

443

# SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE, STATE OF CALIFORNIA



FROM: Executive Office

SUBMITTAL DATE:  
July 26, 2011

SUBJECT: Response to the 2010-11 Grand Jury Report: Riverside County Mental Health Detention Services

RECOMMENDED MOTION: That the Board of Supervisors:

- 1) Approve with or without modifications, the attached responses (coordinated through Mental Health and separate response from the Sheriff's Department) to the Grand Jury's recommendations regarding Riverside County Mental Health Detention.
- 2) Direct the Clerk of the Board to immediately forward the Board's finalized responses to the Grand Jury, to the Presiding Judge, and the County Clerk-Recorder (for mandatory filing with the State).

BACKGROUND: On May 24, 2011, the Board directed staff to prepare a draft of the Board's response to the Grand Jury's report regarding Riverside County Mental Health Detention Services.

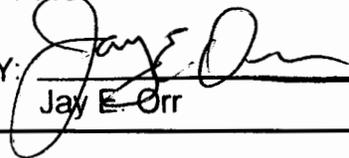
Section 933 (c) of the Penal Code requires that the Board of Supervisors comment on the Grand Jury's recommendations pertaining to the matters under the control of the Board, and that a response be provided to the Presiding Judge of the Superior Court within 90 days.

90dayresponsef11DetentionHealth07.11

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	\$ N/A	In Current Year Budget:
	Current F.Y. Net County Cost:	\$	Budget Adjustment:
	Annual Net County Cost:	\$	For Fiscal Year:

<b>SOURCE OF FUNDS:</b>	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

**C.E.O. RECOMMENDATION:** APPROVE

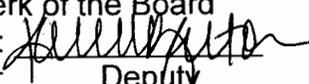
BY:   
Jay E. Orr

**County Executive Office Signature**

## MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Buster, seconded by Supervisor Benoit and duly carried, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Buster, Stone, Benoit and Ashley  
 Nays: None  
 Absent: Tavaglione  
 Date: July 26, 2011  
 xc: EO, Grand Jury, Presiding Judge, Mental Health, Recorder

Kecia Harper-Ihem  
 Clerk of the Board  
 By:   
 Deputy

Prev. Agn. Ref.: 3.3 – 05/24/11 | District: | Agenda Number:

ATTACHMENTS FILED <sup>all</sup>  
 WITH THE CLERK OF THE BOARD

# 3.4

Departmental Concurrence

Dept' Recomm.:  Consent  Policy  Policy

Per Exec. Ofc.:  Consent  Policy

## 2010-11 Grand Jury Report

### Mental Health Detention Services

#### Findings

##### Screening at Intake

1. When a person is arrested and brought to a Riverside County jail, it is necessary to determine the arrestee's medical/mental health needs. At the time of initial booking into county jails detainees are screened by correctional officers. Due to budget cuts to Mental Health Detention Services (MHDS), there are no mental health personnel at intake for screening in the five Riverside County jails.

The screening checklist relies primarily on the detainee's self-reporting of his/her medical/mental history and current mental conditions including the use of prescription drugs. The checklist further records the booking officer's observations of detainee's behavior. Investigation revealed mental illness screening also makes use of records of prior hospitalization, prior or current use of psychotropic medications, exhibition of bizarre behavior and requests for care.

Testimony revealed correctional officers may not recognize hidden medical and/or mental health problems that could be best observed by a medical/mental health expert. This could result in delaying needed treatment.

##### Response:

###### **Respondent agrees with the finding**

Detainees brought to county jails for booking all receive an initial screening to determine their immediate medical/mental health condition(s) and to identify any history of medical/mental health problems. The initial booking screening, performed by correctional personnel, is simply used as an indicator of the need for immediate evaluation by medical personnel however; the screening is not a comprehensive review of the medical/mental health status. During the screening process, any positive responses by the detainee, relative to medical or mental health issues, mandate a follow up review by medical/mental health personnel. When medical personnel are on duty at the jail, this process is initiated and medical services follow. However, when medical professional are not available, correctional staff must seek the medical evaluation from outside medical resources. In these cases, detainees are taken to local medical facilities where they are evaluated by medical professionals prior to the acceptance for housing into the jail setting. This process is known as a Medical Clearance or OK-To-Book.

As correctional staff performs the initial medical/mental health screening, it is understood that they are not medical or mental health professionals who may recognize conditions warranting immediate attention. The acute booking phase is not the best point in time for correctional staff to obtain information from the “self-reporting” detainee about their medical conditions and/or concerns since the inmates are often reluctant to provide accurate responses due to issues associated with their arrest. “Hidden medical or mental health” problems cannot usually be observed at this point. Additionally, medical/mental health professionals have additional training and expertise to identify issues through vital signs and general observation even if the inmate does not disclose pertinent medical information or medical history. Oftentimes this expertise allows the professional to identify critical information (physical symptoms, mental status or behaviors, and side effects to medications) that can be used in the overall evaluation process that may result in the need for immediate medical care and treatment.

### **Delays in Accessing Care – Mental Health Evaluation**

2. Once an inmate has been determined to be in need of a mental health evaluation and treatment, there may be delays in access to necessary care in the mental health system. Investigation revealed inmates sometimes have to wait two or more weeks after booking to receive an initial mental health assessment and evaluation by a mental health specialist.

Inmates with assessed moderate mental health problems such as neuroses, phobias, panic disorders, etc., are not always offered appropriate medication and counseling by qualified staff to get and maintain them in a stable condition. Investigation revealed MHDS has no confidential self-referral system by which inmate can request mental health care without revealing the nature of their request to correctional officers.

### **Response:**

#### **Respondent agrees with the finding**

The state and county economic recession has mental health programs. In the past three years, the detention program has established priorities which include psychiatric crisis intervention and medication for severe mental illness. All other moderate or mild complaints are second in priority.

The jail system is operated and controlled by corrections staff of the Sheriff's Department. There cannot be a self-referral system or communications system that excludes the corrections staff. The inmates are the ward of the county and the responsibility of their security and maintenance rest fully with Correctional Deputies.

### **Medication Administration**

3. Some inmates, due to the nature of their mental illness, should receive prescribed medications from medical staff several times during the day and at bedtime. However, medications are distributed only once or twice in a 24-hour period.

#### **Response:**

#### **Respondent disagrees partially with the finding**

Medications that are ordered in the jails are routinely administered twice daily by Detention Health Services nursing staff. The twice daily medication administration process works well in the jail setting as inmates are often taken to court proceedings during the course of the day making it difficult give afternoon medications. Jail physicians & psychiatrists have indicated that there is no detrimental impact to the patient in two-a-day medication administration. However, if and when the physician or psychiatrist medication order specifically requires a three time per day administration regimen to maintain the efficacy of the drugs, it is ordered and administered in that manner.

On rare occasions, due to staffing shortages, medication passes cannot be performed on all cell blocks. When this occurs, nurses prioritize their workload and determine, on a rotational basis, the cell block that will not receive medication passes for that particular shift. At Robert Presley Detention Center (RPDC), inmates housed on the 5<sup>th</sup> Floor (Mental health Unit), 7<sup>th</sup> Floor (Sheltered Housing Unit) and Diabetics are listed as priority and always are provided medication passes.

### **Inmate Transfers to ETS and DCU**

4. The Department of Mental Health Section VI, Policy / Procedure 604, Subject: Transfers to the Emergency Treatment Services (ETS) and Detention Care Unit (DCU) outlines the procedure used to assess and to transfer certain mentally disordered inmates to ETS at the Arlington Campus and DCU at RCRMC.

Interviews revealed that when inmates are transferred to ETS, some non-inmate patients are unduly distributed to see inmates in shackles accompanied by armed correctional officers. There are no secure cells where the inmates can be housed while undergoing evaluation and treatment at ETS. Welfare and Institutions Code Section 4011 requires county correctional officials to maintain the necessary guards at all times when the inmate is out of jail for hospitalization.

**Response:**

**Respondent disagrees partially with the finding**

Mental Health Detention Services adheres to a protocol (Transfers of Correctional Inmates for Mental Health Treatment) that significantly reduces the probability of inmates requiring transfer to ETS. It allows for direct admission of inmates to the DCU, bypassing the ETS evaluation.

The Department has provided a Psychiatric Consultation and Liaison Team at the RCRMC Moreno Valley Campus from 7:00am to 11:00pm, 7 days per week. The Department of Mental Health has an agreement with the Emergency Department and the Riverside County Sheriff's Department to bring inmates to RCRMC Emergency Department between 11:00pm and 7:00am.

On rare occasions, inmates are brought to ETS for immediate or urgent psychiatric evaluation. Inmates are evaluated in separate rooms and are under constant supervision by the Riverside County Sheriff's Officers. Sheriff's Officers are required to remove weapons prior to entering the facility.

**Medication Orders for Inmates**

5. RCRMC Policy #P4.4.3, Medication Orders for Inmates (Revised Date 01/13/07) outlines the process to be followed when an ETS psychiatrist prescribes psychotropic medications over the phone for an inmate. The policy requires that a jail psychiatrist re-evaluate the inmate on a timely basis (e.g. next scheduled work day of the jail psychiatrist). The Blythe jail has no psychiatrists available. Inmates with mental health problems are transferred to jails with mental health personnel. At the other four jails a psychiatrist is assigned, but not on a full-time basis.

**Response:**

**Respondent agrees with the finding**

RCRMC Policy P4.4.3 does not reflect current practice at RCRMC. Upon review it was determined that Policy #4.4.3 will be discontinued effective 5/23/2011. Policy #4.4.3 was a stand alone policy and will not be replaced. The jail psychiatrist will be writing their psychotropic medication orders. Psychotropic medication cannot be administered unless patient has been evaluated by prescribing psychiatrist who is familiar with the patient. If there is an emergency, the patient can be transferred to RCRMC Emergency Department for evaluation.

## **Treatment Facility**

6. No Riverside County jail facility has been designated a “treatment facility” for the sole purpose of administering court ordered antipsychotic medication to inmates identified as incompetent to stand trial, and who are unable to provide informed consent to medication due to a mental disorder.

Testimony revealed that mentally incompetent inmates awaiting transfer to a state hospital are the most costly and difficult to manage. Typically these inmates will not voluntarily take prescribed medication when in the standard jail setting.

Testimony revealed inmates usually get worse (decompensate) the longer they wait for admission to a state mental hospital or other approved “treatment facility”. Once an inmate is restored to competency and returned to jail from a state hospital they may again refuse to voluntarily take medication, could decompensate, and repeat the cycle.

## **Response:**

### **Respondent agrees with the finding**

These inmates are under the jurisdiction of the court not the County Department of Mental Health. Inmates who consent may be provided services. They are waiting for transfer to the State System to restore competency for standing trial.

## **Transfers to State Hospitals**

7. Jail detainees adjudicated incompetent to stand trial and judicially ordered to be transferred to a state hospital or other suitable treatment facility for examination and treatment to promote their speedy restoration to mental competence, are not transferred in a timely manner, but can sometimes spend up to 60 or more days in county jail awaiting transfer. During this time detainees do not receive the necessary broad spectrum of care otherwise available in state hospitals or in other fully accredited public and private psychiatric treatment facilities.

Penal Code Section 1370 (b)(1) requires, in part, “within 90 days of a commitment made pursuant to subdivision (a) the medical director of the state hospital or other treatment facility to which the defendant is confined shall make a written report to the court...concerning the defendant’s progress toward recovery of mental competence.”

When Patton State Hospital reaches its legislated bed capacity, this necessitates placing Riverside County on a one-for-one exchange status until the inmate population decreases. During a one-for-one exchange status, Patton must release a Riverside County patient in order to bring in a new Riverside County patient. Patton State Hospital notifies the Sheriff’s Transportation Unit in Riverside County on the availability of beds.

**Response:**

**Respondents cannot agree or disagree as both departments – Mental Health and RCRMC – find this outside their jurisdiction.**

**Information Packets**

8. The court orders the inmate's information packets to be sent to Patton State Hospital. Once Patton staff receives the information packet, it is reviewed for compliance with the documentation requirements. Our investigation revealed many packets are missing critical documents. Patton will notify the County Sheriff's business office to gather and submit the missing documents. This delay complicates the process for an inmate's stabilization and adds to the county's problem in dealing with inmates from both custody and mental health perspectives. (See Exhibit #2 for listing of required documents). Exhibit #2 provided by Patton State Hospital.

**Response:**

**Respondents cannot agree or disagree with this statement as it is outside their jurisdiction.**

**Mental Health Staffing Levels**

9. Mental health staff is not available in any county jail facility in sufficient numbers to identify and treat an individualized manner those treatable inmates suffering from serious mental disorders. (See Exhibit #3.) For example, there are not Behavioral Health Specialists assigned to any of the five jail locations to screen incoming inmates for mental illness and to respond to inmates mental health concerns at the time of admission. Exhibit #3 provided by RCDMH.

The jail in Blyth has no medical or mental health personnel assigned. With the exception of the 24-hour coverage at RPDC, medical and mental health services at the other (3) jails are only available approximately 12-hours a day. Occasionally, because of staff illness, vacation, unforeseen events, etc., even RPDC does not have full staff coverage during some 24-hour period.

The new 2010 expansion at the Smith Correctional Facility in Banning has the physical plant for a mental health housing unit, however, the use of the unit is on hold due to lack of qualified mental health personnel, and budget constraints.

**Response:**

**Respondent disagrees partially with the finding**

There have been reductions in general fund support for staffing over the past three years due to the economic downturn. The initial screening process is adequate to establish when an inmate needs to be evaluated by mental health clinicians. The mental health staff prioritizes those in a psychiatric emergency and those who need medication for a severe mental illness.

### **Mental Health Records**

10. Whenever inmates are transferred, mental health records are usually hand-carried between jail facilities. This procedure is labor intensive and creates an environment in which some records are misplaced, lost or not transferred in a timely fashion.

### **Response:**

#### **Respondent disagrees wholly with the finding**

Mental Health Department staff does not hand-carry the original records between jail facilities. Records are faxed confidentially to mental health staff.

### **Policies**

11. RCRMC's Department of Psychiatry Policy / Procedure #P4.43, Medication Orders for Inmates, effective: June 12, 1990, authorizes ETS psychiatrists to prescribe psychotropic medications (via a telephone order) for jail inmates for up to 72-hours of treatment. The justification for this is the fact that the inmates will be re-evaluated by a jail psychiatrist on a timely basis (e.g. next scheduled work day of jail psychiatrist). This policy further authorizes the involuntary medication of inmates for up to 72-hours. Such involuntary medication should not be authorized since county jails have not been designated as 72-hour treatment and evaluation facilities according to Welfare and Institution Code Section 5150.

Most of the policies and procedures provided to the Grand Jury by RCRMC required review and approval by the Assistant Hospital Administrator, Chief of Psychiatry and the Assistant Chief Nursing Officer. However, documents revealed only the Assistant Hospital Administrator signed the "approved by:" box.

### **Response:**

#### **Respondent disagrees partially with the finding**

Policy #4.4.3 was reviewed and discontinued effective 5/23/2011. Policy #4.4.3 was a stand alone policy and will not be replaced. The jail psychiatrist will be writing their own psychotropic medication orders. Psychotropic medication cannot be administered unless patient has been evaluated by prescribing psychiatrist who is familiar with the patient. If there is an emergency, the patient can be transferred to RCRMC Emergency Department for evaluation.

In a psychiatric emergency, current protocol is telephone orders from a psychiatrist with a follow-up in person, interview by a psychiatrist within 72 hours. This applies to inmates who voluntarily consent to medication. If treatment is refused, the inmate must be transferred to RCRMC's Detention Care Unit (DCU) or the ETS.

### **Mental Health Discharge Planning**

12. Testimony revealed that discharge planning for mentally ill inmates is not conducted in a comprehensive manner. Stabilized mentally ill inmates in jail are often released into society without making adequate provisions for continued care and other services. For example, inmates with mental illness are often released from county jail without housing arrangements, making it difficult for released inmates to succeed in managing their mental illness.

Upon release an individual may receive information on how to get two weeks of needed psychotropic medications, with limited follow-up arrangements made for inpatient and outpatient individual and group therapy.

### **Response:**

**Respondent agrees with the finding**

## **Recommendations**

### **Initial Booking Screening**

1. Mental health personnel should be assigned at each jail and used at the time of initial booking to screen for possible mental illness. The mental health personnel assigned to each jail should use a validated mental health-screening tool to increase the early identification of mental health and any co-occurring substance abuse problems of incarcerated individuals. A systematic program for screening and evaluating inmates by mental health personnel is needed to identify those in need of mental health care.

### **Response:**

**The recommendation has not yet been implemented, but will be implemented in the future**

When sufficient funding becomes available, screening will be instituted in each jail.

### **Delays in Accessing Care – Mental Health Evaluation**

2. MHDS should provide an adequate mental health care evaluation of inmates who screen positive for possible mental illness. This should be done within 24-hours of booking into a county jail (excluding weekends and legal holidays as long as an urgent evaluation is not indicated). Within 72-hours of booking into the jail MHDS should provide a mental health care evaluation of inmates admitted on weekends or holidays. If the evaluation identifies a serious mental illness, e.g. depression, bipolar disorder or schizophrenia, a brief initial treatment plan should be prepared.

A qualified and appropriately trained mental health professional should, within 14-days of booking, complete and properly document an adequate mental health evaluation for each inmate who screened positive for possible mental illness.

MHDS should develop and maintain a confidential self-referral system by which inmates can request mental health care without revealing the nature of their request to correctional officers.

### **Response:**

**The recommendation has not yet been implemented, but will be implemented in the future.**

When sufficient funding becomes available, evaluations will be done within the 24 hour timeframe.

Regarding the confidential self-referral system, the recommendation will not be implemented because it is not warranted or is not reasonable within a jail facility.

### **Medication Administration**

3. Medications, once properly prescribed, should be distributed, and administered to meet the needs of the patients. In many cases this will require distribution 2-3 times a day.

### **Response:**

**The recommendation will not be implemented because it is not warranted or reasonable.**

Medications that are ordered in the jails are routinely administered twice daily by Detention Health Services nursing staff. The twice daily medication administration process works well in the jail setting as inmates are often taken to court proceedings during the course of the day making it difficult give afternoon medications. However, if the medication ordered specifically requires a three time per day administration regimen to maintain the efficacy of the drugs, it is ordered and administered in that manner.

### **Inmate transfers to ETS and DCU**

4. Mentally disordered inmates should only be transferred to RCRMC / DCU for evaluation, treatment and possible admission. Inmates in county jails who can't be safely housed in the jail due to being a danger to self, danger to others or to being gravely disabled should not be transferred to ETS for evaluation and treatment.

### **Response:**

**The recommendation will not be implemented because it is not warranted or is not reasonable.**

The Grand Jury recommendation is not reasonable because RCRMC Detention Care Unit does not have a Psychiatrist on site 24/7 therefore, in case of an emergency the ETS is available to provide emergency psychiatric services as needed and a psychiatrist is available 24/7.

### **Medication Orders for Inmates**

5. Medical/mental health staff should be employed in sufficient numbers to identify and treat, in an individualized manner, those treatable inmates suffering from serious mental disorders. In the interim, Policy P4.43 (Medication Orders for

Inmates) should be reviewed and modified to reflect the capabilities of current staffing levels.

Trained health care personnel should administer medications to ensure medication is in fact taken, to guarantee that the correct inmate takes it, and to observe any effects, especially adverse reactions of the medication.

**Response:**

**The recommendation has been implemented**

Policy #P4.4.3 was reviewed and was determined to not be current practice. Therefore the policy was deleted effective 5/23/11. Policy #4.4.3 was a stand alone policy and will not be replaced. The jail psychiatrist will be writing their own psychotropic medication orders. Psychotropic medication cannot be administered unless patient has been evaluated by prescribing psychiatrist who is familiar with the patient. If there is an emergency, the patient can be transferred to RCRMC Emergency Department for evaluation.

Medications administered to inmates in the jail setting are administered per jail protocol that include, but is not limited to: patient identification, medication validation and dosages & an observation of the inmate's oral cavity to ensure that the medications have been swallowed. This process is standard practice in correctional settings for medication pass and a requirement of the California Standards Authority. Medications are administered in compliance with this standard as evidenced by direct observation and findings from annual facility inspections.

**Treatment Facility**

6. The County Board of Supervisors, the County Mental Health Director and the Riverside County Sheriff should designate the 96-bed psychiatric unit at the Smith Correctional Facility in Banning as a 'treatment facility', for the sole purpose of administering antipsychotic medication pursuant to a court order as authorized in Penal Code Section 1369.1.

The Board of Supervisors should authorize the District Attorney, Public Defender and Department of Mental Health to make arrangements with the neighboring county's jail to utilize their jail treatment facilities to treat Riverside County mentally incompetent inmates on an interim basis while awaiting transfer to a state mental hospital.

The Department of Mental Health (DMH) should determine and designate appropriate public and private mental health facilities as other 'treatment facilities' within the meaning allowed by the Penal Code Section 1370.01 (a)(1)(A).

**Response:**

**The recommendation will not be implemented because it is not warranted or is not reasonable.**

The responsibility for restoring inmates, who are incompetent to stand trial, to competency lies with the State. It is not a county responsibility and there is no reimbursement from the state or the court for this function.

**Transfer to State Hospitals**

7. When the court orders a detainee committed to a state mental hospital or other approved treatment facilities, MHDS and the Public Defender should ensure that the detainee is actually transferred within an appropriate period of time. This would allow the state hospital to properly assess and report back to the court within 90-days of the date of the commitment order as required by Penal Code Section 1370(b)(1).

When there is a shortage of beds at state mental hospitals, MHDS should recommend to the court that inmates adjudicated incompetent to stand trial be placed in a community program in lieu of a period of state hospitalization. Programs are available through the Forensic Conditional Release Program, which is state financed and state directed, whereby patient mental health services are provided by local vendors. Examples of these vendors could be county mental health programs or private service providers that contract with the state.

**Response:**

**The recommendation will not be implemented because it is not warranted or is not reasonable.**

Currently, the waiting time for transfers to Patton State Hospital is 27 days, a considerable improvement over past practice. Neither the Mental Health Director nor the Public Defender has any authority to affect the State Hospital acceptance of inmates waiting for transfer. They are the jurisdiction of the state and the court.

**Information Packets**

8. Court ordered packets sent to Patton State Hospital should have all required documents. (See Exhibit #2.) A Checklist should be developed and followed by the Riverside County Sheriff's business office to insure each packet is complete before sending to Patton.

**Response:**

**Defer response to Riverside County Sheriff's.**

**Mental Health Staffing Levels**

9. Department of Mental Health should provide mental health staffing at each jail on a 24-hour basis to ensure timely access to adequate mental health treatment.

The Larry D. Smith Correctional Facility should be staffed to be used as a designated 'treatment center'

DMH should review the ratio of number of psychiatrists per 100 inmates who require medication to make sure ratios are within mental health industry standards.

**Response:**

**The recommendation will not be implemented because it is not warranted or is not reasonable.**

Adequate mental health staffing should be provided in each jail but 24-hour staffing is not reasonable or needed at each jail.

It is cost prohibitive to designate Larry D. Smith Correctional Facility as a treatment center. It requires hospital standards for operating and staffing and there is no reimbursement from any source.

**Mental Health Records**

10. RCRMC and DMH should create and implement a computer system that allows prompt up-to-date access to every inmate's medical / mental health records. This system should be available to all jail locations.

**Response:**

**The recommendation has not yet been implemented but will be implemented in the future. Both the Department of Mental Health and RCRMC are in the process of implementing new information systems.**

**Policies**

11. RCRMC / Department of Psychiatry will review and modify Policy / Procedure #P4.43 to reflect the actual mental health personnel assigned or available at each detention facility, and insure policies are consistent with current law.

The Assistant Hospital Administrator, Chief of Psychiatry and the Assistant Chief Nursing Officer should review all Detention Mental Health policies and procedures and update annually as required.

**Response:**

**The recommendation will not be implemented because it is not warranted or is not reasonable.**

Policy #4.4.3 was reviewed and discontinued as a RCRMC policy effective 5/23/11 because it does not reflect current practice. The Grand Jury recommendation will not be implemented because it is not warranted given that the policy is now deleted. Psychotropic medication orders will be prescribed by jail psychiatrist for inmates that they evaluate in the jail setting. Psychotropic medications cannot be administered unless the patient has been evaluated by the prescribing psychiatrist who is familiar with the patient.

The RCRMC Assistant Hospital Administrator, Chief of Psychiatry and the Assistant Chief Nursing Officer review all RCRMC policies and procedures and updates as needed or required by the Joint Commission.

**Mental Health Discharge Planning**

12. DMH discharge plans should increase the possibility of successful community re-entry and reduce the rate of recidivism for offenders with mental illness, by identifying and arranging services needed to live successfully in the community. In addition to medications and therapy, the discharge plans should also include housing arrangements, government benefits assistance, veteran's benefits (if applicable), employment opportunities, and other services.

**Response:**

**The recommendation has not yet been implemented, but will be in the future.**