

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

447



**FROM:** Department of Mental Health

**SUBMITTAL DATE:**  
August 20, 2008

**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

**MINUTES OF THE BOARD OF SUPERVISORS**

On motion of Supervisor Stone, seconded by Supervisor Ashley and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended and set for public hearing on Tuesday, September 30, 2008 at 9:30 a. m.

Ayes: Buster, Tavaglione, Stone, Wilson, and Ashley  
Nays: None  
Absent: None  
Date: September 2, 2008  
xc: Mental Health, COB(2)

Nancy Romero  
Clerk of the Board  
By: *[Signature]*  
Deputy

|                               |               |                     |
|-------------------------------|---------------|---------------------|
| Prev. Agn. Ref.: 6/19/07 3.17 | District: All | Agenda Number: 9.11 |
|-------------------------------|---------------|---------------------|

FISCAL PROCEDURES APPROVED BY: ROBERT E. BYRD, AUDITOR-CONTROLLER  
 BY: *[Signature]* 8/26/08  
 MICHAEL G. ALEXANDER  
 DEPUTY DEPARTMENTAL COUNSEL  
 FORM APPROVED COUNTY COUNSEL BY: *[Signature]*  
 LARISA R-MCKENNA  
 DEPUTY COUNTY COUNSEL  
 Dep't Recomm.:  Consent  Policy  
 Per Exec. Ofc.:  Consent  Policy

**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 September 30, 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<br>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<br>AB 1916        | \$143.00/Contact     | \$152.00/Contact      | \$9.00                     |
| Wet Reckless Screening Fee SB1176 -<br>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 |