

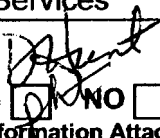
THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS  
ACTION AGENDA SUMMARY

DEPT: Behavioral Health and Recovery Services

BOARD AGENDA # \*B-1

Urgent

Routine



AGENDA DATE February 2, 2010

CEO Concurs with Recommendation YES  NO

4/5 Vote Required YES  NO

(Information Attached)

SUBJECT:

Approval to Rename the Behavioral Health and Recovery Services Turlock Regional Services Outpatient Clinic to Turlock Recovery Services and to Submit Change of Permit Application to the California State Board of Pharmacy

STAFF RECOMMENDATIONS:

1. Approve the change of name for the Behavioral Health and Recovery Services outpatient clinic formerly known as Turlock Regional Services to Turlock Recovery Services.
2. Authorize Behavioral Health and Recovery Services to submit a Change of Permit application to the California State Board of Pharmacy for Turlock Recovery Services.
3. Authorize the Behavioral Health Director, or her designee, to sign the application to the California State Board of Pharmacy and any future applications or renewals pursuant to this request.

FISCAL IMPACT:

The cost of applying for a California State Board of Pharmacy Permit is waived for government entities. There is no impact to the County General Fund.

BOARD ACTION AS FOLLOWS:

No. 2010-059

On motion of Supervisor O'Brien, Seconded by Supervisor Chiesa  
and approved by the following vote,

Ayes: Supervisors: O'Brien, Chiesa, Monteith, DeMartini, and Chairman Grover

Noes: Supervisors: None

Excused or Absent: Supervisors: None

Abstaining: Supervisor: None

1)  Approved as recommended

2)  Denied

3)  Approved as amended

4)  Other:

MOTION:



ATTEST: CHRISTINE FERRARO TALLMAN, Clerk

File No.

**DISCUSSION:**

Behavioral Health and Recovery Services provides medication management services to residents with mental illness to assist with their treatment and recovery. This service includes prescribing and dispensing pharmaceutical company samples. The California State Board of Pharmacy and California Code, Article 13, Sections 4180-4186, require clinics to follow specific procedures in order to dispense the samples. Included in these procedures is a requirement for the clinic to obtain and maintain a Pharmacy Permit with the California State Board of Pharmacy.

The Board of Supervisors approved a request to submit Pharmacy Permit applications on September 16, 2008, which included the ratification of the outpatient clinic names on the permits at that time. In order to change the name on the California State Board of Pharmacy permit, there is a requirement that the Board of Supervisors ratify the name change. Behavioral Health and Recovery Services has determined that the inclusion of the word "Recovery" in the name of the Turlock clinic will more appropriately communicate to the public the nature of the services provided at that site. The name change is also more closely aligned with the Departments mission "...to provide and manage effective prevention and behavioral health services that promote the community's capacity to achieve wellness, resilience, and recovery outcomes".

Behavioral Health and Recovery Services is requesting that the Board of Supervisors approve the name change from Turlock Regional Services to Turlock Recovery Services and authorize the Behavioral Health Director, or designee, to sign the Change of Permit application and any future applications or renewals pursuant to this request.

**POLICY ISSUE:**

Approval of this agenda item supports the Board of Supervisors' priorities of *A healthy community* and *A safe community* by allowing Behavioral Health and Recovery Services to maintain a pharmacy permit and continue to dispense sample medication to aid in the treatment and recovery of individuals with a mental illness.

**STAFFING IMPACT:**

There is no staffing impact associated with this agenda item.

2/2/10 B1



California State Board of Pharmacy
1625 N. Market Blvd, Suite N219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618

STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

BOARD OF SUPERVISORS

2011 OCT 12 A 10:40

CHANGE OF PERMIT REQUEST

(Pharmacy, Hospital Pharmacy, Clinic, Licensed Correctional Facility, Exempt
Hospital, Non-Resident Pharmacy)

TYPE OF CHANGE

CHECK ALL THAT APPLY

- Corporate Officer(s)
Medical Director
Transfer of 10%-49% of stock
Address (not change of location)
Tradestyle Name
Corporation Name

Please print or type

Name of permit holder: Stanislaus County Behavioral Health & Recovery Services
Telephone Number: (209) 525-6225
Address of permit holder: 800 Scenic Drive, Modesto, CA 95350
Name of business: Turlock Recovery Services (prev Turlock Regional Services)
Permit number: CLE 1628
Business phone number: (209) 664-8044
Address of business: 2101 Geer Road, Suite 120, Turlock, CA 95382

A. Corporate Officers

LIST CHANGES ONLY

Under "Licensed as" list any state professional or vocational licenses held; e.g., pharmacist, physician, podiatrist, dentist or veterinarian, etc., and the license number. Non-profit organizations must list the names and titles of persons holding corporate positions.

Table with columns: Name of CEO, Licensed as, License number, For Office Use Only (Certs, FP, FPC); Residence address; Name of President, Licensed as, License number, For Office Use Only; Residence address; Name of Secretary, Licensed as, License number, For Office Use Only; Residence address.

Continue on Reverse

FOR OFFICE USE ONLY

Articles of Inc, Fict. Name Stmt, Minutes, Date application completed, Date changes made on system, Staff initials, Cashier #, Date, Amt of fee

Name of Treasurer		Licensed as	License number	For Office Use Only <input type="checkbox"/> Certs <input type="checkbox"/> FP <input type="checkbox"/> FPC
Residence address		City	State	
			Zip Code	
Name of Medical Director		Licensed as	License number	For Office Use Only <input type="checkbox"/> Certs <input type="checkbox"/> FP <input type="checkbox"/> FPC
Residence address		City	State	
			Zip Code	

**B. Shareholders** **COMPLETE ONLY IF THERE IS A STOCK TRANSFER**

List all persons who own 10% or more of stock (use additional sheet if necessary).

To whom issued	Residence address & telephone no.	Licensed as, license no. and state(s)	% of Shares	Date Issued

**Please read carefully**

The information will be used to determine qualifications for registration under the California Pharmacy Law. The official responsible for information maintenance is the Executive Officer, telephone (916)574-7900, 1625 N. Market Blvd, N219, Sacramento, California 95834. The information may be transferred to another governmental agency such as a law enforcement agency if necessary for it to perform its duties. Each individual has the right to review the files or records maintained on them by our agency, unless the records are identified as confidential information and exempted by Section 1798.3 of the Civil Code.

Under penalty of perjury, under the laws of the State of California, each person whose signature appears below, certifies and says: (1) he/she is the owner or an officer of the applicant corporation named in the foregoing application, duly authorized to make this application on its behalf and is at least 18 years of age; (2) he/she has read the foregoing application and knows the contents thereof and that each and all statements therein made are true; (3) all supplemental statements are true and accurate; (4) the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Board of Pharmacy.

**SIGNATURE**

*Denise C. Hunt* Denise C. Hunt, RN, MFT 2/9/2010  
Signature of Corporate Officer or Owner      Name (please print)      Date

\_\_\_\_\_  
Signature of Corporate Officer or Owner      Name (please print)      Date