

**DEPARTMENT OF BEHAVIORAL HEALTH**  
**PROGRAMS WITH CLINIC PERMITS**

1. **Outpatient Services Division**  
Metro Services  
4441 E. Kings Canyon Road  
Fresno, CA 93702
  
2. **Inpatient Services Division**  
Psychiatric Health Facility (PHF); and  
Crisis Intervention Services (CIS) Program  
  
4411 E. Kings Canyon  
Fresno, CA 93702
  
3. **Outpatient Services at the Fine Avenue Site**  
Asian Pacific Islander Program  
Team 6 and 8 Programs  
2171 N. Fine Avenue  
Fresno CA 93727
  
4. **Outpatient Services for Senior Care & Specialty Services**  
Older Adult Mental Health Team  
2025 E. Dakota St. – 2<sup>nd</sup> Floor  
Fresno, CA 93726
  
5. **Outpatient Services in Regional Clinics**
  - a. **COALINGA**  
**Coalinga Regional Center**  
311 Coalinga Plaza  
Coalinga, CA 93210
  
  - b. **KERMAN**  
**West County Regional Clinic**  
275 S. Madera Avenue, Suite #400  
Kerman, CA 93630
  
  - c. **PINEDALE**  
**North Fresno Area Clinic**  
28 E. Minarets  
Pinedale, CA 93650

- d. **REEDLEY**  
Reedley Area Clinic  
1131 "I" Street  
Reedley, CA 93654
  
- e. **SANGER**  
Sanger Area Clinic  
225 Academy  
Sanger, CA 93657
  
- f. **SELMA**  
Selma Regional Center  
3800 McCall Avenue  
Selma, CA 93662
  
- g. **WEST FRESNO**  
**West Fresno Area Clinic**  
302 Fresno Street, Suite #201  
Fresno, CA 93706

**EXHIBIT B**

**Quarterly Pharmacy PHF QA Monitoring Results**

4th Quarter 2007

| ACTIVITY   | FINDINGS / SIGNIFICANT ISSUES  |                         | RECOMMENDATIONS / ACTIONS | FOLLOW UP EVALUATION  |
|--|--|-------------------------|---------------------------|-----------------------|
| <p><b>Medication monitoring.</b></p> <p>Purpose:<br/>To monitor the medication regimen and current FCMH practice within the standard of care.</p> <p><b>Objectives.</b></p> <p>(1) Increase the effective use of psychotropic medications.</p> <p>(2) Reduce the inappropriate use of psychotropic medications and likelihood of the occurrence of adverse effects.</p> <p>(3) Increase knowledge of clinical staff regarding use of psychotropic medications.</p> <p>(4) Increase individual's treatment compliance with psychotropic medication</p> <p>(5) Encourage individual's education about psychotic medications and the role of medication in community functioning.</p> <p>(6) Assure that side effects are measured and documented.</p> <p>(7) Assure that informed consent is current</p> <p><b>Method:</b><br/>A retrospective chart review was conducted</p> <p>Number of MDs reviewed was:</p> <p>Total number of cases reviewed was:</p> <p>Reporting Period:</p> | <p>The criteria review findings were scored and the percentage of compliance calculated. The average percentage of compliance of reviewed is given below.</p> <hr/> <p><b>Medication Monitoring indicators and percentage of compliance.</b></p> <p>1. Medication dosages are within FDA approved guidelines</p> <p>2. AIMS form is current:</p> <p>3. Medication orders: dosage, schedule, quantity present:</p> <p>4. MD signatures/initials on progress notes and RX sheets:</p> <p>5. Drug allergy documentation present:</p> <p>6. Consumer responding to meds / changes to documented</p> <p>7. Consumer on multiple anti-psychotics - Why?</p> <p>8. Side effects to medications documented</p> <p>9. Compliance addressed on med sheet</p> <p>10. Lab test drawn for medication requiring blood levels (see below)*</p> <p>11. Consumer has input into Tx plan / documented</p> <p>12. Medication consent form current</p> <p>13. MD notes legible</p> <p>14. Consumer on Abx / need assessed / Abx appropriate / Length of therapy indicated?*</p> <p>15. Consumer on oral hypoglycemcis/insulin - Blood sugars monitored*</p> <p>16. Consumer on HTN meds / BP monitored / Parameters set</p> <p>17. Consumer med list reviewed for drug-drug interaction - reported to MD</p> <p><i>Represents percent of patients on therapy for that indicator</i></p> <p><b>Notes:</b></p> <p>All patients reviewed received medications appropriate for diagnosed conditions Lab monitoring was ordered for medications requiring lab monitoring (Clozaril, etc.) Scheduled monitoring was also ordered for medications requiring daily or multi-daily monitoring (BP or oral hypoglycemcis) Formulary adherence is important for the PHF to continue to manage and control drug costs.</p> | <p align="center">%</p> | <p>For the 4Q 2007</p>    | <p>Ongoing study.</p> |

**EXHIBIT C**  
**FRESNO COUNTY**  
**DEPARTMENT OF BEHAVIORAL HEALTH**  
**PHARMACEUTICAL INSPECTION FORM**  
**FOR DISPENSING CLINICS**

- |  |          |
|--|----------|
| 1 Prescription written and signed by physician with complete information<br>Comments:                                | Yes / No |
| 2 Prescription labels applied with correct information<br>Comments:  | Yes / No |
| 3 Medications dispensed documented on log sheet<br>Comments:   | Yes / No |
| 4 Medications received documented on log sheet<br>Comments:  | Yes / No |
| 5 Medication information sheet given to consumer<br>Comments:  | Yes / No |
| 6 Expired medications removed and documented<br>Comments:  | Yes / No |
| 7 Has any repackaging occurred<br>Comments:  | Yes / No |
| 8 medications are adequately secured to prevent theft/pilferage and<br>access by non-authorized persons<br>Comments: | Yes / No |
| 9 Drug storage areas are clean and medications are stored in an orderly manner<br>Comments:                          | Yes / No |
| 10 Any medication errors or discrepancies<br>Comments:   | Yes / No |
| 11 Refrigerated drugs are stored between 36 and 46 degrees F<br>Comments:  | Yes / No |
| 12 Open multi dose vials are dated (max 2 months use)<br>Comments:   | Yes / No |
| 13 Poison control center phone no and drug references available/posted<br>Comments:                                  | Yes / No |

Overall rating: Good      Fair      Needs Improvement

\_\_\_\_\_  
**Pharmacist**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Nurse**

\_\_\_\_\_  
**Date**

# EXHIBIT D PHARMACEUTICAL INSPECTION CHECK FORM

## TO NURSE

UNIT/PROGRAM: \_\_\_\_\_

DATE OF REVIEW: \_\_\_\_\_

The pharmacist has completed this month's inspection of your medication dispensing area. Please sign this form to confirm that an area inspection was completed and you are aware of the findings. Please do not hesitate to call the pharmacist if you have any questions.

- |    |   |     |    |
|----|---|-----|----|
| 1. | Controlled substances are accountable:  | Yes | No |
| 2. | Controlled substances documentation is:   |     |    |
|    | A. Complete   | Yes | No |
|    | B. Legible  | Yes | No |
| 3. | Opened multi dose vials are dated:  | Yes | No |
| 4. | Drug storage areas secured:   | Yes | No |
| 5. | Drug cabinets, drawers, closets or rooms have lockable screens                      | Yes | No |
| 6. | Cleanliness of area:  |     |    |
|    | A. Drug storage areas are clean, uncluttered and free of spills                     | Yes | No |
|    | B. Medication work counter is clean, uncluttered and free of spills                 | Yes | No |
|    | C. Trash cans & sharps containers are emptied/removed regularly                     | Yes | No |
| 7. | Medications:  |     |    |
|    | A. Drugs are stored in an orderly manner  | Yes | No |
|    | B. Drug labeling is consistent with BOP   | Yes | No |
|    | C. Internals/Externals/Diagnostics are separated                                    | Yes | No |
|    | D. Refrigerated drugs are stored between 36 to 46 degrees (F)-Today _____           | Yes | No |
|    | E. Is there any food in the meds refrigerator                                       | Yes | No |
|    | F. Expired drugs are removed/discarded  | Yes | No |
|    | G. Near outdated drugs are identified   | Yes | No |
|    | H. Emergency meds box contents are in date and accountable                          | Yes | No |
|    | I. Dispensed meds are documented  | Yes | No |
| 8. | References/drug lists are available   | Yes | No |
|    | These include Drug References, Formulary lists, Poison Control #, Conversion charts |     |    |
| 9. | OVERALL RATING:            Good / Fair / Needs Improvement                          |     |    |

Pharmacist: \_\_\_\_\_

Date: \_\_\_\_\_

Nurse: \_\_\_\_\_

Date: \_\_\_\_\_



PHF Record Review Medication      EXHIBIT F

Pt Name: \_\_\_\_\_

Date: \_\_\_\_\_

DMH# \_\_\_\_\_

Reviewer H Sefain \_\_\_\_\_

| Medication list |        |           | Allergies |        |           | MD |  |  |
|-----------------|--------|-----------|-----------|--------|-----------|----|--|--|
| Drug            | Dosage | Frequency | Drug      | Dosage | Frequency |    |  |  |
|                 |        |           |           |        |           |    |  |  |
|                 |        |           |           |        |           |    |  |  |
|                 |        |           |           |        |           |    |  |  |
|                 |        |           |           |        |           |    |  |  |
|                 |        |           |           |        |           |    |  |  |
|                 |        |           |           |        |           |    |  |  |
|                 |        |           |           |        |           |    |  |  |

**Measurement**

|  |  |  |  |
|--|--|--|--|
| 1. Medication dosages are within FDA approved guidelines                             |  |  |  |
| 2. AIMS form is current  |  |  |  |
| 3. Medication orders, dosage, schedule quantity present                              |  |  |  |
| 4. MD signatures present on notes and orders   |  |  |  |
| 5. Drug allergies documented / Pt on any med with documented allergy                 |  |  |  |
| 6. Consumer responding to meds / changes to documented                               |  |  |  |
| 7. Consumer on multiple anti-psychotics - Why?                                       |  |  |  |
| 8. Side effects to medications documented  |  |  |  |
| 9. Compliance addressed on med sheet   |  |  |  |
| 10. Lab test drawn for medication requiring blood levels (see below)                 |  |  |  |
| 11. Consumer has input into Tx plan / documented                                     |  |  |  |
| 12. Medication consent form current  |  |  |  |
| 13. MD notes legible   |  |  |  |
| 14. Consumer on Abx / need assessed / Abx appropriate / Length of therapy indicated? |  |  |  |
| 15. Consumer on oral hypoglycemcis/insulin - Blood sugars monitored                  |  |  |  |
| 16. Consumer on HTN meds / BP monitored / Parameters set                             |  |  |  |
| 17. Consumer med list reviewed for drug-drug interaction - reported to MD            |  |  |  |

If patient on Li / Tegretol / Clozaril / Dilantin - Are levels present

HMS/PMCI 2/06