I. **Purpose:** It is the intent of San Andreas Regional Center that psychiatric medications are used only when appropriately prescribed, in the minimal effective dosage, and only as part of a comprehensive health and behavioral treatment plan, in compliance with all state and federal laws, regulations, and court decisions.

II. **Definitions:**

- **Consumer, individual, and person served** are used interchangeably in regional center policy and the Lanterman Developmental Disabilities Services Act, and mean a person who has been found eligible and receives services from the regional center.

- **Psychiatric medications** are drugs which are used to address and reduce the principal symptoms which occur in person with mental illness such as anxiety, depression, psychosis, and obsessive compulsive disorder.

III. **Policy:** A psychiatrist or other physician familiar with developmental disabilities and the proper use of psychiatric medication shall prescribe psychiatric medication for a specific psychiatric and/or behavioral disorder. It is the policy of San Andreas to collaborate with health care professionals who prescribe psychiatric medication in order to increase their understanding of developmental disabilities and related health/mental health conditions. This ensures the right of individuals exhibiting maladaptive behaviors to have access to appropriate psychiatric diagnosis and treatment and to consideration of psychiatric medication.

The planning team will identify maladaptive behaviors of the individual. A comprehensive assessment will be done to ensure there are no physical or other health conditions contributing to behaviors. Based on these findings the planning team will:

- Complete a behavioral assessment
- Identify treatment objectives
- Develop specific objectives for specified goals
- Consider adaptations within the existing environment
- Consider an alternative least restrictive environment
After implementing a plan based on the above, if maladaptive behaviors continue, the planning team should refer the individual for a psychiatric assessment. Then the planning team, in consultation with a physician, will develop a definitive therapeutic plan which may include psychiatric medication.

The use of psychiatric medication constitutes a risk for all persons because of harmful side effects. Persons with developmental disabilities are at an increased risk for misuse of psychiatric medications. This is frequently due to a lack of understanding of developmental disabilities and related health care conditions and unclear communication between the individual, the health care professional and care giver. Therefore, the planning team will facilitate regular medication reviews, monitoring the treatment process, side effects and behavioral changes within a definitive therapeutic plan to promote optimum use of psychiatric medication.

San Andreas will provide regular in-service training and materials for all service providers, staff, interested physicians and families regarding administration of psychiatric medication and the recognition and reporting of side effects.

**IV. Purchase of Service Standard:** If psychiatric medication is prescribed, the funding will be pursued through generic resources, including, but not limited to private insurance, Medi-Cal or Medicare.

In the event that the individual cannot access or does not qualify for generic resources, or the insurance does not authorize the funding for the prescribed medication, the regional center may consider funding the medication. Approval for regional center funding of psychiatric medication must be made within the context of the planning team and may include regional center clinical staff consultation.

**V. Exception Process:** The executive director has full discretion to authorize purchases of service which are exceptions to the board-adopted purchase of service policies and standards. The executive director has designated certain individuals within the regional center who are authorized to grant an exception in the executive director’s stead; these individuals are referred to as director’s designees.

The first formal discussion of a request for service takes place at the planning team meeting. If the request falls within the service policy, the request is granted.
If the request for service is not consistent with the policy, the service coordinator starts the exception review process by exploring the basis for the request. A time line for the director’s exception review is set by agreement between the individual/family and the service coordinator but the time line may not exceed fifteen (15) days. Within that time, another planning team meeting will be convened. In the meantime the coordinator presents the information to the manager to determine whether a director’s exception may be warranted. At the scheduled planning team meeting the decision will be made. The director’s designee will attend the planning team meeting if necessary. If the exception is granted, the service coordinator amends the person-centered individual program plan, notifies the individual/family, and gives a copy of the amended plan to the individual/family.

VI. **Notice of Action**: If the exception is not granted, the service coordinator promptly informs the individual/family that it has not been granted, informs the individual/family of their appeal rights, and sends a notice of action and a fair hearing form.

If a decision is made to deny, reduce, or cancel the service without the agreement of the individual or the individual’s representative, a Notice of Action will be sent.

**Adopted 05/16/2016**