



FOR IMMEDIATE RELEASE

**Chicago Human Rights Authority
Cook County Department of Corrections
18-030-9008 and 18-030-9011
Report of Findings**

The Chicago Human Rights Authority, a division of the Illinois Guardianship and Advocacy Commission, accepted for investigation the following complaints of health services within the Cook County Department of Corrections:

Case 18-030-9008

The recipient is not being provided nutritious meals, the recipient is being forced to take psychotropic medication even though he is non-symptomatic.

Case 18-030-9011

The jail does not provide three healthy, nutritious meals per day and there are no vegetarian or religiously mandated meals.

If found substantiated, the allegations would be violations of the Mental Health and Developmental Disabilities Code (405 ILCS 5/1-100 et seq.) and County Jail Standards (20 Ill. Adm. Code 701).

Per the website “The Cook County Department of Corrections (CCDOC), expanding ninety-six acres and 8 city blocks, is the largest single-site jail in the country. Approximately 100,000 individuals circulate through the jail annually. The daily jail population averages 7,500 mainly pre-trial detainees not yet convicted of their charges.” Cermak Health Services, part of the county’s health system, provides daily healthcare to all detainees.

An HRA team met with and interviewed Jail and Cermak staff, examined detainee records, with consent, and examined pertinent policies.

Interview

Staff explained that there are approximately 6045 detainees living at Cook county jail, and approximately another 2000 living outside of the jail through electronic monitoring. 2100 detainees receiving mental health services. To provide mental health services, there are 15 psychiatrists, 6 social workers, 64 mental health therapists. 4 art therapists, 1 part time psychiatrist, 4 administrative psychiatrists, and 8 psychologists. There are registered nurses, licensed practical nurses, patient care assistants, emergency medical technicians, and certified medical technicians.

Staff explained that every detainee receives a screening from a paramedic or RN. They also receive a mental health evaluation at arrival. Some detainees arrive with chronic problems and some have difficulty communicating. They assess for in-patient level mental health. Placement within the system is based on whether detainees need 24/7 nursing care, and/or the Residential Treatment Unit (RTU). Some detainees may be in 24/7 urgent care once they are identified. Detainees enter triage through receiving or through health care requests. Those who are seriously mentally ill are housed separately for their protection. Treatments and milieu therapies are provided, and when detainees recover they can go to a step-down facility. Typical services provided are daily contact with mental health specialists and monthly contact with a psychiatrist. Step down even further is “outpatient” care when a detainee returns to general population and would be seen monthly in all settings. They have access to psychiatrists every 3 months. There are no therapeutic services in that setting, or P2 unit, and emergency assessments, de-escalation and responses to healthcare requests are still provided. In addition to seeing the psychiatrist, detainees are able to see a mental health technician at any time who can assess and arrange specific needs.

Correctional officers do not provide mental health services. They do provide crisis intervention however and receive crisis intervention training. All officers have received mental health training at hire and regular in-service training. Some of that training is policy driven and offer various trainings modules related to safety such as using CPR and restraints. There is also the opiate training program, which is SAMSHA accredited. Mental health is tied into the substance abuse treatment on the RTU. In determining bed control for the detainees, they are reviewed 3 times a day by continual surveillance. It was offered that, unique to this jail, in the last 2 years they have not had extreme seclusion and it is quite an accomplishment they have maintained.

Extreme separation (solitary confinement) is defined as 23 hours per day separation from others with approximately 1 hour a day to shower or no time out. ? Disciplinary segregation/special management ? is affected – determined? by mental health assessment. If a detainee commits an incident there are opportunities, if guilty, to modify treatment and the detainee may be housed where he would have 3 hours a day without segregation. Disciplinary actions do not exceed 14 days. Every detainee on the P3 unit is automatically assessed for mitigating circumstances and staff provide feedback to the disciplinary committee. Detainees undergo a mental health review face to face and they are pulled if there are any reasons to believe they will be unsafe.

In the most acute areas, or P4, monitoring can be increased to constant observation, generally 30 minutes, 15 minutes, or constant observation. The layout there is like a hospital. There are therapeutic seclusion areas and small rooms where art therapy takes place. All the correctional officers that work on the floor have stated it is their preference to work there, they are not just assigned to that floor. Additional services are provided as an outgrowth of some detainees’ requests for those services.

There is continuing quality improvement reviews with Cermak physicians and the safety director. Nurses provide bi-annual restraint reviews; restraints are deployed in the P4 area. The number of restraint applications are comparable to the national average.

The HRA asked about challenges with providing care. The staff said that mental health staff monitor court dates for those receiving care, creating lots of movement and timely medication management on court dates and this is one example of those challenges. The greatest service barrier is making sure detainees receive the care they need. Other challenges include looking at the number of detainees with mental health problems that still end up in the jail and who typically receive episodic care in the community.

Case 18-030-9008

The recipient is not being provided nutritious meals, the recipient is being forced to take psychotropic medication even though he is non-symptomatic.

Case 18-030-9011

The jail does not provide three healthy, nutritious meals per day and there are no vegetarian or religiously mandated meals.

The narrative complaint on case 9008 is that allegedly, meals are not nutritious, are of very poor quality and the detainee had been given bologna sandwiches every day. On case 9011, the meals are reportedly not nutritious or balanced, there are no vegetarian or religious-based options and this recipient has experienced constipation and body fatigue.

According to a facility dietician, detainees receive 2500 calories a day, which exceeds the jail standards. The meal delivery system is provided by a contracted caterer, and all the meals are prepared and packaged prior to scheduled meal times and are required to meet nutritional and caloric standards. They can provide nutritional support for allergies, vegan or religious diets as ordered, and detainees can make commissary purchases for a variety of different food items that may not be on the menu.

Per the records, one of the two detainees is described as a 42-year-old male and his religious preference is Christian. He is 6'3", weighs 165 pounds and has a large build. Under the United States Department of Agriculture (USDA) standards, his estimated caloric needs are 2200 for a sedentary individual to 2800 calories for an active individual. The second detainee is a 47-year-old male. He is 6'2" and 230 pounds. Per the same site he would have needed an approximately 2600 calorie daily allowance with moderate activity. There were no references to requested special diets in either record.

The HRA was provided with the commissary orders of both detainees who obviously had the resources to make special purchases. Those included tuna, oatmeal, chili, snack mixes, black beans, jalapeno cheese and ramen to name a few examples.

The HRA reviewed menus for regular and vegan diets that covered four weeks. To summarize the servings, a typical breakfast can include peanut butter and jelly packets, wheat bread, breakfast squares, applesauce, ginger snaps, the occasional fresh fruit and a vitamin C drink. The dietician explained that there is no refrigeration system and so the breakfasts are delivered the evening before and must be nonperishable. A typical lunch can include turkey and cheese

slices, wheat bread, chips, cookies and another vitamin C drink. For dinner, taco meat, rice, picante sauce, tortillas, chopped steak, chili, mac and cheese, burgers, meatballs, green beans, mashed potatoes, the occasional salad, cake and skim milk. On the vegan side, a very similar breakfast and lunch but without the turkey and cheese slices and more fresh fruit. Their dinners can include pinto beans and rice, which was served very frequently, corn tortillas, mixed vegetables, carrots, salad and a smart milk.

The HRA was also provided calculations to show calorie totals of a four-day sample out of the four weeks. The highest amount for one day was 2643 and the lowest was 2184.

The HRA reviewed the food services contract, which stipulates that the contractor must provide meals that comply with Illinois Jail Standards. Meals must be healthy and nutritious, low in fat and sodium and provide between 2300 and 2500 calories per day for a sedentary population. The contractor is to comply with special substitutions from the dietician if received at least twenty-fours in advance of meal preparation.

Policy Review

Inmate Handbook (July 2017)

Chapter 3. Inmate rights states:

“Your basic rights while in the custody of the CCDOC:

4. You have the right to lead a healthy life style at the CCDOC, which means that while you are here, you will get meals that are of sufficient nutritional value, the chance to shower regularly, time for exercise, use personal hygiene items, and access to medical, vision, dental and mental health care.”

The HRA reviewed the *Medical Diets Policy (11/9/17)* that states, “Cermak will notify the Cook County Department of Corrections of patient’s medical needs for specific therapeutic diets through diet orders. Order for medical diets will include the type of, if any, and termination date if the duration of the diet is limited to specified period of time. For Available diets, see Appendix A...” In Appendix A there are 19 therapeutic diets, such as diets to avoid specific allergies and even a liquid diet, and various diets based on vegetarian and religious preferences.

Mandates

Jail standards (**20 Ill. Adm. Code 70**) require the following:

“COUNTY JAIL STANDARDS Section 701.110 Food Services

- a) Meal and Food Service
 - 1) Food must be of sufficient nutritional value and provide a minimum of 1,800 to 2,000 calories for adults and 2,500 to 3,000 calories for juveniles per day.
 - 2) Food quantity must be sufficient to satisfy, within reason, the detainee's needs.
 - 3) Three meals shall be provided at reasonable and proper intervals, adhering to recognized breakfast, lunch and dinner schedules, with no more than 14 hours between the evening meal and next morning breakfast.
 - 4) A beverage other than water shall be served with each meal.
 - 5) Of the three meals provided for each 24 hours of detention, one shall be a balanced and complete hot meal.
 - 6) Special diets shall be adhered to when prescribed by jail medical staff.

- 7) The jail administrator may elect to provide meals and food service by one or more of the following methods:
 - A) Contract for catered food service.

 - 9) Detainees may abstain from any foods the consumption of which violates their required religious tenets.
 - A) Menu items may be substituted when a detainee's religious beliefs prohibit the eating of particular foods.
 - B) The detainee may submit a written request to the jail administrator for an alternative diet.
 - C) The jail administrator may confer with religious leaders or faith representatives in determining whether to grant any such requests.
- b) Menus
- 1) Menus shall be preplanned and copies of the menu served shall be maintained for a period of three months.
 - 2) The menu shall be diversified so as to avoid the monotony of a standardized diet.”

Conclusion for cases 18-030-9008 and 9011 regarding food complaints

The Jail Standards require 1800 to 2300 calories provided daily and the menus we reviewed regularly exceeded that. The menus are dietician-approved and the Department contracts with a caterer who agrees to follow Standards and provide nutritious meals. All seem to be accomplished although the agreement as written is to provide 2300-2500 and on one day the calorie amount totaled 2184. Still, that is within Standard ranges. Perhaps some detainees are dissatisfied with the taste of the food or the menus selected for them, but there is no evidence to suggest the food is not nutritious. Although not everyone can afford commissary items, the two in this review were able to satisfy their preferences by that option, and a rights violation is unsubstantiated.

SUGGESTIONS

Inform the caterer whenever a day's calorie totals less than 2300, the lowest amount stipulated in the contract.

Peanut butter and jelly and pinto beans and rice on the regular and vegan menus respectively, seemed to appear so frequently in the sample that the HRA wonders if detainees feel “the monotony of a standardized diet” (20 Ill. Admin. Code 701.110b,2), which might account for these complaints. We implore the Department to review more menus and meet with the caterer if the menus are over-standardized.

Case 18-030-9008 Part 2 The recipient is being forced to take psychotropic medication even though he is non-symptomatic.

The staff denied that this individual had been given forced medication during his time in jail, reflected by the record.

Record Review on 18-030-9008 regarding medication.

On 5/14/17 the detainee requested an evaluation and treatment for depression. He was prescribed Risperdal and Clonazepam. On 8/28/17 the individual made a request stating, "I am having problems with side effects from meds." He further documented, "I have told several doctors' about the bad side effects from the medication I am consuming, but nothing is being done. This is my final warning otherwise I will refuse to take the medication."

On 8/9/17 the individual made a request stating, "I am requesting valium for stress disorder". "I haven't been sleeping and plus my meds have not come to me on a few occasions this week and I'm concerned on top of my diagnosis of paranoid schizophrenia."

On 10/27/17 the individual met with the physician who explained "... Risks and benefits of medications are explained. Alternatives medications are discussed including not receiving medications and potential outcomes; the patient evinced understanding." Responses were made to each request within weeks and a follow-up appointment after his last visit with the physician was set for 4 weeks.

The record shows during a sample of the 31 days of October, the individual mostly complied with psychotropic medication orders. He did exercise his right to refuse mostly for Chlorhexidine liquid oral rinse. This occurred on 10/3/17, 10/4/17, 10/5/17, 10/12/17, 10/14/17, 10/15/17, 10/16/17, 10/18/17, 10/22/17, 10/24/17, 10/25/17, 10/28/17, 10/29/17, 10/30/17, and 10/31/17. He also refused his Clonazepam, Risperidone, and Ibuprofen on 10/5/17, which he was taking several times a day. There was documentation of informed refusal on 6/24/17, 9/15/17, 9/22/17, and 9/30/17. He was provided art therapy on 10/26/17 and he was given the option of alternative deep breathing exercises for treatment.

There is no evidence of forced medication or of any related restrictions in the record.

Mandates

Cermak policy (I-02) states that consent is required to administer psychotropic medications unless the patient is at risk of causing imminent physical harm

Pursuant to the Mental Health Code:

"5/2-107. Refusal of services; informing of risks

(a) An adult recipient of services or the recipient's guardian, if the recipient is under guardianship, and the recipient's substitute decision maker, if any, must be informed of the recipient's right to refuse medication or electroconvulsive therapy. The recipient and the recipient's guardian or substitute decision maker shall be given the opportunity to refuse generally accepted mental health or developmental disability services, including but not limited to medication or electroconvulsive therapy. If such services are refused, they shall not be given unless such services are necessary to prevent the recipient from causing serious and imminent physical harm to the recipient or others and no less restrictive alternative is available."

Conclusion

Based on the documentation in the record, there was no indication that this individual was ever forced to take his medication, rather, he requested treatment. And, quite contrary to the complaint, there was quite a bit of documentation that he exercised his right to refuse when he chose and that it was honored. A rights violation is unsubstantiated.