

**San Mateo County Health System  
Behavioral Health & Recovery Services**

**ADHD Protocol for Adults seeking services at BHRS**

Adults seeking evaluation and treatment of Adult Attention Deficit Hyperactivity Disorder (ADHD) will enter the San Mateo County Behavioral Health and Recovery Services (BHRS) through three possible routes:

- 1.) **Interface Team:** A primary Care providers at one of the San Mateo County Primary Care Centers refers a client to the Interface Team for consultation on possible ADHD;
- 2.) **Call Center:** A client may call directly or be referred by the Health Plan of San Mateo to the Call Center seeking evaluation and treatment of possible ADHD;
- 3.) **Same Day Assistance at a BHRS Regional Clinic (walk-in):** A client may seek evaluation and treatment of perceived ADHD

BHRS has a standard work protocol in evaluating Adult ADHD and a standard procedure for treatment of ADHD when warranted. The Interface Team has evolved a protocol that will be used throughout BHRS, no matter which entry point a client comes in for services (attached).

The initial clinician at either Interface or the BHRS sites will give the client a self-assessment screening tool to be filled out before or during the visit. If seeking help through the Call Center, the client will be mailed a copy of the screening tool, if at all possible, to complete and bring with the initial visit to the Access Team psychiatrist. During the first visit (or, if possible, prior to first visit), the clinician at Interface or BHRS Regional Clinic, or Access Psychiatrist if directed from the Call Center, will review any immediately available medical records (past BHRS visits, primary care visits); request release of any relevant past records; order a urine toxicology; obtain school records if reports of symptoms in childhood; and complete a mental health assessment. If additional assessment information such as a physical examination or a CURES report is needed, those additional steps will be completed before the final evaluation by a psychiatrist for possible medication management.

The psychiatrist (at Interface, BHRS Regional Clinic, or Access depending on entry point) will use all the information collected, determine if there may be co-occurring conditions that need treatment, and complete a treatment plan. The BHRS Adult ADHS Treatment Practice Guidelines will be followed for all clients, unless there are documented clinical reasons why they should not be (such as a allergy to the first line of medication management) (attached). Non-stimulant medication management will be the first line of treatment if needed. If that treatment is not effective (as per the Medication Guidelines) then stimulant treatment will be initiated. Concurrent with any stimulant treatment, the client will sign and agree to follow the Stimulant Usage Agreement (attached), will undergo random urine drug screens, and the psychiatrist will obtain regular CURES reports.

Once the client is treated successfully, ongoing medication management will proceed as follows:

If initiated by the Interface Team psychiatrist, once stable, care will be transferred back to the primary care provider.

If initiated by the Access Team psychiatrist, care will be transferred to the appropriate BHRS Regional Clinic psychiatrist and, once stable, transferred to a primary care provider;

If initiated by the BHRS Regional Clinic psychiatrist, once stable, care will be transferred to a primary care provider.

If there are difficulties in transferring care to primary care, BHRS will continue to treat the client until further resolution. Since the Interface Team is designed to be a short term treatment service, it is possible that the Interface Team may need to transfer some client to the BHRS Regional Clinics for long term care.

Services for children and youth will continue as currently provided.