



Riverside County  
Department of Mental Health  
Division of  
Quality Improvement

# **PSYCHOTROPIC MEDICATION GUIDELINES**

December 2008

RCDMH  
DIVISION OF QUALITY IMPROVEMENT  
PSYCHOTROPIC MEDICATION GUIDELINES  
December 2008

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RCDMH  
DIVISION OF QUALITY IMPROVEMENT  
PSYCHOTROPIC MEDICATION GUIDELINES  
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INTRODUCTION

Since the last revision of the Medication Guidelines in January 2005, new psychotropic medications have been approved for use by the FDA. The FDA approved indications for existing medications continues to expand.

Beginning in 2007, RCDMH began implementation of new formats for documentation for psychiatrists including Psychiatric Assessments/Reassessments, Progress Notes, and Consumer Care Plans. As of this publication, these formats have been fully implemented. Currently RCDMH is continuing to revise these formats in order to meet Medi-Cal standards, to provide formats that are “user-friendly” for psychiatrists and to prepare for implementation of an electronic medical record system that is expected to be completed over the next several years.

Also, beginning in 2007, the RCDMH Medical Director established new policies regarding psychotropic medications that had not existed before. This was done in order to set specific standards and policy expectations for all RCDMH psychiatrists and contract providers for providing consistent, high quality psychotropic medication services for enrolled clients/consumers.

These Psychotropic Medication Guidelines also incorporate current policies and other information regarding the use of psychotropic medications in children as well as adults. They will also be utilized by the RCDMH Division of Quality Improvement in the process of conducting quality of care reviews and audits of RCDMH psychiatric providers.

Any questions regarding these Psychotropic Medication Guidelines may be addressed to the RCDMH Medical Director at (951) 358-4621 or the Division of Quality Improvement at (951) 358-7720.

RCDMH  
DIVISION OF QUALITY IMPROVEMENT  
PSYCHOTROPIC MEDICATION GUIDELINES  
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MEDICATION RELATED POLICIES

RCDMH POLICY 547:

ORDERING, RECEIVING, STORING, PROVIDING, DISPOSING,  
ADMINISTERING, AND PAYING FOR MEDICATIONS

Effective Date: October, 9, 2007

Policy 547 combines several older policies into one new policy. Procedures incorporated include:

- Ordering Stock Medications for County Clinics
- Receiving Medication Samples and Patient Assistance Program (PAP) Medications
- Medication Inventory
- Medication Storage
- Administering Injectable Medications
- Providing Medications
- Emergency Refills and “Bridging” of Medication
- Re-labeling or Repackaging Medications
- Medication Disposal
- Certification of Organizational Contract Providers by the Mental Health Plan
- County Paid Medications (Outpatient Services)

Attached to Policy 547 are several forms that are required for documentation of these issues.

Of particular importance to prescribing psychiatrists of the county clinics is Section K that describes the parameters for prescribing psychotropic medications for indigent/unfunded clients, the limitations on county payment for medications and the requirements for clinic psychiatrists to request authorization for county payment for medications that apply to all county outpatient clinics.

**RIVERSIDE COUNTY  
DEPARTMENT OF MENTAL HEALTH**

**POLICY:** 547

**SUBJECT:** **ORDERING, RECEIVING, STORING, PROVIDING,  
DISPOSING, ADMINISTERING, AND PAYING FOR  
MEDICATIONS**

**REFERENCES:** CFR, Title 9, Chapter 11, Section 1810.435(c)(6);  
CFR Title 22, Article 4;  
Mental Health Plan (MHP) Contract with DMH, Exhibit  
A, Attachment A, Appendix D, Titled: Provider  
Certification by the Contractor of the Department;  
US Public-Law PL 100-293 Apr 22, 1988;  
Prescription Drug Marketing Act of 1987;  
CFR, Title 21 Section 1300 D.E.A.;  
H.R. No. 1;  
Browning Ferris Industries, Inc. Guidelines;  
Riverside County Public Health Code-Rules and  
Regulations;  
California Health and Safety Code (H&SC), section  
11790, Hazardous Waste Control and Medical Waste  
Management Act;  
Ordinance. No. 615, Governing Management of  
Pharmaceutical Waste in Riverside County;  
Exp. Pharmaceutical Waste Management Inc.  
Standards;  
GA-13 (County Purchase Order form);  
DMH Policy #215-Patient Assistance Program

**FORMS:** Incoming and Outgoing Inventory of Medications,  
Attachment A;  
Certification of Non-Hazardous Waste Pharmaceuticals  
Stericycle Form (Federal Waste Regulations),  
Attachment B;  
Destroyed Medications Log, Attachment C;  
Certification Survey Checklist, Attachment D;  
Authorize/Re-Authorization for County Payment of  
Client Medications, Attachment E

**EFFECTIVE DATE:** October 9, 2007

**POLICY:**

It is the policy of Riverside County Department of Mental Health (RCDMH) that all County-operated clinics and mental health providers contracted with the Mental Health Plan (MHP) provide medication services, including the ordering, receiving, storing, providing, disposing, and administering of medications, in compliance with all applicable State and Federal laws and regulations, including CCR, Title 9, Chapter 11, Section 1810.435(c)(6); Title 22, Article 4; MHP Contract with DMH, Exhibit A, Attachment 1, Appendix D, Titled: Provider Certification by the Contractor of the Department. Only staff that are licensed to handle and provide medications may do so. These include MDs/DOs, RNs, LVNs, LPTs, Physician Assistants, Certified (PA-Cs), and Registered Nurse Practitioners (RNs). In outpatient clinics, only MDs/DOs, RNs and PA-Cs are authorized to provide or supply medications to clients directly.

In addition, it is the policy of RCDMH that clients assume the primary financial responsibility for the purchasing their own psychotropic medications. Department staff will provide assistance to the client in exploring all possible funding sources for payment of medications.

**PROCEDURES:**

A. Ordering Stock Medications (County Clinics only)

1. Only medications approved for use by the RCDMH Medical Director will be ordered as stock.
2. County operated clinics will order medications through Material Management and all orders must be filled by a licensed pharmacist.
3. The purchase order (GA-13) must be completed by a licensed nurse or physician, and must be signed by a licensed physician.
4. The physician must attach a prescription to the GA-13, to include the words "to be administered by licensed nursing staff" (RN, LVN or LPT), and the GA-13 and prescription routed to Material Management.
5. Patient assistance medications provided by pharmaceutical companies for indigent clients must be ordered in accordance with an approved Patient Assistance Program (PAP).

6. When stock medication is delivered, the order must be marked "received" by a licensed nurse or physician, and the received medications reconciled with the medication order. Any discrepancies must be noted.
7. Stock medication must be stored separate from sample or patient assistance medications.
8. Medications received with an expiration date within 60 days must be returned to the pharmacy for replacement, or reimbursement.
9. Controlled medications (Schedules II, III, and IV medication) must be ordered only with the approval of the RCDMH Medical Director, and are limited to County clinics that provide Medi-Cal authorized crisis stabilization emergency services.

B. Receiving Medications (Sample and Patient Assistance Medications)

1. Samples must be received by a licensed nurse or Physician, and entered into the clinic medication inventory. Samples must be stored separately from stock medication, and patient assistance medication.
2. Patient assistance medications must be entered into the inventory upon receipt, and stored separately from samples and stock medication.
3. No samples or patient assistance medications listed on Schedules II, III, IV or V (controlled medications) may be received or stored.

C. Inventory

1. A complete inventory of all medication (stock, samples, and patient assistance medications) must be conducted a minimum of every 6 months. All medication (incoming and outgoing) must be counted and recorded on inventory logs (Attachment A).
2. All expired medications must be destroyed as required by law. All inventory logs must be maintained by a licensed nurse or physician, in a file at the clinic site, with a copy given to the supervisor of the clinic. Logs must be kept on file for a minimum of two years.

D. Medication Storage (Includes stock, samples, patient assistance, injectables, and interim storage of outdated medications, confiscated medications and pharmaceutical waste).

1. Medications must be stored in a secure area behind two locks with access limited to those personnel with written authorization.
2. Medications must be checked monthly for expiration dates, or overt signs of deterioration and expired or spoiled medication must be disposed of as pharmaceutical waste (Attachment B).
3. Samples, stock and patient assistance medications must be stored separately from one another in clearly marked storage areas. Medications must be organized in logical fashion, and kept separately from over-the-counter medication and other patient supplies. Drugs intended for external use only must be stored separately.
4. All medications must be stored at proper temperature: Room temperature drugs must be maintained at 59-86 degrees F (15-30 degrees C); refrigerated drugs at 36-46 degrees F (2-8 degrees C). All medication refrigerators must be kept locked.
5. Medication refrigerators shall only be used for the purpose of storing medications, and must not have food or other items stored in them.
6. Storage of Patient Assistance Program (PAP) medications shall follow the guidelines and procedures of the approved Patient Assistance Program.
7. Pharmaceutical waste will be stored and disposed of in accordance with state law.

E. Administering Injectable Medications

1. Only staff licensed to administer medications may do so. These include licensed MD/DOs, RNs, LVNs, and LPTs, Physician Assistants, Certified (PA-Cs), and Registered Nurse Practitioners (RNPs). Upon administering medication to a client, staff must document the name of the medication, strength, site, and route of medications given in the client record.
2. Multiple dose vials and all medication bottles must be dated and initialed at the time they are opened and will not be used after 30 days of the opening.
3. Dates on medication must be checked with each injection.

4. Retractable needles must be used whenever possible. Needles shall not be recapped after use. Needles must be disposed of in an approved biohazard "sharps" container.
  5. Gloves must be worn when giving injections.
- F. Providing Medication (Includes samples, stock, and patient assistance medication)
1. Only staff licensed to handle and provide medications may do so. These include licensed MDs/DOs, RNs, LVNs, and LPTs, Physician Assistants, Certified (PA-Cs) and Registered Nurse Practitioners. In outpatient clinics, LVNs and LPTs are not authorized to provide or supply medications directly to the client. Only a MD/DO, RN, or PA-C is authorized to do this.
  2. Controlled drugs (Schedules II – IV) shall not be stored or provided at County clinics, except at facilities providing crisis stabilization emergency services, or as approved by the RCDMH Medical Director.
  3. All medication provided to a client must be noted in the inventory log. Separate logs must be maintained for sample, stock and patient assistance medications.
  4. The licensed nurse or physician must document the medication provided in the client's chart, including the medication name, date, identification of the medications as sample(s), strength, dosage, quantity provided, staff name and signature.
  5. The staff person providing the medication must assure that there is a current valid consent (consents are valid for up to one year) to take the medication on file in the client's chart. All informed consents for medications must be signed by both prescribing physician, and the client/legal representative.
  6. The licensed nurse or physician shall provide counseling to the client at the time the medications are provided, regarding the proper use and storage of the medication, and potential risks and side effects including possible drug/drug and food/drug interactions.
  7. All medications given to the client must be labeled with the date, patient's name, medication quantity, expiration date and prescribing clinician's name.

G. Emergency Refills and "Bridging" of Medication

1. As part of the team approach to patient care, Riverside County Mental Health psychiatrists may give telephone authorization for refills of psychotropic medications prescribed by their colleagues within the system.
2. The clinical record of each patient calling or presenting at a clinic seeking a medication refill will be reviewed by a non-MD licensed clinician, who will also obtain a brief mental history since their last service in the system and perform a brief mental status examination.
3. The clinician will provide a copy of the most recent medication note in the outpatient record along with a summary of the information received to a psychiatrist who is available.
4. Psychiatrists should avoid refilling medication prescriptions without a face-to-face assessment of the client. However, the prescribing clinician may provide telephone authorization refills of psychotropic medications that he/she prescribed, or those prescribed by one of their colleagues within the Department of Mental Health or the managed care MH Plan.
5. To authorize medication refills by telephone, the psychiatrist must speak directly to the client to determine the effectiveness of the medication and inquire about treatment adherence and any side effects of the medications prescribed. A telephone prescription will be authorized for the period of time to "bridge" medication until the client can be seen face-to-face by his/her assigned psychiatrist, and for no more than thirty (30) days.
6. The psychiatrist's authorization shall be forwarded by telephone, fax, or mail to a pharmacist who will dispense the medications.
7. Clients who are unstable, reporting urgent symptoms or side effects, are not adherent to treatment, or are otherwise at risk for adverse outcomes will be referred to the nearest crisis facility or hospital for assessment as needed.
8. All details of the emergency medication refill must be documented in the client's record and provided to the regularly assigned psychiatrist.

H. Re-labeling or Repackaging Medications:

1. Re-labeling or repacking of medications should be avoided as much as possible.
2. Staff who are licensed to handle and provide medications must assure the integrity of all medications that must be relabeled or repackaged. All medications obtained by prescription must be labeled in compliance with Federal and State laws. Only persons legally authorized to do so may alter prescription labels.
3. Medications received through the Patient Assistance Program (PAP) for a particular patient and not required by the patient any longer will be added to sample medications inventory (after removing any identifying data of the patient), and may be provided to another client, prior to the expiration date. Client specific dosing instructions must be attached when sample medications are provided.
4. If a client returns medication to the clinic, authorized staff must assure that the medications are still in their original boxes/strips and have remained unopened (unit-dose packaging, or "blister-packs" or "bubble-packs", the medication may be redistributed to provide medication to another client. Only a physician may re-label and re-issue them to another patient. If the returned or confiscated medications are in a prescription bottle or if the original unit dose or blister/bubble-packing has been opened or tampered with in any way, the medications must be destroyed and treated as biohazard waste.
5. The following products may not be relabeled or repackaged:
  - a. Compounded or reconstituted drugs.
  - b. Drugs that require refrigeration.
  - c. Drugs that are adulterated, expired or mislabeled.
  - d. Drugs which have had their integrity, packaging or labeling compromised.
  - e. Schedule II-IV controlled medications.
6. Confiscated medications that cannot be relabeled must be logged and handled as pharmaceutical waste (Attachment C).

I. Medication Disposal

1. Needles will be disposed of in an approved biohazard "sharps" container.
2. Wasted medications must be stored in a sealed box marked "confiscated medications", pending disposal. Storage shall be in a manner and location that precludes tampering. Wasted medication shall be double locked like all other medication.
3. All sealed medication boxes shall be delivered to the bio-hazardous waste disposal contractor approved by RCDMH Administration.
4. All disposed, expired or wasted medication will be inventoried on a log by a licensed nurse or physician. The logs must be maintained for a minimum of two years.

J. Certification of Organizational Contract Providers by the MHP

Organizational contract providers must be in compliance with CCR, Title 9, Chapter 11, Section 1810.435(c)(6) and the requirements specified in the MHP Contract with DMH, Exhibit A, Attachment 1, Appendix D, Titled: Provider Certification by the Contractor of the Department, prior to their certification as a provider, and annually thereafter.

Compliance/non-compliance with respect to policies and procedures regarding medication administration, dispensation and storage will be reflected on the Certification Survey Checklist (Attachment A), Category 7: Pharmaceutical Services, No. 3.

K. County Paid Medications (Outpatient Services)

1. Clients assume the primary responsibility for purchasing their medications. Many clients who receive mental health services, including medication services are indigent and have no resources for payment of psychotropic medications, such as those who are undocumented immigrants, "underinsured" working poor with no insurance coverage, or unemployed with little or no financial resources. Riverside County Department of Mental Health will not routinely pay for psychotropic medications, and will only do so under certain dire or extreme circumstances. Prescribing clinicians and clients must not assume that medications will be paid for out of county funds.
2. It is the responsibility of prescribing clinicians to consider such issues in prescribing psychotropic medications for such clients. Psychotropic medications should be prescribed in a manner so as

to provide medication treatments that are safe and effective, cost-effective, and minimize risks of adverse outcomes for clients who take them. In selecting medications to prescribe, prescribing clinicians must, in addition to clinical issues, also consider the financial impact to the client. Some clients will not be able afford to purchase some medications. Therefore, for indigent clients, prescribing clinicians must make all efforts to prescribe the lowest cost medications that may be effective for treatment and that the client may be able to afford. This includes consideration of the use of medications that are available in generic formulations, the frequency of dosing of medications, and avoiding polypharmacy whenever possible.

3. Department staff shall provide assistance to the client in exploring all possible funding sources for payment of medications before authorizing the expenditure of county funds for payment of psychotropic medications for clients. Assistance to the client may include:
  - a. Budgeting of client personal funds, including possible financial contribution toward medications costs.
  - b. Applying for payment of medication through government programs, e.g., Medi-Cal, Medicare.
  - c. Applying for pharmaceutical company sponsored Patient Assistance Programs (PAPs).
  - d. Providing clients with free medications samples.
  - e. Processing private insurance claims.
  - f. Obtaining financial support from family or others identified by the client.
  - g. Providing information about low-cost pharmacies in the community where clients may go to get prescriptions filled at the least cost.
  - h. Obtaining other assistance that may be available through other community resources.
4. In order for a client to be considered for county paid medications (psychotropic only), all of the following are required:
  - a. The client has an open outpatient case with a current PFI.

- b. No other third party payor is available.
  - c. County paid psychotropic medications are restricted to generic formulations whenever a generic is available.
5. When all other alternatives for payment of medications for a client have been exhausted, and the client's situation is deemed to be dire or extreme, the prescribing clinician must complete the Authorization/Reauthorization for County Payment of Client Medications form (Attachment E) and submit to the clinic supervisor for consideration for approval. Dire or extreme situations are those in which provision of psychotropic medications through payment from county funds is determined to be necessary to prevent imminent and serious risk of harm or serious adverse outcome to the clients such as acute psychiatric hospitalization or severe/life threatening medical problems. In these circumstances, prescribing clinicians remain responsible to provide the least cost options for treatment that will benefit the client. Prescribing clinicians should only request County payment of medications for clients who are adherent to and compliant with taking prescribed medications and do not misuse them.
6. The clinic supervisor may approve or deny the expenditure of county funds for payment of psychotropic medications by checking the appropriate box and signing the Authorization/Reauthorization for County Payment of Client Medications form. When authorized by a supervisor, payment for medications may be authorized up to three (3) medications for up to a maximum of 30 days only.
7. The supervisor may authorize payment for up to an additional 30 days, as long as the above criteria in #3 continue to be met. A new authorization request form must be completed by the prescribing clinician for each re-authorization. At the time of each additional authorization, the supervisor is responsible to assure that staff have provided any assistance to the client as listed above before continuing to authorize payment out of county funds. All supervisory authorizations for payment of medications will require written justification and shall be subject to review by the program/regional manager. The supervisor must retain a copy of each authorization on file.
8. Whenever a supervisor denies a request for authorization, the supervisor must inform the regional manager as soon as possible and forward copy of the denial to the Medical Director along with a written statement of the reason for the denial. The RCDMH

Medical Director will review the denial within one business day to make a final medical determination of the case. Supervisors and regional managers may contact the RCDMH Medical Director for any questions regarding medications that the psychiatrist is requesting to be authorized for payment from county funds.

Approved by:  Date: 10-9-07  
Director of Mental Health

Attachments

- Incoming and Outgoing Inventory of Medications, Attachment A;
- Certification of Non-Hazardous Waste Pharmaceuticals Stericycle Form (Federal Waste Regulations), Attachment B;
- Destroyed Medication Log, Attachment C;
- Certification Survey Checklist, Attachment D;
- Authorize/Re-Authorization for County Payment of Client Medications, Attachment E



**INVENTORY OF MEDICATIONS - OUTGOING**

<b>Date</b>	<b>Client's Name</b>	<b>Medication</b>	<b>Dosage</b>	<b>Amount Dispensed</b>	<b>M.D. Signature</b>

**STERICYCLE, INC. MEDICAL WASTE ACCEPTANCE PROTOCOL  
CERTIFICATION OF NON-HAZARDOUS WASTE PHARMACEUTICALS**

The information contained within this Stericycle, Inc. Protocol reflects the requirements necessary to comply with the California Health and Safety Code (CHSC) as well as the Resource Conservation and Recovery Act of 1976 (RCRA) and related laws, regulations and ordinances governing the environmentally responsible management of waste Pharmaceuticals.

The "Generator Certification" statement below provides for compliance with CHSC and RCRA when signed by the generating customer's authorized representative having knowledge of the character of the waste and responsibility and authority to execute this certification. It is important that this document be signed and returned to Stericycle, Inc where it will be maintained in the appropriate customer file. This action will also further acknowledge receipt and understanding of the Stericycle, Inc. Medical Waste Acceptance Protocol.

**INSTRUCTIONS:**

- ◆ Read the attached Stericycle, Inc. Protocol information.
- ◆ Execute this Certification of Non-Hazardous Waste Pharmaceuticals.
- ◆ Return original Certification immediately to your Stericycle, Inc. Medical Waste District or Sales Representative.
- ◆ Notify your local Stericycle, Inc. District office immediately when the authorized facility representative changes.

We appreciate your assistance in assuring regulatory compliance for your facility and ours. If you have any questions or concerns regarding this document or its contents, please do not hesitate to call our Customer Service Department or your Stericycle, Inc. Sales Representative.

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GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT NO WASTE PHARMACEUTICALS TENDERED BY THE CUSTOMER FACILITY REFERENCED BELOW, FOR COLLECTION BY STERICYCLE, INC., ARE COMPRISED, IN WHOLE, OR IN PART, OF WASTES WHICH ARE EITHER SUBJECT TO REGULATION PURSUANT TO THE RESOURCE CONSERVATION AND RECOVERY ACT OF 1976, AS AMENDED OR THE CALIFORNIA RADIATION CONTROL LAW.

**So Certified:**

Customer Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Authorized Representative: \_\_\_\_\_

Title of Authorized Representative: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**DESTROYED MEDICATION LOG**  
**For Expired, Contaminated, Deteriorated, or Abandoned Medications**

<b>MEDICATION</b>	<b>QUANTITY</b>	<b>EXPIRATION DATE</b>	<b>DATE DESTROYED</b>	<b>DESTROYED BY</b>

**CERTIFICATION SURVEY CHECKLIST**

Provider \_\_\_\_\_ Date \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_

County/No: \_\_\_\_\_ Type of Review:  CERT  RECERT Other \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ Reviewers: \_\_\_\_\_ Reviewees: \_\_\_\_\_

Avg. number of clients served \_\_\_\_\_ Per (day, wk, month) \_\_\_\_\_

**SERVICES PROVIDED**

\_\_\_\_ Mental Health Service      \_\_\_\_ Adult Crisis      \_\_\_\_ Day Tx Inten. (full day)  
 \_\_\_\_ Medication Support      \_\_\_\_ Adult Residential      \_\_\_\_ Day Tx Inten. (half day)  
 \_\_\_\_ Case Management      \_\_\_\_ Crisis Stab. EM/UC      \_\_\_\_ Day Tx Rehab (full day)  
 \_\_\_\_ Crisis Intervention      \_\_\_\_ Psy. Health Facility      \_\_\_\_ Day Tx Rehab (half day)

EVALUATION CRITERIA	YES	NO	COMMENTS
<b>Category 1: FIRE CLEARANCE.</b>			
1. Provider has fire clearance.			(Year)

EVALUATION CRITERIA	YES	NO	COMMENTS
<b>Category 2: PHYSICAL PLANT.</b>			
1. Building is maintained in a manner to provide for physical safety of patients visitors and personnel.			
2. Temperature of refrigerated food for clients use is between 36-46 degrees F (2-8 degrees C).			
3. Facility is clean and sanitary.			

**CERTIFICATION SURVEY CHECKLIST**

EVALUATION CRITERIA	YES	NO	COMMENTS
Category 3: POLICIES AND PROCEDURES			
1. Client records and confidentiality of client records.			
2. Personnel policies and records			
3. General operating policies.			
4. Service delivery policies			
5. Unusual occurrence reporting policies.			

EVALUATION CRITERIA	YES	NO	COMMENTS
Category 4: PHYSICIAN AVAILABILITY.			
1. Psychiatric/Physician services are available onsite or by referral.			

EVALUATION CRITERIA	YES	NO	COMMENTS
Category 5: STAFFING.			
1. Head of Service meets CCR, Title 9, Section 622-630 requirements.			

EVALUATION CRITERIA	YES	NO	COMMENTS
Category 6: DAY CARE STAFFING RATIOS.			
1. Day Treatment Intensive has an average ratio of (1) QMHP staff to (8) individuals in attendance during the period the program is open.			
2. Day Rehabilitative has an average ratio of (1) QMHP staff to (10) individuals in attendance during the period the program is open.			

**CERTIFICATION SURVEY CHECKLIST**

EVALUATION CRITERIA	YES	NO	COMMENTS
<b>Category 7: PHARMACEUTICAL SERVICES</b>			
1. Labeling and Storage of Drugs			
A. All drugs obtained by prescription are labeled in compliance with Federal and State laws. Prescription labels may be altered only by persons legally authorized to do so.			
B. Drugs intended for external use only are stored separately.			
C. All drugs are stored at proper temperature			
1. Room temperature drugs at 59-86 degrees F (15-30 degrees C).			
2. Refrigerated drugs at 36-46 degrees F (2-8 degrees C).			
3. Drugs are stored in a manner separate from foodstuff and clearly labeled.			
D. Drugs are stored in a secure area with limited access to those personnel with written authorization.			
E. LM Multi-dose, medication vials are dated and initialed at the time they are opened.			
F. Drugs are not retained after the expiration date. No contaminated or deteriorated drugs are found.			
2. Disposal of Drugs Provider disposes of expired, contaminate, deteriorated, abandoned drugs in a manner consistent with state and federal laws, and maintains a log.			
3. Policies and Procedures for Dispensing, Administering, and storing Medications are in compliance with CCR, Title 9, Chapter 11, MHP Contract with DMH, Attachment D.			
4. Drugs are dispensed only by persons lawfully authorized to do so, in compliance with CCR, Title 9, Chapter 11, MHP Contract with DMH, Attachment D.			

Approve: \_\_\_\_\_ Approve with recommendations: \_\_\_\_\_ POC Required: \_\_\_\_\_  
(see POC for details) (see POC)

**SUMMARY COMMENTS:**

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**GUIDE FOR PERTINENT INFORMATION**

Provider # \_\_\_\_\_  
Check Correct Name & Address:  
\_\_\_\_\_  
\_\_\_\_\_

Application Date: \_\_\_\_\_  
Effective Date: \_\_\_\_\_  
Fire Clearance Date: \_\_\_\_\_  
Catchment Area: \_\_\_\_\_  
\_\_\_\_\_

Hours of Service: \_\_\_\_\_  
Ages of Clients: \_\_\_\_\_  
Number of Open Cases: \_\_\_\_\_  
Length of Stay (LOS): \_\_\_\_\_  
Percent (%) Medi-Cal: \_\_\_\_\_

Referrals Form: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ethnicity of Population:	Bilingual Staff:
_____	_____
_____	_____

Staffing Patterns:	Percent (%) of Time in Field:
_____	_____
_____	_____
_____	_____

Day Treatment Staff Pattern:
_____
_____
_____
_____

RIVERSIDE COUNTY  
DEPARTMENT OF MENTAL HEALTH

AUTHORIZATION/RE-AUTHORIZATION FOR COUNTY PAYMENT OF CLIENT  
MEDICATIONS

DATE: \_\_\_/\_\_\_/\_\_\_      CLIENT NAME: \_\_\_\_\_  
CLIENT ID#: \_\_\_\_\_

CLINIC: \_\_\_\_\_

PRESCRIBING CLINICIAN PRINTED NAME: \_\_\_\_\_

MEDICATIONS REQUESTED TO BE AUTHORIZED: (Maximum of 30 day supply,  
Maximum of 3 medications per authorization)

	MEDICATION NAME:	AMOUNT:
1.	_____	_____
2.	_____	_____
3.	_____	_____

By signing below, I certify that the above listed medications are the most appropriate and least cost option available for treatment of this client's mental disorder. I certify that that all alternatives and assistance to the client, as listed below, for payment of the above listed medications have been exhausted:

Assistance with:

- Budgeting of personal funds
- Applying for payment of medication through government programs, e.g., Medi-Cal, Medicare
- Applying for pharmaceutical company sponsored Patient Assistance Programs (PAPs)
- Providing clients with free medications samples
- Processing private insurance claims
- Obtaining financial support from family or others identified by the client
- Providing information about low-cost pharmacies in the community where clients may go to get prescriptions filled at the least cost.
- Obtaining other assistance that may be available through other community resources.

\_\_\_\_\_  
Prescribing Clinician Signature

\_\_\_ Authorization Approved  
\_\_\_ Authorization Denied

\_\_\_\_\_  
Authorizing Supervisor Signature

\_\_\_/\_\_\_/\_\_\_  
Date

\_\_\_\_\_  
Authorizing Supervisor Printed Name

RCDMH  
DIVISION OF QUALITY IMPROVEMENT  
PSYCHOTROPIC MEDICATION GUIDELINES  
December 2008

MEDICATION RELATED POLICIES

RCDMH POLICY 548:

PSYCHOTROPIC MEDICATION: PRESCRIBING AND MONITORING

Effective Date: April 7, 2008

Policy 548 establishes new policy requirements for prescribing and monitoring psychotropic medications that apply to RCDMH clinics and contract/managed care providers.

Procedures incorporated include:

- General Standards/Expectations:
  - Qualifications for prescribing clinicians
  - Basic requirements for assessments and reassessments of clients
  - Requirements regarding medication informed consent
  
- Policy Requirements Regarding:
  - Monitoring the Use of Psychotropic Medications
  - Polypharmacy
  - Psychotropic Medication Maximum Dosages
  - Prescribing Controlled Substances to Clients with Substance Abuse or Dependence Disorders
  - Adverse Drug Reactions or Other adverse Psychotropic Medication Related Incidents
  - Quality Improvement Monitoring of Psychiatrist Medication Practices

Attached to Policy 547 are several forms that are required for documentation of psychotropic medication prescribing and monitoring, and other information related to the standards established in this policy.

**RIVERSIDE COUNTY  
DEPARTMENT OF MENTAL HEALTH**

**POLICY:** 548

**SUBJECT:** **PSYCHOTROPIC MEDICATION: PRESCRIBING AND MONITORING**

**REFERENCES:** RCDMH Policy 547 – Ordering, Receiving, Storing, Providing, Disposing, Administering, and Paying for Medications;  
RCDMH Policy 549 – Psychotropic Medication: Informed Consent for Psychotropic Medication

**FORMS:** Clozaril (Clozapine) Procedures (Attachment A)  
Abnormal Involuntary Movement Scale (AIMS) (Attachment B);  
RCDMH Psychotropic Medication Prescription and Monitoring Log (Attachment C);  
RCDMH Polypharmacy: Pharmaceutical Classifications List (Attachment D);  
RCDMH Psychotropic Medication Maximum Dose Guidelines (Attachment E)

**EFFECTIVE DATE:** April 7, 2008

**POLICY**

- A. The use of psychotropic medications is often an integral part of treatment for persons receiving care for behavioral health conditions. As such, the use of psychotropic medications must be monitored closely to help ensure that clients are treated safely and effectively. These Riverside County Department of Mental Health (RCDMH) policies establish guidelines and minimum requirements that apply to the RCDMH clinics and contract/managed care providers that are designed to:
1. Help clients who are taking psychotropic medications restore and maintain optimal levels of functioning and achieve positive clinical outcomes.
  2. Ensure the safety of persons taking psychotropic medications.
  3. Reduce or prevent the occurrence of adverse side effects.

B. It is the policy of RCDMH that:

1. The client's target symptoms and clinical responses to treatment must be identified for each medication prescribed and documented in the client's medical record. Also, the use of psychotropic medication must always be referenced and incorporated into the client's care plan.
2. Education regarding all prescribed medications must be routinely provided to the client, family members, or conservator/legal guardian in a culturally competent, language appropriate manner.
3. Psychotropic medications that are not clinically effective after reasonable trials should be discontinued, unless the rationale for continuation can be supported and is documented in the person's medical record.
4. The prescription of psychotropic medications should be coordinated with primary care providers (PCPs) or other health care providers whenever possible in order to minimize the potential for adverse clinical outcomes.

**PROCEDURES**

A. Prescribing Psychotropic Medications

1. Psychotropic medications may only be prescribed by qualified and licensed prescribing clinicians (i.e., licensed physicians, certified physician assistants, or nurse practitioners only). For RCDMH, generally, only licensed psychiatrists prescribe psychotropic medications. In accordance with the Center for Medicaid/Medicare Services (CMS) federal regulations, all medication prescriptions must be written on prescription pads that are tamper-resistant. For RCDMH, all medication prescriptions must be written on prescriptions provided by the Department in the currently approved format that meets CMS regulatory requirements.
2. Reasonable clinical judgment, supported by available assessment information, must guide the prescription of psychotropic medications. To the extent possible, candidates for psychotropic medications must be assessed prior to prescribing and providing psychotropic medications. Assessments must be scheduled in a timely manner and as needed to meet the client's needs. Psychotropic medication assessments must be documented in the client's medical record. Psychiatrists prescribing psychotropic

medications can use assessment information that has already been collected by other sources and are not required to document existing assessment information that is part of the client's medical record. At a minimum, assessments for psychotropic medications must include:

- a. An adequately detailed medical and behavioral health history.
  - b. A mental status examination.
  - c. A DSM-IV diagnosis for which the medication will be prescribed for treatment.
  - d. Target Symptoms for treatment.
  - e. A review of possible medication allergies.
  - f. A review of previously and currently prescribed medications including any noted side effects and/or potential drug-drug interactions.
3. Reassessments must be completed on an ongoing basis to ensure medication compliance and to substantiate that the prescribed psychotropic medication(s) are the most effective treatment for the client.
  4. Informed consent must be obtained from the client and/or conservator/legal guardian for each psychotropic medication prescribed (refer to RCDMH Policy 549 - Psychotropic Medication: Informed Consent for Psychotropic Medication). When obtaining informed consent, the prescribing psychiatrist must communicate in a manner that the client and/or legal guardian can understand and comprehend. The client's medical record must include documentation of the essential elements for obtaining informed consent, including the benefits, risks and side effects for each medications prescribed and the signature of the client and/or legal guardian.
  5. When prescribing psychotropic medications that are requested to be authorized for payment utilizing county funds (refer to RCDMH Policy 547 – Ordering, Receiving, Storing, Providing, Disposing, Administering, and Paying for Medications, Section K: County Paid Medications). Prescribing psychiatrists must make all efforts to prescribe the lowest cost medications that may be clinically effective for the client's treatment and document that all other

alternatives for payment have been exhausted prior to requesting authorization of county payment for psychotropic medications.

6. When prescribing Clozapine (Clozaril), specific FDA requirements must be strictly adhered to. Each client and the prescribing clinician must be registered with the Clozapine National Registry. The client must have frequent laboratory monitoring of WBC (White Blood Cell) count and ANC (Absolute Neutrophil Count). The RCDMH Clozaril procedures must be followed (Attachment A).

**B. Monitoring the Use of Psychotropic Medications**

1. Psychotropic medications, especially those that are identified as high-risk medications, must be monitored adequately to avoid, diminish, or relieve side effects and decrease adverse outcomes. The prescribing psychiatrist must develop and implement safe and effective prescribing and monitoring practices to ensure that high-risk medications are adequately monitored to promote safe and effective use. At a minimum, this should include:

<b>Type of Medication</b>	<b>Monitoring Action Recommendations</b>
Antipsychotic Medications	<p>For each client who is prescribed antipsychotic medication, administer the Abnormal Involuntary Movement Scale (AIMS) (Attachment B) and document results upon the initiation of a new anti-psychotic medication. Vital signs (pulse and BP), weight, fasting blood glucose, and lipid levels should be obtain upon initiation and be monitored at least every 6 months for one year, then annually, or more frequently as indicated on an individual case basis.</p> <p>**For each client who is prescribed Clozapine, White Blood Cell (WBC) count and absolute Neutrophil Count (ANC) must be monitored in accordance with FDA requirement (Attachment A).</p>
Lithium Carbonate	<p>For each client who is prescribed Lithium Carbonate or any related formulations of Lithium, vital signs (pulse and BP), weight, thyroid function tests (TSH), and renal function tests (BUN, Creatinine, and electrolytes) should be obtained upon initiation and be monitored at least every 6</p>

	<p>months for one year, then annually or more frequently as indicated on an individual basis. An EKG should be obtained upon initiation for clients with a significant cardiac risk, and repeated as needed and determined on an individual case basis. Obtaining a pregnancy test should be discussed with female clients and considered upon initiation for women who have the potential to become pregnant. Lithium levels should also be monitored at least every 6 months for one year, then annually or more frequently as indicated on an individual basis.</p>
<p>Anticonvulsant medications used for mood stabilization</p>	<p>For each client who is prescribed anticonvulsant medications for mood stabilization or related psychiatric treatment purposes, vital signs (pulse and BP), weight. Specific to the medication prescribed, liver function tests (LFTs), CBC, or other lab tests should be obtained upon initiation and be monitored at least every 6 months for one year, then annually or more frequently as indicated on an individual case basis. Obtaining a pregnancy test should be discussed with female clients and considered upon initiation for women who have the potential to become pregnant. Anticonvulsant levels should also be monitored at least every 6 months for one year, then annually or more frequently as indicated on an individual basis.</p>
<p>Other psychotropic medications that are known to affect health parameters</p>	<p>For each client who is prescribed medications that are known to affect health parameters, assessments should be made of the person's vital signs (pulse and BP), weight, and other clinical or laboratory testing that may be pertinent, should be obtained upon initiation and be monitored as indicated on an individual case basis.</p>

The RCDMH Medication Log and Psychotropic Medication Monitoring Forms are located with *Attachment C* of this policy.

C. Polypharmacy

1. Polypharmacy is an important and complex issue in prescribing psychotropic medications for clients. RCDMH recognizes two types of Polypharmacy, i.e., "Intra-class" and "Inter-class" polypharmacy. Below are RCDMH expectations regarding prescribing multiple psychotropic medications to a client being treated for a behavioral health condition:

- a. Intra-class polypharmacy is defined as more than two medications prescribed at the same time within the same class, other than for cross-tapering purposes. The client's medical record must contain documentation specifically describing the rationale and justification for each medication individually and for the combined use.
- b. Inter-class polypharmacy is defined as more than four medications prescribed at the same time from different classes of medications for the overall treatment of behavioral health disorders. The client's medical record must contain documentation specifically describing the rationale and justification for each medication individually and for the combined use.

2. Psychotropic Medication Classification and List

For polypharmacy, classifications of psychotropic medications are broadly defined, e.g., all antipsychotics, all antidepressants, all anxiolytics. The use of PRN medications is not included in the count for determination of polypharmacy. The medications are listed by generic name. The uses of different formulations of the same medication are considered as one medication in the identification of polypharmacy. For the Pharmaceutical Classifications and Psychotropic Medication List, see the list (Attachment D) of this policy.

D. Psychotropic Medication Maximum Dosages

For RCDMH client prescriptions, the following maximum dosage limitations apply:

1. Antipsychotic Medications (Attachment E).
2. All other psychotropic medications: FDA recommended maximum dosages apply.

For any psychotropic medication that is prescribed at dosages beyond those listed above, the client's medical record must contain documentation from the prescribing psychiatrist that specifically describes the rationale and justification for exceeding the maximum dosage limitation.

E. Prescribing Controlled Substance to Clients with Substance Abuse or Dependence Disorders

For any prescription of a controlled substance for a client with a co-occurring substance abuse or dependence disorder diagnosis, past or present, the client's medical record must contain documentation from the prescribing psychiatrist that specifically describes the rationale and justification for prescribing the controlled substance for the client in spite of the substance abuse or dependence diagnosis.

F. Adverse Drug Reactions or Other Adverse Psychotropic Medication Related Incidents

1. RCDMH requires that all RCDMH clinics and managed care providers establish a system for monitoring the following:
  - a. Adverse drug reactions that require emergency medical interventions (referral to an emergency medical provider, or medical hospitalization).
  - b. Adverse medication related incidents, e.g. medication prescribing, dispensing or administration errors, requiring emergency medical interventions.
  - c. Other unusual or unexpected medication related adverse incident.
2. The above referenced events that require emergency medical interventions must be identified, reported, tracked, reviewed and analyzed by RCDMH clinic or contract managed care providers. An Adverse Incident Report form must be completed for and forwarded to the RCDMH QI Department for each such incident.

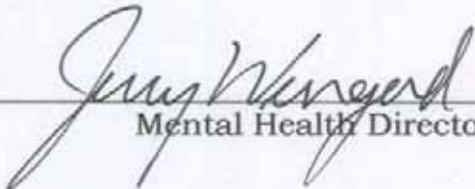
E. Quality Improvement Monitoring of Psychiatrist

Medication Practices:

1. RCDMH QI Department routinely conducts quality improvement audits of all RCDMH employed and contracted prescribing psychiatrists. Audits are conducted on a randomized and/or

selective basis. Audits are conducted to monitor adherence to RCDMH policies.

2. Whenever a prescribing psychiatrist's medication practice is determined to be out of compliance with RCDMH policies, a letter of concern will be sent to the psychiatrist (a copy of the letter will be sent to the psychiatrist's manager/supervisor) that will include the practice issues of concern, and recommendations to the psychiatrist of possible ways to improve prescribing practices, including appropriate educational information. The psychiatrist must provide a written response to the RCDMH QI Department within 30 days of receipt of the letter describing the actions that have been or will be taken to improve prescribing practices.

Approved by:  Date: 4-7-08  
Mental Health Director

Attachment

Clozaril (Clozapine) Procedures, Attachment A  
Abnormal Involuntary Movement Scale (AIMS), Attachment B  
RCDMH Psychotropic Medication Prescription and Monitoring Log,  
Attachment C  
RCDMH Polypharmacy: Pharmaceutical Classifications List, Attachment D  
RCDMH Psychotropic Medication Maximum Dose Guidelines, Attachment E

## **Clozaril (Clozapine) Procedures**

Novartis: Clozaril National Registry  
1-800-488-5938  
www.clozaril.com

### **Psychiatrist:**

- 1) Must complete registration form and submit to Clozaril National Registry (obtain form from the registry).
- 2) Include license and DEA #, clinic address, name of client, address, DOB.

### **To Prescribe:**

- 1) Register physician and patient.
- 2) Order lab: WBC & ANC (Absolute Neutrophil Count).
  - \* Required weekly for 6 months
  - \* Then every 2 weeks for 6 months
  - \* Then every 4 weeks after 1 year
- 3) Lab results must be sent to pharmacy and to clinic/physician.
  - \* WBC must be >3500
  - \* ANC must be >2000
- 4) Write prescription and send to pharmacy. Pharmacy will only dispense pills after receipt of lab results and will only dispense enough pills to last until the next blood results are due.
- 5) Physician may prescribe with "x" amount of refills.



Table 1. Frequency of Monitoring based on Stage of Therapy or Results from WBC Count and ANC Monitoring Tests

Situation	Hematological Values for Monitoring	Frequency of WBC and ANC Monitoring
Initiation of therapy	WBC $\geq$ 3500/mm <sup>3</sup> ANC $\geq$ 2000/mm <sup>3</sup>	Weekly for 6 months
6 months – 12 months of therapy	Note: Do not initiate in patients with 1) history of myeloproliferative disorder or 2) Clozaril® (clozapine) induced agranulocytosis or granulocytopenia  All results for WBC $\geq$ 3500/mm <sup>3</sup> and ANC $\geq$ 2000/mm <sup>3</sup>	Every 2 weeks for 6 months
12 months of therapy	All results for WBC $\geq$ 3500/mm <sup>3</sup> and ANC $\geq$ 2000/mm <sup>3</sup>	Every 4 weeks ad infinitum
Immature forms present	N/A	Repeat WBC and ANC
Discontinuation of Therapy	N/A	Weekly for at least 4 weeks from day of discontinuation or until WBC $\geq$ 3500/mm <sup>3</sup> and ANC $>$ 2000/mm <sup>3</sup>
Substantial drop in WBC or ANC	Single Drop or cumulative drop within 3 weeks of WBC $\geq$ 3000/mm <sup>3</sup> or ANC $\geq$ 1500/mm <sup>3</sup>	1. Repeat WBC and ANC 2. If repeat values are 3000/mm <sup>3</sup> $\leq$ WBC $\leq$ 3500/mm <sup>3</sup> and ANC $<$ 2000/mm <sup>3</sup> , then monitor twice weekly Twice-weekly until WBC $>$ 3500/mm <sup>3</sup> and ANC $>$ 2000/mm <sup>3</sup> then return to previous monitoring frequency
Mild Leukopenia	3500/mm <sup>3</sup> $>$ WBC $\geq$ 3000/mm <sup>3</sup> and/or	1. Interrupt therapy
Mild Granulocytopenia	2000/mm <sup>3</sup> $>$ ANC $\geq$ 1500/mm <sup>3</sup> and/or	2. Daily until WBC $>$ 3000/mm <sup>3</sup> and ANC $>$ 1500/mm <sup>3</sup>
Moderate Leukopenia	3000/mm <sup>3</sup> $>$ WBC $\geq$ 2000/mm <sup>3</sup> and/or	3. Twice-weekly until WBC $>$ 3500/mm <sup>3</sup> and ANC $>$ 2000/mm <sup>3</sup>
Moderate Granulocytopenia	1500/mm <sup>3</sup> $>$ ANC $\geq$ 1000/mm <sup>3</sup>	4. May rechallenge when WBC $>$ 3500/mm <sup>3</sup> and ANC $>$ 2000/mm <sup>3</sup> 5. If rechallenged, monitor weekly for 1 year before returning to the usual monitoring schedule of every 2 weeks for 6 months and then every 4 weeks ad infinitum
Severe Leukopenia	WBC $<$ 2000/mm <sup>3</sup> and/or	1. Discontinue treatment and do not rechallenge patient
Severe Granulocytopenia	ANC $<$ 1000/mm <sup>3</sup>	2. Monitor until normal and for at least four weeks from day of discontinuation as follows: • Daily until WBC $>$ 3000/mm <sup>3</sup> and ANC $>$ 1500/mm <sup>3</sup> • Twice weekly until WBC $>$ 3500/mm <sup>3</sup> and ANC $>$ 2000/mm <sup>3</sup> • Weekly after WBC $>$ 3500/mm <sup>3</sup>
Agranulocytosis	ANC $\leq$ 500/mm <sup>3</sup>	1. Discontinue treatment and do not rechallenge patient 2. Monitor until normal and for at least four weeks from day of discontinuation as follows: • Daily until WBC $>$ 3000/mm <sup>3</sup> and ANC $>$ 1500/mm <sup>3</sup> • Twice weekly until WBC $>$ 3500/mm <sup>3</sup> and ANC $>$ 2000/mm <sup>3</sup> • Weekly after WBC $>$ 3500/mm <sup>3</sup>

\*WBC=white blood cell count; ANC=absolute neutrophil count

**RIVERSIDE COUNTY  
DEPARTMENT OF MENTAL HEALTH**

**ABNORMAL INVOLUNTARY MOVEMENT SCALE (AIMS)**

Public Health Service  
Alcohol, Drug Abuse, and Mental Health Administration  
National Institute of Mental Health

NAME: \_\_\_\_\_  
DATE: \_\_\_\_\_  
Prescribing Practitioner: \_\_\_\_\_

CODE: 0 = None  
1 = Minimal, may be extreme normal  
2 = Mild  
3 = Moderate  
4 = Severe

**INSTRUCTIONS:**  
Complete Examination Procedure (attachment d.)  
before making ratings

MOVEMENT RATINGS: Rate highest severity observed. Rate movements that occur upon activation one less than those observed spontaneously. Circle movement as well as code number that applies.		RATER	RATER	RATER	RATER
		Date	Date	Date	Date
Facial and Oral Movements	1. Muscles of Facial Expression e.g. movements of forehead, eyebrows periorbital area, cheeks, including frowning blinking, smiling, grimacing	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	2. Lips and Perioral Area e.g., puckering, pouting, smacking	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	3. Jaw e.g. biting, clenching, chewing, mouth opening, lateral movement	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	4. Tongue Rate only increases in movement both in and out of mouth. NOT inability to sustain movement. Darting in and out of mouth.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
Extremity Movements	5. Upper (arms, wrists, hands, fingers) Include choreic movements (i.e., rapid, objectively purposeless, irregular, spontaneous) athetoid movements (i.e., slow, irregular, complex, serpentine). DO NOT INCLUDE TREMOR (i.e., repetitive, regular, rhythmic)	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	6. Lower (legs, knees, ankles, toes) e.g., lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
Trunk Movements	7. Neck, shoulders, hips e.g., rocking, twisting, squirming, pelvic gyrations	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
Global Judgments	8. Severity of abnormal movements overall	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	9. Incapacitation due to abnormal movements	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	10. Patient's awareness of abnormal movements. Rate only patient's report No awareness 0 Aware, no distress 1 Aware, mild distress 2 Aware, moderate distress 3 Aware, severe distress 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
Dental Status	11. Current problems with teeth and/or dentures	No Yes	No Yes	No Yes	No Yes
	12. Are dentures usually worn?	No Yes	No Yes	No Yes	No Yes
	13. Edentia?	No Yes	No Yes	No Yes	No Yes
	14. Do movements disappear in sleep?	No Yes	No Yes	No Yes	No Yes



RIVERSIDE COUNTY  
DEPARTMENT OF MENTAL HEALTH

**Polypharmacy: Pharmaceutical Classifications List**  
(December 10, 2007)

For polypharmacy, classifications for psychotropic medications are broadly defined, e.g., all antipsychotics, all antidepressants, all anxiolytics, etc. (listed in **bold** below). Medications listed are listed by generic names, are the most commonly used and are not all-inclusive.

- **Antipsychotics:**

- \* Typical Antipsychotics (Older Generation):

- Haloperidol
    - Thiothixene
    - Perphenazine
    - Chlorpromazine
    - Fluphenazine
    - Trifluoperazine
    - Mesoridazine
    - Molindone
    - Loxapine
    - Pimozide

- \* Atypical Antipsychotics (Newer Generation):

- Clozapine
    - Risperidone
    - Olanzapine
    - Ziprasidone
    - Quetiapine
    - Aripiprazole
    - Paliperidone

- **Antidepressants:**

- \* Tricyclic Antidepressants

- Imipramine
    - Desipramine
    - Nortriptyline
    - Protriptyline
    - Trimipramine
    - Doxepin
    - Amoxapine
    - Maprotiline
    - Clomipramine

- \* Heterocyclic/Other Antidepressants

- Bupropion
    - Trazodone

- \* MAOIs
  - o Tranylcypromine
  - o Phenelzine
  - o Isocarboxezide
  - o Selegiline
  
- \* SSRIs
  - o Fluoxetine
  - o Paroxetine
  - o Citalopram
  - o Escitalopram
  - o Sertraline
  - o Fluvoxamine
  
- \* SNRIs
  - o Duloxetine
  - o Venlafaxine
  
- \* Other/Atypical
  - o Nefazodone
  - o Mirtazapine
  
- **Psycho-Stimulants/ADHD Medications:**
  - \* Amphetamines
    - o Dextroamphetamine
    - o Mixed Amphetamine Salts
  - \* Methylphenidate Agents
  - \* Dexmethylphenidate (Focalin)
  - \* Pemoline
  - \* Atomoxetine
  - \* Modafinil
  
- **Mood Stabilizers:**
  - \* Lithium Agents
  
  - \* Anticonvulsants
    - o Valproic Acid
    - o Carbamazepine
    - o Oxcarbazepine
    - o Lamotrigine
    - o Topiramate
    - o Gabapentin
    - o Levetiracetam (Keppra)
    - o Tiagabine (Gabitril)
  
- **Sedatives and Hypnotics (Anxiolytics):**
  - \* Benzodiazepines
    - o Diazepam
    - o Lorazepam

- Triazolam
- Alprazolam
- Clonazepam
- Chlordiazepoxide
- Flurazepam
- Temazepam
- Estazolam
  
- \* Miscellaneous Sedatives and Hypnotics
  - Hydroxyzine
  - Zolpidem
  - Zaleplon
  - Eszopiclone
  - Ramelteon
  
- \* Barbiturates
  - Mephobarbital
  - Pentobarbital
  - Secobarbital
  - Amobarbital
  
- \* Chloral Hydrate
- \* Buspirone
  
- **Medications for Substance Abuse and Dependence Treatment**
  - \* Methadone
  - \* Buprenorphine
  - \* Naloxone
  - \* Disulfiram
  - \* Acamprosate
  - \* Naltrexone
  - \* Ondansetron (Zofran)
  
- **AntiParkinsonians and Autonomic Medications**
  - \* Anticholinergics
    - Benztropine
    - Trihexyphenidyl
  
  - \* Dopaminergics
    - Amantadine
    - Pramipexole (Miraprex)
  
  - \* MAOIs
    - Selegiline (Eldepryl)

**RIVERSIDE COUNTY  
DEPARTMENT OF MENTAL HEALTH**

**Psychotropic Medication Maximum Dose Guidelines**

(December 10, 2007)

The following maximum daily doses will apply for RCDMH services.

**Antipsychotic Medications:**

Chlorpromazine	1600 mg per day
Chlorpromazine IM	100 mg per IM injection
Haloperidol (oral)	60 mg per day
Haloperidol Decanoate	200 mg per IM injection
Clozapine	900 mg per day
Olanzapine	40 mg per day
Olanzapine IM	10 mg per IM injection
Risperidone	12 mg per day
Risperidone Consta	50 mg IM per injection
Quetiapine	1200 mg per day
Ziprasidone	240 mg per day
Ziprasidone IM	20 mg per injection
Aripiprazole	45 mg per day
Aripiprazole IM	9.75 mg IM per injection
Paliperidone	12 mg per day

**All Other Classifications:**

FDA recommended maximum daily dose requirements apply.

RCDMH  
DIVISION OF QUALITY IMPROVEMENT  
PSYCHOTROPIC MEDICATION GUIDELINES  
December 2008

MEDICATION RELATED POLICIES

RCDMH POLICY 549:

PSYCHOTROPIC MEDICATION: INFORMED CONSENT FOR PSYCHOTROPIC MEDICATIONS

Effective Date: April 7, 2008

Policy 549 establishes new policy that places existing practice in policy standards. This RCDMH policy applies to all psychotropic medications prescribed and to RCDMH clinics and contract/managed care providers. RCDMH utilizes a standardized form to document the informed consent process for up to four medications on one form. The form is available in both English and Spanish and both versions are attached to the policy.

Procedures incorporated include:

- General Standards/Expectations:
  - Providing information to clients and others involved in assisting or supporting the client in adherence to prescribed medications and to promote an understanding of the medication risks, benefits and side effects
  - Required elements of informed consent that must be documented for all medications prescribed
  - Signature requirements
  - The RCDMH form used for documentation of informed consent.

Note that RCDMH does not require that psychiatrists provide information sheets to the client regarding the specific medications prescribed. However, the form does have a place to indicate whether or not such information was provided. It is up to the prescribing psychiatrist to determine what, if any, written specific information is provided as the extent of this may vary depending on the client.

**RIVERSIDE COUNTY  
DEPARTMENT OF MENTAL HEALTH**

**POLICY:** 549

**SUBJECT:** **PSYCHOTROPIC MEDICATION: INFORMED  
CONSENT FOR PSYCHOTROPIC MEDICATION**

**REFERENCES:** RCDMH Policy 547 – Ordering, Receiving, Storing,  
Providing, Disposing, Administering, and Paying for  
Medications;  
RCDMH Policy 548 – Psychotropic Medication:  
Prescribing and Monitoring

**FORMS:** Riverside County Department of Mental Health  
Consent for Use of Psychiatric Medications  
(Attachment A)

**EFFECTIVE DATE:** April 7, 2008

**POLICY**

It is the policy of the Riverside County Department of Mental Health (RCDMH) that each client and/or conservator or legal guardian of a RCDMH clinic or contract managed care providers who will be receiving psychotropic medications for treatment of a mental disorder(s), will be given, oral information about the medication by the psychiatrist and will be asked to give informed consent to be treated with each psychotropic medication recommended (Attachment A – Sample). Written or typed information regarding each medication should be provided to the client for all psychotropic medications prescribed.

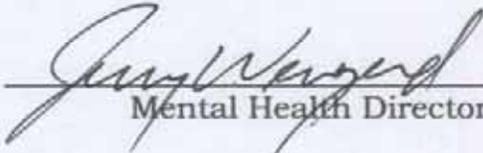
- A. Pertinent psychotropic medication information should be made available to involved family members or others directly involved in the client's care for their use in understanding, assisting and supporting the clients whenever possible. For this purpose, written signed consent for release of information is required and must be completed in accordance with HIPAA regulations.
- B. All prescribing clinicians must use the RCDMH approved format for documentation of informed consent or establish and implement their own method for documentation that includes all of the required elements below. Information provided to the patient must include:

1. The diagnosis or nature of the client's mental condition.
2. The type, dosage range, frequency, method, and duration of treatment for the medication.
3. The target symptoms or reasons for taking the medication, and the benefits of and intended response from the medication.
4. The possible risks and side effects of the medication.
5. The possible alternatives to the medication.
6. The possible results of not taking the recommended medication.
7. The possibility that the medication dose may need to be adjusted over time, after review with the doctor.
8. The right to actively participate in his/her own treatment by discussing medication concerns or questions with the doctor.
9. The right to withdraw voluntary consent and stop taking the medication at any time.

### **PROCEDURES**

- A. All medication orders must be properly signed, dated, and written in the medical record by the prescribing clinician (psychiatrist, PA-C, or RNP), or by a licensed nurse on behalf of the psychiatrist and authenticated by the psychiatrist as required.
- B. Before any psychotropic medication is given, the prescribing clinician must provide information to the patient regarding the medication, according to items 1-9 above.
- C. The prescribing clinician must list each medication by name, indicate the dosage range, the method or route of administration and indicate whether or not any written or typed information regarding the medication was given to the client.
- D. The prescribing clinician must document that the information was provided by signing the RCDMH approved form or similar form or format that was developed and implemented by the provider. The prescribing clinician's signature indicates that the medication information was provided to the client and/or legal guardian and the information appeared to be understood.

- E. The signature of the client and/or legal guardian must be obtained. The signature of the client and/or legal guardian indicates that the client/legal guardian has received and understood the medication information provided and has given consent for the medication to be prescribed. The client and/or legal guardian must be provided with a copy of the consent form whenever desired.
  
- F. If the informed consent is obtained from the patient's LPS Conservator, guardian, or parent (child under age 18) by telephone, a licensed professional staff witness is also required to sign and date the informed consent form.

Approved by:  Date: 4-7-05  
Mental Health Director

Attachment  
Consent for Use of Psychiatric Medications, Attachment A

**RIVERSIDE COUNTY DEPARTMENT OF MENTAL HEALTH  
CONSENT FOR USE OF PSYCHIATRIC MEDICATIONS**

PATIENT NAME \_\_\_\_\_ CASE # \_\_\_\_\_

**PART I: INFORMATION**

As the physician for the above-named patient, I certify that I have provided the following information to this patient regarding the psychiatric medication(s) I have recommended:

- The nature of the patient's mental condition
- The type of medication, the name(s) of the specific medication(s), the dosage range, the route of administration (by mouth or injection), and the length of time taking the medication(s)
- The reasons for taking this medication, including the likelihood of improving or not improving without it
- The reasonable alternative treatments, if any
- The side effects of the medication known to commonly occur
- The information that when certain antipsychotic (neuroleptic) medications are taken for more than 3 months, a side effect known as *tardive dyskinesia* may occur; that this may result in persistent involuntary movements of the mouth, tongue or jaw (most commonly) or other body parts; that these movement may or may not be reversible and might even appear shortly after the medication has been discontinued
- The right to accept or refuse medication and the right to later withdraw this consent at any time

Printed information about the medication(s) was given to the patient: Yes \_\_\_ No \_\_\_

If answer is *no*, the reason follows: \_\_\_\_\_

\_\_\_\_\_  
Date Printed Name of Physician Signature of Physician

**PART II: CONSENT**

With his/her signature below, the above-named patient hereby acknowledges that:

- All of the information above regarding the administration of psychiatric medications has been explained to me
- I understand this information, and I have no further questions at this time
- I understand that I can withdraw this consent at any time

I CONSENT TO THE USE OF

<u>Class of Medication</u>	<u>Specific Medication</u>	<u>Dosage Range</u>	<u>Route Duration</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Classes - antidepressant, antipsychotic, mood stabilizer, anxiolytic/hypnotic, stimulate, antiparkinsonian, other)

\_\_\_\_\_  
Date Signature of Patient/Legal Guardian



RCDMH  
DIVISION OF QUALITY IMPROVEMENT  
PSYCHOTROPIC MEDICATION GUIDELINES  
December 2008

MEDICATION FORMULARY

RCDMH has not established a specific medication formulary for the Department. Instead, RCDMH refers to the Medi-Cal approved list for formulary medications.

Psychiatrists are free to prescribe any psychotropic medications that are on the approved Medi-Cal formulary. However, they should only prescribe psychotropic medications, and not prescribe medications utilized for other medical treatment purposes. To obtain these medications, clients must be seen by a primary care provider or other specialist.

Medi-Cal funding for psychotropic medications is carved out of the state's Medi-Cal funding. Psychotropic medications prescribed by RCDMH providers are generally billed directly by the pharmacy to Medi-Cal.

For any medication that is being prescribed for the client that is not on the Medi-Cal approved formulary, a Treatment Authorization Request (TAR) form. TARs are available at community pharmacies and must be completed by the prescribing clinician. The completed TAR for must be submitted directly to Medi-Cal by a pharmacy for approval before the prescription can be filled.

The Medi-Cal managed care plans (IEHP or Molina) have their own formularies that are more restrictive than the Medi-Cal formulary. When prescribing psychotropic medications for clients of a Medi-Cal managed care plan, psychiatrists must prescribe medications that are on the health plan's approved formulary. In order to prescribe a non-formulary medication, the psychiatrist must complete the health plan's prior authorization request and receive approval before the prescription can be filled by a pharmacy.

In accordance with the Center for Medicaid/Medicare Services (CMS) 2008 regulatory changes, all Medi-Cal prescriptions must now be written on a prescription form that is secure and inalterable. For RCDMH, all prescription written by employed psychiatrists must be on the current approved secure prescription form.

**RESTRICTED FORMULARY ACCESS IN CORRECTIONAL SETTINGS:**

Due to the serious and ongoing problems with abuse, misuse, diversion and black marketing of certain psychotropic medications in correctional settings either for adults or children, the RCDMH Medical Director has established a policy that prescriptions for Seroquel (Quetiapine) and Wellbutrin (Bupropion) be restricted. The only exception for prescribing these medications to inmates in the jails or juvenile detention facilities is if the inmate/client has already been stabilized on and is responding to either or both of

these medications upon transfer from another facility. Even then, it is left to the treating psychiatrist to determine if the medication will be continued. Anytime that these medications are prescribed for treatment of an inmate/client, he/she should be informed that any abuse, misuse, diversion or black marketing of these medications by the inmate/client will result in immediate discontinuation of the medication.

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DIVISION OF QUALITY IMPROVEMENT  
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December 2008

DOCUMENTATION

RCDMH has created a number of computerized formats for documentation including in preparation for implementation of an electronic health record system that is expected to be completed by 2010.

New formats were implemented beginning in 2007 to establish improved formats needed to capture essential data elements for quality review and analysis as well as billing and reporting purposes. The new formats also help to assure that important elements of client information are documented as part of the evaluation and treatment process. The formats incorporate various components of documentation to facilitate utilizing the Recovery Model in a client/family-based approach toward identifying and meeting the needs of clients. These formats periodically undergo revisions geared toward facilitating client care and related documentation.

Mental health clinicians utilize formats that have been developed to provide a standardized method for documentation and data collection including formats for evaluations/assessments, progress notes, consumer care plans, and other documentation. RCDMH employees are required to utilize the current approved formats for all documentation. It is suggested that RCDMH contract providers also utilize these or similar formats to assure that required elements of documentation are consistently captured. By utilizing them, documentation is more likely to meet the requirements of Medi-Cal regulations or other insurance regulatory bodies. All RCDMH providers should contact the offices of the RCDMH Division of Quality Improvement in order to obtain the current approved versions of all formats.

When documentation is handwritten, it is essential that all entries in the clinical record be legible.

RCDMH  
DIVISION OF QUALITY IMPROVEMENT  
PSYCHOTROPIC MEDICATION GUIDELINES  
December 2008

ASSESSMENT AND TREATMENT ISSUES

I. GENERAL ASSESSMENT AND TREATMENT ISSUES.

Reasonable clinical judgment, supported by available assessment information, must guide the prescription of psychotropic medications. To the extent possible, candidates for psychotropic medications must be assessed prior to prescribing and providing psychotropic medications. Psychotropic medication assessments must be documented in the client's medical record and must be scheduled in a timely manner. Prescribing clinicians can use assessment information that has already been collected by other sources and are not required to document existing assessment information that is part of the client's medical record. At a minimum, assessments for psychotropic medications must include:

- An adequately detailed medical and behavioral health history
- A mental status examination
- A diagnosis
- Target Symptoms for treatment
- A review of possible medication allergies
- A review of previously and currently prescribed medications including any noted side effects and/or potential drug-drug interactions.

The use of psychotropic medications is often an integral part of ongoing treatment for persons receiving care for behavioral health conditions. As such, reassessments must be completed on a regular basis to assess the client's adherence to prescribed medications and to substantiate that the prescribed psychotropic medication(s) are the most effective treatment for the client. RCDMH requires that all psychiatric assessments and consumer care plans be revised and updated at least annually or more frequently when there is a significant change in the client's condition.

The use of psychotropic medications must be monitored closely to help ensure that clients are treated safely and effectively. RCDMH Policy 548 establish guidelines and minimum requirements that apply to the RCDMH clinics and contract /managed care providers that are designed to:

- Ensure the safety of persons taking psychotropic medications
- Reduce or prevent the occurrence of adverse side effects
- Help clients who are taking psychotropic medications restore and maintain optimal levels of functioning and achieve positive clinical outcomes.

The client's target symptoms and clinical responses to treatment must be identified for each medication prescribed and documented in the client's medical record. Also, the use of psychotropic medication must always be referenced and incorporated into the client's care plan.

Education regarding all prescribed medications must be routinely provided to the client, family members, conservator or legal guardian in a culturally competent, language appropriate manner.

Psychotropic medications that are not clinically effective after reasonable trials should be discontinued, unless the rationale for continuation can be supported and is documented in the person's comprehensive clinical record.

The prescription of psychotropic medications must be coordinated with primary care providers (PCPs) or other health care providers to minimize the potential for adverse clinical outcomes.

Informed consent must be obtained from the client and/or legal guardian for each psychotropic medication prescribed. (See RCDMH Policy No. 549, Psychotropic Medication: Informed Consent for Psychotropic Medication) When obtaining informed consent, the prescribing clinician must communicate in a manner that the client and/or legal guardian can understand and comprehend. The client's medical record must include documentation of the essential elements for obtaining informed consent, including the benefits, risks and side effects for each medication prescribed and the signature of the client and/or legal guardian.

Psychotropic medications, especially those that are identified as high-risk medications, e.g., Lithium, must be monitored adequately to avoid, diminish, or relieve side effects and decrease adverse outcomes. The prescribing clinician must develop and implement safe and effective prescribing and monitoring practices to ensure that high-risk medications are adequately monitored to promote safe and effective use.

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DIVISION OF QUALITY IMPROVEMENT  
PSYCHOTROPIC MEDICATION GUIDELINES  
December 2008

ASSESSMENT AND TREATMENT ISSUES

II. ISSUES IN THE ASSESSMENT AND TREATMENT OF SPECIALIZED POPULATIONS:

A. CHILDREN AND ADOLESCENTS:

Although children may be diagnosed with many of the same disorders as adults, it is recommended that psychiatrists who are prescribing psychotropic medications for the treatment of children have specialized training, experience and demonstrated expertise in doing so. This is especially true regarding the treatment of younger age children. RCDMH recommends that only Board Certified or Board Eligible Child Psychiatrists prescribe psychotropic medications to a child under the age of 5 years.

Before prescribing medications for children, a comprehensive psychiatric assessment is necessary. Adequate assessment of a child generally requires the psychiatrist to obtain information from not only the child directly, but also from a variety of other resources. These may include:

- Parents or other family members
- Caretakers and legal guardian if other than the family
- Information regarding the child's developmental history, e.g.:
  - Maternal pre-natal care and complications of pregnancy
  - Birth, post-natal, and infant care and development
  - Achievement of developmental milestones
- Medical/surgical history including allergies and information from current health care providers
- Educational/school history
- Specific psychological testing as indicated
- Social interactions and development of sibling, peer and other relationships
- Social adjustment, adaptability and resiliency
- Description of the home environment including who is living in the home or exerts significant influence on the home environment and languages spoken in the home
- Specific cultural, ethnic and/or spiritual issues of the family and community
- Any out-of-home placement or relocations and the reasons for it
- Trauma, abuse or neglect history
- Legal and conduct difficulties
- Work or work-like activities
- Description of the local community and community or other natural supports available

- Other involved agencies or entities, such as school, Child Protective Services, Juvenile Detention/Probation, Inland Regional Center (Department of Developmental Disabilities), etc.

Special considerations apply when prescribing psychotropic medications for treatment of children and adolescents. In addition to information obtained from the direct assessment of the child, additional information must always be obtained from the parents or legal guardian of the child. If the child's daily care and supervision is provided by a person or persons other than the parent/legal guardian, to the extent possible, information should be obtained from them also.

Particularly when treating children, psychiatrists should prescribe psychotropic medications as part of a comprehensive treatment plan that may include behavioral interventions, school interventions, individual therapy, group therapy, family therapy and specialized case management as needed.

Complete information regarding any medications prescribed must always be provided to the parent(s) or legal guardian. The process of providing information and obtaining informed consent must involve the child or adolescent to the extent possible and appropriate, in addition to the parent or legal guardian. It also may be very important to assure that the child's day-to-day care provider, if other than the parent, receives relevant information regarding any medications prescribed in order to safely administer and monitor medication effects, side effects, and adverse reactions.

Prescribing clinicians must recognize and appreciate the relative paucity of research data regarding the use of psychotropic medications in children and adolescents. The general approach to medication treatment for children is to "start low and go slow" in selecting the types and dosages of medications to use. Although there are an increasing number and variety of psychotropic medications that are FDA approved for the treatment of this population, many are not. However they are commonly used "off-label" in treatment. Numerous warnings ("Black Box" warnings), and other requirements and recommendations have now been established for specific medications or classifications of medications that may be prescribed for children. Prescribing psychiatrists must be cognizant of these developments and carefully follow them in order to assure the safety of the child being treated. Recommendations and requirements for certain clinical/laboratory testing and monitoring of medications may be different when prescribing medications for children. Follow-up monitoring of the child after beginning a course of prescribed medication treatment may need to be more frequent at least in the initial phase of treatment in order to try to prevent adverse outcome, such as suicide.

Special considerations similarly apply to monitoring of psychotropic medications in children and adolescents. Particularly for younger children, it may be important to monitor growth parameters, especially height and weight. Specific psychological evaluations such as intellectual testing or neuropsychological evaluation may be important to obtain. Ongoing assessment and monitoring may also include obtaining follow-up information from a variety of sources or setting appropriate to the

child's/adolescent's situation. For some, information regarding work or work-like activities is an important consideration. For adolescents, information may be needed regarding physical /sexual maturation.

#### MEDICATION DECLARATIONS:

When psychotropic medications are to be prescribed for a minor who has been legally designated as a “dependent of the court” or “ward of the court”, a Judge or Commissioner of Juvenile Court must approve the use of the specific medication before it can be administered to the child. In these cases, the following process must be followed:

1. When a psychiatrist or another physician believes that psychotropic medications are indicated for a “dependent” or “ward”, the prescribing clinician must fill out the form “Application for Order for Psychotropic Medication – Juvenile”, also known as a Medication Declaration form, and fax it to the RCDMH Quality Improvement Division for processing.
2. The form is then reviewed by a Quality Improvement psychiatrist who reviews it for completeness and medical appropriateness.
3. The QI office then submits the request to the Court with a recommendation to approve, deny or modify the request.
4. The Judge/Commissioner makes a decision and informs the QI office, which in turn notifies the prescribing psychiatrist.
5. Court approval is not needed for medications used on an emergency basis (See Policy 280). However, if these medications are to be used on an ongoing basis, a Medication Declaration form must be submitted for processing to obtain approval for ongoing psychotropic medication treatment.

For more details, see RCDMH Policy 280, Consent for Medication on Court Wards and Dependents Not on Conservatorship in the Appendix. A copy of the current approved Medication Declaration form may also be found there.

**RIVERSIDE COUNTY  
DEPARTMENT OF MENTAL HEALTH**

**POLICY:** 280

**SUBJECT:** **CONSENT FOR MEDICATION OF COURT WARDS AND  
DEPENDENTS NOT UNDER CONSERVATORSHIP**

**REFERENCES:** SB 543, dated February 19, 1999;  
AB 1514, Maze, Ch. 120; W&I 739.5

**FORMS:** JV-220: Application Regarding Psychotropic Medication (Attachment A); JV-220(A): Prescribing Physician's Statement – Attachment (Attachment B); Riverside County MH Quality Improvement Outpatient Fax Cover Sheet (Attachment C); JV-219-INFO: Information About Psychotropic Medication Forms (Attachment D); JV-221: Proof of Notice: Application Regarding Psychotropic Medication (Attachment E); JV-222: Opposition to Application Regarding Psychotropic Medication (Attachment F); JV-223: Order Regarding Application for Psychotropic Medication (Attachment G).

**EFFECTIVE DATE:** January 25, 1995

**REVISED DATE(S):** March 4, 2009 and February 4, 2003

**POLICY:**

State law requires that all psychiatric medications that are prescribed to Wards and Dependents of the Court who have been removed from the physical custody of his or her parent be first approved by the legally, responsible Juvenile Court. Most Wards and Dependents residing in Riverside County are under the jurisdiction of the Riverside County Juvenile Court. This Court asks that the Riverside County Department of Mental Health (RCDMH) review all requests for clinical appropriateness for psychiatric medication prescription(s) prior to Court review. Consistent with Court mandates, RCDMH's policy includes the following:

- A. Before a Ward or Dependent is prescribed any psychiatric medications, the Juvenile Court must first authorize the request for the Ward or Dependent's specific medications.

- B. An exception to the above can be made when a Physician determines that an emergency exists. In an emergency, a Physician may prescribe psychiatric medications without prior Court approval. However, Court approval must then be requested for the ongoing use of the medications issued in the emergency described herein. Riverside County Juvenile Court recognizes an emergency when a minor poses an imminent danger to himself or others, or when medications are needed immediately to prevent undue suffering.
- C. A *JV-220: Application Regarding Psychotropic Medications* (Attachment A) and *JV-220(A): Prescribing Physician's Statement-Attachment* (Attachment B) must be submitted at the time any new medications (that have not been currently approved by the Court) are to be initiated. A new request form must also be submitted at the time that a currently approved medication is increased to a dosage that is higher than the dosage previously approved by the Court.
- D. Unless otherwise specified by Court order, the Court approval of the specified medications and specified maximum dosage is effective for 180 days. Physicians must submit a new request form before the expiration of the original order.
- E. It is strongly recommended that minors who are receiving psychotropic medication have a physical examination at least every 12 months. If an examination has been done within 12 months, the name of the Physician performing the exam and the results of the exam must be documented in the client's health care record. If an examination has not been done within 12 months, an exam should be ordered.

### **PROCEDURES:**

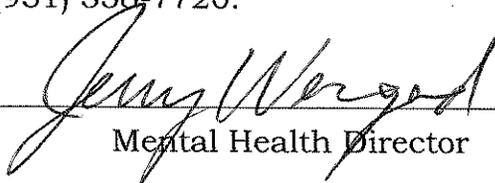
- A. When Court approval is needed, the Physician must fill out a form entitled *JV-220: Application Regarding Psychotropic Medications* (Attachment A). This form is commonly referred to as a Medication Declaration Form or a "Med Dec".
  - 1. The use of this specific form, JV-220, was mandated by the State as of January 1, 2008.
- B. Several documents are relevant to this process:
  - 1. Riverside County MH Quality Improvement Outpatient Fax Cover Sheet (Attachment C) is used when faxing the Med. Dec. to the QI office. This cover sheet allows you to request authorizations for ongoing treatment of the Ward or Dependent.

2. JV-219-INFO (Attachment D) describes the Med. Dec. process and how to fill out the form. Please note that this also discusses prescribing medications in an emergency situation and defines *emergency*.
  3. JV-220 (Attachment A) is the first page of the Med. Dec. form and can be filled out by the Physician or an associated staff person.
  4. JV-220(A) (Attachment B) is the main body of the Med. Dec. form. It is three pages and must be completed and signed by the authorized physician.
  5. JV-221 (Attachment E) is a form used by the Court to notify interested parties about the submitted Med. Dec.
  6. JV-222 (Attachment F) is a form that interested parties can submit if they oppose the recommended medications.
  7. JV-223 (Attachment G) is the form the Judge signs after he/she makes a decision.
    - a. All of the JV documents can be found at the website [www.courtinfo.ca.gov/forms/allforms.htm](http://www.courtinfo.ca.gov/forms/allforms.htm). Also, available at the above listed website are versions of the JV-220 and JV-220(A) which can be filled out on the computer. Once completed, this version must still be printed and faxed to the RCDMH Quality Improvement (QI) office. Please note that it is not possible at this time to submit the forms electronically.
    - b. You can go directly to form JV-220 at [www.courtinfo.ca.gov/forms/documents/jv220.pdf](http://www.courtinfo.ca.gov/forms/documents/jv220.pdf) or directly to form JV-220(A) at [www.courtinfo.ca.gov/forms/documents/jv220a.pdf](http://www.courtinfo.ca.gov/forms/documents/jv220a.pdf)
- C. Please refer to JV-219-INFO for information on how to fill out the forms. In addition, please note the following:
1. Form JV-220:
    - a. It is not necessary to fill in the large box that asks for the Court name and street address. RCDMH QI staff will fill this in. If you know the child's case number, please write that in the appropriate box.

## 2. Form JV-220(A)

- a. Question 10b asks for relevant lab tests. This is optional and not required in Riverside County.
  - b. Question 11 asks that information about side effects and other clinical information be attached. In lieu of attaching additional documents, you may write below the question "See *RCDMH Medication Guidelines*" if you feel that the clinical issues are discussed adequately in that publication.
  - c. Question 15 the table of requested medications has a column for Administration Schedule; this is optional and not required in Riverside County.
  - d. The Presiding Judge of the Riverside County Juvenile Court has indicated that he will continue to allow that alternative medications may be requested in the event that the medications for immediate use are not effective. These may be listed on JV-220(A) in section 15. When an alternative medication is requested, it must be made clear that it is an alternative medication and it must be specified whether it would be *added* to the currently used medications or whether it would be *substituted* for another specific medication.
- D. Fax the completed Med. Decs. (both JV-220 and JV-220[A] together) to the RCDMH QI office at 951-358-7710. Generally, the Med. Decs. will be reviewed within one (1) business day for completeness and any possible clinical concerns by the RCDMH QI Psychiatrist before being forwarded to the Court for final processing. It typically takes several days for the Court to render its decision. The Court will notify the QI office of its decision and the QI office will then promptly notify the requesting Physician.
- E. If there are questions about Med. Decs., please contact the RCDMH QI office at (951) 358-7720.

Approved by: \_\_\_\_\_



Mental Health Director

Date: 3-4-09

## Attachments

JV-220: Application Regarding Psychotropic Medication (English/Spanish), Attachment A;

JV-220(A): Prescribing Physician's Statement – Attachment (English/Spanish), Attachment B;

Riverside County MH Quality Improvement Outpatient Fax Cover Sheet,  
Attachment C;

JV-219-INFO: Information About Psychotropic Medication Forms  
(English/Spanish), Attachment D;

JV-221: Proof of Notice: Application Regarding Psychotropic Medication  
(English/Spanish), Attachment E;

JV-222: Opposition to Application Regarding Psychotropic Medication  
(English/Spanish), Attachment F;

JV-223: Order Regarding Application for Psychotropic Medication  
(English/Spanish), Attachment G.

**JV-220**

**Application Regarding  
Psychotropic Medication**

Attach a completed and signed JV-220(A), *Prescribing Physician's Statement—Attachment*, with all its attachments, must be attached to this form before it is filed with the court. Read JV-219-INFO, *Information About Psychotropic Medication Forms*, for more information about the required forms and the application process.

Clerk stamps date here when form is filed.

- 1 Information about where the child lives:
- a. The child lives  with a relative  in a foster home  
 with a nonrelative extended family member  
 in a regular group home  in a level 12–14 group home  
 at a juvenile camp  at a juvenile ranch  
 other (*specify*): \_\_\_\_\_
- b. If applicable, name of facility where child lives: \_\_\_\_\_
- c. Contact information for responsible adult where child lives:  
 (1) Name: \_\_\_\_\_  
 (2) Phone: \_\_\_\_\_

Fill in court name and street address:  
**Superior Court of California, County of**

Fill in child's name and date of birth:  
**Child's Name:**  
**Date of Birth:**

Clerk fills in case number when form is filed.  
**Case Number:**

- 2 Information about the child's current location:
- a.  The child remains at the location identified in 1.
- b.  The child is currently staying in:  
 (1)  a psychiatric hospital (*name*): \_\_\_\_\_  
 (2)  a juvenile hall (*name*): \_\_\_\_\_  
 (3)  other (*specify*): \_\_\_\_\_

- 3 Child's  social worker  probation officer
- a. Name: \_\_\_\_\_
- b. Address: \_\_\_\_\_
- c. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

4 Number of pages attached: \_\_\_\_\_  
Date: \_\_\_\_\_

Type or print name of person completing this form

Signature

- Child welfare services staff (*sign above*)  
 Probation department staff (*sign above*)  
 Medical office staff (*sign above*)  
 Caregiver (*sign above*)  
 Prescribing physician (*sign on page 3 of JV-220(A)*)

**JV-220 S**

**Solicitud relacionada con medicamentos psicotrópicos**

Adjunte el formulario JV-220(A), *Declaración del médico que receta—Adjunto*, llenado y firmado con todos sus adjuntos, antes de presentar este formulario a la corte. Lea el documento JV-219-INFO, *Información acerca de los formularios de medicamentos psicotrópicos*, para obtener más información acerca de los formularios requeridos y el proceso de solicitud.

*El secretario pone el sello de la fecha aquí cuando se presenta el formulario.*

**Sólo para información**

**No entregue a la corte**

- 1 Información acerca de donde vive el niño:
- a. El niño vive  con un familiar  en un hogar de crianza
- con un miembro de la familia extendida que no es pariente
- en un hogar de grupo regular  en un hogar de grupo de nivel 12-14
- en un campamento para jóvenes  en un rancho para jóvenes
- otro (*especifique*): \_\_\_\_\_
- b. Si corresponde, nombre de la institución donde vive el niño: \_\_\_\_\_
- c. Información de contacto del adulto responsable donde vive el niño:
- (1) Nombre: \_\_\_\_\_
- (2) Teléfono: \_\_\_\_\_

*Escriba el nombre y la dirección de la corte:*

**Corte Superior de California, condado de**

*Escriba el nombre y fecha de nacimiento del niño:*

**Nombre del niño:**

**Fecha de nacimiento:**

*El secretario pone el número de caso cuando se presenta el formulario.*

**Número de caso:**

**No entregue a la corte**

- 2 Información acerca de la ubicación actual del niño:
- a.  El niño sigue en el lugar identificado en 1.
- b.  El niño está actualmente en:
- (1)  un hospital psiquiátrico (*nombre*): \_\_\_\_\_
- (2)  un centro juvenil (*nombre*): \_\_\_\_\_
- (3)  otro (*especifique*): \_\_\_\_\_

- 3  Trabajador social del niño  Funcionario de libertad condicional del niño
- a. Nombre: \_\_\_\_\_
- b. Dirección: \_\_\_\_\_
- c. Teléfono: \_\_\_\_\_ Fax: \_\_\_\_\_

4 Número de páginas adjuntas: \_\_\_\_\_

Fecha: \_\_\_\_\_

*Escriba a máquina o letra de molde el nombre de la persona que llenó este formulario*

**Sólo para información**

*Firma*

- Personal de servicios de bienestar infantil (*firme arriba*)
- Personal del departamento de libertad condicional (*firme arriba*)
- Personal del consultorio médico (*firme arriba*)
- Encargado de atención (*firme arriba*)
- Médico que receta (*firme en la página 3 de JV-220(A)*)

**JV-220(A)**

**Prescribing Physician's Statement—Attachment**

Case Number:

This form must be completed and signed by the prescribing physician. Read JV-219-INFO, *Information About Psychotropic Medication Forms*, for more information about the required forms and the application process.

- 1 Information about the child (*name*): \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Current height: \_\_\_\_\_ Current weight: \_\_\_\_\_  
 Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_
- 2 Type of request:
  - a.  An initial request to administer psychotropic medication to this child
  - b.  A request to continue psychotropic medication the child is currently taking
- 3  This application is made during an emergency situation. The emergency circumstances requiring the temporary administration of psychotropic medication pending the court's decision on this application are:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 4 Prescribing physician:
  - a. Name: \_\_\_\_\_ License number: \_\_\_\_\_
  - b. Address: \_\_\_\_\_
  - c. Phone numbers: \_\_\_\_\_
  - d. Medical specialty of prescribing physician:
    - Child/adolescent psychiatry     General psychiatry     Family practice/GP     Pediatrics
    - Other (*specify*): \_\_\_\_\_

- 5 This request is based on a face-to-face clinical evaluation of the child by:
  - a.  the prescribing physician on (*date*): \_\_\_\_\_
  - b.  other (*provide name, professional status, and date of evaluation*): \_\_\_\_\_

- 6 Information about child provided to the prescribing physician by (*check all that apply*):
  - child     caregiver     teacher     social worker     probation officer     parent
  - records (*specify*): \_\_\_\_\_
  - other (*specify*): \_\_\_\_\_

7 Describe the child's symptoms, including duration as well as the child's response to any current psychotropic medication. If the child is not currently taking psychotropic medication, describe treatment alternatives to the proposed administration of psychotropic medication that have been tried with the child in the last six months. If no alternatives have been tried, explain the reasons for not doing so.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Case Number:

Child's name: \_\_\_\_\_

**8** Diagnoses from *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* (provide full Axis I and Axis II diagnoses; inclusion of numeric codes is optional):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9** Therapeutic services, other than medication, in which the child will participate during the next six months (check all that apply; include frequency for group therapy and individual therapy):

a.  Group therapy: \_\_\_\_\_ b.  Individual therapy: \_\_\_\_\_

c.  Milieu therapy (explain): \_\_\_\_\_

d.  Other modality (explain): \_\_\_\_\_

**10** a. Relevant medical history (describe, specifying significant medical conditions, all current nonpsychotropic medications, date of last physical examination, and any recent abnormal laboratory results):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Relevant laboratory tests performed or ordered (optional information; provide if required by local court rule):

kidney function     liver function     thyroid function     UA     glucose     lipid panel

CBC     EKG     pregnancy     medication blood levels (specify): \_\_\_\_\_

other (specify): \_\_\_\_\_

**11** **Mandatory Information Attached:** Significant side effects, warnings/contraindications, drug interactions (including those with continuing psychotropic medication and all nonpsychotropic medication currently taken by the child), and withdrawal symptoms for each recommended medication are included in the attached material.

**12** a.  The child was told in an age-appropriate manner about the recommended medications, the anticipated benefits, the possible side effects and that a request to the court for permission to begin and/or continue the medication will be made and that he or she may oppose the request. The child's response was  agreeable     other (explain): \_\_\_\_\_

b.  The child has not been informed of this request, the recommended medications, their anticipated benefits, and their possible adverse reactions because:

(1)  the child is too young.

(2)  the child lacks the capacity to provide a response (explain): \_\_\_\_\_

(3)  other (explain): \_\_\_\_\_

**13** The child's present caregiver was informed of this request, the recommended medications, the anticipated benefits, and the possible adverse reactions. The caregiver's response was  agreeable     other (explain):  
\_\_\_\_\_

**14** Additional information regarding medication treatment plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Case Number:

Child's name: \_\_\_\_\_

- 15 List all psychotropic medications currently administered that you propose to continue and all psychotropic medications you propose to begin administering. Mark each psychotropic medication as New (N) or Continuing (C). Administration schedule is optional information; provide if required by local court rule.

Medication name (generic or brand) and symptoms targeted by each medication's anticipated benefit to child	C or N	Maximum total mg/day	Treatment duration*	Administration schedule (optional) • Initial and target schedule for new medication • Current schedule for continuing medication • Provide mg/dose and # of doses/day • If PRN, provide conditions and parameters for use
Med: Targets:				

\*Authorization to administer the medication is limited to this time frame or six months from the date the order is issued, whichever occurs first.

- 16 List all psychotropic medications currently administered that will be stopped if this application is granted.

Medication name (generic or brand)	Reason for stopping

- 17 List the psychotropic medications that you know were taken by the child in the past and the reason or reasons these were stopped if the reasons are known to you.

Medication name (generic or brand)	Reason for stopping

Date: \_\_\_\_\_

\_\_\_\_\_  
Type or print name of prescribing physician

▶

\_\_\_\_\_  
Signature of prescribing physician

**JV-220(A) S Declaración del médico que receta—Adjunto**

Número de caso: **Sólo para información**

Este formulario tiene que ser llenado y firmado por el médico que receta. Lea JV-219-INFO, *Información acerca de los formularios de medicamentos psicotrópicos*, para obtener más información acerca de los formularios requeridos y el proceso de solicitud.

1 Información acerca del niño (*nombre*): \_\_\_\_\_  
Fecha de nacimiento: \_\_\_\_\_ Estatura actual: \_\_\_\_\_ Peso actual: \_\_\_\_\_  
Género: \_\_\_\_\_ Grupo étnico: \_\_\_\_\_

2 Tipo de solicitud:  
a.  Solicitud inicial para aplicar medicamentos psicotrópicos a este niño  
b.  Solicitud para continuar con los medicamentos psicotrópicos que toma actualmente el niño

3  Esta solicitud se hace durante una situación de emergencia. Las circunstancias de emergencia que requieren la aplicación temporal de medicamentos psicotrópicos pendiente la decisión de la corte sobre esta solicitud son:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4 Médico que receta:  
a. Nombre: \_\_\_\_\_ Número de licencia: \_\_\_\_\_  
b. Dirección: \_\_\_\_\_  
c. Teléfonos: \_\_\_\_\_  
d. Especialidad médica del médico que receta:  
 Psiquiatría infantil/para adolescentes  Psiquiatría general  Práctica familiar o general  Pediatría  
 Otra (*especifique*): \_\_\_\_\_

5 Esta solicitud se basa en una evaluación clínica en persona del niño por parte de:  
a.  el médico que receta el (*fecha*): \_\_\_\_\_  
b.  otro (*nombre del proveedor, situación profesional y fecha de la evaluación*): \_\_\_\_\_

6 La información acerca del niño fue provista al médico que receta por (*marque todo lo que corresponda*):  
 niño  persona que cuida  maestro  trabajador social  
 funcionario de libertad condicional  padre o madre  
 registros (*especifique*): \_\_\_\_\_  
 otro (*especifique*): \_\_\_\_\_

7 Describa los síntomas del niño, incluyendo la duración, así como la respuesta del niño a cualquier medicamento psicotrópico actual. Si el niño no toma medicamentos psicotrópicos actualmente, describa las alternativas de tratamiento a la aplicación propuesta de medicamento psicotrópico que se ha intentado con el niño en los últimos seis meses. Si no se han intentado alternativas, explique los motivos por no hacerlo.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Número de caso:

**No entregue a la corte**

Nombre del niño: Sólo para información

- 8 Diagnósticos del *Manual de diagnóstico y estadística de trastornos mentales, cuarta edición (DSM-IV)* (proporcione diagnóstico completo de Eje I y Eje II; es opcional incluir los códigos numéricos):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 9 Servicios terapéuticos diferentes a los medicamentos en los que participará el niño durante los próximos seis meses (marque todos los que correspondan; incluya la frecuencia para terapia de grupo y terapia individual):  
a.  Terapia de grupo: \_\_\_\_\_ b.  Terapia individual: \_\_\_\_\_  
c.  Terapia de medio ambiente externo (explique): \_\_\_\_\_  
d.  Otra modalidad (explique): \_\_\_\_\_
- 10 a. Antecedentes médicos pertinentes (describa, especificando los problemas médicos significativos, todos los medicamentos no psicotrópicos actuales, la fecha del último examen físico y cualquier resultado anormal de laboratorio reciente): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
b. Análisis de laboratorio pertinentes realizados u ordenados (información opcional; proporciónela si lo requiere la regla de la corte local):  
 función del riñón  función del hígado  función de la tiroides  UA  glucosa  panel de lípidos  
 CBC  EKG  embarazo  niveles de medicamento en la sangre (especifique): \_\_\_\_\_  
 otro (especifique): \_\_\_\_\_
- 11 **Información obligatoria adjunta:** En el material adjunto se incluyen los efectos secundarios significativos, advertencias/contraindicaciones, interacciones con fármacos (incluidas aquellas con medicamentos psicotrópicos continuos y todo medicamento no psicotrópico que tome actualmente el niño) y síntomas de abstinencia para cada medicamento recomendado.
- 12 a.  Al niño se le dijo de una manera apropiada para su edad sobre los medicamentos recomendados, los beneficios anticipados, los posibles efectos secundarios y que se hará una solicitud a la corte para obtener permiso para comenzar y/o continuar el medicamento, y que se puede oponer a la solicitud. La respuesta del niño fue  
 estuvo de acuerdo  otra (explique): \_\_\_\_\_  
b.  Al niño no se le ha informado de esta solicitud, de los medicamentos recomendados, de sus beneficios anticipados y de las posibles reacciones adversas porque:  
(1)  el niño es demasiado pequeño.  
(2)  el niño no tiene la capacidad de dar una respuesta (explique): \_\_\_\_\_  
(3)  otro (explique): \_\_\_\_\_
- 13 Se informó a la persona que cuida al niño en la actualidad de esta solicitud, de los medicamentos recomendados, de los beneficios anticipados y de las posibles reacciones adversas. La respuesta de dicha persona fue  
 estuvo de acuerdo  otro (explique): \_\_\_\_\_
- 14 Información adicional sobre el plan de tratamiento con el medicamento: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_







3840 Myers Street  
Riverside, Ca 92503  
Phone: (951) 358-7720  
Fax: (951) 358-7710

**Riverside County MH  
Quality Improvement  
Outpatient**

**This fax cover sheet must be completed and used when submitting a Medication Declaration.**

Date: \_\_\_\_\_

To: Quality Improvement Outpatient

Fax # (951) 358-7710

From: \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

Client Name: \_\_\_\_\_

Social Security # of client \_\_\_\_\_

Page 1 of \_\_\_\_\_ pages

<b>PROPOSED TREATMENT AND FOLLOW UP SERVICES</b>	
Referral Source:	<input type="checkbox"/> ACT <input type="checkbox"/> CAT <input type="checkbox"/> TRACT
Psychiatric Evaluation _____	Session(s) per week/month for _____ weeks/months (15, 30, 60 min.)
Collateral Visit _____	Session(s) per week/month for _____ weeks/months (30, 60 min.)
Collateral Sessions with: _____	

**CAUTION:** The information contained in this facsimile message is confidential and intended solely for the use of the individual or entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution, copying, or unauthorized use of this communication is strictly prohibited. If you have received this communication in error, please immediately notify the sender by telephone and return the facsimile message to the sender at the above address via the United States Postal Service. Thank you.

## **JV-219-INFO** Information About Psychotropic Medication Forms

Use the Judicial Council forms listed below when requesting an order regarding psychotropic medication. Local forms may be used to provide additional information to the court.

JV-220, *Application Regarding Psychotropic Medication*

JV-220(A), *Prescribing Physician's Statement—Attachment*

JV-221, *Proof of Notice: Application Regarding Psychotropic Medication*

JV-222, *Opposition to Application Regarding Psychotropic Medication*

JV-223, *Order Regarding Application for Psychotropic Medication*

### **General Instructions**

- ① Use psychotropic medication forms when a child is under the jurisdiction of the juvenile court and living in an out-of-home placement and the child's physician is asking for an order:
  - a. giving permission for the child to receive a psychotropic medication that is not currently authorized *or*
  - b. renewing an order for a psychotropic medication that was previously authorized for the child because the order is due to expire.
- ② Use of the forms is mandatory for a child who is a dependent of the juvenile court and living in an out-of-home placement.
- ③ Use of the forms is mandatory for a child who is a ward of the juvenile court and living in a foster care placement, as defined in Welfare and Institutions Code section 727.4.
- ④ Use of the forms is optional for a child who is a ward of the juvenile court and living in an out-of-home facility that is not considered a foster care placement as defined in Welfare and Institutions Code section 727.4, unless use of the forms is required by a local rule of court.
- ⑤ Use of the forms is not required if the court has previously entered an order giving the child's parent the authority to approve or deny the administration of psychotropic medication to the child.
- ⑥ Form JV-220(A), *Prescribing Physician's Statement—Attachment*, must be completed and signed by the prescribing physician and forwarded to the person responsible for completing form JV-220, *Application Regarding Psychotropic Medication*, as provided for in local court rules or local practice protocols. The completed JV-220(A), with all its attachments, must be attached to JV-220 when it is filed with the court.
- ⑦ The person or persons responsible for providing notice under local court rules or local practice protocols must complete, sign, and file with the court form JV-221, *Proof of Notice: Application Regarding Psychotropic Medication*.

### **JV-220, Application Regarding Psychotropic Medication**

- ① This form gives the court basic information about where the child lives and whether the current situation has caused the child to be moved to a temporary location such as a psychiatric hospital, a juvenile hall, a shelter home, or respite care. It also provides the name and contact information for the child's social worker or probation officer.
- ② This form may be completed by the prescribing physician, the medical office staff, the child welfare services staff, the probation department staff, or the child's caregiver. If completed by a staff person from the medical office, the child welfare services agency, the probation department, or the child's caregiver, he or she must check the appropriate box, type or print his or her name, and sign the form. If completed by the prescribing physician, he or she must check the appropriate box and complete and sign JV-220(A).



## **JV-219-INFO** Information About Psychotropic Medication Forms

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### **JV-220(A), Prescribing Physician's Statement—Attachment**

- ① This form must be completed and signed by the prescribing physician, who must provide information related to the administration of the psychotropic medication, including the child's diagnosis, relevant medical history, other therapeutic services, the psychotropic medication to be administered, and the basis for the psychotropic medication recommendation.
- ② Prior court authorization must be obtained before a psychotropic medication not currently authorized is given to a child except in an emergency situation. An emergency situation occurs when a physician finds that the child requires psychotropic medication because of a mental condition and the purpose of the medication is to protect the life of the child or others, prevent serious harm to the child or others, or to treat current or imminent substantial suffering and it is impractical to obtain prior authorization from the court. Court authorization must be sought as soon as practical but never more than two court days after the emergency administration of the psychotropic medication.

### **JV-221, Proof of Notice: Application Regarding Psychotropic Medication**

- ① This form provides verification of the notice required by rule 5.640 of the California Rules of Court.
- ② This form must be completed and signed by the person or persons responsible for providing notice as required by local court rules or local practice protocols. A separate signature line is provided on each page of the form to accommodate those courts in which the provision of notice is shared between agencies—for example, when local court rule or local practice protocol requires the child welfare services agency to provide notice to the parent or legal guardian and the caregiver and the juvenile court clerk's office to provide notice to the attorneys and CASA volunteer. If one agency does all the required noticing, only one signature is required on page 2 of the form.

### **JV-222, Opposition to Application Regarding Psychotropic Medication**

- ① This form must be used when the parent or guardian, the attorney of record for a parent or guardian, the child, the child's attorney, or the child's CAPTA guardian ad litem does not agree that the child should take the recommended psychotropic medication.
- ② Within two court days of receiving notice of the application regarding psychotropic medication, the parent or guardian, his or her attorney, the child, the child's attorney, or the child's CAPTA guardian ad litem who disagrees must complete, sign, and file form JV-222 with the clerk of the juvenile court.
- ③ The court will make a decision about the child's psychotropic medication after reading the application and its attachments and any opposition filed on time. The court is not required to set a hearing when an opposition is filed. If the court does set the matter for a hearing, the juvenile court clerk must provide notice of the date, time, and location of the hearing to the parents or legal guardians, their attorneys, the child if 12 years of age or older, the child's attorney, the child's current caregiver, the child's social worker, and the social worker's attorney at least two court days before the date set for the hearing. In delinquency matters, the clerk also must provide notice to the child regardless of his or her age, the child's probation officer, and the district attorney.

### **JV-223, Order Regarding Application for Psychotropic Medication**

This form contains the court's findings and orders about psychotropic medications.

## **JV-219-INFO S** Información sobre los formularios de medicamentos psicotrópicos

Use los formularios del Consejo Judicial indicados a continuación cuando solicite una orden relacionada con medicamentos psicotrópicos. Se pueden usar los formularios locales para proporcionar información adicional a la corte.

*JV-220, Solicitud relacionada con medicamentos psicotrópicos*

*JV-220(A), Declaración del médico que receta—Adjunto*

*JV-221, Prueba de aviso: Solicitud relacionada con medicamentos psicotrópicos*

*JV-222, Oposición a la solicitud relacionada con medicamentos psicotrópicos*

*JV-223, Orden relacionada con la solicitud de medicamentos psicotrópicos*

### **Instrucciones generales**

- ① Use los formularios de medicamentos psicotrópicos cuando un niño se encuentra bajo la jurisdicción de la corte de menores y vive en una colocación fuera de casa, y el médico del niño solicita una orden para:
  - a. dar permiso para que el niño reciba un medicamento psicotrópico que no esté autorizado actualmente, o
  - b. renovar una orden para un medicamento psicotrópico que estuvo autorizado anteriormente para el niño porque la orden está a punto de vencer.
- ② El uso de los formularios es obligatorio para un niño que es dependiente de la corte de menores y vive fuera de su hogar.
- ③ El uso de los formularios es obligatorio para un niño que es pupilo de la corte de menores y vive en un hogar sustituto, según se define en la sección 727.4 del Código de Bienestar e Instituciones.
- ④ El uso de los formularios es optativo para un niño que es pupilo de la corte de menores y vive fuera de su hogar, en un lugar que no se considera un hogar sustituto según se define en la sección 727.4 del Código de Bienestar e Instituciones, a menos que el uso del formulario sea obligatorio por una regla local de la corte.
- ⑤ El uso de los formularios no es obligatorio si la corte ya hizo una orden concediendo al padre del niño la autoridad para aprobar o rechazar la aplicación de medicamentos psicotrópicos al niño.
- ⑥ El formulario *JV-220(A), Declaración del médico que receta—Adjunto*, tiene que ser llenado y firmado por el médico que receta y luego enviado a la persona responsable de llenar el formulario *JV-220, Solicitud relacionada con medicamentos psicotrópicos*, tal como lo indiquen las reglas de la corte o protocolos de la práctica locales. El formulario *JV-220(A)* llenado con todos sus adjuntos debe adjuntarse al *JV-220* para presentarlo a la corte.
- ⑦ La persona o personas responsables de dar aviso según las reglas de la corte o protocolos de la práctica locales deben llenar, firmar y presentar a la corte el Formulario *JV-221, Prueba de aviso: Solicitud relacionada con medicamentos psicotrópicos*.

### **JV-220, Solicitud relacionada con medicamentos psicotrópicos**

- ① Este formulario le proporciona a la corte la información básica acerca de dónde vive el niño y si la situación actual ha ocasionado que el niño se mude a una ubicación temporal como un hospital psiquiátrico, reclusorio para jóvenes, un albergue o cuidado sustituto. También proporciona el nombre y la información de contacto del trabajador social o funcionario de libertad condicional del niño.
- ② Este formulario lo puede llenar el médico que receta, el personal del consultorio médico, el personal de servicios de bienestar infantil, el personal del departamento de libertad condicional o la persona que cuida al niño. Si lo llena el personal del consultorio médico, la agencia de servicios de bienestar infantil, el departamento de libertad condicional o la persona que cuida al niño, se deberá marcar la casilla correspondiente, escribir su nombre con letra de molde o a máquina y firmar el formulario. Si lo llena el médico que receta, se deberá marcar la casilla correspondiente y llenar y firmar el *JV-220(A)*.



## **JV-219-INFO S Información sobre los formularios de medicamentos psicotrópicos**

### **JV-220(A), Declaración del médico que receta—Adjunto**

- ① Este formulario lo debe llenar y firmar el médico que receta, quien debe proporcionar la información relacionada con la aplicación de los medicamentos psicotrópicos, incluido el diagnóstico del niño, los antecedentes médicos pertinentes, otros servicios terapéuticos, el medicamento psicotrópico que se va a aplicar y el fundamento para recomendar el medicamento psicotrópico.
- ② Se debe obtener la autorización previa de la corte antes de que se dé a un niño un medicamento psicotrópico que no esté actualmente autorizado, excepto en una situación de emergencia. Una situación de emergencia ocurre cuando un médico se da cuenta de que el niño requiere medicamento psicotrópico debido a un problema mental, y el propósito del medicamento es proteger la vida del niño o de otros, prevenir lesiones graves al niño o a otros, o tratar un sufrimiento sustancial actual o inminente, y no es práctico obtener una autorización previa de la corte. Se debe buscar autorización de la corte tan pronto como sea práctico, pero nunca más de dos días de corte después de la aplicación de emergencia del medicamento psicotrópico.

### **JV-221, Prueba de aviso: Solicitud relacionada con medicamentos psicotrópicos**

- ① Este formulario verifica el aviso requerido por la regla 5.640 de las Reglas de Cortes de California.
- ② Este formulario tiene que ser llenado y firmado por la persona o personas responsables de dar el aviso tal como lo requieren las reglas de la corte o protocolos de la práctica locales. En cada página del formulario se incluye una línea para firma por separado para adecuarse a las cortes donde el requisito de dar aviso se comparte entre agencias: por ejemplo, cuando la regla de la corte o protocolo de la práctica locales requieren a la agencia de servicios de bienestar infantil que dé aviso al padre de familia o tutor legal y a la persona que cuida el niño y a la oficina del secretario de la corte de menores que dé aviso a los abogados y al voluntario de CASA. Si una agencia realiza todos los avisos requeridos, sólo se requiere una firma en la página 2 del formulario.

### **JV-222, Oposición a la solicitud relacionada con medicamentos psicotrópicos**

- ① Este formulario se debe usar cuando el padre o tutor, el abogado del caso para el padre de familia o tutor, el niño, el abogado del niño o el tutor CAPTA *ad litem* del niño no esté de acuerdo con que el niño deba tomar el medicamento psicotrópico recomendado.
- ② Dentro de dos días de recibir el aviso de la solicitud para el medicamento psicotrópico, el padre de familia o tutor, su abogado, el niño, el abogado del niño o el tutor CAPTA *ad litem* del niño que no esté de acuerdo deberá llenar, firmar y entregar el Formulario JV-222 al secretario de la corte de menores.
- ③ La corte tomará una decisión acerca del medicamento psicotrópico del niño después de leer la solicitud y sus adjuntos y cualquier oposición que se entregue a tiempo. La corte no tiene la obligación de fijar fecha para una audiencia si se presenta una oposición. Si la corte fija una fecha para una audiencia, el secretario de la corte de menores debe dar aviso de la fecha, la hora y el lugar de la audiencia a los padres o tutores legales, sus abogados, al niño si es de 12 años de edad o mayor, al abogado del niño, a la persona que cuida el niño actualmente, al trabajador social del niño y al abogado del trabajador social por lo menos dos días de corte antes de la fecha fijada para la audiencia. En casos de delincuencia, el secretario también deber dar aviso al niño sin tener en cuenta su edad, al oficial de libertad condicional y al abogado del distrito.

### **JV-223, Orden relacionada con la solicitud de medicamentos psicotrópicos**

Este formulario contiene las determinaciones y órdenes de la corte acerca de los medicamentos psicotrópicos.

**JV-221**

**Proof of Notice: Application  
Regarding Psychotropic Medication**

Read JV-219-INFO, *Information About Psychotropic Medication Forms*, for more information about the required forms and the application process.

Clerk stamps date here when form is filed.

1  The following parents/legal guardians of the child were given notice of the physician's request to begin and/or to continue administering psychotropic medication, the name of each medication, and that a JV-220, *Application Regarding Psychotropic Medication*, and a JV-220(A), *Prescribing Physician's Statement—Attachment*, are pending before the court. They were also provided with JV-219-INFO, *Information About Psychotropic Medication Forms*, and a blank copy of JV-222, *Opposition to Application Regarding Psychotropic Medication*, or with information on how to obtain a copy of each form.

Fill in court name and street address:

Superior Court of California, County of

a. Name: \_\_\_\_\_ Date notified: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Manner:  In person  By phone at (specify): \_\_\_\_\_

By depositing the required information and copies of JV-219-INFO and JV-222 in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address (specify): \_\_\_\_\_

Fill in child's name and date of birth:

Child's Name:

Date of Birth:

b. Name: \_\_\_\_\_ Date notified: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Manner:  In person  By phone at (specify): \_\_\_\_\_

By depositing the required information and copies of JV-219-INFO and JV-222 in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address (specify): \_\_\_\_\_

Fill in case number when form is filed.

Case Number:

c. Name: \_\_\_\_\_ Date notified: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Manner:  In person  By phone at (specify): \_\_\_\_\_

By depositing the required information and a copy of JV-219-INFO and JV-222 in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address (specify): \_\_\_\_\_

2  Parental rights were terminated, and the child has no legal parents who must be informed.

3  Parent/legal guardian (name): \_\_\_\_\_ was not informed because (state reason): \_\_\_\_\_

4  Parent/legal guardian (name): \_\_\_\_\_ was not informed because (state reason): \_\_\_\_\_

5 The child's current caregiver was notified that a physician is asking to treat the child with psychotropic medication and that a JV-220 and a JV-220(A) are pending before the court as follows:

Caregiver (name): \_\_\_\_\_

Manner:  In person  By phone at (specify): \_\_\_\_\_  By depositing the required information in a sealed envelope in the United States mail, with first-class postage prepaid, to the following address (specify): \_\_\_\_\_

6 I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_

Type or print name

Signature

Signature follows on page 2.

Case Number: \_\_\_\_\_

Child's name: \_\_\_\_\_

7 The child's attorney and the child's CAPTA guardian ad litem, if that person is someone other than the child's attorney, were provided with completed Forms JV-220, *Application Regarding Psychotropic Medication*, and JV-220(A), *Prescribing Physician's Statement—Attachment*; a copy of JV-219-INFO, *Information About Psychotropic Medication Forms*; and a blank copy of JV-222, *Opposition to Application Regarding Psychotropic Medication*, as follows:

a. Attorney's name: \_\_\_\_\_ Date notified: \_\_\_\_\_  
Manner:  In person  By fax at (specify): \_\_\_\_\_  By depositing copies in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address (specify): \_\_\_\_\_

b. CAPTA guardian ad litem's name: \_\_\_\_\_ Date notified: \_\_\_\_\_  
Manner:  In person  By fax at (specify): \_\_\_\_\_  By depositing copies in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address (specify): \_\_\_\_\_

8 The following attorneys were given notice of the physician's request to begin and/or continue administering psychotropic medication, the medication name, and that a JV-220, *Application Regarding Psychotropic Medication* and a JV-220(A), *Prescribing Physician's Statement—Attachment*, are pending before the court. They were also provided with a copy of JV-219-INFO, *Information About Psychotropic Medication Forms*, and a blank copy of JV-222, *Opposition to Application Regarding Psychotropic Medication*, or with information on how to obtain a copy of each form, as follows:

a. Attorney's name: \_\_\_\_\_ Date notified: \_\_\_\_\_  
Attorney for (name): \_\_\_\_\_  
Manner:  In person  By phone at (specify): \_\_\_\_\_  By fax at (specify): \_\_\_\_\_  
 By depositing the required information and copies of JV-219-INFO and JV-222 in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address (specify): \_\_\_\_\_

b. Attorney's name: \_\_\_\_\_ Date notified: \_\_\_\_\_  
Attorney for (name): \_\_\_\_\_  
Manner:  In person  By phone at (specify): \_\_\_\_\_  By fax at (specify): \_\_\_\_\_  
 By depositing the required information and copies of JV-219-INFO and JV-222 in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address (specify): \_\_\_\_\_

c. Attorney's name: \_\_\_\_\_ Date notified: \_\_\_\_\_  
Attorney for (name): \_\_\_\_\_  
Manner:  In person  By phone at (specify): \_\_\_\_\_  By fax at (specify): \_\_\_\_\_  
 By depositing the required information and copies of JV-219-INFO and JV-222 in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address (specify): \_\_\_\_\_

9 The child's CASA volunteer was notified that a JV-220 and a JV-220(A) are pending before the court as follows:  
CASA volunteer (name): \_\_\_\_\_ Date notified: \_\_\_\_\_  
Manner:  In person  By phone at (specify): \_\_\_\_\_  By depositing the required information in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address (specify): \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Signature

# JV-221 S Prueba de aviso: Solicitud relacionada con medicamentos psicotrópicos

Lea el documento JV-219-INFO, *Información acerca de los formularios de medicamentos psicotrópicos*, para obtener más información acerca de los formularios requeridos y el proceso de solicitud.

El secretario pone el sello de la fecha aquí cuando se presenta el formulario.

**Sólo para información**

**No entregue a la corte**

1  A los siguientes padres de familia/tutores legales se les dio aviso de la solicitud del médico para comenzar y/o continuar con la aplicación del medicamento psicotrópico, el nombre de cada medicamento y que están pendientes ante la corte una *Solicitud relacionada con medicamentos psicotrópicos* (JV-220) y la *Declaración del médico que receta—Adjunto* (JV-220(A)). También se les ha proporcionado el JV-219-INFO, *Información acerca de los formularios de medicamentos psicotrópicos*, y una copia en blanco del JV-222, *Oposición a la solicitud relacionada con medicamentos psicotrópicos*, o información sobre cómo obtener una copia de cada formulario.

Escriba el nombre y la dirección de la corte:

Corte Superior de California, condado de

a. Nombre: \_\_\_\_\_ Fecha de aviso: \_\_\_\_\_

Parentesco con el niño: \_\_\_\_\_

Manera:  En persona  Por teléfono al (*especifique*): \_\_\_\_\_

Depositando la información y las copias requeridas de los formularios JV-219-INFO y JV-222 en un sobre sellado en el correo de Estados Unidos, con porte de primera clase pagado por adelantado, a la última dirección conocida (*especifique*): \_\_\_\_\_

Escriba el nombre y fecha de nacimiento del niño:

Nombre del niño:

Fecha de nacimiento:

Escriba el número de caso cuando se presenta el formulario.

Número de caso:

**No entregue a la corte**

b. Nombre: \_\_\_\_\_ Fecha de aviso: \_\_\_\_\_

Parentesco con el niño: \_\_\_\_\_

Manera:  En persona  Por teléfono al (*especifique*): \_\_\_\_\_

Depositando la información y las copias requeridas de los formularios JV-219-INFO y JV-222 en un sobre sellado en el correo de Estados Unidos, con porte de primera clase pagado por adelantado, a la última dirección conocida (*especifique*): \_\_\_\_\_

c. Nombre: \_\_\_\_\_ Fecha de aviso: \_\_\_\_\_ Parentesco con el niño: \_\_\_\_\_

Manera:  En persona  Por teléfono al (*especifique*): \_\_\_\_\_

Depositando la información y las copias requeridas de los formularios JV-219-INFO y JV-222 en un sobre sellado en el correo de Estados Unidos, con porte de primera clase pagado por adelantado, a la última dirección conocida (*especifique*): \_\_\_\_\_

2  Se terminaron los derechos de paternidad y el niño no tiene padres legales a quienes se deba informar.

3  El padre/la madre/tutor legal (*nombre*): \_\_\_\_\_ no fue informado porque (*declare la razón*): \_\_\_\_\_

4  El padre/la madre/tutor legal (*nombre*): \_\_\_\_\_ no fue informado porque (*declare la razón*): \_\_\_\_\_

5 La persona que cuida al niño en la actualidad fue notificada de que un médico pide tratar al niño con medicamentos psicotrópicos y que los JV-220 y JV-220(A) están pendientes ante la corte como sigue:

Persona que cuida al niño (*nombre*): \_\_\_\_\_

Manera:  En persona  Por teléfono a (*especifique*): \_\_\_\_\_  Depositando la información requerida en un sobre sellado en el correo de Estados Unidos, con porte de primera clase pagado por adelantado, a la siguiente dirección (*especifique*): \_\_\_\_\_

6 Declaro bajo pena de perjurio bajo las leyes del estado de California que la información que figura arriba es verdadera y correcta.

Fecha: \_\_\_\_\_

**Sólo para información**

Nombre en letra de máquina o de molde

Firma

La firma figura en la página 2









**JV-223**

**Order Regarding Application for Psychotropic Medication**

Clerk stamps date here when form is filed.

**The Court read and considered:**

- a. JV-220, *Application Regarding Psychotropic Medication*, and JV-220(A), *Prescribing Physician's Statement—Attachment*, filed on (date): \_\_\_\_\_
- b.  JV-222, *Opposition to Application Regarding Psychotropic Medication*, filed on (date): \_\_\_\_\_
- c.  Other (specify): \_\_\_\_\_

Fill in court name and street address:

Superior Court of California, County of \_\_\_\_\_

**The Court finds and orders:**

- 1 a.  Notice requirements were met.
- b.  Notice requirements were *not* met. Proper notice was not given to: \_\_\_\_\_

Fill in child's name and date of birth:

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

- 2  The matter is set for hearing on (date): \_\_\_\_\_ at (time): \_\_\_\_\_ in (dept.): \_\_\_\_\_

- 3  Application was made for authorization to begin or to continue giving the child the psychotropic medication listed in (15) on page 3 of JV-220(A).

Fill in case number when form is filed.

Case Number: \_\_\_\_\_

**A copy of page 3 is attached to this order.**

The application is (check one):

- a.  granted as requested.
- b.  granted with the following modification or conditions to the request as made in (15) on the attached page 3 of JV-220(A) (specify all modifications and conditions): \_\_\_\_\_
- c.  denied (specify reason for denial): \_\_\_\_\_
- 4  Other (specify): \_\_\_\_\_

This order is effective until terminated or modified by court order or until 180 days from the date of this order, whichever is earlier. If the prescribing physician is no longer treating the child, this order extends to subsequent treating physicians. A change in the child's placement does not require a new order regarding psychotropic medication. Except in an emergency situation, a new application must be submitted and consent granted by the court before giving the child medication not authorized in this order or increasing medication dosage beyond the maximum daily dosage authorized in this order.

Date: \_\_\_\_\_

Signature of judge or judicial officer

**JV-223 S**

**Orden relacionada con la solicitud de medicamentos psicotrópicos**

El secretario pone el sello de la fecha aquí cuando se presenta el formulario.

**Sólo para información**

**No entregue a la corte**

**La corte leyó y consideró:**

- a. JV-220, Solicitud relacionada con medicamentos psicotrópicos y JV-220(A), Declaración del médico que receta—Adjunto, presentados el (fecha): \_\_\_\_\_
- b.  JV-222, Oposición a la solicitud relacionada con medicamentos psicotrópicos, presentado el (fecha): \_\_\_\_\_
- c.  Otro (especifique): \_\_\_\_\_

Escriba el nombre y dirección de la corte:

Corte Superior de California, condado de \_\_\_\_\_

**La corte determina y ordena:**

- 1 a.  Se cumplió con los requisitos del aviso.
- b.  No se cumplió con los requisitos del aviso. No se entregó el aviso adecuado a: \_\_\_\_\_

Escriba el nombre y fecha de nacimiento del niño:

Nombre del niño: \_\_\_\_\_

Fecha de nacimiento: \_\_\_\_\_

- 2  Se fija fecha para una audiencia el (fecha): \_\_\_\_\_ a la(s) (hora): \_\_\_\_\_ en (depto): \_\_\_\_\_

Escriba el número de caso cuando se presenta el formulario.

Número de caso: \_\_\_\_\_

- 3  Se hizo la solicitud para que comenzara la autorización o para continuar dando al niño el medicamento psicotrópico indicado en el número 15 de la página 3 de JV-220(A).

**No entregue a la corte**

**A esta orden se adjunta una copia de la página 3.**

La solicitud se ha (marque una):

- a.  otorgado como se ha solicitado.
- b.  otorgado con la siguiente modificación o condiciones a la solicitud, tal como se indica en el número 15 de la página 3 adjunta de JV-220(A) (especifique todas las modificaciones y condiciones): \_\_\_\_\_
- c.  rechazado (especifique la razón para el rechazo): \_\_\_\_\_

- 4  Otra (especifique): \_\_\_\_\_

Esta orden tiene vigencia hasta que sea terminada o modificada por una orden de la corte o hasta los 180 días a partir de la fecha de esta orden, lo que ocurra primero. Si el médico que receta ya no atiende al niño, esta orden se extiende a los médicos subsiguientes que atiendan. Un cambio en la colocación del niño no requiere una nueva orden acerca del medicamento psicotrópico. Excepto en caso de emergencia, deberá presentarse una nueva solicitud y recibir el consentimiento de la corte antes de dar al niño un medicamento no autorizado en esta orden o incrementar la dosis del medicamento más allá de la dosis diaria máxima autorizada en esta orden.

Fecha: \_\_\_\_\_

**Sólo para información**

Firma del juez o del funcionario judicial

RCDMH  
DIVISION OF QUALITY IMPROVEMENT  
PSYCHOTROPIC MEDICATION GUIDELINES  
December 2008

ASSESSMENT AND TREATMENT ISSUES

II. ISSUES IN THE ASSESSMENT AND TREATMENT OF SPECIALIZED POPULATIONS:

B. OLDER ADULTS/GERIATRICS:

For older adults, special considerations apply regarding the person's later-life adjustments, e.g., health status and development of medical/surgical conditions and treatment, home environment, employment status, meaningful age-appropriate activities both in and outside of the home, peer relations, adjustment to losses, and changes in marital and family relations. Referral to and coordination of care with primary care and other health care providers may be important in order to safely prescribe psychotropic medications in the treatment of this population.

When prescribing medications for older adults, the general recommendation is to "start low and go slow" in terms of the number, types and dosages of psychotropic medications prescribed. Frequently older adults will present with a lengthy list of medications that are already being prescribed and that may be impacting the current presentation of symptoms of a mental disorder. Especially when treating older adults, often there is a need to decrease dosages of and/or discontinue other medications that have been prescribed by other health care providers before adding or starting psychotropic medications. For ongoing monitoring, it is often necessary to obtain health parameters of weight, vital signs and laboratory testing on a more frequent basis to improve client safety.

The role of family or other day-to-day caretakers is also important to consider. Other individuals may need to be directly involved in the client's treatment process. The prescribing clinician should also assess the family/home situation, the ability of others to assist and support the client and their own well-being due to the numerous burdens that may be placed upon them. It may be necessary for the spouse and/or other family member to become directly involved in the informed consent process and in assisting in maintaining safe medication administration, monitoring and support for the older client.

With advancing age, the prescribing clinician should periodically assess the client for any signs of developing dementia with associated signs of cognitive, memory and/or personality changes. When this is identified, appropriate screening via laboratory testing and/or neuropsychological evaluation should be considered to identify possible treatable causes for developing dementia.

RCDMH  
DIVISION OF QUALITY IMPROVEMENT  
PSYCHOTROPIC MEDICATION GUIDELINES  
December 2008

ASSESSMENT AND TREATMENT ISSUES

II. ISSUES IN THE ASSESSMENT AND TREATMENT OF SPECIALIZED POPULATIONS:

C. CO-OCCURRING MENTAL HEALTH/SUBSTANCE ABUSE DISORDERS:

Except for younger children, clients of any age should be assessed for potential substance abuse or dependence disorders prior to prescribing psychotropic medications. Even for younger children, potential impacts or consequences for the infant or child due to substance abuse issues of the parents or caretakers and the influence of substances abuse in the home environment must be considered.

Prescribing clinicians must recognize the possibility of denial or underreporting of substance abuse that commonly occurs with clients who are substance abusers. The use of random drug screening by urine drug screens or other appropriate methods may become an integral part of the assessment and ongoing treatment process for dual disorder clients.

It must be recognized that clients with co-occurring disorders only rarely respond to or achieve sobriety/recovery with medication treatment alone. Successful treatment usually requires that the person involve him/herself in a substance abuse treatment program. This generally includes a "12-Step" substance abuse/relapse prevention/recovery program involving group and/or individual treatment and support. Specific medications for treatment of substance abuse and dependence may significantly decrease craving for the substance, the amount consumed and the number of days spent abusing the substance.

It may be necessary to initiate treatment with psychotropic medications even when the client is actively abusing substances in order for the client to achieve some reduction in primary mental health symptoms. This treatment may be necessary for the client to be better able to begin to address his/her substance abuse issues. Generally the client with a co-occurring disorder should be referred to and treated within a co-occurring setting with appropriately qualified, trained and skilled staff.

Whenever psychotropic medications are prescribed to a client with known current substance abuse or dependence, or history of such it is even more important to carefully monitor for potential effects, side effects and potential toxicity when other substances are combined with prescribed medication treatment.

Prescribing clinicians should use extreme caution when prescribing any controlled substances for a client with known current substance abuse or dependence, or history of such. It may be important for the prescribing clinician to institute measures such as monitoring pill counts from the client's prescription bottles at the time of follow-up appointments or to carefully control and limit refills of medications. When controlled substances are prescribed, the prescribing clinician should carefully document the rationale for prescribing a controlled substance in the client's health care record.

Similarly, when the client is receiving controlled substances prescribed by another health care provider, it is essential to attempt to coordinate care with the other prescribing clinician in order to safely prescribe psychotropic medications and also to avoid duplication of prescriptions.

RCDMH  
DIVISION OF QUALITY IMPROVEMENT  
PSYCHOTROPIC MEDICATION GUIDELINES  
December 2008

QUALITY IMPROVEMENT MONITORING AND AUDITS

The RCDMH Quality Improvement Division routinely conducts quality improvement audits of all RCDMH employed and contracted prescribing psychiatrists. Audits are conducted on a randomized and/or selective basis. Audits are conducted to monitor adherence to RCDMH policies and to improve the quality of care provided to clients of RCDMH. The RCDMH Medical Director is involved in these reviews and will work directly with psychiatrist to provide instruction, education and guidance regarding any issues that are identified through the audit and monitoring process.

RCDMH has developed a standardized monitoring tool that is used in conducting these reviews. The current monitoring tool is attached. This should serve to provide direction to prescribing psychiatrist to indicate what documentation is required of the psychiatrist. Items audited include:

- DSM-IV Axis I-V Diagnosis
- Psychiatric Assessments
- Consumer Medication Care Plans
- Medication Progress Notes
- Informed Consent for Psychotropic Medications
- Psychotropic Medication Monitoring (RCDMH Policy 548)
- Polypharmacy
- Psychotropic Medication Maximum Dosages
- Prescribing Controlled Substances to Clients with Substance Abuse or Dependence Disorders
- Adverse Drug Reactions and Other Psychotropic Medication Related Incidents

Whenever a prescribing psychiatrist's medication practice is determined to be out of compliance with RCDMH policies, a letter of concern will be sent to the psychiatrist that will include the practice issues of concern, and recommendations to the psychiatrist for possible ways to improve prescribing practices, including appropriate educational information. A copy of the letter will also be sent to the psychiatrist's manager/supervisor. The psychiatrist must provide a written response to the RCDMH QI Division within 30 days of receipt of the letter describing the actions that have been or will be taken to improve prescribing practices.



**III. MEDICATION PROGRESS NOTES**

Comments

Review the last 3 Progress Notes made by the psychiatrist.

- 1. Target Sx/Improvements/Strengths  Y  N
- 2. Sx/MSE:  Y  N
- 3. Current Harm Assessment  Y  N
- 4. Medication Treatment Efficacy/Medical Update:  Y  N
- 5. Med. Adherence: Clt compliance/  
non-compliance w/medication is documented:  Y  N
- 6. Medication Side Effects are Documented:  
(Presence or Absence)  Y  N
- 7. Med response/Effectiveness of med is  
documented:  Y  N
- 8.. Coordination of care with PCP: Evidence of  
attempt to coordinate care when indicated  
or necessary:  Y  N  N/A
- 9. Tx Updated/Med Recommendations:  Y  N

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**IV. NURSING NOTES**

Comments

- 1. Service Update/Vitals Taken:  Y  N  N/A
- 2. Medication Compliance:  Y  N  N/A
- 3. Medication Side Effects:  Y  N  N/A

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**V. INFORMED CONSENT**

Comments

- 1. Form DOH-POR-165 is completed for each  
medication prescribed over the past 3 months:  Y  N  N/A
- 2. If there is no informed consent documented, note the name/type  
of medication for which there is no rationale noted:

A.	B.	C.
D.	E.	F.

- 3. Informed consent documentation  
is signed and dated by the psychiatrist:  Y  N
- 4. Informed consent documentation is signed  
and dated by the client/legal guardian:  Y  N

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**VI. PSYCHOTROPIC MEDICATION MONITORING**

Comments

- 1. Antipsychotic Medication Prescribed:**  Y  N  
Obtained every 6 months for the first year and annually thereafter,  
for each client that is prescribed antipsychotic medications...
  - (A) ...Wt & VS are obtained as required?  Y  N  N/A
  - (B)...AIMS is obtained as required?  Y  N  N/A
  - (C)...fasting blood glucose is obtained as required?  Y  N  N/A
  - (D)...a lipid profile is obtained upon initiation?  Y  N  N/A

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- 2. Lithium Carbonate Prescribed**  Y  N  
Obtained every 6 months for the first year and annually thereafter,  
for each client that is prescribed Lithium...
  - (A) ...Wt & VS are obtained as required?  Y  N  N/A
  - (B)...a TSH is obtained as required?  Y  N  N/A
  - (C)...Renal Function Tests (BUN, Creatinine  
and electrolytes) are obtained as required?  Y  N  N/A
  - (D)...and has a significant cardiac risk,  
an EKG is obtained as required?  Y  N  N/A
  - (E)...levels of Lithium are obtained as required?  Y  N  N/A

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**VI. PSYCHOTROPIC MEDICATION MONITORING (cont)**

Comments

**3. Anticonvulsants for Mood Stabilization Prescribed:**  Y  N  
*(Requiring the monitoring of blood levels)*

Obtained every 6 months for the first year and annually thereafter,  
for each client that is prescribed anticonvulsants medication for mood stabilization:

(A) ...Wt & VS are obtained as required?  Y  N  N/A

(B)...LFTs, CBC, or other lab tests are obtained  
as required?  Y  N  N/A

(C)...mood stabilization & anticonvulsant levels  
are obtained as required?  Y  N  N/A

**4. Other Psychotropic Medications Prescribed:**  Y  N

Obtained every 6 months for the first year and annually thereafter,  
for each client that all other medications is prescribed....

(A) ...Wt & VS are obtained as required?  Y  N  N/A

**VII. POLYPHARMACY**

Comments

1. Intra-class Polypharmacy prescribed more than 2 meds  
within the same class?  Y  N

(A) The medical record contains documentation  
describing the rationale and justification for each  
med individually and for the combined use.  Y  N

2. Inter-class Polypharmacy prescribed for more than 4 meds  
combined for overall Tx?  Y  N

(A) The medical record contains documentation  
describing the rationale and justification for  
each med individually and for the combined use.  Y  N

**VIII. PSYCHOTROPIC MEDICATION MAX. DOSAGES**

Comments

1. Psychotropic medications prescribed above the  
maximum dose listed?  Y  N

2. The clients medication record contains documentation  
specifically describing the rationale and justification  
for exceeding the max. dosage?  Y  N

**IX. CONTROLLED SUBSTANCES**

Comments

1. Client Dx or Hx of Substance Abuse Dependence?  Y  N

(A) Documentation specifically describing the  
rationale and justification for each controlled  
substance despite substance abuse/dependence.  Y  N  N/A

**X. ADRs & ADVERSE PSYCHOTROPIC MED-RELATED INCIDENTS**

Comments

1. If applicable, an Adverse Incident Report form was  
completed and forwarded to the RCDMH QI Dept.?  Y  N  N/A



Reply to: Jerry L. Dennis, M.D., Medical Director

TO: All Outpatient Clinic Psychiatrists

FROM: Jerry L. Dennis, M.D.  
Medical Director

SUBJECT: **Report and Recommendations of 2008 Audit of Clinic Psychiatrists**

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November 12, 2008

During September and October I personally conducted an audit of all RCDMH clinic psychiatrists. The purpose of the audit was two-fold:

- To provide a baseline for further quality improvement monitoring regarding the adequacy of documentation by RCDMH clinic psychiatrists and the adequacy of monitoring of psychotropic medications prescribed for clients.
- To provide direct feedback and instruction for educational purposes for RCDMH clinic psychiatrists on
  - The appropriate use of new formats for documentation
  - The policy standards and expectations set by new RCDMH Policy 548, Psychotropic Medication: Prescribing and Monitoring, and Policy 549, Informed Consent for Psychotropic Medications. These new policies became effective as of May 2008.

You and your clinic supervisor have been provided with a copy of the results of the audits of your clients' records. I have also compiled the results of the audit of 127 client records and have produced a report. If you would like a copy of the completed report, please contact my office and one will be sent to you.

You must be aware that Medi-Cal will deny payments when psychiatric assessments, progress notes and care plans do not meet Medical Necessity Criteria. In addition, improvements in client care can be attained by adhering to the new RCDMH policy requirements that were implemented earlier this year. All assessments/reassessments and care plans must be current, i.e., within the past year. Use only current approved forms for documentation and complete all sections, i.e., leave no blanks.

I have several recommendations for you to improve the quality of care for your clients and to improve documentation so as to better meet Medi-Cal Medical Necessity Criteria. The following is a list of these recommendations:

**1. Assessments:**

- a. Generally, Psychiatric Assessments and Reassessments met the standards when the current approved formats were used but not if older formats were used.
- b. Please be sure to complete Axis I-V completely. You must write in the diagnoses and the DSM-IV-TR codes for all Axis I and II diagnoses listed. If you do not have the codes, please request the code list from your supervisor.

**2. Consumer Medication Care Plans:**

- a. The major finding of the 2008 audit is that in 77% of all cases, the medical necessity statement at the top of the care plan does not meet Medi-Cal criteria. This statement must include all three of the elements listed below:
  - i. A Medi-Cal covered Axis I diagnosis
  - ii. A statement of impairment in functioning:
    1. How does the diagnosis and related symptoms result in a significant impairment in one or more area of life functioning?
    2. Or for a stable client, what is the risk of deterioration, decompensation, hospitalization or other negative outcome without continued treatment?
  - iii. A statement of ability to benefit from prescribed medication treatment.
- b. The target symptoms for treatment must be specific and measurable.
- c. The goal for the target symptoms must specify a frequency of the target symptoms to be attained.
- d. The current baseline for the target symptoms must specify the current frequency of the symptoms.
- e. There must be a specific rationale identified for each medication or class of medications listed on the plan.

**EXAMPLES:** Below are specific examples of acceptable statements for consumer medication care plans:

- Medical Necessity Statement Examples:
  - “Client with Bipolar I Disorder, manic phase resulting in recent job loss due to anger outbursts; would benefit from mood stabilizer treatment.”
  - “42 y.o. housewife with Major Depressive Disorder, recurrent with psychosis causing inability to complete usual household tasks; may benefit from antipsychotic and antidepressant medication.”
  - “12 y.o. with severe ADHD failing in most classes at school; will benefit from stimulant medication treatment.”
  - “21 y.o. with Paranoid Schizophrenia refusing to attend group activities and becoming more withdrawn; will benefit from antipsychotic medications.”
  - “62 y.o. client with Bipolar II Disorder now stable after recent depressive episode; needs to continue antidepressant and Lithium treatment to prevent re-hospitalization.”
  - “Client with Schizo-Affective Disorder off meds and abusing methamphetamine, evicted and now homeless; need to restart prior medications.”



- “Client living in Bd. and Care, arguing frequently with staff, partially complying with meds; may benefit from switch to Risperdal Consta.”

- Examples of Target Symptoms, Goals and Baseline for Target Symptoms

Target Symptoms (Specific and Measurable)	Goal for Target Symptoms (Specify frequency of occurrence)	Baseline (Current) Symptoms (Specify frequency of occurrence)
Auditory hallucinations	Will report that AH occur < 1-2 X per week	Hearing voices several times per day
Severe depressed mood	Overwhelmed with depressed mood only 2-3 X per week	Severe depressed mood almost all day every day
Insomnia	Reports sleeping 6-8 hours each night	Sleeping 2-3 hours nightly
Irritable, angry outbursts	Anger outbursts occur only 1-2 X monthly	Several angry outbursts daily
Unable to sit through class at school	Able to sit through 2-3 classes per day without disruption	Unable to sit through one class
Not bathing regularly	To bathe every day	Bathing only 2 X weekly
Unable to leave the house	Will attend an activity outside the house at least one per week	Housebound, will not go out at all
Crying episodes	Decrease crying episodes to 1-2 X per week	Repeated crying episodes daily
Command AH to harm self (stable client)	Will report no increase AH each month (stable client)	No AH for 2 months (stable client)

- Examples of Specific Indications for Each Medication or Class of Medications Prescribed:

Medication or Class of Medication:	Indication: Must be specific for each medication
Antidepressants:	For persistent depressed mood
Antipsychotic medications:	Decrease command AH
Lithium	Decrease manic symptoms
Mood stabilizer	Decrease rapid cycling mood episodes
Stimulant medication	To improve concentration in the classroom
Campral	Decrease amount of drinking
Trazadone	Insomnia
Benzodiazepines	Decrease agitation



### 3. Progress Notes:

- a. Progress notes should make reference to the target symptoms or area of functioning that your prescribed medication treatment is for. The audit showed that in some cases, the review or the target symptoms and improvements was inadequate. Statements need to say more than “stable” or “no change”. Instead, be specific, e.g., “Attending school regularly”, “Reports no Sx of depression”, “Sleeping 6-8 hours most nights”, “Goes out to store once weekly”, “No arguments with spouse since last visit”.
- b. For clients with serious or multiple medical conditions who are taking other “medical” medications, or who have had recent medical/surgical hospitalizations, you should show efforts to coordinate care with the client’s primary care provider (PCP) in your progress notes. The audit showed that in some cases there was no coordination of care even for client’s with severe medical conditions that are under treatment.

### 4. Informed Consent:

- a. You must assure that informed consent is provided and obtained for each medication that you prescribe. The audit found several cases in which there was no informed consent for at least one of the medications. Some informed consents were several years old. When the last informed consent is more than a few years old, you should generally update and obtain a new consent.

### 5. Psychotropic Medication Monitoring:

- a. The audit showed that basic medication monitoring is often not being done. You must provide basic monitoring for all clients that you are prescribing medications for. Policy 548 now requires that minimum requirements be met. **Every client must at least be monitored for weight, blood pressure and pulse. These and any other measures that are required specific to the type of medication prescribed must be monitored upon the initiation of the medication, every six months for the first year and annually thereafter, or more frequently as indicated on an individual case basis by the prescribing psychiatrist.**
- b. It is the responsibility of the prescribing psychiatrist to assure that basic monitoring is completed. Not all clinics currently have designated staff or procedures to obtain minimally required monitoring. Every psychiatrist must have access to weight scales and a blood pressure monitoring device to use to obtain weight, blood pressure and pulse. If you do not, ask your supervisor to order a floor weight scale and/or the American Diagnostics Corporation (ADC) model #6015 wrist BP/P device for your use on a DOMH-GA-013 form.
- c. For other laboratory monitoring that is required, your documentation must reflect efforts to obtain minimally required monitoring tests. When a client does not follow-up through with a request to obtain lab testing, your progress notes and/or Psychotropic Medication Prescription and Monitoring Log should indicate the dates when labs were requested, when the client was reminded, when results were obtained and the actual results that were obtained. If the client is also having laboratory testing completed by a PCP, you



should make efforts to obtain those lab results from the PCP to try to avoid duplication of laboratory testing whenever possible.

- d. The Psychotropic Medication Prescription and Monitoring Log (Form DOMH-GA-321) must be utilized and be contained in each client's clinic record. You must assure that every medication prescription is listed on the log. All medication monitoring must also be listed on the log to show when the measures were requested or obtained. The log will provide an easy reference to determine when various monitoring measures are needed to meet minimum requirements. Please note that Abnormal Involuntary Movement Scale (AIMS) scores must be monitored for all antipsychotic medications prescribed. The AIMS flow sheet is attached to Policy 548 and may be used to document testing if desired. Otherwise only the AIMS score is required to be monitored on the log.

#### **6. Polypharmacy:**

- a. Policy 548 defines both "intra-class" (more than two medications in the same general class) and "inter-class" (more than four medications prescribed for overall treatment) polypharmacy and the documentation requirements when polypharmacy is prescribed. The audit found only a few cases of polypharmacy. However, when polypharmacy was found, there was no clear rationale described in the psychiatrist's progress notes for the combination of medications prescribed. You must be sure to provide a specific rationale explaining why polypharmacy is necessary for the client's treatment in your progress notes.

#### **7. Prescribing Controlled Substances to Clients with a History of Substance Abuse or Dependence:**

- a. Policy 548 requires that you provide a specific rationale for prescribing any controlled substance to a client with this history. In the audit, only a few cases of this were found. However, when it was found, there was no clear written rationale in the psychiatrist's progress notes to explain why this was being done.

Thank you for your attention to these important matters. If you have any questions, please call me at 951-358-4621. I plan to complete a repeat audit in March-April 2009 to follow-up on the 2008 audit results for quality improvement purposes.

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