***Note*: Strongly recommend coordination of care between all providers to facilitate optimal outcomes.**

Comprehensive Assessment

- A comprehensive health assessment includes:
  - A full medical history
  - An assessment of psychiatric co-occurring disorders and physical comorbidities
  - An assessment for trauma, suicide, violence, and substance use disorders
  - Assessment of pregnancy intentions in women of childbearing age
  - Assessment of a patient's social determinants of health (e.g., health literacy, transportation, food insecurity, housing stability)
  - Screening for adverse childhood experiences (ACEs) [e.g., child abuse/neglect, parental separation/divorce, substance use in the household, homelessness]
  - Relevant medical work-up including lab work, physical examination, and nutritional status evaluation
- Additional recommendations to promote ongoing comprehensive care include:
  - Medication reconciliation and assessment for medication adherence (labs for blood medication levels if needed)
  - Measurement-based care at baseline and regular intervals to assess symptoms, side-effects, and adherence.

    Note: Refer to Tables 3 and 4 for validated scales for children/adolescents and adults. Refer to the Florida Best Practice Psychotherapeutic Guidelines for Adults and the Florida Best Practice Psychotherapeutic Guidelines for Children and Adolescents.
  - Integration of all care team members including primary care and behavioral health
  - Obtaining release of information for coordination of care
  - Collaborative/shared decision-making with patients and family/caregivers
  - Psychosocial assessment
  - Assessment of social factors that may affect health (housing, family, other caregivers, coordination with community resources, etc.)
  - Evaluation of factors that pose a risk to the continuity of care (medication adherence, social determinants of health, etc.)
  - Assessment of legal system involvement and interaction with law enforcement as needed

General Recommendations: Baseline Monitoring of Physical Health in Adults with Serious Mental Illness (SMI) and Children/Adolescents with Serious Emotional Disturbance (SED)

Table 1a.

Recommended Assessments at Baseline and Subsequent Follow-up Monitoring – Adults		
Assessment	**Baseline**	**Follow-up Assessments**
Vital signs (blood pressure, pulse, weight, including calculation of body mass index)	✔	Each visit
Lifestyle behaviors (smoking, diet, exercise, substance use, sleep)	✔	Each visit
Personal/family history [hypertension, diabetes, cardiovascular disease, cerebrovascular disease (stroke), cancer, epilepsy, Parkinson's disease, thyroid disease]	✔	As clinically indicated
Dental history	✔	As clinically indicated
Sexual/reproductive function	✔	At 3 months and 6 months thereafter

Table 1b.

Recommended Laboratory Monitoring – Adults	
Parameter	**Recommendation**
Complete blood count with differential (CBC with diff)	As clinically indicated (e.g., treatment with clozapine)
Complete metabolic panel (CMP)	As clinically indicated
Fasting lipid profile	All patients over 40 years at baseline and annually thereafter, or sooner as indicated (e.g., cardiac history, obesity, diabetes, hypertension)
RBC Folate	As clinically indicated
Hemoglobin A1c (HbA1c)	All patients over 40 years at baseline and annually thereafter, or sooner as indicated
Prolactin	As clinically indicated (e.g., amenorrhea/oligomenorrhea, poor sexual function, osteopenia/osteoporosis)
Thyroid stimulating hormone (TSH)	As clinically indicated
Urine Drug Screen	As clinically indicated
Vitamin B12	As clinically indicated
Vitamin D	As clinically indicated

General Procedures for Monitoring Side-Effects of Antipsychotic Medications in Children and Adolescents

Table 2a.

American Diabetes Association/American Psychiatric Association Guidelines for Metabolic Monitoring in Recipients of Antipsychotic Medications							
	Monitoring Frequency						
Parameter	**Baseline**	**Week 4**	**Week 8**	**Week 12**	**Quarterly**	**Annually**	**Every 5 years**
Medical history*	✔					✔	
Weight (BMI)	✔	✔	✔	✔	✔		
Waist circumference**	✔					✔	
Blood pressure	✔			✔		✔	
Fasting glucose or hemoglobin A1c	✔			✔		✔	
Fasting lipids (HDL, LDL, triglycerides, total cholesterol)	✔			✔			✔

Notes:

**Medical history includes personal and family history of obesity, diabetes, hypertension, and cardiovascular disease. More frequent assessments may be warranted based on clinical status.*

***In children and adolescents, waist circumference may be less informative than for adults due to changes in waist circumference with growth and development. Various studies have sought to develop waist circumference percentile norms based on age, sex, and ethnicity.*

Age and Gender-Specific Waist Circumference Cutoff Values (In Centimeters) by Percentile:

Table 2b.

Waist Circumference (cm) Cutoffs for Males and Females for > 50th and > 90th and for Age/Gender Specific High-Normal Values that Correlate to Adult Cut Offs						
	Males			Females		
Age (in years)	50th	90th	High-Normal 91st	50th	90th	High-Normal 91st
2	48 cm	53 cm	53 cm	48 cm	53 cm	50 cm
3	50 cm	55 cm	55 cm	50 cm	56 cm	53 cm
4	52 cm	58 cm	58 cm	52 cm	59 cm	55 cm
5	53 cm	61 cm	61 cm	53 cm	61 cm	57 cm
6	55 cm	64 cm	65 cm	55 cm	64 cm	59 cm
7	57 cm	69 cm	69 cm	57 cm	69 cm	62 cm
8	60 cm	73 cm	74 cm	60 cm	73 cm	66 cm
9	63 cm	78 cm	79 cm	63 cm	78 cm	69 cm
10	65 cm	83 cm	83 cm	66 cm	83 cm	73 cm
11	68 cm	87 cm	87 cm	70 cm	87 cm	78 cm
12	71 cm	91 cm	91 cm	73 cm	91 cm	81 cm
13	73 cm	94 cm	95 cm	75 cm	94 cm	83 cm
14	75 cm	96 cm	97 cm	76 cm	96 cm	85 cm
15	77 cm	98 cm	99 cm	77 cm	97 cm	86 cm
16	79 cm	100 cm	100 cm	78 cm	98 cm	87 cm
17	80 cm	101 cm	101 cm	79 cm	99 cm	87 cm
18	81 cm	101 cm	102 cm	79 cm	100 cm	88 cm
Adult			102 cm			88 cm
The cut-off for abdominal obesity for men is 102 cm and for women it is 88 cm according to the NCEP guidelines. The 91st percentile curve for boys and the 75th percentile curves line for girls represent a smooth growth curve line that transitions into the respective adult cut-off values for abdominal obesity.						

Source: Adapted from Table 1B from Cook et all.

Note. cm = centimeter

Reference for Table 2b: Cook S. Anticipatory Guidance. In: Tanski S, Garfunkel LC, Duncan PM, and Weitzman M. Performing Preventive Services: A Bright Futures Handbook [book on Internet]. American Academy of Pediatrics: 2010. Available at: ***https://brightfutures.aap.org/Bright%20Futures%20Documents/Anticipatory%20Guidance.pdf***

General Procedures for Monitoring Side-Effects of Stimulant Medication in Children and Adolescents

Table 2c.

General Procedures for Monitoring Side-Effects of Stimulant Medication in Children and Adolescents		
	Monitoring Frequency	
	Baseline	Each Visit
Pulse	✔	✔
Blood Pressure	✔	✔
Weight	✔	✔
Height	✔	✔
BMI	✔	✔

Recommended Monitoring as Needed Based on Clinical Presentation:

- BMI (adults) / BMI percentile (for children/adolescents)
- Parkinsonism Screen (e.g., SAS or ESRS; cogwheel rigidity or clonus on exam)
- Tardive dyskinesia (e.g., AIMS or DISCUS)
- Akathisia Screen (e.g., ESRS)
- Electrocardiogram (ECG)

Prior to considering medication management, clinicians should weigh the risks and benefits of treatment, including the risk for interactions with other medications (both prescribed and over-the-counter), herbal supplements, and foods (e.g., grapefruit) that may increase or decrease drug levels. To check drug-drug interactions, visit: ***https://reference.medscape.com/drug-interactionchecker***

Notes:

Abbreviations: SAS = Simpson-Angus Scale; ESRS = Extrapyramidal Symptom Rating Scale; AIMS= Abnormal Involuntary Movement Scale. These scales are available at ***floridamedicaidmentalhealth.org****.*

There are many reasons patients may require testing earlier or more often than the recommendations noted above. If monitoring has been obtained by primary care provider, obtain records.

Studies have shown that waist circumference is a better predictor of cardiovascular risk compared to Body Mass Index (BMI). Check blood pressure (BP) and pulse during titration with clozapine and quetiapine.

For more information about clozapine monitoring, visit the Clozapine REMS Program at ***www.clozapinerems.com****.*

Note on pharmacogenomics testing: Limited data exists examining whether patient care that integrates pharmacogenomic test information results in better or safer treatment.

Measurement-Based Care for Behavioral Health Conditions

- Questionnaires and rating scales are strongly recommended for the initial diagnostic assessment and evaluation of treatment outcomes. These instruments can be helpful in providing supplemental information to the provider's clinical judgment.
- Integration of rating scales into routine clinical practice and for all follow-up appointments is also strongly suggested.
- Clinicians should use rating scales to assess symptom severity during the initial evaluation and treatment, when medication changes are implemented, and/or when the patient reports a change in symptoms.

Notes:

- *Effort should be made to communicate between primary care providers, psychiatrists, caseworkers, and other team members to ensure integrated care.*
- *Prior to initiating any intervention (e.g., psychosocial, medication), assess and document the risks/benefits of treatment.*
- *Education should be age-appropriate and targeted to the condition.*

Please visit our website to view:

- Resources and tools
- Electronic versions of our adult and child/adolescent guidelines (available in full or in part)
- News and announcements
- Webinars
- Staff publications
- Alerts of recent publications and related literature

floridamedicaidmentalhealth.org

If you would like hard copies of the guidelines, please email sabrinasingh@usf.edu

Measurement Scales

Internet links to the following psychiatric assessment scales are available on the Program website at ***floridamedicaidmentalhealth.org***. These scales were selected because they are brief and can be completed in the primary care office.

Table 3.

Child and Adolescent Assessment Scales				
Condition/ Symptoms	**Name of Scale**	**Type of Assessment**	**Age range**	**# of Items**
Attention-Deficit/ Hyperactivity Disorder (ADHD)	ADHD Rating Scale IV – Home Version	Parent rating	5–17	18
ADHD	NICHQ Vanderbilt Assessment Scales	Parent rating Teacher rating	6–12	55 43
Anxiety	Severity Measure for Generalized Anxiety Disorder	Patient self-report	11–17	10
Cognitive, emotional & behaviorial problems	Pediatric Symptom Checklist (PSC)	Parent rating	4–16	35
Depression	PHQ-9 Modified for Adolescents (PHQ-A)	Patient self-report	11–17	9
Depression	Center for Epidemiological Studies Depression Scale for Children (CES-DC)	Patient self-report	6–17	20
Manic symptoms	Child Mania Rating Scale	Parent rating	5–17	21
Mental health domains across psychiatric diagnoses	DSM-5 Parent/Guardian-Rated Level 1 Cross-Cutting Symptom Measure-Child	Parent rating	6–17	25
Mental health domains across psychiatric diagnoses	DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure-Child	Patient self-report	11–17	25
Post-Traumatic Stress Disorder (PTSD)	Child PTSD Symptom Scale (CPSS)	Patient self-report or clinician administered	8–18	24
Substance use (Alcohol & drugs)	The CRAFFT Screening Interview	Patient self-report	13–18	9
Substance use (Drugs)	Drug Use Questionnaire (DAST-20)	Patient self-report	13–18	20
Symptom severity across mental health domains	Brief Psychiatric Rating Scale for Children (BPRS-C)	Clinician rating	3–18	21

Table 4.

Adult Assessment Scales			
Condition/ Symptoms	**Name of Scale**	**Type of Assessment**	**# of Items**
Anxiety/general	Generalized Anxiety Disorder 7-Item (GAD-7) Scale	Patient self-report	7
Anxiety/general	Severity Measure for Generalized Anxiety Disorder-Adult	Patient self-report	10
Anxiety/panic	Severity Measure for Panic Disorder	Patient self-report	10
Bipolar disorder/ manic symptoms	Young Mania Rating Scale (YMRS)	Clinician rating	11
Bipolar disorder	The Mood Disorder Questionnaire (MDQ)	Patient self-report	16
Childhood trauma	Adverse Childhood Experiences (ACE) Questionnaire	Patient self-report	10
Dementia	Saint Louis University Mental Status Examination (SLUMS)	Clinician rating	11
Depression	Patient Health Questionnaire (PHQ-9)	Patient self-report	9
Depression	Beck Depression Inventory (BDI)	Patient self-report	21
Depression	Hamilton Rating Scale for Depression (HAM-D)	Clinician rating	21
Difficulties/ disability due to mental health conditions	World Health Organization Disability Assessment Scale 2.0	Patient self-report	36
Global rating of illness severity and response to treatment	Clinical Global Impression Scale (CGI)	Clinician rating	3
Mental health domains across psychiatric diagnosis	DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measures-Adult	Patient self-report	23
Psychosis	Clinician-Rated Dimensions of Psychosis Symptom Severity	Clinician rating	8
Psychotic disorders	Brief Psychiatric Rating Scale (BPRS)	Clinician rating	18
PTSD	National Stressful Events Survey PTSD Short Scale (NSESS)	Patient self-report	9
PTSD	Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5)	Patient self-report	20

Table 4. ***(continued)***

Adult Assessment Scales *(continued)*			
Condition/ Symptoms	**Name of Scale**	**Type of Assessment**	**# of Items**
Substance use (Alcohol)	The Alcohol Use Disorders Identification Test (AUDIT-C, AUDIT)	Patient self-report	3, 10
Substance use (Alcohol)	Tolerance, Annoyed, Cut Down, Eye-Opener (T-ACE) Questionnaire	Patient self-report	4
Substance use (Alcohol use during pregnancy)	Tolerance, Worried, Eye-Opener, Amnesia, Cut Down (TWEAK) Questionnaire	Patient self-report	5
Substance use (Alcohol & drugs)	NIDA Drug Use Screening Tool: Quick Screen	Patient self-report	4
Substance use (Drugs)	Drug Abuse Screen Test (DAST-10)	Patient self-report	10
Substance use (Opioids)	Opioid Risk Tool	Patient self-report	10

Screening, Brief Intervention, and Referral to Treaatment (SBIRT):

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based practice for providing early intervention and treatment to individuals at risk for developing substance use disorders. SBIRT can be implemented in the primary care setting. For more information regarding SBIRT, visit ***http://www.samhsa.gov/sbirt*** and see the Substance Use Disorders section in these guidelines.