



Psychotropics and Chemical Restraints Ftag 605

Ensure that we are following a good process for recognizing behaviors, evaluating them, documenting them, and attempting non-pharm interventions.

Always ask, “Is this for us, or for the benefit of the patient?” Avoid use of medications for “staff convenience.” This can require persistent education and monitoring.

Things to consider:

- Non pharm interventions first
 - Did they work?
 - Document interventions and effectiveness
- Document target behaviors
 - Start this along with non-pharm interventions and before any medication is started
 - Get some documentation of the behaviors and non-pharm interventions BEFORE starting a medication if possible.
- Ensure documentation of psychiatric diagnosis is applicable
- PASRR Level 2 needed?
- If Dementia is the primary issue, ensure that the appropriate dementia diagnoses are used and not an inappropriate diagnosis for a major mental illness (like schizophrenia, major depression, etc...)
- If medication is needed, does the medication treat the psychiatric diagnosis or is it an off label or temporary intervention?
 - ensure dose and indication are appropriate.
 - ensure behavior tracking is in place (before med is started)
 - Review at IDT/psychotropics meetings on schedule



Non-pharm interventions might be contraindicated if they would delay treatment and jeopardize the safety of the patient.

- Suicidal
- homicidal ideation
- severe agitation
- catatonia
- intense hallucinations/delusions
- acute delirium due to medical cause

Gradual Dose Reductions

Attempt GDR if clinically safe to do so

More likely to GDR

- Episodic disorders.
- Long duration of current remission.
- Few or no previous episodes.
- Lower severity exacerbation(s).
- Minimal to no family psychiatric history.

Less likely to GDR

- Chronic/remitting disorders.
- Short duration of current remission.
- Multiple past episodes.
- High severity decompensations
- Extensive family history.



- Duplicate/overlapping therapy.
- Inappropriate/absent indication.
- Negative impact on executive functioning.
- Higher risk of long or short-term adverse effects.
- Tolerated past GDR attempt.

- Dual purpose medications.
- Multiple past failed adequate therapeutic trials.
- Difficult to achieve remission on current regimen.
- Intolerance of past GDR attempts.

- Absence of original stressor(s).
- Ability to utilize psychotherapeutic modalities.
- Moderate to strong social support system.

- Presence of original stressor(s) and/or emergence of new ones.
- Lack of access or ability to utilize psychotherapeutic modalities.
- Weak social support system.
- Adverse childhood experiences.
- Unaddressed trauma.

Reference: Psychotropic Medications and Chemical Restraints F tag 605 -
[CMDA-2025_04_01](#)

CHCA Update Summary

CMS and HHS reorganization will reduce the workforce by nearly 20%.

Three agencies closing down and the Nursing Home Innovations Grants are no longer available.



Substance Abuse and Mental Health Services Administration

- administers the 811 hotline
- provides guidance on behavioral health to nursing homes via the Center for Excellence in Behavioral Health

Administration for Strategic Preparedness and Response

- moving responsibilities to the CDC, including pandemic response

Administration for Community Living

- manages most federal supports, other than Medicaid and subsidized housing, for older adults living in non-institutional settings
- Meals on Wheels, adult day, area agencies on aging, falls and elder abuse prevention, and respite care

Update on Medicaid in Colorado

- We have overcome the first and largest hurdle in preserving our Medicaid long-term care funding with a 1.5% increase affirmed by the Joint Budget Committee.
- It must now clear the House and Senate.
- The state is staring down a \$1.2 Billion budgetary shortfall, which increases the potential for budget cuts ahead of the fiscal year beginning on July 1, 2025.



Reference: Jenny Alberson, CHCA – [CHCA Association Update 4-1-2025.pdf](#)

EASY

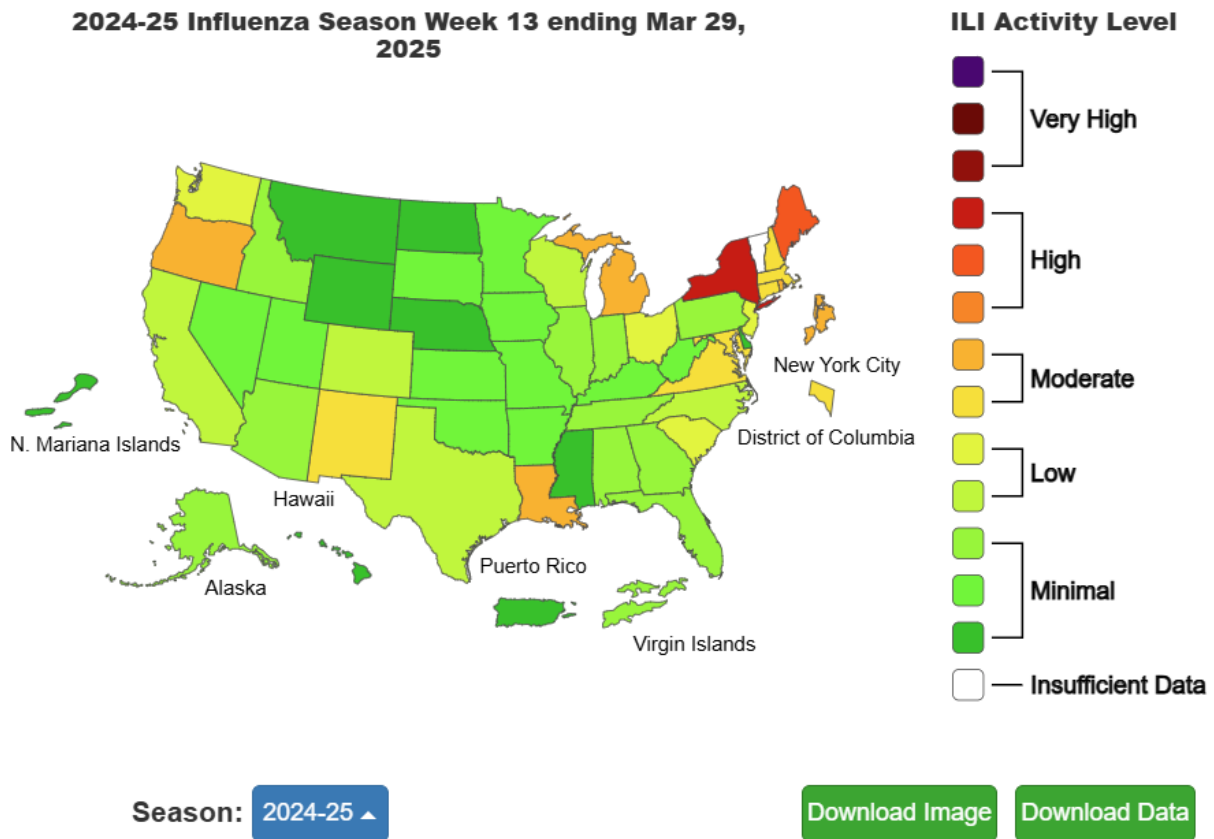
EASY is a program to support primary care providers in performing mental health and substance use assessments and treatments in the clinical setting where patients are seen. This includes long-term care settings. Our consultants can offer guidance on diagnostic questions and treatment options, including medication management.

CORE COMPONENTS

- Telephone consultation with a psychiatrist answered within 24 hrs.
Toll-Free Number: 1-888-910-0153 (Monday - Friday 9 am - 4:30 pm)
- Access to information about community resources through a clinical care coordinator / navigator
- Free education opportunities provided by the Department of Psychiatry, CU SOM, to support
- Payor blind - may seek consultation for any patient

Influenza Map

I think we can say that the influenza season is over.



[Measles in Colorado March 2025](#)

[Your Role as Medical Director in the Survey Process | PALTmed](#)

[Help Me Donate Money to the Cheyenne Mountain Zoo - Run to the Shrine !!](#)