

1. Thomas J. Dart
2. Cook County Sheriff
3. “Where Have All the Patients Gone? Examining the Psychiatric Bed Shortage”,  
Wednesday, March 26, 2014 10am
4. Subcommittee on Oversight and Investigation

Good morning Chairman and members of this Committee. My name is Thomas J. Dart. I am the Sheriff of Cook County, Illinois and I am honored to be speaking to you this morning about a crisis affecting every state, every community, every prison and every county jail in the nation.

As Sheriff, I run the Cook County Jail, the largest single site jail in the country. Our average daily population is between 10,000-12,000 inmates and it costs \$143 dollars a day to house someone in the jail. Since becoming Sheriff in 2006, I have seen an explosion in the percentage of seriously mentally ill individuals housed in the jail. I have seen first-hand the devastating impact cuts to mental health programs and services has had on the mentally ill in Illinois.

This is a crisis we must all care about – regardless of political affiliation - because it affects us all.

On any given day, an average of 30-35% of the jail’s population suffers from a serious mental illness. The diagnoses fall into two main categories – mood disorders such as major depressive disorder or bipolar disorder or a psychotic disorder such as schizophrenia.

While some mentally ill individuals are charged with violent offenses, the majority are charged with crimes seemingly committed to survive, including retail theft, trespassing, prostitution and drug possession.

A cursory review of our statistics tells this story:

Last year 1265 men were in the mental health dorm of the jail on low level drug related offenses. The average length of stay for these inmates was 87 days. At \$143.00 per day, it costs over \$12,000 just to house these individuals *pre-trial* because they cannot afford to post a minimal bail or have nowhere to live.

Many of these inmates ultimately sentenced to probation and far too many times, the case is dropped or the person is sentenced to time considered served and they are released to the community where the vicious and predictable cycle starts over.

The unfortunate and undeniable conclusion is that because of dramatic and sustained cuts in mental health funding, we have criminalized mental illness in this country and county jails and state prison facilities are where the majority of mental health care and treatment is administered.

Three recent case studies illustrate this tragedy:

**J.J.** was arrested by the Chicago Police Department last May after a failed attempt to steal sheets or towels from a local Walgreens. When we spoke to him shortly after his arrest, he explained that he took the item off the shelf and as walked past the cashier, asked her to “charge these.” He was stopped by the store security guard who called CPD. He was arrested and charged with retail theft. The value of the items he failed to steal was \$29.99. Mr. Jackson spent 110 days in my jail before being sentenced to probation. During his custody, he was stabilized on medication and received drug and mental health treatment. The taxpayers of Cook County spent close to \$16,000 after a failed attempt to steal \$29.99 worth of merchandise from Walgreens.

**J.D.** suffers from a psychotic disorder and has visions that terrify him. He was arrested in California on a warrant from Cook County. While in custody in California, he removed one of his eyeballs in an attempt to stop seeing the visions. He lost sight in that eye. He was transferred to our custody 2 weeks ago and recently attempted to remove his remaining eye. My staff acted quickly and we are hopeful his sight can be restored. He is under constant and direct supervision.

**T.A.** has been arrested over 100 times. Her most recent arrest came about after she attempted to steal \$20.00 from a person’s purse during a church service. T.A. is a chronic self-mutilator. She attacks her arms with her own finger nails or any object she can find. To keep her safe while in our custody, we made special mittens that went up to her armpits. Incredibly, she was sentenced to a prison term and recently was transferred to the state department of mental health. All said, the cost to taxpayers for her arrests and incarcerations is, conservatively, over \$1,000,000 and rising.

In light of the challenges we face, we have instituted a number of programs aimed at breaking this cycle.

**Bond Court:**

My staff interviews every detainee before they appear in bond court regarding their mental health history. Those who admit to a history of mental illness are identified for the public defender's office in the hope that they would be placed in a treatment facility instead of the jail pending trial.

**Discharge process:**

Unlike state prisoners who have a fixed release date, pre-trial detainees may be released at any time which significantly complicates our ability to provide discharge planning. However we strive to ensure every mentally ill detainee is provided with appropriate medication and resources as they are processed out of our custody.

The inmates are offered written information on available community resources and enrollment in County Care and allowed access to a telephone to contact someone to arrange for transportation home or to identify housing.

If the inmate presents as low functioning or appears to be in need of a mental health assessment to determine his/her ability to navigate the community, the Discharge Lounge officer has him/her escorted to Cermak Urgent Care for an assessment.

If the inmate requires discharge to a facility on the next day, he/she is sheltered on the Cermak acute psychiatric unit.

The inmate is then processed out and given any discharge medication that was turned over to the Discharge unit from Cermak pharmacy as he/she exits.

If the inmate requires assistance with transportation to his/her home, to a shelter or to a therapeutic facility, DOC staff will transport the inmate.

**Additional discharge steps are undertaken with low functioning inmates:**

If the inmate is stable, coordinated Releases are typically initiated by a Cermak Medical Social Worker for lower functioning mental health and medical inmates. The steps above are followed. Additionally, we communicate with the party the inmate is being released to. Once it has been confirmed that the party is present outside, someone from Records or the Discharge Unit escorts the inmate out to the receiving party.

If the inmate is unstable and in need of psychiatric hospitalization in the community, he/she is petitioned by a licensed mental health professional. A certificate for involuntary hospitalization, completed by a psychiatrist, accompanies the inmate to the receiving hospital. The certifying psychiatrist contacts a local hospital to endorse the inmate's condition to the receiving facility and calls a private ambulance for transport from the Cermak Urgent Care to the facility. If a psychiatrist is not at the facility to complete the certificate, the inmate is sheltered in the Cermak acute psychiatric unit until one is available to complete the discharge process.

Finally, in August, I launched a mental health helpline – a 24 hour phone line dedicated to assisting mentally ill former mentally ill detainees or families of mentally ill individuals in our

custody. This phone line is manned by members of our policy team and supported by our mental health staff. It has been an invaluable resource to us and to the families who communicate with us through this help line.

In conclusion – we are in an unsustainable position. I often refer to the jail as the last car on a long train. Every single day – and at every step before a person comes in to the jail, there is discretion – discretion to arrest, to charge and to set bond. But as custodian, I am obligated to care for those in my custody.

Every single day, I am faced with the mental health crisis in this county. I see the pain of those suffering from mental illness and the pain of their families who have struggled to care for them and provide them with resources. The question that plagues me – that keeps me up at night – is where do we go from here?

As that question is debated, I will continue to do all I can to care for, protect and advocate for increased funding to address mental illness in our country. And I will continue to provide the best care I can for the mentally ill in Cook County..

Thank you for the opportunity to address you this morning.