

AGENDA

WILL COUNTY BOARD OF HEALTH MEETING
WILL COUNTY HEALTH DEPARTMENT
501 ELLA AVENUE
JOLIET, IL 60433
CONFERENCE ROOM 1005A / 1005B
December 17, 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. 1-7)
November 19, 2025, Regular Session – **Motion**
- VII. Treasurer's Report & Department Financial Reports (pgs. 8-11)
November 30, 2025 – **Motion**
- VIII. Reports from Divisions (pgs. 12-54)
Division Statistical Reports – **Discussion** (pgs. 55-61)
- IX. Old Business
 - A. Strategic Plan Update – **Discussion** (pgs. 62-78)
 - B. Funding Update - **Discussion**
 - C. Door Decorating Contest Presentation & Announcement of Winner - **Discussion**
- X. New Business
 - A. Resolutions #25-74 – #25-78
 - 1. Resolution #25-74 Approval of Revised FY2026 Budget (Adm) – **Motion** (pgs. 79-87)
 - 2. Resolution #25-75 Approval of FY2026 Budget Amendment (Adm) – **Motion** (pgs. 88-101)
 - 3. Resolution #25-76 Approval of CIS Support Agreement (BH) – **Motion** (pgs. 102-111)
 - 4. Resolution #25-77 Approval of In Touch Physicians Consulting Agreement (BH) – **Motion** (pgs. 112-113)
 - 5. Resolution #25-78 Approval of Comprehensive Clinical Services Agreement (BH) – **Motion** (pgs. 114-123)
- XI. Executive Session re: Employment/ Legal Matters – **Motion & Roll Call**
- XII. Board Approval of Personnel Status Report – **Motion** (pgs. 124-125)
- XIII. Board Members' Concerns and Comments – **Discussion**
- XIV. Public General Comments and Concerns – **Discussion**
- XV. Adjournment – **Motion**



**WILL COUNTY HEALTH DEPARTMENT
BOH MEETING MINUTES**
November 19, 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. Soderquist
Pamela Robbins, MSN, RN
Mica Freeman (arrived 3:06pm)
José Vera (arrived 3:08pm)
Raquel Mitchell

MEMBERS ABSENT

Dr. Lipinski
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. Jennifer Byrd, Chief Medical Officer, Community Health Center
Diane Scruggs, Director of Behavioral Health
Cheryl Picard, Assistant Director of 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 Judy, Communications Program Manager, Administration
Katie Weber, Emergency Preparedness & Response Coordinator, Administration
Michelle Zambrano, Director of Operations, Behavioral Health
Stacey Knack, Director of Human Resources, Administration
Ann Conrad, EHR Training Supervisor, Administration
Aishwarya Balakrishna, Health Equity Manager, Administration
Rebecca Anderson, Community Health Educator II, Family Health Services
Carol Ricken, Director of Operations, Community Health Center
Maureen Miller, Patient Access Manager, Community Health Center
Pam Burkett, Program Coordinator, Family Health Services
Kathleen Harkins, Program Coordinator-Outreach & Health Promotion, Community Health Center

OTHERS PRESENT

Dan McGrath, Assistant State's Attorney
Isabelle Schroedle, Lewis University Student

A quorum was met at 3:00pm.

PLEDGE OF ALLEGIANCE: Ms. Mitchell

PRESIDENT'S COMMENTS: Chief Hertzmann wished everyone at the meeting a Happy Thanksgiving.

EXECUTIVE DIRECTOR'S COMMENTS

- Ms. Bilotta thanked the Board of Health members who attended the County meeting and spoke in support of the Health Dept/Community Health Center.
- Ms. Bilotta spoke of Health Department/Community Health Center having a door decorating contest in December. She requested that Board of Health members be the judges. We will be sending out pictures of the doors for your vote.
- Ms. Bilotta spoke of the need to update the Cooperative Operational Agreement (COA) between the WCHD and CHC and asked for a small subcommittee to work on the COA. Ms. Bilotta requested that one board member join the subcommittee. Ms. Brass volunteered. Ms. Mitchell will be her back-up.
- International Stress Awareness week took place in the week of November 3-7.
- The month of November is Lung Cancer Awareness month. The second leading cause of lung cancer is radon.
- Ms. Bilotta mentioned that radon test kits can be purchased for \$8 from the Environmental Health division.
- November is Men's Mental Health Awareness month.
- Ms. Bilotta reminded the board that a special BOH meeting is scheduled for Friday at 9:00am and Board of Health members will be notified if we do not need to have this meeting.

PUBLIC COMMENTS FOR AGENDA ITEMS ONLY: None

APPROVAL OF BOARD OF HEALTH MINUTES

Moved to approve October 15, 2025, regular meeting minutes as presented.

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

APPROVAL OF FINANCIAL REPORTS

Ms. Bergin presented a detailed explanation of the Agency's financial statements as provided by the County ending October 31, 2025. The Board of Health moved to approve the Treasurer's Report and Department Financial Reports for the month of October 2025 as presented.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Chief Carey
SECONDER:	Dr. Terrell
AYES:	Chief Hertzmann, Dr. Terrell, Ms. Brass, Chief Carey, 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 Communications Program Manager.

Dr. Byrd – Chief Medical Officer, Community Health Center (Presented Report for the month of November)

- Dr. Byrd spoke of Breast Cancer Awareness month in October.
- The Brooks Middle School team has seen 187 students since August 2025. They saw 32 students on the final day of the exclusion period. Exclusion Day is the final day for the students to receive the required school vaccinations or risk being suspended from school.

- The Clinical Leadership team has updated and is preparing to publish their Clinical Workflows. The process of reviewing, updating, and re-working the existing Workflows has been led by our Director of Nursing.
- Staffing was briefly discussed.

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

- Ms. Baumgartner spoke briefly about the School-Based health center.
- The management team at CHC with the leadership of the Director of Operations and the Patient Access Manager worked to standardize and update the provider scheduling template.
- Ms. Baumgartner spoke about the Service Area Competition application submitted for the Community Health Center 330 grant, which is awarded 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. The health center is requesting \$2,306,848 per year for four years.
 - * *Ms. Brass questioned what the Supervision is listed on the Illinois Ryan White Site Visit form that shows we are not performing well? Ms. Baumgartner stated this was possibly related to clinical supervision of the case manager position which has been vacant.*

Ms. Muniz – Director of Family Health Services/Ms. Picard – Assistant Director of Family Health Services (Presented Report for the month of November)

- Ms. Rebecca Anderson was recognized by Catholic Charities during their fall banquet for the AOK program and its contribution to the community through the Integrated Referral and Intake System (IRIS). The IRIS system has facilitated almost 14,000 referrals between participating agencies.
- Ms. Pamela Burkett was introduced as the new Program Coordinator for Case Management in Family Health Services.
- The coat drive that took place this fall was a big success. We collected 659 coats.
- The WIC Department will be hosting Santa on December 10 in Joliet and December 17 in Bolingbrook.
- Healthworks had their quarterly audit and scored 95%.
- Immunization Program is working with Meals on Wheels in Monee, to provide vaccinations for their Meals on Wheels clients.
 - * *Ms. Brass asked if the teen mothers at Central HS have interaction with AOK? Ms. Muniz stated the Central HS is part of the AOK network.*

Ms. Daly – Program Manager, MAPP/Community Planning (Presented Report for the month of November)

- Ms. Daly presented the MAPP website as well as the IPLAN and Assessments, with hard copies provided to BOH members. Ms. Daly also provided a one-page summary regarding our previous IPLAN initiatives.
 - * *Ms. Bilotta spoke of the requirements for Local Health Departments and the requirement to align some initiatives with the State's Needs Assessment and initiatives.*
 - * *Mr. Vera asked if any of the IPLAN documents are offered in other languages? Ms. Daly stated that she will look into this request.*
 - * *Mr. Vera asked when the IPLAN implementation will take place? Ms. Daly explained that the action groups for each initiative have started meeting and provided the dates when the action groups meet.*

Mr. Juday – Communication Program Manager (Presented Report for the month of November)

- Mr. Juday spoke about the finalization of the MAPP project.
- Mr. Juday spoke about working on the MAPP website.
- Mr. Juday spoke of working with a group of students from Lewis University. They will review the website and social media content and provide recommendations. They will also be working on a style guide.
 - * *Ms. Brass asked if the social media group is comprised of employees? Mr. Juday stated yes.*

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

- Ms. Weber stated the BioWatch program can begin operations again. There are approximately 5 weeks of samples to test once the lab reopens.
 - * *Ms. Brass asked about the CRI grant amount and why it was changed. Ms. Weber stated the CRI grant covers three regions in Illinois: St. Louis, Peoria, and Chicago. The CDC determines which counties are included in each region. The CDC had extended the Chicago region to include Kankakee County in May 2025 but has since rescinded that decision. Money that was allocated to Kankakee has been redistributed back to the original counties, restoring level funding for our CRI grant.*

Ms. Kautz – Director of Laboratory Operations (Presented Report for the month of November)

- Ms. Kautz spoke of the Environmental Health Laboratory running 5,527 total samples in October 2025. This is the highest number of samples run in one month.
- EH has been working with IDPH on the Byheart Baby Formula recall. Our Sanitarians have been going out to all of the retailers who sell the formula and are verifying that all of this product has been taken off the shelf. All retailers visited had already taken the items off the shelves. There have been 23 cases of infant botulism so far in connection to this recall.

Ms. Scruggs – Director of Behavioral Health (Presented Report for the month of November)

- A new Intake Counselor began in BH on September 29, 2025. She is located at the Bolingbrook office.
- The average caseload for Mobile Crisis Response Staff is 161 with seven staff. There has been a slight decrease in this program since last year at this time.
- Mobile Crisis Response was discussed.
- At this time 313 kids are being served through the school-based program.

Ms. Scruggs – Director of Behavioral Health (Presented Report for the month of November for Dr. Burke who was not in attendance)

- Opioid overdose deaths have decreased 56% compared to the same time last year.
- The Substance Program has distributed 1,426 boxes of Narcan in October alone. Since January 2025, 10,519 boxes have been distributed.
- Dr. Burke gave a presentation for junior high students, 6th through 8th grades, at St. Raymond's School. All of the kids wrote letters of thanks after the presentation.

Ms. Balakrishna – Health Equity Manager (Presented Report for the month of November)

- Ms. Balakrishna spoke about the Illinois Healthy Resilient Communities Grant. This grant aims to advance health equity by addressing social and structural drivers of health disparities in Will County's highest risk.
- Will County Health Department received a Senior Social Connectedness Mini-Grant from Illinois Public Health Institute (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.
- The Health Equity team is excited to partner with elected officials across Will County during their community office hours to reach residents with critical resources.
- Ms. Balakrishna spoke about the Outreach/Events that the Health Equity Team attended in October.
 - * *Mr. Vera questioned how we can be more effective at these events in addressing current concerns of our residents? Ms. Harkins spoke about the ACA outreach events this past month and some of the locations that they outreached to. Ms. Bergin spoke about recognizing the changes that are coming and working to ensure our public health infrastructure remains strong to meet the community needs.*

OLD BUSINESS:**Funding Update**

Ms. Bergin provided a funding update.

BOH Bylaws

Approval of BOH Bylaw revisions.

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

Resolutions #25-66 - #25-73

RESOLUTION #25-66 APPROVAL OF FY2026 BUDGET

Ms. Bergin spoke about the FY2026 Budget.

* *Mr. Vera questioned with the meeting scheduled on Friday, what happens if the tax levy doesn't pass? Mr. McGrath stated a budget has to be passed at the County level by December 1, 2025, otherwise, like the Federal Government, everything will shut down. If the Health Department passes a budget, we can continue to legally operate. If the levy is not passed by the County Board, we have drafted a resolution for Friday allowing funding to come from cash reserves. Assuming the Board of Health passes the resolution, there would be no issues with the Health Department moving forward.*

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

RESOLUTION #25-67 APPROVAL OF CISCO SMARTNET MAINTENANCE AGREEMENT

Ms. Carlisle indicated we are asking for approval for a three-year agreement with Cisco.

RESULT: APPROVED [UNANIMOUS]**MOVER:** Chief Carey**SECONDER:** Ms. Freeman**AYES:** Chief Hertzmann, Dr. Terrell, Ms. Brass, Chief Carey, Dr. Soderquist, Ms. Robbins, Ms. Freeman, Mr. Vera, Ms. Mitchell**ABSTAIN:** None**RESOLUTION #25-68 APPROVAL OF YEAR TWO CITRIX SERVICES AND LICENSE SUBSCRIPTION**

Ms. Carlisle indicated that we are asking for approval for year two of a three-year agreement with Citrix Services.

RESULT: APPROVED [UNANIMOUS]**MOVER:** Chief Carey**SECONDER:** Dr. Terrell**AYES:** Chief Hertzmann, Dr. Terrell, Ms. Brass, Chief Carey, Dr. Soderquist, Ms. Robbins, Ms. Freeman, Mr. Vera, Ms. Mitchell**ABSTAIN:** None**RESOLUTION #25-69 APPROVAL OF YEAR THREE CANON MASTER SERVICE AGREEMENT**

Ms. Carlisle indicated we are asking for approval for year three of a three-year agreement with Canon Solutions America.

RESULT: APPROVED [UNANIMOUS]**MOVER:** Ms. Brass**SECONDER:** Ms. Freeman**AYES:** Chief Hertzmann, Dr. Terrell, Ms. Brass, Chief Carey, Dr. Soderquist, Ms. Robbins, Ms. Freeman, Mr. Vera, Ms. Mitchell**ABSTAIN:** None**RESOLUTION #25-70 APPROVAL OF THREE-YEAR MERAKI LICENSE AND SUPPORT SUBSCRIPTION**

Ms. Carlisle indicated we are asking for approval of a new 3-year Meraki License and Subscription to ensure secure and reliable connectivity.

RESULT: APPROVED [UNANIMOUS]**MOVER:** Ms. Mitchell**SECONDER:** Dr. Terrell**AYES:** Chief Hertzmann, Dr. Terrell, Ms. Brass, Chief Carey, Dr. Soderquist, Ms. Robbins, Ms. Freeman, Mr. Vera, Ms. Mitchell**ABSTAIN:** None**RESOLUTION #25-71 APPROVAL OF TEAM CLOCK INSTITUTE CONTRACT**

Ms. Scruggs spoke about the Team Clock Institute Contract and asked for the BOH approval.

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

RESOLUTION #25-72 APPROVAL OF TWO-YEAR BIOMEDICAL MAINTENANCE AGREEMENT

Ms. Baumgartner spoke of the two-year Biomedical Maintenance Agreement and asked for BOH approval.

RESULT: APPROVED [UNANIMOUS]**MOVER:** Ms. Mitchell**SECONDER:** Ms. Robbins**AYES:** Chief Hertzmann, Dr. Terrell, Ms. Brass, Chief Carey, Dr. Soderquist, Ms. Robbins, Ms. Freeman, Mr. Vera, Ms. Mitchell**ABSTAIN:** None**RESOLUTION #25-73 APPROVAL OF PURCHASE OF COMPUTER EQUIPMENT**

Ms. Baumgartner spoke about the purchase of computer equipment for CHC.

RESULT: APPROVED [UNANIMOUS]**MOVER:** Chief Carey**SECONDER:** Ms. Freeman**AYES:** Chief Hertzmann, Dr. Terrell, Ms. Brass, Chief Carey, Dr. Soderquist, Ms. Robbins, Ms. Freeman, Mr. Vera, Ms. Mitchell**ABSTAIN:** None**OTHER NEW BUSINESS****SERVICE AREA COMPETITION GRANT APPLICATION**

Ms. Baumgartner briefly spoke about the Community Health Center Service Area Competition (SAC) grant application.

ELECTION OF OFFICERS

Chief Hertzmann asked for nominations for President of the Will County Board of Health or re-appoint nomination. Chief Carey nominated Chief Hertzmann for President of the Board of Health. Chief Hertzmann accepted.

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

Chief Hertzmann asked for nominations for Vice President of the Will County Board of Health or re-appoint nomination. Chief Carey nominated Dr. Terrell for Vice President of the Board of Health. Dr. Terrell accepted.

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

Chief Hertzmann asked for nominations for Secretary of the Will County Board of Health or re-appoint nomination. Ms. Mitchell nominated Ms. Brass for Secretary of the Board of Health. Ms. Brass accepted.

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

APPROVAL OF BOARD OF HEALTH MEETINGS FOR 2026

The Board of Health meets on the third Wednesday of each month, excluding July, at 3:00pm. The meetings will be at Will County Health Department's Community Room 1005A/1005B, 501 Ella Ave, Joliet, IL. The Board of Health approves the FY2026 Board of Health Meetings Calendar as presented.

RESULT: APPROVED [UNANIMOUS]

MOVER: Chief Carey

SECONDER: Ms. Freeman

AYES: Chief Hertzmann, Dr. Terrell, Ms. Brass, Chief Carey, Dr. Soderquist, Ms. Robbins, Ms. Freeman, Mr. Vera, Ms. Mitchell

ABSTAIN: None

APPROVAL OF PERSONNEL STATUS REPORT FOR NOVEMBER

Personnel Status Report was discussed by Ms. Bilotta.

RESULT: APPROVED [UNANIMOUS]

MOVER: Ms. Freeman

SECONDER: Ms. Mitchell

AYES: Chief Hertzmann, Dr. Terrell, Ms. Brass, Chief Carey, Dr. Soderquist, Ms. Robbins, Ms. Freeman, Mr. Vera, Ms. Mitchell

ABSTAIN: None

* Ms. Brass asked what is the total cost of the Branch Office Facility Liaison stipend? Ms. Bilotta stated it is \$4,680.

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

BOARD MEMBERS' COMMENTS/CONCERNS: None

PUBLIC CONCERNS AND COMMENTS: None

ADJOURNMENT

A motion was made by Ms. Freeman and seconded by Dr. Terrell to adjourn the meeting at 4:50pm.

RESULT: APPROVED [UNANIMOUS]

MOVER: Ms. Freeman

SECONDER: Dr. Terrell

AYES: Chief Hertzmann, Dr. Terrell, Ms. Brass, Chief Carey, 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 Twelve Months Ending November 2025

	<u>Beg Bal</u> <u>12/1/2024</u>	<u>End Bal</u> <u>11/30/2025</u>	<u>Change</u>
Assets			
Cash and cash equivalents	9,215,160.53	2,959,972.83	(6,255,187.70)
Investments	12,875,000.00	19,140,000.00	6,265,000.00
Receivables	15,259,226.86	291,582.54	(14,967,644.32)
Total Assets	37,349,387.39	22,391,555.37	(14,957,832.02)
 Liabilities			
Payables	2,930,808.39	86,215.03	(2,844,593.36)
Due to	17,175.69	9,134.00	(8,041.69)
Unearned revenue	271,502.12	387,071.01	115,568.89
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	21,909,135.33	(536,175.87)
Total Liabilities & Equity	37,349,387.39	22,391,555.37	(14,957,832.02)

Note: These amounts may change during the lapse period of December through February, according to State Statute guidelines.

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

Will County Health Department

FY 2025
Change in Cash
Twelve Months Ending November 2025

	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 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	2,869,917.38	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	3,302,617.67	39,519,241.68
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)	(1,378,105.61)	(18,265,941.89)
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)	(1,834,456.61)	(21,235,445.80)
Investment Transfers *	(8,000,000.00)	-	8,000,000.00	-	-	-	-	-	(7,265,000.00)	-	1,000,000.00	-	(6,265,000.00)
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	2,869,917.38	2,959,972.83	2,959,972.83
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	20,140,000.00	20,140,000.00	19,140,000.00	12,875,000.00	
Investment Transfers *	8,000,000.00	-	(8,000,000.00)	-	-	-	-	-	7,265,000.00	-	(1,000,000.00)	-	6,265,000.00
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	19,140,000.00	19,140,000.00	19,140,000.00
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	22,099,972.83	22,099,972.83

* Investments are updated retrospectively.

Note: These amounts may change during the lapse period of December through February, according to State Statute guidelines.

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

Will County Health Department

FY 2025 Budget Comparison - Revenue Twelve Months Ending November 2025

Revenue	<u>Adopted Budget</u>	<u>Revised Budget</u>	<u>Revenue</u>	<u>Target - 100% Percent Realized</u>
Property Taxes	11,015,000.00	11,015,000.00	10,888,145.15	98.85%
Intergovernmental Grants & Contracts				
Administration	1,217,000.00	1,217,000.00	72,905.90	5.99%
Emergency Preparedness and Response	418,331.00	418,331.00	502,883.68	120.21%
Environmental Health	1,277,513.00	1,277,513.00	876,818.78	68.63%
Behavioral Health	1,788,889.00	1,884,295.00	833,756.88	44.25%
Family Health Services	3,971,477.00	4,471,477.00	3,636,189.11	81.32%
Community Health Center	2,861,057.00	2,861,057.00	2,438,008.55	85.21%
	11,534,267.00	12,129,673.00	8,360,562.90	68.93%
Licenses, Permits & Charges for Services				
Administration	230,000.00	230,000.00	190,102.27	82.65%
Environmental Health	2,181,950.00	2,181,950.00	2,197,456.98	100.71%
Behavioral Health	3,617,554.00	3,617,554.00	3,568,166.91	98.63%
Family Health Services	260,000.00	260,000.00	327,416.15	125.93%
Community Health Center	7,743,900.00	8,043,900.00	6,698,808.02	83.28%
	14,033,404.00	14,333,404.00	12,981,950.33	90.57%
Fines and Forfeitures	500.00	500.00	250.00	50.00%
Miscellaneous Revenues				
Rental Income	11,628.00	11,628.00	11,552.00	99.35%
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	102,228.06	63.65%
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	139,710.08	2.80%
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	36,120,618.46	87.25% *

* Total Revenue used for Revenue Performance %
Less: Anticipated New Revenues and Funds on Hand

Note: These amounts may change during the lapse period of December through February, according to State Statute guidelines.
These amounts may change during the outside audit, according to accounting guidelines.

Will County Health Department

FY 2025 Budget Comparison - Expenditures Twelve Months Ending November 2025

					Target - 91.67%	
	Adopted Budget	Revised Budget	Expenditures	Encumbrances	Remaining Budget	Percent Used
Expenditures						
Personnel - Salaries						
Administration	2,547,221.00	2,547,221.00	2,084,803.45	-	462,417.55	81.85%
Emergency Preparedness and Response	299,910.00	299,910.00	282,465.17	-	17,444.83	94.18%
Environmental Health	1,875,823.00	1,875,823.00	1,662,722.40	-	213,100.60	88.64%
Behavioral Health	5,379,055.00	6,285,958.00	4,478,779.28	-	1,807,178.72	71.25%
Family Health Services	4,788,976.00	5,096,759.00	4,260,109.33	-	836,649.67	83.58%
Community Health Center	9,686,140.00	9,206,140.00	8,466,566.17	-	739,573.83	91.97%
Total Personnel - Salaries	24,577,125.00	25,311,811.00	21,235,445.80	-	4,076,365.20	83.90%
Personnel - Benefits						
Administration	951,657.00	951,657.00	776,762.83	-	174,894.17	81.62%
Emergency Preparedness and Response	117,797.00	117,797.00	105,980.72	-	11,816.28	89.97%
Environmental Health	883,443.00	883,443.00	768,920.96	-	114,522.04	87.04%
Behavioral Health	2,203,200.00	2,592,116.00	1,712,927.61	-	879,188.39	66.08%
Family Health Services	2,069,072.00	2,195,048.00	1,829,084.75	-	365,963.25	83.33%
Community Health Center	3,614,926.00	3,419,926.00	3,065,708.29	-	354,217.71	89.64%
Total Personnel - Benefits	9,840,095.00	10,159,987.00	8,259,385.16	-	1,900,601.84	81.29%
Commodities						
Administration	313,220.00	375,495.00	277,413.14	6,562.61	91,519.25	73.88%
Emergency Preparedness and Response	10,257.00	22,762.00	18,535.69	-	4,226.31	81.43%
Environmental Health	219,430.00	227,155.00	180,668.07	-	46,486.93	79.54%
Behavioral Health	168,464.00	265,522.54	128,982.01	-	136,540.53	48.58%
Family Health Services	344,025.00	327,088.00	208,855.28	-	118,232.72	63.85%
Community Health Center	2,094,575.00	2,716,636.00	2,639,823.59	7,598.23	69,214.18	97.17%
Total Commodities	3,149,971.00	3,934,658.54	3,454,277.78	14,160.84	466,219.92	87.79%
Contractual Services						
Administration	1,051,314.00	1,119,039.00	751,066.32	-	367,972.68	67.12%
Emergency Preparedness and Response	71,968.00	59,463.00	40,270.85	-	19,192.15	67.72%
Environmental Health	193,930.00	276,205.00	214,968.94	-	61,236.06	77.83%
Behavioral Health	1,553,617.00	1,994,984.46	1,382,415.53	-	612,568.93	69.29%
Family Health Services	300,895.00	338,618.00	39,585.43	-	299,032.57	11.69%
Community Health Center	1,433,265.00	1,690,704.00	1,244,635.26	-	446,068.74	73.62%
Total Contractual Services	4,604,989.00	5,479,013.46	3,672,942.33	-	1,806,071.13	67.04%
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	36,656,794.33	14,160.84	9,551,224.83	81.54% *

* Total Exp for Expense Performance %
Less: Anticipated New Expenses

Note: These amounts may change during the lapse period of December through February, according to State Statute guidelines.

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Jennifer Byrd, MD, FAAFP
CMO, Community Health Center
December 2025

Patient Education & Health Promotion:

In the month of **November**, **Diabetes 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 diabetes and the proper follow-up.

Epidemiology:

- By 2045, diabetes cases could **exceed 780 million worldwide** if no significant preventive measures are taken.

Diabetes:

- **Total:** 38.4 million people have diabetes
- **Diagnosed:** 29.7 million people
- **Undiagnosed:** 8.7 million people

Pre-Diabetes:

- **Total:** 97.6 million people aged 18 years or older have prediabetes
- **65 years or older:** 27.2 million people aged 65 years or older have prediabetes

Economic and Social Impact of Diabetes:

- **High medical expenses** – Diabetes treatment, including medications and hospital visits, places a financial burden on individuals and healthcare systems.
- **Reduced productivity** – People with diabetes-related complications often miss work, affecting economic growth.
- **Mental health effects** – Diabetes is linked to higher rates of depression and anxiety.
- **Healthcare costs** related to diabetes treatment and management are projected to reach over \$1 trillion annually.

Prevalence:

Country/Region	Diabetes Prevalence (Estimated % of Population)
North America	11.3%
Europe	8.9%
South Asia	12.5%
Middle East	13.7%
Africa	7.1%
Latin America	9.8%

Prevention:

~ Adopting a Healthier Lifestyle

- Regular physical activity (at least 30 minutes per day).
- A balanced diet rich in whole grains, lean proteins, and vegetables.
- Reducing sugar and processed food intake.

~ Regular Health Screenings

- Early detection of prediabetes can help prevent Type 2 diabetes.
- Routine blood sugar monitoring for high-risk individuals.

~ Government Policies and Community Programs

- More funding for diabetes research and education.
- Community fitness programs and dietary awareness campaigns.

Compliance:

Flu Vaccine compliance:

- **86%** of the Community Health Center (CHC) staff have received their flu vaccine.
- It is of note that this is a dramatic increase in compliance from 2023, the specific data is pending.

The Director of Nursing has just completed our annual Hand Hygiene Study:

- The results showed that our staff perform Hand Hygiene in the appropriate setting 78% of the time.
- These data are an overall improvement from the 2024 study that showed a compliance rate of 42%.
- The increase in compliance is being attributed to increased training efforts throughout the year and the addition of a Hand Hygiene testing station to our annual "Skills Day" training session.

Staffing:

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

* Registered Nurses ~ Primary Care - **HIRED**

~ Infectious Disease – **HIRED**

* Infectious Disease Department Manager (RN) - open

* Psychologist – open

* Family Medicine Physician – open

→ *Locum Tenens Advanced Practice Nurse – HIRED*

* Temporary staff

- RN Infectious Disease (contract ending in December 2025)



Stacy Baumgartner
CEO, Community Health Center
December 2025

School Based Health Center

To continue efforts to reduce barriers to care in the School Based Health Center at Brooks Middle School (SBHC), the team will begin Beta testing **electronic consent forms** in December 2025. The forms include consents to treat, bill, receive selected immunizations and participate in Bright Futures, which is a national initiative by the American Academy of Pediatrics (AAP) that provides guidelines for well-child visits for children from birth to age 21. Phase one includes creating the electronic documents and testing the workflow to evaluate effectiveness.

The next step is to incorporate a way to indicate the preferred language into these documents. This is critical as a significant number of students have Spanish speaking parents.

This Beta test will be the springboard for electronic form accessibility throughout all health center programs and services.

SBHC staff are busy collaborating and coordinating services in Valley View School District, to improve access to these services in all schools in the district. Below are some pictures from a recent event at Oak View Elementary School. This is a feeder school to Brooks and it is critical to inform parents and students about the health center offerings.



UPDATE: Clinic and school district staff attended the first ***The School-Based Health Alliance*** (SBHA) meeting on November 18, 2025. The six-month program focuses on sustainability and success. This is

a program requiring active participation, not passive listening of presenters. Action items are assigned after each meeting and there are SBHA "staff" available as resources and for guidance. More to come!

Illinois Primary Health Care Association (IPHCA) – Health Care Controlled Network (HCCN)

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. This learning collaborative is off to a swift start, and each health center has identified their teams and participated in a kickoff meeting. The health center staff will partner with the IT staff to make the most out of this initiative.

Joint Commission

The Chief Executive Officer and Director of Nursing were awarded a scholarship for the Joint Commission Conference. This conference is a key training course for administrative and clinical staff to explore methods ensuring ongoing accreditation compliance and patient/staff safety.

Executive Leadership Priorities

The senior leadership of the health center (Chief Executive Officer, Chief Medical Officer, Director of Operations, Director of Nursing and Quality and Risk Management Program Coordinator) has instituted a monthly meeting to ensure alignment, set priorities, coordinate activities outlined in the Strategic Plan and innovate and problem solve to address challenges in the health care environment. The team developed the Quarter 1 priorities for the health center to include:

- Strengthen Payment/Collection Efforts
- Develop a Population Health Strategy for the Health Center
- Ensure 340B Compliance and Program Optimization

340B Rebate Model Pilot Program

The 340B Rebate Model Pilot Program consists of a select group of drug manufacturers that submitted plans to develop and implement a Health Resources and Services Administration (HRSA) approved model that works to prevent Medicaid duplicate discounts, 340B diversion and to ensure a fair and transparent 340B rebate model for all stakeholders.

This pilot program will begin January 1, 2026, and continue for a minimum of one year and will apply to all covered entities.

These manufacturers will use the Beacon platform and will require the health center to submit data to ensure real-time reconciliation reports and then the rebate will be paid to the covered entity.

This pilot will also identify shortcomings of the rebate model and inform Office of Pharmacy Affairs (OPA) on any future 340B rebate models.

Health Center Leadership is currently completing an assessment to determine possible financial impacts and ensure adequate resources.

Happy Holidays and Best Wishes from the Community Health Center's Management Team



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

The Family Health Services Division (FHS) 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. The staff of FHS wish you a happy and healthy holiday season.

Immunizations Program - Lisa Carlson, RN, BSN, Program Coordinator

In November 2025, there was a dramatic drop in the number of Flu and COVID shots given, compared to November of last year: 53% fewer Flu shots were administered and 74% fewer COVID shots were given. One contributing factor is a 30% decrease in required immigration exams which in turn led to the reduction in our immunization numbers when compared to 2024. However, the overall decrease in Flu and COVID vaccine administration is greater than 30% which may reflect the current vaccine climate in our country with mixed messages from the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) creating confusion and distrust in vaccinations. Furthermore, job insecurity, the increased cost of living, the high cost of groceries and basic needs place "optional" vaccinations lower on the priority list. People are getting required vaccinations but may delay or omit vaccines that are not mandated by their job or school.

Illinois is launching a new program, the Illinois Vaccine Access Program (IVAP), which supports local health departments in facilitating no-cost direct procurement of COVID and RSV (Respiratory Syncytial Virus) vaccines for underserved and high-need populations. The Will County Health Department (WCHD) is currently completing the enrollment process for the IVAP. This program will enable WCHD to provide COVID and RSV vaccines to persons with out of network insurance or who are having difficulty obtaining the shots due to insurance requirements or unavailability of vaccine.

Outreach Activities include telephone contact with previous homebound patients and collaboration and cooperation with Meals on Wheels and local food pantries to distribute immunizations services flyers to their recipients.

Our Travel Clinic nurses, Patricia Rodarte, RN, BSN, IBCLC and Erwin Merano, RN, are updating the informational materials and medical history forms for the Travel Clinic services to provide concise accurate information to patients.

Community Connections (CC) is an educational program for local school nurses that evolved from the WCHD Lunch and Learn program with the goal of informing school nurses of WCHD programs and services they can take back to their students. In November, Zoe Zurawski, RN, BSN, facilitated another CC presentation on the Joliet campus and online for Will County School Nurses. This month's presentation was provided by WCHD Behavioral Health staff on services for children and adolescents.

Women, Infants, and Children (WIC) – Diana Visvardis, RD, LDN, MSND, CLS -Program Coordinator
WIC Statistics– Oct 2025 (Close out caseload numbers are reported with a two-month delay)

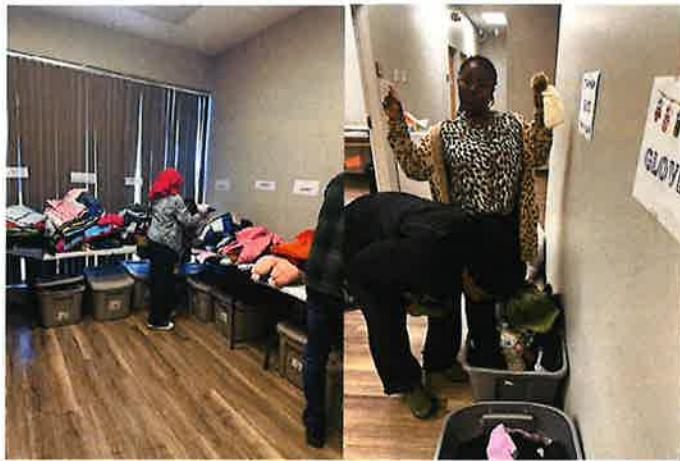
Our caseload decreased from 88% to 87%, totaling **8044 participants**. We received **20 online inquiries**, with 23 successfully scheduled for appointments. We **received five referrals** and WIC staff **made 156 referrals** via the Integrated Referral and Intake System (IRIS).

We are proud that **24.6% of our babies are exclusively breastfed** and **22.2% are partially breastfed**.

WIC's first coat drive was an incredible success! Our goal was to collect 500 coats, and we far surpassed it—gathering 710 coats, along with bins filled with hats, gloves, scarves, snow pants, and winter boots. Thanks to this generosity, we were able to help 174 local families stay warm this winter.

This event was made possible by the support of our community and local partners, including Once Upon a Child Bolingbrook, Knights of Columbus, Shorewood Kiwanis, Sharing Connections, Jehovah Jireh Outreach Ministries, local families, WCHD staff, and the caring residents of Bolingbrook.

Because we received more coats than expected, we were also able to distribute bags of coats to school counselors at local elementary schools to support additional families in need. New connections were built, community networks grew stronger, warmth was shared—and many parents can breathe a little easier this winter.



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

In November, the Action Teams continued advancing implementation of the new strategies. All meetings are held virtually via Microsoft Teams.

- **Food and Nutrition** met on October 10th with 16 participants. The team enjoyed a presentation on senior feeding programs from **Meals on Wheels of Northern Illinois**. This group meets on the second Tuesday of each month at 10:00 AM, with next meeting scheduled for January 13th.
- **Maternal and Child Health** meets bi-monthly (even months) on the third Wednesday at 10:00 AM. The next meeting will take place on December 10th, moved up one week due to the holidays.
- **Behavioral Health/Substance Use** met on November 24th with 32 participants. The team enjoyed a presentation on stigma from James Kowalsky, Integrated Recovery Support Services Administrator at the Illinois Department of Human Services. This group meets monthly on the fourth Monday at 1:00 PM, with the next meeting scheduled for January 26th.

For meeting invitations or communication updates, please contact Caitlin Daly at cdaly@willcountyhealth.org.

In November, Caitlin was accepted into the 2026 Illinois Public Health Leadership Institute for Systems Change Fellowship. Through this program, fellows gain tools and guidance to apply practical, action-oriented system-thinking approaches to complex public health challenges. This professional development opportunity will help strengthen direction and implementation of new Illinois Project for Local Assessment of Needs (IPLAN) deliverables. The fellowship includes a two-day in-person workshop in Springfield, Illinois in January, followed by monthly virtual workshops from March through September 2026.

Sexual Health Programs (Human Immunodeficiency Virus [HIV] Prevention, Sexually Transmitted Infections [STI] Surveillance)- Kendra Coleman, Program Coordinator

Our team has been busy conducting HIV testing, attending outreach events, and working in the Care Clinic. Care Clinic is a collaboration with the Will County Community Health Center (CHC) providing comprehensive sexual health services to patients at risk for HIV. We linked eight HIV positive patients from our Care clinic to case management services and follow-up. We conducted 52 HIV tests at the WCHD, Joliet Junior College (JJC) Main, River Walk Homes (RWH), River Valley Detention Cener (RVDC), and JJC Satellite Sites (City Center, Romeoville). The team served 54 patients at our six Care Clinic days including 25 patients for PrEP (Pre-Exposure Prophylaxis). Additionally, we provided eight vaccines and 42 STI screenings via Care Clinic.

Staffing updates include a return to full duty after one of our staff was on medical restrictions and one resignation. The Infectious Disease (ID) nurse position at the CHC Care Clinic has been filled, but the ID nurse manager's role remains vacant. It is our hope to fill this position soon and confidently ensure a positive outcome for our patients and community alike.

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

Communicable disease (CD) staff investigate numerous cases of infections and diseases each month. In November, we closed a case of dengue and chikungunya. The patient was a 35-year-old male, who was traveling in Cuba during the peak mosquito and rainy season from October 3 to October 18 and became co-infected with Dengue and Chikungunya. Shortly after returning to the U.S. on October 21, he started experiencing symptoms, including fever, diarrhea, and vomiting, and a critically low platelet count requiring

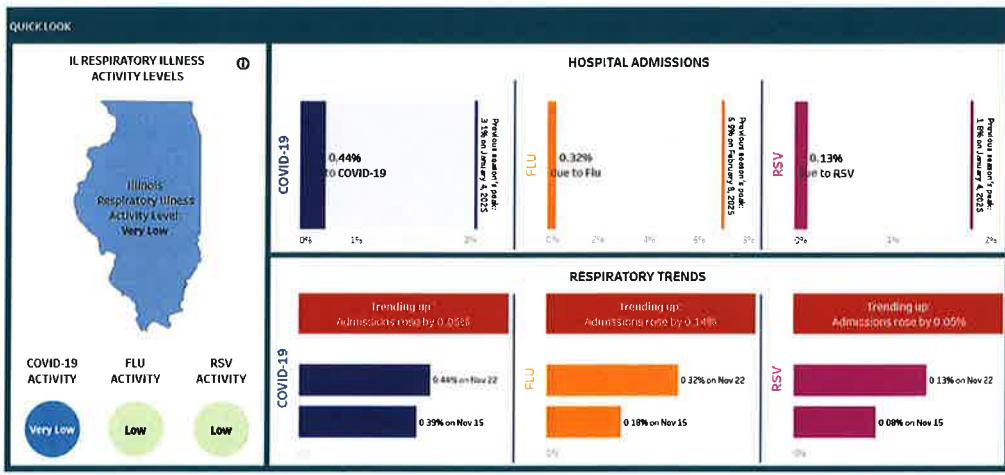
hospitalization where he tested positive for Dengue and Chikungunya. Fortunately, the patient's condition improved, and he was discharged after treatment. By the time of the interview with CD staff, he mentioned that his symptoms had mostly been resolved. He recalled that he had received numerous mosquito bites during his stay in Cuba. CD staff provided him with important information about disease prevention and transmission.

CD staff investigated two cases of rabies exposure. A couple recently encountered a bat in their bedroom that was swatted down and contained until collected by animal protection services. CD staff evaluated the couple's exposure to the bat. The couple's provider recommended they start post-exposure prophylaxis (PEP). CD staff also recommended bat-exclusion services and advised the couple to seal any openings in their home.

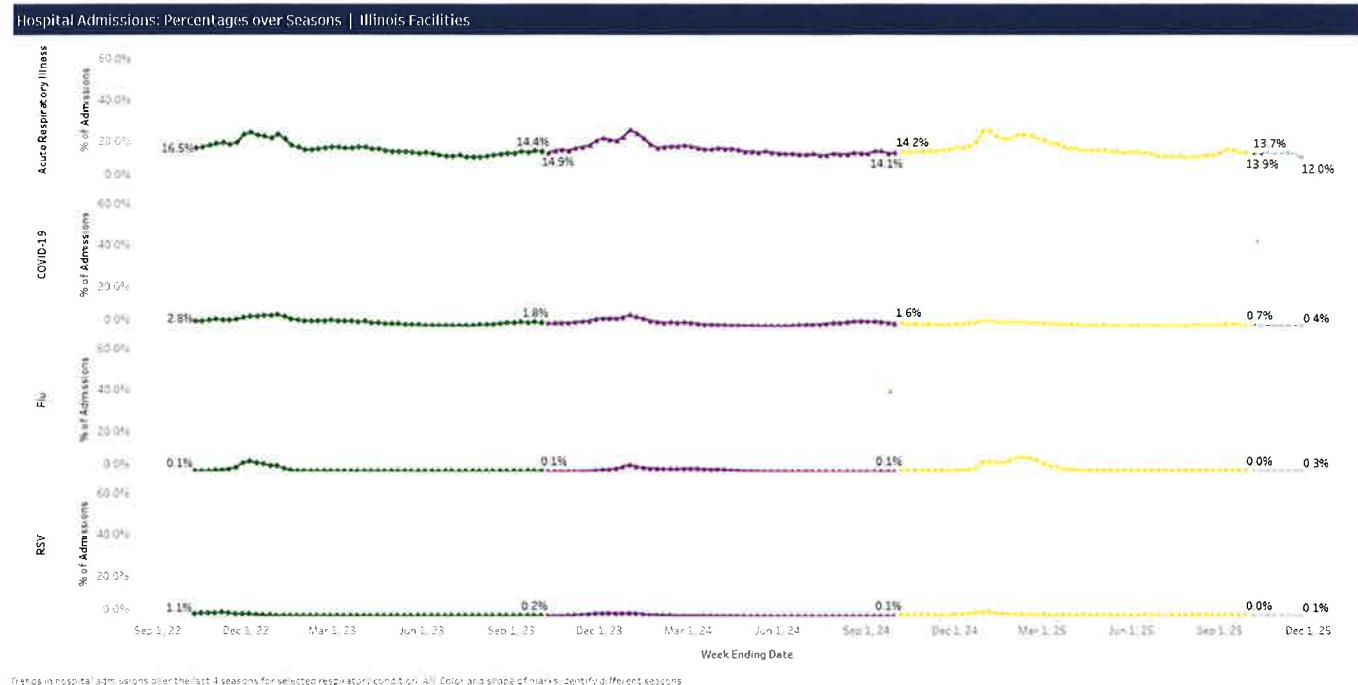
Another case of rabies exposure occurred in the basement of a resident's home. After speaking with the homeowner, it was confirmed that she had no physical contact with the bat. Additionally, her sister, a resident of DuPage County, was present at the time. DuPage County officials were informed of the situation and subsequently reached out to her, determining that there was no exposure to rabies. As a result, post-exposure prophylaxis (PEP) was not recommended. Furthermore, the family dog was also in the home, and Will County Animal Protection Services provided guidance to the owner regarding the pet's care.

Respiratory illness rates are currently low, but an uptick is expected as families gather for the holiday season.

Seasonal Respiratory Illness Dashboard (Week ending 11/24/2025)



Hospital Admissions: Percentages over Seasons | Illinois Facilities:



Trends in hospital admissions after the last 4 seasons for selected respiratory condition. All colors and shapes of marks identify different seasons

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

In addition to providing community education, Tobacco Control and Prevention staff respond to Smoke-Free Illinois Act complaints. In November, they conducted 21 new compliance checks, and one recheck. Additionally, they investigated five complaints- no citations were issued.

Tobacco staff continue to work on policy initiatives in Lockport for tobacco-free parks. They are also working with Wilmington Coalition leaders, the Tobacco-Free Teens (TFT) group, Brooks Middle School in Bolingbrook, and Joliet District 86 to strengthen local school tobacco use codes. Brooks, Joliet 86, Plainfield District 202, and Fairmont are discussing implementation of the CATCH My Breath program to educate students on the dangers of smoking and vaping while empowering them in their decision making. The team is also working the Will-Grundy County Recovery Oriented System of Care (ROSC) Council. They have been continuing the conversation with Neesha Stringfellow from Heartlife Ministries (HLM) Recovery who heads the ROSC, and Lincoln-Way Community High School District 210, about collaborating on a youth centered vaping education and awareness event in the community.

Tobacco staff attended the Illinois Tobacco Free Communities (ITFC) Youth Curriculum and Strengthening Policy Roundtable to become informed of upcoming changes and updates to Illinois Tobacco Free Communities grant. Additionally, they continue to participate in various tobacco coalition meetings including the Will County Substance Abuse Prevention Coalition (WCSAPC), Braidwood Area Healthy Community Coalition (BAHCC) and Wilmington Coalition for a Healthy Community (WCHC), MAPP Behavioral Health and Substance Use Task Force, Will-Grundy-Kankakee County ROSC Council, and the New Lenox Safe Communities Coalition (NLSCC).

Staff created two social media messages that were posted in November on Facebook, Twitter (X) and Instagram. These messages promoted the Great American Smokeout and Lung Cancer Awareness month. There were 23 engagements and 7,931 reach/impressions.



The ad for the next PACE Bus campaign on youth vaping and tobacco prevention that will be displayed inside buses on the Heritage Line in both English and Spanish for three months starting in mid-December. The ads are waiting for final approval before they can be printed and sent to PACE.



The Will County All Our Kids (AOK) Early Childhood Network is a community-based collaborative which works to create and support long-lasting partnerships which empower families with knowledge and community resources promoting healthy development and lifelong success. Staff participated in four training sessions in November including "What's Wrong with Me? Trauma and the Perinatal Brain." The monthly meeting had 25 people in attendance and featured Kathy Staten from the Mental Health Consulting program for early childhood professionals.

AOK facilitates the IRIS (Integrated Referral and Intake System) program which had 424 referrals move through the system in November. A total of 13,915 referrals has been made via IRIS since its inception in February 2020. Three new partners joined IRIS for a total of 240 profiles from 139 participating agencies. AOK continues to partner with ASQ (Ages and Stages Questionnaire) Online and Child and Family Connections provide developmental screening opportunities for young children. Developmental screenings are being done both virtually, and in-person, throughout the County. Screenings can be scheduled online and performed online or via telephone. See the training calendar at https://www.svcincofil.org/?page_id=701 for more information.

The AOK subcommittees have been meeting and conducting various activities. The Child and Family subcommittee was established in State FY26 to address disparities in early childhood communication and literacy development. In February 2024, the Network selected communication and literacy as our focus using primary and secondary data collected throughout the two-year AOK assessment process. Approaches include creating and distributing resources to inform families and providers, partnering with other agencies to coordinate family literacy events, and researching to possibly implement Little Free Libraries in areas with more barriers to accessing literacy resources.

In State FY26, the AOK Network established the Network Capacity subcommittee to coordinate an annual in-person networking event connecting providers that serve Will County children and families. Between February and June 2025, the AOK Network determined several approaches to best address challenges families may face in Will County. A recurring theme in previous discussions was that many families and providers may find the current system of services difficult to navigate, in part because they may not know everything that is available. In response, network members emphasized the importance of building and maintaining relationships between providers across the county through networking, especially at in-person events.

AOK utilizes a Parent Ambassador program to promote family engagement in AOK communities. Parent Ambassadors are parents that apply their experience, share their skills and perspectives to support families, promote community resources, and help improve delivery of child and family services. Parent Ambassadors contribute to AOK workgroups and network meetings and attend outreach events. We currently have two Parent Ambassadors and are working to onboard another in the next month. We hope to have four total Parent Ambassadors by the end of FY26.

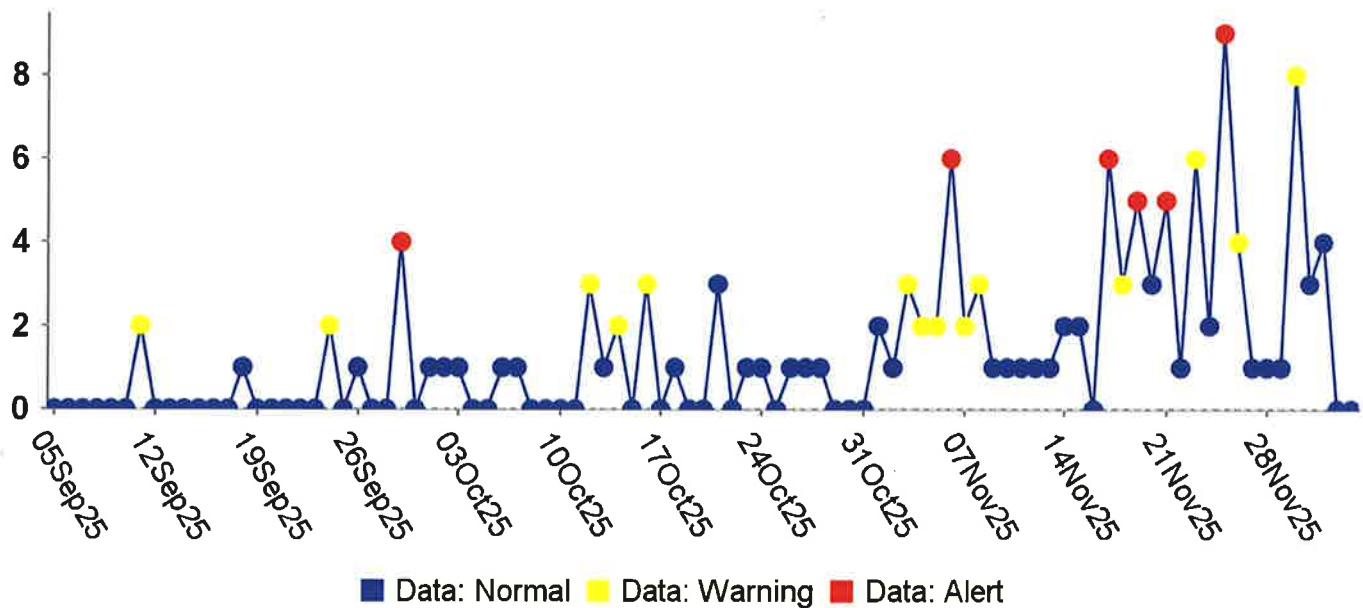
Outreach and Media Messages

In November, there were six social media messages about the Parent Ambassador program posted for AOK on the WCHD's X (formerly Twitter), Facebook, and Instagram accounts. These posts had a reach of 7,015 impressions.

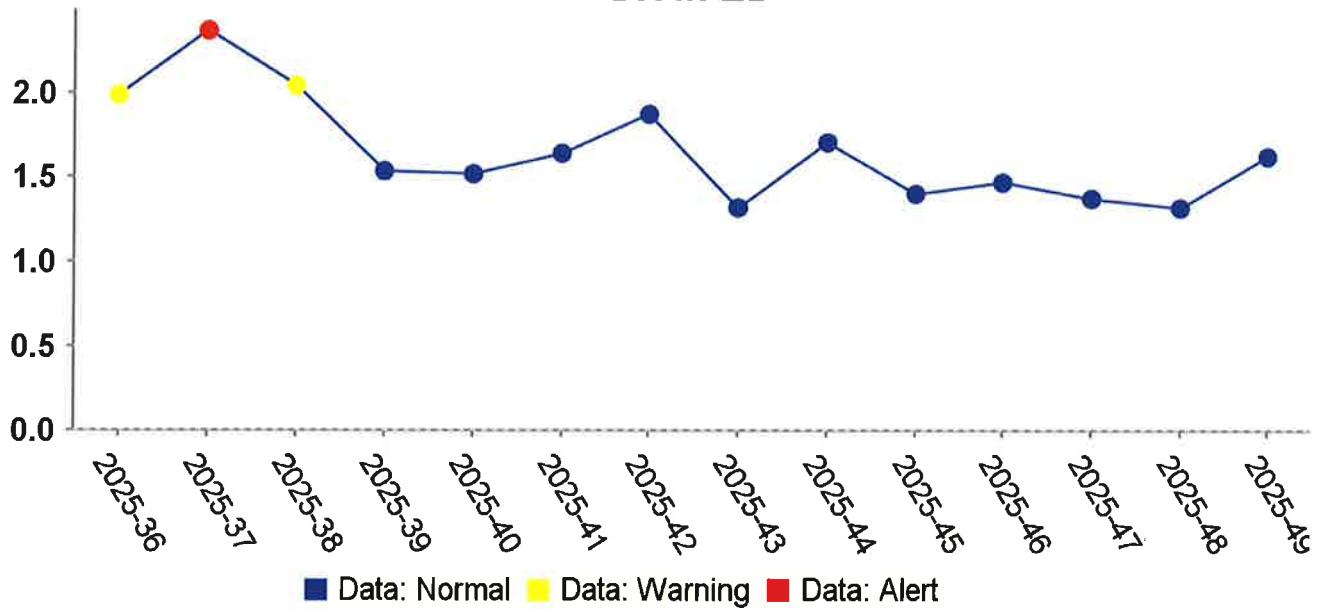


Will County – Respiratory Illness Dashboard
(Updated 12/04/2025)

Daily Flu in ED for Will Co

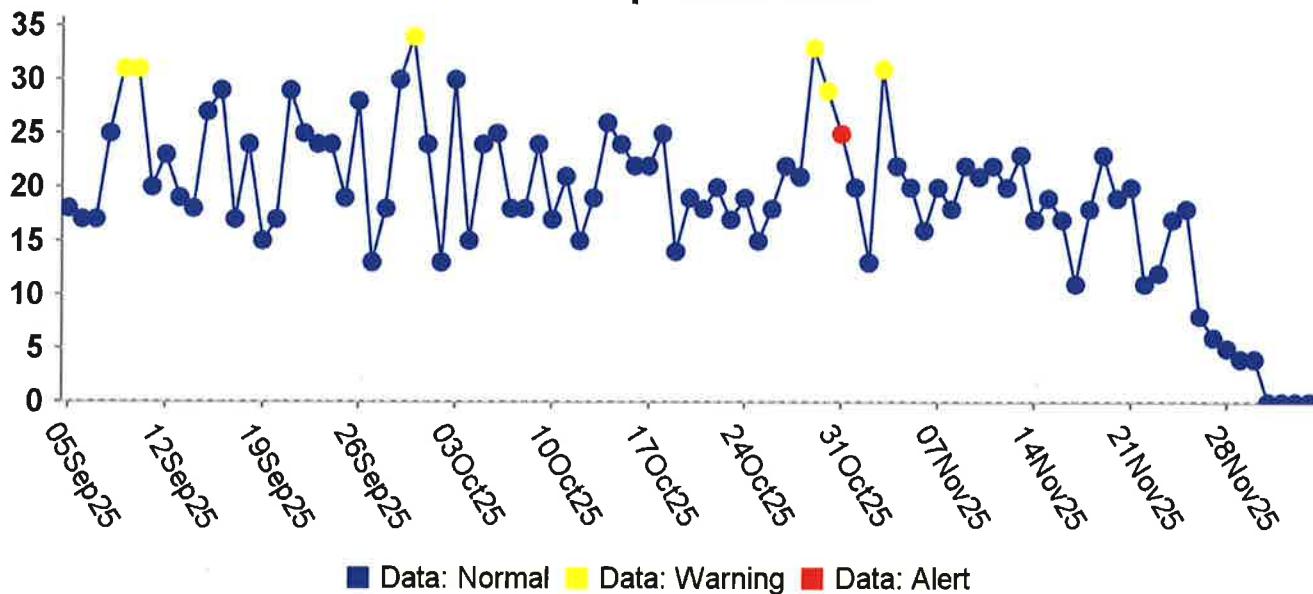


COVID DX in ED

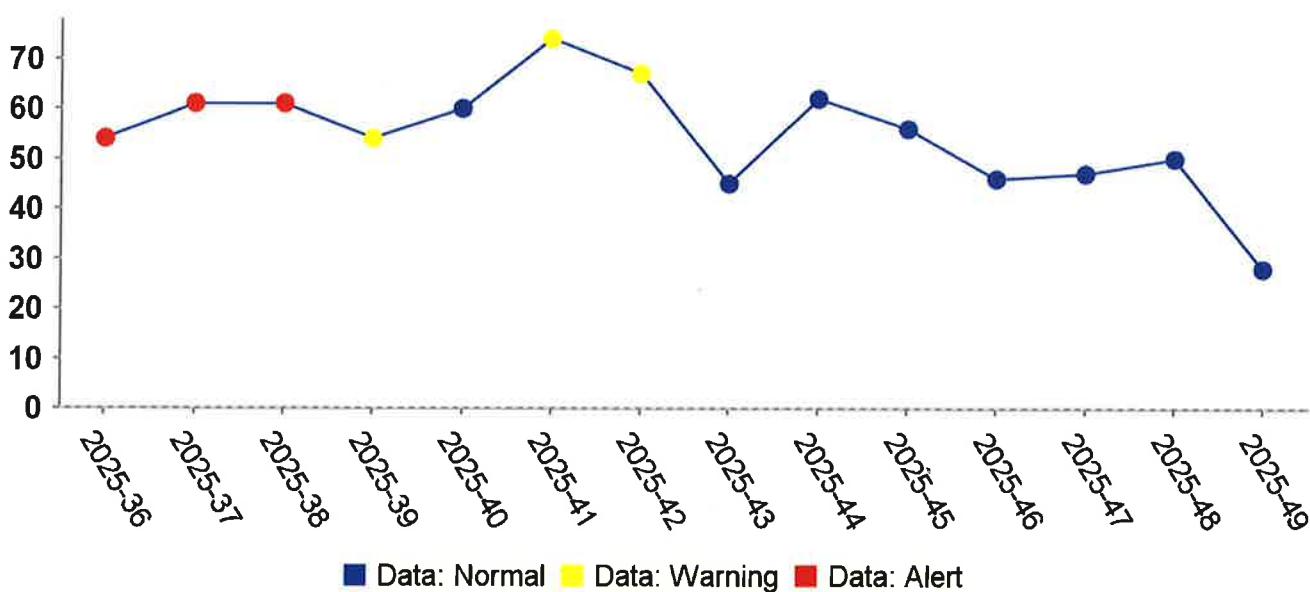


Will County – Respiratory Illness Dashboard
(Updated 12/04/2025)

Acute Resp Admissions

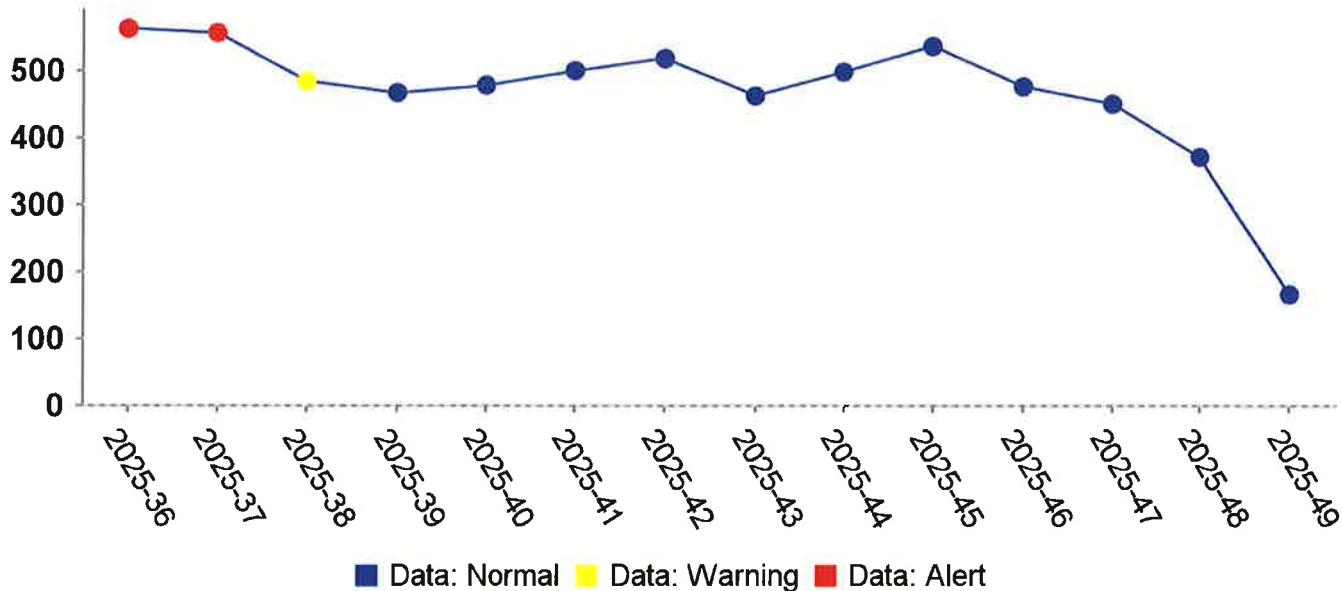


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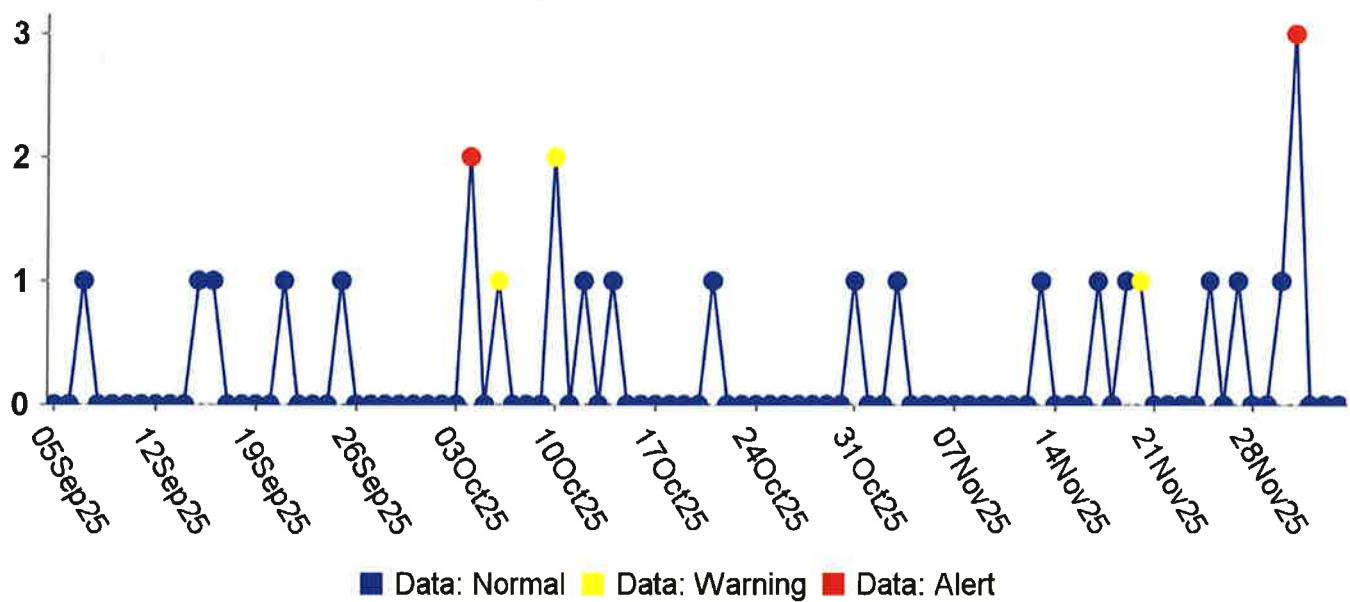


Will County – Respiratory Illness Dashboard
(Updated 12/04/2025)

Broad Acute Resp in ED



Daily RSV ED in Will Co



COMMUNICATIONS

DECEMBER 2025

MONTHLY REPORT

KEVIN JUDAY, MANAGER

- A press release recognizing World AIDS/HIV Day was written in partnership with Dr. Dan Garganera, highlighting data on how AIDS is still affecting the population, including those in Will County. The press release also highlights the services offered at the Care Clinic to treat and prevent the spread of AIDS/HIV.
- Communications has continued to work on producing videos to be used at new hire orientations in the event that a division director is unable to present in-person. The final videos have been recorded and are expected to be edited and finalized before the end of the month.
- Communications is continuing 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 again in November. The student group is working on producing a social media style guide and also a few handouts related to the Medical Reserve Corps (MRC).
- Communications is redesigning signage for the Community Health Center to replace the current signs. The new signs will feature a consistent design, include both English and Spanish text, and take up less space than the existing ones.
- In addition to continuing to promote our own services on social media, Communications also used social media to promote awareness and knowledge of Lung Cancer Awareness Month, American Diabetes Month, National Pancreatic Cancer Awareness Month, The Great American Smokeout, World AIDS Day and more.

SOCIAL MEDIA

November 1 - 30



38

posts

873

engagements

215

reactions

34,430

impressions



18

posts

10

engagements

3

reactions

716

impressions



35

posts

24

engagements

21

reactions

2,594

impressions



FOR IMMEDIATE RELEASE

November 26, 2025

WILL COUNTY HEALTH DEPARTMENT RECOGNIZES WORLD AIDS DAY ON DECEMBER 1ST

JOLIET, Ill. – The Will County Health Department and Community Health Center are reminding residents that Monday, December 1, 2025 is World AIDS day. Established in 1988, World AIDS day is used to raise awareness about Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) and honor the lives affected by the global pandemic that has claimed more than 32 million lives over the past 40 years.

"The HIV/AIDS pandemic is far from over," said Dr. Dan Garganera, a certified internal medicine and adult infectious diseases specialist at the Will County Community Health Center. "In 2024, there were over 1.1 million people aged 13 years and older in the United States living with HIV. There were also over 39,000 newly diagnosed cases that year. World AIDS Day is for solidarity for the millions affected by HIV, a remembrance for loved ones lost, and reaffirming the fight to end HIV/AIDS."

HIV/AIDS is also a local issue in Will County and the Chicago area. According to the Illinois Department of Public Health (IDPH), there are nearly 20,000 people living with HIV in eligible metropolitan area of Chicago as of June 2025. This includes nearly 600 Will County residents.

The Will County Health Department and Community Health Center has been fighting to stop the spread of HIV/AIDS since 2017, through the Care Clinic. The Care Clinic offers HIV and Sexually Transmitted Infection (STI) testing and treatment, *Post, and Pre-exposure prophylaxis (PEP & PrEP)*. The Care Clinic began offering infectious disease physician services in April of 2024, which now allows for HIV care and treatment even for underserved individuals with little or no insurance coverage. PrEP is 99-100% effective at preventing HIV infections for persons at risk. The Care Clinic offers all four FDA-Approved drugs for HIV prevention including oral medication (Truvada and Descovy) and injectable medication (Apretude and Yeztugo).

The Care Clinic also collaborates with other organizations like IDPH and AIDS Foundation of Chicago (AFC), utilizing various grants and programs to assist clients and align with the "Getting to Zero Illinois" initiative. "Getting to Zero Illinois" is a joint effort between the IDPH, AFC and the Chicago Department of Public Health (CDPH) with the goal of reducing new HIV transmission, supporting the health of people living HIV and AIDS and help Illinois get to a point where the HIV epidemic can no longer sustain itself.

(More)

NEWS release

Media Inquiries:

Kevin Juday
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Will County Public Health dates back to 1942 when \$50,000 was allocated for local Environmental Health, Maternal-Child Health, and Infectious Disease Control initiatives. In 1940, roughly 115,000 people called Will County home; in 2020, nearly 700,000 do. Today Will County Health Department strives to bring its vision—to deliver sustainable programs and policies in response to the public health needs of the community—to all of the people of Will County.



815.727.8670



willcountyhealth.org



WillCoHealth



WillCoHealth



WillCoHealth

With HIV treatment now being available at the Care Clinic, the clinic is currently seeing a significant number of HIV-positive patients who previously could not find care due to being uninsured. Additional patients have transferred their medical care to the Care Clinic. The Care Clinic now services over 185 HIV positive persons. Since the start of 2024, the Clinic has had over 1,100 kept appointments. Appointments at the Care Clinic can be scheduled by calling 815-727-8670.

“Despite less publicity and fanfare, the HIV/AIDS pandemic is still here,” said Garganera. “There is still no cure and people are still dying from it. The big difference is there are now highly effective life-saving medications which can also be used for prevention. Many individuals are unknowingly infected while others may still engage in risky behavior so there are opportunities to break the cycle. There is a continuing need for community education and awareness, not just focused on the high-risk groups as anyone may be at risk. Wide-spread, confidential and affordable testing must be available. For those at higher risk, PrEP is available and highly effective. For those infected, there are HIV treatments available backed up by social and financial support services. There is a need for sustained funding, research, and collaboration with other organizations, and engagement with the community in this long, drawn-out fight. This December 1st on World AIDS Day, let us not forget this somewhat forgotten epidemic.”

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Emergency Preparedness and Response (EP&R) Program

- Katie Weber and Cortney Smith took part in the N95 Fit Testing with the Tuberculosis (TB) clinic.
- The Region 7 Hospital Coalition met on December 11th. The representative from Ben's Blue Bags trained all coalition members on the use of the Blue Bags and engaging with the autism community.
- EP&R met with new leadership at Adult Detention to discuss their role as a Closed Point of Distribution (POD) Partner. Staff were familiar with being a Closed POD partner but unclear on what plans may be in place. The review of roles and responsibilities will help to make their own plan updates.
- The Drop Site group began meeting again. The group has had a lot of turnover and will get back to a regular meeting schedule. The group represents all the agencies (Sheriff, Emergency Management Agency, Department of Transportation, Will County Health Department) working together to make the Drop Site operational during an event.
- The Northern Illinois Public Health Consortium Emergency Response Coordinator (NIPHC ERC) group is writing a proposal to Illinois Department of Public Health (IDPH) to request a regional exercise within this current five-year grant cycle. The group would like to work together to exercise a large POD instead of each county opening individual PODs to exercise. This would greatly decrease the resources needed for each county in the NIPHC region.
- While reviewing the Continuity of Operations Plan (COOP) in case of a county government shutdown, it was realized that the plans do not fully align for this type of situation. A full review of the COOP is needed and an addition to the plan to include government shutdowns will be added. This topic will also be addressed at the Command Retreat in February.

BioWatch Program

- The BioWatch Lab has been reinstated as of November 20th. The lab staff are back in the lab working through the back log. The team has logged all the filters collected during the shutdown and cataloged them. The other filter components have been decontaminated and ready to be placed back in the rotation. The Cooperative Agreement for the Field Sampling Team which runs through the Illinois Environmental Protection Agency (IEPA) has expired and the BioWatch team in Washington, DC is in the process of restoring the agreement so that samples can be collected again.

Medical Reserve Corps (MRC)

- Nine MRC volunteers participated in a two-day Young Hearts for Life event on December 1–2, 2025. Young Hearts for Life provides electrocardiograms (ECGs) to high school students to support early detection of heart irregularities. Our MRC volunteers helped capture data from the ECG machines, apply medical leads to students, and assist with student registration throughout the event.
- On December 12th, Cortney Smith distributed the third issue of the WCHD MRC Newsletter. This issue featured 2-1-1 and its services, an introduction to the State of Illinois Rapid Electronic Notification (SIREN), and highlighted two MRC members for their exceptional contributions over the past year.



Sean Conners
Director, Environmental Health
December 2025

FOOD PROGRAM

1. On Friday, November 7th, Will County Health Department received a cockroach complaint made against a coffee shop café in New Lenox from a neighboring business. The businesses are within the same strip mall. A site visit was made to the facility on the same day. The owner of the cafe stated that about two months ago they received a food delivery which included a bag of onions on a pallet, and when that bag of onions on the pallet was placed inside the restaurant by the back door, they saw a bunch of cockroaches scatter from the pallet. Since that event, ownership has had Orkin Pest Control service the facility twice a month. The sanitarian inspected the facility and observed multiple live German cockroaches in various life stages in the vicinity of the water heater. Inspection of the rest of the facility revealed several live German cockroaches in various life stages in multiple areas of the restaurant. The facility's permit was suspended, and the restaurant was closed due to an infestation of cockroaches.



On Monday, November 10th, a follow-up inspection was completed. Orkin Pest Control and ownership were on site at time of site visit. The facility had done a "deep-clean" of the restaurant and threw away any open food. Live cockroaches in various stages of life were observed, and the breeding area was still unknown. Therefore, the permit remained suspended, and the facility was not allowed to reopen at that time.

On Wednesday, November 12th, another follow-up inspection was completed. Orkin Pest Control was onsite on Tuesday, November 11th and sprayed the entire facility, laid down reproductive bait and regular bait, put down multiple glue traps, and serviced the ceiling as well. During this time ownership continued to clean and complete needed repairs inside the restaurant. Multiple dead cockroaches were found, but no live cockroaches were observed. The facility's permit was reinstated, and they were put on a strict reinspection schedule to monitor their progress.

Another follow-up inspection was completed on Friday, November 14th, and the owners were required to attend an Administrative Conference on November 18th, at the Will County Health Department. During the conference we discussed the facility's pest control plan going forward, as well as their master sanitation and maintenance programs. The facility remains on a weekly reinspection schedule until this department is satisfied that the facility has eliminated the pest control concern.

2. The Illinois Department of Public Health, Food Program Division reached out to all local health departments explaining that the U.S. Food and Drug Administration has requested all local health departments to please inform any retailers, establishments, or daycares regarding the Byheart Infant Formula Outbreak Investigation. We were provided with social media posts from both the Illinois Department of Public Health and the U.S. Food and Drug Administration with the most up to date information related to the investigation. This information was posted on our website as well.

https://www.fda.gov/food/outbreaks-foodborne-illness/outbreak-investigation-infant-botulism-infant-formula-november-2025?fbclid=IwY2xjawOBfNVleHRuA2FlbQlxMABicmlkETF6ZGISSU01ZjVmNTZWMW1Xc3J0YwZhcHBfaWQQMjIyMDM5MTc4ODIwMDg5MgABHm6XrqbH_nIgyq3FR4VgJCGklyqS0vitiA9hItC2ZMfH-gTz2w2GeJX34Od_aem_a9oPQJjbZYhb-Akj3H189g&brid=UecYe2S6YVhwkknPkrlYKQ

Outbreak Investigation of Infant Botulism: Infant Formula (November 2025)

Do not use recalled ByHeart Whole Nutrition Infant Formula. FDA's investigation is ongoing.



We were also provided with a list of Illinois retail establishments (Jewel-Osco, Walmart, Target, Kroger, etc.) and were asked to visit each location to determine if any of the affected product (lots) was still on the shelves and answer the following questions:

- Date of visit
- Name of the site
- Location (Street, City, State)
- Contact information (if provided)
- Name of the Agency Conducting the Visit
- Quantity of Recalled Lots on Shelf
- Details (disposition, etc.)

There were thirty-two locations on the list that were in Will County. Our sanitarians visited each location and answered the questions mentioned above. All but one location had removed the recalled product from their shelves prior to our visit(s). The one location that still had affected product on the shelf had eight cans on the shelf at the time of our visit and they were removed from the shelf immediately. All this information was entered into an excel spreadsheet and sent to the Illinois Department of Public Health.

ENVIRONMENTAL HEALTH LAB/ WATER PROGRAM/ SEWAGE PROGRAM

1. The Environmental Health Laboratory ran 7,381 more total samples in fiscal year 2025, than in fiscal year 2024. The total number of samples in fiscal year 2025 was 37,423. The laboratory has not run that many samples in a fiscal year since 2017. The average total samples run per fiscal year is approximately between 32,000 to 33,000. Sample number is elevated from 2024 because the laboratory has two consistent, fully trained environmental health samplers and the laboratory has received more samples from the public.

2. The Environmental Health Laboratory started the third round of individual mechanical system septic tank sampling on October 29, 2025. So far two townships have received three samples for this year, and three other townships have been started. The goal of the laboratory is to complete two rounds of sampling every year, however the more samples that can be collected the better the system can be regulated and problems averted.
3. On November 6th our North Branch Office Program Coordinator was contacted by Will County Code Enforcement after they received a voicemail from Kinder Morgan (gas company) that a property owner in Plainfield, Illinois had damaged a high-pressure gas line while installing a septic tank to serve a bathroom in an accessory structure. The gas company called because they were concerned about hitting the gas line but also because they assumed no permits were pulled. The Will County Health Department confirmed on November 6th that no septic permits were applied for and that any septic work completed would have been unpermitted and they would be in violation of our ordinance.

On November 7th our sanitarian made a site visit to the property in question, after the "all clear" was provided by the gas company that the property was safe to inspect. By time we were able to get onsite the septic tank had already been taken out and disconnected. A non-compliance letter was generated and sent to the property owner. The property owner was not onsite at the time of our inspection.

On November 12th our Program Coordinator for the North Branch Office contacted the gas company to obtain some more information since they spoke to the property owner. The representative from the gas company stated that they were told, by the property owner, that the tank was installed two months ago. The representative of the gas company was unable to provide information whether a licensed septic contractor did the work or if the work was done by the property owner. During this conversation, we were told that this scenario was very close to being a dangerous situation that could have caused an explosion. We were informed that the property owner will incur a significant cost for the completed corrections. Our department has made multiple attempts to contact the property owner, but we have been unsuccessful. A second letter of violation has been sent to the property owner. The complaint remains open at this time.



4. The revision to the Will County Onsite Wastewater Treatment Ordinance was passed by the Will County Board on November 20, 2025 and became effective immediately.

OTHER

- The Will County Health Department Environmental Health Division received and processed approximately 76 Freedom of Information Requests (FOIA) in November 2025.
- Our billing season has begun and the 2026 invoices for our permitted food facilities have been mailed out and we are in the process of collecting those fees. We have printed out the 2026 Permit to Discharge invoices and they will be mailed to the property owners this month.
- Our Geologist attended the LaSalle Water Training Workshop on November 13, 2025. The topics covered were Water Well Basics, Non-Community Water Systems Program Update, How to Use the New Coliform Flow Chart and Private Water and Closed Loop Well Program Update – Local Health Protection Grant Reviews.

- Four sanitarians and one Program Coordinator attended the Illinois Mosquito & Vector Control Association (IMVCA) on November 20th & 21st, 2025. This is a two-day conference that covers multiple topics such as Effects of Green Stormwater Infrastructure on Mosquito Habitats, Tick-borne Diseases in Illinois, How White-Tailed Deer Abundance May Be Used to Predict Areas of High Human Ehrlichiosis Risk, The Basin Battle: Spinosad vs. Mosquito Larvae and vector program updates. It is an invaluable meeting that is instrumental in supporting our Vector programs.

Diane Scruggs
Director, Behavioral Health
December 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 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 **Updates**

The Intake Department has been busy and working well as a team. Having two Intake Counselors has been extremely helpful in reaching our clients as efficiently as possible. We have set up a system for routing the calls between both Intake Counselors.

Scheduling

With the addition of two new Adult Therapists, we have decreased the amount of time we are scheduling out clients for treatment. Currently we are scheduling one to one and a half weeks out. The use of the emergent appointment times has been extremely helpful when scheduling clients who are in more immediate need of services. Child and adolescent clients are scheduling one to one and a half weeks out.

Training/Team Meetings

To continue to provide training and education for our department, we will be implementing a new agenda/structure for our monthly intake team meetings. Starting in January, we will have two monthly team meetings. The meetings will focus on a specific mental health disorder/diagnosis as well as various topics. After talking with the team, this is what we will discuss in January:

Schizophrenia:

- *Signs and symptoms
- *Scenarios
- *Questions to ask to complete the presenting problem portion of the intake process

Domestic Violence:

- * An overview of domestic violence
- *Signs that an individual may be in a domestic violence situation
- * Safety planning
- *Resources and referrals

Training Attended

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

On November 12th, our Intake Counselors attended a Lunch and Learn via Zoom presented by the Will County Adult Protective Services (APS) Program Director. During the presentation, they learned about what APS does, making a report, and the types of abuse.

Number of Intakes from 11/01/2025-11/30/2025:

Joliet/Adult: 67

Northern Branch Office (NBO) /Adult: 15

Eastern Branch Office (EBO) /Adult:1

Child and Adolescent (C&A) Joliet/NBO:35

Total Intakes for all programs: 118

Number of Walk-Ins

Joliet:7

NBO: 2

Crisis Calls: 4 (2 required wellness checks by Police/Fire, which resulted in hospitalization)

Emergent Client: 2

Hospital Discharges: 23

IRIS referrals:

Schools:

Joliet School District #86: 8

Richland School District #88A: 1

Bolingbrook/Romeoville Valley View District: 3

Joliet Fire Department: 5

Number of calls requesting Substance Use services: 11

Adult Mental Health Outpatient Program

In the month of November, the Adult Program had 83 new intakes scheduled throughout the three locations. In the month of November, we had 803 scheduled adult clients (not including students). We had a 66% Kept Rate, 14% Canceled Rate, 4% Staff Cancel Rate, and 15% Fail Rate.

Thirteen clients were referred for assessments through our court assessment program:

- Three clients completed their assessments.
- Four clients were referred for services at the Will County Health Department (i.e., therapy, case management, psychiatric evaluation, daily living skills group, and peer support services).
- One client completed the assessment, and no recommendations were made at this time.
- One client was referred to a community service provider.
- Four clients partially completed their assessments.
- Four group members completed the Daily Living Skills Group in November. There are currently seven group members in the Daily Living Skills Group.

Child and Adolescent Services (C&A)

There were 729 appointments scheduled, and 473 appointments kept (65% seen, 35% cancelled).

There is currently a total of 389 clients for the C&A Program. Last year at this time, there was a total of 313 clients. Total new intakes for C&A in November were 45 new clients.

Mobile Crisis Response (MCR)

Caseload for Mobile Crisis Response Staff-182 with seven staff. In 2024, at this time, there was a total of 190 cases.

There were 371 appointments scheduled and 264 kept (71% seen, 29% cancelled).

The total crisis calls for November that the MCR (Mobile Crisis Response) team responded to was 260. The total for November 2024 was 256.

Community Involvement and Education

Several department members attended training classes in November, including:

- Active Shooter and Mental Wellness Conference (three days)
- Blue Cross Blue Shield Mandatory Medicaid Training
- Recognizing and Responding to Human Trafficking: Screening and Support Tools for MCR
- Sexual Harassment Awareness
- Hooked on a Feeling: Helping Children Understand Emotions
- Ethics and Professional Issues in Counseling
- Problem Sexual Behaviors in Children under 12
- Comprehensive Diagnostic and Statistical Manual of Mental Disorders, 5th edition-Text Revision Updates
- Treating Emerging Anxieties in the Post-COVID World
- The Clinical Side of Supervision

School Based

The School Based program is continuing to expand. Since the last Board report, the number of clients served has increased by 50. Total number of students serviced is 303 with ten staff. Some of the presenting problems are severe enough that they require weekly or twice a week appointments. With that in mind, we are posting for the last current position to be filled.

We are becoming increasingly aware of the impact and the connectivity to the community. When Plainfield South High School lost one of their students for medical reasons, we provided grief counseling for students within 24

hours of the school district's request. MCR Staff Tara Xenos, who is a trained grief counselor with her certified therapy dog Milo, were ready to help. They had such an impact with the student's grief process, Plainfield South High School requested that Tara and Milo stay for the whole day.



Donica Catchings did a presentation for local school nurses and was asked about the procedure to provide school-based services in District 86 schools. Currently, we are only servicing the high schools in Joliet.

With the school ending for winter break, the school-based staff are preparing their schedules to continue to see the clients needing support in our office during the school break.

Performance and Quality Improvement (PQI)

Quarterly Intake Audits

The Intake Program began in March of 2025 with the hiring of our Intake Manager. This month, we piloted an intake audit similar to the clinical audits that the therapists complete. These audits will be added to our quarterly rotation to maintain and improve staff performance.

Client Surveys

The Behavioral Health Division is accredited by CARF (Commission on Accreditation of Rehabilitation Facilities). This is a distinction that shows our commitment to client satisfaction, delivering the highest level of safe and effective services, and ongoing performance improvement. Because CARF requires accredited agencies to conduct regular surveys to measure client satisfaction, we plan to actively encourage each client or parent/guardian to complete one later in December and into January. We are also working on expanding access to the surveys using tablets in the offices of the clinicians and at the front desk. The results will be shared with staff and stakeholders and used as part of our ongoing efforts at continuous quality improvement.

NBO (Bolingbrook) Site Coordinator

The NBO (Bolingbrook) Quarterly Meeting will be held on December 17, 2025, at the Bolingbrook office. Staff will review fire safety procedures as needed following our fire drill last month. These meetings are designed to focus on needs at the Bolingbrook site rather than on specific program issues, among other things.

The number of clients served at this location has increased dramatically over the course of this year. For example, the total number of clients served at this time in 2024 was 111, while the number of clients to date in 2025 was 272, a 145% increase. This is due to greater availability of staff overall, psychiatric availability, and a staff member who provides therapy in Spanish as well as English.

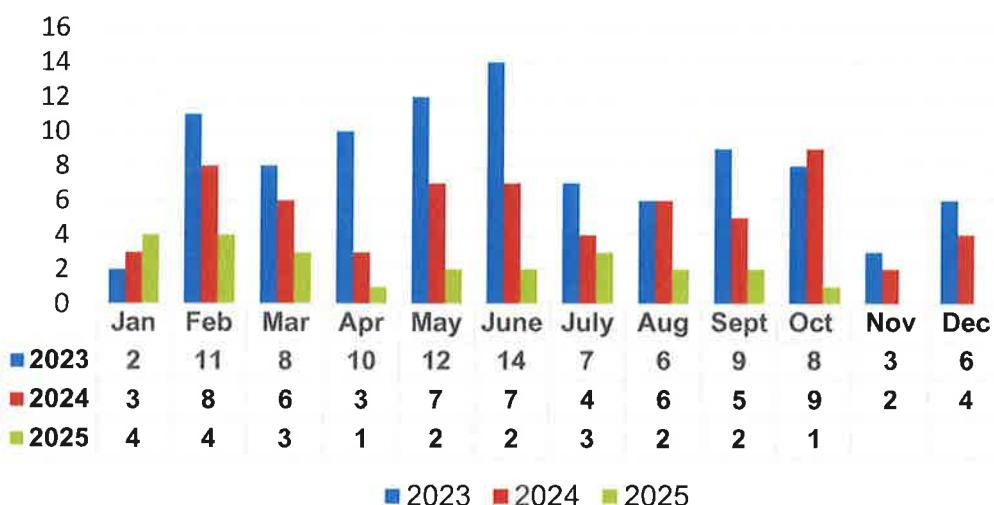
Clinical Training Program

The Clinical Training Program will begin conducting doctoral internship interviews for the 2026-2027 training year starting in January 2026. The deadline for applicants to submit applications was December 1, 2025. The program has received 38 applications for two internship positions. Internship Match Day is February 20, 2026. Interviews for testing and therapy practicum positions will be conducted in February 2026. Practicum applications for these positions are due January 23, 2026. Match Day for practicum students is March 9, 2026.

The current students who are working in the Child and Adolescent Program, the Adult Program, and the School-Based Program have caseloads of 15 to 25 clients, which is slightly above the previous average of 15 to 20 clients. Some clients are seen on a weekly basis, while others are scheduled every two weeks. The addition of students helps to lessen some heavy caseloads for the core staff and enables clients to be seen more often.

Kathleen Burke, PhD-Behavioral Health Community Coordinator

Opioid Overdose Trends
Will County Coroner Update 10/27/2025



- Overdose deaths have decreased by 56.6% compared to the same time last year.
- The data for November has not been posted on the coroner's website to date.

Opioid Overdose Deaths Source: 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	23		1	24	29	102%	

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

Summary Totals per Year	November	2025	2024	2023	2022
Naloxone Plus Calls	0	6	15	13	3
Fentanyl/Xylazine Test Strips	115	1012	2562	1658	1563
Got Naloxone Locations	59	640	624	888	754
NALOXONE DISTRIBUTED					
Business/Narcan Drop Off	21	235	425	564	485
Naloxone Kits Distributed to Public	522	6847	8800	8792	7285
Naloxone Training/ Kits	28	438	2728	1806	445
Micro Pantry Distribution	107	699	656	791	605
Red Distribution Boxes	118	3095	3020	0	0
TOTAL BOXES of Naloxone	796	11315	15629	11953	8820

November Pop-up Events

- ❖ St. John the Baptist – Joliet
- ❖ St. John Lutheran Church – Joliet
- ❖ Recovery Community Center of Joliet - HIV Testing
- ❖ Salvation Army – Joliet
- ❖ Dirksen Middle School Wellness Fair-Joliet
- ❖ Warren Sharpe – Joliet
- ❖ Riverwalk Homes – Joliet
- ❖ Active Threat and Mental Health Fair – Joliet
- ❖ House of Valor Turkey Giveaway – Joliet
- ❖ Lincoln Way School Safety Task Force – New Lenox
- ❖ ShareFest – New Lenox
- ❖ Cars and Coffee Thanksgiving/Christmas Grab – New Lenox
- ❖ Helping Hands Healing Pantry – Peotone
- ❖ Plainfield East Resource Fair - Bolingbrook
- ❖ HHH Ranch Fall Festival – Manhattan
- ❖ Fairmont Food Pantry - Lockport
- ❖ Lockport Township Resource Fair
- ❖ Christmas Craft Fair – Crest Hill
- ❖ Senior Luncheon - Monee
- ❖ Trunk or Treat – Braidwood
- ❖ Kris Kindle Market – Wilmington



Suicide Prevention for First Responders Program (402)

The 402 program has been very active this month, conducting five Suicide Awareness and Lethal Means Safety trainings with first responders and community partners. Participated in the Active Threat and Wellness Conference in Joliet, strengthening collaboration and staying updated on best practices to better support our community's safety and mental health needs.

Pictured below is Andres Zayes at the Active Threat and Mental Wellness Event in Joliet, working with the Got Naloxone Rapid Response Team.



Homelessness and Substance Use Disorder

Many people experiencing homelessness also struggle with substance use because of stress, trauma, and lack of support. It can be a cycle—substance use makes housing harder, and homelessness makes recovery harder.

What is the Will County Health Department Rapid Response Team doing to help?

- Getting out into the community to meet people where they are – camps, shelters, and outreach events.
- Providing Narcan, fentanyl and xylazine test strips to prevent overdoses and keep people safe.
- Connecting people with treatment, mental health services, and other resources when they are ready.

- Offering hygiene and wound care kits, basic supplies, and support that build trust and dignity.

Watching Closely: Hemp-derived Tetrahydrocannabinol (THC) drinks, edibles could soon disappear.

Federal law enacted that effectively bans most consumable hemp products containing THC by November 2026.

- Local businesses are at risk and need to shut down to reformulate the product.
- Financial strain – reduced sales and possible layoffs.
- Regulatory uncertainty – Illinois lacks clear rules for ‘intoxicating hemp’ (delta-8 THC).
- Economic impact – farmers, processors, and retailers face potential losses.
- Consumer effect – reduced access to legal hemp-THC edibles and drinks. This could lead to a potential price increase or a shift to black-market products, which would be hazardous.
- This will cause tension between cannabis-licensed businesses and hemp producers: cannabis groups argue that unregulated hemp undercuts the weed market. (Chicago Sun-Times, November 2025).

Center for Disease Control State Unintentional Drug Overdose Reporting System (SUDORS)

In recognition of Veterans’ Day, the Centers for Disease Control released updated data on veteran overdose deaths in Illinois from 2019 to 2023.

Annual overdose deaths among veterans increased through 2022, when these deaths peaked. From 2022 to 2023, veteran overdose deaths declined by 15% (32), compared to a decline of 8.09% for Illinois as a whole. (CDC WONDER, accessed 10-29-25)

SUDORS reported 843 deaths from 2019 to 2023 in Illinois. Most occurred among older male veterans, particularly those ages 55-64. Most deaths involved an opioid, with fentanyl involved in nearly three-quarters of these cases. Most veteran overdose deaths took place in Cook County, where most of Illinois’ population resides. The report highlights the role of polysubstance use, chronic health conditions, and co-occurring behavioral health factors in veteran overdose fatalities.

National Impaired Driving Prevention Month: Building Safer Choices Through Positive Youth Development.

December is National Impaired Driving Prevention Month – a reminder that the holiday season brings not only celebration but also a rise in impaired driving-related crashes. It’s a necessary time to reinforce healthy decision-making with the young people in our lives. Prevention efforts emphasize that any amount of alcohol or drugs can impair driving, and that there are no shortcuts to sobering up. Helping young people build confidence and skills to make informed, safe choices is essential.



Elizabeth Bilotta
Executive Director, Administration
December 2025

Administration BOH Report – provided by Cindy Jackson, Director of Administrative Services
FREEDOM OF INFORMATION ACT (FOIA) REQUESTS

In FY25, the Agency has received 1,101 FOIA requests. Most months we receive 100-130 FOIA requests. A majority of the requests are for Environmental Health well and septic permits.

SECURITY UPDATES

Our new contracted security company, Blue Line Security Solutions, took over security operations on December 1, 2025. They retained our current guards, provided them onboarding, training and new uniforms. The guards have been provided with radios and new technology for tracking their daily work (rounds, incident management, schedules, etc.). The management team has been onsite several times making sure everything is running smoothly. We are pleased with the communication and changes they have put into place.

FACILITY UPDATES

501 Ella (Main)

Elevator:

On September 17, the elevator was taken out of service due to a valve malfunction. The elevator technician attempted temporary repairs twice, but both attempts were unsuccessful. A new valve was ordered on September 19. Once the parts were received, the elevator was repaired and returned to service on October 3. Approximately two weeks later, the elevator was serviced again on October 17, 20, 21, and 23 for adjustments. On November 3, the elevator was taken out of service once more and has not been returned to service since. On November 21, Andersen Elevator returned with a hydraulic specialist. It was determined that there is an internal leak in the hydraulic cylinders. Hydraulic cylinders are large, sealed metal tubes that contain a piston. There are two cylinders that control the elevator car. When pressurized hydraulic fluid (oil) is pushed into the cylinder, it forces the piston upward, which in turn lifts the elevator car. When the fluid is released back into the tank, the elevator descends. When a hydraulic cylinder develops an internal leak the elevator may ride rough, shake, or sink slightly at floors. This is why we decided to take the elevator out of service until it is repaired. The elevator company is developing a plan for the repair.

Community Health Center (CHC)

Dental Updates:

In the Dental Suite, we are replacing old non-functioning furniture. The updated workstations will provide our Dental Providers with a proper space to work. The furniture was ordered on November 14. The furniture will be installed in the first two weeks of January.

Below is a picture of what the space currently looks like.



Below is rendering of what the space will look like, once completed.



A floor drain that the dental amalgam separator (used to separate mercury from wastewater) drains into was not draining properly. Will County Facilities repaired the drain and we expect there to be no more issues and the amalgam separator should require less filter changes, saving money.

Compliance Report – provided by Armando Reyes, Director of Compliance

Framework for Compliance Integrity, Readiness, and Agencywide Performance

The Compliance program is organized according to the Seven Elements of an Effective Compliance Program, established by the United States Sentencing Commission under the Federal Sentencing Guidelines for Organizations. These elements serve as a national framework guiding healthcare organizations in building programs that are ethical, transparent, consistent, and prevention-focused.

Standards, Policies, and Procedures

Element One: Written Policies, Procedures, and Standards of Conduct

Compliance strengthened foundational standards that guide safe, ethical, and consistent operations across all divisions.

Key Policy Activities:

- Critical Incident Reporting Policy: Pending final approval. Ensures timely reporting and regulatory compliance.
- Service Animal Policy: Finalized and posted. Clarifies responsibilities and protects disability rights.
- Confidentiality and Privacy Policy: Updating to reflect federal privacy regulations.
- Artificial Intelligence Usage Policy and Telephone Request Log Policy: Under development; establishes safe and transparent use expectations.
- Medication Management Policy: In progress; being developed by the Medication Management Subcommittee to ensure safe and compliant medication accountability.
- Outreach Worker Risk Mitigation Policy: Under development; subcommittee will reconvene to complete safety guidelines.
- Accessibility Policy: To be developed agencywide; will guide all divisions in ensuring equitable accessibility.

Compliance Leadership, Governance, and Oversight

Element Two: Compliance Program Administration

Compliance strengthened governance, communication, and risk-management oversight across the agency in alignment with regulatory, accreditation, grant, and licensing requirements.

Training, Education, and Workforce Competency

Element Three: Training and Education

Compliance supported staff development by providing training for new employees and expanding training opportunities for current staff across all divisions.

Communication, Reporting Channels, and Transparency

Element Four: Effective Lines of Communication

The Compliance Hotline and email remain active and accessible. The next edition of the Compliance Corner Newsletter is in development, and SharePoint resources continue to expand with updated tools and policy information.

Auditing, Monitoring, and Performance Improvement

Element Five: Auditing and Monitoring

Compliance will conduct unannounced privacy and confidentiality walkthroughs across all sites and divisions.

Enhancements to Critical Incident Reporting tracking continue with Safety and Information Technology and Telecommunications to improve follow-up and documentation accuracy.

Response, Corrective Actions, and Continuous Improvement

Elements Six and Seven: Accountability and Corrective Action

The Critical Incident Reporting system supports prompt incident response, trend analysis, and system-level improvement.

Post-Incident Reviews identify needed corrective actions, and investigations are completed when required to ensure accurate fact-finding.

Licensing, Accreditation, and Regulatory Readiness

Compliance supports division audits, site visits, and survey preparation by assisting with documentation and attending audits when required.

Compliance also supports preparation for the upcoming Commission on Accreditation of Rehabilitation Facilities survey and readiness for the upcoming Joint Commission survey.

Summary

The Compliance Program continues to strengthen organizational integrity, regulatory alignment, and a culture of safety across the Will County Health Department and Community Health Center. Key efforts include updating policy frameworks, expanding workforce training, enhancing communication channels, conducting monitoring activities, and reinforcing effective incident response and corrective action practices. These initiatives ensure continued transparency, accountability, and organizational readiness.

Finance - BOH Report – provided by Katie Schaefers, 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. All continuing Department of Human Services (IDHS) and the majority of Department of Public Health (IDPH) grant contracts have been fully executed. State Fiscal year 2026 began July 1, 2025.
2. We are working to properly capture and record all fiscal year 2025 revenue during the lapse period.

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

During the month of November, the Health Equity team has continued their work in the community through outreach, education, and advocacy. The team is engaged with members of the public and leaders in our county, promoting the importance of equity and access to health services.

Activities

Social Services Guide: The team is continuing to compile 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). We will also try to incorporate information based on Integrated Referral and Intake System (IRIS) referral data. This project is also in line with the agency's ongoing strategic plan. There will be a draft in the new year.

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 (CHW) training and continuing education in the county, and manage referrals to close care

gaps. Throughout November, WGMC and HHCD have trained their Community Health Workers through the Illinois Public Health Association's CHW Training program. The partners will be meeting in December and January to apply next steps of the grant deliverables and deploy the CHWs into the community.

Illinois Public Health Institute (IPHI) Grant: WCHD received a Senior Social Connectedness Mini-Grant from IPHI. The Will County Health Department is implementing 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 Partnership (MAPP) and Health Equity. In November, we have begun planning implementation of these deliverables, including follow-ups with Meals on Wheels and other partners to inform them of the grant work. MAPP and Health Equity are continuing to work with Howard Kim at Will County Geographic Information System (GIS) to expand the Find Food Access Map and are 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, and being able to refer them to a local behavioral health provider for assistance. We are planning on how to distribute this education to these locations in an effective way.

Community Office Hours Launch: The Health Equity team launched this initiative in November as a 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, converging government and health resources in one place by joining in on their planned office hours. This effort began on November 6th in partnership with State Representative Dagmara Avelar's office, from 12-2PM at Fountaintdale Library in Bolingbrook. Our health insurance enrollment counselors from the Will County Community Health Center were also present to offer assistance in enrollment to residents and to promote Get Covered Illinois and Open Enrollment. Overall, the office hours went well and we spoke to several residents who came up to the table to get information about Health Department Services and insurance enrollment. Many were concerned about the changes to Affordable Care Act subsidies and how those would be potentially trickling down. We are continuing to reach out to other offices to collaborate with them and are looking to schedule another one in the next couple of months.



Community Outreach/Events: The Health Equity Team attended State Senator Meg Loughran Cappel's Veterans Breakfast on November 1 in Plainfield. Our team spoke to many veterans in attendance and shared information about our services with the entire group. During this event, we were especially promoting information on mental health services and suicide/crisis prevention among the group, and we gave out a number of firearm locking devices that were donated to us from the Department of Veterans Affairs.



Upcoming Health Care Roundtable – The Health Equity Team has been invited to attend a Health Care Roundtable that is being hosted by a couple of State Legislators that represent Will County. The roundtable will be hosted in January and all State Legislators representing Will County will be invited to hear from health care service organizations. We plan to attend to advocate for our services and share the latest data from our Community Health Needs Assessment and Illinois Project for Local Assessment of Needs (IPLAN) in partnership with Caitlin Daly and MAPP. The final date will be scheduled in December.

Collaboration with local chapter of Zonta International – Recently, MAPP and Health Equity were contacted by the local chapter of Zonta to present on the status of women's health in our community during International Women's Month and the United Nations' Annual Meeting on the Status of Women in March. We are excited about this partnership with Zonta to further bring attention to women's health issues and gaps in our community, and including their organization in our initiatives. We are working on preparing this presentation for their membership for March.

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.

National Association of County and City Health Official's (NACCHO) Strengthening Breastfeeding Initiatives Community of Practice for Local Health Departments (LHDs) – In November, MAPP and Health Equity, along with Women, Infant, and Children (WIC), applied to be a part of NACCHO Community of Practice for Local Health Departments focused on strengthening breastfeeding initiatives and activities. With our expanding breastfeeding initiatives here in Will County, we thought it would be a great opportunity

to engage with other Health Departments across the country to exchange ideas and gain support and collaboration for innovative breastfeeding practices to strengthen our own practices locally. We were accepted into this initiative at the beginning of December, and we will be participating in the new year.

Legislative/Advocacy: Health Equity is continuing to stay informed with State and Federal updates as changes trickle down from Federal legislation and the State Legislature goes back into session in the new year. We continue to do outreach and help with legislative pushes to advocate for public health and our critical services in the county. This includes finding public health champions in both the State House and State Senate to advocate for public health legislation, investment, and issues, which is also in alignment with our priorities with the Northern Illinois Public Health Consortium. Our team is working on securing these champions through direct meetings with our elected officials. We have a meeting scheduled in December with State Representative Dagmara Avelar, who sits on several health-related committees in the Illinois House of Representatives to try and secure her as one of our public health champions. We look forward to this meeting and will continue to regularly communicate with our legislators with education and our latest activities. This includes sending out our monthly Health Department Newsletter.

Food for thought: Articles on Firearm Homicide in Pregnant Women

- <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2841181>
- <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2841186>

Key Findings: Pregnant women experienced a 37% higher firearm homicide rate than nonpregnant women. Data showed every 1% increase in state-level firearm ownership was significantly associated with a 6% increase in all-cause and 8% increase in firearm-specific homicide rates in pregnant women. Additionally, this violence impacts more women of color, especially Black or African American women. There needs to be more consideration of this when examining the maternal health crisis and addressing intimate partner violence contributing to this alarming data. Significant policy and systemic level changes are needed to address these preventable and violent incidents impacting pregnant women in this country.

In November, Aishwarya was accepted into the 2026 Illinois Public Health Leadership Institute for Systems Change Fellowship. Through this program, fellows gain tools and guidance to apply practical, action-oriented system-thinking approaches to complex public health challenges. This professional development opportunity will help strengthen our health equity program. The fellowship includes a two-day in-person workshop in Springfield, Illinois in January, followed by monthly virtual workshops from March through September 2026.

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

Personal Business Day Recognition

As part of our annual recognition program, employees who do not use any sick time during the fiscal year are awarded an additional **Personal Business Day**. This year, **nine (9) employees** met the criteria and were each granted a total of **four (4) personal days (1 extra)**. This initiative continues to support and encourage consistent attendance while recognizing employee commitment throughout the year.

Employee Training

Staff Wellness Training Update

In November, we offered a staff wellness training titled "From Burnout to Balance", delivered both online and in person on November 5th and 7th. The sessions were well received, with 24 employees attending in person, a total of 9 employees participated virtually.

Looking ahead, we will be offering another virtual training in December titled "Understanding Loss and Moving Beyond." With the holiday season approaching, this session is intended to provide staff with supportive tools and strategies for navigating grief and emotional challenges during this time of year.

Payroll System Transition Update

We continue to experience some challenges with the implementation of the new payroll system; however, we are actively addressing issues as they arise. To support a smoother transition, Human Resources will be meeting with each department throughout December to discuss managers' concerns and provide enhanced training tools aimed at improving understanding and efficiency in the payroll process.

Orientation Summary (November)

- New Hires: 1
- Transfers: 1
- Promotion: 0
- Interns: 9

Holiday Hiring Schedule Adjustment: Due to the upcoming holidays, no new hires will be scheduled to start during weeks that include a holiday. This adjustment is intended to ensure a smooth onboarding process and adequate departmental support for new employees.

Resignations, Terminations, and Retirees

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

Employee Count by Department

- Administration: 39
- Environmental Health: 32
- Behavioral Health: 70
- Community Health Center: 119
- Family Health Services: 80
- Total Employees: 340

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

'Tis The Season

As we wind down the calendar year the ITT team is busy at work making sure our network and infrastructure is updated and safe. We have some ongoing projects that are getting finished while starting new ones.

Projects

NBO Server Room Improvements

At our Northern Branch 391 location, we are finally able to say the data room project is completed. The final step was installing a permanent drain system for the air conditioning unit. With that step completed, the room is now completely up and cooled without having to depend on staff to manually dump condensation water.

We also replaced a failing air conditioner unit at the Northern Branch 323 location in our data room, while also cleaning up the ventilation for that unit. Fortunately, the failing unit was still under warranty and was replaced without issue or cost.

Windows 11 Device Upgrades

We continue to move through the agency to update any legacy Windows device to the current Windows 11 operating system. This is a long process, but we are getting closer to completing. The goal is to finish before the end of the year. If not by then, by the first couple weeks into the new year.

EBO Time Clock Installation

With the recent move to our current UKG payroll platform, we were able to install a time clock at our Eastern Branch location. They have been without a time clock for just over a year due to their original clock reaching end of life and not working with the current version of Kronos. The upgraded platform allowed us to replace a clock in Joliet with a clock that was not supported in the old system, and the older clock was taken to the Monee office.

Cybersecurity

We continue to bolster our cybersecurity stance through making sure networked devices are updated. In collaboration with the County, we will be updating our email threat filtering platform in the near future. We also continue to provide training for staff, most recently on the fifth of December at the Behavioral Health Staff meeting.

End-of-Year Reflection

As we close out 2025, I want to take a moment to acknowledge the incredible work done by the Information Technology and Telecommunications team. This year brought no shortage of challenges—from critical infrastructure upgrades and security overhauls to major software transitions and ongoing user support. Through it all, the team remained focused, flexible, and committed to keeping the agency running smoothly and securely.

Our work often happens behind the scenes, but it touches every department and every division—from the devices we use, to the systems we rely on daily. I'm proud of the professionalism, resilience, and problem-solving shown by each member of the ITT team this year.

With that, in the spirit of the season, I thought it might be fitting to close out this report a little differently...

'Twas the Night Before the Board of Health Meeting (ITT Edition):

'Twas the night before the Board of Health meeting, and all through the agency,

Directors were finishing reports with great urgency.

The servers were humming, the printers were fed,

While visions of patching & updating danced round every head.

The tickets were logged-in the support system with care,
In hopes that no network blips soon would be there.
And I at my desk, sipping lukewarm caffeine,
Had just settled in for one last system screen.
When out in the hallway arose such a clatter,
I sprang from my chair to see what was the matter.
Away to the hallway I flew like a flash,
Tripped over a laptop, made a Support Level 2 dash.
The glow from the firewall cast light on the floor,
Giving visibility to issues galore.
When what to my wondering eyes should appear—
But Jillian, calm, with a checklist so clear.
With confidence steady and nerves made of steel,
She tackled backlogs with tactical zeal.
More rapid than updates, her team then they came,
And she whistled and shouted and called them by name:
"Now Daisy, now Ted, now Jason, let's go!
We've got cables to trace and permissions to show!
To the printer that jams! To the Wi-Fi that drops!
Now reboot away! Reboot 'til it stops!"
As slow boots before the Windows 11 fly,
They worked through device upgrades—one more try!
So up to each office, the support team they flew,
With laptops and cables, and yes—Duo multi-factor authentication too.
And then in a blink, I heard down the hall,
Tessa, so cheery, responding to a call.
She smiled through the chaos, the phone aglow,
Helping someone reset their password (again... we know).
Ann and Aaron were buried in NextGen,
Smoothing out glitches again and again.
Between clinical forms and provider requests,
They kept things afloat through all the tests.

And Estela, precise with her AP reports,
Balancing numbers and flagging all sorts.
With invoices filed and her spreadsheets in line,
She's the one who makes sure our budget is fine.
Then Jillian gave me a nod and a cheer,
"Our systems are solid—no issues to fear!"
And I heard her exclaim as she vanished from sight—
"Happy holidays to all and may your tech work just right!"

On behalf of the ITT Team and our families, we hope you and your families have a wonderful, safe, and warm holiday season! We will see you next year.

Safety Report – provided by Barbara Agor, Safety & Risk Reduction Officer

Drills

Quarterly Emergency Radio Drill on November 18: Twenty-two out of twenty-four emergency radio holders successfully participated in the call-out radio drill, giving us an improved response rate of 92% (best yet).

Safety Walkthroughs, November 22

Completed safety walkthroughs at our North Branch Office sites: Behavioral Health Suite, Environmental Health Suite, and Family Health Services Suite at 323 Quadrangle Drive, and Community Health Center Suite at 391 Quadrangle Drive. We identified a few potential hazards. The reports have been finalized, approved, and disseminated to the respective divisions for completion of corrective actions.

Hazard Communication Plan

Reviewed and updated our Hazard Communication Plan. A Hazard Communication Plan is a written document required by the Occupational Safety and Health Administration (OSHA) that explains how an employer will inform and protect employees from chemical hazards in the workplace.

Fit Testing

On November 17, we began N95 respirator fit testing for our Community Health Center staff and Family Health Services staff—including Immunizations and HIV/Sexually Transmitted Infections/Care Clinic staff—through our partnership with the Will County Tuberculosis Clinic. Many thanks to Joyce at the Tuberculosis Clinic for her support; as with any new process, there are always a few kinks to work through, and she has been wonderful to collaborate with.

In November, we completed a total of **88** fit tests: 79 for Community Health Center staff and nine for Family Health Services staff. Eighty-six staff successfully passed their fit test, indicating that the selected mask provided effective protection. Two staff did not achieve a proper fit; we are re-testing them with a different mask model and will continue this process until we identify a mask that offers effective protection.

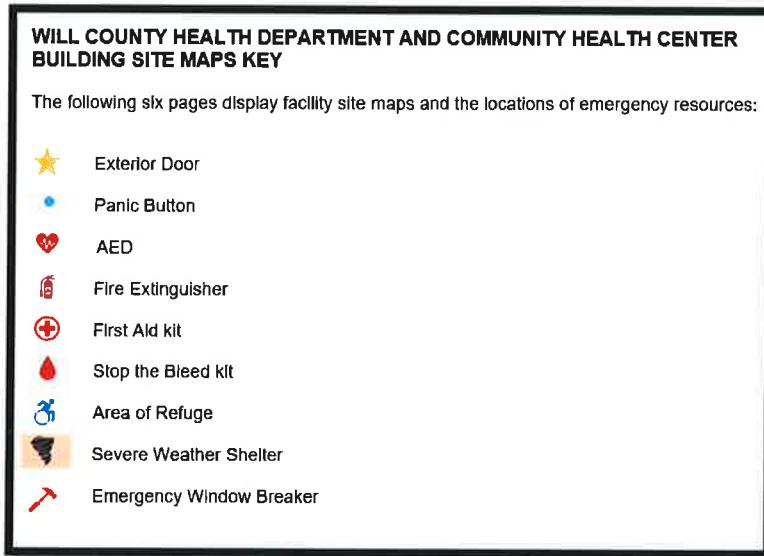
Fit testing will continue until all current staff are adequately protected and will then be conducted annually. New staff in these programs will also be tested as part of their onboarding process.

Safety Messages

In November, two safety messages were sent to All Staff: one about a winter storm that was approaching and the second about our Bomb Threat Response Procedures (in preparation for a Behavioral Health Commission on Accreditation of Rehabilitation Facilities [CARF] required training/drill).

Building Site Map Updates

Updated all the building site maps as part of the Safety Handbook update. We are making sure safety item locations are accurately reflected on each map. These updated maps will be printed, framed, and hung around each building to show where the following items are located in each building:



November 2025 BOH -DIVISIONAL STATISTICS REPORT				
ENVIRONMENTAL HEALTH **Revised**	Oct-25	FY25 YTD	FY24 YTD	
Food Program Activities	972	8786	8984	
Water Program Activities	123	1161	1336	
Sewage Program Activities	93	1005	919	
Other Program Activities (beaches, tanning facilities, etc.)	1868	15711	11944	
Aerobic Treatment Plant Samples	1208	7592	5533	
Number of Service Requests	37	368	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	9,936	70,486	56,799	
OFFICE OF VITAL RECORDS	Oct-25	FY25 YTD	FY24 YTD	
Births Recorded	350	4,065	4,306	
Deaths Recorded	400	4,414	4,215	

December 2025 BOH -DIVISIONAL STATISTICS REPORT				
ENVIRONMENTAL HEALTH		Nov-25	FY25 YTD	FY24 YTD
Food Program Activities		793	9579	9772
Water Program Activities		120	1281	1411
Sewage Program Activities		73	1078	1010
Other Program Activities (beaches, tanning facilities, etc.)		1115	16826	13193
Aerobic Treatment Plant Samples		564	8156	6253
Number of Service Requests		24	392	415
Number of Complaints		45	810	679
Number of Well Permits		13	153	135
Number of Septic Permits		12	203	207
Number of Lab Samples Analyzed by EH Lab		2656	37423	30042
TOTAL		5,415	75,901	63,117
OFFICE OF VITAL RECORDS		Nov-25	FY25 YTD	FY24 YTD
Births Recorded		316	4,381	4,665
Deaths Recorded		404	4,818	4,549

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	117	845
High Risk Infant Follow-Up caseload	260	259	263	255	266	266	261	244	226	225	231	232	2988
HealthWorks Lead Agency Medical Case Mgmt. caseload	651	656	665	656	666	650	648	645	618	602	603	605	7665
WIC caseload	8733	8835	8699	8777	8850	8912	8857	7965	8038	8118	8139	8044	101967
# non-compliant businesses-SFIA	1	15	11	1	16	16	1	19	2	6	6	22	116
# partners provided technical assistance with developing tobacco policy	0	0	0	2	2	3	0	0	1	NA	0	0	8
# clients immunized	269	305	255	292	264	202	261	343	499	338	571	243	3842
# travel client immunizations	22	42	26	43	52	52	26	18	25	26	15	15	362
# influenza vaccinations	117	114	93	81	49	14	6	0	0	215	247	107	1043
# chlamydia cases	152	174	155	179	214	245	90	163	123	195	229	129	2048
# gonorrhea cases	49	55	49	48	59	63	29	38	40	55	77	36	598
# syphilis investigations	60	54	46	95	76	60	77	121	91	67	91	79	917
# HIV tests performed	21	31	33	26	60	53	48	33	63	55	56	52	531
# Mpox cases	0	0	0	0	0	0	0	0	3	0	1	0	4
# CD investigations	315	328	303	324	717	756	659	771	891	704	777	659	7204

U/A=results unavailable at this time

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

November 2025 CD Investigations

Disease	Case Count
Acute Flaccid Myelitis	1
Campylobacteriosis	14
Candida auris, clinical	3
Candida auris, screening	1
Carbapenem Resistant Organism	12
Chikungunya Non-Neuroinvasive Disease	2
Cryptosporidiosis	2
Dengue	1
Dengue-like illness	1
E. coli unspecified	1
Haemophilus Influenzae Invasive Disease	1
Hepatitis A	3
Hepatitis B Chronic	210
Hepatitis B, Perinatal Case Management	1
Hepatitis C Virus Chronic Infection	269
Histoplasmosis	4
Influenza with ICU Hospitalization	1
Legionellosis - Legionnaires Disease	2
Lyme Disease	3
Measles	1
Pertussis	9
Polio	1
Rabies, Potential Human Exposure	13
Rubella	1
Salmonellosis	9
SARS-CoV-2 infection (COVID-19) with ICU Hospitalization	2
Shiga toxin-producing E. coli (STEC)- Shiga toxin pos, not cultured or serotyped	2
Shigellosis	1
Streptococcal Disease Invasive Group A	6
Varicella (Chickenpox)	7
Vibriosis	1
Animal Exposures / Bites	74
Sum:	659

WILL COUNTY COMMUNITY HEALTH CENTER - Patients and Visits CY2025 as of 11/30/2025

Line	Personnel by Major Service Category	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024
		Clinic Visits	Clinic Visits	Virtual Visits	Virtual Visits	SBHC Visits	SBHC Visits	Hospital Visits	Hospital Visits	All Visits	All Visits	Patients	Patients	2025 SBHC Patients	2024 SBHC Patients		
1	Family Physicians	656	395	3	17	77	0			659	412	360	198	72	0		
2	General Practitioners	0	0	0	0	0	0			0	0	0	0	0	0		
3	Internists	1377	778	0	3	0	0			1,377	781	528	359	0	0		
4	Obstetrician/Gynecologists	8007	7575	0	1	0	0			8,007	7,576	2700	2649	0	0		
5	Pediatricians	3129	2375	101	98	105	0			3,230	2,473	1710	1360	102	0		
7	Other Specialty Physicians	0	0	0	0	0	0			0	0	0	0	0	0		
8	Total Physicians (Lines 1-7)	13169	11123	104	119	182	0			13,273	11,242	5110	4457	173	0		
9a	Nurse Practitioners	6040	8197	306	813	376	492			6,346	9,010	3636	5141	321	366		
9b	Physician Assistants	0	0	0	0	0	0			0	0	0	0	0	0		
10	Certified Nurse Midwives	428	362	0	0	0	0			428	362	333	274	0	0		
10a	Total NPs, PAs, and CNMs (Lines 9a-10)	6468	8559	306	813	376	492			6,774	9,372	3886	5327	321	366		
11	Nurses	112	8	0	2	9	0			112	10	85	10	7	0		
15	Total Medical (Lines 8 + 10a through 14)	19749	19690	410	934	567	492			20,159	20,624	7918	8559	464	366		
16	Dentists	5789	6300	0	0	0	0			5,789	6,300	3215	3295	0	0		
17	Dental Hygienists	655	752	0	0	0	0			655	752	578	633	0	0		
17a	Dental Therapists	0	0	0	0	0	0			0	0	0	0	0	0		
19	Total Dental Services (Lines 16-18)	6444	7052	0	0	0	0			6,444	7,052	3477	3616	0	0		
20a	Psychiatrists	1973	1780	1302	1012	0	0			3,275	2,792	696	758	0	0		
20a1	Licensed Clinical Psychologists	18	42	18	961	0	0			36	1,003	34	267	0	0		
20a2	Licensed Clinical Social Workers	435	115	0	0	435	115			435	115	56	29	56	29		
20b	Other Licensed Mental Health Providers	3594	2928	549	6	192	110			4,143	2,934	1071	849	71	69		
20c	Other Mental Health Staff	0	0	0	0	0	0			0	0	0	0	0	0		
20	Total Mental Health (Lines 20a-c)	6020	4865	1869	1979	627	224			7,889	6,844	1798	1680	113	86		
21	Substance Abuse Services	1	0	0	0	0	0			1	0	1	0	0	0		
22	Other Professional Services (specify__)	0	0	0	0	0	0			0	0	0	0	0	0		
22a	Ophthalmologists	0	0	0	0	0	0			0	0	0	0	0	0		
22b	Optometrists	286	431	0	0	0	0			286	431	280	422	0	0		
22d	Total Vision Services (Lines 22a-c)	286	431	0	0	0	0			286	431	280	422	0	0		
24	Case Managers	1	0	0	0	0	0			1	0	1	0	0	0		
25	Patient/Community Education Specialists	0	0	0	0	0	0			0	0	0	0	0	0		
29	Total Enabling Services (Lines 24-28)	1	0	0	0	0	0			1	0	1	0	0	0		
34	Grand Total (Lines 15+19+20+20+21+22+22d+23+29+29a+33)	32506	32036	2279	2913	1194	717			34,779	34,951	11414	11834	553	428		
20a01	Mental Health - Physicians other than Psychiatrists	341	320	2	5	4	0			343	325	286	259	4	0		
20a02	Mental Health - Nurse Practitioner	453	967	3	12	5	10			456	979	421	859	5	10		
20a03	Mental Health - Physician Assistants	0	0	0	0	0	0			0	0	0	0	0	0		
20a04	Mental Health - Certified Nurse Midwives	0	1	0	0	0	0			0	1	0	1	0	0		
21a	SUD - Physicians other than Psychiatrists	248	217	3	11	0	0			251	228	92	78	0	0		
21b	SUD - Nurse Practitioner - Medical	191	213	1	2	0	0			192	215	169	191	0	0		
21c	SUD - Physician Assistants	0	0	0	0	0	0			0	0	0	0	0	0		
21d	SUD - Certified Nurse Midwives	0	1	0	0	0	0			0	0	0	0	0	0		
21e	SUD - Psychiatrists	372	325	253	238	0	0			625	563	127	151	0	0		
21f	SUD - Licensed Clinical Psychologists	2	13	4	194	0	0			6	207	6	51	0	0		
21g	SUD - Licensed Clinical Social Workers	0	0	0	0	0	0			0	0	0	0	0	0		
21h	SUD - Other Licensed Mental Health Providers	653	506	123	0	6	5			776	506	226	157	4	5		
	Obstetrical Deliveries									375	324						
	Circumcisions									78	55						
	Gyne Admissions including surgeries									67	71						
	Hospital Visits (ER & Admissions)									446	419						
	Dr. Flores' Newborn visits									95	71						
	Grand Total (Lines = 34 from above)	32,500	32,038	2,279	2,913	1,194	717			34,779	34,951	11,414	11,834	553	428		

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

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	1605	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 HEALTH DEPARTMENT
BOARD OF HEALTH REPORT
NOVEMBER STATS
DECEMBER 2025 BOH**

Behavioral Health Statistics for 11/01/25 - 11/30/25		Month of NOVEMBER	CFY 2026	CFY 2025
Child and Adolescent (C&A) Mental Health Programs		C&A Psychiatric Services		
		84	1,149	806
		School Services		
		506	3,819	2,657
Joliet Office		310	4,732	3,430
Northern Branch Office		82	1,652	1,128
Telehealth		7	65	60
Telephone Services		277	3,562	2,543
Eastern Branch Office		0	28	37
Off Site		69	3,542	3,900
Screening Assessment and Support Services (SASS) /Mobile Crisis Response (MCR)		Mobile Crisis Response Screenings		
		230	3,217	3,057
		Mobile Crisis Response Counseling Services		
		184	2,986	3,185
		Adult Psychiatric Services		
		119	1,724	1,322
		Adult Services		
Joliet Office		464	6,399	4,068
Northern Branch Office		161	2,109	984
Telehealth		21	365	166
Telephone Services		273	3,329	1,676
Eastern Branch Office		4	151	145
Off Site		294	4,618	4,378

Strategic Initiative

Communication/Engagement

Goals and Objectives Workplan

Goal 1 Increase the knowledge of the Will County Health Department and Community Health Center programs and services to all governing bodies.				
Action Step Number	Action Step Description	Due Date	Responsibility	Status (% done/date)
Objective 1 Increase the Board of Health (BOH) and Governing Council's (GC) knowledge of the Agency.				
1	Rotate presenters at GC and BOH Meetings from all Divisions and from all levels of staff.	2/1/2025 and ongoing	Division Directors (DD)	80%
2	Create a monthly newsletter that can be sent to GC and BOH members.	2/1/2025 and ongoing	Kevin Juday	100%
3	Revise and improve onboarding for GC and BOH members to include tours of all facilities, locations, and meetings with DDs.	2/1/2025 and ongoing	Elizabeth Bilotta, Stacy Baumgartner	100%
4	Assess the increasing knowledge of the board by asking them "How more knowledgeable do you feel you are about the programs and services presented to you this year?"	December of each year	Mary Kilbride June Reisner Aishwarya Balakrishna	0%
Objective 2 Increase the County Board's knowledge of the Agency.				
1	Create a monthly newsletter that can be sent to County Board members, which presents clear data on agency services provided to their constituents.	2/1/2025 and ongoing	Kevin Juday	100%
2	Create a dynamic document (FAQs) of what we do and what we don't do and who to call in both cases: need feedback from staff on what are the top 3 things asked of us that we do not provide.	5/1/2025 and ongoing	Kevin Juday	18%

3	Continue to invite County Board members to facility for tours and / or for meetings.	2/1/2025 and ongoing	Elizabeth Bilotta	85%
4	Ensure that staff regularly attend County Board committee meetings to meet and interact with Board Members.	2/1/2025 and ongoing	Elizabeth Bilotta	100%
Objective 3 Increase the Local Legislators knowledge of the Agency.				
1	Create a list of local and state legislators.	2/1/2025 and ongoing	Aishwarya Balakarishna	100%
2	Create a monthly newsletter that can be sent to local legislators, which presents clear data on agency services provided to their constituents.	2/1/2025 and ongoing	Kevin Juday	100%
3	Create and provide a dynamic document (FAQs) of what we do and what we don't do and who to call in both cases: need feedback from staff on what are the top 3 things asked of us that we do not provide.	5/1/2025 and ongoing	Kevin Juday, Aishwarya Balakarishna	18%
4	Contact and interact with local legislators on a regular basis, using the list created in item #1.	2/1/2025 and ongoing	Executive leadership, Division Directors, Health Advocacy Group	40%
5	Review and update website to ensure content is accurate and current. <i>¹ One Division each quarter conducts a deep dive and updates entire site.</i>	Quarterly ¹	Kevin Juday and Brent Moatz	50%

Goal 2 Improve customer service through community engagement and education.

Action Step Number	Action Step Description	Due Date	Responsibility	Status (% done/date)
Objective 1 Create an agency wide customer service initiative to improve client experience at WCHD.				
1	Build committee to research customer service initiative programs and investigate Silver Cross' initiative program.	12/1/2025-7/31/2025	Katie Weber, Trisha Kautz and Committee	15%
2	Tailor customer service initiative to our agency.	7/1/2025- 12/31/2026	Customer Service Committee	0%
3	Implement customer service initiative program including training staff.	12/1/2026- 12/31/2027	Division Directors and Managers	0%
4	Create a 1–2-page sheet of phone numbers to assist callers to provide WARM hand offs (Barb has a list we can possibly use).	2/1/2025- 7/31/2025	Barb Agor and Information Technology (IT) staff	15%
Objective 2 Create a What is Public Health campaign on who we are and what we do.				
1	Work with The Fource to create media campaign on who is the WCHD/CHC and our services and our locations.	2/1–8/30	Kevin Juday (DDs and Staff)	100% completed
2	Plan tours, press releases and events for National Public Health Week in April and Community Health Center Week in August and invite the community.	3/1- 8/30	Kathleen Harkins & Kevin Juday	20% - yr 1
3	Have Divisions developed message / power point on services that can be used for events or can we send out.	2/1/2025–6/30/2025	Kathleen Harkins & Kevin Juday and Division Directors (DDs)	75%
4	Meet with Regional Office of Education (ROE) and other Leaders of Schools including private schools and develop a plan to get WCHD / CHC into schools and school staff events to present our services.	8/1/2025 and ongoing	Sean Conners	75%
5	Do more community engagement events (ensure tracking events thru Kevin Juday) – push	2/1/2025 and ongoing	Kevin Juday, Health Equity Team	75%

	the availability of staff to attend community-based organizations to present our services by finetuning the request, doing social media posts, review community websites to find events).			
6	Enhance our local media presence (on WJOL, Herald News, Julia Alexander, Patch).	4/1/2025 and ongoing	Kevin Juday	80%
7	Expand existing POD cast capabilities and reach out to DDs for topics.	1/1/2026 and ongoing	Kevin Juday	10%
8	Enhance our own social media presence on Facebook, Twitter, Instagram and YouTube.	2/1/2025 and ongoing	Kevin Juday	80%

Goal 3 Build a healthier work community through staff engagement.

Action Step Number	Action Step Description	Due Date	Responsibility	Status (% done/date)
Objective 1 Acknowledge and reward employees for contributions and achievement.				
1	Create a years of service program.	2/1/2025 and ongoing	Committee	100%
2	Create an employee recognition program that includes random recognitions at BOH & GC meetings; recognize individuals and groups; use technology to allow staff to join GC meetings; program needs to include rules of recognition; program needs to be consistent across the agency; include realistic everyday little things that show recognition and appreciation.	2/1/2025 – 12/31/2025	Elizabeth Bilotta & Denise Bergin	100%
Objective 2 Re-examine the evaluation process for ways to improve it.				
1	Determine if WCHD / CHC can use a different evaluation form (ask the County).	3/1/2025	Elizabeth Bilotta	75%

2	If possible, create a new evaluation tool, develop or modify the evaluation form to be more meaningful for staff and manager.	1/1/2026	Katie Weber, Erin Kueber, Elizabeth Bilotta, Kathleen Harkins	0%
3	If we cannot create a new evaluation form, create an addendum to accompany the current evaluation form.	1/1/2026	Erin Kueber, Elizabeth Bilotta, Kathleen Harkins	0%
4	Train managers on the updated evaluation process.	1/1/2027	TBD, Division Directors (Onboarding)	0%
Objective 3 Develop more structured, engaging, and productive staff meetings.				
1	Develop a committee to determine what staff meetings look like in the future.	4/1/2025	Mary Kilbride	100%
2	Determine what a well written staff meeting agenda includes, while ensuring staff are given the opportunity to contribute to agenda items (including on agenda the discussion of the monthly newsletter).	1/1/2026	Committee of Division Directors, Managers, and Staff	100%
3	Ensure all staff meetings include celebrations or recognitions of staff or groups of staff (tie into the recognition initiative).	1/1/2026	Committee of Division Directors, Managers, and Staff	100%
4	Develop a survey to collect feedback from staff regarding the staff meetings and use the feedback to help develop an improvement plan.	1/1/2026	Committee of Division Directors, Managers, and Staff	50%
5	Establish staff meeting ground rules.	1/1/2026	Committee of Division Directors, Managers, and Staff	100%
6	Train management staff on how to facilitate meetings to engage staff and to promote feedback.	7/1/2027	Consultant working with the committee	0%

Objective 4 Train leadership to create a healthy environment for staff to develop.				
1	Provide management staff leadership training regarding how to properly communicate with staff (communication needs to be consistent, often, professional) and how to engage staff in decision making.	1/1/2028 and then annually thereafter	Consultant, County HR, and WCHD Director of HR	0%

Strategic Initiative

Financial Security and Advocacy

Goals and Objectives Workplan

Goal 1 Improve financial security by building and maintaining a strong organizational infrastructure for public health in order to create efficiency, maximize revenue, and strengthen internal controls.

Action Step Number	Action Step Description	Due Date	Responsibility	Status (% done/date)
Objective 1 Enhance and optimize Internal Controls through the development of Standard Operating Procedures (SOP). The SOP's will improve efficiency, reduce errors and miscommunication, and empower staff.				
1	Select key staff members to work on administrative and operational Standard Operating Procedures (SOP) within each division.	3/1/2025	Division Directors and management	The financial stability group is planning a meeting with the division directors. At the upcoming meeting the designated SOP team members will be selected.
2	Determine the SOP format that will work best for their particular division, department, or duties.	4/15/2025	SOP teams	0%
3	Establish and document SOPs to document the efficient and effective processes of tasks. Review and update SOPs as systems are upgraded or new software is added.	4/15/2025-3/31/2026 ¹ and ongoing	SOP teams	0%

¹ Upon SOP completion, the SOP teams will review and update as necessary.

4	Identify and train key staff members specifically on becoming super users. (Newly elected SOP team members may also be fit for super user roles). Managers will research or reach out to appropriate vendors for training materials. Managers will also look for online training offerings.	3/1/2025-12/31/2025	Division Directors and management	0%
Objective 2 Reduce unnecessary expenses to improve efficiency and save money and provide managerial education that emphasizes cost control and operational efficiencies and empowers managers to make decisions for all branch locations that drive long-term financial health for the organization.				
1	Identity cost saving opportunities and efficiency ideas.	3/1/2025-12/31/2025	Executive leadership, Division Directors, management, and account payable staff	All members of the leadership team continually work at identifying opportunities to save. It is currently unknown what the effects of the Federal Administrations grant terminations will have on our organization.
2	Meet quarterly to assess newly developed cost control measures.	4/15/2025-12/31/2025 and ongoing	Executive leadership, Division Directors, management, and account payable staff	Quarterly meetings dates & times TBD.

Objective 3 Ensure service revenue is maximized and strive to identify new and continued funding opportunities. The sources we will target include, federal, state and local programs as well as establishing new partnerships.				
1	Review billing processes and applicable payer requirements to ensure all services provided are billed appropriately to maximize revenue.	2/15/2025 and ongoing	Division Directors, Billing supervisors	Recently the BOH approved BH's fee schedule and sliding fee scale. The Governing Council/BOH also approved the CHC's sliding fee scale.
2	Create a focus group to explore ideas and suggestions for new revenue alternatives.	2/15/2025 and ongoing	Executive leadership, Division Directors, and Finance team	0%

3	Schedule monthly focus groups meetings to share and discuss funding opportunities.	3/1/2025 and ongoing	Focus group team	0%
4	Review available funding opportunities presented by the focus group.	3/1/2025 and ongoing	Executive Leadership, Division Directors	0%

Goal 2 Strengthen and expand health advocacy skills necessary to promote public health and influence decision makers.

Action Step Number	Action Step Description	Due Date	Responsibility	Status (% done/date)
Objective 1 Improve health advocacy skills of agency staff.				
1	Provide health advocacy training to educate staff on best practices for addressing public health issues to influence decision makers.	TBD	Pam Robbins, Executive leadership, Division Directors, management, TBD	TBD at the financial stability group's next meeting.
2	Establish a health advocacy group to educate and influence decision makers through communication/engagement activities.	TBD	Pam Robbins, Executive leadership, Division Directors, management, Aishwarya Balakrishna, TBD	The County Board's Public Health & Safety Committee meeting took place at the HD. Committee members also received a tour of the HD and CHC. Hopefully future County Board members will visit and tour, thus encouraging communication.

Strategic Initiative

Integration

Goals and Objectives Workplan

Goal 1 Develop and maintain a digital platform that provides centralized access of Agency services and resources and encourages knowledge sharing among staff. **30%**

Action Step Number	Action Step Description	Due Date	Responsibility	Status (% done/date)
	Objective 1 Enhance existing digital platforms by end of Q2 2025 that will centralize and provide easy access to resources that support integration goals.			65%
1	Create a New Section on SharePoint Homepage for access to agency resources and services.	4/15/2025	Information Technology (IT) staff with leadership team input for design. Randy to assign staff to open site	85% Open site with digital guide, IRIS connection by December 10. Potentially a table of key words that would link to the appropriate place in the resource guide.
2	Establish a Teams Channel Under the Agency Team to mirror the SharePoint section and provide a collaborative space for employees.	12/15/2025	IT staff	Re-evaluate. This cannot be cumbersome. Will it be in TEAMS or Sharepoint Don't duplicate location of IRIS or resource guide

3	Create an Ambassador Team in Microsoft Teams to coordinate cross-departmental collaboration and plan meetings that promote integration.	12/15/2025	IT staff	Strike this idea. Will duplicate efforts and create confusion
Objective 2 Create a maintenance plan to ensure sustainability and ease of use.				15%
1	Designate responsible person to review content for accuracy and submitting new information.	3/1/2026	Division directors or designees, IT staff	25% This will be required later in the project
2	Integrate surveys for employee feedback on resources and training—is it effective. Use feedback to continuously improve materials and accessibility. How easy to use/access.	7/1/2026	Integration team to create surveys using FORMS	Add to Objective 3
Objective 3 Implement tools to measure the use and success of the system by year end 2025.				0%
1	Use SharePoint and Teams analytics to track engagement with the digital guide, training resources, and videos.	10/1/2026	IT staff to pull data, Integration team to evaluate data and recommend, Division Directors to approve/modify recommendations	Not in process yet. This follows execution of core action items
2	Regularly review metrics such as the number of views, feedback received, and completion rates for training.	10/1/2026	Integration team, Leadership receive and evaluate	Same as above
3	Define clear KPIs (e.g., 80% of employees accessing the guide, 95% training completion rate).	3/30/2026	Integration team, Leadership receive and evaluate	Same as above
4	Include surveys (FORMS) post-training to gauge improvements in employee knowledge and integration success. Use feedback to continuously improve materials and accessibility. How easy to use/access. Is the program effectively increasing staff knowledge.	1/1/2026	Agency training team, Integration team	Same as above

Goal 2 Develop content for the digital platform(s) that encourages use and sharing of information. 30%

Objective 1 Enhance existing digital platforms by end of Q2 2026 that will centralize and provide easy access to resources that support integration goals.	30%
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Action Step Number	Action Step Description	Due Date	Responsibility	Status (% done/date)
1	Gather an Integration Committee team to identify agency resources and assist with developing training materials.	1/1/2026	Representatives from each division plus integration team Or Integration team to pull from division directors at monthly meeting	Not in process
2	Develop and electronically host a comprehensive guide outlining all services offered by the agency. Resource guide is primary tool Each department to identify other primary resource materials they feel would assist in knowledge gain and referrals	12/30/2025	IT staff, Kevin Juday, Division Directors or designee for accurate content	75% Electronic Agency guide available on website. Once other resources are developed add to website as appropriate and TEAMS location. Agency guide is also searchable by topic or keyword—CNTL F
3	Create and upload short, engaging videos (1-3 minutes) highlighting the purpose and services of each division.	7/15/2026	Kevin, IT staff, possible outsource, The Fource	Further discussion led to idea of division and departmental podcasts. Each department/division will follow standard format but creative delivery is up to the department. Other strategic planning team is considering similar, Kevin will bridge the efforts of both teams.
4	Create and upload interactive training modules, including documents, quizzes, and videos.	7/15/2026	IT staff, Integration Team, Division designees for “quiz” content. Division designees to validate all content	Not in process. This will follow development and execution of core plan

Goal 3 Identify, develop and execute methods to promote knowledge sharing that increases collaboration among and within Agency facilities, divisions, and departments. 15%

Action Step Number	Action Step Description	Due Date	Responsibility	Status (% done/date)
Objective 1 Establish expectation of staff awareness and participation.				20%
1	Gain agreement from administrative leadership for general knowledge expectation among staff and participation in ongoing knowledge sharing.	12/1/2025	Integration Team and leadership team, HR, Union	Recommended for addition to the 2025 CBA revision 50%
2	Develop an annual calendar of required training employees. Record all training for employees who cannot attend. In person attendance desired at 85+%. Calendar to be posted in SharePoint/Teams.	3/01/2026	Integration Team and leadership team, HR, IT staff	15% Training topics list and calendar in draft stage. Training/learning to be a continuation of the new orientation training. Annual refreshers/new learning/divisional updates.
Objective 2 Redefine the ambassador program as a more prominent tool to promote understanding of Agencywide services. The periodic podcasts have the potential to change the delivery of information that currently occurs with ambassador program.				25%
1	Define the purpose, "job description" and expectations of the Ambassador Program.	2/1/2026	Integration Team, Ambassador Team, Leadership	In process 25%
2	Designate division ambassadors that can carry out the expectation of the role.	2/1/2026	Division Directors	50% Reviewing current ambassadors with division directors to confirm continuation or make change
3	Create a calendar so that Ambassadors will routinely attend division meetings.	2/1/2026	Division Directors, Leadership	25% Assessing current calendar for effectiveness
4	Establish an Ambassador/Integration Committee to follow up and ensure the program thrives and is not left abandoned.	2/1/2026	Integration team and ambassador designees	Not in process
Objective 3 Make accessing Agency information fun and easy.				5%

1	Create an Agency marketing video to rally and inspire internal staff to advance their knowledge of Agency services with the end goal of better serving our clients/patients.	7/1/2026	IT staff, Outsourcee (Fource) or Kevin Judy, Integration team	Much of this has been accomplished with the Orientation Team. The new idea of information podcasts will complete this objective.
2	Add an element of gamification to encourage participation.	7/1/2026	IT staff	5% Ideas being generated by IT Director
2a	Create badges, passports, or certificates for employees who complete training modules or actively participate in ambassador-led sessions.	7/1/2026	Integration Team, Agency Training Team, IT staff for any digital opportunities	Not in process. Will follow development of content

2b	Offer incentives and recognition for high-performing ambassadors or teams with the most referrals or collaboration.	7/1/2026	Integration team, Leadership team for budget approval	10% Ideas have been generated. Will follow content development
3	Store information for easy access on a repository (SharePoint) with desktop link to platform.	7/1/2026	IT staff, Integration Team	This becomes part of goal 1, Objective 1 and Goal 2, Obj 3.
4	Publish contacts within divisions that can assist employees with informing clients of services.	9/1/2025	Integration team Division director IT for posting	50% In addition to departmental contacts, assessing effectiveness of personal contact usefulness vs. departmental email
5	“Relaunch” and retrain Agency staff on IRIS and utilize as the primary referral tool among WCHD Agency divisions. Leadership team to set the expectation.	9/1/2025	FHS Iris team & Leadership team Integration team	IRIS is familiar referral tool throughout some of the agency. Effort focused on CHC provider referrals and reintroducing to CHC. Rebecca A presented to providers on 11/13/25. Providers to get login to complete referrals. CHC referral categories streamlined for easier referring

Strategic Initiative

Workforce Development

Goals and Objectives Workplan

Goal 1 Develop and maintain a competent public health workforce.

Action Step Number	Action Step Description	Due Date	Responsibility	Status (% done/date)
Objective 1 Expand the current orientation processes and procedures by February 18, 2025.				
1	Collect current day one Orientation and division orientation program including events, processes, and materials.	1/2/2025-1/10/2025	Workforce Development group, Division Directors (DD), program managers/ coordinators	100%
2	Evaluate HRs and each division's orientation process.	1/10/2025-1/17/2025	Workforce development group, DDs, Compliance Director	100%
3	Develop a comprehensive, thorough two-day orientation for all new hires to receive in human resources.	1/17/2025-1/31/2025	Workforce Development Group, HR, DDs	100%
4	Implement new orientation program.	2/3/2025-3/17/2025	HR	100%
5	Evaluate new orientation program and modify as needed.	3/17/2025-4/14/2025 9/2/25-12/31-25	Workforce development group, HR, DDs	100% fully implemented and ongoing evaluation/modifications
Objective 2 Create a program that outlines agency required employee training and education related to job titles and programs.				
1	Retain and utilize Workforce Development Specialist to assist with the creation of a training program including determination of educational needs, curriculum development and securing computerized program for tracking and delivering education.	1/5/26- 4/14/2026	Administration, HR, Workforce development group	0
2	Compile in a uniform manner existing required training material across individual departments within the agency.	4/14/2026-8/3/2026	Workforce Development group, Workforce Development (WFD) Specialist, DDs	0
3	Evaluate each department's required training for thoroughness, crossover, gaps, and redundancies among divisions.	8/3/2026-12/22/2026	Workforce development group, WFD Specialist, DDs, Compliance Director, HR	0
4	Define required training timeframes, actions, responsible parties, and desired outcomes.	12/22/2026-2/22/2027	Workforce development group, WFD Specialist, DDs, Compliance Director, HR	0

5	Develop framework of training program including protocol design and use.	2/22/2027-3/22/2027	WFD Specialist, WFD Group, DDs	0
6	Secure software and/or computer program for use in training program and development of curriculum.	3/22/2027-6/22/2027	WFD group, WFD Specialist, Information Technology (IT) staff, Compliance	0
7	Pilot the training program in FHS (4-6 months).	6/22/2027-12/31/2027	WFD Specialist, DDs	0
8	Implement training program based on specialist's recommendations.	1/1/2028	WFD Specialist, WFD Group	0
9	Evaluate program and make modifications as needed/recommended.	1/1/2028 and ongoing	WFD Specialist	0

Objective 3 Create a program that outlines agency required management training and education related to WCHD and program regulations.

1	Utilize workforce development specialist to assist with the creation of a training program including determination of educational needs, curriculum development and securing computerized program for tracking and delivering education of Management and Leadership team.	4/1/2028-6/1/2028	Workforce development group, WFD Specialist, DDs, Compliance Director, HR	0
2	Compile in a uniform manner existing required training material across individual departments within the agency.	6/1/2028-7/1/2028	Workforce Development group, WFD Specialist, DDs	0
3	Evaluate each department's required training for thoroughness, crossover, gaps, and redundancies among divisions.	7/1/2028-9/1/2028	Workforce Development group, WFD Specialist, DDs, Compliance Director	0
4	Define required training timeframes, actions, responsible parties, and desired outcomes.	9/1/2028-10/1/2028	Workforce development group, WFD Specialist, DDs, Compliance Director	0
5	Develop framework of training program including protocol design and use.	10/1/2028-12/1/2028	WFD Specialist, WFD Group, DDs	0
6	Input curriculum into existing CE/training software and/or computer program.	12/1/2028-2/1/2029	WFD Specialist	0
7	Pilot the training program in FHS (4-6 months), including program evaluation and modifications as needed/recommended.	2/1/2029-6/1/2029	WFD Specialist, WFD Group	0
8	Implement training program based on specialist's recommendations.	6/1/2029	WFD Specialist	0
9	Continue evaluation and modifications as necessary.	6/1/2029-ongoing	WFD Specialist	0



**WILL COUNTY BOARD OF HEALTH
RESOLUTION #25-74**

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

**APPROVAL OF WILL COUNTY HEALTH DEPARTMENT
REVISED FY2026 BUDGET APPROPRIATION**

WHEREAS, the Will County Health Department FY2026 budget was presented to and approved by the Board of Health on November 19, 2025; and

WHEREAS, on November 20, 2025, the Will County Board did not approve \$79,500 in Cannabis funding to support the Community-Wide Cannabis Education and Outreach initiative included in the Health Department budget; and

WHEREAS, an adjustment was made to appropriate revenue line items to reflect this change and to maintain a balanced budget, specifically Transfers In was decreased and Funds On Hand was increased by \$79,500.

NOW, THEREFORE, BE IT RESOLVED, the Will County Board of Health hereby approves the Will County Health Department Revised 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	\$ 4,700,000
Funds on Hand	\$ 1,492,361
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 17th day of December, 2025.

Chief Paul Hertzmann, President
Will County Board of Health

Will County Health Department

FY2026 Budget Presentation

Revenue

	<u>2025</u> <u>Revised Budget</u>	<u>2026</u> <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
	<hr/> 12,129,673.00	<hr/> 9,612,371.00
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
	<hr/> 14,333,404.00	<hr/> 16,459,589.00
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	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	1,492,361.00
	<hr/> 4,993,603.00	<hr/> 5,653,279.00
Transfers In	3,750,000.00	4,700,000.00
Total Budgeted Revenue	<hr/>46,222,180.00	<hr/>48,440,739.00

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							
<i>Administration</i>							
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
<i>Environmental Health</i>							
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
<i>Behavioral Health</i>							
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		3,078,054	3,003,181	3,617,554	3,178,859	4,883,554
<i>Family Health Services</i>							
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
<i>Community Health Center</i>							
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					
Transfer In Total			4,750,000	4,750,000	3,750,000	3,750,000	4,700,000
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	4,700,000
	Funds on hand (reserves)	499010	1,332,834		3,555,207		1,492,361
	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

	<u>2025 Revised Budget</u>	<u>2026 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	<hr/> 25,311,811.00	<hr/> 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	<hr/> 10,159,987.00	<hr/> 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	<hr/> 3,647,509.25	<hr/> 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	<hr/> 5,766,162.75	<hr/> 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	<hr/> 71,000.00	<hr/> 50,000.00
Other Expenditures		
Administration	1,265,710.00	4,000,000.00
Total Budgeted Expenditures	<hr/>46,222,180.00	<hr/>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	2,123,734	43,504	(231,718)	82,020	3,842,237	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					-		-
Funds On Hand	1,492,361						1,492,361
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 #25-75**

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

APPROVAL OF FY2026 BUDGET AMENDMENT - \$33,450

WHEREAS, the Will County Health Department FY26 budget included projected expenses and revenue for a Cannabis Education and Outreach initiative; and

WHEREAS, cannabis funding was not allocated in support of this initiative; and

WHEREAS, non-personnel expenses and corresponding revenue supporting this initiative are being removed from the FY26 budget.

NOW, THEREFORE, BE IT RESOLVED, the Will County Board of Health hereby approves the budget amendment to the FY2026 Will County Health Department budget:

Revenue:

Increase:	2102-498010-120-34010-40	Anticipated New Revenue	\$ 33,450
Decrease:	2102-499010-120-34010-90	Funds on Hand	\$ 33,450

Expenses:

Increase:	2102-599010-120-34010-40	Anticipated New Expenses	\$ 33,450
Decrease:	2102-532010-120-34050-40	Operating Supplies/Materials	\$ 2,250
Decrease:	2102-547010-120-34050-40	Advertising	\$ 30,000
Decrease:	2102-547020-120-34050-40	Printing	\$ 750
Decrease:	2102-548510-120-34050-40	Mileage	\$ 450

DATED THIS 17th Day of December, 2025.

Chief Paul Hertzman, President
Will County Board of Health

Project Proposal ↑

Community-Wide Cannabis
Education & Outreach
Program

Prepared by :

Community Health Education Staff:

Aishwarya Balakrishna, MPH

James Budrick-Diaz, MPH

Katherine Schram, BS Ed

Betsy Cozzie, BHSc

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01 Program Description/Executive Summary

The Will County Health Department Community Health Initiatives team is proposing a county wide effort to educate community members, community partners, schools, stakeholders, and community leaders on cannabis and the risks of youth use. This project will be implemented alongside our existing Tobacco Control and Prevention Program, through which we educate on nicotine use and work with schools and leaders to prevent and mitigate youth use. Currently, there are no other agencies or organizations in Will County focused on evidence-based education around cannabis use, so this presents a unique opportunity to begin this effort through the health department. Our Community Health Initiatives team has the needed experience to prepare and share educational materials, share research and data, conduct outreach, connect with community partners, and work with educational institutions and community leaders to make sure there is accurate information about cannabis use in all forms, including vaping, smoking, dabbing, edibles, etc. Education will also focus on the many different derivatives of cannabis that are being sold across the community and state. Additionally, this project will focus on populations at risk for adverse outcomes from cannabis use, including youth, pregnant persons, and those living with or those at risk for mental health conditions. Our team will work with schools and community leaders to propose and attempt implementation of policies to protect at risk populations and reduce use among these populations.

The current proposal is planned with two objectives: one around education across the county and the second one around media for wider distribution of information. The education portion will entail research and preparation of educational materials (both physical and digital) for distribution amongst partners, community members, schools, and leaders across the county. Some materials will be more general information on cannabis and use, and others will be specific to at risk populations. Additionally, staff will be prepared to present to schools or organizations on cannabis use as requested/needed. This portion will also include creation of educational social media posts every month to share on agency social media accounts for wide reach. The media objective will be focused on a county wide media campaign to get information out to as many residents as possible through print and digital methods. Print methods will include displays in buses through PACE and possible digital methods will include running ads on social media where much of target populations will see the information. Additionally, staff will work with our agency's media services manager to develop an agency website for even more public education.

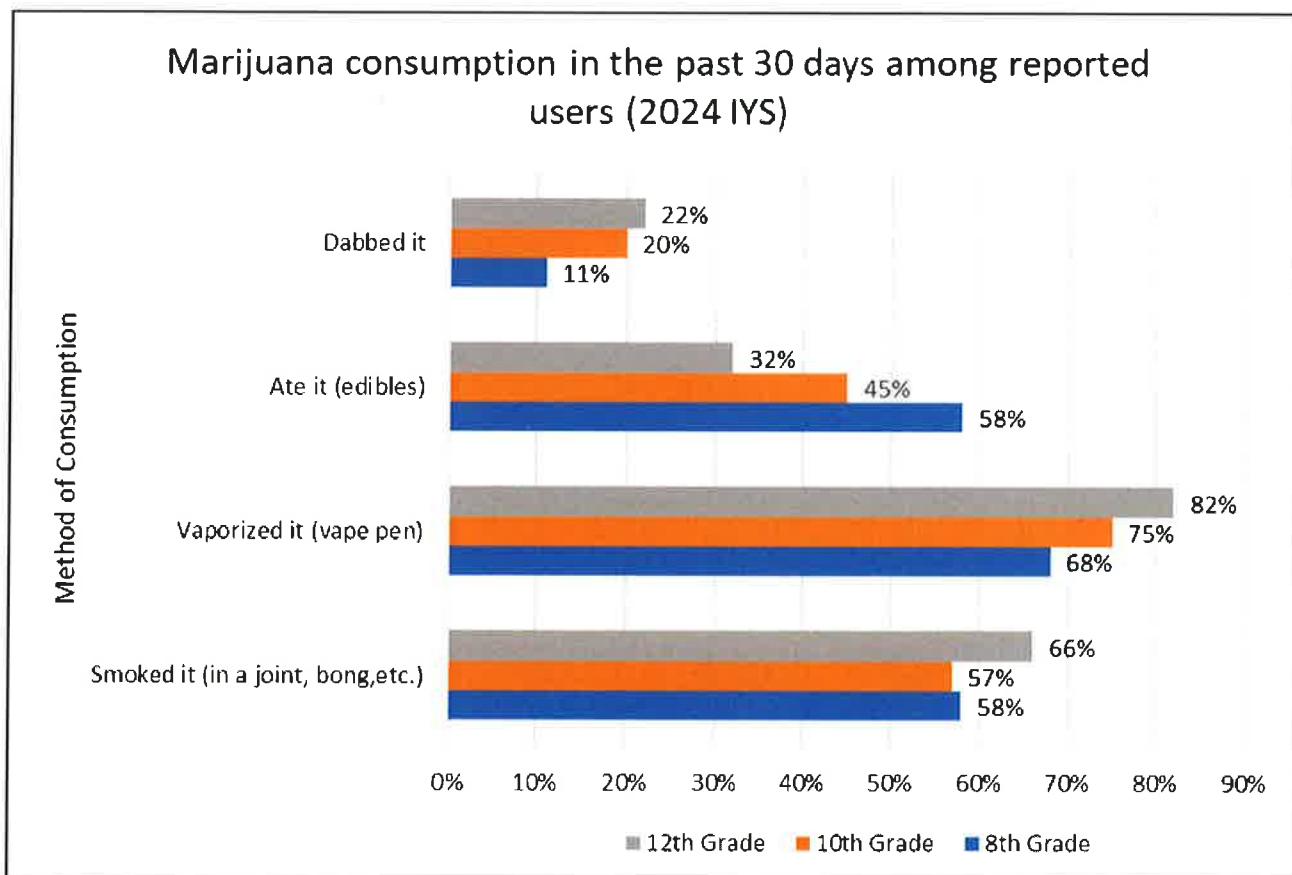
02 Needs Assessment

The need for cannabis education is high, as new forms of the substance are constantly emerging and there is a lot of misinformation around cannabis use. Currently, there is no county wide initiative on cannabis education, and this is a needed component in addition to our ongoing substance use initiatives. Cannabis use habits have also changed significantly in the last two decades: cannabis now exists in even more forms like vape and dab pens, edibles, oil, and wax in addition to solid and dried forms and joints. Additionally, THC (the compound in cannabis that is psychoactive) potency in these various forms has increased dramatically. According to the Yale School of Medicine, in the 1990s, the average THC concentration in cannabis seized by the Drug Enforcement Administration was about 4%. By 2017, it had risen to 17% and continues to increase. Besides the products that are derived from the plant, there are numerous other cannabis products and derivatives with an even higher THC content, many of which are made in labs and synthetically derived, with potency for some as high as 90% (Backman, 2023). Ingesting cannabis in these highly concentrated forms can be very damaging to the brain, especially for vulnerable populations like youth, pregnant persons, and those with mental health conditions, including the risk of developing psychosis and significant effects on the cardiovascular and respiratory systems. For pregnant persons, cannabis use can be harmful to the baby's development and put them at risk for pregnancy complications. There is an absolute need to make sure residents across Will County are aware of these changing concentrations and the risks they pose with use, because these products are readily available at retailers in almost every neighborhood.

Cannabis use has significant implications around mental health as well. There is compelling data that shows that cannabis use may be associated with changes in brain structure in young people, specifically in the prefrontal cortex, which is the area of the brain associated with decision-making and executive function. Other epidemiological evidence suggests that heavy use of cannabis at an early age is associated with increased risk of developing schizophrenia, bipolar disorder, depression, and anxiety (Backman, 2023). Cannabis use in high concentrations can also exacerbate already diagnosed mental health conditions. There is a need to increase awareness on cannabis use and the relationship to mental health and the risks.

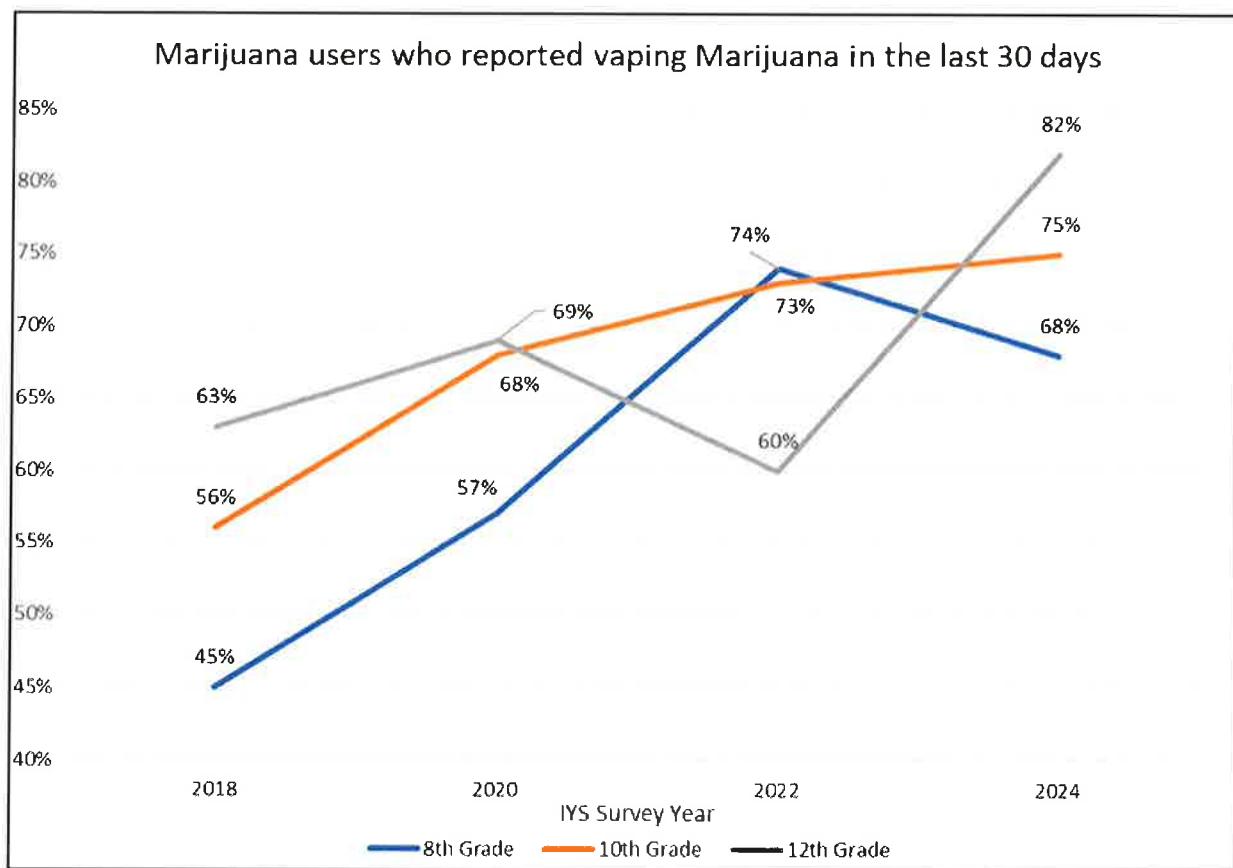
02 Needs Assessment cont.

The Illinois Youth Survey is a survey conducted among 8th, 10th, and 12th graders every two years across schools in the state to look at behavioral health trends. Looking at the Illinois Youth Survey (IYS) data from Will County over the last eight years, vaping cannabis has become increasingly popular among youth who use marijuana. Across these grade levels, vaping cannabis as a means of consumption has increased among reported marijuana users. From 2018 to 2024, of those who reported using marijuana in the last 30 days, vaping cannabis as a means of consumption has increased: 45% to 68% in 8th grade, 56% to 75% in 10th grade, and 63% to 82% in 12th grade. There is also an overall increase in cannabis use as youth are getting older.



02 Needs Assessment cont.

Additionally, among reported users, 8th and 10th grades are seeing higher rates of edible consumption compared to 12th grade. According to the 2024 IYS, 58% of reported users in 8th grade reported consuming cannabis edibles within the last 30 days, as well as 45% of 10th grade and 32% of 12th grade. Highly concentrated and unregulated edibles being sold at retailers across the county are increasingly appealing to youth, with companies using fun colors and flavors to specifically target youth which is very similar to what tobacco companies continue to do with vapes and vape flavors. The ease of consumption and ability to hide in plain sight also makes it easier for teens to use marijuana. Additionally, due to edibles often being in a dessert or candy form, there is a concern for accidental consumption by adolescents and teens.



There is an absolute need to address these consumption trends with education and information for youth, parents, and schools across the community.

03 Proposed Objectives & Timeline

Objective #1: By November 30, 2026, increase the number of Will County residents educated about the risks of cannabis use in various and vulnerable populations (youth, pregnant population, mental health, etc) through presentations, health events, creating educational materials, social media messages, and community outreach.

Timeline: **12/1/25-2/28/26**

Activity	Expected Outcome	Measurement of Outcome
Research cannabis use rates in Will County, using Illinois Youth Survey (IYS), and other surveys available at County and/or State level.	Cannabis use rates in Will County will be determined for different populations (youth, pregnant population, mental health, etc)	# of surveys, # of data sources reviewed
Begin researching and developing evidence-based educational materials based on compiled data.	Evidence-based educational materials will begin to be developed.	# of materials developed (youth, pregnant population, mental health, etc), # of resources used
Engage with our Coalitions to promote Cannabis material implementation to community partners.	Expand reach of material information, engage with new partners.	# of communications with the Coalitions about cannabis educational/media material, # of members present
Order materials for event table education (tabletop cannabis vape displays, and Journey Works cannabis pamphlets).	Staff will have educational display items ready for community events and educational opportunities.	# of materials ordered
Work with Will County Health Department public information officer to begin development of an agency webpage for cannabis education and available resources.	Staff will have the help of public information officer to develop website for community resources.	# of resources for webpage

03 Proposed Objectives & Timeline cont.

Timeline: 3/1/26-5/31/26

Activity	Expected Outcome	Measurement of Outcome
Continue developing educational materials.	Evidence-based educational materials will be developed for distribution.	# of materials developed (youth, pregnant population, mental health, etc)
Begin outreach to community partners, schools, stakeholders, community leaders, etc to begin distribution of cannabis education.	Community partners, schools, stakeholders, community leaders, etc will be able to receive newly created educational materials on cannabis use.	# of materials created, # of partners contacted, # of materials distributed, # of community outreach events attended
Engage with our Coalitions to promote Cannabis material implementation to community partners.	Expand reach of material information, engage with new partners.	# of communications with the Coalitions about cannabis educational/media material, # of members present
Continue working with Will County Health Department public information officer to develop agency webpage for cannabis education and available resources.	Staff will have a plan and a timeline for the development of agency website for community resources.	# of resources for webpage

Timeline: 6/1/26-8/31/26

Activity	Expected Outcome	Measurement of Outcome
Continue research and development of educational materials.	Evidence-based educational materials will be developed for distribution.	# of materials developed (youth, pregnant population, mental health, etc)
Continue outreach to community partners, schools, stakeholders, community leaders, etc to distribute cannabis education through events/meetings.	Community partners, schools, stakeholders, community leaders, etc will be able to receive newly created educational materials on cannabis use.	# of materials created, # of partners contacted, # of materials distributed, # of community outreach events attended
Engage with our Coalitions to promote Cannabis material implementation to community partners.	Expand reach of material information, engage with new partners.	# of communications with the Coalitions about cannabis educational/media material, # of members present
Continue working with Will County Health Department public information officer to develop agency webpage for cannabis education and available resources.	Staff will have a plan and a timeline for the development of agency website for community resources.	# of resources for webpage

03 Proposed Objectives & Timeline cont.

Timeline: 9/1/26-11/30/26

Activity	Expected Outcome	Measurement of Outcome
Contact schools (middle school-university) to find areas for collaboration and opportunities for presentations and distribution of cannabis materials.	Program staff will collaborate with schools and universities to present on cannabis education to students and provide educational materials.	# of schools contacted, # of schools who responded, # of presentations scheduled, # of presentations given, # of materials distributed, # of students/faculty in attendance, # of events attended
Continue outreach to community partners, schools, stakeholders, community leaders, etc to distribute cannabis education through events/meetings.	Community partners, schools, stakeholders, community leaders, etc will be able to receive newly created educational materials on cannabis use.	# of materials created, # of partners contacted, # of materials distributed, # of community outreach events attended
Continue research and development of educational materials.	Evidence-based educational materials will be developed for distribution.	# of materials developed (youth, pregnant population, mental health, etc)
Engage with our Coalitions to promote Cannabis material implementation to community partners.	Expand reach of material information, engage with new partners.	# of communications with the Coalitions about cannabis educational/media material, # of members present
Work with Will County Health Department public information officer to complete the develop of the agency webpage for cannabis education and available resources.	An educational webpage will be completed, and education and resources will be available to the Will County community.	# of resources on webpage, # of visitors to the webpage

03 Proposed Objectives & Timeline cont.

Objective #2: By November 30, 2026, staff will provide written, digital, and print content for dissemination in the community including messaging on agency website and social media platforms to provide community education to increase awareness around the risks of cannabis use.

Timeline: 12/1/25-11/30/26		
Activities	Expected Outcome	Measurement of Outcome
#1: Research cannabis use rates in Will County, using Illinois Youth Survey, and other surveys available at County and/or state level.	Digital educational content will be created (social media, digital ad campaign) and details about dissemination, and impressions will be monitored.	<ul style="list-style-type: none"> • # of education materials distributed to schools/stakeholders/comm unity partners etc. • # of ads submitted to newsletters or newspapers • # of digital media companies contacted regarding campaign • # of messages developed for campaign(s) • # of ads submitted and approved • # of impressions, length of media campaign • # of social media messages posted • # of reach/impresions for social media posts • # of Monee newsletters distributed • # of Pace buses displaying ads
#2: Develop and create a minimum of one monthly evidence-based educational social media post on health department media platforms to educate the community about the risks of cannabis use and related health conditions.		
#3: Work with local digital media company to partner for cannabis-use prevention marketing campaign(s) for Will County communities with high rates of cannabis use.		
#4: Develop message(s) for digital media campaign(s) using data to target vulnerable populations (youth, mental health, those who are pregnant, etc) and educate about risks of cannabis use/misuse.		
#5: Submit digital media message(s) for approval.		
#6: Run and Monitor progress of campaign(s), collect earned impressions and reach.		
#7: Provide one media message, quarterly to be included in the Monee area newsletter around the risks of cannabis use for vulnerable populations such as youth, pregnancy, mental health conditions etc.		
#8: Partner with Pace Suburban Bus to utilize the Free interior ad displays for additional educational opportunities.		

04 Budget Estimate

Items	Estimate Cost
Staff Salaries and Fringe	\$46,050
Digital Media Advertising	\$30,000
Operating Supplies	\$2,250
Program Mileage	\$450
Translation and Printing	\$750
Total	\$79,500

05 References

Backman, I. (2023, August 30). *Marijuana: Rising THC concentrations in cannabis can pose health risks*. Yale School of Medicine. <https://medicine.yale.edu/news-article/not-your-grandmothers-marijuana-rising-thc-concentrations-in-cannabis-can-pose-devastating-health-risks/>

Illinois Youth Survey: 2018 Will County Report (2018)
https://iys.cprd.illinois.edu/UserFiles/Servers/Server_178052/File/2018/Cnty18_Will.pdf

Illinois Youth Survey: 2020 Will County Report (2021)
https://iys.cprd.illinois.edu/UserFiles/Servers/Server_178052/File/2020/Cnty20_Will.pdf

Illinois Youth Survey: 2022 Will County Report (2022)
https://iys.cprd.illinois.edu/UserFiles/Servers/Server_178052/File/2022/Cnty22_Will.pdf

Illinois Youth Survey: 2024 Will County Report (2024)
https://iys.cprd.illinois.edu/UserFiles/Servers/Server_178052/File/2024/Cnty24_Will.pdf

06 Program Staff

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815.727.5909

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Community Health Educator II
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815.727.8859

→ **Betsy Cozzie, BHSc**

Community Health Initiatives Program Coordinator
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815.727.8769





**WILL COUNTY BOARD OF HEALTH
RESOLUTION #25-76**

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

**APPROVAL OF YEAR TWO RENEWAL OF CUSTOM INFORMATION SOLUTIONS
SUPPORT AGREEMENT – NOT TO EXCEED \$35,000**

WHEREAS, the Will County Board of Health approved Custom Information Solutions (CIS) support agreement on December 18, 2024; and

WHEREAS, ongoing support services, including data management, billing, system interfaces, reporting, and system security, are required to maintain program operations; and

WHEREAS, support fees will be established annually as set forth within the CIS Support Agreement; and

WHEREAS, support and subscription fees for 2026 are \$7,488 per quarter.

NOW, THEREFORE, BE IT RESOLVED, the Will County Board of Health hereby approves the renewal of the Custom Information Solutions (CIS) Support Agreement with CIS Support, Inc and payment of 2026 quarterly support fees not to exceed \$35,000.

DATED THIS 17th day of December, 2025.

Chief Paul Hertzmann, President
Will County Board of Health

CIS Support Agreement

This Agreement is made this 18 day of December 2024 (the "Effective Date") by and between CIS Support, Inc. ("CIS Support"), an Illinois company and the developer of the Custom Information Solutions (CIS) system and Will County Health Dept (the "Agency"), an Illinois non-profit community mental health program (CIS Support and the Agency shall collectively be referred to as the "Parties").

The terms of this Agreement are as follows:

RECITALS

Whereas, the Agency acquired CIS (Custom Information Solutions) System, developed by CIS Support, Inc. to collect, bill, and report data in compliance with Illinois Medicaid services and billing rules and regulations;

Whereas, CIS Support has employees who can provide on-going support services include CIS system implementation, maintenance, training, and upgrade of CIS; and

Whereas, the Parties wish to set forth their agreement.

Now therefore, for good and valuable consideration, the sufficiency of which is hereby acknowledged, the Parties agree as follows:

1. SCOPE OF THE AGREEMENT

1.1 Term of the CIS Support Agreement

The term of the CIS Support Agreement (this "Agreement") commences with the Effective Date noted above and remains in effect until terminated as provided in this Agreement.

1.2 Renewal and Termination of the CIS Support Agreement

The CIS Support Agreement will remain effective unless either of the Parties notifies the other of its desire to either revise or terminate the agreement for any reason. Notification shall be in writing and sent by regular mail or email at the addresses set forth above. Notification shall be given at least thirty (30) days in advance of the termination date.

1.3 Duties upon Termination

If this Agreement is terminated for any reason, CIS Support shall retain all funds paid to CIS Support by the Agency. Upon termination of this Agreement, the Agency will retain all data stored in CIS. If the Agency desires to convert or transfer its CIS data to another system, CIS Support will assist the Agency with the cost in a format reasonably requested by the Agency.

1.4 Maintaining CIS as a Legacy System

If the Agency decides to migrate to a different EHR system but wishes to continue using the CIS system for record-keeping, record retrieval, statistics reporting, or limited functions, CIS Support will modify the CIS system to operate in a read-only mode. Additionally, CIS Support will establish a basic CIS maintenance and support agreement with the Agency tailored to its specific needs.

2. ANNUAL SUPPORT FEES AND PAYMENT

2.1 Monthly Support Fees

The monthly CIS support fee is the same as the fees set forth on July 1st, 2024 (the "Ongoing Monthly Service Fee"). CIS Support may amend or revise annual support fees at any time upon thirty (30) days written notice to the Agency, subject to the Agency's consent. If the Agency does not consent to suggested modifications by CIS Support, the Parties shall use reasonable efforts to reach an amended schedule of services and prices agreeable to the Parties.

2.2 Special Programming, Support, Training, and Customization Requests

CIS includes an extensive set of reports/queries as part of the implementation package. Special programming, support and customization requests beyond the existing functions/reports will be billed on an hourly basis (\$150 per hour).

CIS Support offers free webinars to all CIS agencies, focusing on new functions and updates that align with State billing and documentation requirements. Additionally, CIS Support can provide customized training webinars for the Agency, covering topics specific to their needs. These webinars range from basic CIS operations for onboarding new staff to special functions such as CIS system administration, productivity tracking, and revenue cycle management. The cost for these customized training webinars is the same as for special programming and support, i.e., at \$150 per hour with no limit on the number of participants.

2.3 Invoice and Payment Schedule

The annual support fees shall be payable monthly, quarterly, or semi-annually in advance of the period for which support services are rendered. Any charges for any other products or services will be invoiced when provided and are due and payable upon receipt of such invoice. The Agency may issue payments for CIS support fees through Bank Draft or Company Check or other electronic payment method.

2.4 Non-Payment

In the event the Agency fails to remit the Ongoing Monthly Service Fee when due, or if the Agency fails to remit any other fee owed to CIS Support under the terms of this Agreement when due, CIS Support shall have the absolute right to immediately cease to provide maintenance, support, or upgrades to the Agency for CIS. Under no circumstances shall CIS Support be liable to the Agency for any damages, including but not limited to consequential damages, arising out of or related in any way to CIS Support ceasing services to the Agency based on the Agency's failure to timely pay CIS, as contemplated herein.

3. SCOPE OF CIS SUPPORT SERVICES

CIS Support will provide CIS system maintenance and help desk functions that include user support and trouble-shooting. CIS Support also includes CIS system updates designed to meet the DHS/HFS requirements on service documentation and billing, as well as to enhance various CIS functions.

The CIS support will cover the following major CIS functions:

A. Data Management

- Client Data (Demographic, clinical, financial)
- Client Consent (e-Chart module, if applicable)
- Staff Data
- Event Data / Progress Notes
- Client Scheduling
- HFS IM+CANS
- Non-IM+CANS Assessment and Treatment Plan
- e-Chart (if the module was acquired by the Agency)
- e-Prescribing (if the module was acquired by the Agency)
- Quick Message
- MCO Service Authorization Tracking

B. Billing

- Client Fee Billing

- Commercial Insurance Billing
- Medicare Billing
- HFS Physician Billing
- DHS/DMH Medicaid Billing
- DHS/DMH SASS Billing
- MCO (Managed Care Organization) Billing

C. DHS/HFS and TriZetto (Clearing House) System Interface

- Client registration batch submission and download (DHS/Carelon)
- IM+CANS Batch Submission to HFS IM+CANS Portal
- IM+CANS Submission Results download from HFS IM+CANS Portal
- HFS MEDI Client Electronic Eligibility file (270 file format) submission and download
- Medicaid Claim submission using 837p file format to HFS MEDI system
- Managed Care Claim submission using 837p file format to TriZetto system (clearing house)
- Electronic Remittance Advice (ERA) files (835 file format) download from MEDI, TriZetto, PaySpan, etc. and import into CIS
- HFS ADT Patient File Submission

D. Reports

- Client Profile Reports
- Program Statistics Reports
- Staff Productivity Reports
- Financial Reports (Client Statements, Monthly aging and Revenue)
- Billing Revenue Reports
- Other miscellaneous clinical and management reports and queries

E. System Security

- User Login and Password
- Control Permission
- Menu Permission
- Field Permission
- Data Dictionary/Validation
- User Access Tracking

4. AGENCY'S RESPONSIBILITES

4.1 The Agency agrees to the following:

- Designate a staff member or members as CIS System Administrator(s) who will manage CIS operations and provide basic user support functions.
- The Agency's CIS administrator(s) or trainers will train CIS users to operate system based on CIS user guides.
- Backup CIS system following the standard computer network backup protocol.
- Maintain network infrastructure (server and computers) to assure optimized system performance and network security
- Maintain Internet connections
- Manage CIS user computer network login credentials and CIS system login credentials
- Installation of third Party software (e.g. Word, Excel, Acrobat Reader, etc.) needed for CIS functions

4.2 The CIS Support will not be responsible for the following:

- CIS system failure and data corruptions and loss caused by power and hardware failures, fluctuations, or brownouts; telecommunication line disruptions, outages, and cyberattack
- Problems caused by operations not following CIS system operation guide
- Unauthorized access of CIS system

The CIS Support agrees to make best effort to work with the Agency's team to restore CIS system if problems listed in 4.2 occurs.

5. SUPPORT PRIORITIES AND RESPONSE

Our CIS Support team will respond to reported troubles under the following guidelines:

Priority 1

- 1) CIS system failure and/or database problem that prevent users from accessing system
- 2) An error occurred and users have no work around. Generally, these errors will not allow a user to complete a required function.
- 3) Data/report requested by the funding bodies, Board/CEO with immediate deadline
- 4) Other urgent user data request to meet deadlines

Priority 2

- 1) An error that prevents a function from being completed as normally processed, but that has a work around that allows the user to complete the task at hand
- 2) Data and customization request without immediate deadlines

During regular business hours (9:00am–5:00pm Central Time), calls and emails will be answered immediately or within 24 hours. For emergency request related to CIS system failure, CIS Support team will make every effort to work with the Agency immediately to resolve the issue.

Although CIS Support plans to resolve all problems in less time than the goals, some troubles will simply take longer than the guidelines due to their complexity. CIS Support will make its best effort to provide trouble resolution within these response time goals. In cases where there is a problem that is outside CIS Support's control, for example, a problem with the operating system, network connection, or any other part of the system that is not part of CIS, CIS Support will not be held liable or responsible for the problem.

6. DISCLAIMER OF WARRANTIES AND LIMITATION OF REMEDIES

The Agency understands and agrees that:

CIS SUPPORT DISCLAIMS ALL WARRANTIES RELATED TO CIS, INCLUDING THE IMPLIED WARRANTIES OF MERCHANTABILITY, NONINFRINGEMENT, FITNESS, AND FITNESS FOR A PARTICULAR PURPOSE. CIS SUPPORT DOES NOT WARRANT THAT THE SERVICES WILL MEET THE AGENCY'S REQUIREMENTS OR EXPECTATIONS, THAT THE SERVICES WILL BE UNINTERRUPTED OR ERRORFREE, OR THAT ALL ERRORS WILL BE CORRECTED. This disclaimer applies to errors in Microsoft products and hardware beyond our control. CIS Support warrants that CIS will substantially conform in all material respects with its specifications. CIS Support will make every effort to rectify programming errors in CIS. CIS Support warrants that it shall perform the services described herein in a timely, competent, and professional manner. CIS Support warrants and covenants that the services and CIS are and will be provided in compliance with the requirements of all applicable federal, state, and local laws, ordinances, regulations, and codes, and related regulations. The Agency acknowledges that, except for catastrophic failure of the CIS system or a malicious act by CIS staff, it will not be entitled to any damages.

THE AGENCY

AGREES THAT IN THE EVENT OF ANY LITIGATION, IF A COURT CHOOSES TO AWARD DAMAGES TO THE AGENCY, THOSE DAMAGES SHALL NOT EXCEED THE AMOUNT THE AGENCY PAID CIS SUPPORT FOR THE SYSTEM IMPLEMENTATION COST.

7. MISCELLANEOUS

7.1 Notices. All notices shall be in writing and sent by mail or email the Parties at the following addresses:

To CIS Support:

CIS Support, Inc.
105 Aprina Ct.
Bloomingdale, IL 60108
Email: gmou@cissupport.com
Attention: Gongmin Mou

To The Agency:

Elizabeth Bilotta 12/19/2014
Executive Director
Will County Health Dept 501 E 1/4 T 16 R 33
Email: elizabeth.bilotta@willcountyhealth.org
Attention: Elizabeth Bilotta

7.2 Entire Agreement. It is expressly understood and agreed by the Parties that this Agreement contains the entire agreement between the Parties with respect to the subject matter hereof and that all prior representations, warranties, or agreements relating hereto have been merged into this document and are thus superseded in totality by this Agreement. This Agreement may be amended or modified only by a written instrument signed by the duly authorized representatives of the Parties.

7.3 GOVERNING LAW AND JURISDICTION

The validity and interpretation of this Agreement shall be governed by, and construed and enforced in accordance with, the internal laws of the State of Illinois without giving effect to any law or rule that would cause the laws of any jurisdiction other than the State of Illinois to be applied. The Parties consent to submit to the exclusive personal jurisdiction of any state court sitting in Will DuPage County in the State of Illinois, in any action or proceeding arising out of or relating to this Agreement, agree that all claims in respect of the action or proceeding may be heard and determined in any such court in Will DuPage County and agree not to bring any action or proceeding arising out of or relating to this Agreement in any other court. The Parties agree to ~~not to assert in any action or proceeding arising out of or relating to this Agreement that the venue is improper, and waive any defense of inconvenient forum to the maintenance of any~~ *OB* *gml*

GM
EL

G.M. action or proceeding so brought and waive any bond, surety or other security that might be required of any other party with respect thereto.

7.4 Severability Clause.

If any term of this Agreement is to any extent illegal, otherwise invalid, or incapable of being enforced, such term shall be excluded to the extent of such invalidity or unenforceability; all other terms hereof shall remain in full force and effect; and, to the extent permitted and possible, the invalid or unenforceable term shall be deemed replaced by a term that is valid and enforceable and that comes closest to expressing the intention of such invalid or unenforceable term.

7.5 Counterparts. This Agreement may be executed in two or more counterparts, each of which shall be deemed an original, but all of which, taken together, shall constitute one and the same instrument.

IN WITNESS WHEREOF, CIS Support and the Agency have executed this CIS Support Agreement.

CIS Support, Inc.

x *Gongmin Mou*

Date: 09/03/2024

By: Gongmin Mou

Its: CEO

The Agency Name: Will County Health Dept

x *Elizabeth Bilotta*

Date: 12/18/24

By: Elizabeth Bilotta

Its: Executive Director

Termination of Agreement between Kenneth Young Center and the Agency.

Kenneth Young Center, an Illinois not-for-profit corporation, and the Agency previously entered an agreement for the provision of CIS to the Agency and for services to be provided by CIS Support to the Agency. Effective immediately upon execution below, CIS Support, the Agency and Kenneth Young Center agree that any such agreement between Kenneth Young Center and the Agency is terminated without any further notice required. To the extent the Agency owes any fees to Kenneth Young Center or to CIS Support pursuant to the terms of any prior agreement between the Agency and Kenneth Young Center, the Agency shall remain obligated to make such payment in full.

IN WITNESS WHEREOF, CIS Support, the Agency and Kenneth Young Center have executed this "Termination of Agreement between Kenneth Young Center and the Agency".

CIS Support, Inc.

X Gongmin Mou

Date: 09/03/2024

By: Gongmin Mou

Its: CEO

The Agency Name:

X Will County Health Dept

Date: 09/03/2024

By: Elizabeth Blotka

Its: Executive Director

Kenneth Young Center, an Illinois not-for-profit corporation:



X

Kenneth Young Center is executing solely and exclusively as it pertains to the termination of any agreement between Kenneth Young Center and the Agency as stated in this page titled: Termination of Agreement Between Kenneth Young Center and the Agency.

Date: 09/03/2024

By: Grace Hong Duffin

Its: President and CEO



**WILL COUNTY BOARD OF HEALTH
RESOLUTION #25-77**

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

**APPROVAL OF THE CONSULTING AGREEMENT WITH IN TOUCH PHYSICIANS,
LLC DBA IMPACT TELEPSYCHIATRY – NOT TO EXCEED \$160,000**

WHEREAS, the Behavioral Health division of the Will County Health Department provides psychiatric services; and

WHEREAS, the existing Consulting Agreement with In Touch Physicians expires December 31, 2025; and

WHEREAS, the Behavioral Health division of the Will County Health Department requires the renewal of the psychiatric staffing services; and

WHEREAS, the Agency agrees to pay in accordance with the fee payment and invoicing section of the attached agreement.

NOW, THEREFORE, BE IT RESOLVED, the Will County Board of Health hereby approves the Consulting Agreement with In Touch Physicians, LLC, dba Impact Telepsychiatry from January 1, 2026 through December 31, 2027 upon the review and approval of the Will County State's Attorney's Office and payments not to exceed \$160,000 for 2026.

DATED THIS 17th day of December, 2025.

Chief Paul Hertzmann, President
Will County Board of Health

Resolution #25-77

(BH)

Supporting
documentation

will be added to the
packet by or at

Board



**WILL COUNTY BOARD OF HEALTH
RESOLUTION #25-78**

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

**APPROVAL OF THE RENEWAL OF THE AGREEMENT WITH
COMPREHENSIVE CLINICAL SERVICES, P.C – NOT TO EXCEED \$425,000**

WHEREAS, the Will County Board of Health approved the Clinical Services Agreement with Comprehensive Clinical Services, P.C. on June 18, 2024; and

WHEREAS, the Behavioral Health division of the Will County Health Department requires the renewal of psychiatric clinical services to support program operations; and

WHEREAS, the Agency agrees to pay in accordance with the fee payment and invoicing section of the attached agreement.

NOW, THEREFORE, BE IT RESOLVED, the Will County Board of Health hereby approves the Clinical Services Agreement with Comprehensive Clinical Services, P.C. from June 18, 2025 through June 17, 2026 and payments not to exceed \$425,000.

DATED THIS 17th day of December, 2025.

Chief Paul Hertzmann, President
Will County Board of Health

AGREEMENT FOR CLINICAL SERVICES

This Agreement for services related to providing psychiatric/clinical services (the "Agreement") is made and entered into by and between the Will County Health Department ("WCHD"), and Comprehensive Clinical Services, P.C. ("CCS").

WITNESSETH

WHEREAS, WCHD desires the services of a consulting physician, skilled in mental health and addiction services, in connection with its community health services;

WHEREAS WCHD also desires the services of treating psychiatrists in connection with its community health services;

WHEREAS WCHD and CCS deem it mutually desirable to enter into an Agreement whereby CCS shall furnish psychiatric medical services to clients of the WCHD as contracted independent contractors and not as employees.

NOW, THEREFORE, in consideration of the foregoing, the mutual Agreements hereinafter set forth and for other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, WCHD and CCS agree to the following:

ARTICLE I Duties and Responsibilities

CCS providers agree to provide their services., as independent contractors/subcontractors, who have contracted with CCS to provide such services ("Clinical Psychiatrists"), for the purpose of providing direct and indirect psychiatric services to WCHD clients. WCHD shall neither have nor exercise any control or direction over the specific methods by which the subcontracted psychiatrists perform the medical services hereunder, however, the psychiatrist agrees to comply with the clinical quality and peer review policies, and other clinical guidelines, protocols and standing orders of WCHD.

The healthcare policies and protocols approved by WCHD shall guide the treatment, care, and health guidance of all patients. The WCHD's Medical Director shall always be responsible for and have primary authority over, directing the provision of patient care at the health center by residents and preceptors.

The Clinical Psychiatrist's specific duties shall include, but not be limited to, the following:

- providing direct psychiatric services to the comprehensive evaluation, diagnosis, treatment planning, and treatment of patients assigned to him/her;

- making final decisions regarding admissions and discharge of patients in accordance with medical standards;
- assuring the involvement of families wherever possible, with the patient's consent, in treatment planning;
- assuring the appropriate psychoeducation for patients, families, staff, community professionals, and lay people;
- assuring that clinicians and services assigned to him or her receive appropriate clinical oversight on a regular basis;
- providing psychiatric leadership *to* interdisciplinary teams;
- provide each patient with timely, comprehensive psychiatric evaluation, diagnosis, and treatment planning in the biological, psychological, and social spheres;
- medically screen patients and provide a history to ensure that the full range of medical/surgical considerations are taken into account in determining the diagnosis and appropriate treatment; medical/surgical consultation should be acquired when indicated;
- prescribed or adjust psychotropic medications only after his/her direct evaluation of the patient, except in times of emergency, with timely direct evaluation to follow;
- reevaluate medications as clinically appropriate and at least once every three months. Patients not receiving medications should be reevaluated by a psychiatrist in a timely, clinically appropriate interval, and psychiatric evaluation/intervention should be based on the patient and administrative or fiscal condition;
- provide documentation and record-keeping consistent with the standard of care of a reasonable psychiatrist.
- be assigned medical students for observation and taking vitals and never to intervene, treat, or prescribe medications.

It is understood that WCHD will provide, at WCHD's sole expense, supervisors or other appropriate clinicians to act as interpreters when, and if, WCHD clients require English/Spanish or Spanish/English interpretation.

ARTICLE II Work Schedule

CCS agrees to provide an independent contractor/subcontractor to perform the duties of a psychiatrist to WCHD clients on a schedule that shall be mutually arranged by and with WCHD, CCS, and any independent contractor/subcontractor performing the duties of a psychiatrist for WCHD. It is agreed, however, that WCHD will require a CCS psychiatrist at 6 hours per week collectively for pediatric and adult psychiatric services.

ARTICLE III Independent Contractor; Non-exclusive Agreement

It is understood and agreed that any individual providing Clinical Psychiatric Services will be an independent contractor regarding work done for, or at, WCHD. It is further understood and agreed that any such independent contractor/subcontractor shall be solely responsible for any personal expenses incurred as a result of his or her performance under this Agreement, including, but not limited to, federal, state local income taxes on payments received by him/her, professional membership fees, subscriptions to professional journals, the maintenance and payment for professional negligence insurance and that such are not covered by or entitled to any employment benefits provided by WCHD to its employees. WCHD shall not be liable for workers' compensation claims made by any such independent contractor/subcontractor against WCHD. Nothing in this Agreement in any way limits patient freedom of choice; providers at WCHD may refer patients to any willing provider according to the professional's independent medical judgment and patient freedom of choice, subject to any valid managed care plan restriction.

ARTICLE IV Nonexclusive Services

It is understood and agreed that any individual providing clinical psychiatric services to WCHD under this Agreement and for the term of this Agreement shall be free to perform businesses other to than WCHD. Nothing in this Agreement shall restrict an individual providing clinical psychiatric services from providing such services either before or after termination or expiration of this Agreement individually or for another agency, partnership, or other healthcare entity.

ARTICLE V Certification and Licensure Requirements

Any individual providing clinical psychiatric services as defined in Article I hereinabove shall be required to comply with WCHD's credentialing and privileging policies, eligibility to participate in federal healthcare programs, and is responsible for procuring, maintaining, and in all appropriate State medical licenses, state-controlled substances licenses, DEA licenses, Medicare and Medicaid certifications, and maintain these statuses in good standing. Any such individual shall provide to WCHD proof of such licensure and certifications when any such individual shall first report to WCHD to provide services hereunder and to further furnish, from time to time, such proof when, and if, WCHD so requests, and in any case, upon renewal thereof. WCHD who procured and maintained all appropriate licenses and certifications for the conduct of a community mental health center and furnish copies thereof to any such independent contractor/subcontractor providing services under this Agreement.

ARTICLE VI Compensation

As compensation for the services rendered under this Agreement, WCHD agrees to pay CCS at an hourly rate of \$300 (three hundred) per hour for services provided by an independent contractor/subcontractor performing the duties of a psychiatrist. Payments shall be made on time to CCS upon review and verification of a monthly invoice, prepared by CCS after WCHD receives and verifies this monthly invoice. It is agreed that nothing in this Agreement is intended

to require, nor requires, nor provides payment for, the referral of individuals or businesses to either party or by the other party.

ARTICLE VII Assignment of Payments

The parties agree that all patients receiving services from the psychiatrists under this Agreement shall be considered patients of WCHD. Accordingly, WCHD shall be responsible for the billing of such patients, as well as third-party payors, including Medicaid and Medicare) and the collection of any and all payments. Except as otherwise agreed, Psychiatrists and CCS shall not seek reimbursement from any WCHD patient or from any third-party payor for services rendered under this Agreement. WCHD shall make all collections from clients or third-party payors on its behalf, and CCS, through Agreements with its independent contractors/subcontractors providing the services of psychiatrist under the terms of this Agreement, will ensure that any such contractor/subcontractor will assign to WCHD all rights, if any, in all moneys due from clients on account of professional services rendered by them during the term of this Agreement. The independent contractors/subcontractor will be obligated to assign all rights to Medicare, Medicaid, private insurance, and other third-party reimbursement to WCHD for services rendered under this Agreement. The independent contractor/subcontractor shall endorse and deliver to CCS any and all checks received from WCHD clients or third-party payors for services rendered to WCHD clients and execute any necessary assignment forms. In no event will WCHD use or allow to be used any such independent contractor/subcontractor's signature, countersignature, or provider number contrary to law or otherwise unethically or inappropriately. WCHD hereby indemnifies any such independent contractor/subcontractor and will hold them harmless in the event should they ever be caused to answer, in any manner, for any billing or other practice of WCHD in which their name or signature was used.

ARTICLE VIII Ownership of Records and Confidentiality of Client Records

CCS and psychiatrists shall establish and maintain medical records relating to the diagnosis and treatment of WCHD patients and financial records for payment which shall be prepared and maintained in accordance with WCHD's clinical standards and privacy policies and procedures. The parties agree that WCHD shall retain exclusive ownership of all medical records of WCHD patients.

CCS acknowledges the client information disclosed to them as well as their independent contractors/subcontractors are protected under state and federal laws and regulations from disclosure. In particular, CCS acknowledges that in receiving, storing, processing, or otherwise dealing with client records or information from WCHD, they are bound by the confidentiality provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act and the state and federal regulations with regard to the confidentiality of alcohol and substance abuse treatment under 42 C.F.R. Part 2, as well as under the provisions of HIPAA regulations, and shall comply with the privacy policies of WCHD. CCS agrees to notify WCHD immediately upon receiving any third party or judicial request for any such information and agrees to cooperate fully with WCHD in resisting in judicial, or other proceedings, any effort to access information prepared pertaining to client records, except as may be provided for in the confidentiality regulations. Further, WCHD agrees to indemnify, pay for, and hold harmless CCS

and its independent contractors/subcontractors any expenses, fees, attorneys' fees, sanctions, or other expenses associated with any third-party demands for disclosure.

ARTICLE IX Proprietary Information

CCS and their independent contractors/subcontractors acknowledge that they will have access to confidential and proprietary information about WCHD because of the duties that they will perform under this Agreement. As a result, without the prior express written consent of WCHD, no such individual will disclose directly, or indirectly, any confidential/proprietary information to any third party or otherwise use such confidential/proprietary information in any way detrimental to WCHD except as required by law or upon receipt of the court order issued by a judge. The obligations imposed upon CCS and their independent contractor/subcontractors shall survive the termination or expiration of this Agreement.

ARTICLE X Malpractice Insurance

CCS agrees that it will monitor that all independent contractors/subcontractors, at their own individual expense, maintain, in force professional liability insurance, acceptable to WCHD in the minimum amount of one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in aggregate per year. The professional liability insurance policies shall list WCHD as an additional insured. CCS and the independent contractors/subcontractors shall provide WCHD immediate notice of any change in his/her professional liability insurance and at least thirty (30) days advance notice of any change in his or other professional liability insurance, including any notice of cancellation, laps, termination or amendment of any policy of insurance. In the event any such independent contractor/subcontractor maintains professional liability insurance on a "claims made" basis, CCS shall ensure that any such independent contractor/subcontractor maintains such policy in effect or maintains appropriate "tail coverage", as deemed necessary by WCHD. Failure to maintain the coverage required by this section X shall be grounds for termination of this Agreement for cause, and CCS and any independent contractor/subcontractor furnished through CCS shall indemnify WCHD for any loss incurred because of any such failure to enforce such coverage requirements, which obligation to indemnify shall survive the termination of this Agreement. All independent contractors/subcontractors shall furnish WCHD with evidence of professional liability insurance as described in this article when first appearing at a WCHD location before commencing services under this contract. He or she shall also furnish copies of insurance certificates upon renewal.

ARTICLE XI OSHA Requirements

CCS and its independent contractors/subcontractors acknowledge the potential risk for possible exposure to airborne (tuberculosis) and blood-borne (including hepatitis B) pathogens at WCHD program facilities. CCS and its independent contractors/subcontractors agree that they will comply with and abide by the Center for Disease Control guidelines on universal precautions and any requirements of OSHA (29 you. As. See. Sections 651 et seq.) and regulations promulgated thereunder, including, but not limited to, The Blood-Borne Pathogen Rule (29 see. Us. Our. 1910.1030) and OSHA Enforcement Guidelines concerning the prevention of the transmission of M. Tuberculosis and healthcare facilities.

ARTICLE XII Term

This Agreement shall be effective as of the 10th day of May 2024, and, subject to earlier termination as provided herein below, shall be in effect for a period of no less than one year. The terms of this Agreement, by its own terms, shall renew every anniversary of the signing of this Agreement for an additional one-year period unless and until terminated with notice as provided for herein below.

ARTICLE XIII Termination without Cause

Either party may terminate this Agreement without cause by providing at least ninety (90) days prior written notice to the other party in accordance with the notice section herein below. WCHD agrees not to enter into an independent contract with any CCS-referred physician for two years after the termination has occurred between WCHD and CCS.

ARTICLE XIV Termination with Cause

Both parties shall have the right to terminate this Agreement immediately upon written notice to the other if one of the following events occurs:

1. Suspension, revocation of, or failure to procure or maintain any and all of the licensing and certification requirements set forth in this Agreement or as required by federal, state, and local laws and regulations governing the performance of services under this Agreement.
2. Cancel of or a material change in the liability insurance which, at the discretion of WCHD, renders the liability coverage for the position inadequate.
3. Failure of any independent contractor/subcontractor to secure or maintain appropriate certification for WCHD to successfully receive appropriate Medicaid or Medicare reimbursement.
4. If CCS, or its independent contractors/subcontractors, commits a material breach of this Agreement that is not corrected within fourteen (14) days of the written notice of such breach by WCHD to CCS.
5. In the event that any independent contractor/subcontractor conducts him or herself, either personally or professionally, in a manner that WCHD deems inconsistent with or detrimental to achieving the business and professional goals of WCHD, which includes but is not limited to the adjudication of the provider's incompetence by an internal review committee of any accrediting organization, the conviction of a crime of moral turpitude or a felony under state or federal law or WCHD makes a good faith determination that the health, welfare and/or safety of its patients receiving care from the CCS provider is or may be jeopardized by the continuation of the Agreement, then, unless CCS replaces that person with a replacement independent contractor/subcontractor within fourteen (14) days of the written notice thereof.
6. WCHD agrees to pay for all costs incurred in mediation or binding arbitration as necessary.
7. In the event that CCS, or an independent contractor/subcontractor, violates the policies or procedures of WCHD, after being provided with a copy of such policies or procedures,

then, unless CCS replaces that person with a replacement independent contractor/subcontractor within fourteen (14) days of the written notice thereof.

ARTICLE XV Notice

Any and all notices, demands, requests, and other communications required or permitted to be served, or given, to the other party, by the other shall be delivered personally or by US mail first-class, postage prepaid, certified, or registered mail, return receipt requested, to the following addresses:

If to CCS: 2340 S. Highland Avenue, Suite 300, Lombard, IL 60148

If to WCHD: 501 Ella Ave, Joliet, IL 60433

ARTICLE XVI Waiver of Breach

The waiver of either party of a breach or violation of any provision of this Agreement shall not operate as, or be construed to be, a waiver of any subsequent breach of the same or other provisions hereof.

ARTICLE XVII Headings

Article headings have been inserted in this Agreement as a matter of convenience for reference only and it is agreed that such headings are not part of this Agreement and shall not be used in the interpretation of any provisions of this Agreement.

ARTICLE XVIII Assignment

The parties expressly agree that this Agreement shall not be assigned except with the written consent of the other party.

ARTICLE XIX Controlling Law

This Agreement shall be interpreted and construed in accordance with the laws of the State of Illinois.

ARTICLE XX Severability

If any provisions of this Agreement shall, for any reason, be held to be invalid or unenforceable, unless otherwise agreed in writing by the parties, such determination shall affect only the specific provision and shall not affect the remaining terms of this Agreement, which shall remain in full force and effect and binding on the parties.

ARTICLE XXI Non-Discrimination

CCS acknowledges that they, and their independent contractor/subcontractors, are responsible under federal and state laws not to discriminate based on race, sex, age, creed, color, natural origin, ancestry, or physical or mental handicap unrelated to the ability of an individual, an unfavorable discharge from military service, veteran status, marital status, parental status, source of income or sexual orientation.

ARTICLE XXII Record-Keeping

CCS shall maintain all contracts, invoices, confirmation of payments and other supporting documents related to this Agreement, for five (5) years from the date this Agreement expires or is terminated, or until any audit, litigation, or other action involving the records is completed, whichever is later. CCS agrees to make available to WCHD, DHHS, and the Comptroller General of the United States, or any of their duly authorized representatives upon appropriate notice, such records as may be necessary for audit, examination, and copy for as long as such records are maintained.

ARTICLE XXIII Compliance with Applicable Laws

The parties agree to comply with all applicable federal and state laws and regulations.

ARTICLE XXIV Dispute Resolution

Any dispute arising under this Agreement shall first be resolved by good faith discussions between the parties, subject to good cause exceptions, including but not limited to, disputes determined by either party to require immediate relief (i.e. circumstances under which an extended resolution may endanger the health and safety of patients). Any dispute that has been filed to be resolved by informal discussion within a reasonable period from the commencement of such discussions (not to exceed thirty days) may be resolved through binding arbitration.

ARTICLE XXV Counterparts

This Agreement may be executed in several counterparts, each of which shall be regarded as an original, and all of which shall constitute one and the same document.

ARTICLE XXVI Entire Agreement/Amendments

This Agreement constitutes the entire Agreement between the parties. Any prior Agreements, either written or verbal, are superseded by this Agreement and are of no further force and effect. This Agreement may be amended, modified, or otherwise changed only if such changes are reduced to writing and signed by both parties hereto.

ARTICLE XXVII Incorporation of Agreement

It is agreed that any Agreement between CCS and any independent contractor or subcontractor shall incorporate this Agreement and any such Agreement between CCS, and any independent

contractor or subcontractor shall provide that the independent contractor or subcontractor will be bound by the affirmative obligations that CCS has because of this Agreement.

IN WITNESS HEREOF:

The parties have executed this Agreement by and through the respective authorized officers or agents as the date written below.

Comprehensive Clinical Services, P.C., an Illinois Corporation

Date: _____ By: _____

Signature of Authorized Agent or Office

Will County Health Department

Date: 6/18/24

By: 

Signature of Authorized Agent or Office

<u>EMPLOYEES</u>	<u>DATE</u>
NEW	
Christina Hinojosa FHS Administration Clerk I - NBO	12/8/25
William Maloney FHS Communicable Disease Investigator II	12/8/25 (RSORG through 6/30/26)
Keri Hahn FHS Nutrition Specialist - NBO	12/8/25
Liliangel Amado FHS Administration Clerk I – NBO	12/8/25
Samantha Ortega Hughes BH Program Coordinator-Sub Use Int	1/5/26
TRANSFER	
Timothy Ackermann FHS Community Health Educator II	12/8/25 (trans. from FHS Communicable Disease Investigator III)
PROMOTION	
Terra Ihde FHS Communicable Disease Investigator IV	12/1/25 (promoted from CDI III to CDI IV)
Alyssa Densberger FHS Breastfeeding Specialist II	12/9/24 (promoted from Nutrition Specialist)
CONTRACTUAL EMPLOYEE	
Sterling Baumwell, MD CHC Gynecology	12/29/25 (2nd yr. of a 2 yr. contract 12/29/24-12/28/26)
Olubanwo Abejide, DMD CHC Dentist	10/21/25 (2nd yr. of a 2 yr. contract 10/21/24-10/22/26)
Miriam Kanan CHC APRN	11/27/25 (3rd yr. of a 3 yr. contract 11/27/23-11/26/26)
CONTRACTUAL	
Supatchara Laksanaprom (Laks International Wellness, Inc.) BH Psychologist	12/01/2025 (12/1/25 to 11/30/26)

OTHER

Katie Weber	12/1/25
EP&R/Administration	(reduction in hours to 32.5 until 6/5/26)
Program Coordinator-EP&R	
Alice Strauss	11/4/25
FHS	(temp. position ended)
WIC Clerk	
Elsa Preciado	12/4/25
Administrative Services	(temp. position ended)
Health Navigator	

RESIGNATION

Beverly Brown	12/4/25
BH	
Reimbursement Specialist	
Michael Ward	11/28/25
FHS	
Community Health Educator II	

Approved:

Chief Paul Hertzmann, President, Board of Health

Date

Recommended:

Elizabeth Bilotta, Executive Director, WCHD

Date