BHS Policies and Procedures

City and County of San Francisco
Department of Public Health
San Francisco Health Network
BEHAVIORAL HEALTH SERVICES

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POLICY/PROCEDURE REGARDING: **BHS Psychiatric/Psychotropic Medication Consent in Ambulatory Care**

Issued by:
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Director of Systems of Care

Effective Date: April 26, 2024

Manual Number: 3.05-06
References: CCR Title 9, Sections
850, 851 & 856. WIC 369.5(d) and 739.5(d), 5325.3, 5326.95, 5325.1, American Academy of Child and Adolescent Psychiatry Practice Parameters: Medication Consents

Substantive Revision; Last reviewed April 26, 2024. Replaces Policy 3.05-05 of October 29, 2019.

Equity Statement: The San Francisco Department of Public Health, Behavioral Health Services (BHS) is committed to leading with race and prioritizing intersectionality, including sex, gender identity, sexual orientation, age, class, nationality, language, and ability. BHS strives to move forward on the continuum of becoming an anti-racist institution through dismantling racism, building solidarity among racial groups, and working towards becoming a Trauma-Informed/Trauma Healing Organization in partnership with staff, clients, communities, and our contractors. We are committed to ensuring that every policy or procedure, developed and implemented, lead with an equity and anti-racist lens. Our policies will provide the highest quality of care for our diverse clients. We are dedicated to ensuring that our providers are equipped to provide services that are responsive to our clients' needs and lived experiences.

Purpose: The purpose of this policy is to provide updated instructions regarding informed consent of psychiatric/psychotropic medication(s) for **voluntary** specialty mental health clients in ambulatory care (outpatient and day treatment programs). Clients include children, adolescents, adults, and older adults. Adult clients are defined as age 18 years or older. Previously, the Department of Health Care Services (DHCS) required a written, signed Medication Consent, by both prescriber and client, for any psychotropic medication prescribed to a Medi-Cal member. The amendment of the Welfare and Institutions Code to add section 5325.3 removes the requirement to obtain a physical signature, but retains the requirement to maintain written record of informed consent for antipsychotic medication.

Scope: This policy applies to all BHS and BHS-affiliated prescribers providing care to voluntary specialty mental health clients in Adult/Older Adult (AOA), Transitional Age Youth (TAY) and Child, Youth and Family (CYF) in ambulatory care. Per CCR Title 9 Section 856, "antipsychotic medication" means any drug customarily used for the treatment of symptoms of psychoses and

other severe mental and emotional disorders. Per California WIC 369.5(d) and 739.5(d): "Psychotropic medication or psychotropic drugs are those medications administered for the purpose of affecting the central nervous system to treat psychiatric disorders or illnesses. These medications include, but are not limited to, anxiolytic agents, antidepressants, mood stabilizers, antipsychotic medications, anti-Parkinson agents, hypnotics, medications for dementia, and psychostimulants."

Policy:

1. Prior to treatment with any psychiatric/psychotropic medication, the prescriber shall inform the adult client or parent/guardian of their right to accept or refuse medication(s) and that they may withdraw consent at any time by notifying any member of the treating staff.
2. For non-urgent psychiatric/psychotropic medication consents for San Francisco Human Services Agency (HSA) Court Dependent children/adolescents, the JV220 and JV220A request for medications to the court must be completed and fully executed (signed by the court) before medications are prescribed.

Requirements for Informed Consent Discussion:

1. Prior to treatment with any psychiatric/psychotropic medication the prescriber shall provide the adult client or parent/guardian with sufficient information about the medication(s) in order to make an informed decision. Information should be provided in the preferred language of the client or the parent/guardian, if possible. Information shall include:
    a. What condition or diagnoses the medication(s) are prescribed to address.
    b. Which symptoms the medication(s) should reduce and how likely the medication(s) will work.
    c. What are the chances of getting better without taking the medication(s).
    d. Reasonable options or alternatives to taking the medication(s).
    e. Name, type (or class) of medication, dosage, dosage range, frequency of administration, route of administration, and duration of each prescribed medication.
    f. Common side effects of the medication(s), including possible additional side effects which may occur beyond three months (long term), and may be potentially irreversible.
    g. If antipsychotic medications are prescribed, notice that antipsychotic medications may cause additional side effects for some persons, including persistent involuntary movements which are potentially irreversible, and may continue after the antipsychotic medication has been stopped.
    h. Any special instructions about taking the medication(s).
2. For CYF, it is desirable to provide age-appropriate medication information to the client and obtain client approval.

Requirements for Documentation:

1. The prescriber must maintain written consent records that contain both of the following:

    a. A notation that information about the informed consent to psychiatric/psychotropic medications has been discussed with the client or parent/guardian, and
    b. A notation that the client or parent/guardian understands the nature and effect of the psychiatric/psychotropic medications and consents to administration of those medications.
2. The prescriber shall document the consent process including the information provided to the adult client or parent/guardian in the electronic health record.

Procedure:

1. Prior to treatment with any psychiatric/psychotropic medication(s), inform the adult client or parent/guardian that they have the right to accept or refuse medication(s), and that they may withdraw consent at any time by notifying any member of the treating staff.
2. Document the consent process including the information provided to the adult client or parent/guardian in the electronic health record.
3. This policy does not preclude a prescriber from getting a signature on the medication consent form if desired.

Attachments:

Contact Person:
BHS Chief Medical Officer

Distribution:

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