



COUNTY OF YOLO

HEALTH AND HUMAN SERVICES AGENCY

POLICIES AND PROCEDURES

SECTION 5, CHAPTER 11, POLICY 002

STANDARDS FOR PRESCRIBING AND MONITORING PSYCHOACTIVE MEDICATIONS

- A. PURPOSE:** To provide guidelines for clinical policy regarding standards for prescribing and managing psychoactive medications, and to provide a foundation for quality management relating to the use of major classes of psychoactive medications and specific treatment strategies for common mental health disorders.
- B. FORMS REQUIRED/ATTACHMENTS:**
- a. Attachment A – Parameters for the Use of Psychoactive Medications
 - b. Attachment B – Parameters for the Use of Antidepressant Medications
 - c. Attachment C – Parameters for the Use of Antipsychotic Medications
 - d. Attachment D – Guidelines for the Use of Clozapine
 - e. Attachment E – Parameters for the Use of Anxiolytic Medications
 - f. Attachment F – Parameters for the Use of Mood Stabilizing Medications
 - g. Attachment G – Parameters for the Use of Psychoactive Medications in Individuals with Co-occurring Substance Abuse
 - h. Attachment H – Parameters for General Health-related Monitoring and Interventions in Adults
 - i. Attachment I – Specific Pharmacotherapy Treatment Strategies for Mental Health Disorder
 - j. Attachment J – Prescribing Psychotropic Medications to Minors
- C. DEFINITIONS:** N/A
- D. POLICY:** Yolo County Health and Human Services Agency (YCHHSA) develops and regularly revises Parameters for the Use of Psychoactive Medications for the treatment of mental health disorders to ensure current best practices.
- E. PROCEDURE:**

A. Establishing Parameters

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- a. These parameters are based on reasonable scientific evidence and knowledge of best practices for treating mental health disorders, as well as practice guidelines established by the Code of Federal Regulations (CFR), American Psychiatric Association (APA), Food and Drug Administration (FDA), and Los Angeles County Department of Mental Health (LACDMH). In December 2014, LACDMH granted approval to the Department of Health Care Service (DHCS) and California Department of Social Services (CDSS) to adopt their guidelines for prescribing psychotropic medications to children and adolescents as part of California Guidelines based on a consensus of best practices.
- b. These parameters are adopted with input from clinical experts in the field, prescribing practitioners of YCHHSA and contract agencies, and consumers of YCHHSA services.
- c. These parameters represent consensus among YCHHSA clinicians and experts in psychopharmacology.
- d. YCHHSA distributes the parameters to its providers and consumers, as appropriate.
- e. These parameters apply to all outpatient YCHHSA programs and contracted agencies.
- f. These parameters apply to treatment of all individuals accessing outpatient mental health services through YCHHSA, regardless of the funding source for the prescribed medication/treatment.
- g. These parameters are not absolute and it is understood that the clinical condition of the client ultimately dictates the course of action to be followed by prescribers. However, the specific reason(s) for deviation from these parameters should be clearly documented in the client's medical record.
- h. These parameters are designed to encourage consultation and monitoring at clinical sites, and to encourage departmental education and training.
- i. Changes in current medication regimens made for the purpose of conformity with these parameters should be initiated only after careful consideration of the original reasons for the current medication regimen.
- j. These parameters reflect current interpretations of best practices and change as new information and medications become available.

B. Physical Examination and Medical Monitoring

- a. Guidelines for medical monitoring are referenced within each parameter for the specific class of medication being prescribed. Monitoring of individuals taking any medication should be determined by the unique clinical situation and condition of the individual, including type of medication(s), health risk factors, duration of treatment, concurrent general medical conditions, and associated medications and laboratory monitoring. All such activity and results shall be documented in the client's medical record.
- b. Refusal to undergo a medical examination and/or appropriate medical monitoring is a special situation that must be addressed by the prescribing practitioner. Risks and benefits of prescribing medication shall be discussed with the individual being treated. The physiologic

dangers inherent in this situation must be considered and the nature and outcomes of such deliberations must be clearly documented in the medical record.

C. Informed Consent for Treatment with Psychotropic Medications

- a. The prescribing practitioner must document review of medications with the client and/or guardian/conservator in accordance with YCHHSA policy, "Medication Consent and Medication Services Client Plan (MSCP)", and the guidelines outlined on the Informed Consent for Treatment with Psychotropic Medications Form.
- b. The "Informed Consent for Treatment with Psychotropic Medications" Form issued by YCHHSA shall be used in all outpatient clinics. These forms shall be maintained on file in the client's medical record.
- c. Information to be provided to the client and/or guardian/conservator shall include all information contained within YCHHSA policy, "Medication Consent and Medication Services Client Plan (MSCP)".

D. Associated Assessment

- a. Relevant information contained in progress notes from other clinical disciplines and staff should be reviewed and considered by the treating prescribing practitioner in formulating medication treatment planning. Factors influencing the practitioner's treatment decisions obtained from other treating clinicians should be documented.
- b. Treatment of individuals known to the clinic but not to the practitioner should include a review of the clinical record to assess for medication history, adverse side effects, allergies, and other special circumstances or consideration required to appropriately prescribe.
- c. Prescribing practitioners should be capable of utilizing the full spectrum of psychotropic agents available for the specific population being treated and consistent with the prescriber's background, training, and scope of practice.
- d. In circumstances where multiple clinicians are involved in the treatment of a client, prescribing practitioners should periodically review and discuss medication treatment plans with other disciplines and document this activity in the medical record.

E. Monitoring and Quality Improvement

- a. YCHHSA shall measure performance against important aspects of at least two of the parameters annually. Monitoring and analysis is used to improve practitioner performance, revise the guidelines as necessary, and enhance clinical decision making.
- b. All parameters related to the use of psychoactive medications shall be incorporated into existing medication monitoring standards and procedures.
- c. Existing methods of monitoring and quality improvement will be utilized where appropriate. These methods include, but are not limited to: supervision, medication monitoring, peer review, and site visits.

F. REFERENCES:

- 42 CFR, Section 438.236 – Practice Guidelines.
- American Academy of Child and Adolescent Psychiatry. (2012). *A Guide for Community Child Serving Agencies on Psychotropic Medications for Children and Adolescents*. www.aacap.org
- American Psychiatric Association. (2015). *Practice Guidelines for the Psychiatric Evaluation of Adults (3rd ed.)*. Arlington, VA: American Psychiatric Publishing.
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- American Psychiatric Association. (2007). *Treating Patients with Obsessive-Compulsive Disorder: A Quick Reference Guide*.
- American Psychiatric Association. (2009). *Treating Patients with Panic Disorder: A Quick Reference Guide*.
- American Psychiatric Association. (2004). *Treating Patients with Schizophrenia: A Quick Reference Guide*.
- American Psychiatric Association. (2006). *Treating Patients with Substance Use Disorders: A Quick Reference Guide*.
- American Psychiatric Association. (2003). *Treating Patients with Suicidal Behaviors: A Quick Reference Guide*.
- Centers for Medicare and Medicaid Services. (2013). *Atypical Antipsychotic Medications: Use in Adults*. CMS Medicaid Integrity Program (MIP).
- Food and Drug Administration. (2007). *FDA Proposed Medication Guide When Using Antidepressants in Children or Teenagers and Young Adults to Age 25*.
- Judicial Council of California. (2016). *JV-217-INFO: Guide to Psychotropic Medication Forms*. www.courts.ca.gov

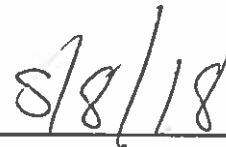
Los Angeles County Department of Mental Health. (2017). *Parameters 3.8 for Use of Psychotropic Medication in Children and Adolescents*.

Teva Pharmaceuticals USA, Inc. (2017). *Clozapine REMS Program*. www.clozapinerems.com

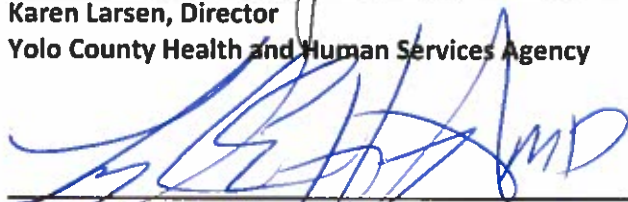
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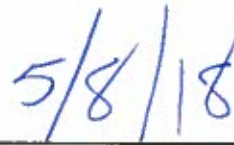
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