BOARD OF HEALTH

Dan Cronin, Chairman
DuPage County Board

Sam Tornatore, J.D.
President, Board of Health

Lanny Wilson, M.D.
Vice President, Board of Health

Robert Spadoni, J.D.
Secretary, Board of Health

Lori Bottoms

Melinda Finch

Nadeem Hussain, M.D.

Uzma Muneer, M.D.

Robert Larsen, J.D.

Lawrence Schouten, M.D.

James Weeks, D.D.S.

Charlie Thurston

John Novak, Treasurer

Karen Ayala, MPH
Executive Director,
DuPage County Health Department

Dedication: To Board of Health President Linda Kurzawa (1999 - 2018)
A visionary who sought to offer mental health services in a stigma-free, welcoming environment. This was achieved in October 2015 with the opening of a state-of-art facility, which is proudly named Linda A. Kurzawa Community Center.
LETTER FROM THE PRESIDENT

This year marks a “Great Beginning” for me. In November 2018, I was elected as the new President of the Board of Health and I am pleased to be able to serve the residents of DuPage County in this capacity and proudly present the DuPage County Health Department’s 2018 Annual Report.

As you will see as you read through this publication, not only has the Board of Health been engaged in launching Great Beginnings, but the DuPage County Health Department has been working hard to meet the ever-evolving public health needs in our communities. The work of our staff assures that long-standing priorities such as clean air and water, a safe and healthy food supply, preventing diseases through immunizations and control of infectious diseases remain a priority while also addressing the new threats to public health.

From the ongoing work of the HOPE (Heroin/Opioid Prevention and Education) Taskforce to fight back and make significant gains against the opioid/heroin epidemic to the new opportunities found at the intersection of the criminal justice system and behavioral health, the staff of DuPage County Health Department has had a busy year.

New challenges have brought new opportunities to renew our commitment to the residents of DuPage County; whether developing new strategies to address emerging and resistant infectious diseases or providing resources through community partnerships to ensure Great Beginnings for babies. This commitment was once again recognized through the United States County Health Rankings, which found DuPage at the top of both Health Factors (#1) and Health Outcomes (#2) when compared to the other 102 counties in the State of Illinois.

The path forward for DuPage County to maintain and/or improve the health status for all residents was also revisited and re-prioritized in 2018. Through the Impact DuPage Steering Committee, the top community health priorities for 2019-2021 have been defined as:

1. Development of housing that meets the demographic profile of the county;
2. Strengthening prevention and treatment of behavioral health issues for residents;
3. Creating a person-centered model of healthcare for residents that is efficient and effective while attaining meaningful access to care which demonstrably improves health status for all residents.

As always, you can expect the DuPage County Health Department to evolve with the challenges the future may hold.

Sincerely,

Sam Tornatore
President, DuPage County Board of Health
HOPE Taskforce
DuPage County Creates HOPE Taskforce to Fight Opioid Epidemic

Like much of the country, too many DuPage County lives have been lost to opioid overdoses.
There were 98 deaths connected to opioids in 2018.

The amount of medications collected and destroyed through RxBOX since 2009:
109,000 Pounds
or 54 Tons
In January 2018, the DuPage County Board and Board of Health brought together members of the community to serve on the Heroin/Opioid Prevention and Education (HOPE) Taskforce. A fitting name for a group specializing in mental health, law enforcement, substance use treatment, prevention, education and real-life experiences with opioid use disorder.

The HOPE Taskforce set three goals

1. Professionally and comprehensively assess opioid use within DuPage County
2. Recommend effective and actionable policies, initiatives and programs
3. Measure success from desired program and initiative benchmarks and deliverables

In 2018, the HOPE Taskforce met every month to address the goals, and national, state and local experts offered resources and evidence-based practices. A framework of five key areas was adopted to evaluate outcomes and reach its goals. Each area was chosen to address the wide impact of the opioid crisis on DuPage County residents, businesses and communities. By focusing efforts and funding on the five priority areas, positive changes will be achieved.

The priority areas include projects and programs to support success and collaboration.

Under the first priority area, Reduce Access to Drugs, the Health Department is responsible for promoting and expanding use of the RxBOX drug take-back program. In 2009, the original idea behind RxBOX was keeping medicines from landfills and waterways. Now, the plan is to also keep medications from being misused. Over the first nine-years, citizens dropped-off more than 54 tons of drugs that have been destroyed, and the RxBOX program has grown to locations at 18 local police departments.

Priority area two is Reducing Opioid Use and Misuse. DCHD has been educating prescribers on safe prescribing guidelines and alternatives to opioids. Hospital and healthcare partners have agreed to lower the number of opioid prescriptions and offer other pain medicines. According to a study, 86 percent of young drug-users had abused prescription pain medicines before using heroin, and their introduction to drug-use was from personal prescriptions, family and friends (Lankenau et al., 2012).

Increasing Overdose Response, the third priority area, can save lives. The DuPage Narcan Program (DNP) was formed in 2014 to provide police officers with training and Narcan to use on-the-scene of an opioid overdose. Through 2018, trained officers have saved 590 lives with Narcan, which gives people a chance for a life in recovery. To save even more lives, the Health Department has trained more than 900 residents to use Narcan.

The fourth priority area, Integrated Mental Health and Substance Use Disorder Treatment and Recovery received $100,000 from the DuPage County Board in 2018 to fund two pilot-programs. F.O.C.U.S. a first-time drug-offender court, offers an innovative approach to promote recovery and rehabilitation for those with eligible felony drug offenses. The Health Department partnered with four local police departments to help navigate individuals to treatment after experiencing an overdose.

Substance Use Prevention and Education, the fifth priority area, includes providing education on substance-use disorder to the community, classroom presentations, and communications campaigns. Digital and social media campaigns and messaging geared for teens and parents have been funded by the DuPage County Prevention Leadership Team.

The website www.hopedupage.org was created, and provides resources, including the HOPE Taskforce Framework, program outcomes and progress, free resources, support groups and more.

At a news conference, Dr. Lanny Wilson, Board of Health Vice President and HOPE Taskforce Co-chair, discusses plans for funding received from the DuPage County Board.
Protecting Patients
Enhanced Response to Emerging Infections

Estimated minimum number of illnesses and deaths in the U.S. caused annually by antibiotic resistance*

*Bacterial and fungal infections are included in this estimate.

2,049,442 Illnesses
23,000 Deaths
Infections in healthcare settings, especially drug-resistant germs that can cause illness and death, are a concern around the world and in DuPage County.

The Communicable Disease and Epidemiology Program is working closely with healthcare and public health partners to tackle these issues.

Enhanced Response to Emerging Infections

A developing threat in healthcare settings are infections known as “extensively drug-resistant organisms” (XDROs), such as the fungus *Candida auris* (*C. auris*) and carbapenem-resistant Enterobacteriaceae (CRE) bacteria. Because of their resistance to antifungal and antibiotic medications, these deadly germs have caused outbreaks in healthcare facilities. More than 1 in 3 patients with invasive *C. auris* infection (for example, an infection that affects the blood, heart, or brain) die. One report shows CRE can lead to death in half the patients who become infected. People in hospitals, nursing homes, and other healthcare settings, and those taking long courses of certain antibiotics or have severe, chronic medical conditions have a higher chance than healthy people to get *C. auris* and CRE infections.

For these reasons, it is important to quickly identify these infections so that special precautions are taken to stop their spread. *C. auris* and CRE can cause infections when they enter the body, often through medical devices like ventilators (breathing machines), urinary (bladder) catheters, intravenous (vein) catheters, or wounds caused by injury or surgery. Increasing evidence shows the risk of spreading *C. auris*, like CRE, may be particularly high in post-acute and long-term care facilities, especially long-term acute care hospitals and skilled nursing facilities that take care of patients on ventilators. These germs may also spread through contact with contaminated surfaces and other patients.

The Communicable Disease and Epidemiology (CDE) Program has been working with local, regional, and national partners to combat these infections. Because greater awareness and proper testing to quickly identify infections are critical, CDE staff have been conducting point-prevalence surveys (PPS) in some long-term care facilities (LTCFs). During a PPS, CDE staff partner with national, state, and LTCF staff to test all patients on a unit or floor (regardless of the presence or absence of symptoms) to identify baseline status and monitor potential spread. Patient specimens are sent to a regional public health lab for testing. Although people with these germs have the organisms on their bodies and may not show symptoms, they risk developing an infection and spreading *C. auris* and CRE to others.

To limit the spread of *C. auris* and CRE, aggressive infection control is needed. As a result, CDE (in partnership/consultation with the Centers for Disease Control and Prevention and Illinois Department of Public Health) has been making modified Infection Control Assessment and Response (ICAR) visits in affected long-term care facilities. Several areas are observed and assessed during the ICAR visit, including: hand hygiene, isolation practices, use of personal protective equipment, and environmental cleaning and disinfection. CDE staff also stress the importance of communicating a patient’s *C. auris* and CRE history between transferring and receiving facilities. The ICAR visit is an opportunity for CDE to provide immediate feedback while onsite and follow-up with a written summary and discuss strategies to help educate and support LTCF staff to address any gaps identified.

CDE is fortunate to partner with dedicated colleagues and experts from many health sectors who are working hard locally to address these global health threats. Although preventing transmission of these drug-resistant organisms is a challenge, it will continue to be a priority for CDE and the DuPage County Health Department.

Extensively Drug-Resistant Organisms in DuPage County

- 148 *C. auris* clinical cases in Illinois, including DuPage County
- 5 point-prevalence surveys completed
- 229 residents tested for *C. auris*
- 106 residents tested for CRE
- 3 modified ICARs completed

References:
2. www.cdc.gov/fungal/candida-auris/index.html
Great Beginnings
Health Department and Good Samaritan Hospital Offer Prenatal Clinic

Results from the first year

128 Prenatal patients
53 Newborns
96% Normal birth-weights
Providing “Integrated Care” is a vision of the DuPage County Health Department.

In April 2018, the DuPage County Health Department (DCHD) partnered with Advocate Good Samaritan Hospital (AGSH) to provide prenatal care at Southeast Public Health Center (SEPHC). Two doctors, Richard Barton, MD, FACOG and Anthony Caruso, MD, MPH, FACOG, would each offer a four-hour clinic every week.

The clinic “Great Beginnings” is offered to eligible DCHD clients.

To ensure quality care, DCHD staff trained alongside the physicians and the staff at their private practice, which allowed opportunities to observe the clinic flow, and provided hands-on training.

Although Great Beginnings provides prenatal care and referrals to specialists for high-risk pregnancies, other services may be needed, including dental, immunizations and behavioral health. Once enrolled, clients have access to:

- Obstetrics (OB) Examinations
- Health Insurance Enrollment
- Women, Infants, and Children (WIC) Program (nutritional education and supplemental food program)
- Family Case Management
- Breastfeeding Support
- High-risk Referrals

DCHD staff help to schedule and refer clients to Great Beginnings. While on site, the doctors are supported by a DCHD nurse and Certified Medical Assistant.

Results from the first year of Great Beginnings

- Doctors provided care to 128 prenatal patients and delivered 53 newborns
- 96 percent of babies were normal birth weight
- Feedback from surveys of clients was overwhelmingly positive

Better health outcomes are the result of addressing all the healthcare needs of clients and providing quality care under one roof. In preparing to expand Great Beginnings to East Public Health Center in Lombard, DCHD staff were identified to be cross-trained with AGSH personnel.

A Great Beginnings Client Success Story

A client walked-in to SEPHC hoping to schedule an appointment with a CHW to discuss insurance. She said she was pregnant, and a friend suggested a doctor that was not covered by her health plan. At first, she wasn’t sure about the program but learned more and made an appointment. After the first meeting with Dr. Caruso, the client and child’s father thanked the front desk staff for recommending Great Beginnings.

Great Beginnings Client Testimonial

When I had my first prenatal appointment with Dr. Caruso it went very smoothly. I was nervous about moving from Iowa to Illinois and meeting a new OB doctor. Dr. Caruso was very friendly, and I had a great experience. So, we decided this would be our doctor. Going month-to-month, we would joke about how I wasn’t showing, then finally toward the end I was.

Every appointment went amazing. He would answer all our questions, even the silly ones. I love how we got along.

When it came time for me to go to the hospital to be induced, it was such a great experience at Good Samaritan Hospital. I wouldn’t change anything about my pregnancy experience with Dr. Caruso. He is a great doctor!

— Kylie Anholt (DCHD client)
Forensic Behavioral Health

A Strong Start for Forensic Behavioral Health

Providing comprehensive Integrated Care can help keep those with mental health and substance use issues out of the criminal justice system and into a life of recovery.

All DuPage County mental health and substance use programs that work with our legal system are under a new umbrella—Forensic Behavioral Health.
Across the country, the public has become more aware of the lack of proper treatment for those with serious mental health and/or substance use issues who end up in our legal system. Mentally ill persons in jail outnumber those in state psychiatric hospitals by 10-to-1. Providing integrated care for both mental health and substance use issues can help keep individuals out of jail and into a life of recovery.

For many years, the DuPage County Health Department (DCHD) has worked with our criminal justice system with the goals of improving access to treatment, increasing support, and decreasing contact with the same system. However, mental health and substance use programs were under a number of county departments. A system was needed to offer all mental health and substance use programs that work with our legal system, while understanding the need to provide streamlined services.

In early 2018, after months of planning, the new Forensic Behavioral Health program was born. This change allows for us to offer outpatient substance use treatment alongside our outpatient mental health programs. In combination with the many other important safety-net programs that DCHD provides, we are able to provide a more comprehensive approach.

Throughout the first year, programs were expanded to offer help in other important areas because the sooner support and services begin, at any point-of-contact, the better the chances of improvement.

In partnership with the DuPage County Sheriff’s Office, program development/expansion included:

- **Re-Entry Program:** Connects those who are in jail to treatment following their release. Our staff meets with inmates to help link to treatment and other important resources. This includes the option to step-down into our Crisis Unit, where additional support can be provided.

- **Post-Crisis Response Team (PCRT):** Partners a therapist with a CIT-trained deputy to make post-crisis visits following 911 calls for mental health concerns. The goal is to decrease contact with law enforcement and increase linkage to treatment.

- **Crisis Intervention Team (CIT):** Behavioral Health Services clinical staff provide 12- of the 40-hour CIT training class for law enforcement officers.

- **Substance Use Recovery Pod:** Clinical staff provide daily groups on substance use to those individuals housed on the recovery pod. Each week, our staff works with the Drug Court team to help with planning for those in jail or in need of outpatient treatment.

In partnership with the DuPage County Probation Department. The Mental Illness Court Alternative Program (MICAP), also known as “mental health court,” provides an opportunity to deflect participants from court into treatment. The Special Needs Advocacy Program (SNAP), focuses help for those on probation who are considered “high-risk mental health.”

These programs join two other programs that have been a long-standing collaboration with the DuPage County Probation Department. In just one short year, we have seen positive results from the integrated programs. From linking to the crisis unit after being released from jail; to substance use treatment that flows smoothly from the recovery pod to our outpatient program; helping reinstate Medicaid benefits that are lost while in jail; to linkages to medication, we are helping people move forward in their recovery by providing care for their needs outside the criminal justice system. As the result of the solid foundation created with programming, we can now expand our substance use treatment to any behavioral health clients in need. In 2019, we look to grow from our strong start.
BEHAVIORAL HEALTH SERVICES
Cares for DuPage County residents with symptoms of mental and emotional disorders.

BHS OUTPATIENT CLIENTS SERVED
5,969
ADULTS
3,821
CHILDREN/adolescents
2,148

BHS PSYCHIATRIC SERVICES
4,776

CRISIS SERVICES
A support system that works with residents suffering urgent mental health emergencies.

CRISIS SERVED
12 Beds available
4.4 Average length-of-stay in days
443 Persons served in respite
1,893 Screening Assessment and Support Services (SASS) screenings completed
1,056 Persons referred from inpatient
4,045 National Suicide Prevention Line calls answered
23,524 Crisis hotline calls received

RESIDENTIAL SERVICES
Provides a wide-range of housing assistance, including supervised apartments and group homes.

LONG-TERM GROUP HOMES
31 Clients served
11,298 Nights of care

TRANSITIONAL 24- HOUR SUPERVISED GROUP HOMES
22 Clients served
5,485 Nights of care

CLUSTERED APARTMENT PROGRAM
102 Clients served
26,400 Nights of care

COMMUNITY HEALTH RESOURCES
Partnering with our communities to respond to the top health-threats facing our residents, and protecting our food, water and environment.

ENVIRONMENTAL FIELDWORK
15,623 Mosquitoes tested for West Nile virus
15,625 Pounds of medicines collected by RxBOX
4,026 Food and beverage establishments receiving inspections
4,619 Water tests - private and public
1,019 Pool and spa inspections
PUBLIC HEALTH SERVICES
Provides services that strengthen the health status of DuPage County residents.

BREAST, PRE-CERVICAL AND CERVICAL CANCER
678 Total clients served
238 Abnormal screening results
45 Breast biopsies
8 Breast cancer diagnoses
6 Invasive cervical cancer/precancerous conditions

WOMEN, INFANTS, AND CHILDREN (WIC)
8,487 Caseload per month

FAMILY CASE MANAGEMENT
2,765 Caseload per month

SEXUALLY TRANSMITTED DISEASE CLINIC
802 Visits
657 Individual clients served

TUBERCULOSIS CLINIC
2,470 Visits
984 Individual clients served
2,602 Activities completed

DENTAL CLINIC
2,890 Clients
7,997 Procedures in dental clinic
25,248 Procedures to children in all dental programs

VISION AND HEARING
25,700 Vision screenings
39,720 Hearing screenings
1,740 Children referred to an eye doctor for follow-up
226 Children referred to their primary care provider for hearing follow-up

CALL CENTER
148,261 Intake and referral calls in 2018
13,592 The most calls in one month - October

APPLICATIONS
10,032 Total clients screened for benefits
77% Approval rate on Medicaid applications

CLIENT ACCESS
Provides help to DuPage County residents seeking access to health and social services.
555 STAFF DEDICATED TO SERVING OUR RESIDENTS

6 Communicable Disease & Epidemiology
Monitors communicable and chronic diseases and provides education.

33 Business Resources
Provides Finance and Information Technology support for departments with direct client service.

47 Community Health Resources
Partnering with our communities to respond to the top health threats facing our residents, and protecting our food, water and environment.

56 Client Access
Schedules clients for Health Department services or links to other resources and provides other internal administrative support.

198 Behavioral Health Services
Provides outpatient psychiatric treatment and responds to severe psychiatric emergencies.

215 Public Health Services
Provides prenatal care, immunizations, genetic, and vision and hearing screenings.

$47.5 Million REVENUE
$17,900,000 Property Taxes
$12,556,995 Intergovernmental
$9,742,695 Patient Care Billing

$2,700,683 Charges For Service
$2,957,616 Licenses and Permits
$1,621,608 Miscellaneous

$47.5 Million EXPENDITURES
$36,669,333 Personnel
$1,481,410 Commodities

$8,663,854 Contractual
$665,000 Capital

*Includes capital infrastructure investment

Does not include grant applications
All DuPage County Health Department locations and programs can be reached by calling  
**(630) 682-7400**  
www.dupagehealth.org

**CENTRAL PUBLIC HEALTH CENTER**  
111 N. County Farm Road  
Wheaton, IL 60187

**EAST PUBLIC HEALTH CENTER**  
1111 E. Jackson Street  
Lombard, IL 60148

**NORTH PUBLIC HEALTH CENTER**  
1111 W. Lake Street  
Addison, IL 60101

**SOUTHEAST PUBLIC HEALTH CENTER**  
422 N. Cass Avenue  
Westmont, IL 60559

**WEST CHICAGO PUBLIC HEALTH CENTER**  
245 W. Roosevelt Road  
Building 14, Suite 146  
West Chicago, IL 60185

**THE LINDA A. KURZAWA COMMUNITY CENTER**  
115 N. County Farm Road  
Wheaton, IL 60187

**FORENSIC BEHAVIORAL HEALTH**  
505 N. County Farm Road  
Wheaton, IL 60187  
24-Hour Crisis Line  
*(630) 627-1700*