by type in 1a, 1b, or 1c below and complete Part II. If No, Part II is Not Applicable.

[] Yes [X] No

1a. Number of Parent Organizations

1b. Number of Affiliate Organizations

1c. Number of Subsidiary Organizations

Total Number of Parent, Affiliate, or Subsidiary Organizations

0

2. Do you currently have, or plan to utilize:

a) Contract(s) with another organization to perform substantive programmatic work within the proposed scope of project? *For the purposes of the Health Center Program, contracting for substantive programmatic work applies to contracting with a single entity for the majority of health care providers.*

Or

b) Subawards to carry out a portion of the proposed scope of project. *The purpose of a subaward is to carry out a portion of the Federal award and creates a Federal assistance relationship with the subrecipient.*

[] Yes [X] No

Note(s):

- Subawards or contracts made to related organizations such as a parent, affiliate, or subsidiary must be identified and addressed in this form. The acquisition of supplies, material, equipment, or general support services (e.g., janitorial services, contracts with individual providers) is not considered programmatic work.

If Yes, indicate the number of each agreement by type in 2a and/or 2b below and complete Part II. If No, Part II is Not Applicable.

2a. Number of contracts with another organization to perform substantive programmatic work within the proposed scope of project.

2b. Number of subawards made to subrecipients to carry out a portion of the proposed scope of project.

2c. Total number of contracts for substantive programmatic work and/or subawards.

0

Part II: Attachments

All parent, affiliate or subsidiary agreements, as well as contracts for substantive programmatic work and subawards, including contracts or subawards which involve a parent, affiliate, or subsidiary organization referenced in Part I must be uploaded in full. Uploaded documents will NOT count against the page limit.

Form 12 - Organization Contacts**▼ 00242883: Will County Community Health Center****Due Date: 10/29/2025 (Due In: 0 Days)**

Announcement Number: HRSA-26-002

Announcement Name: Service Area Competition

Application Type: Competing Continuation

Grant Number: H80CS00476

Target Population: Community Health Center

Target Audience: Not Available

▼ Resources

As of 10/29/2025 01:58:20 PM

OMB Number: 0915-0285 OMB Expiration Date: 4/30/2026

Contact Information				
Chief Executive Officer	Name	Highest Degree	Email	Phone Number
Chief Executive Officer	Ms. Stacy A Baumgartner	MS	sbaumgartner@willcountyhealth.org	(815) 774-7375
Contact Person	Name	Highest Degree	Email	Phone Number
Chief Executive Officer	Stacy A Baumgartner	MS	sbaumgartner@willcountyhealth.org	(815) 740-7375
Chief Medical Officer	Name	Highest Degree	Email	Phone Number
Chief Medical Officer	Dr. Jennifer Byrd	M.D.	jbyrd@willcountyhealth.org	(815) 740-8985
Dental Director	Name	Highest Degree	Email	Phone Number
Dental Director	Dr. Sangita Garg	DDS	sgarg@willcountyhealth.org	(815) 774-7318
Behavioral Health Director	Name	Highest Degree	Email	Phone Number
Behavioral Health Director	Ms. Veronica Ayon	BA	vayon@willcountyhealth.org	(815) 774-7329

▼ 00242883: Will County Community Health Center

Due Date: 10/29/2025 (Due In: 0 Days)

Announcement Number: HRSA-26-002

Announcement Name: Service Area Competition

Application Type: Competing Continuation

Grant Number: H80CS00476

Target Population: Community Health Center

Target Audience: Not Available

▼ Resources

As of 10/29/2025 01:56:28 PM

OMB Number: 0915-0285 OMB Expiration Date: 4/30/2026

Service Area

1. What is the Service Area Announcement Table (SAAT) identifying information for the service area that you are proposing to serve?

Service Area ID #: 032
Service Area City: Joliet
State: Illinois (IL)

Patient Projection

2. What is the total unduplicated patient projection for the assessment period?

Note: If changes are required, revisit [Form 1A](#) .

13349

3. What is the Patient Target from the Service Area Announcement Table (SAAT) for the proposed service area?

12331

4. Percent of the service area Patient Target proposed to be served in the assessment period.

Note: This value must be at least 75 percent for the application to be considered eligible for funding.

5. ☒ By checking this box, I acknowledge that HRSA will track progress toward meeting the total unduplicated patient projection (see item 2 above), which may include projections from other funded applications awarded within my period of performance.

Federal Request for Health Center Program Funding

6. I am requesting the following types of Health Center funding:

Funding Type	Funding Requested
Community Health Center – CHC-330(e)	\$2,306,848.00
Migratory and Seasonal Agricultural Workers – MSAW-330(g)	\$0.00
Homeless Population – HP-330(h)	\$0.00
Residents of Public Housing – RPH-330(i)	\$0.00
Total	\$2,306,848.00

Note: Ensure this value does not exceed the Total Funding listed in the Service Area Announcement Table (SAAT) for the service area. If a funding reduction is required based on the patient projection (value between 75 and 94.9 percent in item 4 above), this figure should be lower than the value in the SAAT. See the Summary of Funding section of the NOFO for more information.

Scope of Project: Sites and Services

7. I am proposing the following site(s): (New applicants and competing supplement applicants only)

This section is not applicable to you, since you are submitting a Competing Continuation application.

8. Sites Certification (New and competing supplement applicants only)

This section is not applicable to you, since you are submitting a Competing Continuation application.

9. Scope of Project Certification - Services (Competing continuation applicants only) - select only one option below

☒ By checking this option, I certify that I have reviewed my [Form 5A: Services Provided](#)  and it accurately reflects all services and service delivery methods included in my current approved scope of project.

☐ By checking this option, I certify that I have reviewed my [Form 5A: Services Provided](#)  and it requires changes that I have submitted through the change in scope process.

10. Scope of Project Certification - Sites (Competing continuation applicants only) - select only one option below

☒ By checking this option, I certify that I have reviewed my [Form 5B: Service Sites](#)  and it accurately reflects all sites included in my current approved scope of project.

☐ By checking this option, I certify that I have reviewed my [Form 5B: Service Sites](#)  and it requires changes that I have submitted through the change in scope process.

★ 11. 120 Day Compliance Achievement Plan Certification

☒ By checking this box, I certify that if my organization is noncompliant with any Health Center Program requirements, in accordance with Section 330(e)(1)(B), I will submit for HRSA's approval within 120 days of release of the Notice of Award (NoA) a Compliance Achievement Plan to come into compliance. I acknowledge that areas of noncompliance will be documented through the carryover of any unresolved, existing condition(s) from the current period of performance and/or the placement of new condition(s) on the award

based on the review of this application. I also acknowledge that all conditions on my award must be addressed within the timeframes and by the due dates specified on my Health Center Program NoA(s) and that the Compliance Achievement Plan I submit must align with such timelines.

★ **12. Uniform Data System (UDS) Report Certification**

☒ By checking this box, I certify that I have reviewed the [UDS Resources](#), including the most recent UDS Manual and understand that my organization will be required to report data on patients, services, staffing, and financing annually. I also acknowledge that failure to submit a complete report by the specified deadline may result in conditions or restrictions being placed on the Health Center Program award.

★ **13. Applicants for HP and RPH Funding: Supplement and Not Supplant Certification (New and competing supplement applicants only)**

☒ Not Applicable. My organization is submitting a competing continuation application, or submitting a new or competing supplement application, but the organization is NOT requesting HP and/or RPH funding on the SF-424A.

☐ By checking this box, I certify that my organization will use HP and/or RPH grant funding to supplement and not supplant, the expenditures of the health center and the value of in-kind contributions for the delivery of services to these populations.

Describe, with specific examples, how you will use the requested federal funds to add new or expand existing services to the homeless population and/or residents of public housing within your service area, as well as how this is an increase or expansion of the services your organization was providing previously for these populations. (maximum 1,000 characters)



DATES FOR THE FY2026 BOARD OF HEALTH MEETINGS

All meetings are at the
Will County Health Department
501 Ella Avenue, Joliet, IL
Community Room 1005A / 1005B

Wednesdays at 3 p.m.

January 21, 2026

February 18, 2026

March 18, 2026

April 15, 2026

May 20, 2026

June 17, 2026

July – No meeting scheduled (unless needed)

August 19, 2026

September 16, 2026

October 21, 2026

November 18, 2026

December 16, 2026

All Approved Board of Health Minutes

And

The Will County Health Department

and

Community Health Center's

Annual Report and Information Guide

Can be found on the internet at www.willcountyhealth.org.

**PERSONNEL STATUS REPORT
NOVEMBER 2025**

EMPLOYEES

DATE

NEW

Lena Searcy 11/10/25
CHC
Reimbursement Specialist I

TRANSFER

Clarissa Morris 10/27/25
BH
Medical Secretary
(trans from CHC Outreach Specialist II)

Monica Jostes-Patterson 11/10/25
FHS
Administrative Clerk I
(trans from CHC Call Center)

Licheal Shepard 11/26/25
FHS
Staff Nurse III
(trans from DIS grant to ARPA grant)

Gabrielle Love 11/10/25
BH
Mental Health II School-based
(trans from Mental Health II C&A)

CONTRACTUAL EMPLOYEE

Katherine Faber, DMD 11/5/25
CHC
Part time Dentist
(1st yr. of a 2 yr. contract 11/5/25-11/4/27)

CONTRACTUAL

Husam Marshah, MD 1/10/25
CHC
Physician Obstetrics & Gynecology Inpatient Hospitalist
(1st yr. of a 2 yr. contract 1/10/25-1/10/27)

OTHER

Jennifer Scanlon 12/1/25
FHS
Branch Office Facility Liaison (NBO)
(inc. stipend per pay period)

Amanda Musgrove 12/1/25
EH
Branch Office Facility Liaison (EBO)
(inc. stipend per pay period)

Mark Roy 11/5/24
CHC
Temporary Mobile Van Driver
(driver no longer needed backup in 2025)

Anusha Khapekar 12/1/2025
CHC
Pediatrician
(bilingual stipend – 6 mths.)

Veronica Arauz 12/1/25
CHC
OB/GYN
(bilingual stipend – 6 mths.)

Efrain Flores 12/1/25
CHC
Pediatrician
(bilingual stipend – 6 mths.)

Cynthia Vera (contractor) 12/1/2025
CHC
OB/Gyne Provider
(bilingual stipend – 6 mths.)

Nicole Collins 10/20/25
FHS (temp. assignment to 1/6/26)
Interim Program Coord. Maternal Child Case Mgmt.

TEMPORARY

Tamra Peppler 10/27/25
BH
Temporary Billing Training
Cynthia Griggs 11/14/25
EH
Temporary Clerk
Abigail Dapaah 10/14/25
FHS
WIC Dietician

RESIGNATION

Petra Jacobo 10/15/25
CHC
Patient Registration Clerk
Jennifer Hernandez 10/18/25
BH
Patient Registration Clerk
Hettimia Wheeler 11/7/25
Administration
H.R. Assistant I
Anna Wielgosz 10/31/25
FHS
CD Investigator III

Approved: _____
Chief Paul Hertzmann, President, Board of Health

Date

Recommended: _____
Elizabeth Bilotta, Executive Director, WCHD

Date