



**Health & Human Services
Agency
COUNTY OF TULARE
AGENDA ITEM**

BOARD OF SUPERVISORS

ALLEN ISHIDA
District One

PETE VANDER POEL
District Two

PHILLIP A. COX
District Three

J. STEVEN WORTHLEY
District Four

MIKE ENNIS
District Five

AGENDA DATE: November 17, 2015

Public Hearing Required	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Scheduled Public Hearing w/Clerk	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Published Notice Required	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Advertised Published Notice	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Meet & Confer Required	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Electronic file(s) has been sent	Yes	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Budget Transfer (Aud 308) attached	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Personnel Resolution attached	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Agreements are attached and signature line for Chairman is marked with tab(s)/flag(s)	Yes	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
CONTACT PERSON: Timothy D. Durick, Psy.D. PHONE: 624-8000				

SUBJECT: Approve an amendment with ExMed, Inc.

REQUEST(S):

That the Board of Supervisors:

1. Approve an amendment to Agreement No. 27218 with ExMed, Inc. to update Exhibits A, B for the provision of adult, adolescent, and child psychiatric services in Tulare County Mental Health Clinics in an amount not to exceed \$700,000; retroactive to October 1, 2015 through June 30, 2016. This amendment is retroactive due to inadvertent delays in obtaining authorized signatures. It was impracticable for the Board to take action prior to October 1, 2015 due to the time needed to process, prepare, and submit the agenda item;
2. Find that the Board had authority to approve the amendment as of October 1, 2015 and that it was in the County's best interest to approve the amendment as of that date; and
3. Authorize the Chairman of the Board to sign three (3) copies of the amendment.

SUMMARY:

The Tulare County Health & Human Services Agency (HHSA), Mental Health Branch, provides mandated psychiatric services to consumers who are part of the Mental Health Plan. With the shortage of specialty psychiatric providers, it is essential that we continue to have access to, and the ability to use contracted physicians to help fill our provider shortages. Contracted psychiatrists perform services in a manner consistent with the level of care and skill ordinarily exercised

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by other like professionals practicing in the State of California.

It is estimated that ExMed, Inc. providers will serve 650 consumers through this agreement in Fiscal Year 2015/2016.

This agreement is being amended to add a rate for Board Certified Child Psychiatrists add an additional 20 hours per week of psychiatry time to best serve the needs of the community.

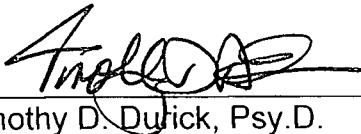
FISCAL IMPACT/FINANCING:

The maximum amount of this agreement will not exceed 700,000 and is included in the Fiscal Year 2015/2016 proposed budget and is paid through Medi-Cal revenues. No Net County Cost.

LINKAGE TO THE COUNTY OF TULARE STRATEGIC BUSINESS PLAN:

The County's five-year strategic plan includes the Quality of Life Initiative that encourages innovative provision of quality supportive services for at-risk adults, youth and children in state and federally mandated programs. This amendment increases the ability to fulfill that obligation.

ADMINISTRATIVE SIGN-OFF:



Timothy D. Durick, Psy.D.
Director of Mental Health

Cc: Auditor-Controller
County Counsel
County Administrative Office (2)

Attachment(s) Amendment

**BEFORE THE BOARD OF SUPERVISORS
COUNTY OF TULARE, STATE OF CALIFORNIA**

IN THE MATTER OF APPROVE AN
AMENDMENT WITH EXMED, INC.

) Resolution No. _____
) Agreement No. _____

UPON MOTION OF SUPERVISOR _____, SECONDED BY
SUPERVISOR _____, THE FOLLOWING WAS ADOPTED BY THE
BOARD OF SUPERVISORS, AT AN OFFICIAL MEETING HELD _____
_____, BY THE FOLLOWING VOTE:

AYES:
NOES:
ABSTAIN:
ABSENT:

ATTEST: MICHAEL C. SPATA
INTERIM COUNTY ADMINISTRATIVE OFFICER/
CLERK, BOARD OF SUPERVISORS

BY: _____
Deputy Clerk

* * * * *

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