


LAPEER COUNTY COMMUNITY MENTAL HEALTH**Date Issued 03/04/2011****Date Revised 03/16/12; 8/13/14; 03/21/22**

CHAPTER Health/Medical	CHAPTER 03	SECTION 001	SUBJECT 25
SECTION Drugs and Medication		DESCRIPTION Schedule II Drugs and Safeguards for Drugs of Risk	
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APPLICATION:

<input checked="" type="checkbox"/> CMH Staff	<input type="checkbox"/> Board Members	<input type="checkbox"/> Provider Network	<input checked="" type="checkbox"/> Employment Services Providers
<input type="checkbox"/> Employment Services Provider Agencies	<input type="checkbox"/> Independent Contractors	<input type="checkbox"/> Students	<input type="checkbox"/> Interns
<input type="checkbox"/> Volunteers	<input type="checkbox"/> Persons Served		

POLICY:

Lapeer County Community Mental Health (LCCMH) uses the following guidelines for the prescribing and administering of drugs that have abuse potential (Schedule II Drugs) and drugs that are known to involve a substantial risk for misuse, abuse, or addiction or have undesirable side effects.

PROCEDURES:**A. Schedule II Drugs - Official Prescription Program:**

1. Most Schedule II drugs constitute "General Health Agents", and are not prescribed by psychiatrists at LCCMH. However, there are a few (psychoactive stimulants, most notably) that do fall under psychiatry's rubric and are prescribed in accordance with the regulations by the State of Michigan's Bureau of Health Services.
2. A psychiatric assessment of the condition of the person served is conducted prior to prescription of the drug and subsequent administration. The following will be included in the persons served record:
 - a. An enumeration of all Schedule II Controlled Substances the person

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served is taking.

- b. The reasons for prescribing the drug.
 - c. An informed consent (involving a review of benefits and hazards of the particular drug) from the person served or parent / guardian.
3. Schedule II controlled substances will be written on a regular prescription for a one-month supply. The prescription is not refillable and is good for 90 days from the date written.
 4. LCCMH uses the Michigan Automated Prescription System (MAPS) to detect unusual or irregular prescription patterns.
 - a. If prescribing physician is notified of a cases of possible drug abuse by the person served, the psychiatrist can intervene directly either with the person served or via a report to Children's or Adult Protective Services (in those cases of a parent / guardian / caretaker abusing medication prescribed under the guise of treatment of a child or dependent, vulnerable adult).
 - b. In these latter cases, the agency is obligated to adhere to the policy governing the reporting of abuse or neglect.

B. Drugs with Risk or Undesirable Side Effects:

1. When prescribing psychotropic medications at LCCMH, the psychiatrist documents in the record of the person served the reasons for prescribing the psychotropic medication and obtains an informed consent (involving a review of risk versus benefits of the drug) from the person served or parent / guardian.
2. Risk to the health of the person served and presence of undesirable side effects are to be assessed on an on-going basis via regular clinical inquiry. These include:
 - a. At a minimum annual laboratory studies including drug levels.
 - b. For those medications that have a risk of causing tardive dyskinesia, quarterly AIMS, to assess the presence of involuntary movements.
 - c. EKG and other tests if clinically indicated.

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3. In those cases where risk to the general health of the person served outweighs the benefit of the prescribed psychotropic medication, the medication is withdrawn.

DEFINITIONS:

Abnormal Involuntary Movement Scale (AIMS) – a rating scale to measure involuntary movements known as tardive dyskinesia (TD). TD is sometimes a side effect that develops after long-term treatment with neuroleptic (antipsychotic) medications.

Michigan Automated Prescription System (MAPS) – used to track controlled substances, schedules 2 – 5. MAPS is used by prescribers and dispensers to assess patient risk and prevent drug abuse and diversion at the prescriber, pharmacy, and patient levels.

SW:lr

This policy supersedes
#07/06043 dated 07/13/2006.
