

# Strategic Plan Roadmap

# 2027



# KENDALL COUNTY

## HEALTH DEPARTMENT

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## EXECUTIVE STATEMENT

Dear Kendall County Residents and Partners,

I am proud to release the Kendall County Health Department's Strategic Plan Roadmap 2027 which is the result of months of engagement with local leadership, providers, and partners to improve the health and well-being of all residents.

This Strategic Plan Roadmap represents a shared vision that is internally and externally focused, culturally appropriate, and promotes equity to ensure every person will have the opportunity to attain their full health potential.

This Strategic Plan Roadmap serves as our guidepost to ensure that our efforts are coordinated, sustained and accountable. Strategies embedded in this plan are poised to achieve system outcomes, as well as, person-centered and population-based health improvements.

We will measure success, adjust our goals and keep this plan current through annual review and updates. As we move through the next five years and beyond, we welcome the community's engagement in our planning process.

All my best,



RaeAnn VanGundy  
Executive Director  
Public Health Administrator



## ACKNOWLEDGEMENTS

### **Staff Contributors:**

RaeAnn VanGundy, Executive Director

Steve Curatti, Assistant Executive Director

Arissa Hunt, Executive Assistant

Kathryn Williams, Fiscal Director

Lisa Holch, Director of Behavioral Health and Psychiatric Services

Michelle Hawley, Assistant Director of Behavioral Health and Psychiatric Services

Aaron Rybski, Director of Environmental Health

Clarence Bell, Assistant Director of Environmental Health

Melissa Creamer, Director of Community Action

Ryan Carrie, Assistant Director of Community Action

Terri Olson, Director of Community Health

Ishani Doshi, Emergency Response Specialist

### **Board of Health Contributors:**

Lynn Cullick, President

Joe Gruber, DDS., Vice President

Carlo Colosimo, Treasurer

Nanci Reiland, Secretary

Robyn Vickers

Karen Gustafson, D.O.

Jay DeMarco

Jim Jensen

Karen Kelly

Gabriella Shanahan

John Gleason, M.D.

### **Advisory Board Contributors:**

Alex Pope

Valarie Burd

Kathy Braden

### **Plan Consultants:**

Rachel Sacks, MPH, Leading Healthy Futures, President

Lauren Knap, MS, Leading Health Futures, Consultant



For more information on the Kendall County Health Department Strategic Plan contact RaeAnn VanGundy, Kendall County Health Department at (630)553-9100. Visit us on Facebook or check out our programs and services at [www.kendallhealth.org](http://www.kendallhealth.org)

# GUIDING PRINCIPLES

The Kendall County Health Department Strategic Plan Roadmap 2027 presents a trajectory for organizational advancement that supports health equity, community engagement, continuous improvement and innovation.

The mission, vision, and strategic priorities were selected to improve health outcomes and prioritize the allocation of resources to maximize community benefit.

## MISSION

The mission of the Kendall County Health Department is to promote physical health, mental health, environmental health, protect the community's health, prevent disease, and promote family economic self-sufficiency through both person-based services and population-based programs.

## VISION

Partnering to build a thriving Kendall County where all people have equal opportunity for overall health and well-being.

## VALUES

Values reflect principles that our Department displays as we interact with co-workers, agency partners, our community, local businesses, and the public.

**Integrity**



**Accountability**



**Commitment to Excellence**

**Inclusion**



**Compassion**



## PURPOSE AND PLANNING PROCESS

The Kendall County Health Department developed the strategic plan involving health department staff, Board of Health members, and external stakeholders. Leading Healthy Futures provided technical assistance and consultation for this process. This strategic planning process resulted in a five-year plan for our agency that will help guide our efforts to provide high quality services and programs. The following is the 2022 timeline of planning activities.

- February** Kick off meeting to review components of the strategic planning process and determine a timeline. Administered workforce surveys to staff. Reviewed results from Board of Health evaluations, community assessments, Annual Report, and other department plans.
- March** Planning meeting to finalize stakeholder survey, determine/invite subject matter experts for interviews and discuss large planning meeting. Presented importance of Strategic Plan and stakeholder survey at all Advisory Boards and at the Board of Health. Created format for final Strategic Plan.
- April** Conducted electronic stakeholder survey to gather information on department's strengths, weaknesses, opportunities, and challenges. Reviewed themes from 6 high level subject matter expert interviews. Hosted a brainstorming session of emerging issues or trends in public health, a review of mandated services, and an assessment of data/technology needs. The meeting concluded with further discussion of potential strategic priorities as a result of combined community responses for the plan.
- May** Hosted strategic planning meeting with leadership from the Board of Health, Advisory Boards and the Health Department. All participants actively engaged in the planning process which culminated in a reviewed mission statement, revised vision statement, new core values, and four strategic priorities. Updated integrated plans that are embedded within the Strategic Plan.
- June** Review feedback and results from the strategic planning meeting in May. Discussed the revised vision and core values that surfaced from the stakeholders. Reviewed and tightened the priorities, goals, objectives, and strategies. Presented Strategic Plan *draft* to leadership and Board of Health.
- July** Approval of 2027 Strategic Plan by Board of Health.

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# Strategic Priority 1: Financial Sustainability

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KCHD will sustain its work in the community by maintaining, expanding and diversifying its funding resources.

## **GOAL 1: MAINTAIN HEALTHY OPERATIONAL RESERVE**

### Objective 1.1 Provide Accessible and Affordable Services to our Community

Strategy 1.1.1 Work with elected officials, policy makers and trade associations on funding issues

Strategy 1.1.2 Create continuity for the future of vital programs and services

Strategy 1.1.3 Explore and advocate for cost saving measures

Responsible: Board of Health, Executive Director, Fiscal Director

### Objective 1.2 Ensure Balanced Budget

Strategy 1.2.1 Directors will utilize monthly grant monitoring tool to guide decision making

Strategy 1.2.2 Maximize modest insurance billing

Strategy 1.2.3 Ensure financial transparency through quarterly statement reviews

Responsible: Board of Health, Executive Director, Assistant Executive Director, All Program Directors

## **GOAL 2: DIVERSIFY FUNDING STREAMS**

### Objective 2.1 Explore New Opportunities for Funding

Strategy 2.1.1 Promote opportunities for public-private donations or planned giving

Strategy 2.1.2 Identify local foundations that host a shared vision

Strategy 2.1.3 Empower staff to research and share potential grant opportunities

Responsible: Board of Health, Executive Director, Assistant Executive Director, All Program Directors

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# Strategic Priority 2: Public Awareness

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KCHD will engage in ongoing communications within our community to further cultivate a culture of trust.

## **GOAL 1: BROADEN MARKETING STRATEGIES**

### Objective 1.1 Improve External Communications

Strategy 1.1.1 Update functionality of Website and Social Media platforms

Strategy 1.1.2 Create new local partnerships to expand reach

Strategy 1.1.3 Explore viability of creating a *Communication Specialist* position

Responsible: Executive Director, Assistant Executive Director, All Program Directors

## **GOAL 2: ENGAGE VOLUNTEERS AS LOCAL ADVOCATES**

### Objective 2.1 Empower Board of Health, Advisory Board Members, and Volunteers

Strategy 2.1.1 Routinely educate and inform all members on programs and services

Strategy 2.1.2 Sharing the integrated approach of our services across all Advisory Boards

Strategy 2.1.3 Prepare our volunteers to be confidently poised to support our Health Department

Responsible: Executive Director, Assistant Executive Director, All Program Directors

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# Strategic Priority 3: Workforce Development

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KCHD will develop a public health workforce that is fluid, responsive, and represents our community.

## **GOAL 1: MAINTAIN A PASSIONATE, COMPETENT WORKFORCE**

### Objective 1.1 Explore Barriers and Advocate for Strategies to Recruit and Retain Staff

Strategy 1.1.1 Conduct an annual Workforce Survey

Strategy 1.1.2 Research and promote educational loan-repayment and reimbursement opportunities

Strategy 1.1.3 Ensure staff utilize a wide variety of professional development opportunities

Strategy 1.1.4 Increase awareness of Public Health Professions in schools and higher education

Responsible: Executive Director, Assistant Executive Director, All Program Directors

## **GOAL 2: PROMOTE AND SUPPORT A CULTURE OF CONTINUOUS LEARNING**

### Objective 2.1 Provide Professional Development around Public Health Core Competencies

Strategy 2.1.1 Identify training needs around emerging themes and threats

Strategy 2.1.2 Provide relevant resources to ensure an equipped workforce

Strategy 2.1.3 Continually assess and prepare for new health threats

Responsible: Executive Director, Assistant Executive Director, All Program Directors

### Objective 2.2 Optimize the Utilization of Technology

Strategy 2.2.1 Evaluate existing data systems to improve user and customer experience

Strategy 2.2.2 Evaluate equipment to improve user and customer experience

Responsible: Executive Director, Assistant Executive Director, All Program Directors

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# Strategic Priority 4: Equitable Access

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KCHD will provide equitable access to public health services, programs and opportunities to ensure health and well-being for all in Kendall County.

## **GOAL 1: ENHANCE EQUITABLE OUTREACH AND PROGRAMMING TO UNDERSERVED GEOGRAPHIC AREAS OF KENDALL COUNTY**

### Objective 1.1 Develop a Collaborative and Creative Process for Targeting Resources throughout Kendall County

Strategy 1.1.1 Identify potential underserved geographic areas in Kendall County

Strategy 1.1.2 Explore new outlets for dissemination of health information

Strategy 1.1.3 Deploy mobile clinic to underserved geographic areas

Strategy 1.1.4 Create partnerships to bring a voice from underserved geographic areas

Responsible: Executive Director, Assistant Executive Director, All Program Directors

## **GOAL 2: ENHANCE EQUITABLE OUTREACH AND PROGRAMMING TO DIVERSE POPULATIONS**

### Objective 2.1 Ensure Those Served Are Reflective of those Residing in Kendall County

Strategy 2.1.1 Identify gaps in services related to race and ethnicity

Strategy 2.1.2 Deploy mobile clinic to diverse populations

Strategy 2.1.3 Create partnerships to bring a voice from diverse populations

Responsible: Executive Director, Assistant Executive Director, All Program Directors

### Objective 2.2 Develop a Policy/Protocol for Culturally Competent and Responsive Communications

Strategy 2.2.1 Ensure all communications are culturally and linguistically appropriate

Strategy 2.2.2 Ensure all communications are representative of our community in respect to; age/agedness, ethnicity/race, gender/orientation, language/literacy, mental health, physical ability, socioeconomic status, and spiritual beliefs

Responsible: Executive Director, Assistant Executive Director, All Program Directors

# STRATEGIC PLAN 2022-2027 ROADMAP UPDATE

Strategic Priorities	Goals	Year 1 July-December 2022 Narrative Updates
<p><b>Strategic Priority 1: Financial Stability:</b> KCHD will sustain its work in the community by maintaining, expanding and diversifying its funding resources.</p>	<p><b>Goal 1: Maintain Healthy Operational Reserve</b></p>	<p><b>Objective 1.1 Provide Accessible and Affordable Services to our Community:</b></p>
		<p>Discussions with State Rep. led to increased funding in LIHEAP program. Met with advocacy group and signed on to legislative letter to increase funding for our homeless residents. Worked with PH Administrators on legislative advocacy efforts to promote and sustain PH deliverables. Worked with funders to increase training funding for succession planning. Researched vehicle service agreements with auto shops to ensure best prices for services. Did not reapply for a grant that was not cost effective for the agency.</p>
	<p><b>Objective 1.2 Ensure Balanced Budget:</b></p>	
	<p>Monitoring tools proved to be effective in drawing all funds from grantors. Submitted medical claim dispute to BCBS. Identified and utilized a platform in which Insurance Coordinator can ask questions about claim concerns. Identified MH billing cheat sheet related to increased billing rates to reduce error and maximize billing. Finance Committee reviews bank accounts, financial reports, and financial audits every month.</p>	
<p><b>Goal 2: Diversity Funding Streams</b></p>	<p><b>Objective 2.1 Explore New Opportunities for Funding:</b></p>	
	<p>Presented at WSPY/Radio and in the newspaper on opportunities for donations through our website. Received several donations from local residents and a vendor we utilized. EH Director reached out and received small grant from Lyme Disease Assoc to support IPLAN goal. During 2022, we researched 21 grants/funding opportunities identified by staff and leadership.</p>	
<p><b>Strategic Priority 2: Public Awareness:</b> KCHD will engage in ongoing communications within our community to further cultivate a culture of trust.</p>	<p><b>Goal 1: Broaden Marketing Strategies</b></p>	<p><b>Objective 1.1 Improve External Communications:</b></p>
		<p>KCHD is now on Instagram, alongside Twitter and FB. Joined Plano, Yorkville and Oswego Chambers. Met with 211 ED and updated KCHD information on 211 platform. MH team met with AID Mobile Response team to learn how our clients may benefit. Added the responsibilities of Communication specialist to the Executive Assistant job description.</p>
	<p><b>Goal 2: Engage Volunteers as Local Advocates</b></p>	<p><b>Objective 2.1 Empower Board of Health, Advisory Board Members and Volunteers:</b></p>
		<p>Presented to MHAB the importance of local public health partnerships and our role in community meetings. ED conducts Department orientation with all new BOH and AB members which reviews all services provided. ED provides comments at each AB about salient activities occurring throughout the Department.</p>

<p><b>Strategic Priority 3: Workforce Development:</b> KCHD will develop a public health workforce that is fluid, responsive, and represents our community.</p>	<p><b>Goal 1: Maintain a Passionate, Competent Workforce</b></p>	<p><b>Objective 1.1 Explore Barriers and Advocate for Strategies to Recruit and Retain Staff:</b></p>
		<p>Hired HR Coordinator to assist in onboarding and offboarding, including conducting exit interviews, to increase retention. Notified and encouraged MH staff to apply to State Behavioral Health loan repayment program. ED often shares links and recommends free/low-cost CEU opportunities for all staff. Directors share educational materials with their staff during staff meetings and via email. Staff met with high school students via IVVC to discuss public health career path and opportunities. KCHD hosted students from the Youth Summer Academy to described importance of PH careers and interactions with Laws Enforcement.</p>
	<p><b>Goal 2: Promote and Support a Culture of Continuous Learning</b></p>	<p><b>Objective 2.1 Provide Professional Development around Public Health Core Competencies:</b></p>
		<p>Leadership members attended webinar on Bridging Political Divides to Strengthen PH. ED encouraged staff to attend free offerings from Dept of Human Rights. CH staff revisited/educated new staff on the Ebola response plan as new threats developed in Uganda.</p> <p><b>Objective 2.2 Optimize the Utilization of Technology:</b></p> <p>Monitored and supported legislation on PH Administrator access to Prescription Drug Monitoring database. Staff worked with KC GIS on electronic nuisance complaint forms. Staff worked with EHR vendor to better understand latest upgrades and how we can utilize them. Added relevant community health data to our website.</p>
<p><b>Strategic Priority 4: Equitable Access:</b> KCHD will provide equitable access to public health services, programs and opportunities to ensure health and well-being for all in Kendall County.</p>	<p><b>Goal 1: Enhance Equitable Outreach and Programming to Underserved Geographic Areas of Kendall County</b></p>	<p><b>Objective 1.1 Develop a Collaborative and Creative Process for Targeting Resources throughout Kendall County:</b></p>
		<p>Returned MH services to OPD to increase access to services for our community. KCHD is now on Instagram, alongside Twitter and FB. Staff met with Battalion Chief of Joliet Fire Department to describe our services in that part of Kendall. KCHD joined three Chambers of Commerce to further inform our community. Provided COVID boosters and Flu shots to homebound patients in all corners of Kendall.</p>
	<p><b>Goal 2: Enhance Equitable Outreach and Programming to Diverse Populations</b></p>	<p><b>Objective 2.1 Ensure Those Served Are Reflective of those Residing in Kendall County:</b></p>
		<p>Engaged with Darrick Hicks from African American Men of Unity in Aurora to provide services to this population in the future.</p> <p><b>Objective 2.2 Develop a Policy/Protocol for Culturally Competent and Responsive Communications:</b></p> <p>All staff presentation on Cultural Equity Through a Different Lens. Ensuring all notifications posted in the office are in both English and Spanish.</p>

Strategic Priorities	Goals	Year 2 January-December 2023 Narrative Updates
<p><b>Strategic Priority 1: Financial Stability:</b> KCHD will sustain its work in the community by maintaining, expanding and diversifying its funding resources.</p>	<p><b>Goal 1: Maintain Healthy Operational Reserve</b></p>	<p><b>Objective 1.1 Provide Accessible and Affordable Services to our Community:</b></p>
		<p>Worked with Public Health Administrators on legislative advocacy efforts to promote and sustain public health deliverables. This advocacy led to discussions with State Representatives which captured 5 million dollars from the Illinois general revenue fund for a state-wide increase in Local Health Protection Grant. KCHD presented to County Board on the importance of allowing for salaries to be considered for meaningful and impactful opioid outreach and education. Created a quarterly schedule to meet with Directors on grants deliverables. Fiscal Director attended training on "<i>Shared Cost Recovery through Direct Cost Allocation</i>".</p>
		<p><b>Objective 1.2 Ensure Balanced Budget:</b></p>
		<p>All unit directors and their respective staff have access to their unit's Team channel, where you can find each grant's activity reports. Any updates made to the spreadsheet are reflected in real-time. This spreadsheet can be viewed online, through the Teams app on a tablet/phone, and on a desktop computer. Finance Committee reviews bank accounts, financial reports, and financial audits every month. Ensuring all Certified Entitlements in our billing system are up to date. Enrolling new clinicians in all insurance panels as part of onboarding. Submitted claim dispute for incorrect payment by insurer.</p>
<p><b>Strategic Priority 2: Public Awareness:</b> KCHD will engage in ongoing communications within our community to further cultivate a culture of trust.</p>	<p><b>Goal 1: Broaden Marketing Strategies</b></p>	<p><b>Objective 2.1 Explore New Opportunities for Funding:</b></p>
		<p>KCHD explained on WSPY how the homeless population can be assisted by donations to the health department. KCHD receive 8 new donations during 2023. EH obtained a new <i>Tick Surveillance</i> Grant to assist with IPLAN goal related to vectors. During 2023, we researched/explored 56 grants/funding opportunities identified by staff and leadership. In 2023 we hosted 49 grants.</p>
	<p><b>Goal 2: Engage Volunteers as Local Advocates</b></p>	<p><b>Objective 1.1 Improve External Communications:</b></p>
		<p>KCHD met with new Police Social Worker at Montgomery PD to share our services. We met with NAMI Ex. Director to raise awareness of our services and when we may partner. Met with Ascensions CSU to establish ourselves as a resource for services. Most image posts on social media contain the information in both English and Spanish. Created a forum to share vaccination information with local school nurses. Increased outreach efforts to Grundy County to ensure equitable access to CA services.</p> <p><b>Objective 2.1 Empower Board of Health, Advisory Board Members and Volunteers:</b></p> <p>All units present at all Advisory Boards. Emailed school SW about upcoming Autism Trainings, Trauma, and more. Worked with Grundy to create an MRC for shared resources. Director conducts Department orientation with all new Board of Health and Advisory Board members. Director provides comments at each Advisory Board about salient activities occurring throughout the Department.</p>

<p><b>Strategic Priority 3: Workforce Development:</b> KCHD will develop a public health workforce that is fluid, responsive, and represents our community.</p>	<p><b>Goal 1: Maintain a Passionate, Competent Workforce</b></p>	<p><b>Objective 1.1 Explore Barriers and Advocate for Strategies to Recruit and Retain Staff:</b></p>
		<p>Provided workforce with one-time stipends to aid in retention. Renovated group room into new office space for safety and to be with team. Planters were installed to protect staff/clients. Leadership conducted a 180 review with staff. Treasurer’s office presented to all staff to ensure they are aware of all benefits the county offers. Member of NIU’s School of Health Studies’ Public Health Advisory Committee (PHAC), a group that in part explores and addresses gaps and opportunities in promoting public health workforce development. Met with UIC student about PH Administration and career pathways.</p>
	<p><b>Goal 2: Promote and Support a Culture of Continuous Learning</b></p>	<p><b>Objective 2.1 Provide Professional Development around Public Health Core Competencies:</b></p>
		<p>Created incident report protocol to enforce understanding across department about how this is implemented and for what incidents. Shared a list of “Helpful Hotlines” with leadership. Leadership attended several sessions on personal resilience and job retention. Member of Executive Advisory Groups for IDPH to partake in planning strategies of funding. Member of Age Guide Advisory Council to ensure we are serving our senior population. Several staff attended Elder and Caregiver LGBTQ+ trainings. Attended In-depth training on OMB Uniform Guidance to ensure financial solvency.</p>
<p><b>Objective 2.2 Optimize the Utilization of Technology:</b></p> <p>Staff computers received the software upgrade, Microsoft Office 356, providing access to new capabilities, increased efficiencies, and enhanced security features. Monitored and supported Data Access legislation in order to embrace data-based decision making in our community. Staff worked with KC GIS on electronic Food Permit forms and more. Staff utilize Microsoft Teams channels for consistent communication about grant writes.</p>		
<p><b>Strategic Priority 4: Equitable Access:</b> KCHD will provide equitable access to public health services, programs and opportunities to ensure health and well-being for all in Kendall County.</p>	<p><b>Goal 1: Enhance Equitable Outreach and Programming to Underserved Geographic Areas of Kendall County</b></p>	<p><b>Objective 1.1 Develop a Collaborative and Creative Process for Targeting Resources throughout Kendall County:</b></p>
		<p>Worked alongside a member of MHAB and discussed disparities in Kendall County and how to address needs and utilize strengths of varying communities presented to the Yorkville Area Chamber of Commerce regarding mental health and the workplace. Information included how to bring awareness to the well-being of employees and what to do if someone is in crisis. Our Travel Immunization team traveled on several occasions in the KCHD mobile van to administer the necessary vaccinations to students prior to the beginning of the school year. We hosted workNet Batavia’s One-Stop System Manager, which included increasing their knowledge of our many public health services as potential supports to the broad and diverse population of job seekers served by One-Stop staff.</p>
	<p><b>Goal 2: Enhance Equitable Outreach and Programming to Diverse Populations</b></p>	<p><b>Objective 2.1 Ensure Those Served Are Reflective of those Residing in Kendall County:</b></p>
		<p>Met with Kendall-Grundy Farm Bureau manager, to share and discuss behavioral health services programs and opportunities for our engaging Kendall County’s farming community (to raise awareness on and mitigate stigma surrounding mental illness). Meeting hosted with representatives of ‘Birth to Five Illinois’ in an effort to foster partnerships that bring voice to our services from our communities’ families that have kids under five that are homeless.</p>

		<b>Objective 2.2 Develop a Policy/Protocol for Culturally Competent and Responsive Communications:</b>
		Leadership presented to all staff on "Developing Emotional Intelligence" to assist with each other and clients. Ensuring all notifications posted in the office are in both English and Spanish. Images on social media posts are in both English and Spanish. MH staff learned about Cultural Influences in assessments, diagnosis, and interviewing.

<b>Strategic Priorities</b>	<b>Goals</b>	<b>Year 3 January - December 2024 Narrative Updates</b>
<b>Strategic Priority 1: Financial Stability:</b> KCHD will sustain its work in the community by maintaining, expanding and diversifying its funding resources.	<b>Goal 1: Maintain Healthy Operational Reserve</b>	<b>Objective 1.1 Provide Accessible and Affordable Services to our Community:</b>
		KCHD is committed to providing affordable services to the community. One way of doing this is keeping KCHD costs down. KCHD is committed to maintaining a healthy operational reserve by seeking out grants and scholarships. The Community Action department attends trainings and conferences and uses scholarship money to attend.
		<b>Objective 1.2 Ensure Balanced Budget:</b>
		KCHD reviewed the Illinois Tobacco Free Communities (ITFC) grant spending for accuracy and asked follow-up questions to ensure appropriate usage of time and funding for the remainder of ITFC grant year. The MH Director worked with the Assistant Executive Director to determine the remaining funds for Opioid Settlement Dollars through use of an activity tracker and determining accuracy of statements. The Fiscal Department and Community Action have been assessing if it would be cost effective for staff to charge Medicaid for case management clients.
	<b>Goal 2: Diversity Funding Streams</b>	<b>Objective 2.1 Explore New Opportunities for Funding:</b>
		Opioid settlement dollars were used for a communications campaign to educate the community on Narcan/Naloxone. The Fiscal Director subscribed to Notice of Funding Opportunities from the State of Illinois. KCHD received 77 federal, state, and local grants.
<b>Strategic Priority 2: Public Awareness:</b> KCHD will engage in ongoing communications within our community to further cultivate a culture of trust.	<b>Goal 1: Broaden Marketing Strategies</b>	<b>Objective 1.1 Improve External Communications:</b>
		KCHD added information on the Mental Health Juvenile Justice (MHJJ) liaison to the website, informing the community of how people under 18 years old can access mental health services, substance use treatment, school tutoring, and social services. A referral form was included on the website. Community Action completes weekly outreach at the Coal City Library, which includes taking LIHEAP applications. Staff in Environmental Health and Mental Health developed/strengthened relationships with the Cancer screening Navigator, the Kane County Health Promotions manager, the Waterford Place Cancer Resource Center Program Development and Operations Manager, and others in the development and roll out of our Lung Cancer Awareness Campaign. In order to promote the event, staff utilized the Kane/Kendall Mayors Managers group, Yorkville Chamber of Commerce, Yorkville City Council, and other means.
	<b>Goal 2: Engage Volunteers as Local Advocates</b>	<b>Objective 2.1 Empower Board of Health, Advisory Board Members and Volunteers:</b>
		KCHD presented to members of all four of our advisory boards, other local public health system partners, and the public, an update of our efforts to address our three Community Health Improvement Plan priorities. The

		<p>Mental Health unit presented to the Community Health Advisory Board how behavioral health of our community is addressed. The Environmental Health Advisory Board were informed of Communicable Disease Surveillance and Prevention Program work, and the work of our Behavioral Health Services' Police Social Worker and upcoming Mental Health juvenile Justice Liaison programs.</p>
<p><b>Strategic Priority 3: Workforce Development:</b> KCHD will develop a public health workforce that is fluid, responsive, and represents our community.</p>	<p><b>Goal 1: Maintain a Passionate, Competent Workforce</b></p>	<p><b>Objective 1.1 Explore Barriers and Advocate for Strategies to Recruit and Retain Staff:</b></p> <p>KCHD educated its mental health clinicians on their loan repayment options. Environmental Health participated in a conference call with Western Michigan University to enter into an Internship Affiliation, which would potentially provide an annual intern. KCHD gave a panel presentation to the 2024 KCSO Law Enforcement Youth Academy, sharing their professional background and career journey, their current KCHD role and responsibilities, and the programs and services their respective division provides. The Police Behavioral Health Clinician attended a Zoom meeting with two Indian Valley Vocational Center students interested in careers involving the criminal justice system and mental health services. KCHD attended the National Community Action Partnership (NCAP) 2024 Annual Conference in Seattle, Washington and the NCAP 2024 Management and Leadership Training Conference in Las Vegas. The Community Action Services Assistant Director began Licensed Clinical Social Work (LCSW) Supervision. Staffing an LCSW (or equivalent) is required for billing Medicaid. Currently, Community action is currently exploring the possibility of Medicaid billing for case management services.</p>
	<p><b>Goal 2: Promote and Support a Culture of Continuous Learning</b></p>	<p><b>Objective 2.1 Provide Professional Development around Public Health Core Competencies:</b></p>
		<p>Through legislative advocacy and in solidarity with NIPHC partners, we realized the enactment of Illinois statute providing local health departments with increasingly timely and broader access to State agencies-held public health data. Mental health staff were educated on and provided with resources for individuals and families with autism. Mental health staff were also provided with resources on supporting youth mental health in rural communities. Additionally, mental health staff were provided with trainings on suicide prevention and vision impairments.</p>
		<p><b>Objective 2.2 Optimize the Utilization of Technology:</b></p> <p>Mental Health Services began offering virtual paperwork options for clients, enhancing accessibility. KCHD joined the Integrated Referral and Intake System (IRIS) implementation and planning team hosted by Plano Area Alliance Supporting Student Success (PAASSS). The IRIS system aids in collaboration among local agencies and promotes accountability. Participating partners are able to identify resources, make direct referrals and provide updates if necessary.</p>
<p><b>Strategic Priority 4: Equitable Access:</b> KCHD will provide equitable access to public health services, programs and opportunities to ensure health and</p>	<p><b>Goal 1: Enhance Equitable Outreach and Programming to Underserved Geographic Areas of</b></p>	<p><b>Objective 1.1 Develop a Collaborative and Creative Process for Targeting Resources throughout Kendall County:</b></p> <p>KCHD presented on Caregiver Counseling, Elder Care, and police social services on WSPY radio. The mental health team enhanced the check-in</p>

well-being for all in Kendall County.	<b>Kendall County</b>	<b>process for mental health services by starting online registration for clients.</b>
	<b>Goal 2: Enhance Equitable Outreach and Programming to Diverse Populations</b>	<b>Objective 2.1 Ensure Those Served Are Reflective of those Residing in Kendall County:</b>
		<b>KCHD deployed its mobile unit clinic to deliver services to diverse populations in Kendall County. Community Action Services has enhanced its outreach into Grundy County and increased the percentage of Grundy County residents served.</b>
		<b>Objective 2.2 Develop a Policy/Protocol for Culturally Competent and Responsive Communications:</b>
		<b>KCHD developed its Affirmative Action Plan, which outlines KCHD's employment process, which may impact employment opportunities for minorities and those experiencing discrimination. The plan includes but is not limited to recruitment, interviewing, pre-employment screenings. The purpose of the Affirmative Action Plan is to actively promote equal employment opportunities for underrepresented groups and ensure fair treatment in hiring, promotion, and other employment practices.</b>

## PLAN OVERSIGHT

The Kendall County Health Department Strategic Plan will be facilitated by the Executive Director/Public Health Administrator. Together, the Leadership Team will monitor implementation of the strategic plan’s work plan at scheduled meetings. The Leadership Team is made up of Kendall County Health Department appointed staff and the Executive Director/Public Health Administrator. Although strategic plan implementation is continual, formal communication of progress made in reaching goals and objectives will be provided to the Board of Health annually.

## ACCESSIBILITY PLAN

The Kendall County Health Department Accessibility Plan is created in consideration of persons served, personnel, and stakeholders. To ensure best practices, the Kendall County Health Department Accessibility Plan may consider accessibility to be inclusive of *architecture, environment, attitudes, finances, employment, communication, and transportation*.

### ARCHITECTURE

The health department will create and maintain an atmosphere of openness and equal opportunity which requires a physical environment designed to eliminate potential barriers. Annually, facilities management staff conduct health department inspections for ADA compliance. In the event of a finding, the implementation of necessary corrections will be made and documented.

## **EXTERNAL ENVIRONMENT**

The health department works diligently to enhance accessibility to health and wellbeing information and advocacy with particular reference to vulnerable groups and those most in need. Vulnerable groups in society are often most in need of health and social services but may have great difficulty in accessing them. Identifying barriers to access and putting initiatives in place to combat them is central to the work of the health department.

## **ATTITUDES**

The health department views persons served as vital community partners. Health department staff understands the importance of each individual's diverse needs and the necessity to utilize person-centered thinking when providing culturally competent and culturally equitable assistance.

## **FINANCES**

The health department maintains modest fees for services. These fees are set at or below comparable services of analogous counties. Also, the mental health unit utilizes a sliding fee scale fee structure for all services. To further increase access to care, health department also accepts several types of insurances for most mental health and community health services.

## **EMPLOYMENT**

When a position is made available at the health department, the position is advertised internally and when necessary, externally. The hiring procedure follows an ethical and culturally competent and culturally equitable process to ensure that the most qualified candidate is hired.

## **COMMUNICATION**

The health department hosts internal Spanish interpreter availability and access to over 200 other languages through an offsite interpreter translation service. Additional assets to linguistic access at the health department include: translated paperwork, accessing brail, enlarged font, and TTY calls.

## **TRANSPORTATION**

When personal transportation is not available, local resources such as a cab service or Kendall Area Transit (KAT) are available to assist in transportation efforts for consumers of the health department at their expense.

### **Accessibility Plan Annual Goal AND UPDATES**

Staff have provided all Community Action appointments either in person or over the phone to increase accessibility and if the client is homebound, we have partnered with Senior Services in both Kendall and Grundy County to provide a home visit to complete applications.

Community Action has provided the Police Social Worker with access to the Homeless Management Information System, so they can provide services to those experiencing homelessness.

Community Action has participated in the implementation of the new Integrated Referral & Intake System (IRIS) with PASSS, which is the Plano Area Alliance Supporting Student Success. IRIS is a web-based tool that helps organizations connect clients with community resources. This tool will streamline referrals and ensure follow-up with clients.

All Community Action Staff have been cross trained in LIHEAP and Homeless Prevention programs to increase our ability to meet the growing demand for these services.

The Mental Health Services unit enhanced access to mental health care by adopting electronic submission of intake documentation.

Mental Health Services, through the Mental Health Juvenile Justice (MHJJ) Liaison, is increasing access to services for youth at risk and their families. The MHJJ liaison works with youth, under the age of 18, and their families to establish a comprehensive engagement plan including but not limited to, mental health services, substance use treatment, school tutoring, and social services.

Community Health Services utilized a QR code to streamline registrations for immunizations, improving access to this service.

Community Health Services provided Back to School immunizations onsite, increasing vaccine accessibility.

Community Health Services began offering nutrition education over the phone for WIC clients, eliminating various barriers to care.

Community Health Services is now offering services aboard its mobile unit, which is prepared to assist with outreach services in our community.

Environmental Health Services mailed postcards to community members to order Radon Testing Kits to be delivered to their homes. The mailed postcards included a QR code to translate the information into Spanish, eliminating both transportation and language barriers.

# ALL HAZARDS EMERGENCY OPERATIONS PLAN

A serious emergency or disaster can greatly alter the health and environment of the County. Depending on the nature of the impacting disaster, there may be a demand for extra measures to ensure public health. These demands may include, but are not limited to, surveillance and disease investigation; disease control; assurance of safety for food, water and waste disposal; and special needs for critical incident debriefing/crisis intervention.

An Emergency Operations Plan provides a basis for acting in conjunction with local government officials and responders as well as cooperating with private or volunteer organizations to:

- Prevent avoidable disasters and reduce the vulnerability of citizens to any disasters that create a local public health emergency;
- Establish capabilities for protecting citizens from the effects of a local public health emergency;
- Respond effectively to the actual occurrence of disasters; and
- Provide for recovery in the aftermath of any local public health emergency

## **PURPOSE**

The Emergency Operations Plan is intended to be a guideline for establishing an effective response all-hazards public health emergencies. It is designed to effectively coordinate the use of health department and community resources to protect the life, health, and safety of the county's population should a local public health emergency occur within the County of Kendall. These emergencies may encompass natural, technological failure, or deliberate disaster events which may disrupt normal operations and require a preplanned response to internal and external disasters.

The Health Department Emergency Operations Plan is intended to augment the Kendall County Emergency Operation Plan and serve as part of the Health and Medical Annex to that plan. It is not intended to supplant the County Emergency Operations Plan. To the contrary, the Health Department Emergency Operations Plan will rely heavily on the structure and content of the County Emergency Operations Plan, and will bring to it expertise, resources, and procedures necessary to fulfill its mission of promoting personal health, protecting community health, preventing disease and promoting family self-sufficiency when responding to public health emergencies.

The basic plan has a broad framework and describes the policies and procedures the health department will follow to mitigate, prepare for, respond to, and recover from the effects of an emergency. The situations the health department must consider as well as assumptions made in respect to a large-scale emergency response will be highlighted in the Emergency Operations Plan as well as in the functional annexes to the plan. Attachments are included to provide reference and supporting material.

It is not the intent of this plan to attempt to deal with those events that happen on a daily basis which do not cause widespread problems and are handled routinely by the health department. It will, however, attempt to deal with those occurrences that create public health needs and cause suffering to citizens that cannot be alleviated without the assistance of governmental, private, and voluntary sources.

## **OBJECTIVES**

The objectives of the Emergency Operations Plan include:

- Provide maximum safety and protection from injury for staff, clients, volunteers, and visitors
- Provide a logical and flexible chain of command to enable maximum use of resources
- Attend promptly and efficiently to all individuals requiring medical attention in an emergency situation
- Maintain and restore essential services as quickly as possible following an emergency incident or disaster
- Protect department property, facilities, and equipment
- Satisfy all applicable regulatory and accreditation requirements

## **Scope**

Within the context of this plan, a disaster is any emergency event which overwhelms or threatens to overwhelm the routine capabilities of the health department. This all-hazards Emergency Operations Plan describes an emergency management program designed to respond to natural and man-made disasters, including technological, hazardous materials, and terrorist events. Implementation of this Emergency Operations Plan incorporates the following priorities into its course of action:

- Save lives
- Protect health department property
- Restore operations
- Meet community needs

In so far as it is impossible to write a detailed plan that covers every contingency, it is expected that those charged with implementing this plan will be free to use discretion to mold the response to the situation. This Emergency Operations Plan is intended to be a flexible document and is written with such latitude in mind. It is recognized that changes from the contents of this plan can and will occur due to the unique nature of emergencies. This deviation, using initiative and common sense, is both authorized and encouraged to adapt to the specific emergency and to ensure public safety.

# COMMUNITY ACTION PLAN

## Executive Summary

The Community Action Plan includes a community-needs assessment related to family self-sufficiency and subsequent program planning for Kendall and Grundy counties. The purpose of this Community Action Plan is to describe the community needs of Kendall and Grundy Counties, build priorities, and describe service delivery strategies. Feedback was gathered from community stakeholders related to socioeconomic duress factors. This feedback will be used to inform and influence the Health Department's Community Action programmatic work. Feedback; in the form of data, will be used towards increasing stability and socioeconomic well-being for the residents of Kendall and Grundy counties. The Community Action plan provides a glimpse of organizational services as well as the communities it serves. With the many changing needs in our population, we will continue to be dedicated to the socioeconomic wellbeing issues that residents face, while looking for innovative ways to address them. We are committed to working with all area stakeholders; including community clients, partner providers, and community leaders who wish to assure the presence of services for families/individuals under such duress. The plan aims to provide the programs that provide families/individuals with relief and a meaningful contribution towards impacting the community in a positive way. The plan also looks to address the root indicators of poverty and to move families/individuals towards a path of increased stability, self-sufficiency, and social wellbeing. The 2022 Community Action Plan was reviewed and approved by the Kendall County Board of Health.

Relevant informatics was often integrated between the Community Action and Community Health plans. A continuing Needs Assessment using surveillance methods as well as survey design have led to a better understanding of the work that needs to be done when addressing the needs of the community. Some other examples of data sources include: *Regional Office of Education #24 McKinney-Vento Program, Centers of Disease Control and Prevention, The US Census Bureau, Illinois Department Employment Security, US Department of Health and Human Services, Grundy County Economic Development, Illinois State Board of Education, Kendall and Grundy County Health Departments, Northern Illinois Food Bank Annual Reports, Kendall County Community Food Pantry, We Care of Grundy County, Grundy County Resource Organization, US Department of Agriculture, National Center For Education, Morris Hospital Community Needs Assessment, The Association for Individual Development Annual Reports, Mutual Ground Annual Reports, Centers for Medicaid and Medicare Services, County Health Rankings, John Hopkins University, and The National Alliance for Low-Income Housing,*

Findings within the Community Action Plan reflect thematic community concerns related to the accessibility of sufficiently paying work, the need for housing that is affordable to diverse income groups, and the burden of expensive energy/utility costs. The economic and sociological interrelatedness amongst these social wellbeing concerns is striking. These community concerns reflect essentialities of family economic wellbeing and are consequently reflected in the vital Community Action programs made available to these precious communities.

# COMMUNITY HEALTH PLAN

## Illinois Project for Local Assessment of Needs

In April 2022, the Kendall County Health Department commenced with the implementation of its five-year community health plan. The 2026 IPLAN was strategically crafted to provide for the education, motivation, inspiration, and empowerment of the residents and visitors of Kendall County to make healthy lifestyle choices. As is our tradition, this would be achieved by offering our community optimal opportunities for access to health care, while encouraging all to actively pursue and maintain healthy lifestyle choices and social well-being positively contributing to a common good and growing community spirit.

Our 2026 IPLAN embraces three thoughtfully selected priority community health needs. It was with great intentionality that these needs represent health and well-being initiatives unduplicated in our current local public health system, and that they be set apart by innovation from efforts yet established within our community. Originally selected through a participatory community engagement process culminating in community consensus, these three needs embody the World Health Organization definition of health in that they are diverse and reflect community driven health priorities. Our community's three needs are:

- Promote Opportunities to Reduce Vaccination Hesitancy
- Increase Community Awareness to Protect Against Vector Borne Disease
- Connect our Most Vulnerable to Assets that Reduce Socio-Economic Duress & Support Mental Health

As we move forward through our IPLAN priorities, a summation of IPLAN activities and accomplishments fulfilled each year will be shared in this Plan, aimed at addressing and creating positive impact on these needs. Much continues to be learned, including opportunities for improving strategy as we move ahead. The ongoing assessment of our IPLAN methods, as always, will ensure that maintaining and increasing efficacy remain our focus over the next year and beyond.

### **PROMOTE OPPORTUNITIES TO REDUCE VACCINATION HESITANCY**

The Health Department is dedicated to increasing community population opportunities to reduce vaccination hesitancy. Recommended actions include reducing disparities in immunization rates and promote health equity, and developing a better understanding of these differences with stakeholders by working collaboratively together to tailor messaging and strategies to address specific issues and concerns in communities. Also, we will work to enhance the health care workforce to be reflective of populations served to help deliver culturally appropriate and linguistically tailored services through utilization of community health workers and community-based organizations. Increasing access to and use of routinely recommended vaccines by addressing the social determinants of health and expanding the number and type of health care settings that provide vaccinations can increase opportunities for people to be vaccinated, especially in community-based settings.

### **INCREASE COMMUNITY AWARENESS TO PROTECT AGAINST VECTOR BORNE DISEASE**

Vector borne disease is one of the most important environmental health concerns due to the variety of diseases spread and the prevalence of vectors. Mosquitoes and ticks are very common in Kendall County, throughout the state and many areas of the world. As such, different vector borne diseases are widespread. Our focus will be on a number of vector borne diseases that are either endemic or may soon be appearing in Kendall County.

The Health Department is committed to decreasing our local population’s potential exposure to the harmful yet preventable vector borne diseases. We aim to spark awareness by conducting thorough data collection, outreach events, and frequent notification strategies. Surveillance programs aimed at collecting and testing both mosquitoes and ticks will be continued and data collected from these programs will be used to inform program work. Outreach programs will be initiated or expanded in order to reach new populations to inform them of protective behaviors. A social media campaign, using multiple platforms, will be put into action in order to assist with this effort and to gather outreach effectiveness data and share health department data collected during surveillance activities. A number of educational presentations will be held annually to increase general vector and disease knowledge and promote protective behaviors and data will be gathered from such events to demonstrate effectiveness. Additionally, targeted notification in the event of a West Nile virus positive mosquito test will be performed to educate the public of the virus presence and to encourage protective behavior while the disease is present in close proximity to the population.

### **CONNECT OUR MOST VULNERABLE TO ASSETS THAT REDUCE SOCIO-ECONOMIC DURESS & SUPPORT MENTAL HEALTH**

The Kendall County Health Department will endeavor to promote and preserve the socio-economic well-being and mental health needs of Kendall County’s most vulnerable populations. Risk factors include stigma and misinformation, infrastructure, and economic instability.

Kendall County’s most vulnerable populations are defined as persons who are experiencing a high exposure to poverty, who lack reliable transportation, who identify as *English as a Second Language*, who may be in residential isolation, and may have mental and physical disabilities. These categories represent a demographic within our community, thoughtfully chosen by our community partners, who may benefit greatly from efforts intended to address a lack of access to care. KCHD will work on using a combination of extensive community engagement and intentional care coordination, while increasing the delivery of person-based services in an effort to raise individual and community awareness and promote access to services which address mental health and substance abuse, social isolation and connectedness, and financial instability.

# CULTURAL EQUITY PLAN

This cultural equity plan has been set forth in order to respond to the diversity of stakeholders with respect to; age/agedness, ethnicity/race, gender/orientation, language/literacy, mental health, physical ability, socioeconomic status, and spiritual beliefs. Cultural diversity also includes concepts of status, dress/modesty, family traditions, health values, help-seeking behaviors, matters of privacy, personal boundaries and spiritual identity. Efforts to reduce population health disparity is more likely to succeed if it is part of a broader **culture of equity**. Fostering a culture of equity can have significant benefits for an organization. When an organization values a culture of equity, the staff shares an understanding of equitable care and places high value on its delivery. Similar to a culture of **quality**, a culture of **equity** will be essential to the success of quality improvement that seeks to reduce population health disparities.

## **PARTNER PARTICIPATION**

Persons served are vital community partners. Such clients often experience community barriers due to educational, linguistic, or socioeconomic disparities. Client input into services may occur in any of the following ways; Effectiveness Insight Instrument, individual service/treatment planning, governance participation, community health assessment, community health planning, strategic planning, or other spontaneously rendered insight. Another way that client participation input into their own services are achieved, is by asking them about the usefulness of services following the rendering of those services. Client centered services are influenced by abilities, culture, needs, strengths, and desires/preferences of the person served.

## **COMMUNITY ENGAGEMENT**

Engagement with community groups that reflect community diversity may contribute to an understanding of cultural trends free of a deficit discourse. These community engagement efforts include outreach to community action, environmental health, mental health, and physical health networks, community resource team, community churches, community schools, senior centers, outreach efforts to community members having difficulty accessing services, and enhanced engagement with current clientele of direct services. The health department is committed to utilizing diverse forms of social media in order to access diverse populations, keeping in mind that electronically prepared vehicles of communication are also accessible to those with mobility impairments. Community engagement also occurs through these vehicles of health information:

*Annual Report*

*Brochures/Flyer*

*Bulletin Board*

*Local Radio*

*Website*

*Community Event*

*Educational Materials*

*Facebook/Twitter Feeds*

*Quarterly Newsletter*

*Community Assessment/Planning*

*Oral Communication*

*Press Release*

*Care Coordination*

*Coalition Building*

*Newspaper Article*

## **RECRUITMENT & RETENTION**

Professional development related to culture, diversity, and cultural competence is strongly supported. Existing organizational training should carefully embed relevant diversity topics within the training. The intent of embedding cultural competence into training or in developing any training around cultural competence is to promote the ethics and efficacy with regard to serving diverse populations. That is to say that cultural competence will be a part of ongoing training. Assertive efforts will be made to recruit diversity that is representative of cultural competence for leadership positions, management positions, support positions, and direct service positions through both the employment posting and the interview process.

## **INTERPRETER AVAILABILITY**

Internal Spanish interpreter availability will be available through the health department. Translation of additional materials is also available as needed. Other language interpreter availability will be posted for access to any other language interpretation as needed. All forms are verbally explained to clients in order to ensure their understanding. Standard forms will be reviewed for possible translation needs. Additional assets to linguistic access include:

Accessing Braille \* Translation Support \* Enlarged Font \* TTY Calls \* Interpretation Support

## **ASSESSING ACCESS**

An awareness of organizational diversity will be demonstrated in the personnel report. Culturally competent accessibility will be demonstrated through a culturally equitable recruitment process, through professional development opportunities, through sound delivery design, and through an environment that promotes comfort, trust, and cultural relevance. Specific characteristics/barriers of the population served will be reflected in the community health assessment and partnership engagement in order to increase access to health care services. Community members are welcome to contact the health department for educational information about specific health/services access issues.

## **EQUAL OPPORTUNITY**

The Kendall County Health Department (hereafter KCHD) will comply fully with the non-discrimination regulations set forth in relevant State and Federal law and Executive Orders. KCHD has always offered equal opportunities in employment and, by the very nature of its experience, equal services to all the residents of Kendall County. It is the intent of KCHD to provide equality and respect to all individuals in matters of service and employment.

## **STATEMENT OF COMMITMENT**

It is of great benefit to all employees as well as all those we serve to show professional responsibility and commitment towards continuous growth in cultural competence.

## **HIRING PRACTICES**

All persons will have equal opportunity for advancement and promotion

## **COMPLAINT PROCEDURE**

Complaints will be directed to the Executive Director of KCHD who will direct them as necessary to the Board of Health. The complainant will be advised of ensuing steps which will be taken. The Illinois Department of Human Rights brochure is posted in areas of key visibility throughout the health department.

## **ANNUAL REVIEW**

A review of this plan and CLAS Standards will occur annually.

## **PROFESSIONAL DEVELOPMENT**

Professional development opportunities related to cultural equity will continue to be made available to staff. Special emphasis will be placed upon embedding a commitment to cultural equity within the units of the health department.

## **2024 Cultural Equity Self-Assessment**

Below is a summary of 2024 action items for consideration and implementation, based on a Self-Assessment of the National Standards on Culturally and Linguistically Appropriate Services (CLAS).

- Continue to be mindful to continually exam and adapt our culture of cultural equity and related strategies as our community diversity continues to evolve.
- Continue to actively factor in the need to broaden and maintain diversity among our Advisory Board members when recommending/appointing new members.
- The Summer All Staff Meeting will include a presentation on the importance of and ways to further develop one's Emotional Intelligence.
- Explore ability (i.e., via a Google plug-in) to translate our website into additional languages we encounter (currently only allows for translation into the Spanish language).
- An edition of our electronic newsletter to include an article on our commitment to cultural equity in our work.
- The Transitions Coordinator will engage our community's Hispanic seniors and caregivers.
- Develop in Teams a 'Translation Group' to translate social media messages.

# **EXECUTIVE LEADERSHIP SUCCESSION PLAN**

*The Executive Director position represents a central element of the organization's success. This document outlines the Executive Leadership succession plan for the Kendall County Health Department. This kind of risk management is not only helpful in facilitating a smooth leadership transition, but reflects Kendall County Health Department Executive Leadership Succession policy and commitment to sustaining a high functioning organization. This plan affords the Board of Health a succession process that is consistent with organizational hiring practices and represents ready strategy for the organizational governance to move forward through a succession process. The succession plan has been prepared in order that the Board of Health may ensure the continuity of the position of Executive Director due to the planned or unplanned departure of the Executive Director. The Executive Leadership Succession Plan is also grounded in employment best practices. The Executive Leadership Succession Plan shall be reviewed annually by the Board of Health.*

## **COMPETENCY-BASED RECOMMENDATION**

The Board of Health will take into serious consideration the competency-based attributes recommendations as made by the Executive Director. The Board of Health alone, has the authority to interview, select, and hire the best candidate for the position of Executive Director.

## **INTERNAL CANDIDATES**

Openings may be filled by qualified persons from within the department when possible. Preference is given to internal candidates over external candidates when both are equally qualified. However, internal candidates are not guaranteed the positions for which they apply. Job openings and instructions for applying are posted on the official office bulletin board. The department may begin an external search for applicants simultaneously with the job posting. However, no external applicants will be interviewed or hired for four days following the

date of posting except in the case of vacancies which must be filled on an emergency basis.

### **INTERVIEWING PROCESS**

The Personnel Committee will screen all applications for qualification requirements. The Personnel Committee will ensure the facilitation of the interview process by the Board of Health. The Board of Health will interview and select the best candidate for the position of Executive Director.

### **BACKGROUND/REFERENCE CHECKS**

References should be contacted by membership of the Personnel Committee prior to hiring a new Executive Director. Background checks should be completed by the Executive Assistant at the direction of the Personnel Committee and results reviewed with the Personnel Committee, prior to an offer of employment. Regardless of the nature and extent of the investigation into the applicant's background, investigations should be uniformly applied to all applicants.

### **ETHICAL STANDARDS**

Ethical standards shall be the hallmark of health department Executive Leadership. An *Ethical Standards and Rights of Persons Served Policy* will be reviewed and signed by the final candidate selected for the position of Executive Director. The signed copy will be placed in the employee's personnel file. Candidates must additionally be able to support board direction through organizational leadership in the following areas:

- Must work to provide considerate communication to community/partners from diverse perspectives
- Must be prepared for potential conflict from partners who do not share a commitment to community services
- Must be on the lookout for potential opportunities to impact/help community/family wellbeing
- Must act effectively and ethically; reflecting upon a duration beyond traditional twelve months planning period, while infusing foresight into long- term sustainability
- Must be courageous and respectful to others, even when treated conversely

### **SALARY COMPENSATION**

Compensation reference to market comparator data and functionally comparable educational credentials/positions will be made available for the Board of Health Finance Committee. Salary recommendation shall be based upon educational credentials, market rate, and organizational financial standing. The Finance Committee will make a recommendation to the Board of Health for the new Executive Director salary.

### **NEPOTISM STANCE**

The employment of a relative of any Board of Health member is prohibited if such employment shall cause the Executive Director to come under the direct supervision of any related Board of Health member. For this purpose, a relative is defined as: husband, wife, son, daughter, sister, sister-in-law, brother, brother-in-law, grandson, granddaughter, mother, father, aunt, uncle, niece, nephew, daughter-in-law, son-in-law, mother-in-law, father-in-law, or domestic partner. Employees will not be considered for promotion if such change shall cause the employee to come under the supervision of any related Board of Health member.

## **LETTER OF HIRE**

A letter of hire will be issued by the Board of Health President for the selected Executive Director. Included in this letter will be such information as job title, salary, expected starting date, and other details pertinent to a newly hired employee. A copy of this letter, signed by the Board of Health President and the new Executive Director, will be maintained in the employee's personnel file.

## **PERSONNEL FILE**

A Personnel File shall be established for the Executive Director which will contain; ethics statement, evidence of educational credentials, job description, letter of hire, performance appraisals, and training activities. The department tries to balance the need to obtain, use and retain employment information with a concern for each individual's privacy. To this end, it attempts to maintain only the personnel information that is necessary for the conduct of its business or as required by law.

## **PERFORMANCE APPRAISAL**

The Board of Health shall facilitate an annual performance appraisal process along; with the new Executive Director initially being reviewed by the Board of Health twice within one year and annually thereafter, post the Board of Health's annual self-assessment. The health department has developed an Executive Leadership performance appraisal that aligns with the Board of Health performance appraisal. The Executive Director is evaluated in a broad array of leadership attributes; including Quality/Efficacy, Quality/Efficiency, Quality/Ethics, Policy/Strategic Planning, Risk Management, Agenda Planning/Board Meetings, Board of Health Development, Advisory Board Development, and Executive Leadership Development. All candidates for an Executive Director opening should be considered against these leadership qualities prior to an offer of employment.

## **PROFESSIONAL DEVELOPMENT**

The professional development of the organization's executive leadership shall be supervised and supported by the Board of Health. Although the selected candidate for Executive Director should be fully qualified to act in that capacity upon the application for employment, an Executive Director orientation should be developed for the final candidate. Formal training attended by the organization's executive leadership shall be maintained in the personnel file. Other professional development activities may include coalition participation, conferences and training, presentations and interviews, leadership facilitation, or workforce development activities.

# PERFORMANCE MANAGEMENT PLAN

## PURPOSE STATEMENT

Kendall County Health Department (KCHD) views performance management as vital to the efficacy, efficiency, and ethics of a healthy organizational design. The KCHD Board of Health maintains a Performance Management Policy. The purpose of the Performance Management Plan is to uphold the KCHD Performance Management Policy. Both the performance management policy statement and the Performance Management Plan represent important policy guidance for the health department and are evaluated no less than annually.

The KCHD performance management process is integrated into all programmatic and operational aspects of KCHD. The KCHD performance management system applies to Outcomes Management, Program Evaluation, and Leadership. Progress towards Outcomes Management, Program Evaluation, and Leadership is evaluated and documented annually. Through the development and implementation of quality improvement processes integrated into organizational practices, programs, processes, and interventions, KCHD aspires to maintain a *culture* of continuous quality improvement.

## PERFORMANCE MANAGEMENT SYSTEM OPERATIONAL DEFINITIONS

Performance management activities include a vast array of efforts to improve efficacy and/or efficiency. This culture of improvement takes an interest in diverse kinds of data examination as an effort critical to workforce development within a learning organization. Knowledge production and strategies for action/improvement may be derived from a limitless array of data sources including; grant deliverables, stakeholder insights, and surveillance efforts.

- Leadership Team: comprised of executive and program leadership, informed in part by all levels of program staff, who work together to identify staff strengths and challenges in the area of core competency of public health professionals.
- Outcomes Management: includes those things we both forecast and measure (i.e., grant deliverables, Outcome Management Model)
- Program Evaluation: includes all those things that are observable, track-able, measurable, and that Unit Directors are actively monitoring (i.e., Community Health Improvement Plan and Strategic Plan objectives, Consumer Insight Instrument).

## ORGANIZATIONAL STRUCTURE

The Kendall County Health Department's (KCHD) program performance management/quality improvement team (hereafter referred to as the Leadership Team) is comprised of executive and program leadership, informed in part by all levels of program staff, who work together to identify staff strengths and challenges in the area of core competency of public health professionals. Challenges serve to reveal possible staff needs for further growth and development. These needs drive team discussion on the creation and provision of staff training opportunities. Leadership Team meetings, hosted by the Executive Director serve to provide directors with a forum to share their respective division's performance management/quality improvement-related activities and accomplishments – and serve as an opportunity for all team members to learn from one another's experiences. Such a cross-organizational communication of information has the ability to promote and further cultivate

innovative performance management/quality improvement thinking and activities among program staff.

Supplementing and supporting the efforts of the Leadership Team is department's Administrative Team lead by the Executive Director who is joined by the Assistant Executive Director, Fiscal Director, and Executive Assistant. The Administrative Team meets routinely to discuss high-level organizational strategies and issues, some of which are then shared with the Leadership Team for staff knowledge production, further processing and/or implementation.

**Staff Support:** Each and every KCHD employee serves a role in supporting, maintaining, and furthering the highest degree of KCHD performance. KCHD staff at all levels of the organization support and aspire to a culture of quality.

**Resource Allocation:** KCHD's executive leadership and governance develop a budget that accounts for staff time to be spent engaging in performance measurement and management-functions and activities. It should be made clear that a principle component of the Kendall County Health Department's performance management system is an understanding that performance management activities are not mutually exclusive from other organizational activities, programs, and services. To this end all performance management activities ultimately serve to improve the health and well-being of our community members by improving the way in which we understand the efficacy, efficiency, and ethics of our work.

## **DEVELOPMENT/TRAINING OPPORTUNITIES**

**Employee Orientation:** KCHD maintains and implements an employee orientation policy. This policy is reviewed annually and revised as necessary. Each KCHD unit maintains and implements an employee orientation checklist, which includes written materials describing the importance of and ways in which KCHD addresses performance management.

**Online Training:** KCHD makes available to all staff, online trainings addressing the basics and significance of performance management. Online training opportunities are provided by organizations such as Turning Point, and the Illinois Public Health Institute.

**Advanced Training:** Addressing the subject of performance management, is made available to KCHD staff in the form of literature sharing, educative in-house presentations, professional conferences and workshops, and academic programs. Organizational training opportunities are also available through KCHD partners at the Department of Commerce and Economic Opportunity, Illinois Department of Human Services, the Illinois Department of Public Health, the Illinois Public Health Institute, and Trade Association partners.

**Continuous Learning:** Staff also have many opportunities for continuous learning and professional development through participatory discussions in quality improvement-related educational meetings such as; Leadership meetings, Division meetings, and All Staff meetings. Such information is also shared with staff in the form of carefully selected educative materials supplied in Board of Health and Advisory Board meeting packets. KCHD maintains a modest yet ample budget providing staff with opportunities to attend professional conferences and trainings promoting performance management strategies. KCHD also receives and disseminates to staff and stakeholders, educative journal articles, research findings, and trade association materials.

## PROJECT IDENTIFICATION

**Project Identification:** Improvement areas and related project identification occur in consideration of KCHD's organizational mission, and a desire to ascertain efficacy. Such identifications may result from grant deliverables; revelations of surveillance and trend analysis; emergence of acute public health issues; routine acquisition and analysis of client and community feedback. Additionally, KCHD routinely networks with public health colleagues and consortiums, in part, to discuss and mutually identify best practices.

**Alignment with Strategic Plan:** Outcomes Management goals and associated progress are highlighted within the Strategic Plan. The Performance Management Plan is an appendix to our Strategic Plan. The Strategic Plan annually receives a comprehensive review, and is fortified with input from: Board of Health members, advisory board members, staff, and clients and community stakeholders.

## GOALS AND OBJECTIVES

*Division Directors are responsible for establishing, developing attainment strategies for, and evaluating progress on achieving program goals and objectives relating to their respective unit. Goals and objectives are to be both meaningful and realistic.*

**Performance Measure:** Performance is measured and demonstrated in a variety of ways, such as but not limited to: the use of time, and expense and revenue monitoring tools; implementation of performance management models such as Results-Oriented Management and Accountability (ROMA), root-cause analysis (i.e., Fishbone Diagrams), logic models, and Strengths-Weaknesses-Opportunities-Threats (SWOT) analysis; client-issued effectiveness insight surveys; staff-issued worker knowledge surveys; staff meeting dialogues; organizational accreditation and program review standards; employee performance appraisals; and service utilization reviews.

**Objective Responsibility:** Unit Directors establish and assign staff responsibilities for implementing program objectives.

**Time Frame:** All goals and objectives are measured on a predetermined and routine basis, as determined by the corresponding initiative, program or project. Time frames may be monthly, quarterly or annually.

**Objective Activities:** Determined by a number of variables such as but not limited to grant deliverables, work plans, etc.

**Prioritization Process:** When unrealistic to address concurrently, multiple goals and objectives are prioritized. Priority may be given to potential performance management activities that require attention and analysis in order to ascertain efficacy, or in order to strategically move the organization forward or sustain the organizational mission.

## MONITORING APPROACH

**Data Collection:** Data is collected in both numeric and narrative forms, and includes information available at the global, national, state and/or local level. Triangulation is applied through the use of a variety of sources and types of data.

**Data Analysis:** is performed in an effort to gauge the efficacy of, or need for, a program or intervention; or to draw comparison or provide perspective of risk.

**Reporting Progress:** takes on many forms such as but not limited to grant performance reports, presentations to stakeholders, new articles and press releases, live radio and television appearances, Face book, Twitter and website postings.

## **REGULAR COMMUNICATION**

*KCHD regularly communicates quality improvement activities conducted by KCHD, using a number of communication vehicles.*

**Electronic Communication:** The KCHD website, and to a lesser extent, Face book and Twitter, provide KCHD stakeholders with 24/7 access to performance measures and outcomes in the form of documents such as but not limited to KCHD's Community Health Improvement Plan, Strategic Plan, Annual Report, Board of Health and Advisory Board meeting minutes.

**Public Communication:** takes place on a regular basis and in a variety of approaches: written and televised information provided in the KCHD lobby, electronic newsletter, newspaper articles, television and radio appearances, agency Face Book, Twitter, and website postings.

**Governance Minutes:** are shared with staff; posted on our agency website for public access and review.

**Leadership Meeting Minutes:** are shared with staff and governance in hard copy and/or in discussion during routine meetings.

**Staff Meetings:** occur via one-on-one staff supervision meetings; and routine Unit, All Staff, Leadership, Advisory Board and Board of Health meetings.

## **REVIEW PROGRESS**

**Organizational Self-Assessment:** occurs annually at minimum, using tools such as Turning Point's Performance Management Self-Assessment Tool (2004), used to identify the extent to which KCHD measures up to components of a performance management system.

**Efficacy and Efficiency:** are carefully considered in the routine assessment of Unit budgets, program outcomes, and client and staff insights surveys.

**Consumer Insight:** KCHD applies an assortment of tools and opportunities to solicit valuable input from its clients, visitors and the community at large. Annually, each unit administers to clients and visitors an Effectiveness Insight Instrument; monthly meetings give stakeholders the opportunity to learn about and comment on programs and services; KCHD's Face Book page, Twitter account, website and monthly news articles provide the entire community with an opportunity to share helpful insights.

**Reporting Revision:** The results of progress reports and outcome measurements are carefully reviewed to identify the need for revisions or updates to program goals and objectives, and or related strategies.

**Regular Communication:** occurs via supervisions; and unit, All Staff, Leadership, Advisory Board and Board of Health meetings.

## **DESCRIPTION OF ANNUALLY PERFORMED PERFORMANCE MANAGEMENT PRACTICES**

**Annually, the executive leadership and Division Directors will review and discuss as a group, our organization's Performance Management Plan (PMP).** The purpose of this review is to ensure ongoing familiarity with, and to provide and share feedback on our efforts to implement, the Plan.

Executive leadership and Unit Directors will review and discuss as a group a performance management self-assessment tool such as Turning Point's Performance Management Self-Assessment Tool, in an effort to identify the extent to which KCHD has and implements components of a performance management system.

A report is prepared, describing the self-assessment and related findings, including any identified or perceived opportunities to expand or improve upon the department's role in and approach to performance management. A summary of the report is shared with community partners as a component of the annual update of the Strategic Plan.

**Annually, each Division shall implement a Satisfaction Survey, which was previously called the EII.** The Satisfaction Survey is an efficacy measurement, done by "experts", those we serve. It lets us know how things are working; reveals areas for improvement; allows us to recognize and celebrate our achievements – which motivates staff to perform.

The Satisfaction Survey, for each division, contains a set of benchmarked questions that allow for trend analysis across all four divisions. While the Division Directors are concerned with the results of their respective Division, the Executive Director is also interested in thematic issues (or positive revelations). Division Directors may present on the results of their own division's Satisfaction Survey, while the Assistant Executive Director will present on any crosscutting organizational themes/trends revealed. A score of < 3.5/4 may be cause for concern and inasmuch begs a careful review and consideration.

**Annually, Division Directors, in consultation with the Assistant Executive Director, select an existing or develop a new work process to test and measure in an effort to explore and identify potential work process improvements aimed at achieving targeted outcomes.** Strategies for attaining process improvements, including forecasted outcomes, or targets, are established prior to implementation. Progress on outcomes attainment is routinely monitored, analyzed and documented quarterly using an outcome tracking instrument. This documentation takes the form of both quantitative and narrative data, the latter described as 'thick description'. Thick description may be used to document any adjustments made to original outcome attainment strategies, such adjustments typically driven by midstream identification of new opportunities perceived to be potentially effective at driving the intended process improvements.

At the end the twelve-month period, Division Directors prepare a report, the Outcomes Analysis, describing and analyzing their respective outcomes, and the role that their strategies have or may have played. These strategies, if proven to be effective at promoting or achieving a desired outcome, may be considered a best practice to be continued or expanded upon. The Outcomes Analysis is shared with stakeholders as a component of the department's annual Strategic Plan update, and as a presentation to community partners serving on our Advisory Boards. Community partners are encouraged to participate in discussion and to share any feedback they may have.

**Critical Incidents occurring on KCHD property are addressed, documented and carefully analyzed as they occur. Annually, a report is prepared, devoid of personally identifiable information, summarizing the nature of said incidents, any immediate measures that had been taken to mitigate any risks to**

**personally safety, and steps taken to prevent future like incidents.** This annual report is prepared by the Assistant Executive Director, Director of Mental Health and Psychiatric Services, and Administrative Executive, and presented to Administrative and management-level staff. This report serves to inform and confirm best practice in the areas of both risk and performance management.

## **ANNUALLY PERFORMED PERFORMANCE MANAGEMENT PRACTICES UPDATES**

### *Review of our Effectiveness Insight Instrument 4/10/2025*

In April of 2025, the Leadership Team performed a deeper review of an aspect of the Performance Management Plan: the Effectiveness Insight Instrument. The Effectiveness Insight Instrument ‘survey tool’ was first deployed in 2012, with Division-specific questions being modestly tweaked over the years. Overall, the tool’s structure has largely remained the same between 2012 and 2024. In the spirit of continuous quality improvement, it became clear that this tool be reviewed and discussed by our Leadership Team should there be the need to update the tool and/or over implementation process. This review took place on April 10, 2024 and the results are as follows:

Where applicable, we will continue to use the Likert Scale, but each question will include a neutral option.

The group discussed boilerplate questions and agreed to continue using boilerplate questions in 2025. However, the group agreed that unit surveys should be similar lengths, being around 8-10 questions long.

The Boilerplate Questions issued by all four units have changed. Each unit will now use the following questions:

1. **How satisfied are you with the services you received?**
2. **To what degree were your cultural needs respected?**
3. **I feel that the staff have a high level of knowledge and professionalism.**

For the third boilerplate question, respondents will be asked to rate the level of agreement to this statement.

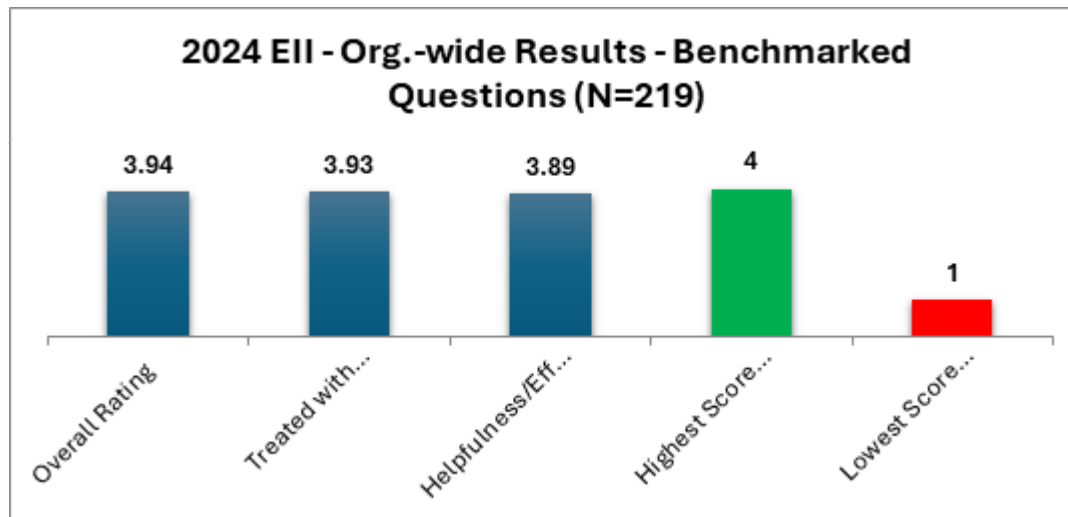
The leadership team discussed the name of the Satisfaction Survey. Generally, when explaining this survey to partners and clients, it is referred to as a client Satisfaction Survey. In an effort to clarify this survey with the public, the leadership team discussed changing the name. The group decided to change the title to Satisfaction Survey.

The method of administering the survey was also discussed. The Environmental Health unit currently administers its survey through ArcGIS. The group decided to administer all unit surveys through ArcGIS, which will improve data collection and analysis.

The group also discussed the timeline for survey administration. Previously, these surveys were conducted over a period of 30 days. The group decided to administer the survey year-round, allowing for a higher number of surveys to be received. Environmental Health is the exception, where surveys will be sent after interactions with operators.

## 2024 Effectiveness Insight Instrument (EII) Results

2024 Effectiveness Insight Instrument - Org-wide Results for Benchmarked Questions						
Metric	CAS	CHS	EHS	MHS	Results	
Number of Surveys	59	72	36	52	219	<i>Total</i>
Overall Rating	3.98	3.97	3.93	3.49	3.94	<i>Avg</i>
Treated with Respect	4	4	3.97	3.88	3.93	<i>Avg</i>
Helpfulness/Effectiveness	3.96	3.92	3.94	3.74	3.89	<i>Avg</i>
Highest Score Possible						4
Lowest Score Possible						1



Annually, each Kendall County Health Department unit identifies an **outcome model** to address, which is a data-driven quality improvement project that identifies and addresses specific issues within a process or system to enhance its efficiency, effectiveness, and quality. The 2025 outcome models are as follows:

- Community Action will aim to boost participation in the Employment Barrier Reduction Program (EBRP) among Grundy County residents by 500%, with a goal of 12 Grundy County customers in 2025, compared to 2 in 2024.
- Environmental Health will ensure that food operators have easier access to information on obtaining a Certified Food Protection Manager (CFPM), since this was the most frequently cited violation in 2024. The goal is to have at least 50% of interviewed operators retaining information on obtaining a CFPM.
- Mental Health will aim to increase substance use intakes by 233% with 10 intakes in 2025, compared to three in 2024. Mental Health will also aim to establish at least four referral partnerships.
- Community Health will achieve and maintain a minimum state performance standard of 85% completion rate of Edinburgh assessments, which are postpartum/prenatal depression screenings.

## RISK MANAGEMENT PLAN

*High functioning organizations engage in a coordinated set of activities designed to control threats to people, property, income, goodwill, and the ability to accomplish strategic goals. The risk management plan has been designed to manage, prevent, and reduce the severity of such loss. Risk control occurs through the avoidance of exposure altogether, reduction of the probability of loss when inherent risk is reasonable, or by reducing the severity of the consequences of potential loss.*

## **IDENTIFICATION AND OF POTENTIAL EXPOSURES**

The Kendall County Health Department pays close attention to the identification of and mitigation of risk. This identification of risk position helps to ensure that our organization may cover potential gaps and strengthen risk management. Areas of risk considered may include; contracts & procurement, driving/vehicles, financial management, media/communication, organizational governance, property/facility, service delivery, vulnerable populations, and workforce development. This risk management plan covers identified areas of potential risk and cites actions to mitigate risk. Potential salient exposure for organizations reflecting our size and diversity of services include driving safety, ethical conduct, fiscal sustainability, and hiring practices.

## **IDENTIFICATION OF ACTION ON POTENTIAL EXPOSURES**

Areas of identified organizational risk based upon the examination of organizational trends, include the following four areas of risk improvement opportunity:

**Driving Safety** – Policy and procedure concerning transportation activities are essential for any organization, as a part of owning vehicles. Even minimal transportation exposures have been considered by establishing a basic transportation policy and protocol. Driver’s license check is addressed in organizational policy and driving safety is addressed in organizational protocol. High quality defensive driving training has also been offered to staff.

**Ethics Conduct** – Establishing clear expectations on ethical conduct as well as clear expectations that fraud will not be tolerated in the workplace, is critical to organizational risk management. To this end, the Health Department has established a clearly written corporate compliance policy. The Health Department has added fraudulent behavior to the policy that establishes reason for termination up to and including employee dismissal. An Ethical Code of Conduct training has also been developed for Health Department employees.

**Fiscal Sustainability** - Budget revenues will be supplemented by utilizing a portion of the Health Department organizational reserve to achieve a balanced budget and the sustainability of organization/services. In order to effectively mitigate risk in funding shortfalls, a number of operational areas will be examined with care. Value-based *attrition opportunities* are thoughtfully considered with every position opening in order to produce efficiency and refresh efficacy in health department services. *Grant acquisition* will continue to be a high priority as a means of diversifying both funding and professional opportunities. *Program planning* will also incorporate state grant expectations into program design in order to increase efficacy and maintain program sustainability. Fiscal sustainability will be continuously monitored.

**Hiring Practices** - The documented hiring process ensures that every candidate is subject to the same level of scrutiny and the highest quality employees are sought through the hiring process. This not only helps guard against charges of discrimination, but also supports a process that prevents essential elements from being left out. The documented hiring process helps allow the organization to see at-a-glance that every element of the hiring process has been consistently completed.

## **MONITORING OF FISCAL SUSTAINABILITY RISK-REDUCTION RESULTS**

Each month program leadership receive activity reports for grants. These activity reports provide clear and concise data regarding all allowable costs that occurred during the said month. These reports assist leadership in working with staff to manage all grant deliverables timely and accurately. Ensuring the health department

meets grant deliverables in a timely and accurate manner creates grant sustainability, as well as, strong and professional partnerships with all funders.

Understanding the importance of diversified funding, the health department researched and reviewed 125 different federal, state, and local grant opportunities and almost 40 community foundations, most of which reflected activities related to recognized client and community needs in order to enhance fiscal sustainability.

The health department participates successfully in federal, state and local county audits. These fiscal audits thoroughly review our internal and external controls practices, fiscal policies, and financial procedures. Furthermore, auditors test our procedures to ensure the health department is conducting business based on best practices.

### **INCLUSION OF RISK REDUCTION IN EMPLOYEE TRAINING**

All staff are offered training on roadside safety. Kendall County Health Department partners with local law enforcement to deliver this unique opportunity that teaches staff how best to prepare for and drive in hazardous weather conditions; develop an understanding and awareness of traffic patterns; and what to expect and how to act when being approached by an Officer of the law. Additionally, staff receive and review the Vehicle Safety Protocol, which teaches a *safety first* philosophy as it applies to the use of a Health Department vehicle to perform a work related function.

Annually, all staff receive participatory ethics training, anti-harassment training, and perform a review of the Ethical Standards & Rights of Persons Served Policy. Staff also receive training on the many facets of cultural equity, fostering a strong ethical culture and the provision of services that thoughtfully consider the rich and valued diversity of our stakeholders. Additionally, staff receive training on the laws, importance of, and ways in which to protect and maintain confidential, client information.

### **RISK MANAGEMENT PLAN UPDATES**

In December of 2024, KCHD conducted a review and analysis of critical incidents that occurred during calendar year 2024 taking into consideration, at minimum, the causes of each incident, possible trends, identified actions for improvement and the results of related performance improvement plans, opportunities for education and training of personnel, and fulfillment of internal and external reporting requirements. The analysis, described in a written report, was reviewed with our Executive Director and four Unit Directors. These annual analyses allow KCHD to better improve the safety of both clients and staff.

# SOLID WASTE PLAN

## Executive Summary

Environmental Health has continued making progress towards accomplishing the goals of the 2020-2025 Kendall County Solid Waste Plan. Staff continue to monitor and report on new legislation, reporting most recently the passing of the Drug Take Back Act. This was reported in Solid Waste Reports as well as to the Environmental Health Advisory Committee. More legislation has been proposed and is being monitored now and staff will continue to notify the committees and the general public as the bills become law.

### **ADMINISTRATIVE OBJECTIVES**

Elements of the new Solid Waste Plan including legislation monitoring and legislative/policy work have been integrated into the 2020 Health Department Strategic Plan and will continue to be in future editions. Kendall County Health Department monitors specific legislation impacting solid waste issues locally, across the state and across the nation. As an example, we actively supported proposed State legislation intended to promote the creation of an industry funded/supported used carpet recycling program. The Health Department remains members of both Illinois County Solid Waste Management Association as well as Illinois Product Stewardship Council, keeping us up to date on new developments in the industry as well as proposed new legislation that can impact the solid waste landscape across our county.

### **RECYCLING & SOURCE REDUCTION OBJECTIVES**

Understanding the importance of education in the matters of recycling and source reduction, we work to educate the community in different ways on the broad topics of recycling and source reduction.

After a few years, we have returned to the Kendall County Natural Resources Tour, held at Hoover Forest Preserve where 446 fourth and fifth grade students from Yorkville, Plano and Lisbon schools attended one of the two full day events and learned about proper disposal and recycling of everyday household items. Also, the Health Department worked with a local science teacher and delivered an educational presentation to over 300 science students at Murphy Jr. High in Oswego. Here, they presented information on recycling and source reduction throughout the entire school day to several hundred junior high students in attendance. It is our hope to make this presentation an annual occurrence.

Understanding the importance of awareness for our residents, staff continue to provide education on WSPY radio and on social media. Press releases are periodically provided to serve this purpose as well. As an example, we appeared during Earth Week in April to discuss recycling. This talk focused on debunking recycling myths, proper do's and don'ts of recycling and why this practice is still important. These shows offer a mixture of presentation and question and answer from the host.

The Kendall County Green Page, an online resource guide for Kendall County residents providing outlining proper disposal and reuse of common household items, remains online and is a valuable tool for local area consumers looking to learn about recycling, source reduction and proper disposal of common household goods.

The Health Department licenses all waste haulers in the county. As part of this licensing, we review annual waste hauler data. This data provides valuable insights on recycling rates. Additionally, we review municipal waste data. These reports also include information on the contracted hauler providing service to the municipality in addition to the municipal website education provided to residents. Municipal contracts are responsible for providing approximately 80% of our population with e-waste collection programs. Health

Department routinely answer questions related to e-wastes from residents and refer them to other programs if their area is not covered by a municipal contract.

Efforts are underway to recognize businesses for innovative waste reduction and recycling. Recently, we became aware of a local glass recycler that is offering a new glass-crushing recycling system for use in local businesses. According to the recycling provider, this system can decrease volume of recycled glass. We support this innovative process and is helping to facilitate a pilot program within Kendall County. Once established, we will recognize the local business in hopes to encourage others to also participate in this process.

### **COMPOSTING OBJECTIVES**

The Health Department continues to stay engaged in the Illinois Food Scrap Coalition and will continue our involvement in this group. Closer to the office, we have monitored the changes at the local composter in Bristol Illinois. We have monitored the tipping fees submitted by this facility and have noted that the business is winding down. We have provided our local Building and Zoning Department with updates on this facility. The purpose of the Health Department's monitoring visits to a local composter is to ensure that the requirements of the special use permit were upheld and to note and report any observed EPA rule deficiencies. Additionally, these monitoring visits help our Health Department strengthen and maintain a collegial relationship with these operators.

### **WASTE TO ENERGY OBJECTIVES**

The Health Department aims to stay up to date with innovative waste to energy processes. To this end, we visited the Will County Land Use Department to learn of a new process at this site to turn landfill gasses into energy. Rather than converting the gas into electricity through the use of turbines, it is pumped directly into natural gas pipelines for use. This is seen as a more cost-effective use for the gas as it utilizes existing infrastructure. Prairie View landfill in Will County and DeKalb Landfill in Cortland are both currently using this process. As Will County communities are reaping benefits of this process and both Joliet and Plainfield extend into Kendall County, these Kendall residents are positively impacted by this process.

### **TRANSFER STATIONS OBJECTIVES**

The Plano Transfer Station is still in operation. The existing Host Benefit Agreement continues to provide Kendall County buildings with recycling and waste pickup, saving the County approximately \$15,000 annually. Annually we receive a report from this facility. Reported waste quantities are reviewed to ensure that they are below those quantities which are called out in the agreement which would be cause for additional payments to the county.

### **LANDFILL OBJECTIVES**

At this time there are no new landfills proposed in Kendall County.

# WORKFORCE DEVELOPMENT PLAN

*The composition of the Kendall County Health Department workforce is primarily comprised of approximately 53 full-time employees. The Health Department human resources consist of approximately five part-time additional employees and four contractual staff at any given time. The Health Department is also honored to host university interns and professional volunteers, as opportunities arise.*

## COMMITMENT TO EXCELLENCE

The Kendall County Health Department is committed to excellence in workforce development. To that end, all new employees will receive unit specific orientation/training. Professional development opportunities should also be available through planned learning at team meetings or outside training. Planned learning in team and/or partnership meetings provide a vital source of fresh and timely workforce development. The Kendall County Health Department provides documented personnel training on diverse aspects of workforce development including but not limited to appropriate personnel in the following areas:

- ◆Employee Orientation
- ◆Emergency Drills
- ◆Cultural Competence
- ◆Ethical Practices
- ◆Ethical Practices
- ◆Person/Population Wellness
- ◆Unique Needs of Persons/Population Served
- ◆Person-Centered Practices
- ◆Reporting Abuse/Neglect
- ◆Customer Service

The health department provides detailed training to appropriate employees while documenting training content. Individual employees sign training content or group signs training log. This includes but may be not limited to the following:

- ◆Confidentiality Practices
- ◆Cultural Competence
- ◆Performance Management

Additional competency-based training is provided to appropriate employees by supervisor/designee on an annual basis and signed by employee:

- ◆Safety Practices
- ◆Medication Management (as appropriate)
- ◆Universal Precautions

## ONGOING PLANNING

The Kendall County Health Department strategically aligns our workforce with our organizational goals and plans. The Health Department works to ensure that the organization continuously has the right people with the right skills. Our workforce development supports the development of the current workforce, considers future workforce development needs, and identifies workforce development gaps. This dialogic analysis may be triggered through grants research, literature review, potential retirement, planned departure, or the unplanned departure of any employee.

**Job Descriptions/ Review and Update** – Job descriptions have been carefully prepared to reflect the breath of each employee position. Job descriptions are reviewed as needed and each employee is provided a copy of their job description for review and signature upon hire and upon any slight change to the job description. Job descriptions allow each employee to provide an array of programmatic services permitted by their credentials and supervisory direction. This not only provides for wonderful workforce development and job enrichment opportunity, but also prepares programs for professionals with potential succession possibilities.

**Recruitment and Selection** – The recruitment and selection process is designed to consider workforce gaps and to continuously support our community work by hiring the right people with the right skills. First, there is a dialogic analysis of the best way to fulfill our contemporary workforce needs. Then the job posting as well as the job description are reviewed and revised, as needed. Finally, a two-tiered interview process is thoughtfully carried out. This process is designed to allow workforce development opportunity for employees participating in the interviewing process. This is a consistent as well as a highly rigorous process that culminates in the final decision being made by executive leadership.

**Retention and Succession** – Employee retention and succession are actively supported through organizational learning and workforce development opportunities, in that our workforce development efforts also close gaps in future workforce needs.

The Health Department reviews talent in the current workforce and promotes cross training as well as diverse position-related experiences for our current employees.

The strategic development of our current workforce contributes to each employee feeling valued and knowing that choices for a broader array of employment opportunity inside or outside our organization are made more readily possible through professional development.

The Kendall County Health Department is proud to consider internal qualified candidates for current and newly developed position openings.

Offering employees an array of work experiences contributes to employee retention, worker knowledge, and greater potential succession success.

## **THE LEARNING ORGANIZATION**

The Kendall County Health Department; in acting as a learning organization, places an emphasis on adult learning theory. That is to say that contextualized learning, dialogic learning, and educative team meetings are highly valued as learning organization and workforce development opportunities. As a learning organization the Health Department fosters knowledge production of its members in order to continuously transform itself.

## **IMPLEMENTATION OF WORKFORCE DEVELOPMENT OPPORTUNITIES**

Staff have access to a broad and diverse range of work-related opportunities that serve in part to help develop and strengthen their professional skills, knowledge and abilities. Each staff is empowered and inspired to develop the leader within.

Staff are able to develop their professional and leadership skills by actively participating in the interviewing process where they help articulate, maintain and fortify a positive organizational culture. Staff also have the opportunity to provide program reports to members of governance, and meet with and educate community partners.

Staff participate in the creation of Outcome Model, receiving hands-on experience in the use of performance management processes such as root cause analysis. Implementing Outcome Model provides staff with exposure to pursuing quality improvement as they participate in the cycle of Plan, Do, Study, Act.

Staff are engaged in the lengthy and intensive planning and formation of the Community Health Improvement Plan; and annual written updates to Strategic Plan and Annual Report. This complex process offers a wide range of professional development opportunities such as; research methodology, data collection, document preparation, ethnographic interviewing, data analysis, trend charting, literature reviews, scientific writing, program development, and leadership exposure.

Staff develop and enhance their public speaking skills through local radio broadcasts; and contribute to website and social media messaging. Workforce development through quarterly All-Staff Meetings; in which staff participate in presentations related to health and wellbeing from the diverse organizational sectors, is another powerful example of preparing a workforce for readiness related to their professional future as well as for the future needs of our organization.

# BOARD OF HEALTH ENDORSEMENT



## ***KENDALL COUNTY HEALTH DEPARTMENT***

811 W. John Street, Yorkville, IL 60560-9249 630/553-9100 Administration Fax 630/553-9506



**Public Health**  
Prevent. Promote. Protect.

July 19, 2022

This represents the Board of Health's endorsement of the Kendall County Health Department Strategic Plan Roadmap 2027. Board of Health members, Advisory board members and Kendall County Health Department staff provided input throughout the development of the Strategic Plan.

On July 19, 2022 the Board of Health unanimously approved the Strategic Plan Roadmap 2027 and pledged human and fiscal resources necessary for its implementation.

Lynn Cullick  
President, Kendall County Board of Health

July 19, 2022

Date

Kendall County Location  
811 West John Street  
Yorkville, Illinois 60560  
630/553-9100 Fax 630/553-9605

***Kendall-Grundy Community Action***  
*A Unit of Kendall County Health Department*



Grundy County Location  
1802 N. Division St., Rm. 602  
Morris, Illinois 60450  
815/941-3262 Fax 815/942-3925

## RECORD OF CHANGE

The Kendall County Health Department Strategic Plan 2027 is not a stagnant plan, but a plan that can change to meet the needs of both the internal and external environment. Therefore, it is important that records of these changes are kept in order to monitor the evolution of this plan.

<i>Approval Date</i>	<i>Page</i>	<i>Section</i>	<i>Description</i>
07/19/2022	All	All	Strategic Plan Roadmap 2027 approved by Board of Health
03/21/2023	9	Update	2022 Update
	11	Accessibility Plan	Accessibility Plan Annual Goal and Updates
	25	Mgmt. Plan	Annually Preformed Performance Management Practices Update
	28	Solid Waste Plan	Solid Waste Plan Update
3/19/2024	11-13	Update	2023 Update
	14	Accessibility Plan	Accessibility Plan Annual Goal and Updates
	31-33	Performance Mgmt. Plan	Annually Preformed Performance Management Practices Update
4/15/2025		Update	2024 Update
	13	Strategic Plan	Strategic Plan 2022-2027 Roadmap Update
	16	Accessibility Plan	Accessibility Plan Annual Goal and Updates
	25	Cultural Equity Plan	2024 Cultural Equity Self-Assessment
	32-34	Performance Mgmt. Plan	Description of Annually Performed Management Practices, Performance Management Plan Update
36	Risk Management Plan	Risk Management Plan Update	



Phone (630) 553-9100  
Fax (630) 553-9506  
[www.kendallhealth.org](http://www.kendallhealth.org)



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Prevent. Promote.



**Kendall County Health Department**  
811 West John Street  
Yorkville, IL 60560



@kendallhealth

