Office of the
Auditor General
of British Columbia

February 2023

Mental Health and Substance Use Services for Indigenous People in B.C. Correctional Centres

An independent audit report

Office of the
Auditor General
of British Columbia

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The Honourable Raj Chouhan
Speaker of the Legislative Assembly
Province of British Columbia
Parliament Buildings
Victoria, British Columbia
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Dear Mr. Speaker:

I have the honour to transmit to the Speaker of the Legislative Assembly of British Columbia the report *Mental Health and Substance Use Services for Indigenous People in B.C. Correctional Centres*.

We conducted this audit under the authority of section 11(8) of the *Auditor General Act*. All work in this audit was performed to a reasonable level of assurance in accordance with the Canadian Standard on Assurance Engagements (CSAE) 3001—Direct Engagements, set out by the Chartered Professional Accountants of Canada (CPA Canada) in the *CPA Canada Handbook—Assurance*.

Michael A. Pickup, FCPA, FCA
Auditor General of British Columbia
Victoria, B.C.

February 2023

Contents

Source: BC Public Service

The Office of the Auditor General of British Columbia acknowledges with respect that we conduct our work on Coast Salish territories, primarily on the traditional lands of the Lekwungen people (Esquimalt and Songhees Nations).

Audit at a glance

Why we did this audit

- Colonialism and discrimination have caused socio-economic inequities that have led to an overrepresentation of Indigenous people in the justice system.
- Indigenous people account for 35 per cent of individuals held in B.C. correctional centres, but only six per cent of the general population are Indigenous people.
- Between 2019 and 2021, about 90 per cent of Indigenous men and women in provincial custody had a diagnosed mental health and/or substance use disorder.
- Since 2017, the Provincial Health Services Authority has been responsible for providing health care, including mental health and substance use services, in B.C.'s 10 correctional centres.

Objective

To determine whether the Provincial Health Services Authority (PHSA) provides Indigenous clients in correctional centres, who are diagnosed with a mental health and/or substance use disorder, with access to required health services.

Audit period

January 1, 2019 – December 31, 2021

Conclusion

The PHSA did not consistently provide Indigenous clients in correctional centres who are diagnosed with a mental health and/or substance use disorder with access to required mental health and substance use services.

The PHSA has accepted the four recommendations we made to enhance its internal reporting and oversight of mental health and substance use services in B.C. correctional centres.

What we found

The PHSA is not monitoring Indigenous clients' access to services

- The PHSA's current health information system cannot produce reports on Indigenous clients' access to services, resulting in an overall lack of monitoring and oversight of clients' access to services.
- As a result, this audit had to rely on a sample of 92 client files to examine access to services.

Recommendations 1 and 2

Most Indigenous clients were screened on time for mental health and substance use needs

- Ninety-three per cent of the files reviewed showed that clients were screened for mental health and substance use disorders within the PHSA's standard 48-hour time frame after they entered the correctional system.

No recommendation

Audit at a glance *(continued)*

Nearly one third of Indigenous clients did not receive immediate services	▪ Sixty-three per cent of clients in our sample received services for all or some of their needs within 72 hours. ▪ Twenty-eight per cent of clients did not receive services for needs identified in their initial screening. There was no rationale given for why this was the case. ▪ Nine per cent of clients declined services. Recommendations 1, 2 and 3
Full care plans were completed for less than half of Indigenous clients	▪ Full care plans that addressed all clients' needs were done for 40 per cent of clients in our sample and another 20 per cent had a plan for some of their needs. ▪ Forty per cent of clients had no care plan. ▪ There is no standard PHSA template for care plans. Recommendations 1, 2 and 3
Ongoing services provided to all Indigenous clients who had a care plan, but inconsistent access for those without	▪ Sixty per cent of clients from our review had a full or partial care plan and received all the services in their plan. ▪ Twenty-two per cent of clients without a care plan also received ongoing services. ▪ Eighteen per cent of clients had no care plan and, except for one client, received no services during incarceration. Recommendations 1, 2 and 3
Community discharge plans were not in place for Indigenous clients leaving facilities	▪ Discharge plans were done for only seven per cent of the client files sampled. ▪ Of the clients without a discharge plan, just over half had some evidence of planning for release (e.g., to continue receiving medications and for connections to community services). ▪ However, 32 clients received no discharge planning or referrals for medications or community services. Recommendations 1, 2 and 3
Supervisors not reviewing Indigenous client files as required	▪ Supervisors completed less than one-third of the required reviews of intake screening tools, client files, and discharge plans. Recommendation 4

After reading the report, you may wish to ask the following questions of government:

1. Do all clients in B.C. correctional centres face similar gaps in access to services?
2. How will the PHSA ensure that it provides continuity of health care for Indigenous people in custody, from intake to release?
3. How should key groups such as the First Nations Health Authority be involved with health-care planning and service provision for Indigenous clients in correctional centres?

Background

One in five British Columbians will experience a mental health or substance use issue this year, with widespread impacts on individuals, families and society.

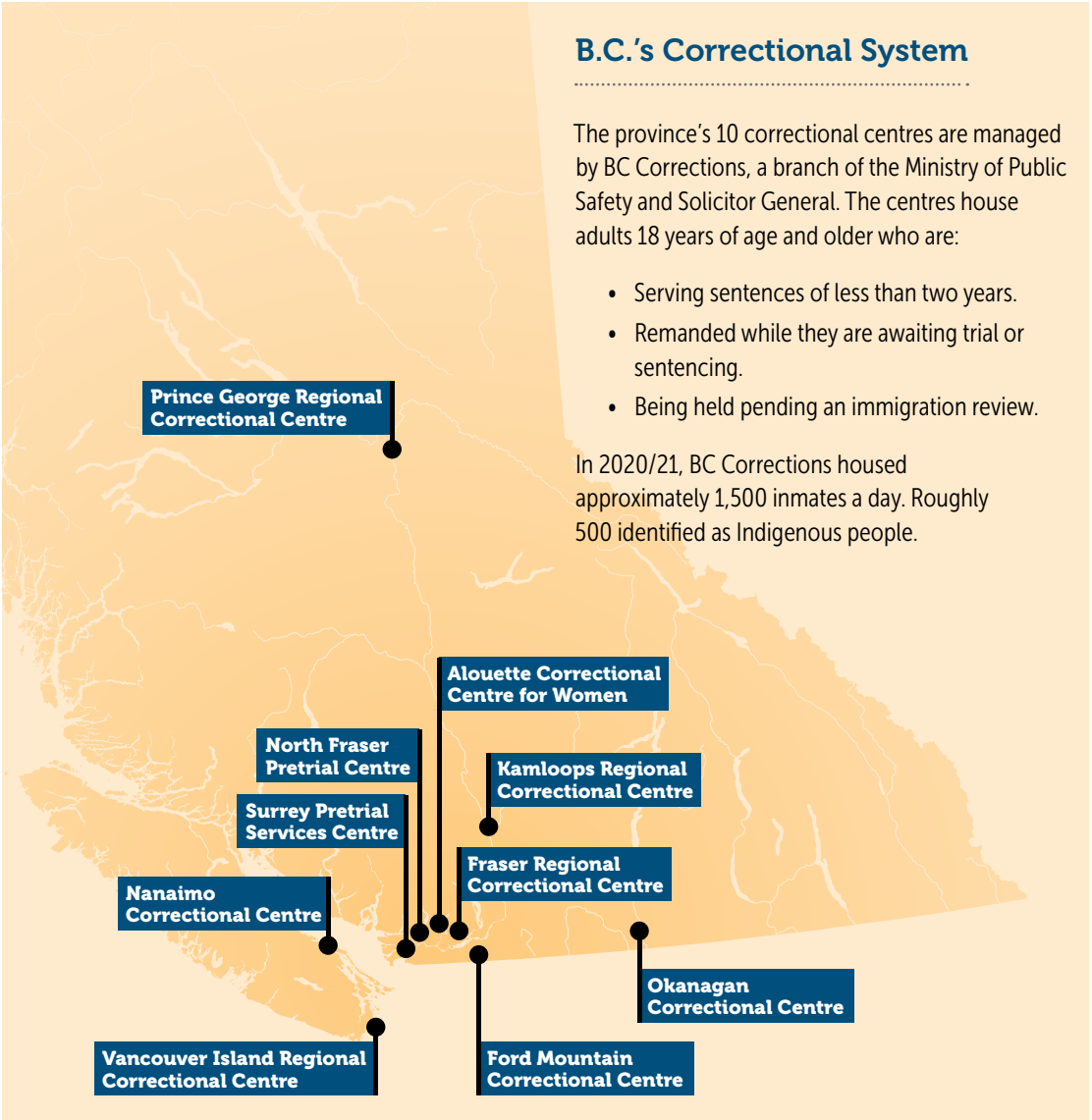
The Canadian Association of Mental Health says mental health and/or substance use issues are the leading causes of disability in Canada and can reduce life expectancy by 10 to 20 years. The association puts the annual economic impact near $80 billion, which includes health-care expenses, criminal justice costs, and lost productivity.

B.C.'s Correctional System

The province's 10 correctional centres are managed by BC Corrections, a branch of the Ministry of Public Safety and Solicitor General. The centres house adults 18 years of age and older who are:

- Serving sentences of less than two years.
- Remanded while they are awaiting trial or sentencing.
- Being held pending an immigration review.

In 2020/21, BC Corrections housed approximately 1,500 inmates a day. Roughly 500 identified as Indigenous people.



An estimated 70 per cent of people in B.C. correctional centres have a mental health or substance use disorder and the number continues to grow.

Colonialism and discrimination have caused socio-economic and health inequities for Indigenous people in B.C., which have led to an overrepresentation of Indigenous people in the justice system and among people diagnosed with a mental health or substance use disorder. Indigenous people account for six per cent of the B.C. population but make up roughly 35 per cent of the correctional population. Between 2019 and 2021, about nine in 10 Indigenous clients in correctional centres had a diagnosed mental health or substance use disorder.

Correctional centres are required to provide mental health and substance use services to consenting individuals by assessing their needs, delivering treatment and building connections with community health-care providers. In B.C., this responsibility falls to the Provincial Health Services Authority (PHSA), which assumed delivery of correctional health services from a private provider in October 2017. BC Mental Health and Substance Use Services, an agency of the PHSA, provides these services through its Correctional Health Services team.

Objective

The objective of the audit was to determine whether the Provincial Health Services Authority provides Indigenous clients in correctional centres, who are diagnosed with a mental health and/or substance use disorder, with access to required health services.

Scope

The audit examined the Provincial Health Services Authority's policies, procedures, and files, including the *Correctional Health Services Clinical Services Plan* which outlines the clinical guidelines, policies and practices for the provision of care.

We generated a sample of 92 client files from the PHSA's Primary Assessment and Care data base (its client health information system) to conclude on our criteria. The sample covered eight of 10 provincial correctional centres and included clients who:

- Self-identified as Indigenous,
- Were identified as having a mental health and/or substance use need,
- Had an intake date between Jan. 1, 2019, and Dec. 31, 2021, and
- Were incarcerated for more than 30 days.

Ford Mountain Correctional Centre and Fraser Regional Correctional Centre were excluded from our sample, as client files from the period under review did not meet our scope.

The audit covered services provided between Jan. 1, 2019, and Dec. 31, 2021, which includes two years of service that were affected by the COVID-19 pandemic.

Sample of files reviewed by correctional centre

Correctional centre	Files reviewed
Alouette Correctional Centre for Women	5
Kamloops Regional Correctional Centre	5
Nanaimo Correctional Centre	2
North Fraser Pretrial Centre	11
Okanagan Correctional Centre	13
Prince George Regional Correctional Centre	29
Surrey Pretrial Services Centre	14
Vancouver Island Regional Correctional Centre	13
TOTAL	**92**

Our audit focussed exclusively on the PHSA. We did not audit BC Corrections' activities that may address clients' mental health and substance use needs.

We also did not audit the quality of the PHSA's programming, including whether it was culturally safe and appropriate, or the accuracy of its screening, assessments and referrals.

Learn more about the audit criteria on page 23.

Learn more about how we did this audit on page 20.

Conclusion

We concluded that the PHSA did not consistently provide Indigenous clients in correctional centres, who are diagnosed with a mental health and/or substance use disorder, with access to required mental health and substance use services.

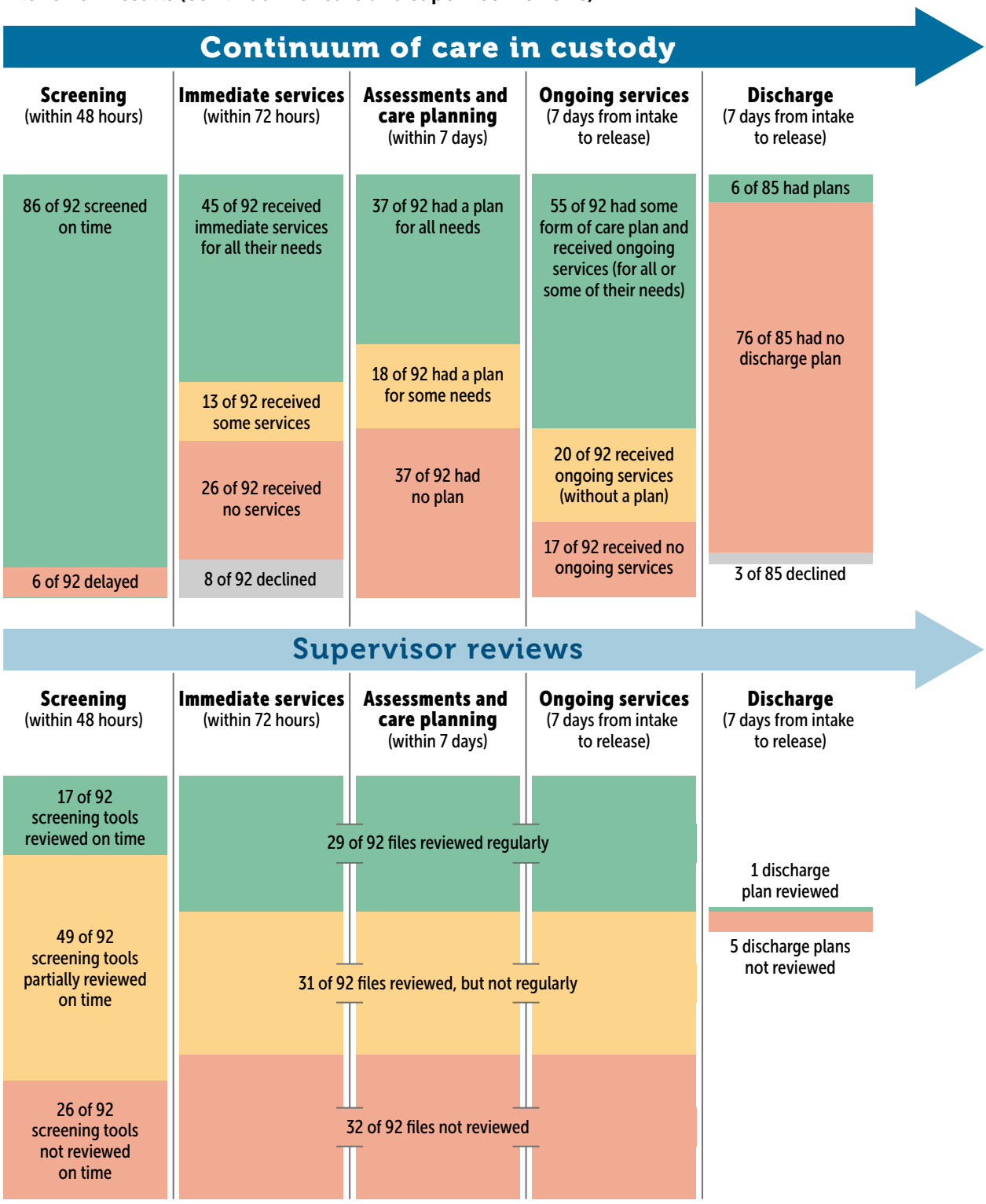
The PHSA did not track whether Indigenous clients, overall, were getting access to the mental health and substance use services they need. It did not have the ability to extract this information from its client information system at a population level and supervisory reviews at the operational level were infrequent.

Based on our review of 92 client files, we found that the PHSA screened 86 clients within 48 hours of arrival. We also found that the PHSA provided required mental health and/or substance use services to 55 clients who had some form of a care plan in place. However, care plans were not completed for 37 clients and, of these clients, 17 received no services during their time in custody.

We also found that the PHSA only developed discharge plans for six client files from our sample, although an additional 44 were provided with some release supports despite not having a discharge plan in place.

Source: Provincial Health Services Authority

File review results (continuum of care and supervisor reviews)



Findings and recommendations

Overall finding

Monitoring is a critical activity for any organization. It helps to ensure that programs and services align with goals and objectives, and that they are achieving the desired results. Monitoring also allows organizations to identify opportunities for improvement and take timely action to address issues.

Monitoring begins with strong data that is accurate, complete and easy to understand. This allows organizations to see in real-time whether operational requirements are being met.

The PHSA uses the Primary Assessment and Care (PAC) system to record, monitor and control the delivery of client health care in corrections. However, we found that the PHSA cannot access reports from the system to determine whether it is providing Indigenous clients with access to the mental health and substance use services they require.

The system, which the PHSA adopted in 2017, was not set-up to pull information about client care and much of the detailed information is kept in individual chart notes. This makes it difficult for the PHSA to see if they are providing the services that clients need.

As a result, the PHSA could not confirm whether Indigenous clients were screened on time, provided with necessary services, assessed appropriately, or had care plans and discharge plans in place.

Recommendations

We recommend that the PHSA:

1. Develop reports that demonstrate whether Indigenous clients receive screening, assessments, care planning, services and discharge planning in line with operational requirements.
2. Use reports to ensure Indigenous clients receive screening, assessments, care planning, services and discharge planning in line with operational requirements.

See the responses from the auditee on pages 21 and 22.

Intake

The Provincial Health Services Authority sets expectations and timelines for screening people for mental health and substance use disorders when they come into custody. Its *Correctional Health Services Clinical Services Plan* requires that an initial health assessment and a mental health assessment are completed for each client within 48 hours of intake.

Any required mental health and/or substance use service that results from screening is to be provided within 72 hours, assuming clients consent to the service. Clients may choose not to share clinical information at the time of their admission and they can opt out of services offered by the PHSA.

Indigenous clients in custody were screened on time

What we looked for

We looked to see whether the PHSA screened Indigenous clients in custody for mental health and substance use disorders within 48 hours.

Learn more about the audit criteria on page 23.

What we found

We examined the PHSA's application of two screening tools (the Initial Health Assessment and the Jail Screening Assessment Tool) for the 92 Indigenous client files in our sample. We found that the PHSA screened 93 per cent – 86 Indigenous people – for mental health and substance use disorders within 48 hours.

Of the six files that the PHSA did not screen on time, five had a reason (such as operational issues, medical issues or client refusal) for the delay. Only one file had an unexplained delay.

Why this matters

Screening is the starting point for health care in custody. It identifies issues, including mental health and substance use needs, that can be used to develop individual care plans. The timeliness of the PHSA's screening ensures staff have the information they need to start planning and referring clients to the services they require.

Recommendation

We have no recommendations in this area.

Access to immediate services was inconsistent for Indigenous clients

What we looked for

Staff are expected to refer clients to clinicians and programs within 72 hours, based on the results from screening. We looked to see whether the PHSA followed these expectations.

What we found

We found that of the 92 files we sampled, 49 per cent (45) of Indigenous clients had access to services within 72 hours for all the mental health and/or substance use needs identified through screening. This included services such as daily monitoring, opioid agonist therapy, referrals to clinicians, and prescription medications.

Another 14 per cent (13) of Indigenous clients had access to services for some of the mental health and/or substance use needs identified through screening, while nine per cent (eight) declined the services they were offered.

However, 28 per cent (26) of Indigenous clients in our sample files did not receive any immediate services to address the mental health and/or substance use issues identified in screening.

It was not clear from our file review why some clients received services while others did not. Files did not include a written rationale for cases where the client had a diagnosed mental health and/or substance use need but were not referred to services.

Why this matters

Without referrals or services to address a client's mental health and/or substance use needs, there is a risk that support may be delayed or not provided at all.

Recommendations

We recommend that the PHSA:

3. Ensure staff document a rationale in client files when they cannot meet operational requirements.

Also see recommendations 1 and 2 on page 21 and 22.

See the responses from the auditee on pages 21 and 22.

Ongoing care

After a client's immediate health needs are addressed, the PHSA's *Correctional Health Services Clinical Services Plan* outlines expectations for stabilizing the client and preparing them for release. This includes:

Assessments – Including comprehensive assessments within seven days by a mental health coordinator, physician and/or psychologist.

Care planning – Including the development of a client's individualized care plan for ongoing care, counselling, and programming based on assessments.

Provision of ongoing services – Including ongoing treatment, follow up, and supports based on an individual's care plan.

Less than half of Indigenous clients received assessments and care plans

What we looked for

We looked at whether the PHSA developed individualized care plans within seven days for Indigenous clients with mental health and/or substance use disorders. We examined the needs identified during screening, any additional standardized or clinician assessments completed within the client's first three to seven days in custody, and the summaries of planned services.

What we found

Of the 92 Indigenous client files sampled, the PHSA did assessments and completed care plans for 40 per cent (37) of Indigenous clients within the seven-day standard. In another 20 per cent (18) of the files, assessments were completed and a care plan was developed for a subset of clients' mental health and/or substance use needs. Forty per cent (37) of client records did not have assessments or a care plan on file.

The use of clinician assessments, which are meant to be the starting point for individualized care, varied considerably. Some clients who received clinician assessments and plans had similar mental health and/or substance use needs to other clients who did not have assessments or a plan. But, like our findings on the provision of immediate services, we could not determine why this was the case because files did not include a written rationale.

We also found that the PHSA did not have a standardized care plan to track client assessments and services. Instead, staff made several individual entries in a client's file. This may make it difficult for staff to identify and monitor clinical care goals and track client needs through the continuum of care.

Why this matters

Comprehensive assessments provide opportunities for clinicians to take a closer look at the client's needs and inform care plans that outline how to address them. Without this foundation, there is a risk that services will not align with client needs or will not be provided at all.

Recommendations

See recommendations 1, 2 and 3 on pages 21 and 22.

All Indigenous clients with a care plan received ongoing services, but there was inconsistent access for those without a plan

What we looked for

We looked at whether the PHSA provided ongoing mental health and/or substance use services to the 92 clients in our file sample, according to the care plan that the PHSA developed.

Because there was no standardized care plan template, we examined individual chart entries in the Primary Assessment and Care database to confirm that clients received the services identified in their plan. We also looked for any additional services that the PHSA identified and provided to clients during their stay.

What we found

All 55 clients with a care plan in place for either all (37 clients) or a subset (18 clients) of their mental health and/or substance use needs received the services outlined. Twenty other clients received ongoing services during their stay even though they did not have a care plan developed during their first seven days of incarceration.

Of the remaining 17 clients without a care plan, 16 did not receive any services, either immediate – within the first 72 hours – or ongoing, during their time in custody.

Why this matters

Providing clients with ongoing services to address their mental health and/or substance use needs helps ensure they are supported during their time in custody and better prepared to make a successful transition back into the community.

Recommendations

See recommendations 1, 2 and 3 on pages 21 and 22.

Release planning

Planning a client's release begins at admission and can take many different forms. At a minimum, staff from the PHSA are expected to prepare a plan that outlines the medication and mental health and/or substance use services clients will need after their release from custody.

The type of plan varies based on the length of a client's incarceration. If a client is in custody for 30 days or less, they should receive a "Brief Action Discharge Plan" (see below). If they are in custody for longer, they should also receive a "Transition Plan".

Brief Action Discharge Plan (developed between seven to 30 days after intake) – Each incarcerated individual is screened by a mental health coordinator or designate to determine access to clinical services in the community. Contact is made with existing providers and new referrals are initiated.

Transition Plan (developed between 30 to 60 days after intake) – A thorough discharge planning process is initiated and coordinated by a mental health coordinator. Comprehensive discharge planning includes: medication reconciliation, a written summary of care provided, and recommendations for medication, treatment centres and shelters, and other community resources. PHSA staff schedule follow-up appointments and provide clients with information on how, when and where to access community resources.

Community discharge plans were not developed for most Indigenous clients

What we looked for

We looked at whether Indigenous clients with a mental health and/or substance use disorder had discharge plans that outlined the medication and community services they would need after release. We also looked to see whether the PHSA facilitated connections to those services.

What we found

We reviewed 85 of the 92 sampled files for this part of the audit. Two clients were transferred out of corrections early in their stay and the others remained in custody, making them ineligible for discharge planning during our audit period.

We found that only six clients had a discharge plan. In all six cases, the PHSA facilitated connections to the resources outlined in the client's plan.

For the remaining 79 clients without a discharge plan, the PHSA facilitated connections to community-based services for 44 of them (despite not having a formal discharge plan). In a

further three files, there was evidence that the PHSA offered the opportunity to complete a discharge plan, but the client declined.

However, 32 clients received no discharge planning or referrals for medication or community services.

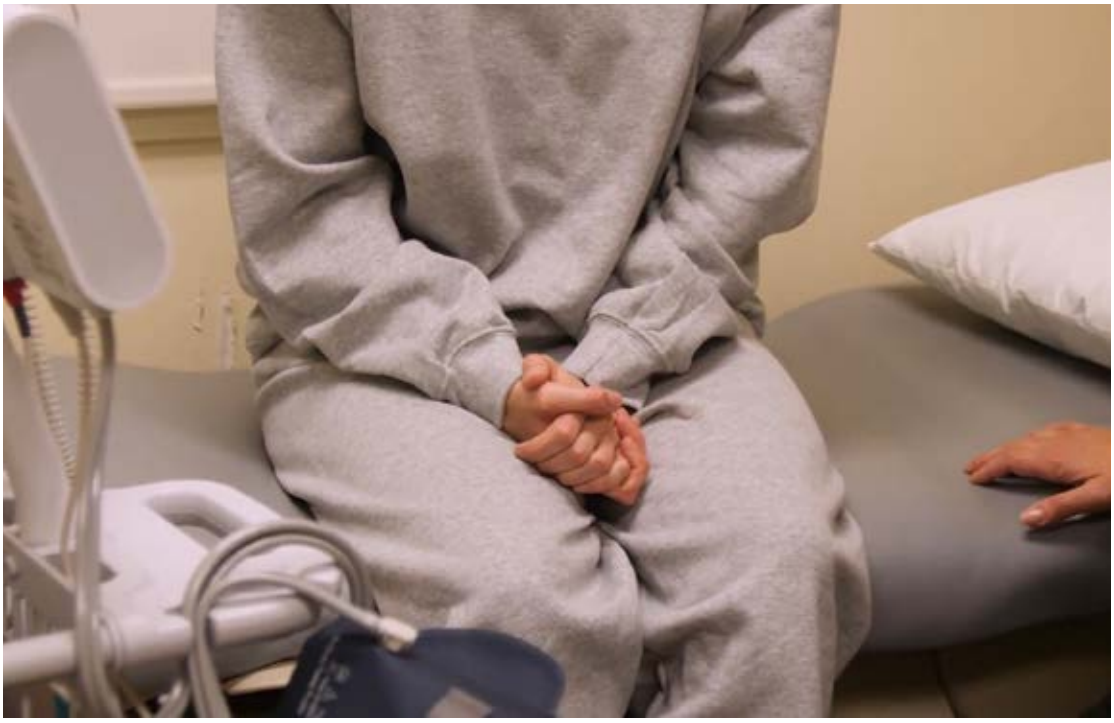
From our file review, it was unclear why staff were not using discharge plans to inform a client's release as they did not provide a written rationale.

Why this matters

The PHSA's discharge plan template covers several expectations related to a client's release. It is designed to ensure a client's return to the community considers all the services that they require to be supported. Although the PHSA provided some support for clients in our file sample who did not have a discharge plan, this may not have been a complete reflection of the supports they needed. For example, some clients received medication planning, but no mention of referrals to other community resources. This could affect clients' ability to successfully reintegrate in their community.

Recommendations

See recommendations 1, 2 and 3 on pages 21 and 22.



Source: Provincial Health Services Authority

Supervisory reviews

Supervisory reviews are an important control to ensure staff are providing care that aligns with the organization's policies. The PHSA's *Correctional Health Services Clinical Services Plan* outlines expectations for three supervisory reviews:

Screening – Review of mental health and substance use screenings within 72 hours.

Client files – Review assessment and treatment referrals for clients who have been identified as having a mental illness, substance dependency or a concurrent disorder.

Discharge planning – Review the initiation and facilitation of a client's discharge plan.

Supervisors not reviewing files as required

What we looked for

We looked to see whether a mental health supervisor/nurse completed the supervisory reviews according to PHSA policy.

What we found

On average, supervisors completed one-third of the required reviews. We also found that the level of review varied by each of the three stages.

Screening reviews

Complete reviews within 72 hours – Only 18 per cent – or 17 of the 92 client files in our sample – had both screening tools (the initial health assessment and jail screening assessment tool) reviewed by a supervisor on time.

Partial reviews within 72 hours – We found 53 per cent – or 49 of the client files – had one of the two screening tools reviewed on time. The other tool was either reviewed late, or not at all.

Incomplete reviews – There were 28 per cent – or 26 client files – that had either no screening review on both tools, delayed reviews on both, or a delay for one tool and no review with the second.

Client file reviews

Only 32 per cent (29) of client files were regularly reviewed (at least once a month) by a supervisor. These clients had an average stay of four months in custody.

An additional 34 per cent (31) of files had at least one review during the client's incarceration, but these were not considered regular given that the clients were in custody for an average stay of four months.

We found that 35 per cent (32) of the files were not reviewed by a supervisor at all. These clients were in custody for an average of three and a half months.

Discharge planning reviews

We found that a supervisor had only signed off on one of the six discharge plans in place.

Based on our file review, it was unclear why supervisors were not doing the required reviews.

Why this matters

Without adequate oversight, there is a risk that clients with mental health and/or substance use needs are not being properly screened and may not receive the treatment and supports they need during incarceration. Further, consistent monitoring of client files and discharge plans may have allowed the PHSA to address some of the shortcomings we found through our file review.

Recommendation

We recommend that the PHSA:

4. Ensure supervisors review and sign-off on client files (including screening assessments, file reviews and discharge plans) according to operational requirements.

See the response from the auditee on page 22.

About the audit

We conducted this audit under the authority of section 11(8) of the *Auditor General Act* and in accordance with the Canadian Standard on Assurance Engagements (CSAE) 3001—Direct Engagements, set out by the Chartered Professional Accountants of Canada (CPA Canada) in the *CPA Canada Handbook—Assurance*. These standards require that we comply with ethical requirements and conduct the audit to independently express a conclusion against the objective of the audit.

A direct audit involves understanding the subject matter to identify areas of significance and risk, and to identify relevant controls. This understanding is used as the basis for designing and performing audit procedures to obtain evidence on which to base the audit conclusion.

The audit procedures we conducted include document review and review of client files.

We believe the audit evidence we have obtained is sufficient and appropriate to provide a basis for our conclusion.

Our office applies the Canadian Standard on Quality Management (CSQM 1), and we have complied with the independence and other requirements of the code of ethics issued by the Chartered Professional Accountants of British Columbia that are relevant to this audit.

Audit report date: January 13, 2023

Michael A. Pickup, FCPA, FCA
Auditor General of British Columbia
Victoria, B.C.

Appendix A: Recommendations and auditee responses

Recommendation 1: That the Provincial Health Services Authority (PHSA) develop reports that demonstrate whether Indigenous clients receive screening, assessments, care planning, services and discharge planning in line with operational requirements.

Recommendation 1 response: PHSA agrees with the recommendation. PHSA is committed to implementing a clinical standard where all clients are asked, in a culturally appropriate way, if they are Indigenous. Education and support for Correctional Health staff will be provided to support this standard. Further, PHSA has already implemented changes to our reporting requirements in our Primary Assessment and Care (PAC) data base to better capture Indigenous client demographics, however we acknowledge the limitation we have with existing database and are exploring other options to help pull reports as it relates specifically to screening, assessments, care planning and discharge plans to meet our operational needs.

PHSA services are striving to transition to a new clinical informatics system for Correctional Health Services. This transition will ensure care is streamlined, with clinical design teams creating standardized, evidence-informed clinical practices. This change will let users generate immediate, accurate and more comprehensive health records with the ability to generate reports and ensure streamline communication occurs between all CHS healthcare teams. In the meantime, we are currently exploring various improvement options with our PAC service provider to optimize current data reporting capabilities.

Recommendation 2: That the PHSA use reports to ensure Indigenous clients receive screening, assessments, care planning, services and discharge planning in line with operational requirements.

Recommendation 2 response: PHSA agrees with this recommendation. As PHSA explores new clinical informatics systems, we will ensure to incorporate report generation that will include these specifications. Planned Community Transition Team (CTT) clinical information system upgrades will go-live May 2023 that will support discharge planning documentation during transitions of care. In the interim, PHSA will focus resources to self audit to ensure the data is being captured in a standardized way so Indigenous clients receive screening, assessments, care planning, services and discharge planning as per our clinical service plan.

Recommendation 3: That the PHSA ensure staff document a rationale in client files when they cannot meet operational requirements.

Recommendation 3 response: PHSA agrees with this recommendation. Dedicated resources will focus on staff education provincially on how to improve clinical documentation. PHSA will additionally be reviewing our current operational demands to identify gaps in resourcing and future needs to meet client acuity and needs.

Recommendation 4: That the PHSA ensure supervisors review and sign-off on client files (including screening assessments, file reviews and discharge plans) according to operational requirements.

Recommendation 4 response: PHSA agrees with this recommendation. PHSA will review job descriptions and make necessary changes to our policies and procedures as well as our clinical service plan to better reflect our existing workflows. As we expand our correctional health care team to include Community Transition teams (CTT), roles and responsibilities across all mental health and allied health professional teams will be reviewed and modified to ensure sign-off by a mental health care team member for all screening, active files as well as discharge templates for continuity of care.

Appendix B: Audit criteria

1.1 The Provincial Health Services Authority (PHSA) screens Indigenous clients for mental health and/or substance use disorders (MSD) within 48 hours.

1.2 PHSA provides Indigenous clients with MSD access to mental health and substance use services within 72 hours, per needs identified through screening.

1.3 PHSA develops individualized care plans for Indigenous clients with MSD that outlines ongoing mental health and substance use services within 7 days, per comprehensive assessment procedures:

- **1.3.1:** Care plan incorporates completed standardized assessment forms.
- **1.3.2:** Care plan incorporates clinician assessments.
- **1.3.3:** Care plan considers availability of relevant MSD services.

1.4 PHSA provides Indigenous clients with MSD with access to ongoing mental health and substance services as outlined in their individualized care plan.

1.5 PHSA prepares transition plans for Indigenous clients with MSD that outlines the medication and community-based services they will need after they leave the centre.

1.6 PHSA facilitates connections to medication and community-based services for Indigenous clients with MSD consistent with their transition plans.

1.7 Mental health supervisor/nurse regularly reviews client files to ensure Indigenous clients with MSD have access to required services:

- **1.7.1:** Mental health supervisor/nurse reviews the client's Initial Health Assessment and Jail Screening Assessment Tool within 72 hours of admission.
- **1.7.2:** Mental health supervisor/nurse reviews the client's chart.
- **1.7.3:** Mental health supervisor/nurse reviews the client's discharge plan.

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Cover Photo: Fraser Regional Correctional Centre

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