

Psychotropic Medication Categorization to Assist with Assignment of Inmate Mental Health Care Level

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Objectives

- Present the KS-COP (Kennedy Santoro-Categorization of Psychotropics) and its potential to enhance the determination of Mental Health Care Levels.
- Identify potential improvement measures in the categorization of an inmate's mental health level
- Describe the importance of psychiatric medication in predicting the mental health needs of an inmate
- Identify potential cost savings and benefits in care by using the KS-COP to incorporate psychotropic medication into the categorization of an inmate's mental health care level.

Background

- The number of incarcerated individuals with mental health disorders are increasing yearly
- Nearly 33% of the American population with a mental illness (mild- severe) will encounter the criminal justice system within a 2 year period
- 49% of inmates have a mental illness or comorbid substance abuse
 - 15-20% have a severe psychiatric disorder

Care Levels

- In the BOP inmates are categorized into medical and mental health levels based on level of care needed.
- A major factor in assignment of inmates to facilities with appropriate resources
- Determines treatment frequency and type, as well as outpatient/inpatient need.

Determination of Care Levels

- Diagnosis
- Current clinical presentation
- Need for services
 - Historical
 - Future

Determination of Care Levels

Inmate Psychiatric Level of Care

	Mental Health Condition	Care Requirement	Mental Illness Severity	Functioning
Level 1	No regular visits	Not regular, completed in 3 months	No Hx of severe MI Demonstrates help-seeking behaviors	No significant impairment
Level 2	Chronic illness requiring q 1-3 month evaluation	Ongoing routine out-pt care	Has major mental illness	Fairly well, responsive to treatment
Level 3	Requires monthly evaluation	Enhanced out-pt care Requires periodic hospitalization	May be suicidal or homicidal	Limited, but daily nursing not needed
Level 4	Requires weekly interventions	In-patient care	Suicidal, delusional, hallucinating	Severe impairment, Daily nursing care

Proposed Use of Medication Profile to Assist Determination of Care Levels

- Current identification of care levels does not consider inmate medication profile.
 - Type of medication
 - Number of medications
- Inmate medication profile can be a significant identifier for mental health care needs

Literature review

- Studies are lacking correlating type or number of medications to patient mental health severity

Medication Categorization

- Categorizing patient severity based on their psychotropic medication
- Grouping different medications into 5 major classes
 - Helps to narrow medication profile
- Important due to increased polypharmacy among patients with more severe mental health needs.

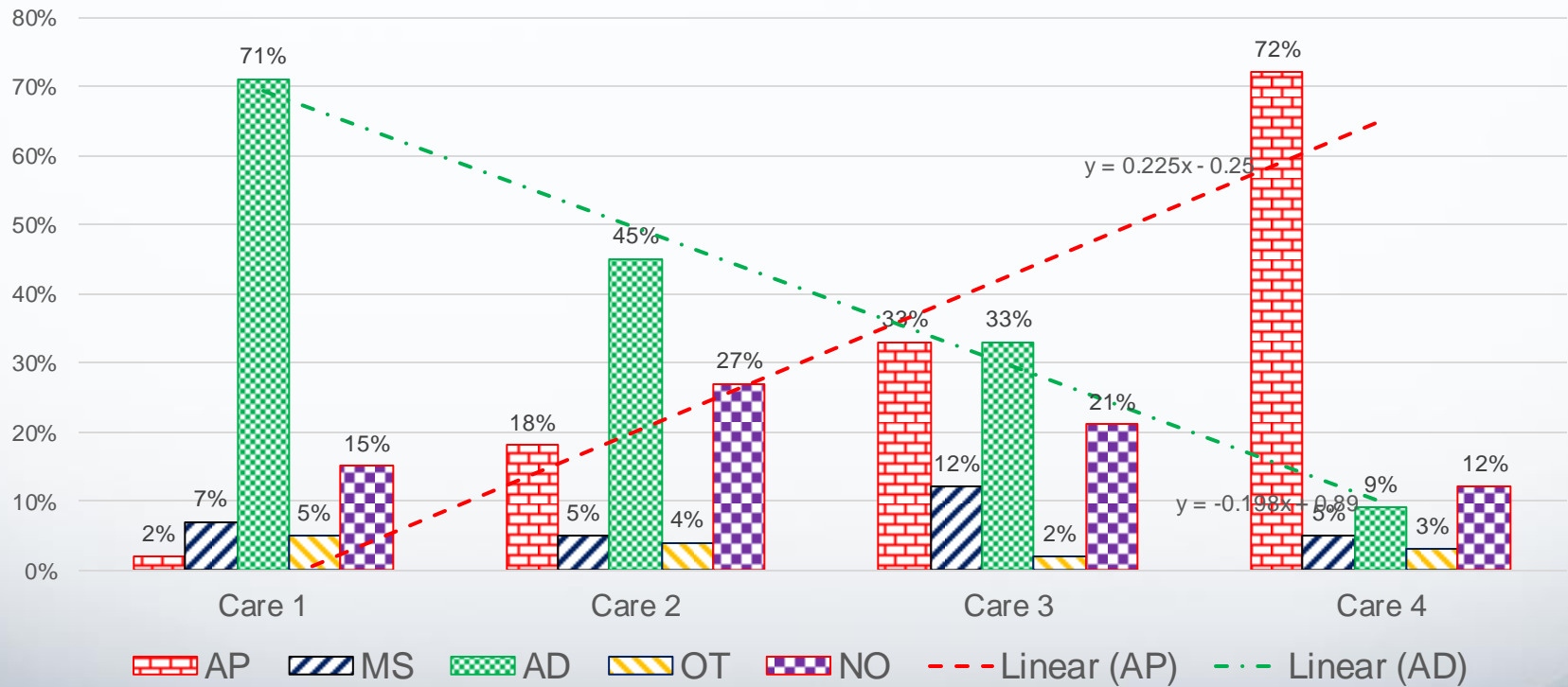
KS-COP

(Kennedy Santoro –Categorization of Psychotropics)

- Ordinal system to provide arrangement of psychotropic medications into classes that usually address the most serious psychiatric illnesses to those that are less serious
- Classifications
 - Antipsychotics
 - Mood Stabilizers
 - Antidepressants
 - Other Psychotropic Medications
 - No Psychotropics

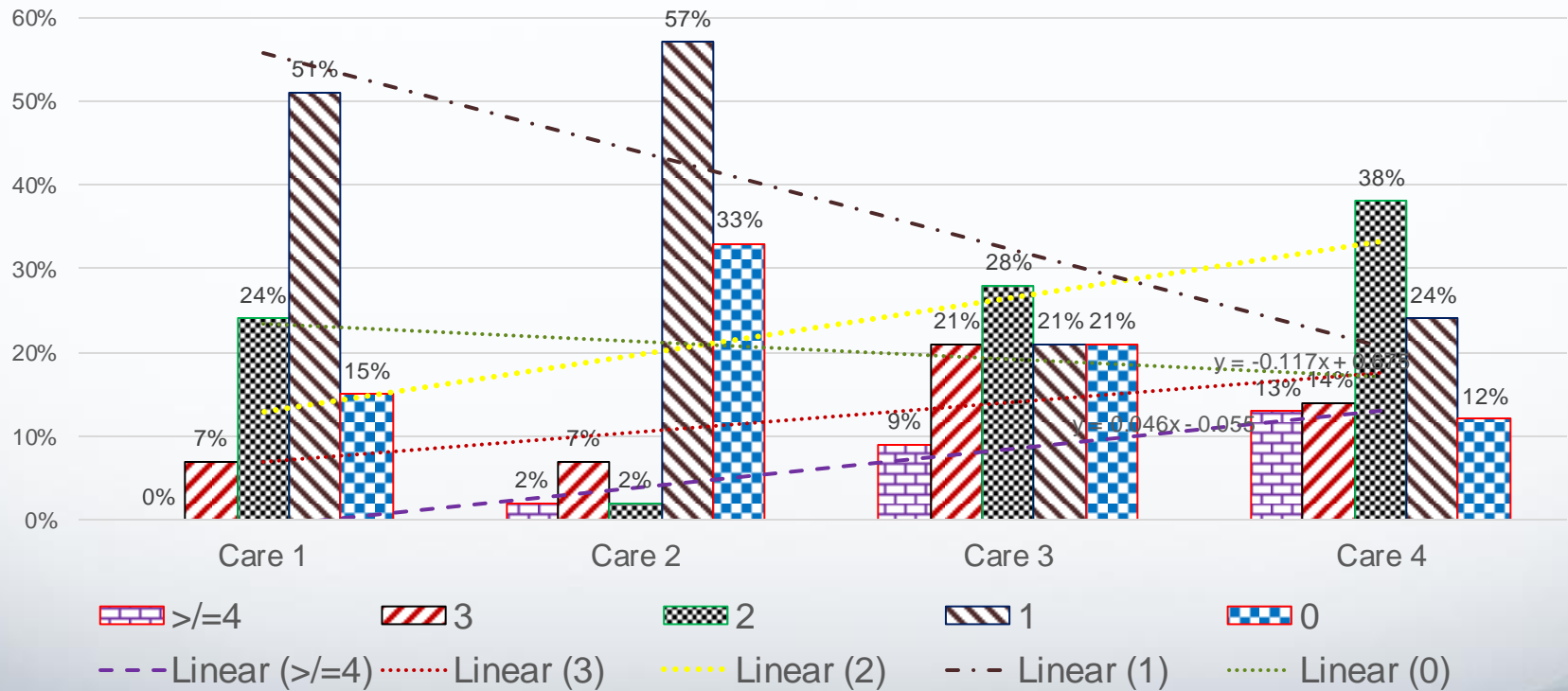
PERCENTAGES OF EACH OF THE FIVE PSYCHOTROPIC MED GROUPS ARE SHOWN WITHIN EACH OF THE FOUR CARE LEVELS (KS TRUMPING)

<--Least Impaired (MH Care Level 1) --- (MH Care Level 4) Most Impaired-->
(AP=Antipsychotic - MS=Mood Stabilizer - AD=Antidep - OT=Other - NO=No
Psy Meds)



PERCENTAGES OF EACH OF THE FIVE NUMBER GROUPS ARE SHOWN WITHIN EACH OF THE FOUR CARE LEVELS (Number of Meds)

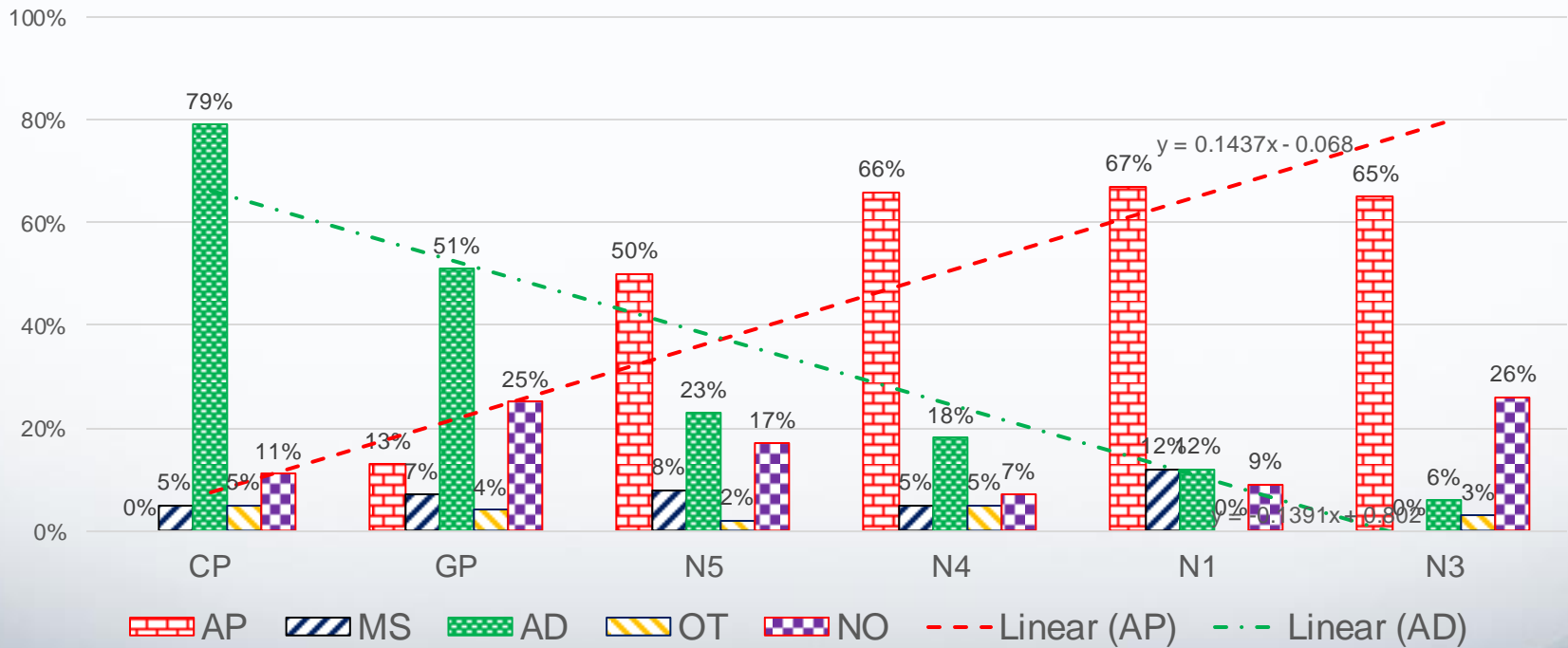
<-- Least Impaired (MH Care Level 1) --- (MH Care Level 4) Most Impaired-->
Number of Psychotropic Meds Each Patient Is On: >/=4, 3, 2, 1, or 0 (No Meds)



PERCENTAGES OF EACH OF THE FIVE PSYCHOTROPIC MED GROUPS ARE SHOWN WITHIN EACH OF THE SIX UNITS / LOCATIONS (KS TRUMPING)

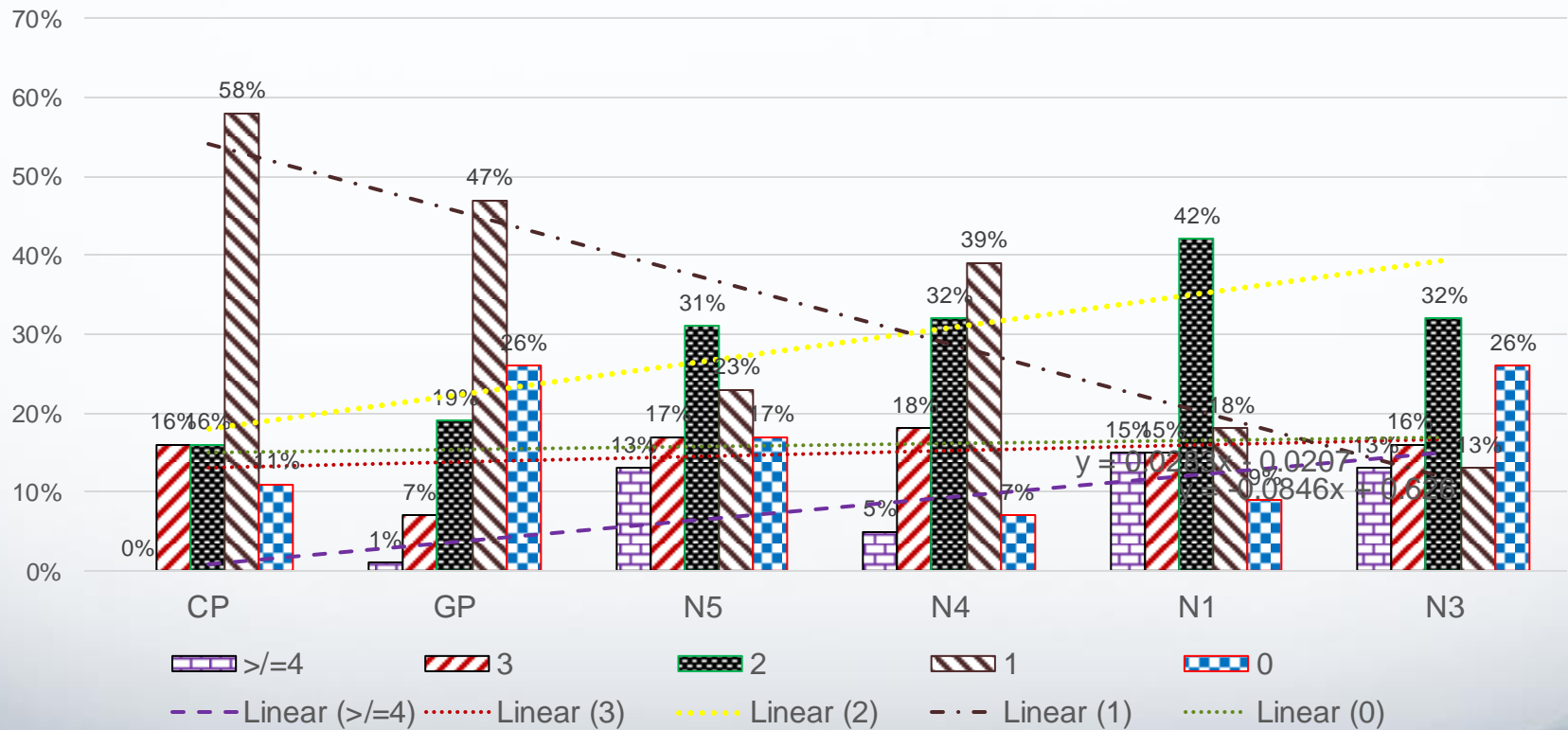
<--Least Impaired (CP (Camp) - GP (Gen Pop)) --- (N5 - N4 - N1 -N3) Most Impaired-->

AP=Antipsychotic MS=Mood Stabilizer AD=Antidepressant OT=Other
NO=No Psy Med



PERCENTAGES OF EACH OF THE FIVE NUMBER GROUPS ARE SHOWN WITHIN EACH OF THE SIX UNITS / LOCATIONS (Number of Meds)

<--Least Impaired (GP - CP (Camp) --- (N3 - N1 - N4 - N5) Most Impaired-->
Number of Psychotropic Medications per Patient



Discussion

- Categorization system is consistent with mental health care levels at FMC Devens
- Use of this system as an adjunct to current care level identification system could help accurately identify medication and psychiatric needs for an inmate
- Potential cost savings

Future Direction

- Data collection from another BOP site(s)
- Data collection from non-BOP site(s)
- Evaluate individual patients or groups based on their medication profile, including those refusing recommended medications
- Use of KS-COP to evaluate patient medication history

Thank You!

Questions?

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"Oh, you're crazy, I'm crazy, WE'RE ALL crazy!"