

NYC Board of Correction Meeting November 12, 2024

Bipin Subedi, MD

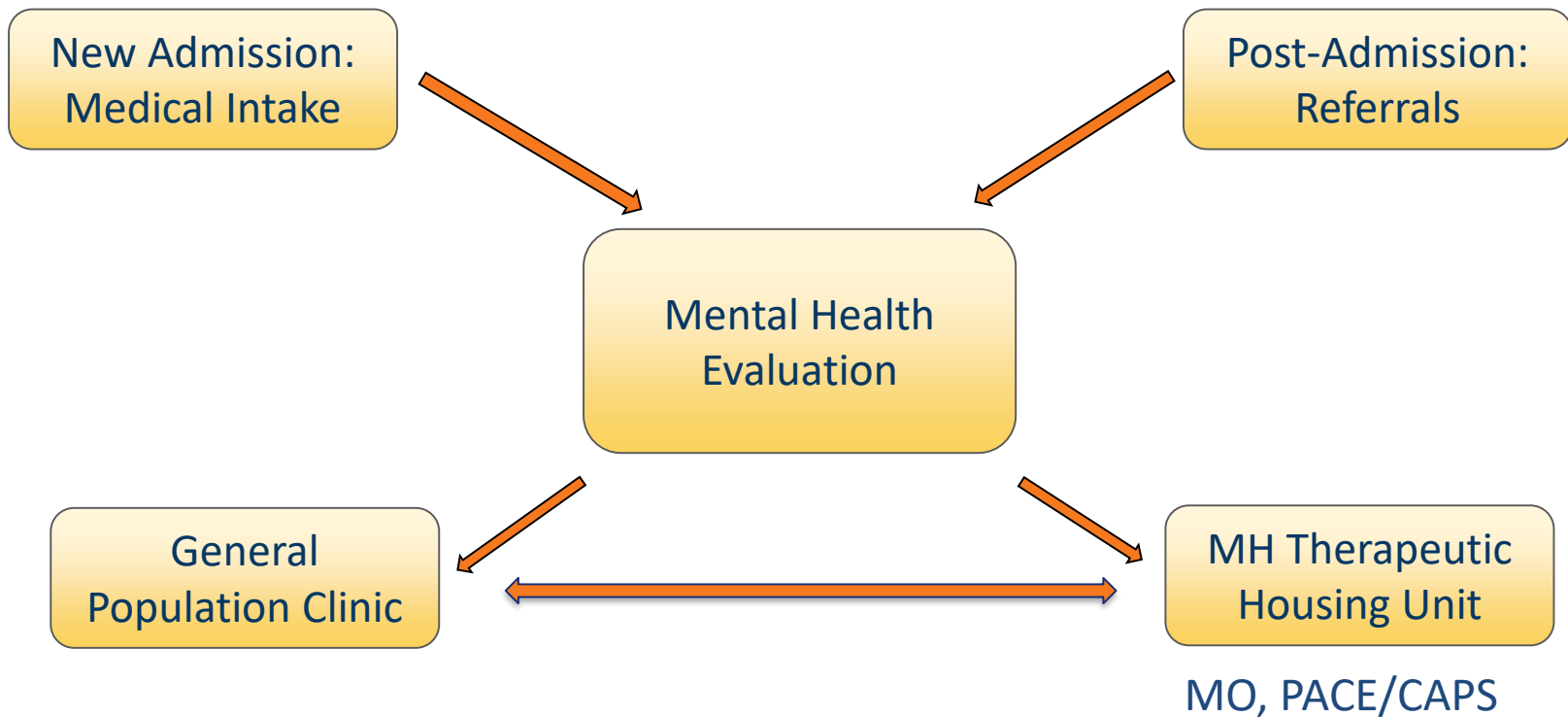
Chief Medical Officer, Correctional Health Services, NYC Health + Hospitals



Objectives

- Provide overview of treatment on mental health therapeutic housing units
 - PACE/CAPS
 - Medication delivery
- Support renewal of variance requests
 - Tuberculosis screening
 - Psychotropic medication

Mental Health Service



MH THUs: Benefits

Increased access

Enhanced treatment interventions

Increased clinical observation and care coordination

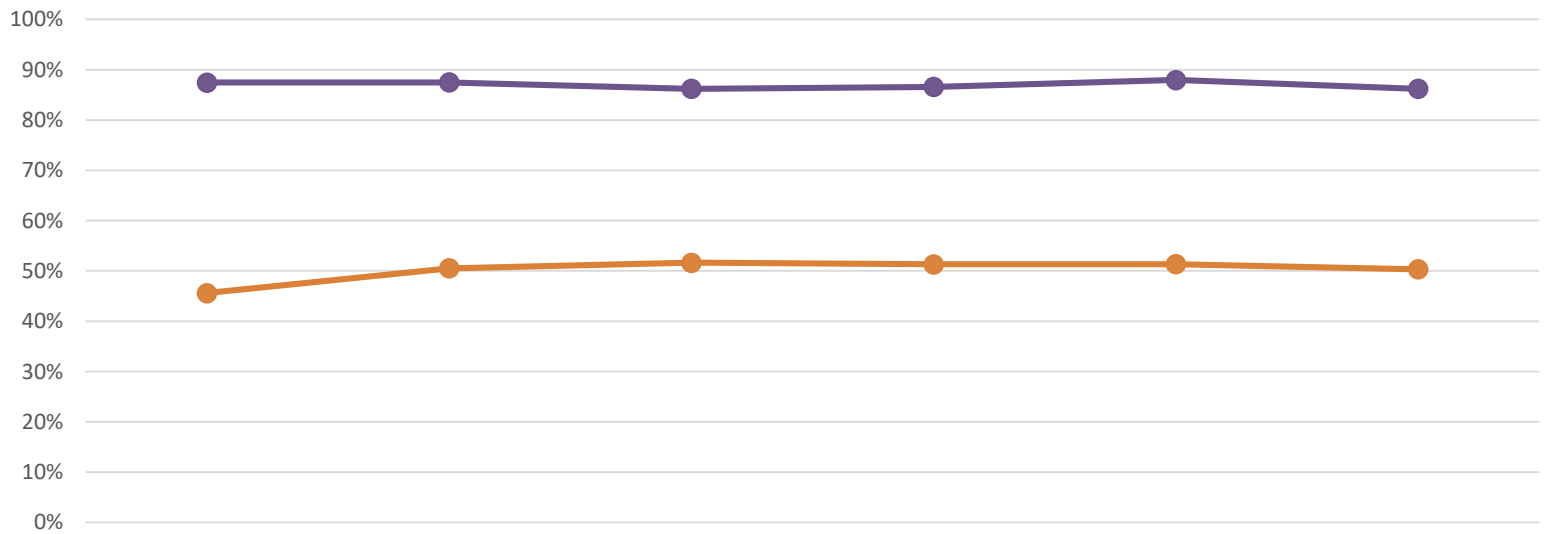


MH Levels of Care

- General Population (GP) Clinics
 - At minimum: monthly clinician and psychiatric provider visits
- Mental Observation (MO) Units
 - MH visits and medication administration primarily occurs on the unit
 - At minimum: daily MH rounding, weekly clinician visits, biweekly psychiatric provider visits, creative arts therapy, groups
- Program for Accelerating Clinical Effectiveness (PACE) Units
 - MH visits and medication administration primarily occurs on the unit
 - At minimum: daily MH rounding, weekly clinician visits, biweekly psychiatric provider visits, creative arts therapy, groups
 - Enhanced staffing: CHS presence on unit 16 hours/day, steady DOC officers

PACE: Access

Access to Scheduled Visits
Mental Health, Percent Completed (Seen/Refused)
Jan - Jun 2024



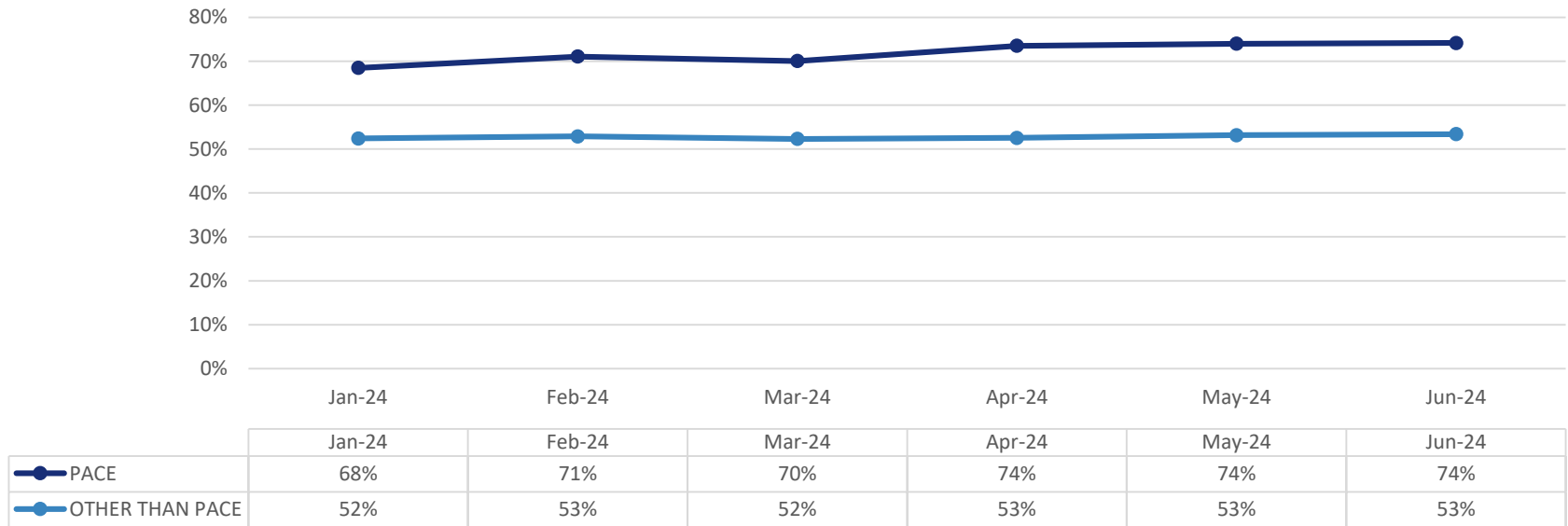
	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
PACE	87%	87%	86%	87%	88%	86%
OTHER THAN PACE	46%	51%	52%	51%	51%	50%

PACE/CAPS: Medication Administration

- Medications are provided directly to patients on the unit in designated areas
 - MH staff support medication distribution
- If a patient does not receive medication during distribution time, the medication can be left on unit to be administered later
 - Provides the team with an opportunity to develop and implement an individualized approach to treatment

PACE: Medication Adherence

Medications
Psychotherapeutic & Chronic Carry Type, Percent Given
Jan - Jun 2024

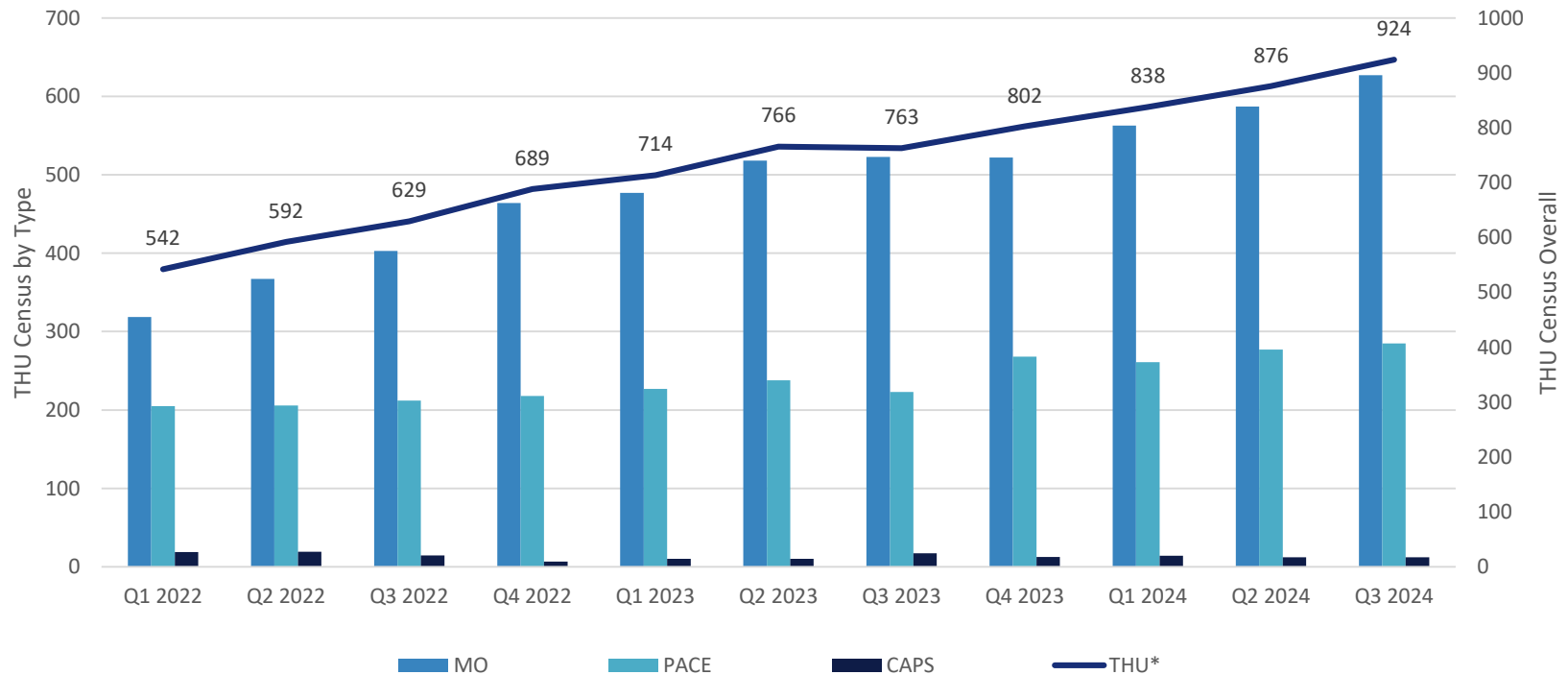


MH THU Rounding

- Mental health staff are expected to document if a patient was not able to be seen out of their cell during rounds
- Individuals who have been noted to be in their cell for more than three consecutive occasions during rounds are reviewed by supervisors to possible additional clinical follow-up
- CHS Observations:
 - Do not distinguish between voluntary or involuntary lock-ins
 - Include patients who may have been out of their cell between rounds

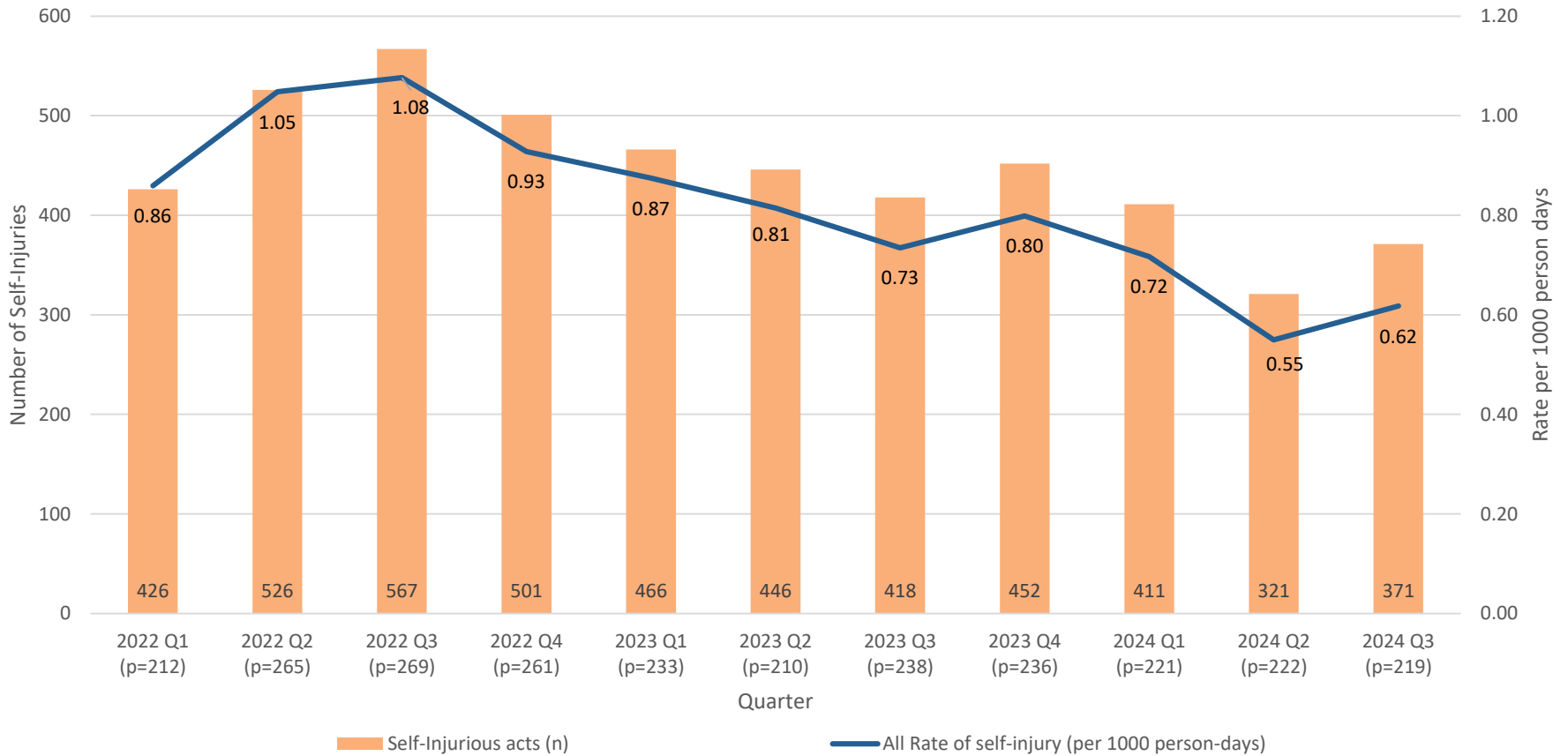
MH Therapeutic Housing Areas

THU Average Daily Census by Quarter



Jail Self-Harm

Rate of Self-Injury: All Housing Types



*p = unique patients with self-injury

Requests to Renew Variances



Tuberculosis Screening

- Board Standard: Section 3-04(b)(2)(v)(a) of the Minimum Standards requires that a tuberculin skin test (TST) be administered during the intake screening process for patients who do not have a prior history of a positive reaction to the test.
- Variance request: authorize CHS to use interferon gamma release assays (IGRA) as a substitute for TST in tuberculosis screening
 - First granted at least 17 years ago
- Basis for request:
 - Results usually return within 24 hours
 - Do not require patients to return to the clinic for reading
 - Recommended by:
 - The American Thoracic Society, Diseases Society of America, and Center for Disease Control and Prevention (CDC)

Summary

- TB variance improves care and has significant operational value
- TB variance is also supported by recommendations from national professional organizations

Psychotropic Medication

- Board Standard: Section 2-05 (b)(2)(i-ii) of the Minimum Standards requires that all patients on psychiatric medication must be seen at least every 14 days by a psychiatric provider.
- Variance Request: allows CHS to schedule patients to be seen according to their individual clinical needs up to every 28 days
 - First implemented at least 19 years ago

Psychotropic Variance: Basis for Request

- Higher-risk MH patients are housed in MH THUs
- Individuals undergoing medication changes are seen sooner
- Not all GP patients on psychiatric medications are the same
- All patients on psychotropic medication are still scheduled for monthly mental health clinician visits
- Allows for clinically-informed, patient-centered scheduling and encourages increased visit frequency when indicated
- Patients can ask to be seen sooner during CHS rounds, during clinic visits, through the CHS Health-Triage Line, or through a DOC Officer.

Psychotropic Variance: Basis for Request

- National Commission on Correctional Health Care Mental Health Standards (2015)
 - “Outpatients receiving basic mental health services are seen as clinically indicated, but not less than every 90 days”
- American Academy of Psychiatry and the Law Prescribing Resource (2018)
 - “Clinical judgment may guide the frequency of follow-up visits. We suggest having more frequent contacts with patients having active psychiatric symptoms...”
- NYC BOC Minimum Standards
 - “Psychotropic medication should be dispensed only when clinically indicated, consistent with the treatment plan”

Summary

- Psychotropic medication variance supports clinically-informed and individualized care
- Variance is consistent with, while remaining more protective than, the recommendations of national community and correctional mental health professional organizations

Thank you