

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

447



**SUBMITTAL DATE:**  
August 20, 2008

**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. 2008 - 269 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. 2008 - 269 amending Ordinance Nos. 722 and 724.

**BACKGROUND:** 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 June 19, 2007, Agenda Item #3.17. 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.

Continued on page 2

JW:AA

*Jerry Wengerd*  
\_\_\_\_\_  
Jerry Wengerd, Director  
Department of Mental Health

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	N/A	In Current Year Budget:
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:
	Annual Net County Cost:	\$ 0	For Fiscal Year: 2008/2009

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

**C.E.O. RECOMMENDATION:** APPROVE

BY: *Debra Cournoyer*  
Debra Cournoyer

**County Executive Office Signature**

- Policy
- Policy
- Consent
- Consent

FISCAL PROCEDURES APPROVED  
ROBERT E. BYRD, AUDITOR-CONTROLLER  
BY: *[Signature]* 8/20/08  
MICHAEL G. ALEXANDER

FORM APPROVED COUNTY COUNSEL  
BY: *[Signature]*  
LARISA R-MCKENNA  
DATE: 8/20/08  
Department of Mental Health

Dept's Reccom.:  
Per Exec. Ofc.:

Prev. Agn. Ref.: 6/19/07 3.17      District: All      Agenda Number: **3.109**

**SUBJECT:** Amended Rates for the Department of Mental Health

**BACKGROUND: (Continued)**

The proposed rates are based on FY 06/07 actual cost data and projected cost increases for the upcoming fiscal year and will ensure maximum reimbursement for the costs of services provided.

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 adopt Resolution No. 2008 - 269 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 \$84,808 annually. No budget adjustment is requested at this time.

RESOLUTION NO. 2008-269

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 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 \_\_\_\_\_, 2008, 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 schedule identified as Exhibit "B" are amended by this resolution.

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

<b>Description</b>	<b>Current Rates</b>	<b>Proposed Rates</b>	<b>Increase/(Decrease)</b>
Conservatorship Administration Services	\$389.00/Month	\$413.00/Month	\$24.00
Special Services	\$64.00/Hour	\$64.00/Hour	No Change
Warehouse Services	\$49.00/Hour	\$49.00/Hour	No Change
Investigative Services	\$124.00/Hour	\$179.00/Hour	\$55.00
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
Interest Fee on Estate Advances	N/A	Riverside County Treasurer Pooled Interest Rate	N/A

**EXHIBIT A**

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

<b>Description</b>	<b>Current Rates</b>	<b>Proposed Rates</b>	<b>Increase/(Decrease)</b>
Patients' Rights Hearing Representation Fees	\$56.00/Hour	\$56.00/Hour	No Change
LPS Facility Designation Fee	\$1,744.00/Facility	\$1,918.00/Facility	\$174.00

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

<b>Description</b>	<b>Current Rates</b>	<b>Proposed Rates</b>	<b>Increase/(Decrease)</b>
Day Care Habilitative (DCH)	\$105.00/Day	\$105.00/Day	No Change
Individual Counseling - ODF (Planning, Intervention)	\$168.00/Contact	\$168.00/Contact	No Change
Individual Counseling - Perinatal	\$152.00/Contact	\$166.00/Contact	\$14.00
Group Counseling – ODF	\$53.00/Contact	\$53.00/Contact	No Change
Group Counseling – Perinatal	\$61.00/Contact	\$67.00/Contact	\$6.00
First Offender – DDP	\$88.00/Contact	\$93.00/Contact	\$5.00
Second Offender – DDP	\$154.00/Contact	\$163.00/Contact	\$9.00
Monitoring Fee – PC 1000/DDP	\$5.00/Contact	\$5.00/Contact	No Change
Restructuring/Reinstatement - DDP	\$140.00/Contact	\$148.00/Contact	\$8.00
First Offender Screening Fee – DDP AB 1916	\$143.00/Contact	\$152.00/Contact	\$9.00
Wet Reckless Screening Fee SB1176 - DDP	\$138.00/Contact	\$146.00/Contact	\$8.00
Assessment Fee AB1916 - DDP	\$100.00/Contact	\$100.00/Contact	No Change
Case Management	\$116.00/Hour	\$116.00/Hour	No Change

**EXHIBIT A**

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

<b>Description</b>	<b>Current Rates</b>	<b>Proposed Rates</b>	<b>Increase/(Decrease)</b>
Local Hospital (Professional Component-Physicians)	\$126.00/Day	\$173.00/Day	\$47.00
Socialization Services	\$32.00/Day	\$35.00/Day	\$3.00
Day Care Intensive – Full Day	\$170.00/Day	\$187.00/Day	\$17.00
Day Care Intensive – Half Day	\$158.00/Day	\$174.00/Day	\$16.00
Day Care Rehabilitative -Full Day	\$106.00/Day	\$117.00/Day	\$11.00
Crisis Stabilization – Urgent Care	\$234.00/Hour	\$258.00/Hour	\$24.00
Crisis Stabilization – (Professional Component-Physicians)	\$43.00/Hour	\$43.00/Hour	No Change
Assessment, Individual	\$2.59/Minute	\$2.59/Minute	No Change
Assessment, Group	\$2.59/Minute	\$2.59/Minute	No Change
Psychological Testing	\$2.59/Minute	\$2.59/Minute	No Change
Clinical Evaluation	\$2.59/Minute	\$2.59/Minute	No Change
Rehabilitative Services	\$2.59/Minute	\$2.59/Minute	No Change
Psychological Consultation	\$2.59/Minute	\$2.59/Minute	No Change
Crisis Intervention	\$2.59/Minute	\$3.94/Minute	\$1.35
Collateral Services	\$2.59/Minute	\$2.59/Minute	No Change
Non-Family Collateral Services	\$2.59/Minute	\$2.59/Minute	No Change
Individual Therapy	\$2.59/Minute	\$2.59/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	\$2.59/Minute	\$2.59/Minute	No Change
Case Management/Brokerage	\$2.52/Minute	\$2.62/Minute	\$0.10
MAB Training	\$80.00/Session	\$88.00/Session	\$8.00

**Exhibit B**

**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	1,706	1,535	1,382	1,244	1,119	1,007	907	816	734	661