

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 August 2, 2011

CEO Concurs with Recommendation YES NO

4/5 Vote Required YES NO

(Information Attached)

SUBJECT:

Approval to Submit Applications to California State Board of Pharmacy to Obtain and Maintain Pharmacy Permits for the High Risk Health and Senior Access Program and the Senior Access Treatment Team

STAFF RECOMMENDATIONS:

1. Approve the program name High Risk Health and Senior Access located at 303 Downey Avenue, Modesto, CA 95354.
2. Authorize Behavioral Health and Recovery Services to submit Pharmacy Permit applications and Change of Pharmacy Permit applications to the California State Board of Pharmacy to obtain and maintain Pharmacy Permits for the High Risk Health and Senior Access program and the Senior Access Treatment Team, co-located at the 303 Downey Avenue, Modesto, CA 95354 site.
3. Authorize the Behavioral Health Director, or her designee, to sign the applications to the California State Board of Pharmacy to obtain and maintain Pharmacy Permits for the High Risk Health and Senior Access program and the Senior Access Treatment Team.

FISCAL IMPACT:

The cost of applying for a Pharmacy Permit is waived for government entities. This program's budget of \$2,284,559 includes the cost of contracting for a Consulting Pharmacist and has been included in the Department's proposed budget. There is no impact to the County General Fund.

BOARD ACTION AS FOLLOWS:

No. 2011-457

On motion of Supervisor Chiesa, Seconded by Supervisor Withrow
and approved by the following vote,

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

Noes: Supervisors: None

Excused or Absent: Supervisors: None

Abstaining: Supervisor: None

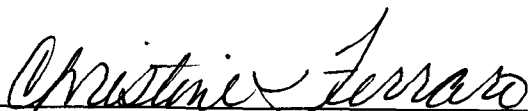
1) X Approved as recommended

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 clinics to obtain and maintain a Pharmacy Permits.

To fulfill many of the Code requirements, Behavioral Health and Recovery Services contracts with a local pharmacy to serve as the Consulting Pharmacist. The Consulting Pharmacist is required to collaborate with the Department on the development and review of policies and procedures related to medication, certify compliance with regulatory requirements at the time of the annual permit review, be available for consultation, and provide an annual in-service training for medical staff.

Recently two programs known as the Senior Access and Resource Team and the Health/Mental Health Team were combined and have been given the name of High Risk Health and Senior Access. On April 26, 2011, the Board of Supervisors approved a three-year lease agreement with Robert P. Moody, et al for office space for the delivery of mental health services. The combined programs were relocated to a new site at 303 Downey Avenue, Modesto, CA 95354. In addition, a third program known as the Senior Access Treatment Team was relocated to the same site.

In order to submit applications to the California State Board of Pharmacy to obtain and maintain Pharmacy Permits for these programs at the new site, the Department is requesting that the Board of Supervisors approve the program name of High Risk Health and Senior Access and authorize the Behavioral Health Director or her designee to sign current and future applications to obtain and maintain Pharmacy Permits for the programs located at the 303 Downey Avenue, Modesto, CA 95354 site.

POLICY ISSUE:

Approval of this agenda item supports the Board of Supervisors' priority of A Healthy Community and Effective Partnerships by meeting regulatory requirements and ensuring that clients receive appropriate medications.

Approval to Submit Applications to California State Board of Pharmacy to Obtain and Maintain Pharmacy Permits for the High Risk Health and Senior Access Program and the Senior Access Treatment Team
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STAFFING IMPACT:

There is no staffing impact associated with the approval of this agenda item.

CONTACT PERSON:

Linda Downs, Assistant Director. Telephone 525-6225.

8/2/11 B1



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

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STATE AND CONSUMERS AFFAIRS AGENCY
 DEPARTMENT OF CONSUMER AFFAIRS
 GOVERNOR EDMUND G. BROWN JR.

CLINIC PERMIT APPLICATION

Please print or type

All blanks must be completed. If not applicable enter N/A

Name of Clinic: High Risk Health and Senior Access (HRHSA)				Clinic telephone number:	
Address of Clinic: 303 Downey Avenue		City Modesto	State CA	Zip Code 95354-1203	
Type of Clinic:					
<input type="checkbox"/> Free	<input type="checkbox"/> Multi-Specialty	<input type="checkbox"/> Community	<input type="checkbox"/> Non Profit	<input checked="" type="checkbox"/> Other	
<input type="checkbox"/> Surgical	<input type="checkbox"/> Ambulatory Surgical	<input type="checkbox"/> Profit		Government	
Indicate whether this application is for:					
<input checked="" type="checkbox"/> New Clinic		<input type="checkbox"/> Change of Location		<input type="checkbox"/> Change of Ownership	
If change of ownership or change of location, indicate previous name, address and license number of clinic:					
Type of ownership:					
<input type="checkbox"/> Individual		<input type="checkbox"/> Partnership		<input type="checkbox"/> Corporation	
				<input checked="" type="checkbox"/> Government	
		<input type="checkbox"/> Limited Liability Company			
Date of last inspection by the Department of Health Services:			Are you Medicare Certified? If yes, attach a copy of your current medicare certificate.		
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> In Progress		
Anticipated first day of business: June 8, 2011					
Mail all correspondence to the following address below. If correspondence should be mailed to the clinic please insert "Same as Clinic." Madelyn Schlaepfer, Ph.D., CEAP, Behavioral Health Director, 800 Scenic Drive, Modesto CA 95350-3211					
Name and telephone number of contact person to clarify information provided on this application.				e-mail address	
Adele Fontan (209) 525-6252				afontan@stanbhrs.org	

Continue on reverse

For Office Use Only

Staff Review		Cashier	
<input type="checkbox"/> Articles of Inc or Org	<input type="checkbox"/> DHS lic/waiver	Approval _____	Cashiering # _____
<input type="checkbox"/> Partner Agreement	<input type="checkbox"/> Policy & Proc	Denied _____	Date _____
<input type="checkbox"/> Seller's Cert	<input type="checkbox"/> Medicare cert	Date _____	Amount of Fee _____

Ownership Information

Name of Sole Owner (If applicable) Not Applicable		*Social Security Number Not Applicable	Telephone Number
Address	number and street	City	State Zip Code
Not Applicable			
Name of Partner (If applicable) Not Applicable		*FEIN Number Not Applicable	Telephone Number Not Applicable
Address	number and street	City	State Zip Code
Not Applicable			
Name of Partner (If applicable) Not Applicable		*FEIN Number Not Applicable	Telephone Number Not Applicable
Address	number and street	City	State Zip Code
Not Applicable			
Name of Corporation/Limited Liability Company (If applicable) Not Applicable			Telephone Number Not Applicable
Address	number and street	City	State Zip Code
Not Applicable			

Print below the name, title, address and license number of all the clinic owners. This includes the individual owner, all partners, corporate officers, members, managers. Under the heading "Licensed as" list any state professional or vocational licenses held; e.g., pharmacist, physician, podiatrist, dentist or veterinarian etc., and license number. Non-profit organizations must list the names and titles of persons holding corporate positions. Attach additional sheet if necessary.

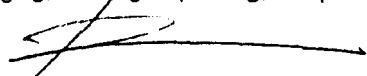
Title	Name	Residence Address	Licensed as and license number
	NOT APPLICABLE		

*Disclosure of your U.S. social security account number, or federal employer identification number (FEIN) if you are a partnership, is mandatory. Section 30 of the Business and Professions Code, section 17520 of the Family Code, and Public Law 94-455 (42 USC 405(c)(2)(C)) authorize collection of your social security account number. Your social security account number or FEIN will be used exclusively for tax enforcement purposes, or for purposes of compliance with any judgment or order for child or family support in accordance with section 17520 of the Family Law Code. If you fail to disclose your social security account number or your FEIN, your application will not be processed and you may be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

FEDERAL EMPLOYEE ID NUMBER (FEIN):

Name of Professional Director:			License Number
Uday Kumar Mukherjee, M.D.			
Residence Address	City	State	Zip Code
800 SCENIC DRIVE	MODESTO	CA	95350
Name of Administrator:			License Number
Madelyn Schlaepfer, Ph.D., CEAP			
Residence Address	City	State	Zip Code
800 Scenic Drive	Modesto	CA	95350-3211
Name of Consulting pharmacist:			License Number
Bineshwar B. Prasad			
Residence Address	City	State	Zip Code

I certify that the policies and procedures of the clinic's drug distribution service are consistent with the promotion and protection of health and safety of the public regarding inventories, security, training, protocol development, recordkeeping, packaging, labeling dispensing, and patient consultation.



 Signature of Consulting Pharmacist

Bineshwar B. Prasad

 Name (please print)

6-8-11

 Date

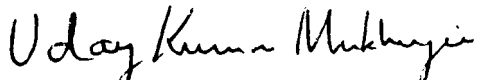

PLEASE READ CAREFULLY

This application must be approved by the California State Board of Pharmacy before a clinic permit will be issued. If changes are made during the application process, you may need to submit a new application with the appropriate fees. **Any application not completed within 60 days of receipt may be deemed withdrawn by the Board of Pharmacy. Fees applied to this application are not transferable and are not refundable.**

Any material misrepresentation in the answer of any question is grounds for refusal or subsequent revocation of a license, and is a violation of the Penal Code of California. All items of information requested in this application are mandatory. Failure to provide any of the requested information will result in the application being rejected as incomplete.

The information will be used to determine qualifications for licensure under California Pharmacy Law. The officer responsible for information maintenance is the Executive Officer, (916) 574-7900, 1625 N. Market Blvd., Suite 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 him/her by the Board of Pharmacy, 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 that: (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) no person other than the applicant or applicants has any direct or indirect interest in the applicant's or applicants' business to be conducted under the license(s) for which this application is made; (4) the clinic complies with all applicable laws and regulations of the State Department of Health Services relating to drug distribution (Title 22, Article 4); (5) the professional director is responsible for safe, orderly and lawful provisions of the pharmacy service; (6) all supplemental statements are true and accurate. I am also aware that I am bound by the applicable Federal and State laws and regulations pertaining to the practice of pharmacy; and (7) the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Board of Pharmacy.

	Uday Kumar Mukherjee, M.D., BH Medical Director	6/15/11
Signature of Professional Director	Name (please print)	Title
	Madelyn Schlaepfer, Ph.D., CEAP, BH Director	6-9-11
Signature of Administrator	Name (please print)	Title
Signature of Corporate officer, owner, or partner	Name (please print)	Title
Signature of Corporate officer, owner, or partner	Name (please print)	Title
		Date