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June 2, 2021

Margaret Egan, Esq.
Executive Director
NYC Board of Correction
1 Centre Street, Room 2213
New York, NY 10007

Dear Ms. Egan:

In accordance with the Board of Correction's Mental Health Minimum Standards for New York City Correctional Facilities, Section 2-09 (Variances), the Correctional Health Services division of the NYC Health + Hospitals requests a 6-month renewal of a continuing variance from Section 2-05 (b)(2)(i-ii) concerning psychotropic medication. The variance, first granted by the Board on November 10, 2005, authorizes psychiatrists to see and evaluate stable adult patients on psychotropic medication in general population at least every 28 days, rather than every 14 days. As the Board has acknowledged, this variance helps to improve patient care and make the psychotropic medication prescription practices consistent with the current community standard.

Attached is a summary of utilization data in support of the variance.

The consideration of the Board members and staff is greatly appreciated in this matter.

Respectfully,

A handwritten signature in blue ink, appearing to be "R. MacDonald".


Ross MacDonald, MD
Correctional Health Services

cc: Patsy Yang, DrPH

**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

Date: June 1, 2021 

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 2128 patients with psychotropic medication orders. Of these patients, approximately 492 are housed in mental observation units, where, by policy, orders are for 14 days or less. In addition, there are approximately 898 patients who have a 14-day or less prescription in general population (“GP”), and 738 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 mental health provider 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 (7 days after the initial psychiatric assessment) to assess their stability under the CHS policy. Accordingly, many of these 898 GP inmates are receiving 14-day or less 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.