

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

816



SUBMITTAL DATE:
August 25, 2006

FROM: Department of Mental Health

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. 2006-376 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. 2006-376 amending Ordinance Nos. 722 and 724.

BACKGROUND: On July 25, 2006, Agenda Item #9.5, the Board of Supervisors held a public hearing to amend Ordinance No. 722 and Ordinance No. 724 amending rates and sliding fee schedules for the Department of Mental Health. At the public hearing, Driving Under the Influence Program Providers presented an alternative rate methodology that had been discussed with and supported by the Department of Mental Health the day before the public hearing.

Continued on page 2

FORM APPROVED
COUNTY COUNSEL

SEP 23 2006

JW:JZ

BY

Jerry Wengert, 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

County Executive Office Signature

- Consent
- Policy
- Consent
- Policy

Dep't Recomm.:
Per Exec. Ofc.:

FISCAL PROCEDURES APPROVED
ROBERT E. BYRD, Auditor-Controller
BY Deputy
Departmental Concurrence

SUBJECT: Amended Rates for the Department of Mental Health

BACKGROUND: (Continued)

At the request of providers and the Department of Mental Health, the Board of Supervisors adopted Resolution No. 2006-254 with the exception of the proposed Driving Under the Influence Assessment Program Monitoring Fee and instructed the Department of Mental Health to bring forward a new resolution to update the fee based on a per client charge as discussed at the public hearing. The proposed rate for Driving Under the Influence Assessment Program Monitoring Fee has been recalculated in Exhibit A to reflect a per client charge.

We are requesting that the Board of Supervisors set a Public Hearing in order to amend the fee schedule as outlined in Exhibit "A" and adopt Resolution No. 2006-376 at the conclusion of the public hearing, amending Ordinance Nos. 722 and 724.

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 \$21,473 annually. No budget adjustment is requested at this time.

RESOLUTION NO. 2006-376

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

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, 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, 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.

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	\$351.00/Month	\$351.00/Month	No Change
Special Services	\$64.00/Hour	\$64.00/Hour	No Change
Warehouse Services	\$46.00/Hour	\$46.00/Hour	No Change
Investigative Services	\$112.00/Hour	\$112.00/Hour	No Change
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	\$56.00/Hour	\$56.00/Hour	No Change
LPS Facility Designation Fee	\$1,635.00/Facility	\$1,635.00/Facility	No Change

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)	\$124.00/Contact	\$124.00/Contact	No Change
Individual Counseling - Perinatal	\$137.00/Contact	\$137.00/Contact	No Change
Individual Counseling - NTP	\$31.00/10 minutes	\$31.00/10 minutes	No Change
Group Counseling – ODF	\$44.00/Contact	\$44.00/Contact	No Change
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	\$88.00/Contact	\$88.00/Contact	No Change
Second Offender – DDP	\$154.00/Contact	\$154.00/Contact	No Change
Monitoring Fee – PC 1000/DDP	\$371.00/Review	\$5.00/Contact	Methodology Change
Restructuring/Reinstatement - DDP	\$140.00/Contact	\$140.00/Contact	No Change
First Offender Screening Fee – DDP AB 1916	\$143.00/Contact	\$143.00/Contact	No Change
Wet Reckless Screening Fee SB1176 - DDP	\$138.00/Contact	\$138.00/Contact	No Change
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	\$188.00/Hour	\$188.00/Hour	No Change
Crisis Stabilization – ETS (Professional Component-Physicians)	\$43.00/Hour	\$43.00/Hour	No Change
Assessment, Individual	\$2.47/Minute	\$2.47/Minute	No Change
Assessment, Group	\$2.47/Minute	\$2.47/Minute	No Change
Psychological Testing	\$2.47/Minute	\$2.47/Minute	No Change
Clinical Evaluation	\$2.47/Minute	\$2.47/Minute	No Change
Rehabilitative Services	\$2.47/Minute	\$2.47/Minute	No Change
Psychological Consultation	\$2.47/Minute	\$2.47/Minute	No Change
Crisis Intervention	\$2.47/Minute	\$2.47/Minute	No Change
Collateral Services	\$2.47/Minute	\$2.47/Minute	No Change
Non-Family Collateral Services	\$2.47/Minute	\$2.47/Minute	No Change
Individual Therapy	\$2.47/Minute	\$2.47/Minute	No Change
Medications, Therapeutic	\$6.00/Minute	\$6.00/Minute	No Change
Medications, M.D.	\$6.00/Minute	\$6.00/Minute	No Change
Group Therapy	\$2.47/Minute	\$2.47/Minute	No Change
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