



**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: June 16, 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 agreement with Arie R. Whishenhunt, M.D. for psychiatric services.

REQUEST(S):
That the Board of Supervisors:

1. Approve an agreement with Arie R. Whishenhunt, M.D., from July 1, 2015 through June 30, 2016, in an amount not to exceed \$310,000 for the provision of psychiatric services; and
2. Authorize the Chairman of the Board to sign three (3) copies of the agreement.

SUMMARY:
The Tulare County Health & Human Services Agency (HHS) 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 by other like professionals practicing in the State of California. This contract will provide telepsychiatry coverage for our outpatient clinics.

Tulare County Mental Health Branch has been impacted by state and countywide shortage of psychiatrists; this has limited the options with whom to enter into an agreement; therefore, recommends continuing the agreement with Arie R. Whishenhunt, M.D., who has provided competent psychiatric services as required by Tulare County consumers, since 2011.

SUBJECT: Approve an agreement with Arie R. Whishenhunt, M.D. for psychiatric services.

DATE: June 16, 2015

Dr. Whishenhunt provides services to approximately 270 adult consumers a year and 30 youth consumers at the Porterville Mental Health Clinics.

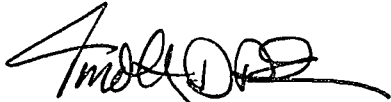
FISCAL IMPACT/FINANCING:

The maximum reimbursement for this Agreement is \$310,000 and will be 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 to promote health and well being for the citizens of Tulare County. This Agreement will help fulfill this initiative by providing psychiatric services to our clients.

ADMINISTRATIVE SIGN-OFF:



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

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

Attachment(s) Agreement

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

IN THE MATTER OF APPROVE AN)
AGREEMENT WITH ARIEH R.)
WHISHENHUNT, M.D. FOR PSYCHIATRIC) Resolution No. _____
SERVICES.) 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: JEAN M. ROUSSEAU
COUNTY ADMINISTRATIVE OFFICER/
CLERK, BOARD OF SUPERVISORS

BY: _____
Deputy Clerk

* * * * *

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2. Authorized the Chairman of the Board to sign three (3) copies of the agreement.