Behavioral Health Department Alameda County Health	By: Signed by: BA107CA0C0D444A... **Karyn L. Tribble, PsyD, LCSW, Director**
POLICY TITLE **Standardized Procedures and Protocols for Psychiatric Nurse Practitioners (PNP)**	**Policy No: 502-1-2** **Date of Original Approval**: 8/29/2026 **Date(s) of Revision:**

PURPOSE

It is the intent of this document to authorize the Nurse Practitioners (NPs) at Alameda County Behavioral Health Department (ACBHD) to perform the Standardized Procedures without the direct supervision of a physician. The Standardized Procedures, along with the conditions or protocols under which they may be performed, are defined in this document. It is not the intent to have the NPs independently diagnosing, treating, or managing all diseases encountered, but rather to utilize their assessment and disease management skills in conjunction with the Standardized Procedures and the collegial physician-nurse practitioner relationship, to meet the health care needs of ACBHD clients.

DEVELOPMENT, REVISION, AND REVIEW

The Standardized Procedures are developed collaboratively by the NP(s) and the Chief Medical Officer (CMO). Review and any revisions of the procedures are completed every three (3) years and as needed by the same parties.

APPROVAL

The Standardized Procedures will be reviewed every three (3) years, or sooner if there is a significant change in practice, by the ACBHD CMO or Associate Medical Officer, the Chief Nursing Officer (CNO), and the NP(s). All changes or additions to Standardized Procedures are to be approved by the Interdisciplinary Practice Committee (IDPC) and the Medical Executive Committee (MEC). Any changes to Formulary will be approved by the Pharmacy and Therapeutics (P&T) Committee.

STATEMENT OF APPROVAL

The Standardized Procedures Statement of Approval is signed by the NP, CMO and Supervising Physician, recognizing the collegial relationship between the parties and their intent to follow the Standardized Procedures. A copy of the Standardized Procedures is reviewed and signed by the assigned Supervising Physician. The signature on the Statement of Approval implies approval of the Standardized Procedures and the accompanying Formulary.

SETTING

The NPs perform these Standardized Procedures at ACBHD programs, in the communities of Alameda County, and in surrounding areas when indicated to meet the needs of ACBHD clients.

RECORD OF AUTHORIZED NURSE PRACTITIONERS

The Statement of Approval signed by the NP acts as the record of the NP authorized to implement the Standardized Procedure.

EDUCATION AND TRAINING

- Valid California license as a Registered Nurse (RN).
- Certification by the State of California, Board of Registered Nursing (BRN) as an NP.
- California medication furnishing number, or eligibility to obtain one within one (1) year of employment.
- A Drug Enforcement Administration (DEA) number, or eligibility to obtain one within one (1) year of employment.
- A Master of Science degree or a Doctoral degree in Nursing Practice from an accredited university.
- National Certification in the area(s) of practice from a credentialing body, including one or more of the following:
    - American Academy of Nurse Practitioners (AANP)
    - American Nurses Credentialing Center (ANCC)
- Clinical competence was established through successful completion of theory course(s) and a supervised clinical practicum at the advanced level for the patient population and specialty.

CONTINUING EDUCATION

- 30 Continuing Education Unit (CEU) credits every two (2) years, per BRN requirements.
- At least 50% of the minimum CEUs in the area of practice.

EVALUATION OF CLINICAL CARE

Evaluation of the NP is provided in the following ways:

Initial Evaluation (Proctoring):

- For NPs with less than six (6) months experience in the Mental Health Specialty, clinical notes and selected charts are reviewed by a supervising physician for the first six (6) months. MD and NP meet in person or by phone at least one (1) hour weekly and as needed to discuss clinical issues and clinical documentation for the first six (6) months. Evaluation is communicated verbally, in writing, or electronically, with the option of using the template in Addendum 1 when desired. Any written records of evaluation are retained with the NP.
- Periodic chart reviews at the discretion of the supervising MD or on request of the NP.

PATIENT RECORDS

- The NP is held responsible for recording complete entries in the medical record for each patient contact in a timely manner.

ATTENDANCE

- Time off requests per ACBHD policy.
- The NP is responsible for assuring that patient schedule coincides with requested time off, within reason, and for arranging clinical coverage of responsibilities when needed.

COLLABORATION

- The NP is authorized to perform the Standardized Procedures in this document without the direct observation, supervision, or approval of a physician.
- Physician consultation is always available, either on-site or by telephone.

INSTRUMENTAL ACTIVITIES OF THE REGISTERED NURSE

- Nothing in this document may be construed to limit or constrain the NP from the independent practice of registered nursing.

SUPERVISING PHYSICIAN ROLE

The furnishing of medications is under the supervision of a physician. The supervising physician or his/her designee is responsible for:

- Reviewing the development and approval of these Standardized Procedures.
- Entering into collaborative or supervisory agreements with no more than four (4) furnishing NPs at any one time.
- Ensuring the availability of him or herself to the NP for consultation (maybe by telephone).
- Periodic review of the clinical practice of the NP and the evaluation of the clinical competency of the NP practice.
- Making a physician designee available as a consultant physician in the absence of the supervising physician.
- Providing proctoring for newly hired NPs with less than six (6) months of experience in Mental Health Specialty.
- Reviewing selected charts and clinical notes for first six (6) months and providing verbal or written documentation of review.
- Reviews charts with NP on an ongoing as-needed basis.
- Contributes to 6-month introductory evaluation.

CONTACT

ACBHD Office	Current As Of	Email
Office of the Chief Medical Officer	11/2025	kinzi.richholt@acgov.org

DISTRIBUTION

This policy will be distributed to the following:

- ACBHD Staff
- ACBHD Contract Providers
- Public

ISSUANCE AND REVISION HISTORY

Original Authors: Kinzi Richholt, APRN, Chief Nursing Officer, Office of the Chief Medical Officer
Original Date of Approval: 8/29/2026 by Karyn L. Tribble, PsyD, LCSW, Behavioral Health Director

Revision Author	Reason for Revision	Date of Approval by (Name, Title)

DEFINITIONS

Term	Definition
Certified Psychiatric / Mental Health Nurse Practitioner	Registered nurse whose advanced preparation is focused on specialization in psychiatry and mental health that conforms to the BRN standards.
Clinical Competence	Defined in the CCR Section 1480 as "…to possess and exercise the degree of learning, skill, care and experience ordinarily possessed by a member of the appropriate discipline in clinical practice." The method used to establish initial and continuing evaluation of the NP competence must be specified in the standardized procedure functions.
Furnishing	Refers to the ordering of a drug or device in accordance with the standardized procedure. A furnishing number is issued by the BRN and required before a NP can order a drug or device specified in the furnishing standardized procedure. (B&P Code - Section 2836.1)
Nurse Practitioner	Registered nurse who possesses additional preparation and skill in physical diagnosis, psycho-social assessment, and management of health-illness needs in primary health care, and who has been prepared in a program conforming to the Board of Registered Nursing (BRN) standards as specified in CCR 1484 (Standards of Education).
Standardized Procedures	Legal mechanism for registered nurses, nurse practitioners to perform functions, which would otherwise be considered the practice of medicine. They are developed collaboratively by the nurse practitioner, supervising psychiatrist and administrator in the practice setting. The "standardized procedures" (protocols) define the specific functions a registered nurse, nurse practitioner may perform and under what circumstances. (NPA section 2725 & CCR – title 16, CCR 1474).

ADDENDUM 1

PROCTORING FORM FOR NURSE PRACTITIONERS

A. Identifying Information

Provider _____ Date _____

Patient Initials _____ MR# _____

B. Evaluation

	Items for Review	Appropriate	Needs Improvement	Comments
1.	Patient history/ general health	_____	_____	
2.	Assessment of presenting issue	_____	_____	
3.	Management • Medications • Therapeutic treatments • Referrals • Interventions	_____	_____	
4.	Follow-up	_____	_____	
5.	Documentation	_____	_____	
6.	Additional Comments:			

Reviewer _____ Date _____

STANDARDIZED PROCEDURE
FOR MAKING A DIAGNOSIS
AND ESTABLISHING A TREATMENT PLAN

A. Subjective data collection

Chief complaint, patient history and symptoms relevant to disease process and affected organ systems, pertinent review of systems, pertinent past medical history, current medications, allergies, pertinent family history, and pertinent psychosocial history.

B. Objective data collection

Perform mental status exam and/or physical exam based on subjective information of pertinent body system(s). Laboratory evaluation as indicated.

C. Assessment

Formulate a diagnosis based on A and B above and assess the status of the disease process (e.g., stable, uncontrolled).

D. Plan

1. Order appropriate diagnostic studies.

   See Appendix B

2. Furnish appropriate medications.

   See Appendix A

   The selection of pharmacologic therapy may include consideration of the following factors:
   a. The determination of a history of allergies.
   b. Medications concurrently taking.
   c. Medication order is appropriate to the problem identified.
   d. Dosage adjustment to individual patient needs, within therapeutic range.
   e. Determination of pregnancy and lactation status.

3. Provide appropriate treatment for the disease/disorder and associated symptoms, including but not limited to medication management and psychotherapeutic interventions, in accordance with community standards and/or evidence-based practice. Responsibility for the direction and implementation of psychotherapeutic interventions may be shared with other ACBHD staff.

4. Advise patient and assess understanding of findings, plan, medication indications, proper use, expected effects, reasons to return to clinic, and reasons to seek emergency care.

5. Provide appropriate guidance on health maintenance and promotion.

6. Consult or refer as needed.

   The NP manages conditions as outlined in this document. Physician consultation is sought and documented for the following situations and any others deemed appropriate:
   a. Whenever situations arise which go beyond the intent of the Standardized Procedures or the competence or scope of practice/experience of the NP.
   b. Whenever patient conditions fail to respond to the management plan in appropriate time.
   c. Any uncommon or unstable patient condition beyond the experience of the NP.
   d. Any patient condition or finding which does not reasonably fit known or commonly accepted diagnostic patterns for a disease/disorder.
   e. Emergency situations after initial stabilizing care has been started, if beyond the experience of the NP.
   f. Initiation of somatic treatments or use of medical devices for psychiatric illness (e.g., ECT, transcranial magnetic stimulation, vagal nerve stimulation).

7. Establish plan for follow-up or designate to be as needed.

8. When appropriate, co-sign Doctor's First Report of Occupational Injury or Illness for a worker's compensation claim to receive time off from work for a period not to exceed three (3) calendar days.

9. When appropriate, complete confidential morbidity forms on reportable diseases.

10. When appropriate, sign or co-sign, as permitted by law, JV220 forms, verification of disability forms, conservatorship documents, payee documents, Physician's Report for Community Care, or General Assistance forms for various agencies and governmental entities.

STANDARDIZED PROCEDURE
FOR FURNISHING MEDICATIONS
AND DEVICES/CONTROLLED SUBSTANCES

I. Policy

A. Function Nurse Practitioners may perform:
Furnishing Medications and Devices / Furnishing Controlled Substances II-V

B. Circumstances under which a Nurse Practitioner may perform such functions:
Ambulatory patients as appropriate.

C. Experience, training and education required of the Nurse Practitioner:
For ordering or furnishing medications: Satisfactory completion of an advanced practice pharmacology course meeting BRN requirements for the Nurse Practitioner Furnishing Certificate. Possession of current and valid BRN Nurse Practitioner Furnishing Certificate and DEA registration number if needed. Completion of BRN Schedule II educational requirements prior to application to DEA for Schedule II authority.

D. Method of initial and continued evaluation of competence:
For ordering or furnishing medications/devices and furnishing of controlled substances: Satisfactory ordering or furnishing during the six-month/520-hour physician supervision period. Ongoing quality review and routine performance evaluations conducted per Alameda County policy.

II. Protocol:

A. Definition: This protocol includes assessment and management of child and adult patients with acute or chronic behavioral health conditions.

B. Database:
1. Subjective and objective data collection as described in the standardized procedure protocol.
2. Assessment diagnosis formulated on subjective and objective information.
3. Plan as described in the standardized procedure protocol, including the furnishing of approved Schedule II-V drugs as appropriate for the management of the condition(s) included in the definition above.
4. Ordering, dispensation, and refill of scheduled substances according to California Health and Safety Code sections 11200-11201, Business and Professions Code Section 2725.1 and 4076, and other applicable statutes.
5. Allowable methods of transmitting the order to the pharmacy is employed according to federal, state, and local regulations.

C. Record keeping format:
1. For ordering or furnishing medication/controlled substances: Credential files include current and valid Nurse Practitioner Certificate, current and valid DEA registration number, and other documentation as required by applicable law and policies.

D. Quality Improvement:

1. Quality improvement processes may include review of furnishing practices.

APPENDIX A: PHARMACOLOGIC THERAPIES

NPs may furnish pharmacologic therapies for the appropriate acute and chronic conditions in accordance with Business Professions codes (BPC § 2837.103, §2837.104, §2836.1), federal, state (AB-890, Cal Prob Code §4780(c)), and county regulations. No therapeutic drug is expressly excluded.

NPs will follow ACBHD monitoring guidelines, Risk Evaluation and Mitigation Strategy (REMS) programs, and best practice guidelines or other applicable policies, when prescribing medications. It is understood that formularies constantly change. All formularies available to a client may be used by the NP in an unrestricted manner; however, the ACBHD formulary will be followed whenever clinically appropriate. This includes, but is not limited to:

- ACBHD Formulary ACBHD Formulary
- Medi-Cal Rx - Medi-Cal Rx Drug List
- Medicare Part D plans
- Private health plans
- Open formulary (clients paying out of pocket)

Drugs or devices furnished or ordered by an NP may include Schedule II through Schedule V controlled substances under the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code) and are limited to those drugs agreed upon by the NP and supervising physician as specified in a standardized procedure.

- When Schedule II or III controlled substances, as defined in Sections 11055 and 11056, respectively, of the Health and Safety Code, are furnished or ordered by an NP, the controlled substances shall be furnished or ordered in accordance with a patient-specific protocol approved by the treating or supervising physician.
- A copy of the section of the NP's standardized procedure relating to controlled substances is available to any licensed pharmacist who dispenses drugs or devices.

If an Urgent Supply of certain medications is maintained at ACBHD Program per ACBHD policy, the NP may furnish and/or dispense from this supply.

	NPs under § 2837.103	**NPs under § 2837.104**
Authorized Settings	Any of the following that has one (1) or more physicians: • A clinic (defined by Health & Safety code § 1200) • A health facility (defined by Health & Safety Code § 1250) • A medical group practice (defined by Health & Safety Code § 2406) • A home health agency (defined by Health & Safety Code § 1727) • A hospice facility (licensed under Chapter 8.5 of Health & Safety Code)	Same as § 2837.103; Additional settings outside of those permitted under § 2837.103 (e.g., can open their own practice)

Transition to Practice	Must complete a transition to practice in CA of a minimum of three (3) full-time equivalent years of practice of 4,600 hours	Same as § 2837.103
Certification	Must pass a national NP board certification examination; Must hold a certification as an NP from a national certifying body accredited by the National Commission for Certifying Agencies or the American Board of Nursing Specialties and recognized by the BRN	Same as § 2837.103
Education	Must provide documentation that NP education was consistent with already existing BRN regulations (Bus. & Prof. Code § 2836)	Same § 2837.103; Must hold a valid and active RN license and a master's degree in nursing or other clinical field related to nursing or a doctoral degree in nursing
Length of Practice	N/A	Has practiced as an NP in good standing for at least three (3) years (not including the transition to practice time)

APPENDIX B: DIAGNOSTIC TESTS

NPs may order diagnostic tests appropriate for investigation of an individual's presentation or for health maintenance. These include, but are not limited to:

- Complete blood count, differential, reticulocyte count
- Blood Chemistries
- Lipid panel
- Urinalysis
- Cultures of body fluids, sensitivity testing
- Fecal Occult Blood Test / Fecal Immunochemical Test (FOBT/FIT)
- Pregnancy test (serum and urine)
- Liver function tests, Gamma Glutamyl Transferase (GGT)
- Kidney function tests
- Thyroid and other endocrine studies
- Anemia labs (e.g., iron studies, electrophoresis, peripheral smear)
- Inflammatory markers (e.g., Erythrocyte Sedimentation Rate (ESR), C-Reactive Protein (CRP))
- Routine preventative screening imaging (e.g., colonoscopy, mammogram)
- Serology
- Sexually Transmitted Infection (STI) testing
- Drug of abuse testing
- Therapeutic drug level studies
- Vitamin/mineral level studies, e.g., Vitamin B-12, folic acid
- Pharmacogenomic/Single Nucleotide Polymorphism (SNP) studies (e.g., cytochrome P450 metabolism deficiencies)
- Electrocardiogram (ECG)
- Magnetic Resonance Imaging (MRI)
- Computed Tomography (CT)
- Ultrasound/echo
- X-ray
- Electroencephalogram (EEG)
- Sleep study
- Pulmonary function tests
- Exercise tolerance tests
- Cardiac stress tests
- Additional imaging, pathology, and diagnostics with consultation of a physician or in collaboration with a patient's primary care provider (e.g., outside providers including physician assistants or NPs). Consultation or collaboration must be noted in the patient's chart.

APPENDIX C: NP PERFORMANCE EVALUATION

Employee Name:
Date:

CODE: 4- Exceptional 3- Competent/Proficient 2- Needs Improvement 1- Fails to Meet Requirements 0- Not observed

CODE		COMMENTS
	1. Ability to collaborate with colleagues and others in a working situation. Consults appropriately.	
	2. Ability to collect data and arrive at an appropriate assessment. Cost effective utilization of lab, x-ray	
	3. Ability to think clearly and arrive at a logical plan of care as demonstrated in case presentation and charting.	
	4. Ability to plan and organize work.	
	5. Appropriate follow-up on patient care.	
	6. Initiates appropriate referrals to physicians, specialists and other health team members.	
	7. Applies health maintenance and teaching skills in everyday practice with staff and patients.	
	8. Ability to act on own initiative. Takes a leadership role in the clinic setting.	
	9. Ability to develop and maintain a positive partnering relationship with patients and their families.	
	10. Demonstrates a customer-focused practice.	
Professional Goals for Next Year:		**Additional Achievements:**

Employee/Date _____

Precepting Physician/Date _____

Manager/Date _____

STATEMENT OF APPROVAL

This document is in accordance with the requirements of the California Business and Professions Code, Nursing Practice Act (NPA) Sec. 2725, and the California Code of Regulation (Title 16, CCR 1474; CCR 1480) regulating nursing practice. It is jointly prepared by nursing, medicine, and agency administration.

By signing this Statement of Approval, we, the below named NP(s), CMO, and Supervising Physician, agree to maintain a collaborative and collegial relationship, and abide by the Standardized Procedures and Protocols in theory and practice.

_____

Behavioral Health Chief Medical Officer Date

_____

Supervising Physician Date

_____

Psychiatric Nurse Practitioner Date