New York City Health + Hospitals
Correctional Health Services

Memo to: Margaret Egan, Esq.
Executive Director, BOC

From: Bipin Subedi, M.D., Co-Chief of Service - Mental Health 6/3/20

Date: June 30, 2020

Subject: Variance Report – Section 2-05(b)(2)(i-ii), Psychotropic Medication Utilization Data

This is a summary of the utilization data for the above-referenced variance.

Our pharmacy data system reports single-day snapshots of patients prescribed psychotropic medications. Recent data indicates that there are approximately 1440 patients with psychotropic medication orders. Of these patients, approximately 380 are housed in mental observation units, where, by policy, orders are for 14 days or less. In addition, there are approximately 330 patients who have a 14-day prescription in general population ("GP"), and 730 general population inmates who have a prescription duration over 14 days.

CHS by policy does not consider GP inmates stable for a 28-day prescription until they have received a follow-up visit from a psychiatrist who has determined there is no need for a medication adjustment. Because of the short length of stay in jail, many patients are discharged before they receive a follow-up visit (14 days after the initial psychiatric assessment) to assess their stability under the CHS policy. Accordingly, many of these 330 GP inmates are receiving 14-day medication orders because they have yet to be seen in follow-up or they require closer psychiatric attention.

This is a clinically successful implementation of the Board's variance that requires close follow-up when a GP patient is admitted to mental health services, and does not require redundant follow-up sessions for stable inmates with good responses to their medication. Since the variance has been in effect, there have been no known cases of stable patients becoming unstable and requiring hospitalization due to the 28-day regimen.

In light of the success of this effort, Correctional Health Services requests a renewal of this variance, which allows us to better direct our patient care resources to a more acute population.