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2021

ENHANCING THE QUALITY OF LIFE SINCE 1978

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Cook County Board of Commissioners

Mental Illness in Cook County is a Public Health Crisis

October 5, 2021

My name is Donald J. Dew and I've worked as a behavioral health and human service professional for 40 years. Currently, I serve as President/CEO of Habilitative Systems, Inc. (HSI), an impactful Behavioral Health and Human Service agency that has served the citizens of Cook County since 1978. I also serve as Chairman, Behavioral Health Consortium of Illinois, LLC that provides additional referral support to County Care members throughout Cook County as represented by twelve (12) agencies; Board Member, International Commission on Accreditation of Rehabilitation Facilities (CARF) and Co-Chair, 2nd County District Mental Health Task Force.

I appear before you today as an advocate for the mental health and treatment needs of thousands of Cook County citizens experiencing Mental Illness. For several years now, CCHHS has strongly advocated and invested in the formation of a Behavioral Health Consortium. *The Behavioral Health Service Consortium* consists of twelve (12) highly experienced organizations currently providing community-based behavioral health care and substance abuse treatment in Cook County. The Consortium was formed to fill existing service gaps for mental health care services and substance use disorder treatment across the County.

The Behavioral Health Service Consortium providers cover a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County.

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County Health is also a major collaborative partner in the newly formed Westside Health Equity Collaborative funded by the Illinois Department of Healthcare and Family Services Healthcare Transformation targeting mental illness as one of the key conditions that must be addressed in an integrated healthcare manner along with chronic medical conditions and substance use disorder on Chicago's Westside.

In addition, the Illinois Department of Mental Health recently announced it's concern about the Behavioral Health workforce shortage in Illinois. This workforce shortage has great implications for our healthcare system to address this crisis for mental healthcare.

Since the 1960's, the number of beds in Illinois' state-run psychiatric hospitals have decreased to fewer than 1,500 from 35,000, according to the National Alliance on Mental Illness. For decades, government has conveyed that it was not turning its back on the mentally ill. Rather, these institutions would be replaced through "reinvesting in community care"—a more humane and cost-effective means of treating those patients.

In Chicago's Cook County Jail, an estimated one in three inmates has some form of mental illness. At least 400,000 inmates currently behind bars in the United States suffer from some type of mental illness—a population larger than the cities of Cleveland, New Orleans, or St. Louis—according to the National Alliance on Mental Illness. NAMI estimates that between 25 and 40 percent of all mentally ill Americans will be jailed or incarcerated at some point in their lives (2015).

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In addition, according to NAMI (2016), since 2009, the state has closed two inpatient facilities (including the Tinley Park Mental Health Center), six Chicago mental health clinics and several community mental health agencies throughout the state. Numerous other African American led community-based organizations such as the Community Mental Health Council led by noted psychiatrist, Dr. Carl Bell, had to close its doors due to the budgetary crisis in Illinois several years ago.

As we are aware, numerous reports (Chicago Tribune, 2017) highlight Cook County Jail has become the largest mental health provider in Illinois. The National Alliance to End Homelessness estimates that approximately 32 percent of the roughly 14,000 homeless people on any given night in Illinois have a serious mental illness.

In another study on Chicago's Cook County Hospital which tends to thousands of gunshot victims each year, more than 4 in 10 (PubMed, 2012) patients screened showed symptoms of PTSD, with an even higher rate among those wounded by guns. The National Council for Behavioral Health (2017) reported that lack of access to psychiatric services in health care service has been a constant challenge for decades, resulting in significant delays to treatment with concomitant consequences in reduced quality of care, low patient satisfaction, poor patient outcomes, reduction in the workforce and higher costs.

One out of four adults and one out of five children suffer from a mental health condition. High poverty rates, as those seen in most of the Austin, Garfield Park and Lawndale Westside community service areas, increase the likelihood of mental health issues. The World Health Organization (WHO) projects that Depression will surpass Cancer, Aids and Heart Disease as the leading cause of death.

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The Substance Abuse and Mental Health Services Administration (SAMHSA), in its publication entitled, “Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies” (2014), defined Crisis Services as a continuum of services that are provided to individuals experiencing a psychiatric emergency. The primary goal of these services is to stabilize and improve psychological symptoms of distress and to engage individuals in an appropriate treatment service to address the problem that led to the crisis. Core crisis services include 23-hour crisis stabilization/observation beds, short-term crisis residential services and crisis stabilization, mobile crisis services, 24/7 crisis hotlines, warm lines, psychiatric advance directive statements and peer crisis services.

SAMSHA, responding to the urgent need for greater equity and effectiveness in behavioral health services for African Americans, the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) has established a new National Center, the African American Behavioral Health Center of Excellence (AABH-COE). The new Center of Excellence will take a highly collaborative public health approach toward cultural and practical transformation of:

- Behavioral health systems.
- Intervention, treatment, and recovery support practices.
- The professional and non-professional workforce; and
- The systems of education, training, and TA that prepare the field for its work.

Increased funding to address this public health crisis is needed to support a robust coordinated collaborative care model that emphasizes meaningful services to persons with mental illness in Cook County. This includes an intense social media and marketing campaign aimed at promoting the message we care about your mental health, and you do



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matter. People don't fall through cracks in a fragmented human service delivery system. They fall into another more costly system of care: Homelessness, Emergency Rooms, Institutionalization or Death.

This approach addresses risk, recidivism, relapse, inefficient and costly service utilization through enhanced outreach to high-risk members and information sharing through multidisciplinary case review meetings, notifications of hospitalizations, ER visits, and potential care gaps, and an integrated care plan that includes health conditions, service utilization, wellness and support service needs, and gaps in care.

Best practice models that the research strongly supports also include the following intervention strategies:

- Provide community-based outreach, mental health, substance abuse, case management and housing services.
- Coordinate reentry services to assist previously incarcerated individuals' successful transition to independent living by providing counseling, treatment and life skills training.
- Ensure linkage to Probation/Parole Services: that provide substance abuse treatment, follow-up services, mental health counseling and drug screening for federal probationers.
- Collaborate with other agencies/programs to insure comprehensive and seamless service delivery.

In Cook County, there have been 71 suicides in the Black community so far in 2020, compared to 56 in all of 2019. The Cook County Medical Examiner's Office says 2020 is on pace to be the worst year for suicides in the Black community in a decade.

On a personal note, my older brother was a United States Marine and diagnosed with PTSD and Bipolar Disorder.

The toll that mental illness takes on patients and their families is huge.

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My brother was chased and traumatized by the KKK in Ohio and fell off a bridge, leaving him quadriplegic. He spent decades in nursing facilities before I was able to accommodate him at my home.

Recently, we learned of a self-inflicted gunshot by an Illinois State Trooper. This was not an isolated incident. Suicide and mental illness is a serious issue among the ranks of our law enforcement officers and first responders. For African-American officers, some also have to deal with the issue of institutional racism as well

Dr. King was quoted during his watch that we must have a “fierce urgency of now.” Now is the time, and I am here today to say that we stand ready and willing to work with Cook County’s Board of Commissioners, to achieve our shared vision for Cook County’s Behavioral Health population suffering from severe mental illness.

Thank you!

Donald J. Dew

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