



Policy Number:	26-19
Policy Name:	BHRS San Mateo County Youth Services Center Psychotropic Medication Management
Authority:	Title 15 § 1434 & 1439; WIC § 369.5(d), 739.5(d), and 5325.3; CCR Title 9 § 850, 851, and 856; BHIN-23-065
Original Policy Date:	April 8, 2026 Effective Date: 04/08/26
Supersedes:	Youth Services Center Internal Policy No.: YSCMH 15-02
Policy Last Revised:	N/A
Attachments:	A. BHRS FDA Guidelines for Indications and Dosage Ranges

PURPOSE

The purpose of this policy is to establish formal, standardized procedures for the management of psychotropic medications and psychiatric referrals at the San Mateo County, Behavioral Health and Recovery Services (BHRS), Youth Services Center (YSC), as well as documentation of the informed consent process.

BACKGROUND

San Mateo County Behavioral Health and Recovery Services (BHRS) shall provide psychiatric medication assessment and management for youth detained at the Youth Services Center (YSC) according to shared protocols and procedures written and implemented in collaboration with Youth Services Center facilities administrator and Correctional Health. In accordance with California Code of Regulations and the Welfare and Institutions Code, youth and their legal guardians have the fundamental right to be kept clearly informed about their mental health treatment at every stage of their care. While CalAIM (BHIN-23-065) has modified technical record-keeping for Medi-Cal beneficiaries, the prescriber’s obligation to ensure the consenter understands the nature, risks, and benefits remains an absolute requirement.

BHRS shall work with Youth Services Center Correctional Health and Youth Services Center to develop and implement collaborative written policies and procedures governing the use of voluntary and involuntary psychotropic medications.

DEFINITIONS

Psychotropic Medication: Psychotropic medications or drugs are administered for the purpose of treating psychiatric disorders or illnesses and their symptoms. These medications include, but are not limited to: antipsychotics, antidepressants, anti-Parkinson agents, anxiolytics/hypnotics, mood



stabilizers, lithium, psychostimulants, and others in their unique categories, such as alpha agonists, beta blockers, acetylcholinesterase inhibitors, psychostimulants, medication assisted treatments for substance use disorders.

Informed Consent: A voluntary agreement provided by an authorized consentor after a comprehensive discussion with the prescriber regarding treatment consequences and alternatives. Informed consent is an ongoing process between a prescriber and the youth, parent, legal guardian, and/or the Court.

Mental Health Emergency: An emergency is defined as a psychiatric crisis during which a BHRS prescriber or other BHRS health care provider finds the youth to be an imminent danger to themselves or others by reason of a mental health disorder.

POLICY

I. Standard of Informed Consent

- A. No psychotropic medication shall be administered to a youth without the voluntary, informed consent of a parent, legal guardian, or the Court, except in the case of a documented Mental Health Emergency.
 1. Due to limited on-site psychiatric coverage and pharmacy storage capacity, in cases of a Mental Health Emergency at YSC, Emergency Medical Services will be contacted via 911 for immediate response and intervention.
 2. Youth found by a BHRS health care provider to be in a Mental Health Emergency may be involuntarily given psychotropic medication immediately necessary for the preservation of life or the prevention of serious bodily harm, and when there is insufficient time to obtain consent from the parent, legal guardian, or court before the threatened harm would occur. It is not necessary for harm to take place or become unavoidable prior to initiating treatment.
 3. All involuntary administrations of medications shall be documented by Correctional Health staff in the electronic medical health record and reviewed by the BHRS Supervising Child and Adolescent Psychiatrist.
- B. Youth who are receiving psychotropic medications prescribed by BHRS or community prescribers will be continued on their medications when clinically indicated with appropriate informed consent while pending verification in a timely manner by a health care provider.
- C. BHRS Prescribers at YSC shall adhere to the clinical disclosure requirements of informed consent (Diagnosis, Purpose, Specifics, Alternatives, etc.) as detailed in [BHRS Policy 16-12 Psychiatric Consent for Voluntary Adults and Youth](#).
- D. In situations where timely written consent is needed but cannot be immediately obtained, the BHRS prescriber may obtain initial verbal consent from a parent, guardian, or the court via telephone or video telehealth. Written consent must be obtained within 5 business days following the verbal consent.
- E. Verbal consent will be documented in the electronic medical record prior or concurrently with



the prescription order and must include the date/time, person providing consent, relationship to the youth, and the risks, benefits, and alternatives discussed.

- F. All efforts to obtain informed consent are to be documented in the electronic medical record system; refusal by parents, guardians, or the court must always be documented.
- G. Once obtained, the written consent shall be entered within the YSC Correctional Health Unit and BHRS electronic medical record systems.
- H. After exhausting all reasonable efforts to gain written consent, the BHRS prescriber may request that the minor's probation officer obtain consent from the Judge of the Superior Court.

II. Clinical Necessity and Non-Coercion

- A. Psychotropic medications shall be prescribed solely when clinically indicated as a component of a comprehensive treatment plan supported by the clinical assessment and diagnosis.
- B. The use of medication for the purposes of discipline, coercion, punishment, convenience, retaliation, or as a substitute for a treatment program is strictly prohibited in accordance with Title 15 § 1439.

III. Fundamental Right to Refuse

- A. Youth will be informed by the BHRS prescriber of the expected benefits, potential side effects, and alternatives to any recommended psychotropic medications.
- B. Youth possess a statutory right to refuse psychotropic medications. Even with consent from the parent, guardian, or court, a youth has the right to refuse psychotropic medications, absent a mental health emergency, without disciplinary consequences. Such refusal must always be documented in the electronic medical record system.
- C. A minor's refusal shall be respected by both clinical and custody staff, regardless of whether legal consent has been provided, unless a prescriber determines that a mental health emergency exists as defined by WIC § 5008.

IV. Wards or Dependents of the Court:

- A. Wards (602): If the youth is a 602 ward of the court, consent must be obtained from the parent or legal guardian.
- B. Dependents (300): If the youth is a 300 dependent of the court, the prescriber must complete the JV220 process as defined in the [BHRS Policy 99-02 Medication Authorization for Dependent Children](#). Medication administration shall not commence until a signed Court Order is uploaded to the BHRS and Correctional Health electronic record system.

PROCEDURE/PROTOCOL

- A. Medication Referral Pathways: With all medication referral pathways, the YSC BHRS clinician will be the initial point of contact to assess the youth and confirm with the family the treatment goals prior to the BHRS prescriber initiating psychiatric evaluation. Referrals will be sent to a BHRS YSC centralized email for review and assignment prior to psychiatric evaluation.



1. BHRM Clinical Referral: Initiated by the YSC BHRM clinician following consultation and agreement with the youth and family.
2. Correctional Health—Continuity of Care: Initiated directly by Correctional Health staff when a youth arrives at YSC with a current and active prescription for psychotropic medications.
3. Correctional Health—Medical Screening: Initiated by Correctional Health when a psychiatric concern is identified during the intake medical screening process.
4. Self-Referral: Youth completes form provided in the housing unit requesting psychiatric evaluation.

B. Orders and Documentation:

1. BHRM and YSC staff will not provide or accept verbal orders for psychotropic medications.
2. Written medication orders are placed in the electronic medical record system directly by BHRM prescriber, or by Correctional Health nursing staff upon receipt of written email order scanned into electronic medical record system.
3. All Psychotropic medication prescriptions are written in accordance with the BHRM FDA Guidelines for Indications and Dosage Ranges. Exceptions to these guidelines will be reviewed by the Supervising Child and Adolescent Psychiatrist within one week of starting medication.
4. Timely charting documentation is completed in accordance with the BHRM Documentation Manual.

C. Clinical Monitoring and Follow Up:

1. Follow Up Frequency: Every youth prescribed psychotropic medication, shall receive a clinical medication follow-up by a BHRM Child and Adolescent Psychiatrist as frequently as clinically necessary or at a minimum of once per month.
2. Renewal Limits:
 - a. Standard prescriptions are limited to a duration of 30 days.
 - b. Controlled substance prescriptions are limited to a duration of 14 days.
 - c. No order shall be renewed without a comprehensive clinical re-evaluation by a BHRM Child and Adolescent Psychiatrist.

D. Uninterrupted continuation of psychotropic medications is considered as part of pre-release planning and/or facility transfer.

E. Utilization Review: The Supervising Child and Adolescent psychiatrist shall conduct a review of medication utilization patterns at YSC at least annually to ensure facility-wide compliance with Title 15.

F. Court-Ordered Medication Evaluation

1. Youth Services Center BHRM Unit Supervisor will consult with the Supervising Child and Adolescent Psychiatrist when a court ordered medication evaluation is requested.



2. The Supervising Child and Adolescent psychiatrist will identify and assign a BHRS Child and Adolescent Psychiatrist to complete the evaluation and submit report to the court.
3. A copy of the evaluation will be filed in the restricted section of the BHRS electronic health record.

SIGNATURES

Approved: _____ *Signature on File*
 Dr. Jei Africa, PsyD, FACHE
 BHRS Director

Approved: _____ *Signature on File*
 Tasha Souter, MD, FASAM
 BHRS Medical Director

Approved: _____ *Signature on File*
 Patti Lee, MD
 BHRS Supervising Child and Adolescent Psychiatrist

Approved: _____ *Signature on File*
 Ziomara Ochoa, LMFT
 BHRS Deputy Director Youth Services

REVISION HISTORY

Date of Revision	Type of Revision	Revision Description