BAY-ARENAC BEHAVIORAL HEALTH
POLICIES AND PROCEDURES MANUAL

Chapter: 6	**Medication Management**		
Section: 1	**Operational**		
Topic: 8	**Psychotropic Medication Guidelines**		
Page: 1 of 10	**Supersedes:** **Pol: 2-19-09,7-16-98, 1-15-04** **Proc: 8-22-18, 8-12-14,4-23-12, 8-19-10, 10-20-09, 11-20-08, 8-17-04, 2-17-04, 11-18-03, 11-19-02, 6-3-02, 7-18-98**	**Approval Date:** **Pol: 9-19-14** **Proc: 8-31-21**	_____ ***Board Chairperson Signature*** _____ ***Chief Executive Officer Signature***
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Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) to adopt prescribing guidelines or protocols for prescribing psychotropic medication, to include high-alert medications, such as benzodiazepine and stimulant type pharmaceuticals.

Purpose

This policy and procedure is established to provide guidance to prescribers for evidence-based, recovery-focused care of patients through the development of an organization-wide protocol and education program to guide prescribers, therapists and case managers in the consistent screening, evaluation and treatment of patients with anxiety and attention deficit diagnoses. It is the intent of BABHA that caution is exercised in prescribing benzodiazepines and stimulants, and prescribing should never be purely symptom orientated, but should be used in conjunction with treatments for any underlying disorder.

Education Applies to

☐ All BABH Staff
☒ Selected BABH Staff, as follows: Clinical Management, Ancillary Care (MA, LPN, RN, Psych., etc.), Direct Care (e.g., respite, day program), Horizon Home
☐ All Contracted Providers: ☐ Policy Only ☐ Policy and Procedure
☒ Selected Contracted Providers, as follows: Clinical Support Providers, Licensed Independent Practitioners, Primary Care/Outpatient Providers, Residential Providers
☐ Policy Only ☒ Policy and Procedure
☐ BABH's Affiliates: ☐ Policy Only ☐ Policy and Procedure
☒ Other: All physicians and other prescribing professionals.

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Definitions

Psychotropic medications: Medications (includes high-alert and psychotropic medications used for behavioral management) prescribed to treat mood, mental status, or behaviors. Any new medication approved by the Food and Drug Administration (FDA) shall be included in this policy. Psychotropic medication ordered for the control of inappropriate behaviors that are not due to a mental illness or other organic cause shall be administered in accordance with the Michigan Department of Health and Human Services (MDHHS) guideline entitled, Behavior Management Committee, III-H-003-0002-IV-001-0003, dated 6-9-85 (copy available at BABHA's Administrative Office). Also, see BABHA's Agency Manual, Policy and Procedures, C04-S08-T02 - Behavior Plan Review Committee.

Inpatient (IP): State psychiatric hospitals, centers for the developmentally disabled and community hospitals contracted by local community mental health boards to provide impatient services.

Specialized Residential: Foster care homes, community living facilities, and child caring institutions with whom the clinically responsible service provider contracts with, or provides for, the care and/or program services of consumers. This does not include Adult Foster Care Homes or Nursing Homes.

Outpatient (OP): Services provided for consumers who do not reside in state centers or hospitals.

Benzodiazepines: Benzodiazepines are drugs which work within the central nervous system and their main effect is to reduce anxiety and agitation quickly. The major clinical advantages of benzodiazepines are that they are highly effective in reducing anxiety, they work quickly; and they have few unwanted side effects. Unwanted side effects include a general slowness of mental and bodily movements; this is seen especially in the elderly. With long term use, tolerance (whereby the person needs more medication to produce the same effects) and dependence (where the person finds they start to need the drug and without it they develop withdrawal effects) can become major

disadvantages. Unwanted effects can largely be prevented by keeping dosages minimal and courses short (ideally 6 weeks maximum) and by careful patient selection.

Stimulants: Stimulants are drugs that 'stimulate' the central nervous system. In other words, they increase the activity in the brain. Though each stimulant has unique effects, all stimulants increase the heart rate, blood pressure, and body temperature. By increasing the electrical activity in the brain, stimulants increase alertness, decrease fatigue, and prolong physical activity. These medications are controlled substances. Because of the risk of abuse and side effects, frequent monitoring by a physician is necessary when prescribing these medications.

Procedure

BABH requires that psychotropic medications shall be prescribed by a prescribing professional (e.g. Physician, Nurse Practitioner or Physician Assistant) licensed by the Bureau of Occupational and Professional Regulation, Michigan Department of Commerce. All such individuals shall be competent with prescribing psychotropic medications through specific training and/or experience.

I. Benzodiazepine and Stimulant guideline development and implementation:

A. Guidelines or protocols will be put in place to guide psychiatric and nurse practitioner staff and contracted service providers regarding the prescribing of benzodiazepines and stimulant drugs to patients receiving services through BABH.
B. Protocols drafted will be evidence-based and recovery oriented.
C. Protocols will be reviewed with the Healthcare Practices Committee and agency medical staff prior to implementation.
D. Protocols will be approved by the BABH Medical Director.
E. Prescribers on staff and contracted service providers will be educated regarding the BABH prescribing protocol and have the opportunity to provide feedback based upon their experience and clinical practices.
F. BABH utilization management and peer review systems will include monitoring of compliance with the protocols.

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II. Recipient Rights – Psychotropic Medication Guidelines/Standards:

A. Psychotropic medications shall be prescribed only by a person licensed by the Bureau of Occupational and Professional Regulation, Michigan Department of Commerce.

B. All such individuals shall be competent with prescribing psychotropic medications through specific training and/or experience.

C. The use of all medications shall follow FDA guidelines as noted in the "package insert," also known as "Full Prescription Information." These guidelines include but are not limited to: contraindications, warnings, precautions, adverse affects**,** lab results and dosing, and administration.

D. This policy does not limit prescribing to FDA approved medication for an unlabeled indication when such use is based upon sound scientific evidence and sound medical opinion (Cranston, JW: Unlabeled use of FDA approved drugs. DE Monitor (1993; 2-4).

E. When a prescribing professional departs from the FDA's labeling, especially with regard to dosage or indication, a note should be made in the medical record documenting clinical justification.

F. Medication shall not be used as punishment for the convenience of staff or family member/s, or as a substitute for other appropriate treatment.

III. Initiation of Psychotropic Drug Use

The Indication for the Initiation of psychotropic drug use shall be noted with the additional documentation present in the chart.

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A. Documentation
   1. History, including comprehensive drug history past/present
   2. Physical examination (outpatient within the past 12 months)
   3. Mental status examination
   4. Diagnosis by physician
   5. Medication ordered and signed by appropriately licensed individual
   6. Treatment plan authorized by the physician
   7. Laboratory reports as appropriate to medication ordered
   8. Informed consent
   9. Justification for use including expected outcomes

B. Dosage Range – References such as the American Formulary Service – Drug Information, American Medical Association Drug Evaluations, Drug Facts and Comparisons, Physician's Desk Reference (PDR), and the United States Pharmacopoeia Drug Information (USP-DI) may be utilized for this purpose.

C. Justification and rationale of the simultaneous use of more than one psychotropic agent from a category (i.e., Antipsychotic, Antidepressants) must be documented in the Electronic Health Record.

D. All consumers receiving outpatient services should be **assessed** by the prescribing professional at no more than three-month intervals to assess medical management including therapeutic response and side effects.

E. The consumer or the consumer's guardian shall have the right to accept or refuse chemotherapy treatment or psychotropic medications used for behavioral management.

F. Administration of psychotropic medications will be documented in the consumer's record immediately.

G. Minimal duration and safe termination shall be determined by consulting the PDR recommendations. Documentation shall be recorded in the prescribing professional's notes.

H. Before initiating a course of psychotropic drug treatment for a consumer, the prescribing professional shall explain the specific risks to the consumer or legal guardian and the most common adverse effects that have been associated with that medication prescribed for the recipient**.** The education will actively involve the persons being served. Examples of education include: how the medication works, the risks associated with each medicine, the intended benefits, side effects, contraindications, appropriate knowledge of adverse interactions between multiple medications and food, risks associated with pregnancy, the importance of taking medications and education regarding what to do in the event that a dose is missed, alternatives to the use of medications, alternative medications, early signs of relapse, signs of non-adherence to medication prescriptions, potential drug reactions when combining prescription and nonprescription medications, including alcohol, tobacco, caffeine, illicit drugs, and alternative medications, and instructions on self-administration, when applicable, wellness management and recovery planning (this education can be provided by distribution of the education leaflets provided by the electronic prescribing system or by information obtained from a medical website.) A written summary of those most common adverse effects shall be provided to the recipient. The Informed Consent Form will be reviewed and signed by the individual, parent (if a minor child) or legal guardian and updated annually (refer to the Medication Consent Form).

I. Adverse drug reactions. These reports will be referred to BABHA's Medical Director, or his/her designee, and reviewed through the appropriate committee, as well as the treating physician. Then it shall be recorded in the consumer's clinical record.

J. Medication errors (to include near misses) shall be reported immediately to the supervisor and an Incident Report filled out. The supervisor should take appropriate action, which includes notification of the RN and/or prescribing professional, and forward the

information through the Recipient Rights Office, which will in turn forward to the Medical Director or his/her designee for review at the appropriate committee.

K. All consumers receiving medications will be required to have appropriate lab tests ordered and completed to ensure the safe use of the medications prescribed.

L. When applicable, documented assessment of abnormal involuntary movements at the initiation of treatment and every 6 months thereafter for persons receiving psychotropic medications.

IV. Use of Psychotropic Medications for Behavioral Treatment:

A. Where psychotropic medications are used for behavioral treatment or control, it must be accompanied by a behavioral treatment program to address the target behaviors. A quarterly review by the individual's prescribing professional or a thorough medication reconciliation by the RN must occur. The quarterly review documentation submitted to the BTRC must include:
   1. The effects of the medication on the consumer.
   2. Any medication interactions
   3. The effectiveness of the medication in treating the target behavior for which the medication is prescribed.
   4. The effectiveness of the behavioral treatment program accompanying the use of the medication.
   5. Any conditions that may put the individual at risk of death, injury or trauma if subjected to intrusive or restrictive techniques.
   6. A review and recommendations to continue, discontinue or adjust medications.
   7. The RN needs to evaluate and report the use or non-use of prn medications for behavior control to the prescribing professional on a quarterly basis.

B. Psychotropic medications that are prescribed for and mental health diagnosis and not for behavior control need to be reviewed on a quarterly basis by the RN but not necessary

during the month that the prescribing professional is completing a review of the psychotropic medications prescribed. All other med reviews need to be completed on a quarterly basis at a minimum either by the prescribing professional or the RN.

C. The use of chemotherapy or psychotropic medications used for behavioral management must be a part of the plan of service and must be a recommendation of the interdisciplinary team.

D. Medications may be used in emergency situations when it is determined that there is present danger.

E. Psychotropic chemotherapy or psychotropic medications used for behavioral management shall not be administered unless:
   1. The individual or legal guardian gives informed consent,
   2. Administration is necessary to prevent physical injury to a person or another;
   3. Court Order.

F. Initial administration of psychotropic chemotherapy or psychotropic medications used for behavioral management may not be extended beyond 48 hours, unless there is consent. The initial period of treatment shall be as short as possible, shall be terminated as soon as there is little likelihood that the consumer will quickly return to an actively dangerous state, and shall be the smallest possible dosage needed.

G. A prescribing professional may administer chemotherapy or psychotropic medications used for behavioral management to prevent physical harm or injury when the actions of a consumer or other objective criteria clearly demonstrate to a physician that the consumer poses a risk of harm to himself, herself, or others (then a signed informed consent shall be obtained within 48 -72 hours).

   Criteria for determining present risk of danger shall be:
   1. Exhibiting evidence of physical harm to themselves or others.
   2. Exhibiting substantial property damage.

3. Or to prevent serious disruption of the milieu resulting in emotional distress to other residents

Attachments
N/A

Related Forms
Informed Consent for Medications (EHR)
Incident Report Form (MCF)

Related Materials
BABHA Prescribing Guidelines for Stimulants for ADHD (Medworxx)
BABHA Benzodiazepine Protocol (Medworxx)

References/Legal Authority

A. Federal Food, Drug and Cosmetic Acts of 1938, (21 USCS 301 et seq., as amended) or where appropriate.
B. Act 258 Public Acts of 1974, Mental Health Code, Being MCL 330. 1718.
C. Act 368, Public Acts of 1978, Public Health Code, as amended.
D. Department of Mental Health Administrative Rules, 330.7151(9)(10), 330.7158 and 330.7205.
E. Board of Pharmacy Administrative Rules, 338.479 et seq.
F. Board of Pharmacy Controlled Substances Administrative Rules, 338.3101 et seq.
G. FDA Policy Statement, 37 Fed. Red. 16503 (unlabeled uses)
H. Psychopharmacological Screening Criteria - J. Clin Psychiatry 5a3:6, June 1992

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SUBMISSION FORM

AUTHOR/ REVIEWER	APPROVING BODY/COMMITTEE/ SUPERVISOR	APPROVAL /REVIEW DATE	ACTION (Deletion, New, No Changes, Replacement or Revision)	REASON FOR ACTION - If replacement list policy to be replaced
M. Bartlett	MMPRC	11/20/08	Revision	To meet accreditation requirements
M. Bartlett	M. Bartlett	08/17/09	Revision	To meet changes in med review process
M. Bartlett	MMPRC	10/20/09	Revision	To update current procedure.
M. Bartlett	M. Bartlett	06/22/10	Revision	To reflect who prescribes
M. Bartlett	MMPRC	04/23/12	Revision	To meet CARF requirements
J. Pinter J. Hahn	SLT	08/12/14		
		06/01/15	No Changes	Triennial review
S. Van Paris	J.Kreiner	8/22/18	Revision	Updated to meet CARF requirement- Triennial review
S. Van Paris	Dr. Smith	8/31/21	revision	Changed 'AXIS I' to 'mental health diagnosis' Presented to the BTRC on 9/22/21 for review.
S. Van Paris	Dr. Smith	08/21/24	Revision	Changed requirement for AIMS from every 3 months to every 6 months. Formatting.