

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

433



FROM: Department of Mental Health

SUBMITTAL DATE:
May 26, 2006

SUBJECT: Amended Rates for the Department of Mental Health

RECOMMENDED MOTION: Move that the Board of Supervisors:

1. Introduce and set for Public Hearing, Resolution No 2006-254 amending Ordinance Nos. 722 and 724, Fee Schedules for the Department of Mental Health;
2. Upon the close of the Public Hearing, adopt Resolution No. 2006-254 amending Ordinance Nos. 722 and 724.

BACKGROUND: On July 14, 1992, Agenda Item #11.3, the Board adopted Ordinance No. 722 and on September 1, 1992, Agenda Item #11.2, the Board adopted Ordinance No. 724 establishing rates and sliding fee schedules for the Department of Mental Health. In accordance with Board of Supervisors policy number B-4, County Departments may evaluate existing rates for services on an annual basis, and make recommendations for changes. The Department last updated rates on November 4, 2003, Agenda Item #9.9. The Department has reviewed the impact of the cost of providing services relative to the rate structure, and is proposing changes to certain services provided in the various organizations within the Department of Mental Health.

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JW:JZ

FORM APPROVED
COUNTY COUNSEL

JUN 20 2006

Jerry Wengerd
Jerry Wengerd, Director
Department of Mental Health

FINANCIAL DATA

Current F.Y. Total Cost:	N/A	In Current Year Budget:	No
Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	No
Annual Net County Cost:	\$ 0	For Fiscal Year:	2006/2007

SOURCE OF FUNDS:

Positions To Be Deleted Per A-30	<input type="checkbox"/>
Requires 4/5 Vote	<input type="checkbox"/>

C.E.O. RECOMMENDATION:

APPROVE

Lisa Brandt

County Executive Office Signature

FISCAL PROCEDURES APPROVED
 ROBERT E. BYRD, Auditor-Controller
 BY *ML* 4/4/06 Deputy
 Departmental Concurrence
 Policy Consent
 Policy Consent
 Dept't Recomm.:
 Per Exec. Ofc.:

RECEIVED RIVERSIDE COUNTY

SUBJECT: Amended Rates for the Department of Mental Health

BACKGROUND: (Continued)

The proposed rates are based on FY 04/05 actual cost data and projected cost increases for the upcoming fiscal year and will ensure maximum reimbursement for the costs of services provided. The Department is proposing significant increases in the Driving Under the Influence (DUI) Assessment program: Wet Reckless Screening, Restructuring/ Reinstatement, and Monitoring Fee. These rate increases are necessary due to rising personnel costs in recent years and the fact that these rates have not been adjusted since 1998. There is no basis for comparison to other counties as the services provided by Riverside County in the DUI Assessment program are unique from those services provided by other counties. This program is a liaison between the court, probation, and the clients. It is a program that is much desired and respected by the judicial system in Riverside County. The court installed computer access to its database for the Department of Mental Health DUI Assessment program centers in Indio and Riverside, allowing county staff the ability to verify the level of treatment required by the client. This process eliminates costly errors and allows immediate correction of any data required to effectively and efficiently process the client to the proper level of program. Clients are referred to treatment sites as close to their resident location as possible to enhance the client's ability to complete the program. Since Riverside County tracks DUI clients through a client database, tracking of client demographic information is available for analysis. No other county in the State of California collects demographic data on DUI clients.

The establishment of the proposed fees will not prohibit any citizen of Riverside County from receiving services rendered by the Riverside County Department of Mental Health because we are mandated to utilize a sliding scale to determine ability to pay. The sliding scales established by the State and County ensure that the assessment of a fee to a patient corresponds with their ability to pay and eliminates unnecessary collection efforts for patients who are clearly unable to pay the established Board Approved rate for services received. The sliding scales take into consideration family income and number of dependents in determining a client's ability to pay.

Therefore, we are requesting that the Board of Supervisors approve to set a Public Hearing in order to amend the fee schedule as outlined in Exhibit "A" and the sliding scales as outlined in Exhibit "B" and "Exhibit C" and adopt Resolution No. 2006-254 at the conclusion of the Public Hearing, amending Ordinance Nos. 722 and 724.

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SUBJECT: Amended Rates for the Department of Mental Health

BACKGROUND: (Continued)

FINANCIAL DATA

These proposed fees have been reviewed and approved by the County Auditor/Controller. If approved, the fee adjustments will result in revenue to the Department of approximately \$621,027 annually. No budget adjustment is requested at this time.

RESOLUTION NO. 2006- 254

RESOLUTION OF THE BOARD OF SUPERVISORS OF THE
COUNTY OF RIVERSIDE AMENDING ORDINANCES NO. 722 & 724
OF THE COUNTY OF RIVERSIDE
ESTABLISHIING FEE SCHEDULES FOR
THE DEPARTMENT OF MENTAL HEALTH

WHEREAS, on September 1, 1992 the Board of Supervisors of the County of Riverside adopted Ordinance No. 724, an ordinance of the County of Riverside establishing a fee schedule for the Department of Mental Health for clinical and emergency treatment services; and

WHEREAS, on July 14, 1992 the Board of Supervisors of the County of Riverside adopted Ordinance No. 722 an ordinance of the County of Riverside establishing a fee schedule for the Department of Mental Health for Alcohol, Drug and Public Guardian Programs, and

WHEREAS, said ordinances took effect thirty days from the date of adoption; and

WHEREAS, Section 2 of said ordinances allows that the fee schedule, identified as Exhibit "A" to Ordinance Nos. 722 and 724, may be amended by resolution; and

WHEREAS, the Department of Mental Health of the County of Riverside now finds it necessary and appropriate to amend the fee schedule for Mental Health services; the fee schedule and sliding scale fee schedule for Substance Abuse services.

Now, Therefore,

BE IT RESOLVED AND ORDERED by the Board of Supervisors of the County of Riverside, State of California, in regular session assembled on _____, 2006, that: the fee schedule identified as Exhibit "A" to Ordinance Nos. 722 and 724 are hereby amended by the fee schedule identified as Exhibit "A" of this resolution and that the sliding scale fee schedules identified as Exhibits "B" and "C" are amended by this resolution.

EXHIBIT A

**Riverside County Department of Mental Health
Public Guardian**

Description	Current Rates	Proposed Rates	Increase/(Decrease)
Conservatorship Administration Services	\$279.00/Month	\$351.00/Month	\$72.00
Special Services	\$46.00/Hour	\$64.00/Hour	\$18.00
Warehouse Services	\$39.00/Hour	\$46.00/Hour	\$7.00
Investigative Services	\$89.00/Hour	\$112.00/Hour	\$23.00
Bond Fee	\$25.00 plus ¼ of 1% of estates greater than \$10,000	\$25.00 plus ¼ of 1% of estates greater than \$10,000	No Change

EXHIBIT A

**Riverside County Department of Mental Health
Mental Health Administration**

Description	Current Rates	Proposed Rates	Increase/(Decrease)
Patients' Rights Hearing Representation Fees	\$41.00/Hour	\$56.00/Hour	\$15.00
LPS Facility Designation Fee	\$1,370.00/Facility	\$1,635.00/Facility	\$265.00

EXHIBIT A

**Riverside County Department of Mental Health
Substance Abuse**

Description	Current Rates	Proposed Rates	Increase/(Decrease)
Day Care Habilitative (DCH)	\$105.00/Day	\$105.00/Day	No Change
Individual Counseling - ODF (Planning, Intervention)	\$94.00/Contact	\$124.00/Contact	\$30.00
Individual Counseling - Perinatal	\$106.00/Contact	\$137.00/Contact	\$31.00
Individual Counseling - NTP	\$31.00/10 minutes	\$31.00/10 minutes	No Change
Group Counseling – ODF	\$33.00/Contact	\$44.00/Contact	\$11.00
Group Counseling – Perinatal	\$55.00/Contact	\$55.00/Contact	No Change
Group Counseling – NTP	\$4.00/10 minutes	\$4.00/10 minutes	No Change
Narcotic Treatment Program (NTP) – Methadone	\$8.00/dose	\$8.00/dose	No Change
Narcotic Treatment Program (NTP) - LAAM	\$14.00/dose	\$14.00/dose	No Change
First Offender – DDP	\$60.00/Contact	\$88.00/Contact	\$28.00
Second Offender – DDP	\$87.00/Contact	\$154.00/Contact	\$67.00
Monitoring Fee – PC 1000/DDP	\$371.00/Review	\$1,266.00/Review	\$895.00
Restructuring/Reinstatement - DDP	\$32.00/Contact	\$140.00/Contact	\$108.00
First Offender Screening Fee – DDP AB 1916	\$80.00/Contact	\$143.00/Contact	\$63.00
Wet Reckless Screening Fee SB1176 - DDP	\$40.00/Contact	\$138.00/Contact	\$98.00
Assessment Fee AB1916 - DDP	\$100.00/Contact	\$100.00/Contact	No Change
Case Management	\$101.00/Hour	\$101.00/Hour	No Change

EXHIBIT A

**Riverside County Department of Mental Health
Mental Health Treatment**

Description	Current Rates	Proposed Rates	Increase/(Decrease)
Local Hospital (Professional Component-Physicians)	\$115.00/Day	\$115.00/Day	No Change
Socialization Services	\$29.00/Unit	\$29.00/Day	No Change
Day Care Intensive – Full Day	\$170.00/Day	\$170.00/Day	No Change
Day Care Intensive – Half Day	\$158.00/Day	\$158.00/Day	No Change
Day Care Rehabilitative -Full Day	\$106.00/Day	\$106.00/Day	No Change
Crisis Stabilization – Urgent Care	\$109.00/Hour	\$188.00/Hour	\$79.00
Crisis Stabilization – ETS (Professional Component-Physicians)	\$43.00/Hour	\$43.00/Hour	No Change
Assessment, Individual	\$2.00/Minute	\$2.47/Minute	\$0.47
Assessment, Group	\$2.00/Minute	\$2.47/Minute	\$0.47
Psychological Testing	\$2.00/Minute	\$2.47/Minute	\$0.47
Clinical Evaluation	\$2.00/Minute	\$2.47/Minute	\$0.47
Rehabilitative Services	\$2.00/Minute	\$2.47/Minute	\$0.47
Psychological Consultation	\$2.00/Minute	\$2.47/Minute	\$0.47
Crisis Intervention	\$2.00/Minute	\$2.47/Minute	\$0.47
Collateral Services	\$2.00/Minute	\$2.47/Minute	\$0.47
Non-Family Collateral Services	\$2.00/Minute	\$2.47/Minute	\$0.47
Individual Therapy	\$2.00/Minute	\$2.47/Minute	\$0.47
Medications, Therapeutic	\$6.00/Minute	\$6.00/Minute	No Change
Medications, M.D.	\$6.00/Minute	\$6.00/Minute	No Change
Group Therapy	\$2.00/Minute	\$2.47/Minute	\$0.47
Case Management/Brokerage	\$2.00/Minute	\$2.00/Minute	No Change
MAB Training	\$72.00/Session	\$72.00/Session	No Change

EXHIBIT B

**Riverside County Department of Mental Health
Narcotics Treatment Program Sliding Scale Fee Schedule
Substance Abuse Program**

Monthly Adjusted Gross Income	Persons Dependent on Income Monthly Fee									
	1	2	3	4	5	6	7	8	9	10 <
\$0-350	0	0	0	0	0	0	0	0	0	0
\$351-450	100	90	81	73	66	59	53	48	43	39
\$451-550	130	117	105	94	85	76	69	62	56	50
\$551-650	159	143	129	116	104	94	85	76	68	62
\$651-750	189	170	153	138	124	111	100	90	81	73
\$751-850	218	196	177	159	143	129	116	104	94	85
\$851-950	248	223	201	181	163	146	132	118	107	96
\$951-1050	277	250	225	202	182	164	147	133	119	107
\$1051-1150	307	276	248	224	201	181	163	147	132	119
\$1151-1250	336	303	272	245	221	199	179	161	145	130
\$1251-1350	366	329	296	267	240	216	194	175	157	142
\$1351-1450	395	356	320	288	259	233	210	189	170	153
\$1451-1550	425	382	344	310	279	251	226	203	183	165
\$1551-1650	454	409	368	331	298	268	242	217	196	176
\$1651-1750	484	436	392	353	318	286	257	231	208	188
\$1751-1850	514	462	416	374	337	303	273	246	221	199
\$1851-1950	543	489	440	396	356	321	289	260	234	210
\$1951-2050	573	515	464	417	376	338	304	274	246	222
\$2051-2150	602	542	488	439	395	356	320	288	259	233
\$2151-2250	632	569	512	461	414	373	336	302	272	245
\$2251-2350	661	595	536	482	434	390	351	316	285	256
\$2351-2450	691	622	560	504	453	408	367	330	297	268
\$2451-2550	720	648	583	525	473	425	383	345	310	279
\$2551-2650	750	675	607	547	492	443	398	359	323	291
\$2651-2750	779	701	631	568	511	460	414	373	335	302
\$2751-2850	809	728	655	590	531	478	430	387	348	313
\$2851-2950	838	755	679	611	550	495	446	401	361	325
\$2951- above	868	781	703	633	569	513	461	415	374	336

EXHIBIT C

**Riverside County Department of Mental Health
Outpatient Drug Free Program Sliding Scale Fee Schedule
Substance Abuse Program**

Monthly Adjusted Gross Income	Persons Dependent on Income Monthly Fee									
	1	2	3	4	5	6	7	8	9	10 <
\$0-100	0	0	0	0	0	0	0	0	0	0
\$101-150	11	10	9	8	7	6	6	5	5	4
\$151-250	20	18	16	15	13	12	11	10	9	8
\$251-350	33	30	27	24	22	20	18	16	14	13
\$351-450	46	42	38	34	30	27	25	22	20	18
\$451-550	60	54	48	43	39	35	32	28	26	23
\$551-650	73	65	59	53	48	43	39	35	31	28
\$651-750	86	77	70	63	56	51	46	41	37	33
\$751-850	99	89	80	72	65	59	53	47	43	38
\$851-950	112	101	91	82	74	66	60	54	48	44
\$951-1050	126	113	102	92	82	74	67	60	54	49
\$1051-1150	166	150	135	121	109	98	88	80	72	64
\$1151-1250	228	205	185	166	150	135	121	109	98	88
\$1251-1350	248	223	201	181	163	146	132	118	107	96
\$1351-1450	267	241	217	195	176	158	142	128	115	104
\$1451-1550	287	259	233	209	188	170	153	137	124	111
\$1551-1650	409	369	332	298	269	242	218	196	176	159
\$1651-1750	436	392	353	318	286	257	232	208	188	169
\$1751-1850	462	416	374	337	303	273	246	221	199	179
\$1851-1950	489	440	396	356	321	289	260	234	210	189
\$1951-2050	541	487	438	394	355	319	287	259	233	210
\$2051-2150	596	536	482	434	391	352	317	285	256	231
\$2151-2250	653	588	529	476	428	386	347	312	281	253
\$2251-2350	713	642	578	520	468	421	379	341	307	276
\$2351-2450	776	698	628	566	509	458	412	371	334	301
\$2451-2550	841	757	681	613	552	497	447	402	362	326
\$2551-2650	909	818	736	663	597	537	483	435	391	352
\$2651-2750	980	882	794	714	643	579	521	469	422	380
\$2751-2850	1,053	948	853	768	691	622	560	504	453	408
\$2851-2950	1,129	1,016	914	823	741	667	600	540	486	437
\$2951- above	1,308	1,177	1,059	954	858	772	695	626	563	507