IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

Keith Rogers,	)	
	)	
Plaintiff,	)	
	)	*(Judge Chang)*
-vs-	)	
	)	15-cv-11632
Sheriff of Cook County and Cook County, Illinois,	)	
	)	
	)	
Defendants	)	

PLAINTIFF'S MOTION TO CERTIFY CASE AS A CLASS ACTION

Pursuant to Rule 23(c), plaintiff, by counsel, moves the Court to order that this case may proceed as a class action for:

> All persons who entered the Cook County Jail on and after December 23, 2013 who were lawfully taking an opioid antagonist, as defined in 42 C.F.R. 8.12(h)(2), who were not then on parole or held on a warrant from another jurisdiction, and who were not pregnant.

I. Facts

Plaintiff Keith Rogers has taken methadone for several years to manage severe chronic pain. Plaintiff entered the Cook County Jail on January 20, 2014 on a motor vehicle offense; plaintiff pleaded guilty on January 24, 2014 in exchange for a sentence that resulted in release on February 16, 2014. The Jail did not provide plaintiff with methadone until January 26, 2014, and then followed its methadone tapering policy to

reduce (or "taper") his dosage by 7 mg per day.[1] Thus, plaintiff received his regular dosage of 200 mg on January 26, 193 mg on January 27, 186 mg on January 28, and so on. Plaintiff's dosage had been reduced to 53 mg when he left the Jail on February 16, 2014.

Tapering methadone results in painful withdrawal symptoms, including "anxiety, chills, muscle pain (myalgia) and weakness, tremor, lethargy and drowsiness, restlessness and irritability, nausea and vomiting and diarrhoea." Amato, Davoli, Minozzi, Ferroni, Ali, and Ferri, *Methadone at Tapered Doses for the Management of Opioid Withdrawal*, COCHRANE DATABASE OF SYSTEMATIC REVIEWS, Issue 2, Art No. CD003409 at 2 (2013). Plaintiff suffered many of these symptoms until he resumed his regular methadone dosage when he left the Jail when the withdrawal symptoms began to gradually subside.

Plaintiff raises two claims in this lawsuit. The first is about the delay in receiving methadone. This claim is at issue for a class in *Parish v.*

[1] The Jail's Opioid Treatment Program, Policy #G-01.1, requires tapering for all non-pregnant detainees. Plaintiff attaches Policy #G-01.1 as Exhibit 1. The policy requires "a linear taper to zero, with daily doses decreasing at an integer rate proportional to initial dose, starting at the verified prior dosage and decreasing not more than 7 mg each day." (Exhibit 1 at 4.)

Sheriff, N.D.Ill., No. 07-cv-4369.[2] The second claim focuses on the tapering policy, which is not part of *Parish*. *See id.*, ECF No. 315 at 6, n.2.

The overwhelming majority of persons subjected to the tapering policy are, like plaintiff, released from custody before completing the regimen. This is not surprising because research sponsored by the Sheriff in 2011 showed that half of all detainees are at the Jail for 12 or fewer days. Cook County Sheriff's Reentry Council Research Bulletin, March 2011 at 4, attached as Exhibit 2. Even if completed, tapering leaves those released from the jail at risk of relapse "because of the physical and emotional stress of attempting to discontinue medication." Center for Substance Abuse Treatment, *Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs* 117 (2005).

Plaintiff contends that, by continuing the forced tapering policy, defendants are knowingly disregarding a substantial risk of harm to the victims of the policy. This deliberate indifference violates the Eighth and Fourteenth Amendments. *Farmer v. Brennan*, 511 U.S. 825, 836-38 (1994); *see Rice ex rel. Rice v. Corr. Med. Servs.*, 675 F.3d 650, 664 (7th Cir. 2012) (noting that "the protections of the Fourteenth Amendment's due process

[2] Plaintiff has effectively opted out of *Parish* by filing this case.

clause are at least as broad as those that the Eighth Amendment affords to convicted prisoners").

Plaintiff shows below that this case satisfies the requirements of Rules 23(a) and 23(b)(3) of the Federal Rules of Civil Procedure and should be allowed to proceed as a class action for:

> All persons who entered the Cook County Jail on and after December 23, 2013 who were lawfully taking an opioid antagonist, as defined in 42 C.F.R. 8.12(h)(2), who were not then on parole or held on a warrant from another jurisdiction, and who were not pregnant.

II. Plaintiff's "Right to Have a Class Certified"

Rule 23 of the Federal Rules of Civil Procedure permits a litigant to "bring his [or her] claim as a class if he [or she] wishes." *Shady Grove Orthopedic Associates, P.A. v. Allstate Ins. Co.*, 559 U.S. 393, 400 (2010). Upon showing that the case satisfies the requirements of Rule 23, "the Federal Rules of Civil Procedure give the proposed class representative the right to have a class certified." *United States Parole Commission v. Geraghty*, 445 U.S. 388, 403 (1980).

In *Shady Grove*, the Supreme Court rejected a textual argument for treating the decision to certify a class as within the district court's discretion. *Shady Grove*, 559 U.S. at 399-400. The Court noted that Rule 23(b) starts with the instruction that "[a] class action *may* be maintained" if Rule 23(a) is satisfied. *Id.* But the Court rejected the contention that this

language makes class certification a discretionary decision of the district court. Instead, the Court made plain that the permissive *may* refers to the plaintiff, rather than to the district court: "The discretion suggested by Rule 23's 'may' is discretion residing in the plaintiff." *Id.*

Plaintiff has exercised his discretion to request that the case proceed as a class action. Plaintiff shows below that this case satisfies each requirement of Rule 23(a) as well as Rule 23(b)(3) and should therefore proceed as a class action.

III. Rule 23(a)

A. Ascertainability

Rule 23, as applied by the Seventh Circuit, requires "that a class must be defined clearly and that membership be defined by objective criteria rather than by, for example, a class member's state of mind." *Mullins v. Direct Digital, LLC*, 795 F.3d 654, 657 (7th Cir. 2015). Each member of the proposed class is readily ascertainable from records maintained by the defendants.

Defendants, as required by 42 CFR 8.12(g), maintain careful records about the persons who receive methadone at the Jail. This information is easily produced by defendants, as appears in a report known as a "Dosing History" produced by defendants in this case. Plaintiff attaches a redacted

page from the "Dosing History" as Exhibit 3. The proposed class is therefore ascertainable.

IV. Numerosity

Rule 23(a)(1) requires that the proposed class must be "so numerous that joinder of all members is impracticable." The named plaintiffs are not required "to specify the exact number of persons in the class," *Marcial v. Coronet Ins. Co.*, 880 F.2d 954, 957 (7th Cir. 1989), but must provide "a reasonable estimate" of the size of the proposed class. *Ibe v. Jones*, 836 F.3d 516, 528 (5th Cir. 2016). As explained below, plaintiff estimates the size of the class to be more than 1,000 persons.

Defendants have produced the "Dosing History" for the 197 persons who received methadone at the Jail in the 103-day period between September 20, 2013 and January 1, 2014. Defendants have also produced a spreadsheet containing information for 184 of those 197 persons.[3] Of the 197 persons, 38 are identified in the spreadsheet as having been "Shipped Ill. Dept. Corrections."[4] The defendants' data identifies another 14 persons as having left the jail for "Deliver to Appropriate Authority," which, for

[3] Plaintiff's request for information on the missing 13 detainees is the subject of a pending motion to compel. ECF No. 64.

[4] The 38 persons who left the Jail for the IDOC had been at the Jail between 2 and 32 days. Plaintiff adopts a worst-case scenario in assuming that these short stays at the Jail mean that each person was on parole.

estimating class size, plaintiff assumes means that the detainee was the subject of a warrant from another jurisdiction. Excluding these 53 from the 197 persons who received methadone leaves 144 persons in the class for the 103-day period, or about 510 people per year.[5]

Plaintiff's "reasonable estimate" of the class size exceeds the showing the Court of Appeals approved in *Arreola v. Godinez*, 546 F.3d 788 (7th Cir. 1988). There, the named plaintiff identified 14 potential class members and presented evidence suggesting that the class would "exceed 350 class members." *Id.* at 798. The Seventh Circuit held that the plaintiff's evidence "established numerosity, or at a minimum that he has shown enough to warrant further discovery on the issue." *Id.*

The proposed class in this case meets the numerosity requirement of Rule 23(a)(1) because at more than 1,000 people, it is "reasonable to believe it large enough to make joinder impracticable and thus justify a class action suit." *Arnold Chapman & Paldo Sign & Display Co. v. Wagener Equities Inc.*, 747 F.3d 489, 492 (7th Cir. 2014).

[5] Even assuming that there are no class members among the 13 detainees for whom defendants have refused to produce data, the total would be 131 persons over 103 days, or about 464 people per year.

B. Commonality

To satisfy the commonality requirement of Rule 23(a)(2), the "prospective class must articulate at least one common question that will actually advance all of the class members' claims." *Phillips v. Sheriff of Cook Cty.*, 828 F.3d 541, 550 (7th Cir. 2016). As the Court stated in *Wal-Mart Stores, Inc. v. Dukes*, 564 U.S. 338 (2011), "the key to commonality is whether a classwide proceeding can 'generate common answers apt to drive the resolution of the litigation.'" *Id.* at 350.

The common question in this case is the constitutionality of defendants' tapering policy, as applied to those who are not on parole or held on a warrant from another jurisdiction, and who were not pregnant.

There is no factual variation in this claim, *Arreola v. Godinez*, 546 F.3d 788, 798 (7th Cir. 2008), and resolution of this common question "will actually advance all of the class members' claims." *Phillips*, *supra.*

Put differently, the commonality requirement is met in this case because proceeding as a class will generate "common *answers* apt to drive the resolution of the litigation." *Wal-Mart Stores, Inc. v. Dukes*, 564 U.S. 338, 350 (2011) (emphasis in original and internal quotation omitted). As in *Suchanek v. Sturm Foods, Inc.*, 764 F.3d 750 (7th Cir. 2014), "the plaintiffs' claims and those of the class they would like to represent all derive from a single course of conduct" by defendant, in this case, defendant's tapering

policy. *Id.* at 756. That is, plaintiff challenges "conduct *common* to members of the class." *Id.* (emphasis in original). Because plaintiff is challenging a one-size-fits-all policy, defendants will not be able to rely on any defenses specific to individual class members. This case therefore satisfies the commonality requirement of Rule 23(a)(2).

C. Typicality

Typicality in Rule 23(a)(3) "is closely related to the preceding question of commonality." *Rosario v. Livaditis*, 963 F.2d 1013, 1018 (7th Cir. 1992). A "plaintiff's claim is typical if it arises from the same event or practice or course of conduct that gives rise to the claims of other class members and his or her claims are based on the same legal theory." *De La Fuente v. Stokeley–Van Camp, Inc.*, 713 F.2d 225, 232 (7th Cir. 1983). Although "[t]he typicality requirement may be satisfied even if there are factual distinctions between the claims of the named plaintiffs and those of other class members," the requirement "primarily directs the district court to focus on whether the named representatives' claims have the same essential characteristics as the claims of the class at large." *Id.*

Plaintiff's challenge to the tapering policy arises "from the same event or practice or course of conduct that gives rise to the claims of other class members and [his] claims are based on the same legal theory."

Oshana v. Coca-Cola Co., 472 F.3d506, 514 (7th Cir. 2006). The case therefore satisfies the typicality requirement of Rule 23(a)(3).

D. Adequacy

Plaintiff is represented by competent counsel and he will "fairly and adequately protect the interests of the class," as required by Rule 23(a)(4).

First, defendants do not asserted any unique defense against the named plaintiff. *Randall v. Rolls–Royce Corp.*, 637 F.3d 818, 824 (7th Cir. 2011); *Lipton v. Chattem, Inc.*, 289 F.R.D. 456, 459 (N.D. Ill. 2013).

Second, plaintiff is represented by counsel skilled and experienced in these matters.

Plaintiffs' principal attorney (Kenneth N. Flaxman), was admitted to practice in 1972; his work in class action litigation includes *United States Parole Commission v. Geraghty*, 445 U.S. 388 (1980) (class action challenging federal parole guidelines); *Doe v. Calumet City*, 128 F.R.D. 93 (N.D.Ill. 1989) (class action challenging strip search practice of Calumet City police department); *Calvin v. Sheriff of Will County*, 405 F.Supp.2d 933 (N.D.Ill. 2005) (class action challenging strip search practice at Will

County Jail).[6] Plaintiffs' principal attorney has also argued more than 150 federal appeals, including five cases in the United States Supreme Court.[7]

Plaintiffs' second attorney (Joel A. Flaxman), is also competent to represent the class; he was admitted to practice in 2007, served three years in judicial clerkships,[8] followed by four years as a trial attorney in the United States Department of Justice, Civil Rights Division, before entering private practice.[9]

E. Rule 23(b)(3)

This Court recently analyzed the predominance and superiority requirements of Rule 23(b)(3) in *Wright v. Nationstar Mortage LLC*, No.

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[6] With co-counsel, plaintiffs' principal attorney has litigated (or is litigating) several class actions against the Sheriff of Cook County, including *Jackson v. Sheriff of Cook County*, 2006 WL 3718041(06-CV-493, N.D.Ill., Dec. 14, 2006); *Parish v. Sheriff of Cook Cty.*, No. 07 4369, 2008 WL 4812875 (N.D. Ill. Oct. 24, 2008); *Phipps v. Sheriff of Cook County*, 249 F.R.D. 298 (N.D.Ill. 2008); *Lacy v. Dart*, No. 14 C 6259, 2015 WL 1995576 (N.D. Ill. Apr. 30, 2015); and *Bell v. Dart*, No. 14 C 8059, 2016 WL 337144 (N.D. Ill. Jan. 26, 2016).

[7] In addition to *Geraghty*, Flaxman argued *Browder v. Director, Department of Corrections*, 434 U.S. 257 (1978); *Jaffee v. Redmond*, 518 U.S. 1 (1996); *Ricci v. Arlington Heights, cert dismissed as improvidently granted*, 523 U.S. 613 (1998), and *Wallace v. Kato*, 549 U.S. 384 (2007).

[8] Counsel was a staff law clerk for the Seventh Circuit from 2007 to 2009 and then a law clerk for the Honorable Rebecca Pallmeyer from 2009 to 2010.

[9] With co-counsel, plaintiffs' second attorney has served as class counsel in several recent cases, including *Bell v. Dart*, No. 14 C 8059, 2016 WL 337144 (N.D. Ill. Jan. 26, 2016); *Beley v. City of Chicago*, No. 12 C 9714, 2015 WL 8153377, at *1 (N.D. Ill. Dec. 7, 2015); and *Lacy v. Dart*, No. 14 C 6259, 2015 WL 1995576 (N.D. Ill. Apr. 30, 2015).

14 C 10457, 2016 WL 4505169 (N.D. Ill. Aug. 29, 2016). The Court noted that it must "compare the role of common issues of law and fact with the role of individual issues, including whether the Court must examine individual transactions in adjudicating the claim." *Id.* at *6. The common issue in this case is the constitutionality of the tapering policy; this policy impacts each member of the class and "can be resolved for all members of a class in a single adjudication." *Messner v. Northshore Univ. HealthSystem*, 669 F.3d 802, 811 (7th Cir. 2012) (internal citation omitted). As another judge in this district recently explained, "[w]hen a proposed class challenges a uniform policy, as here, the validity of that policy tends to be the predominant issue in the litigation." *Beley v. City of Chicago*, No. 12 C 9714, 2015 WL 8153377, at *5 (N.D. Ill. Dec. 7, 2015) (citing *Streeter v. Sheriff of Cook County*, 256 F.R.D. 609, 614 (N.D. Ill. 2009); *Herkert v. MRC Receivables Corp.*, 254 F.R.D. 344, 352 (N.D. Ill. 2008)).

In addition to satisfying the predominance prong of Rule 23(b)(3), a class action is superior to other methods for adjudicating the claims of the members of the proposed class. As in *Starr v. Chicago Cut Steakhouse, LLC*, 75 F. Supp. 3d 859 (N.D. Ill. 2014), "the existence of a central common legal and factual issue makes class treatment particularly effective." *Id.* at 875.

V. Conclusion[10]

For the reasons above stated, the Court should order that this case be maintained as a class action under Rule 23(b)(3) for

> All persons who entered the Cook County Jail on and after December 23, 2013 who were lawfully taking an opioid antagonist, as defined in 42 C.F.R. 8.12(h)(2), who were not then on parole or held on a warrant from another jurisdiction, and who were not pregnant.

Respectfully submitted,

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[10] Plaintiff's counsel has not conferred with opposing counsel about whether there is an objection to this motion; defendants' position on this motion is obvious from their responses to plaintiff's pending motions to compel.

Exhibit 1

COOK COUNTY HEALTH & HOSPITALS SYSTEM
CCHHS

	Category: Cermak Health Services	
Subject: Special Needs and Services	Page 1 of 8	Policy #: G-06.1
Title: OPIOID TREATMENT PROGRAM	Approval Date: June 20, 2012	Posting Date: July 2, 2012

PURPOSE

The purpose of this policy is to provide access to opioid treatment: (1) for detoxification of inmates who were enrolled in an opioid treatment program (OTP) immediately before arrest; and (2) for maintenance of pregnant women who are opioid dependent.

AFFECTED AREAS

This policy affects all areas and employees of Cermak Health Services.

POLICY

Cermak Health Services, as an operating unit of the Cook County Health and Hospitals System, will sponsor a certified, accredited, and licensed opioid treatment program (OTP). The purposes of this program are: (1) detoxification of newly admitted inmates who were enrolled in an OTP immediately before arrest; and (2) maintenance of pregnant women who are opioid-dependent for the duration of their pregnancies, with detoxification to follow delivery.

Cermak will comply with federal and state laws and regulations in its opioid treatment program, including 42 CFR 8.11-12 and 77 ILAC 2060. The certifying, accrediting, and licensing bodies will be, respectively: the Center for Substance Abuse Treatment (CSAT) of the Substance Abuse and Mental Health Services Administration (SAMHSA) of the US Department of Health and Human Services (DHHS); the National Commission on Correctional Health Care (NCCHC); and the Division of Alcohol and Substance Abuse (DASA) of the Illinois Department of Human Services (IDHS).

DEFINITIONS (from 42 CFR 8.2)

Certification – the process by which SAMHSA determines that an opioid treatment program is qualified to provide opioid treatment under the federal opioid treatment standards.

Accreditation – the process of review and acceptance by an accreditation body that has been approved by SAMHSA to accredit opioid treatment programs using opioid agonist treatment medications.

Program sponsor – the person named in the application for certification described in Sec. 8.11(b) as responsible for the operation of the opioid treatment program and who assumes responsibility for all its employees, including any practitioners, agents, or other persons providing medical, rehabilitative, or counseling services at the program or any of its medication units. The program sponsor need not be a licensed physician but shall employ a licensed physician for the position of medical director.

Program medical director – a physician, licensed to practice medicine in the jurisdiction in which the opioid treatment program is located, who assumes responsibility for administering all medical services performed by the program, either by performing them directly or by delegating specific responsibility to authorized program physicians and healthcare professionals functioning under the medical director's direct supervision.

Detoxification – the dispensing of an opioid agonist treatment medication in decreasing doses to an individual to alleviate adverse physical or psychological effects incident to withdrawal from the sustained use of an opioid drug and as a method of bringing the individual to a drug-free state. Short-term detoxification treatment means detoxification treatment for a period not in excess of 30 days. [However, taper from very high initial methadone dosage may exceed this time period.]

Maintenance – the dispensing of an opioid agonist treatment medication at stable dosage levels for a period in excess of 21 days in the treatment of an individual for opioid addiction.

PROCEDURE

A. Program administration

1. *Cermak's chief medical officer* (CMO) will designate a program medical director for the OTP.
2. *The program sponsor* will designate a program administrator for the OTP
3. *The program administrator* will:
   a. Ensure compliance with all state and federal regulations (see above);
   b. Ensure accessible and timely services for all program participants;
   c. Prepare monthly statistical reports as required by applicable state and federal regulations and submit to the medical director;
   d. Convene a multidisciplinary OTP Committee with representatives from the departments of Medicine, Mental Health, Pharmacy, and Laboratory:
   e. Facilitate meetings
      i. Schedule meetings at least quarterly;
      ii. Prepare agenda and minutes;
   f. Maintain archive of statistical reports and meeting minutes.
4. *The program medical director* will be an authorized methadone prescriber and will:
   a. Update this policy and any related policies for the program as needed, within the larger framework of the institutional policies of Cermak Health Services;
   b. Provide clinical oversight;
   c. Request waivers from CSAT when required for individual patients;
   e. Lead quality improvement efforts for the program;
   f. Delegate specific responsibilities to authorized program physicians and/or healthcare professionals functioning under his or her direct supervision, including a designated OTP coordinator.
   g. Develop a set of protocols for linear taper from a variety of starting doses of up to 120 mg/d, with daily doses decreasing at an integer rate proportional to initial dose, decreasing not more than 7 mg each day over a period of 10 to 21 days. *Example: From an initial dose 40 mg. reduce dose by 2 mg every day, reaching zero on Day 21.* h. Submit the protocols for approval by the OTP Committee.

B. Initial enrollment

At the time of intake to the jail:

1. *The intake screener* will
   a. Ask whether the inmate reports participation in an opioid treatment program and, if so, will provide appropriate forms to complete (see below);
   b. Ask whether the inmate regularly uses heroin or opioid medications obtained on the street;
   c. Refer the patient to an intake clinician if either of the above questions is answered 'yes.'

2. *The inmate*, if wishing to continue ongoing opioid treatment while incarcerated, will:
   a. Fill out the upper portion of Cermak Form 853.14, "Methadone Referral," including his or her name and aliases, other identifying information, and name of previous program and counselor;
   b. Sign the consent for release of information on the referral form;
   c. Sign acknowledgment on Cermak Form 863.47, "List of Inmate Rights for the Opioid Treatment Program."
3. *The intake clinician* will interview and examine the patient. If a diagnosis of opioid dependence or addiction is made (see Appendix), and the patient affirms participation in an opioid treatment program at the time of incarceration, then proceed as follows:
   a. Enter the diagnosis of opioid dependence or addiction on the problem list in the clinical information system (Cerner) using ICD-9 code 304.x;
   b. Complete the health assessment form (see Cermak Policy E-04);
   c. Determine whether the patient is experiencing opioid withdrawal symptoms (see Cermak Policy G-06) and whether the patient is pregnant;
   d. For pregnant patients:
      i. If dependent on opioids and not previously enrolled in an OTP, refer to emergency room at John Stroger Hospital (via Cermak ER);
      ii. If dependent on opioids, previously enrolled in an OTP, and manifesting withdrawal, refer to emergency room at John Stroger Hospital (via Cermak ER);
      iii. If dependent on opioids, previously enrolled in an OTP, and not manifesting withdrawal, proceed as below.
   e. For all others: prescribe non-opioid medications for relief of withdrawal symptoms, as needed;
   f. If the patient has been participating in an opioid treatment program and wishes to continue, explain the process for enrollment and send an OTP Folder with the signed paperwork to the emergency room;
4. A designated Cermak staff member will, each morning, pick up any new OTP folders from the emergency room and, for each:
   a. Call the methadone program named by the inmate; if unable to make contact on a weekend or a holiday, document each attempt and continue calling daily until contact is made;
   b. Upon contacting the program, ascertain enrollment status;
      – If enrollment is denied by the program, document accordingly on the Methadone Referral Form and forward the form to the divisional health care team at the dispensary so that the clinician can notify the patient of the rejection. In that case, divisional staff will call the patient to dispensary for evaluation and management of withdrawal.
      – Or, if enrollment is confirmed, then continue as follows.
   c. Ask the methadone program to verify the amount and date of the last dose and to send documentation by fax;
   d. Forward the received fax to the Pharmacy;
5. *Pharmacy staff* will, upon receiving verification of program participation:
   a. Enter the approved patient into the Substance Abuse and Methadone Management System (SAMMS), which transmits patient information to the State of Illinois DASA database;
   b. Complete the lower portion of Cermak Form 853.14, "Methadone Referral;"
   c. Deliver the OTP Folder to the emergency room;

d. Contact the Security Office or the Shift Commander of the patient's housing division to arrange escort to the pharmacy; document date, time, phone extension, and name of person contacted on the referral form;
e. Re-contact the shift commander on each shift until the inmate is escorted to the Pharmacy for the first dose, or until the patient is released from custody, whichever comes first; annotate the referral card for each reminder call;
f. Order, by protocol, a urine drug screen on the inmate;
g. Verify that the inmate has already consented for treatment (otherwise obtain consent);
h. If the patient is pregnant:
    i. Verify that laboratory testing has confirmed the pregnancy
    ii. Fax a detoxification exception form to the Illinois State Methadone Authority (312-814-2419).
i. Provide a copy of the verification fax, together with a copy of the pre-approved set of protocols for tapering, to the clinician on duty in the emergency room.

6. *The clinician on duty in the emergency room* will
    a. Interview and examine the patient and verify the diagnosis of opioid dependence or addiction (see Appendix);
    b. Complete a "History and Physical" form, entering a diagnosis of opioid dependence or addiction;
    c. In the electronic health record (Cerner):
        i. Confirm that opioid dependence or addiction has been entered on the problem list (ICD-9 code 304.x);
        ii. Enter an order to alert CCDOC for participation in the Opioid Treatment Program.
    d. Initiate Cermak Form 847.21, "Substance Abuse Treatment Plan," including an explicit diagnosis of opioid dependence;
    e. If the patient also is dependent on either alcohol or sedatives, consider maintaining dose until after the period of withdrawal from alcohol or sedatives – confer with a physician authorized to prescribe methadone as needed.
    g. Sign the prescription to start methadone treatment and specify the initial dose;
    h For pregnant patients, prescribe a constant daily dose at the verified prior dosage;
    For other patients, prescribe a linear taper to zero, with daily doses decreasing at an integer rate proportional to initial dose, starting at the verified prior dosage and decreasing not more than 7 mg each day.
        – For prior maintenance doses up to 120 mg/d, taper over 10 to 21 days, using the pre-approved protocol developed by the program medical director.
        – For prior maintenance doses above 120 mg/d, confer with program medical director and consider a taper longer than 21 days
    i. Obtain countersignature from a physician authorized to prescribe methadone;
    j. For any patient starting with a methadone dose of 100 mg or more:
        i. Perform a baseline EKG and check the QT interval before the first dose;
        ii. If the QT interval is significantly prolonged, hold methadone and confer with program medical director;
    k. For any patient starting with a methadone dose of 180 mg or more:
        i. Hold methadone and confer with program medical director;
        ii. After conferring, arrange to observe the patient after the first dose in the emergency room, the infirmary, or intermediate medical housing;
    l. Send the patient and the OTP folder to the laboratory to obtain a urine sample for drug screening.

7. *The laboratory* will:
   a. Perform a urine drug screen and send the report to the OTP program;
   b. Send the patient and the OTP folder to the pharmacy for administration of the first dose of methadone.
8. *The inmate* will:
   a. Provide a urine sample;
   b. Sign for the initial dose.
9. *The pharmacist* will:
   a. Prepare the initial dose of methadone oral solution, diluted in water or juice;
   b. Observe the patient swallow the dose;
   c. Annotate an appointment card for the inmate to bring each day while on the program.
   d. Notify the Patient Scheduling office to enroll the patient in the OTP Clinic.
10. *The Patient Scheduling office* will:
    a. Schedule the initial visit in the OTP Clinic and notify CCDOC of the appointment;
    b. Enter a health alert, "Opioid Treatment Program," in the information system.

C. Daily dosing.

On each successive day until completion of the program:

1. *The inmate* will present his appointment card to the officer on the living unit.
2. *A CCDOC officer* will escort the participating inmate from the living unit to the Pharmacy, typically between 7:00 and 9:00 am except for inmates with court dates, who will be brought in the afternoon
3. *Pharmacy staff* will, if the inmate has not arrived by 6:00 pm, contact the shift commander and document the date, time, phone extension, and name of the shift commander on the daily methadone worksheet;
4. *The inmate* will present his appointment card to the pharmacist and sign for the day's dose
5. *The pharmacist* will:
   a. Check whether the inmate is due to complete a random drug screen, once between Day 8 and Day 14 and then again between Day 15 and Day 21 (and monthly thereafter, for those on long-term or maintenance methadone).; if due, ensure that the urine sample is obtained before the dose is given;
   b. Prepare the day's dose of methadone oral solution diluted in water or juice;
   c. If the inmate has been put into segregation, bring the dose to the patient's cell.
   d. Observe the patient swallow the dose;
   e. Annotate the appointment card.

D. Clinical follow-up

1. *The OTP coordinator* will schedule each patient for at least one appointment with a program clinician during opioid taper and another upon completion of the taper.
2. *A program clinician* will, at the OTP clinic visit:
   a. Confirm in the electronic health record (Cerner) that opioid dependence has been entered on the problem list (ICD-9 code 304.x);
   b. Obtain additional details of history and check physical examination or lab results as indicated;
   c. Assess for symptoms and signs of active opioid withdrawal and treat as needed; consider slowing rate of taper if symptoms are severe.
   d. Offer HIV and hepatitis screening, as well as hepatitis B immunization;

e. Refer as needed to mental health and/or medical services;
f. Provide additional patient education;
g. If the patient opts to withdraw from the OTP, notify the divisional clinician to follow up.
h. Formulate a plan with the inmate for follow-up care in the community in the event that the inmate is released, whether during the taper or after completion;

3. *The program medical director* will:
   a. Advise program clinicians regarding clinical and administrative matters as needed;
   b. Request a waiver from CSAT for these special cases:
      i. Detoxification more than twice in any 12-month period, or
      ii. Maintenance rather than detoxification, for a reason other than pregnancy

E. Diversion control

1. *The pharmacy director* will:
   a. Stock and use only methadone oral solution for the OTP program;
   b. Store unopened methadone stock bottles in a DEA-approved safe, numbered consecutively, and accounted for daily;
   c. Limit access to the methadone safe to authorized pharmacists.
2. *Authorized pharmacists* will:
   a. Have only one stock bottle open at any time; withdraw a new bottle from the safe when needed;
   b. Refill the dispensing bottle to a maximum of 1000 ml of methadone oral solution;
   c. Keep both the opened daily bottle and the dispensing bottle in a locked cabinet when not in use;
   d. Inventory methadone stock at these times:
      i. End-of-shift – An exiting pharmacist and an incoming pharmacist each take and reconcile the inventory. Both enter their inventories on a DASA form, "Daily Methadone Accountability."
      ii. Weekly – take and record a separate inventory on the form Narcotic Use Record for Methadone.
      iii. In case of spillage or wastage – immediately inventory the methadone to determine amount lost and record on the daily methadone work sheet. A witness must verify and sign. Prepare and submit an incident report to the pharmacy supervisor before the end of the shift.
3. *Pharmacy administration* will review all records for accountability through its quality assurance program.
4. *The Director of Pharmacy* will submit all quality assurance reports and notification of all discrepancies to the OTP program administrator.

SELF-MONITORING OF COMPLIANCE INDICATORS

1. *The director of pharmacy* will transmit an electronic data file listing all patients receiving methadone and their dosing to DASA for oversight by the state.
2. *The program medical director* will:
   a. Review all statistical and quality improvement reports and forward to Cermak's director of quality improvement, chief medical officer, and chief operating officer;
   b. In the event of an adverse health incident possibly related to the program, assign a physician to review the case and to submit a written report within 30 days;
   c. In the event of death of a program participant, either during or within 7 days after detoxification:
      i. Immediately notify both DASA and CSAT;
      ii. Conduct a mortality review in accordance with Cermak Policy A-10.

CROSS REFERENCES

NCCHC Standards addressed by this policy	G-06
Pertinent ACA Standards	4-ALDF-4C-36
Cermak policy number in last revision	01-08G-06; 07-05-02; OTP-111
Revision dates of all previous versions	2/2006, ..., 10/1987 for 01-08G-06 & 07-05-02; 4/2007 for OTP-111
Date of last review, if later than last revision	n/a
Other related Cermak policies	G-06, G-07
Pertinent system-wide CCHHS policies	n/a
Pertinent custody directives	n/a

APPENDIX -- Diagnosis of opioid dependence and addiction

Behavior supportive of a diagnosis of opioid dependence includes:

- Significant levels of tolerance resulting in experiencing withdrawal symptoms on abrupt discontinuation of opioid substances;
- Signs and symptoms that reflect compulsive, prolonged self-administration of opioid substances that are used for no legitimate medical purpose or, if a general medical condition is present that requires opioid treatment, use of opioid doses that are greatly in excess of the amount needed for pain relief;
- Such regular patterns of compulsive drug use that daily activities are typically planned around obtaining and administering opioids;
- Purchase of opioids on the illegal market or obtaining opioids by faking or exaggerating general medical problems or by receiving simultaneous prescriptions from several physicians;
- Engaging in drug-related crimes, such as, fraudulently writing prescriptions for opioids or diverting opioids prescribed for other patients or from pharmacy supplies. (DSM-IV-TR)

Behavior indicative of opioid addiction includes:

- Continuing use of the opiate despite known adverse consequences to self, family, or society;
- Obtaining illicit opiates;
- Using prescribed opiates inappropriately;
- Previous attempt(s) at tapering using methadone or other drugs.

The patient may not have physiologic dependence at present since this may be continuation of methadone use for a long time in the community without illicit use of opioid substances in the recent past.

POLICY UPDATE SCHEDULE
To be reviewed no later than 1 year after posting date.

POLICY LEAD

Avery Hart, MD
Chief Medical Officer

REVIEWER(S)

Cindy Kienlen, RN
Mary Ann Wrobel, PharmD
Quality Improvement Committee

APPROVAL PARTY(IES)

Michael Puisis, DO
Chief Operating Officer

Avery Hart, MD
Chief Medical Officer

REVIEW HISTORY
Written: August 01, 2010
Revised: June 20, 2012

Exhibit 2

Cook County Sheriff's Reentry Council Research Bulletin

MARCH 2011

INSIDE THIS ISSUE

Characteristics of Inmates in the Cook County Jail

Introduction & Brief History of the Cook County Department of Corrections

The Cook County Department of Corrections (i.e., the Cook County Jail) is operated by the Cook County Sheriff's Office, led by Sheriff Thomas Dart. In county fiscal year 2010, the Cook County Department of Corrections operating budget was $245 million, with roughly 83 percent of the budget going towards the salaries of more than 3,500 staff who work within the jail. The purpose of this research brief is to provide criminal justice practitioners and policy makers, as well as the general public, with a better understanding of the size and characteristics of the population detained and served by the Cook County Department of Corrections.

In addition to the Cook County Department of Corrections, there are also a number of other departments within the Sheriff's Office that provide alternatives to incarceration in the jail, and are adjacent to the jail, including the Department of Community Supervision and Intervention (DCSI), which operates a Day Reporting Center, an electronic monitoring program, and a pre-release center that provides substance abuse treatment to inmates detained in Division 14 of the jail. In addition, the Sheriff's Department of Women's Justice Services (DWJS) serves female detainees and those released from the jail, and the Cook County Boot Camp is a sentencing alternative to traditional prison for adult males who meet the eligibility age and conviction offense criteria. Both DWJS and the Boot Camp are adjacent to the Cook County Jail.

Situated on 96 acres, the Cook County Jail is one of the largest *single site* county jails in the United States based on both its daily population as well as its rated capacity. Based on 2009 data collected by the U.S. Department of Justice's Bureau of Justice Statistics, the Cook County Jail housed a total of 9,737 inmates on June 30, 2009, second behind the 11,360 inmates detained in the largest single site facility in the country, the Harris County Jail in Houston, TX, and more than the 8,745 inmates housed in the Maricopa County Jail in Phoenix, AZ. Although the jail *systems* in New York and Los Angeles have many more inmates—13,130 and 19,869 on June 30, 2009, respectively—the jail systems in these two jurisdictions are in *multiple sites* through their respective jurisdictions. The Cook County Jail has been accredited by the American Correctional Association since 1988, annually passes inspections by the Illinois Department of Corrections' Jail and Detention Standards Unit, and is monitored by the John Howard Association in Chicago as well.

Although crowding at the Cook County Jail resulted in a federal consent decree in 1974, the problem of crowding at the jail site has existed since the Chicago House of Corrections opened in 1871. When the House of Corrections opened, approximately 419 inmates each day were housed at the facility, and by the 1920's, the average daily population had tripled to 1,200, more than double the intended capacity. This severe crowding led to the construction of the County Jail in 1928. The County Jail and the Chicago House of Correction were run as separate facilities until 1969, when the Cook County Department of Corrections was created within the Sheriff's Office and combined these two facilities. However, even with the new addition, and additional

housing units added to the facility during the rest of the decade, the jail still experienced crowding, culminating in the issuance of a federal consent decree in 1974. As a result, the Cook County Sheriff developed a number of programs designed to alleviate this crowding, including an electronic monitoring program that began in 1989 and a Day Reporting Center, which opened in 1993. In addition, since December 2008, the Circuit Court has operated a Pre-Trial Services Unit within the Cook County Adult Probation Department to conduct brief assessments of felony defendants at bond hearings to provide judges with more information for decisions regarding pre-trial release.

Since 1996, there have been between 9,000 and 10,000 inmates on any given day housed within the Cook County Jail, with an average daily population of just over 9,000 in 2010 (Figure 1). The rated capacity of the Cook County Jail was 10,607 as of 2009, making it the third largest county jail in the nation (Bureau of Justice Statistics, 2010) in terms of *capacity*. Combining the average daily population and the rated capacity, over the past few years the jail has operated at 92% to 98% of its rated capacity.

Admissions to the Cook County Jail

In 2010, the Cook County Jail recorded a total of 78,534 admissions (Figure 2), 68,657 (87.4%) of which were male detainees and 9,877 (12.6%) were female detainees (Table 3). This total number of admissions during 2010 was 7,533 fewer than the total admissions in 2009, and more than 13,000 fewer than in 2008. Out of these total admissions in 2010, many were accounted for by individuals who had been admitted multiple times during the year. Specifically, during 2010, there were 56,465 unique individual males and 8,712 unique individual females admitted to the jail. Thus, while the majority of individuals, 83% of males and almost 89% of females, entered the jail only once during 2010, 13% of males and 9% of females entered the jail *twice*, and 4% and 2% respectively, entered *three or more times* during 2010 (Table 3). Or, looked at another way, there were more than 9,500 individual males, and nearly 1,000 females, admitted to the jail multiple times during 2010.

In 2010, an average of 215 inmates were admitted to the Cook County Jail every day.

The number of admissions *per day* to the Cook County Jail in 2010 averaged 215, with an average of 188 men and 27 women admitted each day, and this level of admissions did not vary much across the 365 days of the year. For example, only 45 days during the year were there fewer than 150 male admissions, and there were only 6 days where there were *more* than 240 male admissions. For women, there were 49 days with fewer than 20 admissions and 16 days with over 40. Further, admissions were spread out fairly evenly over the 12 months of the year, with December accounting for a slightly lower average daily number of admissions (an average of 169 total admissions, or 148 male and 21 female admissions per day) and August having a slightly higher number of daily admissions (an average of 232 total admissions per day, or 202 male and 30 female admissions per day).

Figure 1: Average Daily Population of the Cook County Jail

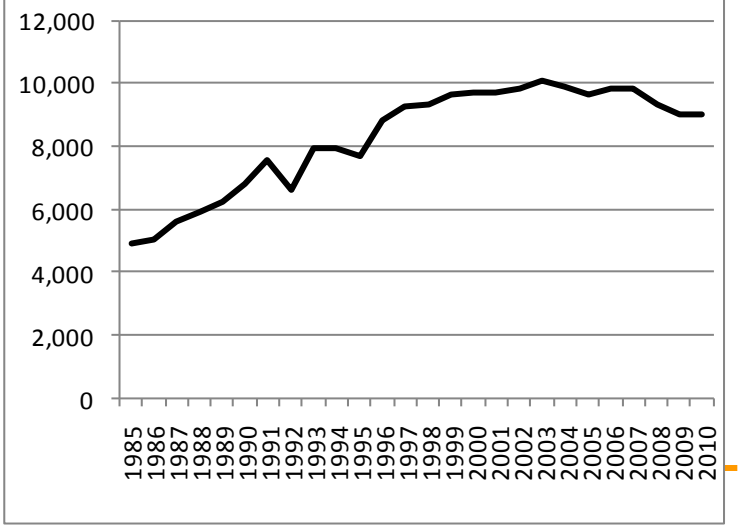
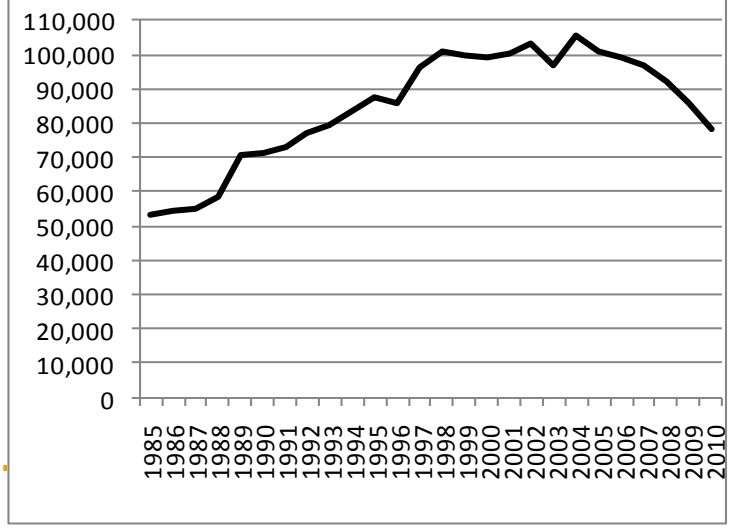


Figure 2: Annual Admissions to the Cook County Jail



The typical inmate admitted to, and discharged from, the Cook County Jail is a single, African American male from Chicago averaging 32 years-old at admission. Among those admitted to the Cook County Jail in 2010, the majority (66%) were African-American, followed by Hispanics (19%) and whites (13%). Among those admitted to the Cook County Jail in 2010, the majority (85%) were single/not married, whereas only 15% were married. In terms of the crime associated with admissions to the jail during 2010, the single largest category of admissions to the jail were accounted for by violent crimes (30%), followed closely by drug-law violations (28%), property offenses(18%), traffic/driving under the influence of alcohol (16%), and other types of offenses (6%). Only 2% of admissions to the jail were for sex crimes, which include prostitution offenses.

When Jail admissions were examined across racial characteristics and the crime associated with the admission to the jail, there were some differences noted. Specifically, African-Americans and Hispanics were more likely than whites to be admitted to the jail for a violent offense (30.5% and 31.2% versus 26.5%, respectively), whereas whites admitted to the jail were more likely than African-American and Hispanic to be detained for a property crime (21.2% versus 17.9% and 15.3%, respectively). Nearly 30% of Hispanics admitted to the jail were detained for traffic-related offenses, which included driving under the influence (DUI) and driving on a suspended license. On the other hand, nearly one-third (32%) of all African-Americans admitted to the jail were charged with drug-law violations, compared to 22.7% of whites and 18.9% of the Hispanics admitted to the jail.

Discharges/Exits from the Cook County Jail

A total of 77,942 discharges/exits from the Cook County Jail occurred in 2010, and as with admissions, there were many individuals who exited the jail multiple times during 2010. Specifically, the 77,942 exits were accounted for by 65,960 unique individuals. Detainees are discharged from the jail for one of four general reasons: 1) they post the necessary cash bond ordered by a judge to obtain their release prior to trial (accounting for 30.7% of discharges), 2) they stay in the jail until their criminal case results in their conviction and sentencing to prison, probation or supervision (accounting for 30.1% of discharges), 3) they stay in the jail until their criminal case results in charges being dropped or they are found not guilty (16.4% of discharges), or 4) they are sentenced to the jail as a result of their conviction, and are released once the jail sentence has been served (14.3% of discharges).

Table 1
Comparison of 2010 Discharges from the Cook County Jail, by Detainee Characteristics

	Posted Bond	Detained Until Convicted and Sentenced to Probation or Supervision	Detained Until Convicted and Sentenced to Prison	Charges Dropped or Dismissed	Total
Average Age	31.4 years	30.3 years	32.7 years	35.8 years	32.6 years
Gender					
Male	84.8%	82.7%	93.0%	87.4%	87.3%
Female	15.2%	17.3%	7.0%	12.6%	12.7%
Total	100.0%	100%	100%	100%	100%
Race					
African-American	58.5%	73.1%	74.8%	80.5%	66.7%
Hispanic	24.6%	15.0%	15.0%	10.6%	19.5%
White	16.9%	11.9%	10.2%	8.9%	13.7%
Total	100.0%	100%	100%	100%	100%
Marital Status					
Single	82.9%	89.3%	87.1%	85.8%	84.7%
Married	17.1%	10.7%	12.9%	14.2%	15.3%
Total	100%	100%	100%	100%	100%
Offense Type					
Drug	25.9%	28.7%	29.1%	45.3%	27.9%
Property	14.6%	22.7%	22.0%	13.7%	17.8%
Violent	33.9%	31.1%	31.3%	33.0%	30.2%
Sex	1.2%	2.0%	4.0%	1.4%	2.0%
Traffic	18.0%	10.3%	9.3%	2.7%	16.1%
Other	6.4%	5.0%	4.3%	3.8%	6.0%
Total	100%	100%	100%	100%	100%

Overall, the characteristics of those released from the jail in 2010 were similar to the characteristics of those admitted to the jail, but did vary depending on the reason behind their discharge from the jail (Table 1). As seen in Table 1, 15.2% of those discharged from the jail because they posted bond were female, compared to only 7% of those who remained in jail until they were convicted and sentenced to prison. Further, a smaller proportion of those discharged from the jail because they posted bond were African-American (58.5%) than those who remained in jail until they were convicted and sentenced to probation/ supervision (73.1% were African-American) or who were detained until convicted and sentenced to prison (74.8% were African-American).

Time Served Among Jail Exits

The length of time inmates spend in the Cook County Jail varies widely, and is influenced primarily by the mechanism by which they are released from the jail, such as posting bond, being detained until their criminal case is disposed of, or if they are sentenced to the jail as a result of a conviction. Thus, when attempting to summarize the length of time served among those released from the jail, numerous methods of analysis are needed to fully understand and describe the duration of their incarceration. For example, among *all* of those released from the Cook County Jail in 2010, 18,197 (or 23.3% of all releasees) spent 2 days or less in the jail (Table 2), while 2,128 (less than 3% of all releasees) spent more than one year in the jail.

Time served is also important to examine and understand, since the average daily population of correctional facilities is driven by changes in admissions, exits and ***lengths of stay***. Over the past few years, the number of admissions to, and exits from, the Cook County Jail have fallen, but the average daily population has not decreased as much. For example, between 2007 and 2010, *admissions* to the jail fell by 19%, while the jail's *average daily population* fell by only 8%. This difference can be attributed to the fact that, on average, the length of stay at the Cook County Jail has *increased* slightly over the past few years. Overall, between 2007 and 2010, the average length of time spent in the Cook County Jail among those released increased from an average (mean) of 47.9 days in 2007 to an average of 49.8 days. Similarly, the median time spent in the jail increased from 11 to 12 days, meaning that in 2010, 50% of the discharged inmates spent 12 days or less in the jail, while 50% spent more than 12 days in jail. While an increase in the average time served of 1.9 days per detainee does not seem like a dramatic change, when this small change is multiplied by the 77,942 inmates discharged in 2010, that additional 1.9 days translates to a total of 148,089 jail days (1.9 X 77,942), or an *addition* of 405 inmates to the jail's average daily population (148,089 additional days of incarceration/365 days in a year=405).

Between 2007 & 2010, the average number of days inmates spent in the Cook County Jail increased, and translated into 405 more inmates in the average daily population.

As would be expected, the length of time spent in the Cook County Jail varies depending on the means by which detainees were discharged (Table 2). Those who are released because they posted the necessary cash bond generally stay in the jail for a much shorter period of time than do those who remain until they are convicted and sentenced to prison. However, for the most part, increases in the average number of days in jail were seen across all types of discharges from the jail, and each has different implications and possible explanations. For example, among those

Table 2
Time Served (Days) in the Cook County Jail Among 2010 Discharges/Exits

	Average (Mean)	Median	Percent 2 days or Less
Total	49.8 days	12 days	23.3%
Posted Bond	11 days	2 days	57.1%
Sentenced to Prison	139 days	56 days	4.5%
Sentenced to Probation/Supervision	49 days	26 days	7.5%
Time Served	60 days	10 days	10.9%
Sentence Expired	31 days	13 days	14.3%
Charges Dropped	25 days	17 days	3.4%
Not Convicted	248 days	192 days	0.6%

released from the jail because they posted bond (which accounts for about one-third of discharges from the jail each year), the average time served increased from 8.6 days in 2007 to 11.6 days in 2010. This increase could be due to it taking a longer for family members to come up with the necessary cash to post a defendant's bond, higher bond amounts, or both. Again, an average increase of 3 days when multiplied by the 23,845 released because they posted bond translates into an increase in the average daily population of 196 inmates specifically because of this longer time to post cash bond.

Similarly, among those released from the jail because they were convicted and sentenced to the Illinois Department of Corrections, the time in the jail increased from an average of 105 days in 2007 to an average of 139 days in 2010. Overall, the average time those released from the jail because they were sentenced (combining those sentenced to prison or other sanctions, such as probation) increased from 61.8 days in 2007 to 78 days in 2010. This could be due to longer court processing times because of more complex cases, more people staying in jail before they are convicted and sentenced to prison because they could not post bond, or both. Even among those inmates who are released from the jail because the charges against them were *dropped*--which accounted for 12,446 of the 77,942 exits in 2010, the average time spent in the jail increased from 22.6 days in 2007 to 25 days in 2010.

Thus, despite the fact that admissions into the jail have fallen, due to fewer arrests--particularly for drug-law violations--because inmates appear to be spending more time in the jail, the average daily population has not fallen as much. This increase in time served for those who eventually post bond could be due to the economy and difficulty for family and friends to come up with the necessary bond for pre-trial release, whereas longer time in the jail for those who remain incarcerated until sentenced could indicate more court delays, more serious cases, fewer people able to post bond, or a combination of all three forces. Again, while slight changes in the length of time in the jail may not appear to be significant, when multiplied by the tens of thousands of inmates this impacts, it results in substantially more bed-days in jail for inmates--enough to reduce the impact of fewer admissions on the overall population.

A Comparison of Male & Female Admissions to the Cook County Jail

In recognition of the different needs of females processed through the Cook County Jail, in 1999 the Cook

Table 3
Comparison of Male & Female Jail Admissions & Exits

	Males	Females	Total
Total Admissions	68,656	9,878	78,534
Percent	87.4%	12.6%	100%
Admissions per Individual During 2010			
1 Admission	83%	89%	83.8%
2 Admissions	13%	9%	12.8%
3 or More Admissions	4%	2%	3.4%
Total	100%	100%	100%
Average Daily Admissions	118	27	215
Race			
African American	66.6%	68.0%	66.8%
Caucasian	12.9%	19.9%	13.8%
Hispanic/Other	20.5%	12.1%	19.4%
Total	100%	100%	100%
Average Age	32	33	32.51
Age Distribution			
17-20 years old	14.8%	10.5%	14.3%
21-25 years old	20.1%	19.2%	20.0%
26-30 years old	17.1%	16.3%	17.0%
31-35 years old	12.6%	12.2%	12.5%
36-40 years old	10.4%	12.6%	10.7%
41-49 years old	15.7%	20.9%	16.4%
50 years old or older	9.3%	8.3%	9.2%
Total	100.0%	100%	100%
Education Level			
Not a High-School Graduate/No GED	47%	41%	46.5%
High-School Graduate or GED	53%	59%	53.5%
Total	100%	100%	100%
Marital Status			
Single	84.0%	89.9%	84.7%
Married	16.0%	10.1%	15.3%
Total	100.0%	100%	100%
Most Serious Charge			
Violent Crimes	31.1%	23.2%	30.1%
Drug-Law Violations	28.3%	26.8%	28.1%
Property Crimes	17.0%	24.1%	17.9%
Traffic Offenses	16.6%	12.2%	16.1%
Sex Offenses (Including prostitution)	1.4%	6.1%	2.0%
Other	5.6%	7.6%	5.8%
Total	100%	100%	100%

County Sheriff's Office created the Department of Women's Justice Services (DWJS), which provides enhanced services to women in the jail as well as those released from the jail but still under the custody of the Sheriff's Office. During 2010, the 9,878 females admitted to the Cook County Jail accounted for 12.6% of all admissions to the jail—a proportion of admissions that has been consistent over the past few years (Table 3). Other than differences in the sheer volume of male versus female admissions into the jail, male and female admissions to the jail were only slightly different in terms of their age, race and education level (Table 3). For example, the average age of females admitted in 2010 was 33 years old, compared to an average of 32 years old for males admitted to the jail. The youngest inmates (male and female) admitted to the jail was 17 (the minimum age of an adult in Illinois' justice system), while the oldest female admitted in 2010 was 74 years old, and the oldest male admitted was 87. Some slight differences were evident when the race of male and female detainees was compared, with roughly two-thirds of both males and female accounted for by African-Americans, but a smaller proportion of females accounted for by Hispanics (12.1%) than male detainees (20.6%), and a larger proportion of females were accounted for by whites (19.7%) than among males (12.9%). Some slight differences were also noted in terms of educational achievement, with more than 40% of females, and nearly 50% of males admitted to the jail not having completed high-school at the time of admission.

More substantive differences were noted between female and male admissions into the jail when the most serious criminal charges were compared, with males being more likely than females to be admitted for violent crimes (31.1% versus 23.3%, respectively) and traffic offenses (16.6% versus 12.2%, respectively). Roughly similar proportions of male and female jail admissions were for drug-law violations (28.1% and 26.8%, respectively). On the other hand, women were *more likely* than men to be admitted to the jail for property crimes (23.7% versus 17.0%, respectively) and sex offenses, which include prostitution, at 6.3% versus 1.4%, respectively.

These differences in the types of crimes male and female detainees were charged with is likely behind the differences seen in the means by which they were released from the jail. When the reasons for discharge from the jail, and time spent in the jail, were compared between male and female detainees, females were more likely than males to be released as a result of posting bond (36.6% of female discharges, compared to 29.9% of male discharges), and also were able to post bond more quickly. Among females released from the jail as a result of posting bond, they did so in an average of 9 days, compared to an average of 12 days for males discharged as a result of posting bond. Females were also more likely than males to be released from the jail as a result of being convicted and sentenced to probation or supervision, although they took longer before being discharged than did males. Specifically, 33.8% of females discharged from the jail were discharged because they were convicted and sentenced to probation or supervision, and on average they spent 55 days in the jail before being discharged. By comparison, 21.2% of males were discharged because they were convicted and sentenced to probation or supervision, and on average they spent 48 days in the jail before being discharged. On the other hand, a larger proportion of male detainees at the jail were discharged as a result of being convicted and sentenced to *prison* (38.9%) than females (22.6%), although the average lengths of stay for those discharged as a result of a prison sentence were very similar between males and females (139 vs. 131 days, respectively).

Recidivism

One of the most frequently used measures to gauge the outcome of sentences imposed on convicted offenders is the "recidivism rate," although how the rate is measured varies. In some instances, recidivism is measured by determining what proportion of a correctional population gets rearrested for a new crime, other times it is gauged by the proportion of a correctional population *reconvicted* of a new felony, and in other instances, particularly with institutional corrections, it is the rate at which persons are returned to that correctional facility. Using data collected by and available to the Cook County Jail, recidivism analyses were performed using the definition of being returned to the Cook County Jail within three years of release from the jail. Further, the recidivism analyses that follow are only for those detainees released from the jail because they were convicted and sentenced, and does not include those who were released on bond, found not guilty or who had the charges against them dropped. Since tracking recidivism requires time to elapse between exit from the jail and any subsequent readmissions to the jail, those detainees released from the Cook County Jail in 2007 because they were convicted and sentenced to either prison, probation or

Table 4
3-Year Recidivism Rates of 2007 Jail Exits

	Not Returned	Returned	Total Number
Total	**46.8%**	**53.2%**	**42,637**
By Age			
15-25	39.7%	60.3%	13,856
26-35	50.5%	49.5%	11,941
36-50	48.3%	51.7%	14,051
Over 50	59.1%	40.9%	2,787
By Gender			
Male	46.1%	53.9%	37,082
Female	51.5%	48.5%	5,555
By Race			
White	56.6%	43.4%	5,966
African-American	40.8%	59.2%	29,363
Hispanic/Other	63.2%	36.8%	7,308
By Neighborhood			
Austin, Garfield, Lawndale	37.5%	62.5%	5,423
Other	48.2%	51.8%	37,214
By Education			
Less than High School	43.1%	56.9%	20,306
High School Diploma/GED	50.1%	49.9%	22,058
By Marital Status			
Single	44.6%	55.4%	34,698
Married	56.3%	43.7%	7,710
By Type of Crime			
Drug	41.6%	58.4%	12,498
Property	40.6%	59.4%	8,097
Violent	47.4%	52.6%	8,264
Sex	35.2%	64.8%	642

supervision, or they served their sentence at the jail and were released, was the cohort that was tracked to determine if they were readmitted to the jail within three years of their release (i.e., returned between their release in 2007 and 2010).

Of the 42,635 sentenced individuals released from the Cook County Jail in 2007, 53.2% were returned to the jail within three years (Table 4). As is the case in most recidivism analyses, the younger the detainee was when they were released, the higher their rate of return to the jail within the three year follow-up period. For example, among those who were between the ages of 17 and 25 when released, 60.3% were back in the jail on new charges within three years, compared to just over 40% among those who were over the age of 50 at release. Similarly, males were slightly more likely than females to be returned to the jail (53.9% versus 48.5%, respectively), and African-Americans were more likely to be returned to the jail than either whites or Hispanics. Also consistent with previous recidivism research, those released from the jail who had a high-school diploma/GED, and those that were married, had lower recidivism rates than those without a high-school diploma/GED and those who were single. When the recidivism rate of those released from the jail following their conviction and sentencing was examined by the crime for which they were initially being held in the jail, the rates were not substantively different.

More than one-half of those released from the Cook County Jail in 2007 as a result of a conviction and sentence were back in the jail within 3 years

Finally, when the recidivism rates were examined based on the community where the inmate resided, differences were seen. Specifically, among those released jail detainees who were from the Austin, Garfield Park and Lawndale neighborhoods, 62.5% were returned to the jail within the 3 year follow-up period, compared to 51.8% among detainees from other community areas in Chicago and the suburbs. It is because of this higher recidivism rate among detainees from these specific Chicago communities that the Cook County Sheriff's Office began implementing a number of initiatives, with the support of federal grant funds and the cooperation of the Cook County Adult Probation Department, to increase access to a variety of educational, vocational, treatment and other rehabilitative services among detainees returning to those specific Chicago communities. Through federal funds obtained through the Illinois Criminal Justice Information Authority, as well as directly from the U.S. Department of Justice under the Second Chance Act, the Sheriff's Office has begun a pilot program that will serve a combined 400 inmates going through rehabilitative programs at the jail, ensuring that in addition to the treatment and services received while under the custody of the Sheriff, selected individuals also receive post-discharge referrals and access to needed programs and services when they return to the community.

The Cook County Sheriff's Reentry Council

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In order to support research, evaluation and planning efforts for the Cook County Sheriff's Office, the Sheriff's Office entered into a cooperative agreement with Loyola University Chicago to support the development of an enhanced research capacity. Under the agreement, Dr. David Olson, Professor and Chair of the Criminal Justice Department at Loyola and Graduate Research Assistant Jana Krepel, have worked to develop datasets and protocols to support research and evaluation efforts, performed research and analyses to support program and policy development and evaluations, and establish stronger ties between the academic community interested in conducting applied research and the Cook County Sheriff's Office. Daniel Brown, Assistant Executive Director of the Cook County Department of Corrections, and Andrew Krok, also with the Sheriff's Office, have provided extensive support in obtaining data needed to perform these activities and analyses.

Conclusions

The preceding information was intended to provide practitioners, policy makers, and taxpayers in Cook County with a detailed description of the volume and characteristics of those admitted to and discharged from the Cook County Jail during 2010. The information presented in this *Research Bulletin* illustrates a number of the challenges that face the Cook County Jail. First, the jail must effectively, efficiently, and safely admit and house an extremely large volume of inmates. On average, 215 inmates are admitted each day, with a similar number of detainees released from the jail every day, and an average daily population of more than 9,000 inmates. In addition to the sheer volume, those admitted to the jail are charged with crimes that range from drug possession offenses to first degree murder, and may be incarcerated within the jail for hours, a few days, or more than a year, depending on what they are charged with, their bond amount, and how their criminal case is resolved. Among those who are able to post bond, most are released within a couple of days, whereas those who cannot post bond and remain in jail until convicted and sentenced to prison stay in the jail for months or years. As a result, the ability to effectively assess detainees for their risks and rehabilitative needs is challenging, and planning for the discharge of inmates can be difficult.

It is also important to note that many of those detained in the jail prior to the disposition of their case end up being convicted and sentenced to something other than prison or jail, most often probation or supervision (or the charges against them are dropped or dismissed). Thus, the majority of those admitted to the Cook County Jail are ultimately released back to the communities they came from, and usually within days or months. Also illustrative of the challenges facing the Cook County Jail, and indeed the entire criminal justice system in Cook County, is the fact that most of those released from the jail following their conviction and sentencing—either to prison, probation, supervision, or jail—end up coming back to the jail within a few years. Indeed, even in just one year—2010—more than 10,500 individuals were admitted to the jail multiple times .

In an effort to break this cycle of recidivism, and increase coordination between the Cook County Jail, the Cook County Adult Probation Department, the City of Chicago and community-based treatment and service providers, the Cook County Sheriff's Office has successfully applied for and obtained federal grant funds to support the enhancement of existing programs and services, as well as increase the capacity, coordination, and access to post-incarceration aftercare treatment services, educational programs and employment opportunities.

Exhibit 3

Dosing History

samms

Criteria: Date - 9/20/2013 to 1/1/2014

Sort: Default

Cermak Health Services of Cook County

2800 S. California Ave

Chicago, Illinois 60608

Run by: jsupasanguan @ 8/5/2016 4:40:26 PM

DOC						
	[redacted] CHARLES R 2[redacted]					
		9/20/2013				Not enrolled in Methadone program
		9/21/2013				Not enrolled in Methadone program
		9/22/2013				Not enrolled in Methadone program
		9/23/2013				Not enrolled in Methadone program
		9/24/2013				Not enrolled in Methadone program
		9/25/2013				Not enrolled in Methadone program
		9/26/2013				Not enrolled in Methadone program
		9/27/2013				Not enrolled in Methadone program
		9/28/2013				Not enrolled in Methadone program
		9/29/2013				Not enrolled in Methadone program
		9/30/2013				Not enrolled in Methadone program
		10/1/2013				Not enrolled in Methadone program
		10/2/2013				Not enrolled in Methadone program
		10/3/2013				Not enrolled in Methadone program
		10/4/2013				Not enrolled in Methadone program
		10/5/2013				Not enrolled in Methadone program
		10/6/2013				Not enrolled in Methadone program
		10/7/2013				Not enrolled in Methadone program
	10/8/2013 2:49:37 PM	10/8/2013	Methadone Liquid	120	kchan	Window
	10/9/2013 9:16:45 AM	10/9/2013	Methadone Liquid	115	wchin	Window
	10/10/2013 8:19:05 AM	10/10/2013	Methadone Liquid	110	kchan	Window
	10/11/2013 8:47:35 AM	10/11/2013	Methadone Liquid	105	oajala	Window
	10/12/2013 8:43:01 AM	10/12/2013	Methadone Liquid	100	oajala	Window
	10/13/2013 8:45:51 AM	10/13/2013	Methadone Liquid	95	oajala	Window
	10/14/2013 8:11:11 AM	10/14/2013	Methadone Liquid	90	vpatel	Window
	10/15/2013 8:39:47 AM	10/15/2013	Methadone Liquid	85	kchan	Window
	10/16/2013 1:10:26 PM	10/16/2013	Methadone Liquid	80	kchan	Window
	10/17/2013 9:03:03 AM	10/17/2013	Methadone Liquid	75	oajala	Window
	10/18/2013 8:36:32 AM	10/18/2013	Methadone Liquid	70	oajala	Window
	10/19/2013 9:16:49 AM	10/19/2013	Methadone Liquid	65	wchin	Window
	10/20/2013 8:16:16 AM	10/20/2013	Methadone Liquid	60	wchin	Window
	10/21/2013 8:27:51 AM	10/21/2013	Methadone Liquid	55	oajala	Window
	10/22/2013 9:29:28 AM	10/22/2013	Methadone Liquid	50	oajala	Window
	10/23/2013 6:38:04 PM	10/23/2013	Methadone Liquid	45	jsupasanguan	Window
		10/24/2013				Missed Dose
		10/25/2013				Not enrolled in Methadone program
		10/26/2013				Not enrolled in Methadone program
		10/27/2013				Not enrolled in Methadone program
		10/28/2013				Not enrolled in Methadone program
		10/29/2013				Not enrolled in Methadone program
		10/30/2013				Not enrolled in Methadone program
		10/31/2013				Not enrolled in Methadone program
		11/1/2013				Not enrolled in Methadone program
		11/2/2013				Not enrolled in Methadone program
		11/3/2013				Not enrolled in Methadone program
		11/4/2013				Not enrolled in Methadone program
		11/5/2013				Not enrolled in Methadone program