Cook County Jail: A De Facto Hospital for the Mentally Ill

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COOK COUNTY JAIL: A DE FACTO HOSPITAL FOR THE MENTALLY ILL

by Melissa Kong

Illinois’ mental-health care budget was reduced by more than $1.8 million from 2009 to 2012. Due to budget cuts, six Chicago mental health clinics and half the Chicago area state hospitals closed in the last three years. Today, private clinics struggle to receive funding. According to estimates by the Illinois Hospital Association, while Illinois state hospitals had 35,000 in-patient beds during the 1950s-60s, only an estimated 1,400 beds remained in 2009.

Meanwhile, Illinois hospitals have seen an increase in the number of mentally ill patients over the years. Without private and public mental health facilities to provide patients with necessary counseling and medication, many mentally ill persons end up in jail as an unfortunate consequence. Cook County Sheriff
Tom Dart estimated that Cook County Jail became Illinois' largest mental health provider around 2008.⁷

MENTALLY ILL IN COOK COUNTY JAIL

According to a 2013 report by the National Alliance on Mental Illness (NAMI), Cermak Mental Health Services, Cook County Jail’s health care provider, delivers treatment to an estimated 1,100 inmates on a daily basis.⁸ This poses a problem because Cook County Jail is currently at 99 percent maximum capacity, just short of 10,200 inmates, and according to a Jail intake, an estimated 44 percent of arrestees self-identify as mentally ill.⁹ This means more than half of the mentally ill inmates are unable to receive proper care, as Cermak already runs at 130 percent capacity.¹⁰

Betsy Wilson, a mediation specialist, suspects the number of mentally ill inmates extends even further.¹¹ She stated that many of her clients, several of whom are at Cook County Jail, have well-documented mental health illnesses and remain undiagnosed as mentally ill in the criminal justice system.¹² Wilson exclaims this is largely due to inadequate screening, “When my clients were first locked up in Cook County Jail, they would go through a five-minute, one-page screening process and people with serious mental illnesses often don’t know or acknowledge that they are mentally ill. The inmates don’t tell the providers and the providers are unable to pick up on it.”¹³

It is critical for mentally ill inmates to have access to treatment. Joseph Monahan, a Chicago attorney who represents mentally ill clients, stated, “I end up fighting for my clients to get into Cermak so that they can get [mental health] services.”¹⁴ Monahan also described his experiences working with an elderly client who was ordered to receive mental health treatment.¹⁵ “The state facility which provides treatment for people who are not fit to stand trial had a waiting list. [My client] was in jail for 160 days before she could even get into there,” explained Monahan.¹⁶ Accessing adequate health care is a difficult feat for many inmates.¹⁷
A REVOLVING DOOR

Some inmates have found themselves committing petty crimes so they can return to jail and receive medication. According to National Public Radio, one inmate confessed, “Sometimes I would even commit a crime just to make sure I would get my meds,” and two other inmates also made the same admission. Inmates with mental illnesses generally commit minor offenses such as possessing drugs or sleeping in abandoned buildings. One inmate, according to Sheriff Dart "wandered down the street, took all his clothes off, and then picked [up] a large ashtray and threw it through a plate glass window at the courthouse." Deputies eventually had to take the individual back to jail.

Overall, the mentally ill inmate population has a high recidivism rate at about 80 percent higher than the general inmate population. Many inmates leave jail without a plan and no support system. These factors are compounded when a released inmate doesn’t know how to access “social services, food stamps, social security disability, or computers to try and obtain health insurance,” said Monahan. Monahan further explained that the culmination of these factors leads to a downward spiral. Based on these circumstances, the unfortunate outcome is that unless inmates are provided with (or receive) more resources, it probably won’t be long until they return to jail. The Sheriff’s Office refers to this as the “revolving door” where an inmate continuously returns.

ENROLLING INMATES IN MEDICAID

To better prepare inmates for their release, Cook County Jail is helping inmates register for Medicaid. Illinois is among 27 states, including the District of Columbia, that expanded Medicaid coverage to individuals at or below 138 percent of the federal poverty level, effective January 1, 2014. According to a Bloomberg article, approximately 90 percent of inmates are uninsured and have never received treatment for their illnesses. Ben Breit, a spokesman for the Sheriff’s office, stated, “Having some form of insurance at least gives them a fighting chance of remaining stable.”

At Cook County Jail, after an individual is booked, a worker from Treatment Alternatives for Safe Communities helps the inmate complete a Medicaid ap-
lication. Since April 2013, Cook County has initiated approximately 13,000 insurance applications and more than 2,000 inmates have obtained coverage after their release.

CONCLUSION

Cook County Jail was never intended to function as a mental health facility. In light of budget cuts, state hospitals and mental-health clinics closing, and private facilities struggling, the Jail has become a de facto hospital for the mentally ill. Sheriff Dart has been actively fighting to move away from this model. While it is too early to predict the greater impact of Cook County Jail’s initiatives to enroll inmates in Medicaid, there is still an encouraging movement toward providing this vulnerable population with access to health care. In addition to directly helping inmates obtain insurance coverage, more attention needs to be given to the current states of the criminal justice and mental health care systems. For example, this past year, a group of politicians, ministers and mental health experts proposed a referendum for the Illinois November 2014 ballot to shift money to provide for the care of mentally ill individuals. More steps like these need to be taken to ensure access to health care.

NOTES

2 Id. (stating that in the last three years, half of the state hospitals in the city closed); Judith Graham, Doors to Treatment Opening for Poor People Struggling with Mental Illnesses, CHICAGO TRIBUNE, Jan. 9, 2014, available at http://articles.chicagotribune.com/2014-01-09/health/ct-aca-mental-health-met-20140109_1_health-insurance-countycare-charity-care/2 (stating that in 2012, six of twelve mental health clinics closed because of budget cuts).
5 Id.
No. 2 • Spring 2014


9 Winters, supra note 1 (stating Cook County Jail has a capacity of 10,200 and runs at 99 percent capacity); Cook County Sheriff, Welcome to the Cook County Sheriff’s Office [hereinafter Sheriff’s Office], http://www.cookcountysheriff.com (last visited March 20, 2014) (stating as of March 18, a Cook County Jail intake found that 44% of arrestees self-identify as mentally ill).

10 Compare Sheriff’s Office, supra note 9 (stating 44% of arrestees identify as mentally ill) with Mental Health, supra note 8 (stating Cermak provides care to only 1,100 inmates on a daily basis) and Winters, supra note 1 (stating 10,200 inmates is full capacity and Cermak’s Health Services department that cares for mental ill inmates is at 130 percent capacity).

11 Interview with Betsy Wilson, Partner at Sentencing Advocacy Group of Evanston, Mitigation Specialist, (March 19, 2014).

12 Id.

13 Id.

14 Interview with Joseph Monahan, Founder of Monahan Law Group, LLC, Adjunct Professor of Law at Loyola Law School, (March 19, 2014) [hereinafter Monahan].

15 Id.

16 Id.


18 See Sullivan, supra note 3 (stating three inmates admitted to returning to Cook County Jail to continue to receive their medication when their local clinic closed).

19 Id.

20 Id.


22 Id.

23 Id.

24 See Interview with Ben Breit, Director of Communications at the Cook County Sheriff’s Office, [hereinafter Breit] (stating many mentally ill inmates have burned out their families with one too many episodes); see also Monahan, supra note 14 (stating it is easy to retreat back into the criminal justice system when you have a criminal record, an untreated mental illness, and family members who have given up for various reasons).

25 Monahan, supra note 14.

26 Id.

27 See Breit, supra note 24 (indicating inmates need case managers, they need people who are dedicated to their well-being to make sure they stay on their medications and remain stable once they are released); see also Monahan, supra note 14 (indicating without knowledge on how-to access public services and social and familial support, it is difficult to re-enter the community).

28 Breit, supra note 24.


31 Niquette, supra note 29.

32 Breit, supra note 24.

33 Niquette, supra note 29.

34 Id.


36 See Sullivan, supra note 3 (indicating due to these factors mentally ill tend to end up in front of the police and in the ward at Cook County Jail).

37 See Winters, supra note 1 (indicating Cook County Sheriff Tom Dart is appalled by the conditions that plague the prison system and he is “naïvely” trying to inform people of the mental health crisis at the jail).

38 See Breit, supra note 24 (stating that it is too early to tell the outcome of the Medicaid applications).