DATE: January 8, 2020

BHRS POLICY: 20-07

SUBJECT: Medication Monitoring for Youth

AUTHORITY: Welfare & Institutions Code 14717.5; Assembly Bill 1291

NEW POLICY: January 8, 2020

PURPOSE:

The purpose of this policy is to provide guidance for the monitoring of youth ages 6-12 who are prescribed ADHD or Antipsychotic medications.

Data reporting will be disaggregated for all youth receiving Specialty Mental Health Services (SMHS) and youth in foster care. This policy does not change the core requirements outlined in BHRS Policy 95-07 Charting and Medication Guidelines; and 99-02 Medication Authorization or Dependent Children.

BACKGROUND:

On September 29th, 2016 Assembly Bill 1291 was approved by Governor Gavin Newsom and the provisions in the bill were added to Welfare & institutions code 14717.5. This provision requires Behavioral health and Recovery Services (BHRS) to report specific data for all Medi-Cal eligible minor and non-minor youth and to disaggregate the data for foster youth.

POLICY:

For youth receiving medication support services with BHRS the following medication monitoring protocols must be followed depending on the class of medication being prescribed.

• Antipsychotic Medication

- Youth must have documented use of psychosocial care prior to being prescribed antipsychotic medication.
- Youth taking antipsychotic medication will have metabolic testing completed at least once per year.

- Attention Deficit Hyperactivity Disorder (ADHD) Medications
 - Initiation Phase: Youth ages 6-12 years of age who are diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) will have at least one follow-up psychiatric appointment within 30 days of the first prescription.
 - Continuation and Maintenance Phase: Assess youth between 6-12 years of age
 who have been taking ADHD medication for at lease 210 days that they have
 had at least 2 follow-up appointments with a practitioner within 9 months after
 the initiation phase.
 - o Ongoing medical monitoring frequency will be at least every 3 months

PROCEDURES:

- A. The Psychiatrist shall examine each Youth client (hereafter "client") prior to prescribing any psychotropic medication and include a screening to determine whether there are potential medical co-morbidities that may contribute to the client's mental health condition or treatment. The findings of this examination shall be noted in the client's record either as a Physician's Initial Assessment or a Progress Note. This would capture both:
 - a. Conditions that could either mimic or compound symptoms for primary SMI disorders (e.g. OSA, hypothyroidism).
 - b. Conditions that might modify treatment approach (e.g. stimulants for clients with certain cardiac conditions, SSRI's for client already taking TCA's for migraines, etc.).
- B. The Psychiatrist will conduct a medication review at least every 3 months

The medication review shall include:

- a. Observations of any side effects and review of any side effects reported by the client or noted in the client's record.
- b. The client's response to each psychotropic medication currently prescribed and the client's perspective on the effectiveness of the medications.
- c. The client's compliance with the medication plan.
- d. Justification for continued medication use or any changes to the medication plan.
- e. A statement that the prescribing physician has considered the goals and objectives of the client as listed in the client's needs and services plan and that the medication prescribed is consistent with those goals and objectives.
- C. Canyon Oaks Youth Center (COYC) has a unique medication monitoring protocol that is specific for meeting the requirements under Community Care Licensing (CCL) and Short-

Term Residential Treatment Programs (STRTP). Please refer to the COYC Policies and Procedures Manual for more information

Approved:	Signature on File
	Robert Cabaj, MD
	BHRS Medical Director
Approved:	Signature on File
	Muir Hooper, MD
	BHRS, Supervising Child Psychiatrist
Approved:	Signature on File
	Scott Gilman, MSA
	BHRS Director