
 Behavioral Health Department Alameda County Health	Signed by:  By: <u>BA167CA0C0D444A.....</u> Karyn L. Tribble, PsyD, LCSW, Director
POLICY TITLE Clinical Psychiatric Pharmacist Scope of Practice for Medication Therapy Management	Policy No: 501-1-1 Date of Original Approval: 5/22/2017 Date(s) of Revision(s): 7/18/2025

PURPOSE

This policy and procedure is intended to formally recognize the role of Clinical Psychiatric Pharmacists in the provision of medication management services within the Alameda County Health Behavioral Health Department (ACBHD) and to fully utilize their skillset to support the health, wellness, and recovery of patients, and to maximize the effectiveness of the medical-clinical team. In ACBHD the Clinical Psychiatric Pharmacist is hired or contracted into the Senior Pharmacist Job Classification.

AUTHORITY

- [Business and Professions Code sections 4050- 4052](#)
- [California Code of Regulations Title IX section 1810.225](#)

SCOPE

This policy applies to Clinical Psychiatric Pharmacists working in both ACBHD-operated county clinics as well as ACBHD-contracted provider clinics in mental health programs and substance use disorder (SUD) programs. This policy also applies to ACBHD-employed or ACBHD-contracted Clinical Psychiatric Pharmacists working within a Federally Qualified Health Center (FQHC).

POLICY

This policy defines the scope of practice for Clinical Psychiatric Pharmacists, creates the guidelines for referral of patients to Clinical Psychiatric Pharmacist services, and creates practice guidelines for Clinical Psychiatric Pharmacists within the ACBHD system.

PROCEDURE

I. Clinical Psychiatric Pharmacist Services

- A. **Medication Selection**: Clinical Psychiatric Pharmacists shall seek to find the best medication regimen for an individual patient. This decision is based on target symptoms, current and past medication trials, adverse effects, and concurrent conditions.
- B. **Medication Monitoring**: Once medications have been selected, Clinical Psychiatric Pharmacists shall monitor for clinical response and the emergence of side effects and medication related problems.
- C. **Patient Education**: Clinical Psychiatric Pharmacists shall provide patients and caregivers with education on how and when medications should be taken. They discuss common concerns, side effects, and realistic expectations.
- D. **Clinical Psychiatric Pharmacist Scope of Practice**: Activities of a Clinical Psychiatric Pharmacist include, but are not limited to, the following:

Patient Medication Management	Group Medication Management	Consultation Services
<u>Provider Referral</u> <ul style="list-style-type: none"> Ongoing management Medication adjustments Intensive follow-up Medication adherence Drug specific monitoring Laboratory monitoring Treatment planning 	<u>Medication Group</u> <ul style="list-style-type: none"> Patient assessment Side effect monitoring Adherence counseling Patient education 	<u>Prescriber Consultation</u> <ul style="list-style-type: none"> Treatment resistance Side effect management Titration/tapering strategies Polypharmacy
<u>Patient Drop-in</u> <ul style="list-style-type: none"> Missed appointment Bridge to provider follow-up Evaluation of side effects 	<u>Clozapine Group</u> <ul style="list-style-type: none"> CBC monitoring Side effect monitoring Metabolic monitoring Dietary counseling 	<u>Drug Information</u> <ul style="list-style-type: none"> Evaluation of drug-drug, drug-food, drug-herb interactions Medication use in pregnancy and lactation Medication use in youth and older adults Assessment of adverse effects Literature analysis/evaluation
<u>Care Coordination</u> <ul style="list-style-type: none"> Transitions of care Medication planning 	<u>Smoking Cessation Group</u> <ul style="list-style-type: none"> Motivation and health education Provision of smoking cessation medications Relapse prevention Monitoring and management of psychotropic 	<u>Patient Education</u> <ul style="list-style-type: none"> Medication counseling Medication/pharmacy access

	medications and mental health	<u>Presentations and In-services</u> <ul style="list-style-type: none">• Providers• Patients
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II. Medication Management Protocol

- A. For expanded clinical functions of Clinical Psychiatric Pharmacists under Business and Professions Code sections 4050-4052 and the medication support services defined by California Code of Regulations Title IX section 1810.225, Clinical Psychiatric Pharmacists shall have a Medication Management Protocol, jointly signed by the Lead Psychiatrist/Clinic Medical Director and the Clinical Psychiatric Pharmacist, for each practice site.
- B. Any specific modifications to this protocol may be added as amendments to the protocol.
- C. The original copy of the signed protocol shall be retained by the ACBHD Director of Pharmacy for ACBHD-operated clinics and a copy retained by the ACBHD Medical Director and ACBHD Clinical Psychiatric Pharmacist.
- D. For ACBHD-contracted programs, the original copy of the signed protocol shall be retained by the program's designated staff.
- E. Referral: Patients shall be referred by the clinic psychiatrist who has completed a thorough diagnostic evaluation and deemed the patient to be appropriate for medication management by the Clinical Psychiatric Pharmacist. Patients may be referred for drop-in services when a medication supply is needed before the next physician appointment.
- F. Upon referral by a psychiatrist, psychotropic medication(s) shall be co-managed by the Clinical Psychiatric Pharmacist under the supervision of a psychiatrist. The Clinical Psychiatric Pharmacist shall function as part of a multidisciplinary collaborative drug therapy management team in accordance with this protocol.

III. Criteria for Referral

- A. Inclusion Criteria:
 - i. Registered patient with ACBHD,
 - ii. Evaluated by a physician,
 - iii. Referred by a physician for medication management,
 - iv. Referral must be documented in the health record and discussed with the Clinical Psychiatric Pharmacist, and
 - v. Diagnosis of a primary psychiatric or SUD according to the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM).
- B. Exclusion Criteria:
 - i. Suicidal ideation with imminent danger to harm self,
 - ii. Homicidal ideation with imminent danger to harm others,
 - iii. Target psychiatric symptoms not amenable to drug therapy, or

- iv. Those in need of additional diagnostic assessment to determine appropriate medication treatment and/or unclear diagnoses.

IV. Disease States Managed

- A. Psychiatric conditions and SUDs diagnosed by the referring physician as listed in the current version of the DSM that need non-emergent medication assessment and/or medication adjustments prior to the next physician re-evaluation,
- B. Treatment-emergent extrapyramidal symptoms (EPS) and acute EPS, with appropriate referral, or
- C. Other treatment-emergent side effects, including but not limited to constipation, xerostomia, incontinence, and sexual dysfunction.

V. History Obtained and Patient Assessment Performed

- A. The Clinical Psychiatric Pharmacist shall refer to patients' medical records and shall seek other sources of information to obtain additional medical, psychiatric, and medication history, laboratory results, and relevant findings.
- B. The Clinical Psychiatric Pharmacist shall assess and monitor psychiatric medication effects, adherence, adverse drug reactions, and outcomes related to treatment.
- C. The Clinical Psychiatric Pharmacist shall evaluate the development of new, unanticipated, or recurrent problems and shall consult with the physician supervisor and/or refer the patient to the appropriate service or personnel.
- D. The Clinical Psychiatric Pharmacist functions may include obtaining a medication history and ordering laboratory tests as appropriate.

VI. Procedure and Criteria for Adjusting Drug Therapy

- A. Medication management shall include initiating or adjusting the medication regimen and dosage schedule to optimize therapeutic response and minimize adverse effects including managing medication titration and tapering schedules.
- B. Adjusting the medication regimen may include substituting or selecting a different medication.

VII. Clinical Intervention Algorithm

- A. If there is no significant change in the patient's symptoms or functional status: authorize and/or provide medication orders, and order laboratory tests as needed.

- B. If the patient needs a medication regimen adjustment: adjust medication regimen, and order medication and laboratory tests as needed.
- C. If the patient shows signs and symptoms of significant decompensation: consult with the supervising psychiatrist or available physician and refer for re-evaluation and more intensive treatment.
- D. Counsel patient on the therapeutic effects of medication, the use of the medication, and side effects.
- E. Refer patients to appropriate clinician for additional services or consultation when needed.
- F. Consult with supervising physician for any complications or areas of concern.
- G. Schedule follow-up appointments according to each patient's individual needs and treatment plan.
- H. Document clinical interventions in the medical record within 24 hours.

VIII. Drugs and Drug Classes Managed

- A. Medications covered by this protocol: medications used in the treatment or management of previously diagnosed psychiatric conditions or SUDs, and for the treatment or prevention of side effects of these medications.

IX. Laboratory Tests Ordered and Criteria for Ordering Such Tests

- A. The Clinical Psychiatric Pharmacist may order routine laboratory tests to monitor the efficacy, safety and appropriateness of medications in the treatment or management of previously diagnosed psychiatric conditions or SUDs.

X. Specific Criteria for Physician Referral and Consultation

- A. The patient's co-managing psychiatrist, or, if not available, another physician shall be consulted under the following circumstances:
 - i. When any significant deterioration or significant change from a patient's previous clinical status occurs.
 - ii. If a patient experiences a severe or unusual side effect or adverse drug reaction.
 - iii. If there is an unexpected finding by history, physical assessment, or laboratory result.
 - iv. When a psychiatrist evaluation or re-evaluation has not been done in the last 12 months as identified during the patient's annual review.

XI. Billing and Documentation in the Medical Record

- A. Services shall be billed as medication therapy management service(s) provided by a Clinical Psychiatric Pharmacist, individual, face-to-face with patient, with assessment and intervention if provided.
 - i. 99605 - Initial 15 minutes, new patient.
 - ii. 99606 - Initial 15 minutes, established patient.
 - iii. 99607 - Each additional 15 minutes (list separately in addition to code for primary service).
- B. All Clinical Psychiatrist Pharmacist medication assessments and interventions shall be documented in the patient's medical record following standards set forth in the ACBHD Clinical Documentation Standards Manual.

XII. Clinical Psychiatric Pharmacist Supervision and Evaluation

- A. Each individual Clinical Psychiatric Pharmacist practicing under this protocol shall be under the supervision of a licensed physician at each specific practice site. The supervising physician shall meet as often as clinically indicated with the Clinical Psychiatric Pharmacist to review cases.
- B. For ACBHD-employed or contracted Clinical Psychiatric Pharmacists:
 - i. Cases managed by ACBHD Clinical Psychiatric Pharmacists shall be included in those cases selected for medication monitoring and the physician peer review process.
 - ii. The ACBHD Director of Pharmacy shall report routinely to the ACBHD Medical Director on the status of the program.
 - iii. The ACBHD Medical Director, ACBHD Clinic Medical Director/Lead Psychiatrist, and ACBHD Director of Pharmacy shall review the protocol and program periodically and report their findings.

XIII. Training

- A. Clinical Psychiatric Pharmacist competency requirements shall be determined by the Medical Director of each program and shall include, but are not limited to:
 - i. Conducting mental status exams,
 - ii. Conducting Abnormal Involuntary Movement Scale (AIMS) exams in both face-to-face and telehealth settings,
 - iii. Treating acute EPS,
 - iv. Treating SUDs,
 - v. Responding to a suspected opioid poisoning,
 - vi. Medication treatment guidelines,
 - vii. Other areas deemed pertinent and in accordance with this policy.

- B. Prior to performing any procedure authorized by this policy, a Clinical Psychiatric Pharmacist shall have demonstrated competency as determined by each program's Medical Director, Pharmacy Director, or other medical professional designated by the program AND ONE of the following:
- Successfully completed clinical residency training.
 - Received Board Certification as a Psychiatric Pharmacist.
 - Demonstrated clinical experience in direct patient care delivery to the satisfaction of the Medical Director or program designee.

CONTACT

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DISTRIBUTION

This policy will be distributed to the following:

- ACBHD Staff
- ACBHD Contract Providers
- Public

ISSUANCE AND REVISION HISTORY

Original Authors: Charles Raynor, PharmD, Director of Pharmacy

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Revision Author	Reason for Revision	Date of Approval by (Name, Title)
Charles Raynor, PharmD, Director of Pharmacy	Policy due for review	7/18/2025 by Dr. Karyn L. Tribble, Behavioral Health Director

DEFINITIONS

None

APPENDICES

None