



# 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](#)

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## 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