

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

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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

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.

Strategic Priority 1: Financial Sustainability

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

Strategic Priority 2: Public Awareness

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

Strategic Priority 3: Workforce Development

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

Strategic Priority 4: Equitable Access

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>Strategic Priority 1: Financial Stability: KCHD will sustain its work in the community by maintaining, expanding and diversifying its funding resources.</p>	<p>Goal 1: Maintain Healthy Operational Reserve</p>	<p>Objective 1.1 Provide Accessible and Affordable Services to our Community:</p>
		<p>Discussions with State Representative 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 Public Health Administrators on legislative advocacy efforts to promote and sustain public health 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>Objective 1.2 Ensure Balanced Budget:</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 mental health 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>Goal 2: Diversity Funding Streams</p>	<p>Objective 2.1 Explore New Opportunities for Funding:</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. Environmental Health 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>Strategic Priority 2: Public Awareness: KCHD will engage in ongoing communications within our community to further cultivate a culture of trust.</p>	<p>Goal 1: Broaden Marketing Strategies</p>	<p>Objective 1.1 Improve External Communications:</p> <p>KCHD is now on Instagram, alongside Twitter and FaceBook. Joined Plano, Yorkville and Oswego Chambers. Met with 211 Executive Director and updated KCHD information on 211 platform. KCHD 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>Goal 2: Engage Volunteers as Local Advocates</p>	<p>Objective 2.1 Empower Board of Health, Advisory Board Members and Volunteers:</p> <p>Presented the importance of local public health partnerships and our role in community meetings to Advisory Boards. 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>Strategic Priority 3: Workforce Development: KCHD will develop a public health workforce that is fluid, responsive, and represents our community.</p>	<p>Goal 1: Maintain a Passionate, Competent Workforce</p>	<p>Objective 1.1 Explore Barriers and Advocate for Strategies to Recruit and Retain Staff:</p>
	<p>Goal 2: Promote and Support a Culture of Continuous Learning</p>	<p>Hired HR Coordinator to assist in onboarding and offboarding, including conducting exit interviews, to increase retention. Notified and encouraged Mental Health staff to apply to State Behavioral Health loan repayment program. Director often shares links and recommends free/low cost CEU opportunities for all staff. Program 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 describe importance of Public Health careers and how we interact with Law Enforcement.</p>
		<p>Objective 2.1 Provide Professional Development around Public Health Core Competencies:</p> <p>Leadership members attended webinar on <i>Bridging Political Divides to Strengthen PH</i>. ED encouraged staff to attend free offerings from Dept of Human Rights. Community Health staff revisited/educated new staff on the Ebola response plan as new threats developed in Uganda during 2022.</p>
		<p>Objective 2.2 Optimize the Utilization of Technology:</p> <p>Monitored and supported legislation on Public Health Administrators access to Prescription Drug Monitoring database. Staff worked with KC GIS on electronic nuisance complaint forms. Staff worked with our EHR vendor to better understand latest upgrades and how we can utilize them. Added relevant health data to our website.</p>
<p>Strategic Priority 4: Equitable Access: 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>Goal 1: Enhance Equitable Outreach and Programming to Underserved Geographic Areas of Kendall County</p>	<p>Objective 1.1 Develop a Collaborative and Creative Process for Targeting Resources throughout Kendall County:</p>
	<p>Goal 2: Enhance Equitable Outreach and Programming to Diverse Populations</p>	<p>Mental Health outreach services returned 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. Mobile Clinic van was purchased and delivered in Nov. 2022</p>
		<p>Objective 2.1 Ensure Those Served Are Reflective of those Residing in Kendall County:</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>Objective 2.2 Develop a Policy/Protocol for Culturally Competent and Responsive Communications:</p> <p>Provided a presentation to all staff on <i>Cultural Equity Through a Different Lens</i> during staff meeting. Ensuring all notifications posted in the office are in both English and Spanish.</p>

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

In order to ensure accessible community information and informatics, the health department will maintain a relevant and user-friendly website that will be reviewed annually through the year 2027.

Each quarter, the health department is inspected for accessibility and safety concerns inside and around the parameters of the building. Each inspection is approached with a fresh lens to ensure nothing is overlooked. All findings are then documented, and work orders are submitted and completed as a corrective action plan.

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 addressing 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.

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 be 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, and for a period no less than 30 days, each Division shall implement an Effectiveness Insight Instrument (EII). The EII 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 EII contains, for each division, a set of benchmarked questions that allow for trend analysis among/across all four divisions (i.e., by calculating the aggregate mean for all divisions for benchmarked questions #2 and #3; The mean for all aggregate mean for all divisions for question #4 may be performed with the understanding that there are many variables contained within (i.e., differences in services/clients/how services are delivered between the units)

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 EII, 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.

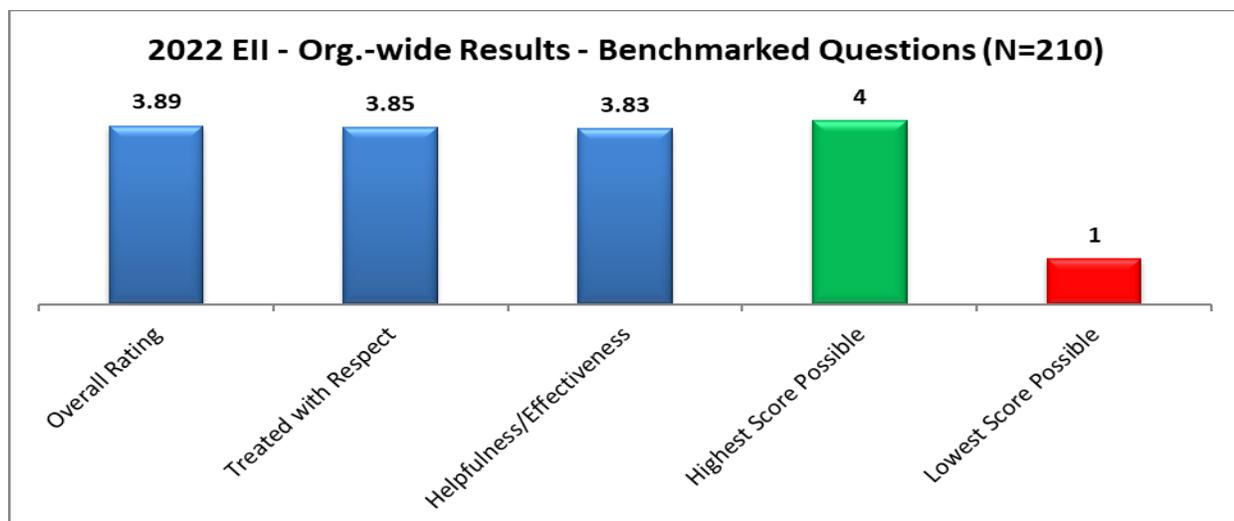
ANNUALLY PERFORMED PERFORMANCE MANAGEMENT PRACTICES UPDATES

In 2022 a review of our Outcome Management Model and implementation process served as a **focused review of our performance management system**. Revealed was the need for an increasingly robust tool to be used by Unit Directors and their respective staffs to help determine improvements to be pursued. The *Outcome Management Model/Quality Improvement Effort Proposal Template* was strengthened to navigate staff through the following questions:

- What are we trying to accomplish? (The Problem or To-Be-Improved Work Process, and the Goal);
- How will we know that a change is an improvement? (Forecasted Objective; Reliable/Valid Source(s) of Evidence; Specific Indicators/Measures; Data Collection/Reporting timeframe)
- What initial actions can we take, or changes can we make, that may result in improvement? (Our interventions, aka outputs, *which we may want or need to modify or change as we go*)
- What quality improvement tools did we use in determining our goal and/or interventions? (i.e., Fishbone Diagram, SWOT Analysis, Other)
- What baseline data do we have for this goal? (Comparisons, data to more accurately explain what true success looks like).

Our 2022 **Effectiveness Insight Instrument (EII)** contained for each Unit a small set of benchmarked questions allowing for trend analysis among/across all four Units. While the Unit Directors are concerned with the results of their respective unit, Administration, or Program Support is also interested in thematic issues (and positive revelations). Unit Directors presented on the results of their EII to Advisory Boards, while Program Support reviewed and presented on any organizational themes/trends revealed to the Board of Health.

The EII is an efficacy measurement produced by “experts”, those we serve. *We seek more than client satisfaction - we seek their insights and input.* The EII lets us know how things are working; reveals areas for improvement; and allows us to recognize and celebrate our achievements.



Our four Units in late 2022 developed and are now actively working on the following summarized 2023 Outcomes. The **2023 Outcome Model** in which these summaries live contain forecasted results, implementation strategies, and a means for the quarterly tracking and analysis of progress.

- Community Action Services endeavors to increase the numbers of individuals and families residing in Grundy County served by our Low-Income Home Energy Assistance Program (LIHEAP) in large part by raising community awareness/increasing community access through strategic outreach.
- Community Health Services High Risk Infant Follow-up (HRIF) Case Managers strive to complete with and for clients, within a State-prescribed timeframe, the Age-Appropriate Anticipatory Guidance Tool which serves in part to ensure clients receive comprehensive care/referrals needed to thrive; efforts to include activity tracking tools, routine internal quality assurance chart audits, and enhanced client/Primary Care Provider participation.
- Environmental Health Services is dedicated to increasing Food Service Establishment staff knowledge and compliance with prescribed food handling time/temperature labeling and monitoring requirements to promote safe food handling and foods safe for consumption.
- Mental Health Services aims to identify, promote, and increase the numbers of our community's Latina/Latino residents engaged in its mental health and substance use treatment services in large part by raising community awareness, decreasing stigma, building trust, and increasing community access through strategic outreach.

In January 2023 we conducted a **review and analysis of critical incidents** that occurred during calendar year 2022, 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.

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.

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

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



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