

BHS Policies and Procedures



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

1380 Howard Street, 5th Floor
 San Francisco, CA 94103
 (628) 754-9500

Policy or Procedure Title: Clinical Pharmacists in BHS Clinics

Issued By: 
 Maximilian Rocha, LCSW
 Director of Systems of Care

Date: March 5, 2026

Manual Number: 3.07-05
 References: California Codes
 Business and Profession Code
 Section 4052.2; 4052.6.
 California Code of Regulations
 1810.225

Substantive revision. Replaces Policies 3.07-5 and 3.07-05.1 of January 5, 2023.

Equity Statement: Behavioral Health Services (BHS) is committed to prioritizing intersectionality, including race, gender identity, sexual orientation, age, class, nationality, language, and ability. BHS strives to become an anti-racist and trauma informed organization. We are committed to ensuring that every policy and procedure leads with an equity lens. We are dedicated to ensuring that our providers are equipped to respond to our members’ diverse needs and lived experiences.

Purpose: To formally recognize the role of clinical pharmacists as part of a multidisciplinary team in Behavioral Health Service clinics in order to provide medication support services and fully utilize their skill sets to support the wellness and recovery of members.

Scope: This policy applies to BHS clinical pharmacists working in BHS behavioral health clinics including mental health programs, substance use disorder programs, and contracted agencies.

Policy:

1. **Collaborative Practice Agreement:** Clinical Pharmacists in BHS will have a Collaborative Practice Agreement (CPA) to provide medication support services (as defined by California Code of Regulations Title IX section 1810.225).
 - a. The CPA is required for clinical pharmacists without Advanced Pharmacist Practitioner licensing per Business and Professions Code section 4052.2.
 - b. Clinical pharmacists with an Advanced Pharmacist Practitioner license may perform duties outlined in Business and Professions Code section 4052.6 (See Appendix A)
 - c. Any specific modifications to this CPA may be added as amendments to it.
 - d. The original copy of the signed CPA shall be retained by the BHS Clinical Pharmacist Supervisor, with copies also retained by the Clinic Medical Director and Clinical Pharmacist.
2. **Clinic Assignment:** Clinical pharmacists will be placed in clinic(s) by joint decision of the BHS Clinical Pharmacy Supervisor and the Clinic Medical Director. The schedule will be determined by the BHS clinical pharmacy supervisor in collaboration with the clinic medical director. Any shifts resulting in

overtime or shift differential will be approved by the BHS Clinical Pharmacy Supervisor and will be offered in accordance with the applicable Memorandum of Understanding (MOU).

3. Supervision

- a. Each clinical pharmacist practicing under a CPA will be under the clinical supervision of the BHS Clinical Pharmacy Supervisor and a BHS diagnosing prescriber at each specific practice site. The BHS Clinical Pharmacy Supervisor is responsible for:
 - i. Ensuring compliance with applicable laws, protocols and standard of care.
 - ii. Providing oversight and mentorship to clinical pharmacists.
 - iii. Coordinating staffing and clinic assignments.
 - iv. Overseeing peer review of a selection of cases managed by the clinical pharmacist. The diagnosing prescriber will meet as often as clinically indicated with the clinical pharmacist to review cases.
- b. The Director of BHS Pharmacy and the Clinical Pharmacy Supervisor of BHS Pharmacy Services will routinely report to the BHS Chief Medical Officers on the status of the program.
- c. The BHS Chief Medical Officers, Clinic Medical Director, BHS Director of Pharmacy Services, and BHS Psychiatric Clinical Pharmacist Supervisor will review the protocol and program periodically and report their findings to the Medication Use Improvement Committee.

4. Training

- a. Prior to performing any procedure authorized by this policy, a clinical pharmacist shall have demonstrated competence as determined by the BHS Clinical Pharmacist Supervisor and ONE of the following:
 - i. Successfully completed clinical residency training.
 - ii. Received Board Certification as a Psychiatric Pharmacist.
 - iii. Advanced Pharmacist Practitioner License.
 - iv. Demonstrated clinical experience in direct member care delivery to the satisfaction of the clinic medical director.
 - b. Competency areas may include the following:
 - i. Conducting mental status exams
 - ii. Conducting AIMS exams
 - iii. Treating movement disorders
 - iv. Treating substance use disorders
 - v. Responding to a suspected opioid overdose
 - vi. Responding to crises and filling out 5150 legal holds
 - vii. Administering injectable medications
 - viii. Medication treatment guidelines
 - ix. Other areas deemed pertinent and in accordance with this policy.
 - c. If determined to be necessary by the BHS Clinical Pharmacy Supervisor or the supervising prescriber, a training plan will be formulated and executed by the Clinical Pharmacist Supervisor in collaboration with the Clinic Medical Director.
5. Referral: Members may be referred to the BHS clinical pharmacist by another provider or by drop-in depending on clinic workflow. The clinical pharmacist may refer the member to a BHS diagnosing prescriber if needed (e.g. if diagnostic clarity is needed for proper medication selection, or diagnosis is necessary for medication processing or other reasons and the diagnosis is not documented.)

Procedure: See Attachment A

Appendix A

California Business and Professions Code Section 4052.6

4052.6. (a) A pharmacist recognized by the board as an advanced pharmacist practitioner may do all of the following:

- (1) Perform patient assessments.
- (2) Order and interpret drug therapy-related tests.
- (3) Refer patients to other health care providers.
- (4) Participate in the evaluation and management of diseases and health conditions in collaboration with other health care providers.
- (5) Initiate, adjust, or discontinue drug therapy.

(b) A pharmacist who adjusts or discontinues drug therapy shall promptly transmit written notification to the patient's diagnosing prescriber or enter the appropriate information in a patient record system shared with the prescriber, as permitted by that prescriber. A pharmacist who initiates drug therapy shall promptly transmit written notification to, or enter the appropriate information into, a patient record system shared with the patient's primary care provider or diagnosing provider, as permitted by that provider.

(c) This section shall not interfere with a physician's order to dispense a prescription drug as written, or other order of similar meaning.

(d) Prior to initiating or adjusting a controlled substance therapy pursuant to this section, a pharmacist shall personally register with the federal Drug Enforcement Administration.

(e) A pharmacist who orders and interprets tests pursuant to paragraph (2) of subdivision (a) shall ensure that the ordering of those tests is done in coordination with the patient's primary care provider or diagnosing prescriber, as appropriate, including promptly transmitting written notification to the patient's diagnosing prescriber or entering the appropriate information in a patient record system shared with the prescriber, when available and as permitted by that prescriber.

Attachment A:

BHS Clinical Pharmacist Collaborative Practice Agreement

1. Disease States Managed
 - a. Psychiatric conditions or substance use disorders as listed in the current version of the Diagnostic and Statistical Manual.
 - b. Treatment emergent side effects including (but not limited to) the prevention of metabolic syndrome, extra-pyramidal symptoms, tardive dyskinesia, constipation, xerostomia, incontinence, and sexual dysfunction.
2. Medication Management
 - a. Criteria for Referral to Clinical Pharmacist for Medication Management (Caseload, Consultations, Drop-Ins, Member Education, Group Visits):
 - i. Inclusion: Diagnosis or symptoms of a primary psychiatric or substance use disorder according to the current version of the Diagnostic and Statistical Manual.
 - ii. Exclusion: target psychiatric symptoms not amenable to drug therapy or if additional diagnostic assessment is needed.
 - b. Medication management will include initiating, adjusting or stopping the medication regimen and dosage schedule to minimize adverse effects and optimize therapeutic response including managing medication titration and tapering schedules.
 - c. Drug Therapy: Medications covered by this protocol include medications used in the treatment or management of mental illness or substance use disorders, and for the treatment or prevention of side effects of these medications.
 - d. Laboratory Tests: The clinical pharmacist may order routine laboratory tests.
3. Medication Management Visit Elements
 - a. Review information available in the member's BHS medical record and will seek other sources of information to obtain additional medical, psychiatric, and medication history, laboratory results, and relevant findings.
 - b. Assess and monitor psychiatric medication effects, adherence, adverse drug reactions, and outcomes related to treatment.
 - i. If the member shows signs and symptoms of significant decompensation, the clinical pharmacist will consult with the diagnosing prescriber or available provider and refer for re-evaluation and more intensive treatment if needed.
 - ii. If the clinical pharmacist identifies new, unanticipated or recurrent problems they will consult the appropriate individual on the multidisciplinary team. This may also include referrals to primary care or other types of medical providers.
 - c. Counsel on the therapeutic effects of medication, the use of the medication, and side effects. Counseling may also include information relevant to obtaining labs, lifestyle interventions, etc.
 - d. Prior to initiating psychiatric medication, the clinical pharmacist will obtain informed consent consistent with BHS policy.
 - e. Schedule follow up appointments according to individual needs and treatment plan.
4. Documentation
 - a. All medication assessments and interventions are documented in the member's BHS medical record following standards set forth in the BHS documentation manual.
 - b. Medication adjustments are entered into the member's BHS medical record within 24 hours.

5. Additional Clinical Pharmacist Services: To be utilized as indicated by the clinic's needs, these may include:
 - a. Group Education (examples of group topics: clozapine, smoking cessation, medication education, healthy living)
 - b. Medication administration or pick up
 - c. Lifestyle Counseling
 - d. Administering and interpreting point-of-care tests
6. Additional Requirements for Clinical Pharmacist without APh License: Consistent with BPC 4052.2, procedures to be performed by the clinical pharmacist relate to a condition for which the member has first been seen by a physician.

CLINIC NAME & LOCATION:

APPROVED BY:

Clinic Medical Director:

Print Name

Signature

Date

Clinical Pharmacist:

Print Name

Signature

Date

Contact Person: BHS Director of Pharmacy

Distribution: BHS Policies and Procedures are distributed by BHS Quality Management and Regulatory Affairs.

Administrative Manual Holders
BHS Programs
SOC Program Managers
BOCC Program Managers
CDTA Program Managers