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**STATE OF ILLINOIS**

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**OFFICE OF THE AUDITOR GENERAL**

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**PERFORMANCE AUDIT**

**DEPARTMENT OF HUMAN SERVICES'  
FORENSIC PATIENT  
TRANSPORT PROCEDURES**

**AUGUST 2016**

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**FRANK J. MAUTINO**

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**AUDITOR GENERAL**

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OFFICE OF THE AUDITOR GENERAL  
FRANK J. MAUTINO

*To the Legislative Audit Commission, the  
Speaker and Minority Leader of the House of  
Representatives, the President and Minority  
Leader of the Senate, the members of the  
General Assembly, and the  
Governor:*

This is our report of the performance audit of the Department of Human Services' Forensic Patient Transport Procedures.

The audit was conducted pursuant to House of Representatives Resolution Number 199 (adopted May 14, 2015), and amended by Legislative Audit Commission Resolution Number 147 (adopted July 29, 2015). This audit was conducted in accordance with generally accepted government auditing standards and the audit standards promulgated by the Office of the Auditor General at 74 Ill. Adm. Code 420.310.

The audit report is transmitted in conformance with Section 3-14 of the Illinois State Auditing Act.

**SIGNED ORIGINAL ON FILE**

FRANK J. MAUTINO  
Auditor General

Springfield, Illinois  
August 2016





STATE OF ILLINOIS  
OFFICE OF THE  
**AUDITOR GENERAL**

Frank J. Mautino, Auditor General

**REPORT DIGEST**

**PERFORMANCE  
AUDIT**

**Release Date:  
August 2016**

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accordance with  
**House Resolution  
Number 199  
Legislative Audit  
Commission Resolution  
Number 147**

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**EXECUTIVE SUMMARY**

**Department of Human Services'  
Forensic Patient Transport Procedures**

On May 14, 2015, the Illinois House of Representatives adopted Resolution Number 199 directing the Office of the Auditor General to conduct an investigation into circumstances surrounding the July 2014 escape during transport of an Elgin Mental Health Center forensic patient and to evaluate whether prisoner transport procedures need to be improved at Elgin Mental Health Center (MHC) or other State facilities. Subsequently, on July 29, 2015, the Legislative Audit Commission adopted Resolution Number 147 changing the language of House Resolution Number 199 from requiring an “investigation” to requiring an “audit.”

Prior to the July 2014 escape, Elgin MHC had few procedures with few specific instructions for handling a forensic patient during transport. **Following the July 2014 escape, the Department of Human Services (DHS) and Elgin MHC improved the forensic patient transport process significantly.** These improvements were made by strengthening policies, upgrading the security of vehicles, implementing a process to identify elopement (escape) risk before the transport, and conducting more training for employees.

The audit found:

- Six trip information packets, which contain patient information, could not be located and various documents were missing from these packets, including the Trip Log Progress Note, the Pre and Post Trip checklist, the Vehicle Maintenance checklist, and the Sally Port Officer Checklist.
- The patient transport checklist was, on occasion, missing important pieces of information, such as the patient’s elopement risk assessment, the charge against the patient, or a clothing description.
- Security Device Authorization forms were not always filled out adequately (for example, did not have all required signatures).
- The patients and transport team were not always seated in accordance with Elgin MHC policy and the DHS Statewide Transportation Directive.
- Security Officers were not receiving all annual training as required by DHS policies.
- The policies for the other DHS State-operated facilities with adult forensic units were generally at least as strict as DHS’ Statewide Transportation Directive, with some exceptions. Upon auditor inquiry, DHS promptly revised the policies to be in compliance with the Statewide Transportation Directive.
- The auditors also requested the transportation guidelines in use by the private community hospital providing juvenile forensic services and received a policy noted as “Draft 3/29/16.” The hospital indicated to DHS that the 3/29/16 draft was the effective date of the policy and that it operated on this policy prior to actually drafting a written policy.



## AUDIT SUMMARY AND RESULTS

On May 14, 2015, the Illinois House of Representatives adopted Resolution Number 199 directing the Office of the Auditor General to conduct an investigation into circumstances surrounding the July 2014 escape during transport of an Elgin Mental Health Center patient and to evaluate whether prisoner transport procedures need to be improved at Elgin Mental Health Center (MHC) or other State facilities. Subsequently, on July 29, 2015, the Legislative Audit Commission adopted Resolution Number 147 changing the language of House Resolution Number 199 from requiring an “investigation” to requiring an “audit.”

Individuals found Unfit to Stand Trial (UST) or Not Guilty by Reason of Insanity (NGRI) are involved with both the criminal justice and mental health systems (Department of Human Services, or DHS) and are known by DHS as forensic patients. House Resolution Number 199 references “prisoner;” however, based on the status of the patient that escaped (UST), the term “forensic patient” is used throughout the audit as opposed to “prisoner.” (page 2)

The Code of Criminal Procedure of 1963 requires individuals, placed in the custody of DHS (forensic patients), to be placed in a secure setting (725 ILCS 5/104-17(b)). DHS Forensic Services has three general security levels for forensic inpatients:

- **Minimum security:** A minimum security unit is typically used for civil inpatients, although it can also be used for forensic patients. Forensic patients placed in a minimum security unit are generally non-violent, low elopement risk offenders. This type of unit is secured with locked doors, 24/7 staff supervision, security services, and controlled access.
- **Medium security:** A medium security unit has fenced recreation areas, controlled access, and limitations on allowed personal items. There is a medium security unit that serves each area of the State.
- **Maximum security:** A maximum security unit has the highest level of security. There is only one State-operated hospital with maximum security units in the State: Chester Mental Health Center. This unit type has substantially restricted movement with nearly continuous observation. It allows for the more physically dangerous forensic patients to be treated.

Forensic patients are placed in one of DHS’ secure units based on the clinical results of a placement evaluation. Elgin Mental Health Center has minimum and medium security units. (page 5)

### CIRCUMSTANCES SURROUNDING THE ESCAPE

On Wednesday, July 16, 2014, a forensic patient at Elgin Mental Health Center (MHC) escaped DHS custody while being transported from the Elgin MHC to the Lake County Courthouse in Waukegan. Several months earlier, on April 28, 2014, a Lake County judge had declared the individual “Unfit to Stand Trial” (UST) and had remanded him to DHS for evaluation and

treatment. On the day of the escape, the forensic patient was scheduled for a court hearing to determine his fitness for trial on felony charges including aggravated domestic battery.

The forensic patient reportedly jumped out of the back door of an Elgin MHC van at approximately 7:45 a.m. on July 16, 2014, while stopped at a gas station. He was being transported by two Security Officers and a Maintenance Equipment Operator (driver). The driver and one Security Officer were in the vehicle at the time of the escape; neither noticed anything out of the ordinary until they heard the back door opening. Elgin MHC's vans could be unlocked from the inside by anyone and the patient had gotten the handcuff off one wrist. Shortly after the escape, Elgin MHC transport staff called 911 and notified Elgin MHC. About 4:00 p.m., approximately 8 hours later, the escapee was taken into custody.

DHS officials reported they had never had an escape during transport before and, as of the end of fieldwork (April 2016), there have not been any escapes since the July 2014 escape.

#### **PROBLEMS IDENTIFIED AND CHANGES MADE**

Prior to the July 2014 escape, Elgin MHC had few procedures with few specific instructions for handling a forensic patient during transport. One of those procedures required annual security device (in other words, handcuff) training for Security Officers, which was the only forensic patient transport requirement Elgin MHC was in violation of at the time of the escape.

Following the July 2014 escape, DHS and Elgin MHC improved the forensic patient transport process significantly. These improvements were made by strengthening policies, upgrading the security of vehicles (disabling internal door locks and installing security partitions), implementing a process to identify elopement (escape) risk before the transport, and conducting more training for employees.

In response to the July 2014 escape, DHS issued a Statewide Transportation Directive which addressed Statewide transportation of individuals in forensic and civil legal status. Elgin MHC now also has two policies which contain a significant amount of new guidance for the transport of forensic patients. Some of the new requirements or information not previously found in DHS policies, procedures, or program directives include:

- Information related to the safety and security of transport vehicles, which includes ensuring door locks are disabled and the security partition is in place;
- Revised seating arrangements requiring a Security Officer to sit behind the patient;
- A pre-trip search of the patient;
- A pre-trip elopement risk assessment prior to each trip and changes to a risk assessment conducted upon admission;
- New pre-trip and en-route forms; and
- Pre-authorization required for unscheduled stops. (pages 10, 13, 17-21)

**Following the July 2014 escape, the Department of Human Services and Elgin MHC improved the forensic patient transport process significantly.**



## TESTING RESULTS

**Our testing showed some instances in which new requirements had not been followed.**

We tested 50 of 978 Elgin MHC forensic patient transports made during May to September 2015 to ensure the new transport process had been implemented and was being utilized. Our testing showed some instances in which these new requirements had not been followed. We found the following regarding forensic patient trip testing:

- Six trip information packets, which contain patient information, could not be located and various documents were missing from these packets, including the Trip Log Progress Note, the Pre and Post Trip checklist, the Vehicle Maintenance checklist, and the Sally Port Officer Checklist.
- The patient transport checklist was, on occasion, missing important pieces of information, such as the patient’s elopement risk assessment, the charge against the patient, or a clothing description.
- Security Device Authorization forms were not always filled out adequately (for example, did not have all required signatures).
- The patients and transport team were not always seated in accordance with Elgin MHC policy and the DHS Statewide Transportation Directive.

We recommended that DHS ensure trip information packets are filled out completely and appropriately for all trips and returned to and maintained by the appropriate person(s) at the respective facility. We also recommended that DHS ensure forensic patients at Elgin MHC are seated in accordance with Elgin MHC policy and DHS’ Statewide Transportation Directive.

**Our testing showed that Security Officers were not receiving all annual training as required by DHS policies.**

We also tested 35 of 368 Elgin MHC employees certified to transport patients to ensure they received training on the new transport policies and process. Our employee training testing showed that Security Officers were not receiving all annual training as required by DHS policies. We recommended that DHS ensure appropriate employees at Elgin MHC receive annual training on current transportation policy and the application of security devices as required by Elgin MHC policy and DHS program directives. (pages 33-38)

The auditors reviewed facility-specific forensic transport policies from the other DHS State-operated facilities with adult forensic units. The other facilities’ policies were generally at least as strict as DHS’ Statewide Transportation Directive; however, there were some exceptions, mainly at Choate Mental Health and Developmental Center (Choate MHDC). However, upon auditor inquiry, DHS promptly revised the policies to be in compliance with the Statewide Transportation Directive. The auditors also requested the transportation guidelines in use by the private community hospital providing juvenile forensic services on March 24, 2016, and received a policy noted as “Draft 3/29/16.” The hospital indicated to DHS that the 3/29/16 draft was the effective date of the policy and that it operated on this policy prior to actually drafting a written policy. (pages 29-32)

**RECOMMENDATIONS**

The audit report contains five recommendations. The Department of Human Services agreed with all five of its recommendations. Appendix D to the audit report contains the agency responses.

**SIGNED ORIGINAL ON FILE**

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FRANK J. MAUTINO  
Auditor General

FJM:TEW

AUDITORS ASSIGNED: This performance audit was conducted by the staff of the Office of the Auditor General.

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## GLOSSARY

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**Adult Forensic Patient** – An individual 18 years of age or older who has been committed to the Department of Human Services (Department or DHS) pursuant to Article 104 of the Code of Criminal Procedure of 1963 (725 ILCS 5/) or pursuant to paragraph 5-2-4 of the Unified Code of Corrections (730 ILCS 5/) and resides in a secure setting.

**Civil Patient** – A patient whose admission status is voluntary, emergency, or involuntary and admitted to a facility without any forensic legal involvement.

**DHS Division of Mental Health (DMH)** – A division within the Department of Human Services that helps to maximize community support and develop skills for persons with serious mental illness and children with serious emotional disturbance.

**DHS Forensic Services** – Oversees and coordinates all forensic mental health services for the Illinois Department of Human Services, Division of Mental Health. Its primary responsibility is to coordinate the inpatient and outpatient placements of adults and juveniles remanded by the Illinois county courts to the Department of Human Services under statutes finding them Unfit to Stand Trial (UST) or Not Guilty by Reason of Insanity (NGRI).

**Dually Diagnosed** – When a patient is diagnosed with a mental illness and developmental disability.

**Elopement/Escape** – When a patient departs from the unit, hospital area, or custody or supervision of DHS without permission. According to DHS, elopement/escape can be used interchangeably with unauthorized absence.

**Elopement Risk Assessment Tool (ERAT)** – An assessment tool to be completed upon admission if any elopement risk has been identified during the Initial Psychiatric Evaluation Elopement Screening. It is also completed when a change of risk status has been noted. It consists of questions pertaining to factors which relate to the risk of elopement.

**Grounds Passes/Privilege** – Movement of a UST or NGRI patient on or off Center/Program grounds, with or without supervision that has been specifically approved by the jurisdictional court.

**Supervised Off-grounds Pass** – A court approved privilege allowing limited access to a local community by an individual with staff escort.

**Unsupervised Off-grounds Pass** – A court approved privilege for limited access to a local community by an individual without staff escort.

**Unsupervised On-grounds Pass** – A court approved privilege allowing limited access to the grounds of a facility without staff escort.

**Inpatient Facility** – A facility that provides 24-hour treatment and observation for a patient. Unless a person is specifically ordered to receive services in an outpatient setting, court ordered referrals under State forensic statutes call for placement in a secure inpatient setting.

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## GLOSSARY

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- Involuntary Admission** – A person with mental illness who because of his or her illness is, unless treated on an inpatient basis, reasonably expected to cause serious harm to himself/herself or to others in the near future or is unable to take care of his or her physical needs so as to cause a risk of serious harm.
- Juvenile Forensic Patient** – An individual 17 or younger who has been committed to the Department pursuant to Article 104 of the Code of Criminal Procedure of 1963 (725 ILCS 5/) or pursuant to paragraph 5-2-4 of the Unified Code of Corrections (730 ILCS 5/) and resides in a secure setting.
- Maintenance Equipment Operator (MEO)** – An individual responsible for driving and a general safety inspection of the transport vans.
- Maximum Security Unit** – A unit with the highest level of security and has substantially restricted movement with nearly continuous observation.
- Medium Security Unit** – A unit which has fenced recreation areas, controlled access, and limitations on allowed personal items.
- Minimum Security Unit** – A unit typically used for civil patients; however, can also be used for forensic patients. Secured with locked doors, continuous supervision, security services, and controlled access.
- Not Guilty by Reason of Insanity (NGRI)** – A finding by a court or jury that an individual accused of a crime had a lack of substantial capacity to appreciate the criminality of his or her conduct as the result of a mental disorder or mental defect. NGRI individuals are committed to the Department of Human Services by the court for treatment and care under 730 ILCS 5/5-2-4.
- Outpatient Facility** – A facility where treatment is provided to patients without the need to stay overnight.
- Restraints** – Any manual method, physical or mechanical device, material or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely.
- Sally Port** – A secure, controlled entryway that consists of a series of doors or gates. A guard often controls the doors and the middle space between them providing control over the movement of people through that entryway and preventing unwanted entry or escape.
- Sally Port Post** – A position created at Elgin Mental Health Center after the July 2014 elopement and staffed by a security officer to double check trip packet documentation for quality and completeness; to verify trip routes and proper application of security devices; and to verify the van has been properly searched prior to departure.
- Secure Vehicle** – DHS policy requires a security screen between the driver and backseat passengers and disabled door locks from the inside, including the rear door, when transporting forensic patients.



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## GLOSSARY

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**Security Device** – An apparatus designed to restrict an individual’s range of motion. Such devices must be approved by the Division of Mental Health and used only by qualified staff members in accordance with the manufacturer’s instructions.

**Security Device Risk Assessment and Authorization Form** – A Security Device Risk Assessment and Authorization form is completed by the patient’s treatment team. The form stipulates the type of security devices to be used and the appropriate length of time for such use. This form is also used to document the security device inspection for defects prior to applying it to the patient.

**Security Screens/Partitions** – A security feature that is required by policy in all forensic patient transportation vehicles. The screen is securely placed directly behind the driver and front passenger seats in the vehicle to separate the front of the transportation van from the forensic patients.

**Security Therapy Aide (STA)** – A direct care staff member who may also be part of the transportation team.

**Standard Security Devices** – Waist chain and wrist security devices; the minimum amount of security devices required by DHS policy for medium and maximum security forensic patients.

**State-Operated Forensic Inpatient Facilities** – Mental health inpatient facilities operated by the State (Department of Human Services); includes Alton Mental Health Center, Chester Mental Health Center, Choate Mental Health and Developmental Center, Elgin Mental Health Center, and McFarland Mental Health Center.

**Transport Staff (escorts)** – Qualified staff members accompanying a patient on or off grounds to assure the patient’s safety and the safety of others.

**Treatment Team** – A group of DHS Center/Program employees, led by a qualified clinician, who is responsible for developing, implementing, and evaluating an individual’s programs and services.

**Trip Information Packet** – Prepared prior to a patient’s trip. Consists of various forms and checklists useful in ensuring the safety of the patient and transport team, communicating patient information to the transport team, as well as information about a patient’s behavior on a trip to the patient’s treatment team.

**Unauthorized Absence** – When a patient leaves the facility campus without authorization and without the direct and ongoing observation of staff, or fails to return from an approved on-campus or off-campus absence, and any one or more of the following conditions exist: 1) the individual requires detention for the protection of him/herself or others, 2) the individual has been involuntarily admitted to the facility, 3) the individual is under the jurisdiction of the criminal court, 4) the individual is under the age of 18 years old, or 5) the individual is at imminent risk due to weather related conditions (for example, extreme hot or cold temperatures). According to DHS, unauthorized absence can be used interchangeably with elopement/escape.

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## **GLOSSARY**

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**Unfit to Stand Trial (UST)** – A finding by a court that an individual accused of a crime is unable to understand the nature and purpose of the proceedings against him or her or to assist in his or her defense due to his or her mental or physical condition. UST individuals are committed to the custody of the Department of Human Services by the court for treatment pursuant to 725 ILCS 5/104-17.

# INTRODUCTION AND BACKGROUND

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## REPORT CONCLUSIONS

On May 14, 2015, the Illinois House of Representatives adopted Resolution Number 199 directing the Office of the Auditor General (OAG) to conduct an investigation into circumstances surrounding the July 2014 escape during transport of an Elgin Mental Health Center forensic patient and to evaluate whether prisoner transport procedures need to be improved at Elgin Mental Health Center (MHC) or other State facilities. Subsequently, on July 29, 2015, the Legislative Audit Commission adopted Resolution Number 147 changing the language of House Resolution Number 199 from requiring an “investigation” to requiring an “audit.”

A forensic patient, previously found Unfit to Stand Trial, escaped from an Elgin MHC transport in July 2014.

Following the escape, DHS and Elgin MHC improved the forensic patient transport process significantly.

Prior to the July 2014 escape, Elgin MHC had few procedures with few specific instructions for handling a forensic patient during transport. One of those procedures required annual security device (in other words, handcuff) training, which was the only forensic patient transport requirement Elgin MHC was in violation of at the time of the escape.

**Following the July 2014 escape, the Department of Human Services (DHS) and Elgin MHC improved the forensic patient transport process significantly. These improvements were made by strengthening policies, upgrading the security of vehicles, implementing a process to identify elopement (escape) risk before the transport, and conducting more training for employees.**

Our testing showed some instances in which these new requirements had not been followed. We found the following regarding trip and employee training testing:

- Six trip information packets, which contain patient information, could not be located and various documents were missing from these packets, including the Trip Log Progress Note, the Pre and Post Trip checklist, the Vehicle Maintenance checklist, and the Sally Port Officer Checklist.
- The patient transport checklist was, on occasion, missing important pieces of information, such as the patient’s elopement risk assessment, the charge against the patient, or a clothing description.
- Security Device Authorization forms were not always filled out adequately (for example, did not have all required signatures).
- The patients and transport team were not always seated in accordance with Elgin MHC policy and the DHS Statewide Transportation Directive.
- Security Officers were not receiving all annual training as required by DHS policies.

The auditors reviewed facility-specific forensic transport policies from the other DHS State-operated facilities with adult forensic units. The other facilities' policies were generally at least as strict as DHS' Statewide Transportation Directive; however, there were some exceptions, mainly at Choate Mental Health and Developmental Center (Choate MHDC). However, upon auditor inquiry, DHS promptly revised the policies to be in compliance with the Statewide Transportation Directive. The auditors also requested the transportation guidelines in use by the private community hospital providing juvenile forensic services on March 24, 2016, and received a policy noted as "Draft 3/29/16." The hospital indicated to DHS that the 3/29/16 draft was the effective date of the policy and that it operated on this policy prior to actually drafting a written policy.

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## INTRODUCTION

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On May 14, 2015, the Illinois House of Representatives adopted Resolution Number 199 directing the Office of the Auditor General to conduct an investigation into circumstances surrounding the escape of an Elgin Mental Health Center forensic patient and to evaluate whether prisoner transport procedures need to be improved at Elgin Mental Health Center (MHC) or other State-operated facilities. This resolution was adopted after a forensic patient escaped during transport.

Subsequently, on July 29, 2015, the Legislative Audit Commission adopted Resolution Number 147 changing the language of House Resolution Number 199 from requiring an "investigation" to requiring an "audit." Appendix A contains both resolutions.

Individuals found Unfit to Stand Trial (UST) or Not Guilty by Reason of Insanity (NGRI) are involved with both the criminal justice and mental health systems (Department of Human Services, or DHS) and are known by DHS as forensic patients. House Resolution Number 199 references "prisoner;" however, based on the status of the patient that escaped (UST), the term "forensic patient" is used throughout the audit as opposed to "prisoner."

As noted in House Resolution Number 199, a forensic patient escaped July 16, 2014, while he was being transported from the Elgin MHC to court in Waukegan, Illinois. The forensic patient had been deemed UST by a judge previously and was in the custody of DHS. The morning of July 16, 2014, on a return trip to the courthouse, the patient jumped out of the back door of the DHS transport van while it was stopped at a gas station. He was taken into custody just a couple blocks away approximately eight hours later.

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## BACKGROUND

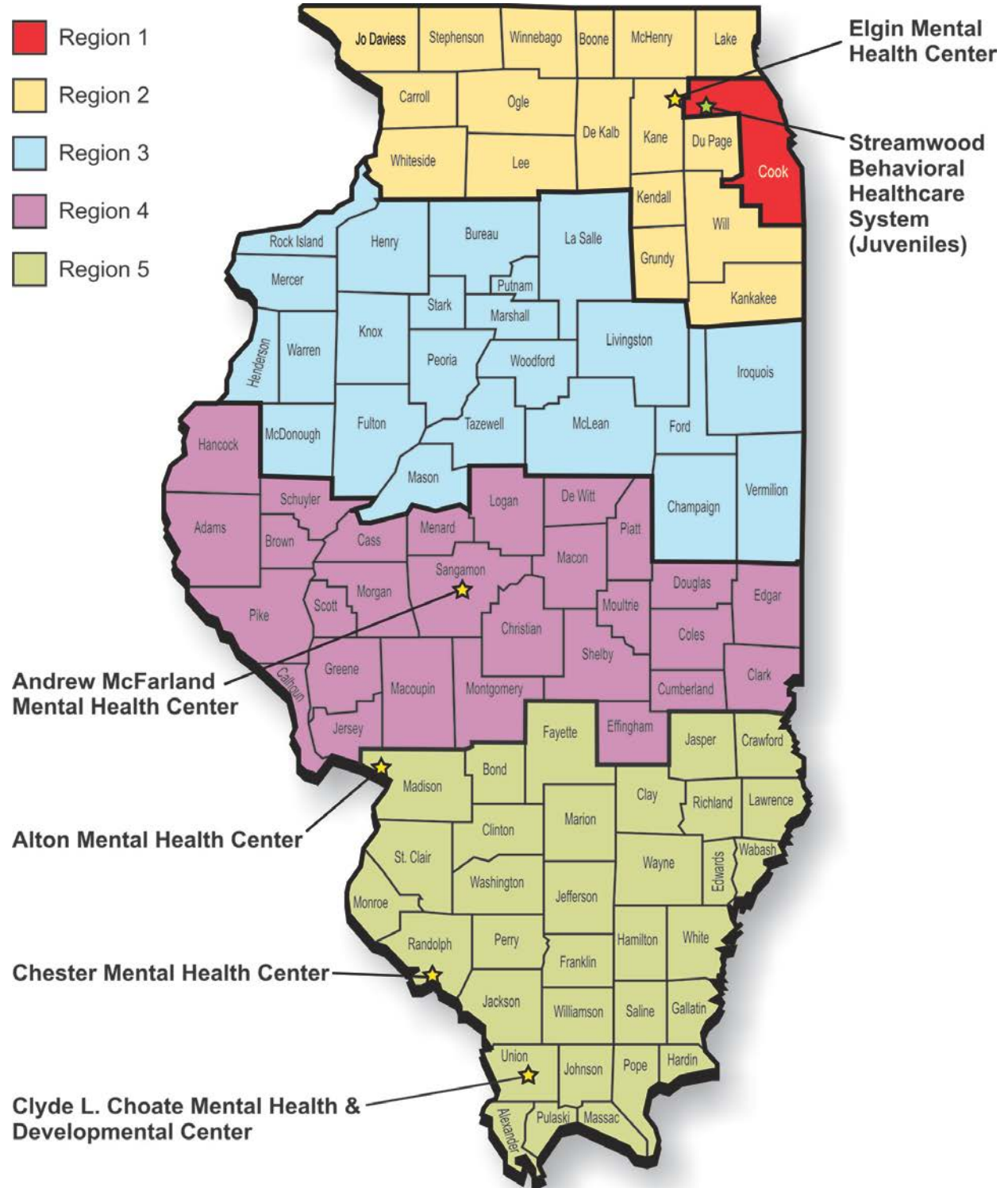
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The Department of Human Services (DHS) Division of Mental Health (DMH) operates psychiatric hospitals/mental health centers throughout the State. DHS' Forensic Services Program, within the Division of Mental Health, oversees and coordinates all forensic mental health services for adults and juveniles remanded by Illinois County Courts to DHS under statutes finding them Unfit to Stand Trial (UST) (725 ILCS 5/104) or Not Guilty by Reason of Insanity (NGRI) (730 ILCS 5/5-2-4). An individual is found UST if, because of a mental or physical condition, he or she is unable to understand the nature and purpose of the proceedings against him or her or to assist in his or her defense. An individual is NGRI after a finding or verdict of the court that the individual lacked substantial capacity to appreciate the criminality of his or her conduct as the result of a mental disorder. UST and NGRI individuals are involved

with both the criminal justice and mental health systems and are known as forensic patients (as opposed to civil patients).

Exhibit 1-1 provides a map of DHS Forensic Treatment locations in the State. Illinois has five secure State-operated inpatient facilities that service the adult forensic population. Forensic treatment for juveniles is coordinated through a community provider. For FY16, DHS had an agreement with one secure juvenile inpatient facility. The five State-operated inpatient facilities for adults and the one community provider providing juvenile inpatient services were the focus of our audit work because these are the facilities treating DHS' forensic patients.

Exhibit 1-1  
MAP OF DHS FORENSIC TREATMENT LOCATIONS



Source: DHS Forensic Handbook.

The Forensic Program also has administrative oversight for the Sexually Violent Persons – Treatment and Detention Facility (TDF) in Rushville, IL. TDF is a secure residential treatment facility providing services to individuals who have been civilly committed under the Illinois Sexually Violent Persons Commitment Act. Therefore, any NGRI patients referred from the DHS Forensic Treatment Program must be civilly committed and are no longer forensic patients.

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## **DHS FORENSIC SERVICES**

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As part of the Illinois Division of Mental Health at DHS, the Forensic Services Program (Forensic Services) is responsible for coordinating court ordered treatment and the secure placement and supervision of forensic patients. Therefore, Forensic Services is responsible for providing oversight to DMH hospital settings with forensic units. Forensic Services is also responsible for evaluating newly admitted patients, monitoring and tracking NGRI patients who are conditionally released into the community for outpatient services, and overseeing the Treatment and Detention Facility (TDF) for Sexually Violent Persons.

### **Adult Forensic Services**

The Code of Criminal Procedure of 1963 requires individuals, placed in the custody of DHS (forensic patients), to be placed in a secure setting (725 ILCS 5/104-17(b)). DHS Forensic Services has three general security levels for forensic inpatients:

- **Minimum security:** A minimum security unit is typically used for civil inpatients, although it can also be used for forensic patients. Forensic patients placed in a minimum security unit are generally non-violent, low elopement risk offenders. This type of unit is secured with locked doors, 24/7 staff supervision, security services, and controlled access.
- **Medium security:** A medium security unit has fenced recreation areas, controlled access, and limitations on allowed personal items. There is a medium security unit that serves each area of the State.
- **Maximum security:** A maximum security unit has the highest level of security. There is only one State-operated hospital with maximum security units in the State: Chester Mental Health Center. This unit type has substantially restricted movement with nearly continuous observation. It allows for the more physically dangerous forensic patients to be treated.

Forensic patients are placed in one of DHS' secure units based on the clinical results of a placement evaluation. Exhibit 1-2 provides a summary of each of DHS' adult forensic treatment facilities including security level and population served. As shown in the exhibit, Elgin Mental Health Center has minimum and medium security units.

Exhibit 1-2 DHS FACILITIES WITH SECURE ADULT FORENSIC BEDS FY15			
Facility	Region	Security	Population Served
Alton MHC	5	Minimum and Medium	Male and Female; Dually Diagnosed with Mental Illness and Developmental Disability
Chester MHC	Statewide	Medium and Maximum	Male
Choate MHDC		Medium	Male and Female; Developmentally Disabled
Elgin MHC	1 and 2	Minimum and Medium	Male and Female
McFarland MHC	3 and 4	Minimum and Medium	Male and Female
Source: DHS.			

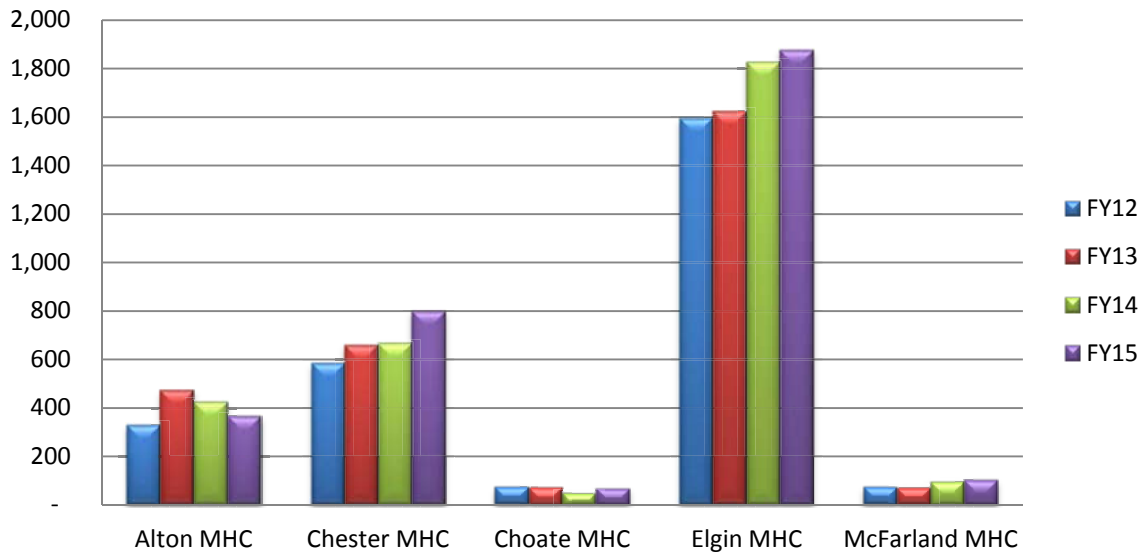
Exhibit 1-3 shows the number of budgeted adult forensic beds and the FY15 average daily census by facility. As can be seen in Exhibit 1-3, Elgin MHC is responsible for nearly half of the adult forensic beds in State-operated facilities.

Exhibit 1-3 DHS ADULT FORENSIC BEDS AND PATIENTS BY FACILITY FY15			
Facility	Number of Budgeted Forensic Beds	Percent of Total Budgeted Forensic Beds	FY15 Average Daily Census
Elgin MHC	344	45.8%	342.9
Chester MHC	217	28.9%	179.3
Alton MHC	110	14.6%	105.4
McFarland MHC	50	6.7%	63.1
Choate MHDC	30	4.0%	41.8
<b>Total</b>	<b>751</b>	<b>100.0%</b>	
Source: DHS.			

Exhibit 1-4 shows the number of forensic patient transport trips made in FY12-FY15 for each facility. Elgin MHC was responsible for nearly 60 percent of DHS' adult forensic patient trips during that time period. The results of our review of the transportation policies in place for adult forensic patients in these State-operated facilities can be found in Chapter Three.



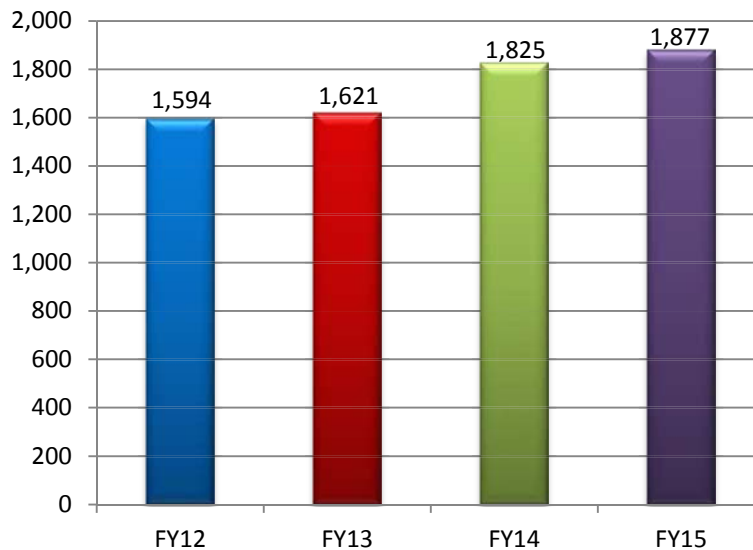
Exhibit 1-4  
**ADULT FORENSIC PATIENT TRIPS BY FACILITY**  
 FY12 – FY15



Note: Patients on the same transport are counted individually.  
 Source: DHS Forensic Treatment Program.

Exhibit 1-5 shows the number of forensic patient transport trips made in FY12-FY15 for Elgin MHC. The number of forensic patient transport trips at Elgin MHC has increased 18 percent (from 1,594 to 1,877) since FY12.

Exhibit 1-5  
**ELGIN MHC FORENSIC PATIENT TRIPS**  
 FY12 – FY15



Note: Patients on the same transport are counted individually.  
 Source: DHS Forensic Treatment Program.

### **Juvenile Forensic Services**

According to DHS officials, DHS started contracting with community providers for juvenile forensic services in 2008, but DHS still provided some juvenile forensic services at McFarland during the years 2008-2011. According to DHS, there were 22 inpatient juvenile forensic patient referrals in FY15. For FY16, per a community services agreement, juvenile forensic patients are referred to the Streamwood Behavioral Healthcare System. DHS reported 10 referrals through the first 9 months of FY16. According to DHS, the provider tracks and monitors each time a youth is transported from the hospital, but does not keep an aggregate number of trips. The results of our review of the community provider's transportation policy in place for DHS referred juvenile forensic patients can be found in Chapter Three.

### **DHS Site Visits and Inspections**

Elgin MHC has undergone annual site visits and inspections in accordance with the Mental Health and Developmental Disabilities Administrative Act (20 ILCS 1705/4.3). These reviews, conducted by DHS Central Office, are intended to determine facility compliance annually with Department policies and procedures, audit recommendations, and applicable federal standards. These reviews are also a mechanism for the Central Office to review and follow up on other complaints and management problems previously identified. There was no mention of transportation of patients in the FY13-FY15 reviews.

DHS conducted three reviews as a direct result of the escape. These post-escape reviews are discussed in Chapter Two.

### **Audits of DHS and Mental Health Centers**

There were no findings specifically related to the transport of forensic or civilly committed patients in recent Office of the Auditor General compliance examinations. Mental health centers received limited scope compliance examinations biennially until the fiscal year ended June 30, 2009. For the fiscal year ended June 30, 2011, all MHCs were reported on as a whole in the DHS compliance examination.

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## **RELATED ILLINOIS STATUTES**

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There are several statutes that provide guidance and requirements for the treatment of civil and forensic patients. A list of statutes and how they relate to the audit's subject matter follows:

- The Mental Health and Developmental Disabilities Code (405 ILCS 5) describes the rights of recipients of mental health and development services. This Act, among other things, defines involuntary admission and the use of restraints.
- The Mental Health and Developmental Disabilities Administrative Act (20 ILCS 1705) was intended to consolidate, in one statute, certain powers and duties of the Department of Human Services relating to mental health and developmental disabilities. This Act defines the role and oversight requirements of DHS over the mental health and developmental disabilities state facilities and programs.
- The Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110) protects the privacy of information relating to mental health care and developmental disabilities services by preventing disclosure of records without consent. This Act provides exceptions for when patient information can be disclosed

and who can disclose the information, such as in the event of a patient elopement. As discussed in Chapter Two, Public Act 99-216 made changes and additions to this Act to facilitate communication between DHS and law enforcement in the event of an escape.

- The Illinois Code of Criminal Procedure (725 ILCS 5) lays out specific requirements for forensic patients including requiring court orders for transport or any off-grounds privileges. The Act also authorizes the use of security devices during transport and states that these security measures should not be considered “restraints” as defined in the Mental Health and Developmental Disabilities Code.
- The Mental Health Patient Travel Act (405 ILCS 55) allows the Department of Human Services to establish and maintain a trust fund to be known as the “Patient Travel Trust Fund.” This fund should be used for expenses associated with the travel or transfer of patients in State mental health or developmental disabilities facilities.
- The Rights of Crime Victims and Witnesses Act (725 ILCS 120) explains the rights of crime victims and witnesses during the criminal justice process and their right to be protected. It also stipulates under what circumstances the State is responsible for notifying a victim in the case of an escape.
- The Escaped Inmate Damages Act (740 ILCS 60) allows for restitution for personal injuries and/or property damages caused by any person who has escaped from an institution over which the State of Illinois has control while he was at liberty after his escape. The Act states that, in the event a claim is filed, the agency having oversight over the institution from which the person escaped is instructed to conduct an investigation to determine the cause, nature and extent of the damages and based on the results make a recommendation to the Court of Claims regarding restitution.

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## **CIRCUMSTANCES SURROUNDING THE ESCAPE**

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On Wednesday, July 16, 2014, a forensic patient at Elgin Mental Health Center (MHC) escaped DHS custody while being transported from the Elgin MHC to the Lake County Courthouse in Waukegan. Several months earlier, on April 28, 2014, a Lake County judge had declared the individual “Unfit to Stand Trial” (UST) and had remanded him to DHS for evaluation and treatment. On the day of the escape, the forensic patient was scheduled for a court hearing to determine his fitness for trial on felony charges including aggravated domestic battery.

The forensic patient reportedly jumped out of the back door of an Elgin MHC van at approximately 7:45 a.m. on July 16, 2014, while stopped at a gas station. He was being transported by two Security Officers and a Maintenance Equipment Operator (driver). The driver and one Security Officer were in the vehicle at the time of the escape; neither noticed anything out of the ordinary until they heard the back door opening. Elgin MHC’s vans could be unlocked from the inside by anyone and the patient had gotten the handcuff off one wrist. Shortly after the escape, Elgin MHC transport staff called 911 and notified Elgin MHC. About 4:00 p.m., approximately 8 hours later, the escapee was taken into custody.

DHS officials reported they had never had an escape during transport before and, as of the end of fieldwork (April 2016), there have not been any escapes since the July 2014 escape.

At the time of the July 2014 escape, there were policies in place at Elgin MHC with certain requirements related to the transport of a forensic patient. There were also requirements in the event of an escape. Exhibit 1-6 provides a summary of the requirements in place and whether they were followed. The exhibit shows that Security Officers were not receiving annual security device (in other words, handcuffs) training as required by DHS policy as noted in requirement number seven.

Exhibit 1-6 <b>REQUIREMENTS IN EFFECT AT TIME OF ESCAPE</b> July 2014	
Requirement	Requirement Met?
1. Was a court order (authorizing transport) present in the file?	Yes
2. Was timely notice given to Elgin MHC prior to transport?	Yes
3. Was an elopement (escape) risk assessment conducted upon <u>initial</u> admission to Elgin MHC?	Yes
4. Was a security device authorization form filled out?	Yes
5. Was there documentation of an inspection of the security device used?	Yes
6. Was the seating arrangement in accordance with DHS policy?	Yes
7. Had Security Officers received annual security device training?	No
8. Elgin MHC Facility Administration notified promptly of the escape?	Yes
9. Law enforcement notified promptly of the escape?	Yes
10. State's Attorney (of the county having jurisdiction) notified promptly of the escape?	Yes
11. Notification to a victim of violent crime (in the event of an escape per the Rights of Crime Victims and Witnesses Act – 725 ILCS 120)?	Yes – According to DHS officials, the victim did not request notification through DHS; however, notes indicated that the State's Attorney had contacted the victim.
12. Was a DHS OIG incident form filled out after the patient's escape?	Yes – DHS OIG was notified by phone, within four hours of the escape, as required by OIG Administrative Code.
13. Was a DHS Report and Notification of Unauthorized Absence (internal) form filled out?	Yes

Source: DHS Program Directives.

Reporting instructions in a DHS program directive conflict with reporting instructions contained in DHS OIG (Office of the Inspector General) Administrative Code. According to DHS program directive (PD 02.02.05.010), the unauthorized absence of a forensic patient would cause a reasonably prudent person to believe that neglect by an employee or facility had occurred; therefore, the incident is to be reported in **writing** to the OIG by the DHS facility by completing the "OIG Incident Report Form" (IL462-0107). According to Elgin MHC officials, the form is no longer required or used; therefore, Elgin MHC notified OIG of the July 2014 escape by **phone** as required by DHS OIG Administrative Code (59 Ill. Adm. Code 50.20).

DHS OIG Administrative Code states that within four hours after the initial discovery of an incident, "*the required reporter shall report . . . allegations by phone to the OIG hotline . . .*" Elgin MHC officials agreed this is a conflict between OIG Administrative Code (59 Ill. Adm. Code 50.20) and DHS Directive and they have notified the DHS Central Office to amend the DHS Directive. The conflict in policies increases the risk that an incident does not get followed up on or followed up on as quickly because it did not get reported to the correct person or by the correct means.

<b>CONFLICTING POLICIES</b>	
<b>RECOMMENDATION NUMBER  1</b>	<i>The Department of Human Services should revise Program Directive 02.02.05.010 requiring the completion of an OIG Incident Report Form to ensure it does not conflict with requirements for reporting an unauthorized absence by phone to the DHS Office of Inspector General, as stated in OIG Administrative Code (59 Ill. Adm. Code 50.20).</i>
<b>Department of Human Services Response</b>	The Department of Human Services agrees with the recommendation. This Directive will be revised and made consistent with the administrative code. The recommended revision was sent to Legal Services on August 2, 2016. The revision will be reviewed by DMH Legal and submitted to the Policy Section of DHS.

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## Chapter Two

# PROBLEMS IDENTIFIED AND CHANGES MADE

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## CHAPTER CONCLUSIONS

Prior to the July 2014 escape, Elgin Mental Health Center (MHC) had few procedures with few specific instructions for handling a forensic patient during transport. Following the escape, the Department of Human Services (DHS) and Elgin MHC improved the transport process by: 1) strengthening policies, 2) upgrading the security of vehicles, 3) implementing a process to identify elopement (escape) risk before the transport, and 4) conducting more training. In addition, there were some statutory changes and Elgin MHC increased staffing at the Center.

Some of the **new** requirements or information not previously found in DHS policies, procedures, or program directives include:

1. Information related to the safety and security of transport vehicles, which includes ensuring door locks are disabled and the security partition is in place;
2. Revised seating arrangements requiring a Security Officer to sit behind the patient;
3. A pre-trip search of the patient;
4. A pre-trip elopement risk assessment prior to each trip and changes to a risk assessment conducted upon admission;
5. New pre-trip and en-route forms; and
6. Pre-authorization required for unscheduled stops.

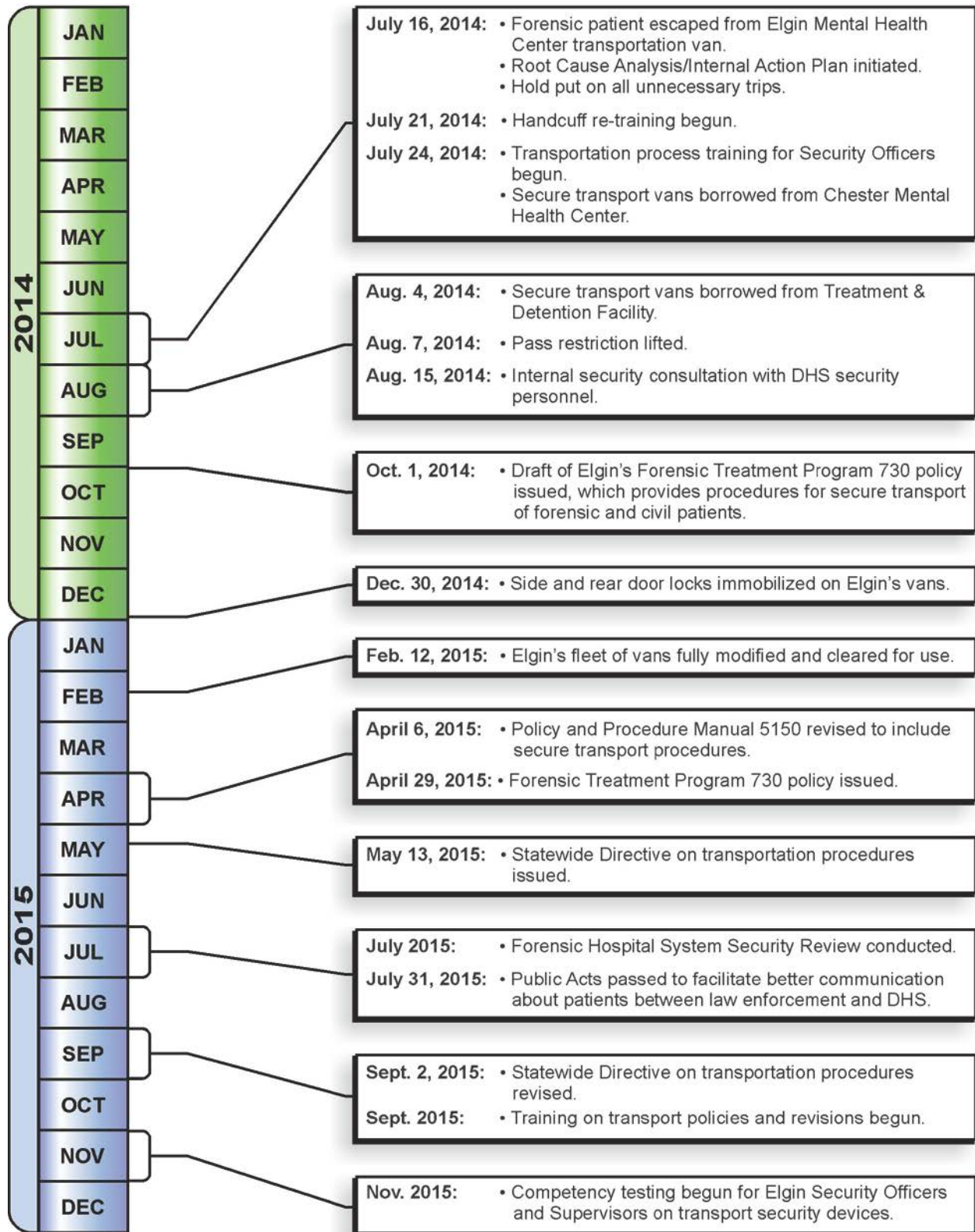
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## TIMELINE OF DHS ACTIONS TAKEN

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Prior to the July 2014 escape, Elgin MHC had few policies with few specific instructions or requirements for handling a forensic patient during transport. Following the escape, DHS and Elgin MHC improved the transport process by strengthening policies, upgrading the security of vehicles, implementing a process to identify elopement risk before the transport, and conducting more training. Exhibit 2-1 provides a timeline of actions taken by DHS after the July 2014 escape. A more detailed account of problems identified and changes made as a result of the escape are discussed in the following sections.

Exhibit 2-1  
**TIMELINE OF ACTIONS TAKEN AT ELGIN MHC BY DHS**



Source: OAG analysis of DHS information.



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## **DHS POST-ESCAPE REVIEWS**

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DHS conducted three post-escape reviews, with one of these reviews being a new annual requirement at each of the State-operated forensic hospitals. The reviews are discussed in more detail below.

### **Internal Action Plan**

DHS conducted an internal assessment immediately after the July 2014 escape and formulated an Action Plan to reduce the risk of a future escape during transport. The Action Plan included 12 Risk Reduction Strategies which are summarized below. We assessed the current status of several of these items during the course of the audit and present the results in Chapter Four.

1. Restrict trips initially to ensure only secure vehicles are used and borrow secure vans until Elgin MHC transport vans receive security upgrades;
2. Upgrade security of transport vehicles by immobilizing internal manual locks and installing security partitions/screens;
3. Assess risk of elopement of patients prior to all trips and train medical staff on process for choosing security device(s) to be used on patients;
4. Train applicable staff on Forensic Transport Guidelines;
5. Request forensic patient criminal history to be provided to facilities at time of admission;
6. Modify transportation seating arrangements for patients and staff;
7. Use additional security devices as the standard during transports;
8. Establish Statewide Transportation Directive for all facilities and update transportation policy for Elgin MHC;
9. Develop Statewide quality and safety project focusing on elopement risk assessment and action;
10. Add a security guard position to the Sally Port;
11. Increase training for Security Therapy Aide (STA) Trip Escort pool on transport policies and increase size of the pool; and
12. Place policies and procedure manuals in all transport vehicles.

### **Security Consultation**

DHS performed a Security Consultation in August 2014. The Security Consult, performed by DHS' Director of the Office of Security and Emergency Preparedness and the Security Chief of Madden Mental Health Center, gave prioritized recommendations. Recommendations included:

- Establish a Sally Port Officer post where a Security Officer checks cuffs, seating, and all documentation before leaving on trips;
- Double-check training for cuffs;
- Modify seating arrangement in vans;
- Upgrade security of vehicles (install security screens); and
- Additional training for STAs and Security Officers.

### Forensic Hospital System Security Review

DHS also conducted a Forensic Hospital System Security Review at Elgin MHC in July 2015. The 2015 Elgin MHC review was conducted by a team of Elgin MHC management including the Hospital Administrator, Quality Manager, Acting Chief of Security, and the facility's Forensic Services Director. According to DHS officials, the Deputy Director for Forensic Services and the Associate Director for Forensic Services were also involved in the 2015 Elgin review. This review is a new annual requirement at each of the State-operated forensic hospitals.

According to the review, the purpose was to assure that DMH hospital leadership and staff are following and maintaining security procedures that govern the housing, transportation, and risk assessment of forensic patients, with the ultimate goal being to provide assurances that the DMH forensic inpatient system operates in a safe manner for staff, patients, and the community.

The review team assessed the following areas using a security survey checklist: unit security, external security, risk/elopement assessment, patient privilege security (for example, supervised on-grounds and off-grounds passes), patient transport, staff qualifications and training, and visitation security. The security review noted that it will be repeated annually in August/September and/or as needed on the security system at DMH hospitals with forensic units.

The 2015 Forensic Hospital System Security Review covered many patient transport related items, as can be seen in Exhibit 2-2, and noted no issues.

The last time a similar assessment was conducted was in July 2011, as a preliminary review of security updates to convert the civil side of Elgin MHC into a fully functional and secure forensic facility. The 2011 assessment, however, referred only to the security of the facility, including staffing, and did not mention vehicles or transport elopement risk.

Exhibit 2-2 PATIENT TRANSPORT RELATED ITEMS IN DHS' 2015 FORENSIC HOSPITAL SYSTEM SECURITY REVIEW
<ul style="list-style-type: none"> <li>• Were all vehicle doors secure with disabled locks from the inside?</li> <li>• Did all vehicles have security screens between the driver and patients?</li> <li>• Was safety equipment in all vehicles?</li> <li>• Did the vehicle manual include safety and security checklist documentation?</li> <li>• Were all vehicle keys secured by staff?</li> <li>• Were all security devices used in transport properly authorized and based on individual risk and medical assessments?</li> <li>• Did all transport staff meet qualified staffing requirements?</li> <li>• Were wheel chair accessible vehicles available?</li> <li>• Are CPR trained staff included in all transports?</li> <li>• Are transport decisions, approvals, and monitoring documented?</li> <li>• Are all transportation staff trained in security device use?</li> <li>• Are all transportation staff trained in transportation procedures including pre-trip, in-route, arrival procedures and related documentation?</li> <li>• Did all direct care staff receive training on Elopement Risk Assessment and Intervention Program Directive?</li> <li>• Did all direct care staff who complete ERAT receive training on proper completion of the ERAT elopement assessment?</li> </ul>
<p>Source: DHS Elgin MHC Forensic Hospital System Security Review.</p>

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## VEHICLE SAFETY UPGRADES

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After the July 2014 escape, Elgin MHC upgraded its transport vans by installing security partitions, immobilizing internal locks, and installing GPS trackers. The cost of these upgrades at Elgin MHC was \$2,310 for immobilizing the locks; \$17,964 for installing the security screens/partitions; and \$10,800 for a 3-year GPS tracking lease (\$3,600 a year).

Immediately following the escape, DHS restricted travel at the Elgin MHC to ensure that only secure vans/transporters were used for trips to court and emergency medical care until its transport vans could be upgraded. The forensic patient escapee told detectives that when the van stopped at a gas station, he opened the back door of the van and ran away. At the time of escape, the vans used by Elgin MHC could be unlocked from the inside by anyone. The Elgin MHC had the vans' side and back door internal manual lock devices immobilized and an emergency window-breaker installed. According to DHS officials, this was accomplished by December 30, 2014. We inspected vans used by Elgin MHC for transport and confirmed that locks were immobilized and emergency window-breakers were available. This is also discussed in the section below on policy updates.

### Vehicle Safety Upgrades:

- ✓ Immobilization of side and back door internal manual lock devices
- ✓ Installation of security partition
- ✓ Installation of GPS tracker

The transport vans also needed to have security partitions/screens installed. According to DHS officials, all of Elgin MHC's transport vans received security partitions and screens by February 12, 2015; however, some were completed prior to this and put into use at the facility as early as December 2014. Secure vans were borrowed from Chester MHC (7/24/14 – 2/12/15) and the DHS' Treatment and Detention Facility (TDF) (8/4/14 – 12/16/14) until Elgin MHC had its own secure vans. During the audit, we inspected Elgin MHC forensic patient transport vans and confirmed that security partitions were installed. According to Elgin MHC officials, in January 2016, due to how little room was left after installation of the security partition, Elgin MHC administration received a directive from Central Office to remove the front seats to resolve a union grievance.

Additionally, at the end of our fieldwork (April 2016), Elgin MHC installed GPS trackers in its transport vans. According to Elgin MHC officials, in the event of a vehicle breakdown or a patient incident/escape, the GPS tracking will quickly provide a precise location so facility administration can send assistance. Elgin MHC officials also anticipate its use in being able to divert transports from heavy traffic, indicate when there has been a deviation from a scheduled route, or when a deviation can be made to pick up other patients to avoid sending out a separate transport. The GPS 3-year lease was signed April 15, 2016, and was put into use May 9, 2016.

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## DHS POLICY UPDATE/ISSUANCE

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Elgin MHC now has two policies and a program directive which contain a significant amount of new guidance for the transport of forensic patients:

1. The Patient Transportation Policy 5150 (Policy and Procedure Manual 5150 or PPM 5150), which was revised April 6, 2015, after the July 2014 escape, was designed to ensure the safe and secure transport of forensic and civil patients at Elgin MHC and to ensure the safety of DHS personnel and the public. The Transportation Policy

covers vehicle-specific aspects of transporting a forensic patient including routes, en-route procedures, vehicle safety and security, instructions in case of vehicle breakdown, and attempted or actual elopement.

2. Forensic Treatment Program Policy 730 (FTP 730), Transportation Outside the Secure Setting for Court/Medical/Other, covers special provisions for the safe and secure transport of forensic patients at Elgin MHC. Elgin MHC issued a draft of this policy as early as October 1, 2014. This policy was officially issued April 29, 2015, and contains information on, among other things, vehicle safety and security, seating arrangements, and risk assessments conducted specifically to determine if the patient is a current transportation risk. While some of this content was previously covered in three brief security procedures in effect at the time of the escape, much of the information was new.
3. The Program Directive for Statewide Transportation of Individuals in Forensic and Civil Legal Status (Statewide Transportation Directive) was first issued May 13, 2015, and was revised September 2, 2015. While some of the content of the new Statewide Transportation Directive was covered in three program directives in effect at the time of the escape, much of the information was new. This Statewide Transportation Directive contains much of the same information as FTP 730 such as vehicle safety and security, seating arrangements, and pre-trip transportation risk assessments.

### **New Requirements**

Some of the new requirements or information not previously found in DHS policies, procedures, or program directives include (each is discussed in the numbered sections below):

1. Information related to the safety and security of transport vehicles, which includes ensuring door locks are disabled and the security partition is in place;
2. Revised seating arrangements requiring a Security Officer to sit behind the patient;
3. A pre-trip search of the patient;
4. A pre-trip elopement risk assessment prior to each trip and changes to a risk assessment conducted upon admission;
5. New pre-trip and en-route forms; and
6. Pre-authorization required for unscheduled stops.

#### **1. Vehicle Safety Upgrades**

After the escape, Elgin MHC upgraded its transport vans by disabling internal locks and installing security screens/partitions and, therefore, DHS revised policies pertaining to these updates. Elgin MHC policy was revised April 6, 2015, and changed to include a requirement that transportation vehicles be equipped with, among other features, disabled door locks from the inside, including the rear door and required a check of the security screen between the driver and backseat passengers. Additionally, while en route, the policy requires all vehicle doors to be securely locked upon departure and during the trip. The Statewide Transportation Directive issued May 13, 2015, also required these upgrades and changes.

## 2. Revised Seating Arrangement

Elgin MHC, after vehicle safety upgrades, updated its policy on patient transport seating arrangements. The seating arrangement on the day of the escape was in compliance with the seating arrangement policy in effect at that time. However, there was no security screen behind the driver at the time of the escape. Without security screens behind the driver, it was Elgin MHC's policy that patients were not allowed to sit behind the driver (for the safety of the driver); therefore, one Security Officer was seated on the middle bench row (and the other Security Officer in the front passenger seat), while the patient was seated on the back bench row of the van. DHS policies were revised in April and May 2015 and now require the patient to be seated behind the vehicle's security screen and one Security Officer behind the patient, decreasing the chances of escape.

## 3. Pre-Trip Search

Elgin MHC policy (FTP 730; adopted in April 2015) requires patients to be patted down and thoroughly body searched with the aid of a hand held detector or the Sally Port scanner by the transporting staff. The escapee told police detectives he had been planning to escape before he had even left the Elgin MHC, so he put a second set of clothing on under his other clothing. The requirement to search was added to DHS policy because a pat-down could help deter a patient from being able to wear a second set of clothing without being detected. In addition to being in DHS policy, the requirement to scan and search the patient is now an item on both the pre-trip checklist and the Sally Port Officer checklist.

## 4. Pre-Trip Elopement Risk Assessment and Changes to the Elopement Risk Assessment Upon Admission

DHS policy now requires conducting a pre-trip elopement (escape) risk assessment and updating the patient's Elopement Risk Assessment Tool (ERAT) to reflect any behavior changes that might increase or signal the risk of elopement. A moderate risk determination on an ERAT prompts consideration of an elopement risk consultation, while a determination of high risk requires an elopement risk consultation. An ERAT was already required prior to the July 2014 escape, but only at the time of admission to the mental health center and only if a risk of elopement was identified during the initial assessment. DHS policy was changed to require an update of the ERAT when a forensic patient's behavior changes.

A new pre-trip elopement risk assessment is to be completed for all individuals prior to each transport to determine if the individual is a current transportation risk and to ensure that all necessary precautions, based on identified risk, are completed to safely transport the patient. This assessment, which is documented on the patient transport checklist, is provided to transport staff and includes an evaluation for risk of dangerousness, elopement, clinical stability, and medical (in)stability. An

### **We observed a pre-trip elopement risk assessment at Elgin MHC.**

This assessment occurred during a daily morning meeting of psychiatrists, nurses, STAs, social workers, and activity/rehab employees. The meeting included patient-specific discussions. The psychiatrists first stated that they had met with the patient and secondly would describe the patient's status (stable, etc.). The attendees discussed if the patient had passes (on-grounds, off-grounds, or none) and how they had behaved or been feeling. Based on the team's assessment and information presented, the psychiatrists stated if the patient was an elopement risk (and reasons why or why not), justified the use of security devices to be used during transport, and discussed the staffing on the trip. After the security device decision was made, the security device authorization form was circulated to team members for signing.

unauthorized absence (UA) risk assessment is also documented on the checklist in the form of low, medium, or high elopement risk. Risk factors to be considered by the psychiatrist and treatment team are:

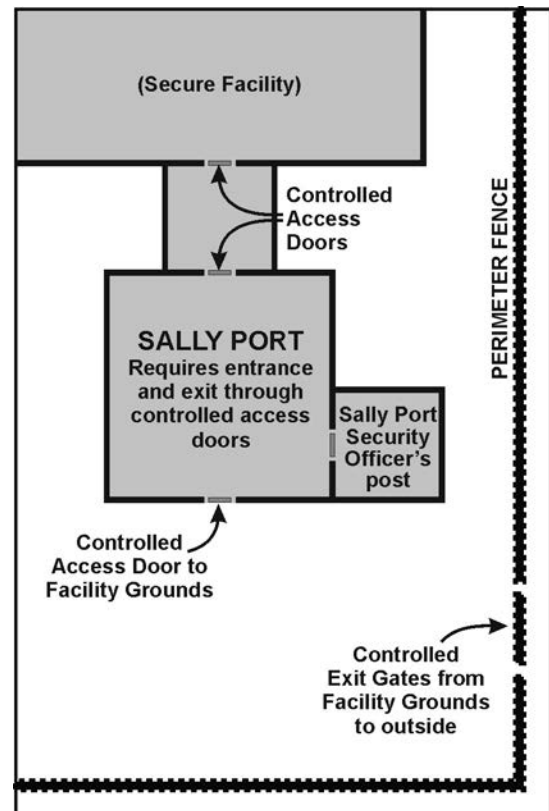
- an individual's restraint and seclusion history and incidents of aggression towards themselves or others;
- an individual's physical strength and ability to elope;
- motivating elopement factors (for example, death of a relative);
- external support system risks (for example, gang affiliations, family members);
- legal status and consequences of alleged charges (for example, bond levels, pending charges); and
- past history of completed, attempted, or verbalized intent to elope.

### 5. New Pre-Trip and En-Route Forms

The policies require and provide several new checklists and forms. Below is a brief description of each:

- The **patient transport checklist** provides information, such as trip type, trip date, elopement risk criteria met, elopement risk recommendation, patient legal status, and identifying patient information (for example, height, weight, tattoos/scars, clothing descriptions).
- The **trip log progress note** requires staff to note any deviations from the approved route (and the reason for the deviation) and any other stops, delays, problems, unusual incidents, or individual behavior.
- The **pre and post trip checklists** require the transport team to verify they have various items (for example, transport checklist, trip progress note) or have performed various checks (for example, van searched, door locks secure).
- The **Sally Port Officer checklist** provides a list of 12 items to verify before the transport can leave, including:
  - checking the identification of the patient scheduled for the trip,
  - verifying the patient has been scanned and searched,
  - verifying the transport checklist and transport device authorization forms are completed, and
  - verifying the security devices have been applied properly.

Elgin MHC's FTP 730 policy also requires the Sally Port Officer review the



Example of a Sally Port

transportation route plan (to ensure it is consistent with routine standardized routes), legal status, security risk, and number of patients scheduled for a trip and determines whether additional staff are needed to provide security supervision. The Sally Port Officer also reviews patient safety for trips and makes sure there are no patients on the grounds outside without an escort before opening the gates.

DHS established a Sally Port Security Officer post at Elgin MHC on August 15, 2014. According to an Elgin MHC official, this post is to be manned by a Security Officer from 7 am to 3 pm. A Sally Port is a secure, controlled entryway that consists of a series of doors or gates. A guard often controls the doors and the middle space between them providing control over the movement of people through that entryway and preventing unwanted escape or entry.

According to DHS, at the Sally Port, the Security Officers sign out and apply security devices (for example, handcuffs, etc.) while the Maintenance Equipment Operator (driver) is outside inspecting the transport vehicle.

- The **vehicle maintenance checklist** is a form for the Maintenance Equipment Operator (driver) to fill out prior to the trip after a general inspection of the vehicle. Exhibit 2-3 provides a list of items Maintenance Equipment Operators are required to inspect and document.
- The **seating arrangement trip tickets** are filled out by transport staff and document the seating arrangement for the trip.

Exhibit 2-3 TRANSPORT VEHICLE CHECK ITEMS	
Gasoline level is full	Interior is clean and free of trash, debris, or contraband
Security partition is in place	Cell phones are operational
Door locks are disabled	Personal protective equipment is present and sealed
Tires (including spare tire) are inflated and in acceptable condition	Utility box and first aid kit are present and stocked
Seatbelts are operational	GPS device or State cell phone with GPS is present (optional)
Brake lights, signal lights, headlights and mirrors are operational	Oil levels are acceptable
Heater and A/C are operational	Vehicles are free from dents or other damages not previously reported
Source: DHS Statewide Directive on Transportation.	

## 6. Pre-authorization for Unscheduled Stops and Deviation from Route

New policy requires the transport team notify its facility (for example, Elgin MHC) prior to any unscheduled stops or route changes. For patients at a higher risk during transport, the transport team needs to make predetermined contacts with its facility during transport.

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## ADDITIONAL TRANSPORT STAFF TRAINING

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Elgin MHC conducted training in response to the July 2014 escape. Elgin MHC began handcuff re-training approximately a week after the escape. According to DHS officials, within two weeks of the escape, Elgin MHC also began training Security Officers on an improved transportation process. This training included use of transport devices, use of secure vehicles, use of designated routes, the establishment of the Sally Port post to better monitor paperwork, patient searches, and the vehicle loading/unloading process. (See Chapter Four for information on testing conducted with regard to employee training.)

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## STATUTORY CHANGES

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Two Public Acts were passed July 31, 2015, to help DHS gather and share more necessary information regarding forensic patients. Public Act 99-215 requires county jails to share certain information when transferring a prisoner to DHS custody, while Public Act 99-216 requires DHS disclose certain information to law enforcement in the event of an escape.

**Public Act 99-215** amended the County Jail Act (730 ILCS 125/14). As of July 31, 2015, the county jail warden is required to disclose certain information when transferring a prisoner to the custody of the Department of Human Services. The information is intended to help DHS officials identify issues which might indicate an elopement risk. The new information requirements include:

- the sentence imposed;
- any presentence reports;
- State's Attorney's statement of facts and circumstances of the offenses;
- medical or mental health records or summaries;
- victim impact statements; and
- a record of the prisoner's time and his or her behavior and conduct while in custody of the county (including any escape attempts, participation in riots, or suicide attempts).

**Public Act 99-216**, effective July 31, 2015, made changes and additions to the Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110/11) to facilitate communication in the event of an unauthorized absence. This Act states that when a forensic recipient has left the custody of DHS without being discharged, certain information should be immediately provided to the appropriate local law enforcement agency and the Illinois State Police. This would include identifying information and all information, unrelated to the diagnosis, treatment, or evaluation of the recipient's mental or physical health that would aid the law enforcement agency in recovering the individual. Identifying information includes:

- the patient's name, address, age, and a physical description including clothing;
- names and addresses of the recipient's nearest known relatives;
- where the recipient was known to have been during any past unauthorized absences from a facility;
- whether the individual may be suicidal; and
- the condition of the individual's physical health as it relates to exposure to the weather.



During the July 2014 escape, DHS encountered some limitations in sharing information about the escapee. Public Act 99-216 amended the Mental Health and Developmental Disabilities Confidentiality Act in three ways:

- 1) Records and information may now be disclosed to a law enforcement agency in connection with the investigation or recovery of a person who has left a mental health or developmental disability facility or the custody of DHS without being duly discharged. Disclosure of information is limited to identifying information previously discussed.
- 2) DHS employees now also have the responsibility and authority to report to the appropriate law enforcement and investigating agencies any crime or serious incident that occurs within a mental health or developmental disability facility or during a transport to or from the above mentioned facilities. Previously, only the facility director held this responsibility and authority.
- 3) The Act now specifies that these reporting and information disclosure requirements be applicable to leaving the “custody” of DHS, which would include transport of a patient, not just incidents or unauthorized absences from a facility.

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## **STAFFING CHANGES**

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According to Elgin MHC officials, though not directly attributable to the escape, there have been other changes since the July 2014 escape. In January 2015, the Hospital Administrator at Chicago Read took over as the new Hospital Administrator at Elgin MHC. In June 2015, a Security Officer was named the Interim Chief of Security; in December 2015, this individual was officially promoted to the position of Chief of Security. In August 2015, the Elgin MHC Director of Nursing for the Forensic Treatment Program was named the Interim Director of Nursing for Elgin MHC (hospital-wide); in January 2016, this individual was officially promoted to the position.

Elgin MHC officials reported Security staffing increases on each shift since the July 2014 escape. In July 2014, DHS officials reported 22 day shift, 11 afternoon shift, and 8 midnight shift security staff. In July 2016, DHS officials reported 34 day shift, 15 afternoon shift, and 9 midnight shift security staff.



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## Chapter Three

# POST-ESCAPE TRANSPORT PROCESS

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## CHAPTER CONCLUSIONS

House Resolution Number 199 directed the Office of the Auditor General to evaluate whether prisoner transport procedures need to be improved at Elgin Mental Health Center (MHC) or other State facilities. In response to the July 2014 escape, the Department of Human Services (DHS) issued a Statewide Transportation Directive which addressed Statewide transportation of individuals in forensic and civil legal status. This chapter presents the general process in place for adult forensic patients after the escape (as of October 2015).

The auditors reviewed facility-specific forensic transport policies from the other DHS State-operated facilities with adult forensic units. The other facilities' policies were generally at least as strict as the Statewide Transportation Directive; however, there were some exceptions, mainly at Choate Mental Health and Developmental Center (Choate MHDC). However, upon auditor inquiry, DHS promptly revised the policies to be in compliance with the Statewide Transportation Directive. The auditors also requested the transportation guidelines in use by the private community hospital providing juvenile forensic services on March 24, 2016, and received a policy noted as "Draft 3/29/16." The hospital indicated to DHS that the 3/29/16 draft was the effective date of the policy and that it operated on this policy prior to actually drafting a written policy.

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## POST-ESCAPE PROCESS FOR TRANSPORT OF ADULT FORENSIC PATIENTS

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House Resolution Number 199 asked the Office of the Auditor General to evaluate whether prisoner transport procedures need to be improved at Elgin MHC or other State facilities. DHS issued and/or revised various policies and program directives which provide guidance on the transport of forensic patients as a result of the escape. Below is a discussion of the process in place for adult forensic patients after the escape (as of October 2015), beginning with initial placement. We tested Elgin MHC forensic patient transports made during May to September 2015 to ensure the new process had been implemented and was being utilized. We also tested Elgin MHC employees certified to transport patients to ensure they received training on the new transport policies and process. The results of our transport and employee training testing are presented in Chapter Four.

### **Placement and Initial Transport**

Individuals remanded to DHS after being found Unfit to Stand Trial (UST) or Not Guilty by Reason of Insanity (NGRI) are known as forensic patients. Forensic patients are subject to various placement and security policies based on their legal status (in other words, UST or NGRI), age, gender, and risk of violence. Placement is determined by DHS staff based on an evaluation of the individual and his or her needs, as well as the availability at a facility deemed

appropriate to serve the individual's needs. During the time required by DHS to determine the appropriate placement, the individual will remain in jail.

In the case of determining fitness to stand trial, if DHS determines that the defendant is currently fit to stand trial, it will immediately notify the court and submit a written report within seven days. If the defendant is not found fit to stand trial, upon completion of the placement process, the sheriff shall be notified and will transport the defendant to the designated facility.

UST and NGRI patients are to be housed in a secure setting. A defendant (forensic patient) who is in the custody of DHS should never be allowed outside of the facility's housing unit unless escorted by a DHS employee or authorized by a court order. Furthermore, a defendant may not be permitted any off-grounds privileges or any unsupervised on-grounds privileges, unless the privileges have been approved by a specific court order.

Individuals remanded to DHS after being found Unfit to Stand Trial (UST) or Not Guilty by Reason of Insanity (NGRI) are known as forensic patients.

Upon admission, an Elopement Risk Assessment Tool, or ERAT, is to be completed if any elopement (escape) risk was identified during the initial psychiatric evaluation elopement screening. The ERAT provides questions to ask a patient regarding previous elopement attempts and any information that might indicate a risk of elopement. The ERAT also documents the evaluator's impression and assessed level of the patient's elopement risk.

### **Trip Basis and Process**

The majority of forensic transport trips at Elgin MHC were for court or off-grounds clinic trips. When a patient is scheduled for an off-grounds medical trip, the Elgin MHC Clinic Department is to make sure the Forensic Program Director, Security Sergeant, and the Medical Director are notified of the pending trip. The Nurse will gather any necessary medical records to be sent with the patient.

For a court trip, DHS receives a writ (or court order) which usually directs the defendant (forensic patient) to appear in a particular court at a specific date and time. This triggers the steps for DHS to either make the arrangements for the defendant to appear (entering the trip on the forensic trip calendar and notifying the Security Sergeant, etc.), or to file a doctor's certificate that the clinical opinion is that the defendant is unable to be present.

### **Pre-Transport Assessment**

Prior to transport, a risk assessment is to be completed on all individuals to ensure that necessary precautions are taken to safely transport the patient. This assessment includes an evaluation for risk of dangerousness, elopement, clinical (in)stability, and medical (in)stability. Adjustments are to be made to mitigate these risks, such as the consideration of staff used, taking an alternate route, limiting the number and location of stops, and increasing communication with the facility. The requirement to conduct a pre-transport assessment is a new requirement as of spring 2015.

### **Security Devices During Transport**

DHS policy requires forensic patients to be placed in security devices (for example, handcuffs) or otherwise secured when being transported to attend court hearings or other appointments off DHS Center/Program grounds. Similarly, the Illinois Code of Criminal Procedure of 1963 also allows any defendant transported by personnel of DHS, to court hearings

or other necessary appointments off facility grounds, to be placed in security devices or otherwise secured during the period of transportation to assure secure transport of the defendant and the safety of DHS personnel and others (725 ILCS 5/104-31). These security measures do not constitute restraint as defined in the Mental Health and Developmental Disabilities Code (405 ILCS 5).

Security devices, though required by DHS policy, still must be authorized prior to being used. A Security Device Risk Assessment and Authorization form is completed by the patient's treatment team. The form stipulates the type of security devices to be used and the appropriate length of time for such use. The determination about which devices to use will depend on staff experience with the forensic individual, assessment and monitoring of the forensic individual, and the safety of DHS staff and the general public. Factors that may be considered are the forensic patient's current mental status, risk of unauthorized absence (escape), and risk of violence. The form must be reviewed and approved by the facility Medical Director and the Hospital Administrator or their designees and filed in the individual's clinical record.

Prior to each use, DHS policy requires the documented inspection of security devices to ensure they are free from defects and are in good working condition. If a defect in a device is found, it should not be used and should be reported. The security device inspection and condition are recorded on the Security Device Authorization form.

### **Transport Staffing**

DHS' Statewide Transportation Directive requires a minimum of one qualified staff person to accompany each patient, but also states that the treatment team will determine whether the individual can be safely escorted by one staff person or whether additional staff is necessary. The staffing determination is based on the individual's clinical need, medical status, elopement risk, dangerousness to self/others, pass status and/or court-approved privileges (for example, supervised off-grounds pass, unsupervised on-grounds pass, etc.), location, purpose, and duration of the trip, number of other individuals being transported, and any other relevant information.

We found transport staffing to be an area where Elgin MHC had more restrictive policies in place compared to the Statewide Transportation Directive. For example, Elgin MHC policy requires male UST patients going on all trips to have an escort of two Security Officers. Female UST patients going on trips require one security officer and one female STA or Security Officer. The number and classification of staff required for escort can be modified upwards based on the current clinical needs of the patient as determined by the treatment team and directed by the psychiatrist. For NGRI patients who require escort, the unit treatment team will request a Security Officer of the same gender to perform escort duties. Again, number and classification of staff for escort can be modified based on the current clinical needs of the patient. Our testing showed that Elgin MHC trip staffing was generally in compliance with its policies. (Information about other DHS MHC facilities' policies can be found later in this chapter.)

### **Transport Vehicle Inspection**

The vehicle used for transport is required to be inspected by the Maintenance Equipment Operator (driver) to ensure the vehicle is safe and in good operating condition. This also is a new requirement introduced after the July 2014 escape. Transport vehicle safety check items include a check of safety belts, oil levels, gasoline level, tires, and several other important maintenance items.

### Unauthorized Absence Reporting

DHS has program directives and policies which provide guidance in the event of a forensic patient's unauthorized absence. These directives and policies discuss notification and reporting of an unauthorized absence, such as a patient's escape, and list actions that are to be taken.

Upon a forensic patient being placed on unauthorized absence status, such as, if a patient escaped, the directives and policies require the transport team to notify facility administration (for example, Elgin MHC). Also, local and State law enforcement authorities are to be notified immediately and their assistance requested in locating the forensic patient. The unauthorized absence should be also reported to the State's Attorney of the county having jurisdiction and the criminal court having jurisdiction over the forensic patient. According to DHS policy, these notifications should be made as soon as possible and no later than one hour from the point at which the forensic patient is placed on unauthorized absence status. In addition to reporting the unauthorized absence to the appropriate authorities and person(s), DHS also must prepare the "Report and Notification of Unauthorized Absence" form (IL462-0023).

**In the event of an Unauthorized Absence, notify the following:**

- ✓ Facility Administration
- ✓ Local and State law enforcement
- ✓ State's Attorney
- ✓ Victim(s) of violent crimes
- ✓ DHS Office of the Inspector General

The Rights of Crime Victims and Witnesses Act (725 ILCS 120/4.5(d)(2)) also requires, upon request by the victim, that victims of violent crimes be notified in the event of the escape of an individual committed to DHS by the courts.

According to DHS program directive, the unauthorized absence of a forensic patient would cause a reasonably prudent person to believe that neglect by an employee or facility had occurred; therefore, the incident is also to be reported to the Office of Inspector General (OIG) by the DHS facility. Per DHS OIG Administrative Code, the incident is to be reported to the OIG by phone. DHS OIG Administrative Code states that within four hours after the initial discovery of an incident, "*the required reporter shall report . . . allegations by phone to the OIG hotline . . .*"

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### FORENSIC TRANSPORT POLICIES AT OTHER FACILITIES

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House Resolution Number 199 asks the Office of the Auditor General to determine whether forensic patient transport procedures need to be improved at Elgin MHC or **other State facilities**. In response to the July 2014 escape, DHS issued a Statewide Transportation Directive. This program directive addressed statewide transportation of individuals in forensic and civil legal status. The policy was effective May 13, 2015, and revised September 2, 2015. The DHS Statewide Transportation Directive requires each DHS Center/Program to have a formalized process for the use of security devices, the ongoing examination of the appropriately secured vehicle fleet, and the completion of documentation to ensure consistency with DHS' policies and procedures.

### **Adult Forensic Patient Transport Policies at DHS State-Operated Facilities**

All DHS State-operated facilities serving forensic patients have specific policies relating to the safe and secure transport of forensic patients with a focus on the safety of staff, patients, and the community. We requested and received forensic transport policies from the other DHS State-operated facilities with adult forensic units. The other facilities' policies were generally at least as strict as the Statewide Transportation Directive; however, there were some exceptions, mainly at Choate MHDC as can be seen in Exhibit 3-1.

Exhibit 3-1 <b>OTHER DHS STATE-OPERATED FACILITIES – TRANSPORT POLICY COMPARISON</b> Calendar Year 2015					
Statewide Transportation Directive Requirement	Alton MHC	Chester MHC	Choate MHDC	McFarland MHC	Elgin MHC
Policy Revision Date	8/26/15	9/17/15 <sup>1</sup>	3/29/07 <sup>2</sup>	9/28/15	4/29/15 (issued)
Trip Staffing	Y	Y	N	Y	Y
Vehicle safety and security procedures and requirements (including a check of security partition and disabled door locks)	Y	Y	N <sup>2</sup>	Y	Y
En-route procedures	Y	Y	N <sup>2</sup>	Y	Y
Qualifications and Training	Y	N <sup>1</sup>	N <sup>2</sup>	Y	Y
Seating arrangements for trips	Y	Y	N	Y	Y
Pre-trip documentation	Y	Y	N <sup>2</sup>	Y	Y
Elopement risk assessment	Y	Y	N <sup>2</sup>	Y	Y
Security device risk assessment and authorization procedure	Y	Y	N <sup>2</sup>	Y	Y
Pre trip vehicle Safety & Security check	Y	Y	N <sup>2</sup>	Y	Y
Procedures during stops for refueling, meals, and restroom use for patients	Y	Y	Y	Y	Y
Risk assessment requirements and procedures	Y	Y	N <sup>2</sup>	Y	Y
Security device determination procedure	Y	Y	N <sup>2</sup>	Y	Y
In-trip documentation	Y	Y	N <sup>2</sup>	Y	Y
Post-trip documentation	Y	Y	N <sup>2</sup>	Y	Y
Procedures in case of elopement during transport	Y	Y	N <sup>2</sup>	Y	Y
Notes: <sup>1</sup> Policy revised on June 14, 2016, after OAG inquiry, to be in compliance with DHS' Statewide Transportation Directive. <sup>2</sup> Policy revised on June 15, 2016, after OAG inquiry, to be in compliance with DHS' Statewide Transportation Directive.					
Source: OAG summary of DHS MHC transport policies.					



### **Alton Mental Health Center**

Alton Mental Health Center’s transport policy was updated August 26, 2015. The policy contains all the major requirements laid out in the Statewide Transportation Directive.

### **Chester Mental Health Center**

Chester Mental Health Center’s transport policy was updated September 17, 2015. The policy contained many of the major requirements of the Statewide Transportation Directive. However, the Chester MHC policy conflicted with Statewide Transportation Directive’s transportation staff training requirements. The Statewide Transportation Directive required transportation staff to complete annual training in current transportation procedure and in the proper use and application of security devices. Chester MHC’s transport policy instead required training only every two years as opposed to on an annual basis. However, DHS officials responded that this was an oversight and promptly revised the policy after fieldwork for this audit was completed (effective June 14, 2016) to reflect the annual training requirements in the DHS Statewide Transportation Directive.

### **Choate Mental Health and Developmental Center**

Choate Mental Health and Developmental Center’s transport policy provided to the auditors was updated March 29, 2007. This policy, as a whole, did not contain all the requirements that are in the 2015 Statewide Transportation Directive. This could be in part due to a lapse in updating the policy since 2007. The Choate MHDC policy did not contain the requirements for annual training and pre-trip risk assessments nor vehicle requirements such as disabled door locks and security partitions. Upon inquiry, DHS officials revised the policy effective June 15, 2016, but responded that there are still some areas that need to be made consistent with the Statewide Transportation Directive, including seating arrangements and the staffing level for transport of more than one patient. According to DHS officials, the Choate MHDC policy will be reviewed and revised again for consistency with the Statewide Transportation Directive.

### **McFarland Mental Health Center**

McFarland Mental Health Center’s transport policy was updated September 28, 2015. The policy contains all the major requirements laid out in the Statewide Transportation Directive.

### **Juvenile Forensic Patient Transport Policy**

According to DHS, community providers have been providing juvenile forensic services since 2008, though some juvenile forensic services were still provided at McFarland MHC from 2008 to 2011. According to an official from DHS Forensic Services, these community providers do not follow DHS’ Statewide Transportation Directive; instead, juvenile forensic patients are treated through a community services agreement with a private community hospital and are transported according to the hospital’s local secure transportation guidelines.

Streamwood Behavioral Healthcare System (Streamwood) is the FY16 provider of juvenile inpatient forensic services through a community services agreement. This community services agreement between DHS and Streamwood requires transportation for patients from the hospital to court and to other necessary and approved off-grounds locations.

On March 24, 2016, we requested a copy of Streamwood’s transportation policies related to the transport of DHS juvenile forensic patients. We received a policy noted as “Draft

3/29/16.” Streamwood indicated to DHS that the 3/29/16 draft was the effective date of the policy and that they operated on this policy prior to actually drafting a written policy.

According to DHS' Forensic Handbook, DHS is responsible for monitoring community inpatient juvenile forensic sites and developing and implementing initiatives for adults and juveniles with serious mental illness who are also involved with the justice system (in other words, forensic patients). According to DHS officials, monitoring is done of the program on a quarterly basis via a site visit; however, DHS does not routinely monitor the transportation of juvenile forensic patients. Any critical incident, during transport or otherwise, of juvenile forensic patients is communicated to DHS' Division of Mental Health Central Office to the Associate Deputy Director of Forensic Services. According to a DHS official, there has only been one incident in the last five years and it was not involving transportation (instead it was an elopement attempt on foot from the grounds).

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## Chapter Four

# TESTING RESULTS

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### CHAPTER CONCLUSIONS

We tested 50 of 978 Elgin Mental Health Center (MHC) forensic patient transports made during May to September 2015 to ensure the new transport process had been implemented and was being utilized. We also tested 35 of 368 Elgin MHC employees certified to transport patients to ensure they received training on the new transport policies and process. The results of our transport and employee testing are presented in this chapter. We found the following:

- Six trip information packets, which contain patient information, could not be located and various documents were missing from these packets including the Trip Log Progress Note, the Pre and Post Trip checklist, the Vehicle Maintenance checklist, and the Sally Port Officer Checklist.
- The patient transport checklist was, on occasion, missing important pieces of information such as the patient's elopement risk assessment, the charge against the patient, or a clothing description.
- Security Device Authorization forms were not always filled out adequately (for example, did not have all required signatures).
- The patients and transport team were not always seated in accordance with Elgin MHC policy and the Department of Human Services (DHS) Statewide Transportation Directive.
- Security Officers were not receiving all annual training as required by DHS policies.

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### TRIP INFORMATION PACKET TESTING

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Our testing of trip information packets indicated that improvements could be made in certain areas. We tested 50 of 978 Elgin MHC court, clinic, funeral, or other forensic patient transports made during May to September 2015 to ensure the new transport process and trip information packets had been implemented and were being utilized.

Trip information packets contain information, such as a patient's behavior on a trip, which could be valuable to a future elopement (escape) risk assessment. Additionally, the information packets could capture any security device malfunctions or vehicle issues encountered. The trip information packets are a good control for ensuring important en-route information is transmitted to necessary persons at the facility. However, if these packets are not given to the appropriate persons, important information might not be communicated as necessary.

We requested trip information packets for our sample of 50. Elgin MHC could not locate 6 of the 50 trip information packets. For our testing purposes, we chose replacements; however, it is important to note this deficiency. According to an Elgin MHC official, as a result of our testing, they discovered the trip information packets were not tracked upon return to the facility.

Trip information packets consist of various forms, many of which are new or updated as noted in Chapter Two:

## 1. Patient Transport Checklist

One of 50 trips sampled did not have a Patient Transport checklist. Of the 49 checklists that were present, the checklists were, on occasion, missing important pieces of information.

Of the 49 checklists that were present, 4 did not have the patient's elopement risk assessment documented on the patient transport checklist. While 1 of these patients had supervised off-grounds passes and would likely be a low risk, 1 of the patients was marked as a high elopement risk on 4 other trips in our sample. DHS' Statewide Transportation Directive requires that, to mitigate identified risks, adjustments are to be made, such as the careful consideration of staff used, taking an alternate route, limiting the number and location of stops, and increasing communication with the facility. Without complete information, it could hinder the ability of the transport team to make necessary adjustments.

Of the 49 checklists that were present, 2 did not indicate the charge against the forensic patient. Documenting the charge against the patient could communicate information related to potential transport risk to the transport team.

Of the 49 checklists that were present, 1 did not include a clothing description which, in the event of an escape, is important information to possess and be able to quickly provide to law enforcement.

## 2. Trip Log Progress Note

Four of 50 trips sampled did not have a Trip Log Progress Note. Trip Log Progress Notes help communicate information to facility staff, upon return to the facility, about any problems the transport team encountered that might need to be addressed for the patient or a transport team's safety (for example, patient behavior issues, mechanical issues).

## 3. Pre and Post Trip Checklist

Four of 50 trips sampled did not have a Pre or Post Trip checklist. Also, three of the checklists that were present were not fully completed. If the pre and post trip checklist is not properly completed, it increases the risk that an important safety precaution (for example, patient scan/search, security devices applied properly) will be missed.

## 4. Vehicle Maintenance Checklist

Five of 50 trips sampled did not have a vehicle maintenance checklist. This checklist, which helps ensure the vehicle is in good working condition and is

### **Trip Information Packet Summary of Items Missing (of 50 trips sampled):**

#### Patient Transport Checklist

- ✓ 1 missing
- ✓ 4 missing the patient's elopement risk level
- ✓ 2 missing the charge against the patient
- ✓ 1 missing a description of the patient's clothing

#### Trip Log Progress Note

- ✓ 4 missing

#### Pre and Post Trip Checklist

- ✓ 4 missing

#### Vehicle Maintenance Checklist

- ✓ 5 missing

#### Security Device

#### Authorization Form

- ✓ 2 missing
- ✓ 7 did not have all required signatures
- ✓ 28 forms completed too far in advance of the trip

equipped with all necessary safety measures prior to the trip, decreases transport risk by decreasing opportunities for unexpected stops or problems.

**5. Security Device Authorization Form**

Two of 50 trips sampled did not have a Security Device Risk Assessment and Authorization form. In 7 of the 48 cases where the form was present, the form did not have all required approval signatures. According to Elgin MHC officials, a training document including information about authorization signatures was circulated after the dates of the transports in question.

Additionally, some Security Device Risk Assessment and Authorization forms were filled out too far in advance of the trip. According to an Elgin MHC official, the risk assessment and security device authorization form is required to be completed within 24 hours of the trip during the business week or completed on the last workday before the trip for trips on Monday or after a holiday. We found 20 that were signed within this time requirement, but 28 of the forms were signed between 2 and 14 working days prior to the trip (2 trips did not require a security device authorization form based on their low security status).

The majority of trips that were not completed within the 24 hour requirement (24 of 28) were between 2 and 4 working days prior to the trip. The remaining 4 ranged from 5 to 14 working days prior to the trip. According to Elgin MHC officials, Elgin MHC implemented an RN (Registered Nurse) sign off on the patient transport checklist on the morning of the trip to ensure that no patient leaves the facility whose condition changed in a way that might result in higher transportation risk, without a review and decision by medical leadership.

The security device inspection information was filled out adequately for 32 of 36 trips requiring security devices. Two of the inspections did not note a serial number and two did not note the condition of the security devices as required by the form and program directive (02.04.06.030).

According to Elgin MHC officials, these deficiencies might have been the result of the newness of the trip information packets and moving away from the use of a ward clerk, who managed patient charts and records.

<b>TRIP INFORMATION PACKETS</b>	
<b>RECOMMENDATION NUMBER</b>  <b>2</b>	<p><i>The Department of Human Services and Elgin Mental Health Center should ensure trip information packets are:</i></p> <ul style="list-style-type: none"> <li>• <i>filled out completely and appropriately for all trips; and</i></li> <li>• <i>returned to and maintained by the appropriate person(s) at the respective facility.</i></li> </ul>
<b>Department of Human Services Response</b>	<p>The Department of Human Services agrees with the recommendation. Elgin Mental Health Center Forensic Program Director revised the documentation flow in December 2015, to ensure that all packets are collected after every trip. Packets are continuously reviewed and returned to Security for correction/remediation of documentation issues.</p>

<b>Response (continued)</b>	On June 9 and 10, 2016, all Security Officers were retrained in the documentation requirements. A review of packets from June and July shows improvement but also identified the need to remind clinical staff of their role. This was accomplished on August 2, 2016. EMHC will audit this process to ensure all standards are met.
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**6. Sally Port Officer Checklist**

Five of 50 trips sampled did not contain a Sally Port Officer checklist. Another 2 of 50 were present, but not filled out. We also found that 12 Sally Port Officer checklists were filled out by one of the Security Officers escorting the patient instead of the Sally Port Officer. According to an Elgin MHC official, the Sally Port post is only a 7 a.m. to 3 p.m. assignment, there is no requirement in policy that the Sally Port Officer must be a different person than the transport team, and any officer can be pulled away for emergencies at any time. Five of the 12 checklists that were filled out by the transport team were during the 7 a.m. to 3 p.m. Sally Port post hours; the remaining 7 were outside the hours of the Sally Port post assignment.

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|---|
| <p><b>Items to be verified by the Sally Port Officer:</b></p> <ul style="list-style-type: none"> <li>✓ Approved trip route</li> <li>✓ Identification of patient</li> <li>✓ Scan and search of patient</li> <li>✓ Search of van</li> <li>✓ Application of security devices</li> <li>✓ Exit gate not opened until all patients are secure in the van</li> </ul> |
|---|

Given the importance of the items the Sally Port Officer is verifying and that the Sally Port Officer Post is the last check before the transport leaves Elgin MHC, it would benefit DHS if there was, at a minimum, guidance in place for the transport team on assuming the additional duties in the absence of a Sally Port Officer.

<b>SALLY PORT OFFICER</b>	
<p><b>RECOMMENDATION NUMBER</b></p> <p style="text-align: center;"><b>3</b></p>	<p><i>The Department of Human Services and Elgin Mental Health Center should consider requiring a Security Officer to staff the Sally Port post during the assigned hours or establish policies for guidance for the transport team to assume the additional duties noted in policy and the Sally Port Officer Checklist, in the absence of a Sally Port Officer.</i></p>
<p><b>Department of Human Services Response</b></p>	<p>The Department of Human Services agrees with the recommendation. The Forensic Treatment Program (FTP) Administration revised FTP Policy 730 to stipulate that in the event that no officer is at the Sally Port at the time of the trip (for off-hours or in an emergency), the Front Desk Officer will assume the duties of the Sally Port Officer, and the Transport Team will submit the packet and patient to this officer for review at the time of transport. Training is underway on this policy revision and will be complete by August 15, 2016.</p>

**7. Seating Arrangement Trip Ticket**

Forensic patients and transport team were not seated in accordance with Elgin MHC policy and the Statewide Transportation Directive in 15 out of 50 trips (30%). In addition, we were unable to find the seating arrangement trip ticket for 3 of 50 trips; therefore, we were also unable to determine if the seating arrangements were in compliance with the Statewide Transportation Directive for these 3 trips. Seating arrangements help decrease the opportunity for a patient escape and, therefore, protect the public. Seating arrangements also are in place for the safety of the patient and transport team.

<b>SEATING ARRANGEMENTS IN ACCORDANCE WITH POLICY</b>	
<b>RECOMMENDATION NUMBER</b>  <b>4</b>	<i>The Department of Human Services should ensure forensic patients at the Elgin Mental Health Center are seated in accordance with Elgin MHC policy and DHS’ Statewide Transportation Directive.</i>
<b>Department of Human Services Response</b>	The Department of Human Services agrees with the recommendation. The Forensic Treatment Program Director ensured the retraining of all Security Officers on June 9-10, 2016, regarding approved seating options and documentation requirements. Seating issues have been corrected and an audit to demonstrate compliance will be completed at the same time as the audit for complete trips packets, in August 2016. Additional training will be scheduled in September, 2016, if required based on the results of the audit.

**TRANSPORT STAFF TRAINING TESTING**

We tested transportation related qualifications for 35 of 368 Elgin MHC employees certified for transport to ensure employees had received training on new transportation policies and on an annual basis as required by Elgin MHC’s Transportation policy (FTP 730) and the Statewide Transportation Directive. Our sample included Security Officers, STAs, nurses, and a driver.

We could not find documentation of **training on transportation policies** in 2015 for 9 of the 35 employees. These 9 employees were all Security Officers. According to Elgin MHC officials, the 9 (of 16) Security Officers received the training; however, they recognize the documentation deficiency. Elgin MHC officials noted that the documentation deficiency was created by a switch on July 1, 2015, to an in-house computer-based learning system. At the end of our fieldwork, according to officials, Elgin MHC employees were completing computer-based learning on the latest policy and the Elgin MHC detailed implementation requirements.

**Transportation Training Testing Results:**

- ✓ No documentation that 9 of 16 Security Officers received annual transportation training in 2015

Transport staff who use security devices as a requirement of transporting forensic patients are required to have successfully completed the Division of Mental Health’s Security Device training within the previous 12 months. At Elgin MHC, Security Officers are the only staff

authorized to apply and monitor security devices. Before the escape, Security Officers at Elgin MHC were not receiving security device training once a year as required.

While it appears as though Elgin MHC Security Officers are now receiving more frequent security device training than prior to the July 2014 escape, not all Security Officers are receiving annual security device training as required. Within our sample of 35, we tested training documents for 16 Security Officers. Only 9 of the 16 Security Officers received **security device training** in July 2014 (after the patient transport escape). Additionally, there was only documentation that 6 of the 16 Security Officers had passed a competency test on security devices in November 2015, while the remaining 10 were completed in 2016.

**Security Device Training Testing Results**

- ✓ Only 9 of 16 Security Officers received security device training in 2014
- ✓ Only documentation for 6 of 16 Security Officers passing a Security Device Competency Test in 2015

Without completing the required annual trainings, not only is Elgin MHC in violation of various DHS policies, but it is also difficult to ensure that staff can safely transport forensic patients and are qualified to use security devices appropriately and effectively.

<b>ANNUAL TRANSPORTATION STAFF TRAINING</b>	
<p><b>RECOMMENDATION NUMBER</b></p> <p style="font-size: 2em;"><b>5</b></p>	<p><i>The Department of Human Services should ensure appropriate employees at the Elgin Mental Health Center receive annual training on current transportation policy and the application of security devices as required by Program Directive 02.04.06.030, FTP 730, and DHS' Statewide Transportation Directive.</i></p>
<p><b>Department of Human Services Response</b></p>	<p>The Department of Human Services agrees with the recommendation. Annual training on the Secure Transport policies and practices is in place at EMHC, and all staff (587/587) has completed the training appropriate to their role in ensuring secure transportation. Sustainability Plan: the computer-based learning system that was inaugurated in July, 2015, is designed to track annualized trainings and will ensure that staffs are notified in a timely manner of training coming due. The Training Department routinely notifies supervisors of staff whose training is coming due or is overdue, and we have a system of assigned training periods for all staff. Supervisors are active in ensuring that Annual Training expectations are met and the Security Department appointed a Security Lieutenant on July 16, 2016, whose duties include ensuring training compliance. Training on Application of Security Devices: all Security Officers were trained and their competence was evaluated on the use of Security Devices between November 2015, and February 2016 (the staggered dates reflect returns from leaves). A set of new hires were trained as part of their On-The-Job trainings. Annual training will take place this month (August 2016). The Security Chief, Lieutenant and the Training Department will track and monitor to ensure the annual training is sustained.</p>



### **CPR Requirements for Transport Staff**

We initially were told that all transport staff are cardiopulmonary resuscitation (CPR) certified; however, upon further inquiry, we found three employees (1 Nurse, 1 Security Therapy Aide, and 1 Security Officer) that had an expired CPR certification for at least one year. Because policy only requires one transport staff member to be CPR certified, we did further testing on our sample of 50 trips. We found that at least one CPR certified employee was present as required on all 50 trips.



**APPENDIX A**  
**AUDIT RESOLUTIONS**



STATE OF ILLINOIS  
HOUSE OF REPRESENTATIVES  
99TH GENERAL ASSEMBLY

HOUSE RESOLUTION NO. 199  
OFFERED BY REPRESENTATIVE ANNA MOELLER

**WHEREAS**, On July 16, 2014, Jesse Vega, also known as Jesse Ortiz, escaped from Elgin Mental Health Center custody while being transported to a court hearing concerning criminal charges pending against him; and

**WHEREAS**, Vega was charged with aggravated domestic battery, aggravated battery causing great bodily harm, aggravated battery in a public place, obstructing justice, and aggravated driving under the influence with a suspended or revoked license; and

**WHEREAS**, Vega remained at large for 8 hours, placing the community in harm's way for an extended period of time; and

**WHEREAS**, At the time of the escape, Vega was accompanied by 3 security officers; he fled from the vehicle as it was stopped at a gas station in a residential neighborhood; and

**WHEREAS**, The safety of individuals residing, working, or traveling in our neighborhoods is of paramount concern; the public requires a full understanding of how this escape occurred so officials may take the necessary steps to help prevent any future escape; and

**WHEREAS**, This escape constitutes a breakdown in either the design or execution of the procedures governing the transportation of prisoners at the Elgin Mental Health Center; therefore, be it

**RESOLVED, BY THE HOUSE OF REPRESENTATIVES OF THE NINETY-NINTH GENERAL ASSEMBLY OF THE STATE OF ILLINOIS**, that we direct the Office of the Auditor General to conduct an investigation to examine the circumstances surrounding Vega's escape and evaluate whether prisoner transport procedures need to be improved at Elgin Mental Health Center or other State facilities; and be it further

**RESOLVED**, That we urge the administration of the Elgin Mental Health Center and all other institutions involved with this inquiry to make available all information to the Office of the Auditor General that may be necessary to their investigation; and be it further

**RESOLVED**, That the Office of the Auditor General shall present a report to the Illinois House of Representatives detailing the findings of its investigation and any recommendations for procedural reform, should they result from the investigation, not more than one year after the passage of this resolution; and be it further

**RESOLVED**, That suitable copies of this resolution be delivered to the Governor, the Director of the Department of Human Services, the Director of the Department of Corrections, and the members of the Illinois congressional delegation.

Adopted by the House of Representatives on May 14, 2015.

**SIGNED ORIGINAL ON FILE**

TIMOTHY D. MAPES  
CLERK OF THE HOUSE



**SIGNED ORIGINAL ON FILE**

MICHAEL J. MADIGAN  
SPEAKER OF THE HOUSE

## Legislative Audit Commission

RESOLUTION NO. 147

Presented by Representative Rita

WHEREAS, Pursuant to Sections 5/3-2 (d) of the Illinois State Auditing Act [30 ILCS 5/3-2 (d)], the Legislative Audit Commission may, by resolution, "clarify, further direct, or limit the scope of any audit directed by the resolution of the House or Senate, provided that any such action by the Commission be consistent with the terms of the directing resolution," and

WHEREAS, House Resolution 199, sponsored by Representative Anna Moeller, was adopted by the House of Representatives of the 99<sup>th</sup> General Assembly on May 14, 2015; and

WHEREAS, House Resolution 199, as passed by the House of Representatives, directs the Office of the Auditor General to conduct an investigation into circumstances surrounding an escape by a person from Elgin Mental Health Center's custody; and

WHEREAS, the nature of the resolution's determinations make it more appropriately termed an "audit" and it is the sponsor's intent that the requirements of House Resolution 199 be carried out in conformity with the professional auditing standards; and

WHEREAS, the sponsor of House Resolution 199 is in agreement with the changing the language of the resolution from "investigation" to "audit"; therefore be it

RESOLVED, BY THE LEGISLATIVE AUDIT COMMISSION that the Auditor General is directed to conduct an audit of the Elgin Mental Health Center; and be it further

BE IT FURTHER RESOLVED, that the Elgin Mental Health Center, and other State agencies and any other entity or person that may have information relevant to this audit cooperate fully and promptly with the Auditor General's Office in the conduct of this audit; and be it further

RESOLVED, that the Auditor General commence this audit as soon as possible and report his findings and recommendations upon completion in accordance with the provisions of Section 3-14 of the Illinois State Auditing Act.

Adopted this 29th day of July, 2015.

**SIGNED ORIGINAL ON FILE**

Senator Jason Barickman  
Co-Chair

**SIGNED ORIGINAL ON FILE**

Representative Robert Rita  
Co-Chair

**APPENDIX B**  
**AUDIT METHODOLOGY**





# **AUDIT METHODOLOGY**

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This audit was conducted in accordance with generally accepted government auditing standards and the audit standards promulgated by the Office of the Auditor General at 74 Ill. Adm. Code 420.310. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

The objectives of this performance audit were contained in Illinois House of Representatives Resolution Number 199 directing the Office of the Auditor General to conduct an investigation into circumstances surrounding the escape of an Elgin Mental Health Center forensic patient and to evaluate whether prisoner transport procedures need to be improved at Elgin Mental Health Center or other State facilities (adopted May 14, 2015). Subsequently, on July 29, 2015, the Legislative Audit Commission adopted Resolution Number 147 changing the language of House Resolution Number 199 from requiring an “investigation” to requiring an “audit.” In early September 2015, we held an entrance conference. Fieldwork was concluded in April 2016.

Individuals found Unfit to Stand Trial (UST) or Not Guilty by Reason of Insanity (NGRI) are involved with both the criminal justice and mental health systems (Department of Human Services, or DHS) and are known by DHS as forensic patients. House Resolution 199 references “prisoner;” however, based on the status of the patient that escaped (UST), the term “forensic patient” is used throughout the audit as opposed to “prisoner.”

Illinois has five secure State-operated inpatient facilities that service the adult forensic population. Forensic treatment for juveniles is coordinated through a community provider. For FY16, DHS had a community services agreement with one secure juvenile inpatient facility. The five State-operated inpatient facilities for adults and the one community provider of juvenile inpatient services were the focus of our audit work because these are the facilities treating DHS’ forensic patients.

We reviewed the following:

- Risk and internal controls related to the transport of DHS’ forensic patients. A risk assessment of internal and information systems controls, compliance with internal policies and legal requirements, audit risk, and data reliability was conducted to identify areas that needed closer examination. Any significant weaknesses in those controls are identified in this report.
- Various statutes that provide guidance and requirements for the treatment of forensic patients.
- Previous compliance examinations of DHS and mental health centers. We found no findings specifically related to the transport of forensic or civilly committed patients.
- DHS site visits and inspections at Elgin Mental Health Center (MHC) for FY13-FY15; however, there was no mention of transportation of patients.

To fulfill the audit's objectives, we met with DHS officials and Elgin MHC officials, including hospital administration, forensic treatment program employees, and security. We also interviewed an Illinois Department of Corrections (DOC) official to discuss best practices as well as reviewed other prisoner transport policies available on the internet.

We randomly sampled 50 (of 978) of Elgin MHC's forensic patient trips that occurred from May 1, 2015, to September 30, 2015, which was shortly after Elgin MHC's new Forensic Transport Policy (FTP 730) went into effect (April 2015) as well as the first issuance of the Statewide Transportation Directive (May 2015). We chose this period to ensure the new forensic patient transport process had been implemented and was being utilized. Elgin MHC provided lists of all forensic patient transports for May through September 2015. Our population of 978 included court, clinic, funeral, and other trips. Patients on the same trip are counted individually. We excluded transfers to Chester MHC and placement trips due to the rare and special nature of these trips.

Our sample of 50 consisted of 48 trips for forensic patients from medium security units and two trips for forensic patients from a minimum security unit. We chose a higher number of patients from medium security units because the majority of May to September 2015 trips (98 percent) were for medium security forensic patients and forensic patients in the minimum security units have been determined to be a lower risk by Elgin MHC. Through the course of our testing, we selected six replacement trips to replace trip information packets that DHS could not locate. These six replacement trips were also selected randomly. The random samples were not selected using a statistically valid method utilizing confidence intervals and confidence levels. Therefore, results from the random samples in this audit have not been, and should not be, projected to the population.

We reviewed Elgin MHC training records for 2014 and 2015 and also selected for testing a sample of 35, of a total of 368, employees certified to transport patients. We determined the population of 368 by compiling a list of employees, identified by Elgin MHC as certified in their positions and therefore authorized to transport patients. We tested to ensure employees had received training on new and updated policies and procedures and on an annual basis as required by Elgin MHC's Transportation policy (FTP 730) and the Statewide Transportation Directive.

Our sample of 35 included employees selected randomly from the following categories as these are the employees that accompany forensic patients on trips: Nurses, Security Therapy Aides (STAs), Security Officers, and Maintenance Equipment Operators. We chose to test a high number of employees from the STA and Security Officer categories because these are the employees that accompany a majority of forensic patients on trips.

We requested and compared forensic patient transport policies for Elgin MHC and the other State-operated facilities with adult forensic units (Alton MHC, Chester MHC, Choate Mental Health and Developmental Center, and McFarland MHC). We also requested and reviewed the forensic patient transport policy in place for juvenile forensic patients at the community provider (Streamwood Behavioral Healthcare System).

The exit conference was held August 9, 2016. Those in attendance were:

DHS: Dan Dyslin, Senior Deputy General Counsel  
Corey-Anne Gulkewicz, General Counsel  
Christine McLemore, Chief of Staff, Division of Mental Health

Brock Dunlap, Associate Director, Division of Mental Health  
Justin Carlin, Division of Mental Health Accountant  
Anderson Freeman, PhD, Deputy Director of Forensic Services  
Sharon Coleman, PhD, Associate Deputy Director of Forensic Services  
Meredith Kiss, Hospital Administrator, Elgin Mental Health Center  
Ann Boisclair, Quality Manager, Elgin Mental Health Center  
Jeff Pharis, Director of Forensic Treatment Program, Elgin Mental Health Center  
Dan Hardy, Medical Administrator, Elgin Mental Health Center  
Bill Epperson, Chief of Security, Elgin Mental Health Center  
Brian Dawson, Business Administrator, Elgin Mental Health Center  
Joanne Langley, Director of Psychology, Elgin Mental Health Center  
Laura Godinez, Quality Coordinator for the Northern Regional Mental Health  
Facilities  
Jane Hewitt, Chief Internal Auditor  
Albert Okwuegbunam, Audit Liaison

OAG: Tricia Wagner, Audit Manager  
Mary Beth Roe, Audit Staff



**APPENDIX C**  
**OTHER TRANSPORTATION STANDARDS**



# OTHER TRANSPORTATION STANDARDS

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We gathered information on transportation standards for the secure transport of patients or prisoners and have summarized various sources below. As discussed in Chapters Two and Three, many of these are now contained in Department of Human Services (DHS) policy as a result of the 2014 escape.

## **Federal Regulations for Private Entity Standards for Providing Prisoner or Detainee Services**

Federal regulations (28 CFR 97) provide minimum security and safety standards for private companies that transport violent prisoners on behalf of state and local jurisdictions. Though DHS security personnel do not fall under the purview of these regulations, these regulations discussed below provide benchmarks for ensuring the safety of all those involved.

### **Pre-employment Screening**

Private prisoner transport companies are required to adopt pre-employment screenings for all potential employees. This pre-employment screening must include a background check and test for use of controlled substances. The background check must include: a fingerprint-based criminal background check that disqualifies persons with either a prior felony conviction or a State or federal conviction for a misdemeanor crime of domestic violence; a credit report check; a physical examination; and a personal interview. The controlled substances testing must be in accordance with any applicable State laws.

### **Transportation Training**

Private prisoner transport companies must require the completion of a minimum of 100 hours of employee training before an employee may transport violent prisoners. This training must include instruction in each of the following areas: use of restraints; searches of prisoners; use of force, including use of appropriate weapons and firearms; cardiopulmonary resuscitation (CPR); map reading; and defensive driving.

### **Other Transport Requirements**

Private companies are also required by federal regulations to do the following:

- Ensure that all violent prisoners they transport are clothed in brightly colored clothing that clearly identifies them as violent prisoners, unless security or other specific considerations make such a requirement inappropriate.
- Ensure all violent prisoners are transported, at a minimum, wearing handcuffs, leg irons, and waist chains unless the use of all three restraints would create a serious health risk to the prisoner.
- Notify local law enforcement 24 hours in advance of any scheduled stops in their jurisdiction. Scheduled stops do not include routine fuel stops or emergency stops.

- Notify local law enforcement no later than 15 minutes after an escape is detected. This notification includes providing complete descriptions of the escapee and the circumstances surrounding the escape to the State and local law enforcement officials if needed.

### **Law Enforcement Policies**

Law enforcement policies often require vehicles used primarily for transporting prisoners to be modified to minimize opportunities for the prisoner to exit from the rear compartment of the vehicle without the aid of the transporting officer. Vehicles used primarily for transporting prisoners should have window cranks and door handles removed from the rear compartment, and door release locks should be operated from the front compartment or from the outside of the vehicle.

The transport vehicle should be examined before being used for transport. It should be inspected to ensure the vehicle is equipped with the appropriate items and to ensure that the vehicle is in proper working condition. The transport vehicle should also be searched to ensure no items that could inflict injury or aid in an escape have been hidden or concealed in the vehicle.

Law enforcement policies also require a search of the prisoners. The search is conducted to detect possession of items on the prisoner or the prisoner's clothing that could allow the prisoner to injure himself/herself or others or facilitate an escape.



**APPENDIX D**  
**AGENCY RESPONSES**





Bruce Rauner, *Governor*

James T. Dimas, *Secretary*

100 South Grand Avenue, East • Springfield, Illinois 62762  
401 South Clinton Street • Chicago, Illinois 60607

August 16, 2016

Frank J. Mautino, Auditor General  
Office of the Auditor General  
740 East Ash  
Springfield, Illinois 62703-3154

Dear Auditor General Mautino:

Attached is the Department of Human Services' (DHS) response to the recommendations included in the draft report of the performance audit of DHS' Forensic Patient Transport Procedures.

**RECOMMENDATION 1 - CONFLICTING POLICIES**

Reporting instructions in a DHS program directive conflict with reporting instructions contained in DHS OIG (Office of the Inspector General) Administrative Code.

The Department of Human Services should revise Program Directive 02.02.05.010 requiring the completion of an OIG Incident Report Form to ensure it does not conflict with requirements for reporting an unauthorized absence by phone to the DHS Office of Inspector General, as stated in OIG Administrative Code (59 Ill. Adm. Code 50.20).

**Department Response:**

The Department of Human Services agrees with the recommendation. This Directive will be revised and made consistent with the administrative code. The recommended revision was sent to Legal Services on August 2, 2016. The revision will be reviewed by DMH Legal and submitted to the Policy Section of DHS.

**RECOMMENDATION 2 - TRIP INFORMATION PACKETS**

For 50 of 978 Elgin MHC forensic patient transport made during May to September 2015, and 35 of 368 Elgin MH employees certified to transport patients, the following were noted:

- Six trip information packets, which contain patient information, could not be located and various documents were missing from these packets including the Trip Log Progress Note, the Pre and Post Trip checklist, Vehicle Maintenance checklists, and the Sally Port Officer Checklist.
- The patient transport checklist was, on occasion, missing important pieces of information such as the patient's elopement risk assessment, the charge against the patient, or a clothing description.

- Security Device Authorization forms were not always filled out adequately (i.e., did not have all required signatures).
- The patients and transport team were not always seated in accordance with Elgin MHC policy and the DHS Statewide Transportation Directive.
- Security Officers were not receiving all annual training as required by DHS policies.

The Department of Human Services and Elgin Mental Health Center should ensure trip information packets are:

- Filled out completely and appropriately for all trips; and
- Returned to and maintained by the appropriate person(s) at the respective facility.

**Department Response:**

The Department of Human Services agrees with the recommendation. Elgin Mental Health Center Forensic Program Director revised the documentation flow in December 2015, to ensure that all packets are collected after every trip. Packets are continuously reviewed and returned to Security for correction/remediation of documentation issues. On June 9 and 10, 2016, all Security Officers were retrained in the documentation requirements. A review of packets from June and July shows improvement but also identified the need to remind clinical staff of their role. This was accomplished on August 2, 2016. EMHC will audit this process to ensure all standards are met.

**RECOMMENDATION 3 - SALLY PORT OFFICER**

Five (5) of 50 trips sampled did not contain a Sally Port Officer checklist. Another 2 of 50 were present, but not filled out. Twelve (12) Sally Port Officer Checklists were filled out by one of the Security Officers escorting the patient instead of the Sally Port Officer.

The Department of Human Services and Elgin Mental Health Center should consider requiring a Security Officer to staff the Sally Port post during the assigned hours or establish policies for guidance for the transport team to assume the additional duties noted in policy and the Sally Port Officer Checklist, in the absence of a Sally Port Officer.

**Department Response:**

The Department of Human Services agrees with the recommendation. The Forensic Treatment Program (FTP) Administration revised FTP Policy 730 to stipulate that in the event that no officer is at the Sally Port at the time of the trip (for off-hours trips or in an emergency), the Front Desk Officer will assume the duties of the Sally Port Officer, and the Transport Team will submit the packet and patient to this officer for review at the time of transport (revised policy attached). Training is underway on this policy revision and will be complete by August 15, 2016.

**RECOMMENDATION 4 - SEATING ARRANGEMENTS IN ACCORDANCE WITH POLICY**

Patients and transport team were not seated in accordance with Elgin MHC policy and the Statewide Transportation Directive in 15 out of 50 trips (30%). In addition, seating arrangement trip tickets for 3 of 50 trips were not found and were unable to determine if the seating arrangements were in compliance with the Statewide Transportation Directive for these three trips.

The Department of Human Services should ensure forensic patients at Elgin Mental Health Center are seated in accordance with Elgin policy and the Statewide Transportation Directive.

**Department Response:**

The Department of Human Services agrees with the recommendation. The Forensic Treatment Program Director ensured the retraining of all Security Officers on June 9 -10, 2016, regarding approved seating options and documentation requirements. Seating issues have been corrected and an audit to demonstrate compliance will be completed at the same time as the audit for complete trips packets, in August 2016. Additional training will be scheduled in September, 2016, if required based on the results of the audit.

**RECOMMENDATION 5 - ANNUAL TRANSPORTATION STAFF TRAINING**

The Department of Human Services did not ensure that all security personnel were in compliance with training requirements. During our review of training records, the following discrepancies were identified.

- No documentation that 9 of 16 Security Officers received annual transportation training in 2015.
- Only 9 of 16 Security Officers received security device training in 2014 (after the patient transport escape).
- There was only documentation that 6 of the 16 Security Officers had passed a competency test on security devices in November 2015, while the remaining 10 were completed in 2016.

The Department of Human Services should ensure appropriate employees at the Elgin Mental Health Center receive annual training on the current transportation policy and application of security devices as required by Program Directives 02.04.06.030, FTP 730, and the Statewide Transportation Directives.

**Department Response:**

The Department of Human Services agrees with the recommendation. Annual training on the Secure Transport policies and practices is in place at EMHC, and all staff (587/587) has completed the training appropriate to their role in ensuring secure transportation. Sustainability Plan: the computer-based learning system that was inaugurated in July, 2015, is designed to track annualized trainings and will ensure that staffs are notified in a timely manner of training coming due. The Training Department routinely notifies supervisors of staff whose training is coming due or is overdue, and we have a system of assigned training periods for all staff. Supervisors are active in ensuring that Annual Training expectations are met and the Security Department appointed a Security

Lieutenant on July 16, 2016, whose duties include ensuring training compliance. Training on Application of Security Devices: all Security Officers were trained and their competence was evaluated on the use of Security Devices between November 2015, and February 2016 (the staggered dates reflect returns from leaves). A set of new hires were trained as part of their On-The-Job trainings. Annual training will take place this month (August 2016). The Security Chief, Lieutenant and the Training Department will track and monitor to ensure the annual training is sustained.

If you have any questions, please contact me at 217/558-6931 or jane.hewitt@illinois.gov.

Sincerely,

**SIGNED ORIGINAL ON FILE**

Jane Hewitt, CIA, CGAP  
Chief Internal Auditor

cc: James T. Dimas, Secretary  
Fred Flather, Chief of Staff  
Corey-Anne Gulkewicz, General Counsel  
Daniel Dyslin, Senior Deputy General Counsel  
Robert Brock, Chief Financial Officer  
Khari Hunt, Chief Operating Officer  
Diana Knaebe, Director of Mental Health  
Anderson Freeman, Deputy Director of Forensic Services  
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