

MINUTES OF THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA



9.17

9:30 p.m. being the time set for public hearing on the recommendation from Mental Health regarding a Public Hearing on Adoption of Resolution 2011-093, amending the Fiscal Year 2011/2012 Department Fee Schedule identified as Exhibit "A" for Ordinance No. 722 and Ordinance No. 724, the Chairman called the matter for hearing.

The chairman closed the public hearing.

On motion of Supervisor Buster, seconded by Supervisor Ashley and duly carried, IT WAS ORDERED that the above matter is approved as recommended.

Roll Call:

Ayes: Buster, Tavaglione, Benoit and Ashley  
Nays: None  
Absent: Stone

I hereby certify that the foregoing is a full true, and correct copy of an order made and entered on September 13, 2011 of Supervisors Minutes.

WITNESS my hand and the seal of the Board of Supervisors  
Dated: September 13, 2011  
Kecia Harper-Ihem, Clerk of the Board of Supervisors, in  
and for the County of Riverside, State of California.

(seal)

By: Kecia Harper-Ihem Deputy

AGENDA NO.  
9.17

xc: Mental Health

2  
3 RESOLUTION NO. 2011-093

4 AMENDING THE DEPARTMENT OF MENTAL HEALTH FEE SCHEDULES

5 IDENTIFIED AS EXHIBIT "A" TO ORDINANCE NOS. 722 AND 724

6  
7 WHEREAS, on July 14, 1992, the Board of Supervisors adopted Ordinance No. 722, an  
8 ordinance of the County of Riverside establishing a fee schedule for the Department of Mental Health for  
9 services of the Public Guardian, Alcohol Program and Drug Program; and,

10 WHEREAS, on September 1, 1992, the Board of Supervisors adopted Ordinance No. 724,  
11 an ordinance of the County of Riverside establishing a fee schedule for the Department of Mental Health  
12 for Clinical and Emergency Treatment services; and,

13 WHEREAS, Section 2. of said ordinances provides that the fee schedules may be amended  
14 by resolution; and,

15 WHEREAS, the Department of Mental Health now finds it necessary and appropriate to  
16 amend the fee schedules; now, therefore,

17 BE IT RESOLVED, FOUND, DETERMINED AND ORDERED by the Board of  
18 Supervisors of the County of Riverside, in regular session assembled on August 16, 2011, that Exhibits  
19 "A" and "B" to Ordinance No. 722 are repealed, replaced and superseded by the Exhibit "A" described in  
20 Attachment 1 to this resolution.

21 BE IT FURTHER RESOLVED by the Board that Exhibits "A" and "B" to Ordinance No.  
22 724 are repealed, replaced and superseded by the Exhibit "A" described in Attachment 2 to this  
23 resolution.

24 ROLL CALL:

25 Ayes: Buster, Tavaglione, Benoit, and Ashley

26 Nays: None

27 Absent: Stone

28 The foregoing is certified to be a true copy of a  
resolution duly adopted by said Board of Super-  
visors on the date therein set forth.

By \_\_\_\_\_ Deputy

09.13.11

9.17

FORM APPROVED COUNTY COUNSEL

BY: *MARSHALL VICTOR*

DATE: 8/14/11

# **ATTACHMENT 1**

**EXHIBIT A  
ORDINANCE NO. 722  
FEE SCHEDULE**

Riverside County Department of Mental Health Public Guardian Fiscal Year 2011/2012	
Description	Fees
Conservatorship Administration Services	\$413.00/Month
Special Services	\$71.00/Hour
Warehouse Services	\$57.00/Hour
Investigative Services	\$211.00/Hour
Representative Payee Program	\$22.00/Month
Bond Fee	\$25.00 plus ¼ of 1% of estates greater than \$10,000
Interest Fee on Estate Advances	Riverside County Treasurer Pooled Interest Rate

Riverside County Department of Mental Health Substance Abuse Fiscal Year 2011/2012	
Description	Fees
Day Care Rehabilitative (DCR)	\$105.00/Day
Individual Counseling – ODF (Planning, Intervention)	\$185.00/Contact
Individual Counseling – Perinatal	\$184.00/Contact
Group Counseling – ODF	\$58.00/Contact
Group Counseling – Perinatal	\$74.00/Contact
First Offender – DDP	\$93.00/Contact
Second Offender – DDP	\$163.00/Contact
Monitoring Fee – PC 1000/DDP	\$5.00/Contact
Restructuring/Reinstatement – DDP	\$148.00/Contact
First Offender Screening Fee – DDP AB 1916 (6 Month / 9 Month Program)	\$152.00/Contact
Wet Reckless Screening Fee SB1176 – DDP	\$146.00/Contact
Educational Services – PC1210	N/A
Assessment Fee AB1916 – DDP	\$100.00/Contact
DMC Contract Administrative Fee	N/A
Case Management	\$116.00/Hour

**EXHIBIT A  
ORDINANCE 724  
FEE SCHEDULE**

Riverside County Department of Mental Health Outpatient Drug Free Program Sliding Scale Fee Schedule Substance Abuse Program Fiscal Year 2011/2012										
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	1,821	1,639	1,475	1,328	1,195	1,075	968	871	784	705

## **ATTACHMENT 2**

**EXHIBIT A  
ORDINANCE NO. 724  
FEE SCHEDULE**

Riverside County Department of Mental Health Mental Health Administration Fiscal Year 2011/2012	
Description	Fees
Patients' Rights Hearing Representation Fees	\$56.00/Hour
LPS Facility Designation Fee	\$1,955.00/Facility

Riverside County Department of Mental Health Mental Health Treatment Fiscal Year 2011/2012	
Description	Fees
Local Hospital (Professional Component-Physicians)	\$182.00/Day
Day Care Intensive – Full Day	\$210.00/Day
Day Care Intensive – Half Day	\$174.00/Day
Day Care Rehabilitative -Full Day	\$131.00/Day
Crisis Stabilization – Urgent Care	\$258.00/Hour
Crisis Stabilization – (Professional Component-Physicians)	\$43.00/Hour
Assessment, Individual	\$2.59/Minute
Assessment, Group	\$2.59/Minute
Psychological Testing	\$2.59/Minute
Clinical Evaluation	\$2.59/Minute
Rehabilitative Services	\$2.59/Minute
Psychological Consultation	\$2.59/Minute
Crisis Intervention	\$3.94/Minute
Collateral Services	\$2.59/Minute
Non-Family Collateral Services	\$2.59/Minute
Individual Therapy	\$2.59/Minute
Medications, Therapeutic	\$6.00/Minute
Medications, M.D.	\$6.00/Minute
Group Therapy	\$2.59/Minute
Case Management/Brokerage	\$2.62/Minute

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

674



**FROM:** Department of Mental Health

**SUBMITTAL DATE:**  
August 4, 2011

**SUBJECT:** Fiscal Year 2011/2012 Fee Schedules for Department of Mental Health Services

**RECOMMENDED MOTION:** That the Board of Supervisors:

1. Introduce and set for public hearing, Resolution No. 2011-093 amending the Department of Mental Health fee schedules identified as Exhibit "A" to Ordinance Nos. 722 and 724;
2. Upon the close of the public hearing, adopt Resolution No. 2011-093.

**BACKGROUND:** In accordance with the Board of Supervisors' Policy B-4, County Departments shall evaluate existing charges for services on an annual basis, and make recommendations for changes. On July 26, 2011, pursuant to Agenda Item No. 3.53, the Board of Supervisors authorized and directed the Riverside County Department of Mental Health (RCDMH) to prepare and process an amendment to the fee schedules identified as Exhibit "A" to Ordinances Nos. 722 and 724. The RCDMH fee schedules were last updated on September 29, 2009, pursuant to Agenda Item No. 3.62. The RCDMH has reviewed the impact of the cost of providing services relative to the fee schedules, and is proposing a number of fee changes.

(Continued on page 2)

*Jerry Wengert*  
 \_\_\_\_\_  
 Jerry Wengert, Director of Mental Health  
 Maria T. Mabey, Assistant Director of Mental Health

JW:AA

<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: 2011/2012

<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**

**MINUTES OF THE BOARD OF SUPERVISORS**

On motion of Supervisor Buster, seconded by Supervisor Stone and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended, and is set for public hearing on Tuesday, September 13, 2011, at 9:30 a.m.

Ayes: Buster, Tavaglione, Stone, Benoit and Ashley  
 Nays: None  
 Absent: None  
 Date: August 16, 2011  
 xc: Mental Health, Auditor, COB

Kecia Harper-Ihem  
 Clerk of the Board  
 By: *[Signature]*  
 Deputy

**Prev. Agn. Ref.:** 9/29/09 3.62  
 7/26/11 3.53  
**District:** All  
**Agenda Number:**

**3.63**

FISCAL PROCEDURES APPROVED  
 BY: *[Signature]*  
 PAUL ANGULO, CPA, AUDITOR-CONTROLLER  
 COUNTY OF RIVERSIDE

FORM APPROVED COUNTY COUNSEL  
 BY: *[Signature]*  
 MARSHAL L. VICTOR  
 DATE: 8/4/11

Dept't Recomm.:  
 Per Exec. Ofc.:  
 Consent  
 Policy

Departmental Concurrence



**SUBJECT:** Fiscal Year 2011/2012 Fee Schedules for the Department of Mental Health Services

**BACKGROUND: (Continued)**

The proposed FY 11/12 fees are based on the RCDMH's FY 09/10 actual cost data and projected cost increases for the upcoming fiscal year. These fees will ensure maximum reimbursement for the costs of services provided. Comparison tables are attached to show the extent of the fee changes.

The proposed FY 11/12 fees will not prohibit any citizen of Riverside County from receiving services rendered by the RCDMH because the department is mandated to utilize a sliding scale to determine a patient's ability to pay. The sliding scales established by the State and County ensure that the assessment of a fee to a patient corresponds with his or her ability to pay, and eliminates unnecessary collection efforts for patients who are unable to pay the established fee for services received. The sliding scales take into consideration family income and number of dependents in determining a client's ability to pay.

Therefore, the RCDMH is requesting that the Board of Supervisors set a public hearing to consider Resolution No. 2011-093, amending the fee schedules identified as Exhibit "A" to Ordinance Nos. 722 and 724; and adopt Resolution No. 2011-093 upon the close of the public hearing.

**FINANCIAL DATA:**

The methodology in the fee schedules was approved by the County Auditor-Controller. When approved by the Board of Supervisors, the fee schedule changes will result in additional revenue to the RCDMH of approximately \$31,322 annually. No budget adjustment is requested at this time, and no additional county costs are required.

**ATTACHMENT TO FORM 11  
Comparison Tables**

**Proposed Rate Changes to Exhibit A of  
Ordinance No. 722  
Riverside County Department of Mental Health  
Public Guardian  
Fiscal Year 2011/2012**

<b>Description</b>	<b>Current Rates</b>	<b>Proposed Rates</b>	<b>Increase/(Decrease)</b>
Conservatorship Administration Services	\$413.00/Month	\$413.00/Month	No Change
Special Services	\$68.00/Hour	\$71.00/Hour	\$3.00
Warehouse Services	\$54.00/Hour	\$57.00/Hour	\$3.00
Investigative Services	\$201.00/Hour	\$211.00/Hour	\$10.00
Representative Payee Program	\$20.00/Month	\$22.00/Month	\$2.00
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	Riverside County Treasurer Pooled Interest Rate	Riverside County Treasurer Pooled Interest Rate	N/A

**Proposed Rate Changes to Exhibit A of  
Ordinance No. 722  
Riverside County Department of Mental Health  
Substance Abuse  
Fiscal Year 2011/2012**

<b>Description</b>	<b>Current Rates</b>	<b>Proposed Rates</b>	<b>Increase/(Decrease)</b>
Day Care Rehabilitative (DCR)	\$105.00/Day	\$105.00/Day	No Change
Individual Counseling – ODF (Planning, Intervention)	\$185.00/Contact	\$185.00/Contact	No Change
Individual Counseling – Perinatal	\$184.00/Contact	\$193.00/Contact	\$9.00
Group Counseling – ODF	\$58.00/Contact	\$58.00/Contact	No Change
Group Counseling – Perinatal	\$74.00/Contact	\$78.00/Contact	\$4.00
First Offender – DDP	\$93.00/Contact	\$93.00/Contact	No Change
Second Offender – DDP	\$163.00/Contact	\$163.00/Contact	No Change
Monitoring Fee – PC 1000/DDP	\$5.00/Contact	\$5.00/Contact	No Change
Restructuring/Reinstatement – DDP	\$148.00/Contact	\$148.00/Contact	No Change
First Offender Screening Fee – DDP AB 1916 (6 Month / 9 Month Program)	\$152.00/Contact	\$152.00/Contact	No Change
Wet Reckless Screening Fee SB1176 – DDP	\$146.00/Contact	\$146.00/Contact	No Change
Educational Services – PC1210	N/A	\$5.00/Weekly	New Fee
Assessment Fee AB1916 – DDP	\$100.00/Contact	\$100.00/Contact	No Change
DMC Contract Administrative Fee	N/A	8.2% of the DMC Rate	New Fee
Case Management	\$116.00/Hour	\$122.00/Hour	\$6.00

Proposed Rate Changes to Exhibit A of  
Ordinance No. 722  
Riverside County Department of Mental Health  
Outpatient Drug Free Program Sliding Scale Fee Schedule  
Substance Abuse Program  
Fiscal Year 2011/2012

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
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\$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
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\$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	1,821	1,639	1,475	1,328	1,195	1,075	968	871	784	705

Proposed Rate Changes to Exhibit A of  
Ordinance No. 724  
Riverside County Department of Mental Health  
Mental Health Administration  
Fiscal Year 2011/2012

Description	Current Rates	Proposed Rates	Increase/(Decrease)
Patients' Rights Hearing Representation Fees	\$56.00/Hour	\$56.00/Hour	No Change
LPS Facility Designation Fee	\$1,955.00/Facility	\$1,955.00/Facility	No Change

**Proposed Rate Changes to Exhibit A of  
 Ordinance No. 724  
 Riverside County Department of Mental Health  
 Mental Health Treatment  
 Fiscal Year 2011/2012**

<b>Description</b>	<b>Current Rates</b>	<b>Proposed Rates</b>	<b>Increase/(Decrease)</b>
Local Hospital (Professional Component-Physicians)	\$182.00/Day	\$182.00/Day	No Change
Day Care Intensive – Full Day	\$210.00/Day	\$210.00/Day	No Change
Day Care Intensive – Half Day	\$174.00/Day	\$174.00/Day	No Change
Day Care Rehabilitative -Full Day	\$131.00/Day	\$131.00/Day	No Change
Crisis Stabilization – Urgent Care	\$258.00/Hour	\$258.00/Hour	No Change
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	\$3.94/Minute	\$3.94/Minute	No Change
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	\$2.62/Minute	\$2.62/Minute	No Change



OFFICE OF  
CLERK OF THE BOARD OF SUPERVISORS  
1st FLOOR, COUNTY ADMINISTRATIVE CENTER  
P.O. BOX 1147, 4080 LEMON STREET  
RIVERSIDE, CA 92502-1147  
PHONE: (951) 955-1060  
FAX: (951) 955-1071

KECIA HARPER-IHEM  
Clerk of the Board of Supervisors

KIMBERLY A. RECTOR  
Assistant Clerk of the Board

August 31, 2011

PRESS ENTERPRISE  
ATTN: LEGALS  
P.O. BOX 792  
RIVERSIDE, CA 92501

FAX (951) 368-9018  
E-MAIL: [legals@pe.com](mailto:legals@pe.com)

**RE: NOTICE OF PUBLIC HEARING: RES. 2011-093 FEE SCHEDULES**

To Whom It May Concern:

Attached is a copy for publication in your newspaper for **TWO (2) TIMES** on **Fridays: September 2 and September 9, 2011.**

We require your affidavit of publication immediately upon completion of the last publication.

Your invoice must be submitted to this office in duplicate, WITH TWO CLIPPINGS OF THE PUBLICATION.

NOTE: PLEASE COMPOSE THIS PUBLICATION INTO A SINGLE COLUMN FORMAT.

Thank you in advance for your assistance and expertise.

Sincerely,

*Mcgil*

Cecilia Gil, Board Assistant to  
KECIA HARPER-IHEM, CLERK OF THE BOARD

**Gil, Cecilia**

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**From:** PE Legals <legals@pe.com>  
**Sent:** Wednesday, August 31, 2011 8:58 AM  
**To:** Gil, Cecilia  
**Subject:** RE: FOR PUBLICATION: Res. 2011-093 Fee Schedules

Received for publication on Sept. 2 and 9. Do you have any of the attachments in MS Word?

Please Note: The Press-Enterprise offices will be closed on Monday, Sept. 5th in observance of Labor day. Below are our Labor Day Holiday Deadlines.

Publication Date(s)	Deadline to Press-Enterprise Legals
Sept. 1	Aug. 30 at 10:30 AM
Sept. 2 & Sept. 3	Aug. 31 at 10:30 AM
Sept. 4 thru Sept. 6	Sept. 1 at 10:30 AM
Sept. 7	Sept. 2 at 10:30 AM

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**From:** Gil, Cecilia [<mailto:CCGIL@rcbos.org>]  
**Sent:** Wednesday, August 31, 2011 8:41 AM  
**To:** PE Legals  
**Subject:** FOR PUBLICATION: Res. 2011-093 Fee Schedules

Notice of Public Hearing for publication on 2 Fridays: September 2 and 9, 2011. Please confirm. THANK YOU!

*Cecilia Gil*

Board Assistant to the  
Clerk of the Board of Supervisors  
951-955-8464

**THE COUNTY ADMINISTRATIVE CENTER IS CLOSED EVERY FRIDAY UNTIL FURTHER NOTICE.  
PLEASE CONSIDER THE ENVIRONMENT BEFORE PRINTING.**



**NOTICE OF PUBLIC HEARING BEFORE THE BOARD OF SUPERVISORS OF THE COUNTY OF RIVERSIDE**

NOTICE IS HEREBY GIVEN that a public hearing at which all interested persons will be heard, will be held before the Board of Supervisors of Riverside County, California, on the 1<sup>st</sup> Floor, County Administrative Center, Board of Supervisors Chambers, 4080 Lemon Street, Riverside, on **Tuesday, September 13, 2011 at 9:30 a.m.** to consider adoption of the following:

**RESOLUTION NO. 2011-093**

**AMENDING THE DEPARTMENT OF MENTAL HEALTH FEE SCHEDULES  
IDENTIFIED AS EXHIBIT "A" TO ORDINANCE NOS. 722 AND 724**

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

WHEREAS, on September 1, 1992, the Board of Supervisors 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, Section 2. of said ordinances provides that the fee schedules may be amended by resolution; and,

WHEREAS, the Department of Mental Health now finds it necessary and appropriate to amend the fee schedules; now, therefore,

BE IT RESOLVED, FOUND, DETERMINED AND ORDERED by the Board of Supervisors of the County of Riverside, in regular session assembled on August 16, 2011, that Exhibits "A" and "B" to Ordinance No. 722 are repealed, replaced and superseded by the Exhibit "A" described in Attachment 1 to this resolution.

BE IT FURTHER RESOLVED by the Board that Exhibits "A" and "B" to Ordinance No. 724 are repealed, replaced and superseded by the Exhibit "A" described in Attachment 2 to this resolution.

**(INSERT ATTACHMENTS 1 AND 2)**

Any person affected by the above matter(s) may submit written comments to the Clerk of the Board before the public hearing or may appear and be heard in support of or opposition to the project at the time of the hearing. If you challenge the above item(s) in court, you may be limited to raising only those issues you or someone else raised at the public hearing described in this notice, or in written correspondence, to the Board of Supervisors at, or prior to, the public hearing.

Please send all written correspondence to: Clerk of the Board, 4080 Lemon Street, 1st Floor, Post Office Box 1147, Riverside, CA 92502-1147

Dated: August 31, 2011

Kecia Harper-Ihem, Clerk of the Board  
By: Cecilia Gil, Board Assistant

# ATTACHMENT 1

## EXHIBIT A ORDINANCE NO. 722 FEE SCHEDULE

Riverside County Department of Mental Health Public Guardian Fiscal Year 2011/2012	
Description	Fees
Conservatorship Administration Services	\$413.00/Month
Special Services	\$71.00/Hour
Warehouse Services	\$57.00/Hour
Investigative Services	\$211.00/Hour
Representative Payee Program	\$22.00/Month
Bond Fee	\$25.00 plus ¼ of 1% of estates greater than \$10,000
Interest Fee on Estate Advances	Riverside County Treasurer Pooled Interest Rate

Riverside County Department of Mental Health Substance Abuse Fiscal Year 2011/2012	
Description	Fees
Day Care Rehabilitative (DCR)	\$105.00/Day
Individual Counseling – ODF (Planning, Intervention)	\$185.00/Contact
Individual Counseling – Perinatal	\$184.00/Contact
Group Counseling – ODF	\$58.00/Contact
Group Counseling – Perinatal	\$74.00/Contact
First Offender – DDP	\$93.00/Contact
Second Offender – DDP	\$163.00/Contact
Monitoring Fee – PC 1000/DDP	\$5.00/Contact
Restructuring/Reinstatement – DDP	\$148.00/Contact
First Offender Screening Fee – DDP AB 1916 (6 Month / 9 Month Program)	\$152.00/Contact
Wet Reckless Screening Fee SB1176 – DDP	\$146.00/Contact
Educational Services – PC1210	N/A
Assessment Fee AB1916 – DDP	\$100.00/Contact
DMC Contract Administrative Fee	N/A
Case Management	\$116.00/Hour

**EXHIBIT A  
ORDINANCE 724  
FEE SCHEDULE**

Riverside County Department of Mental Health Outpatient Drug-Free Program - Sliding Scale Fee Schedule Substance Abuse Program Fiscal Year 2011/2012										
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	1,821	1,639	1,475	1,328	1,195	1,075	968	871	784	705

9/13/2011 9.17

# ATTACHMENT 2

## EXHIBIT A ORDINANCE NO. 724 FEE SCHEDULE

Riverside County Department of Mental Health Mental Health Administration Fiscal Year 2011/2012	
Description	Fees
Patients' Rights Hearing Representation Fees	\$56.00/Hour
LPS Facility Designation Fee	\$1,955.00/Facility

Riverside County Department of Mental Health Mental Health Treatment Fiscal Year 2011/2012	
Description	Fees
Local Hospital (Professional Component-Physicians)	\$182.00/Day
Day Care Intensive – Full Day	\$210.00/Day
Day Care Intensive – Half Day	\$174.00/Day
Day Care Rehabilitative -Full Day	\$131.00/Day
Crisis Stabilization – Urgent Care	\$258.00/Hour
Crisis Stabilization – (Professional Component-Physicians)	\$43.00/Hour
Assessment, Individual	\$2.59/Minute
Assessment, Group	\$2.59/Minute
Psychological Testing	\$2.59/Minute
Clinical Evaluation	\$2.59/Minute
Rehabilitative Services	\$2.59/Minute
Psychological Consultation	\$2.59/Minute
Crisis Intervention	\$3.94/Minute
Collateral Services	\$2.59/Minute
Non-Family Collateral Services	\$2.59/Minute
Individual Therapy	\$2.59/Minute
Medications, Therapeutic	\$6.00/Minute
Medications, M.D.	\$6.00/Minute
Group Therapy	\$2.59/Minute
Case Management/Brokerage	\$2.62/Minute



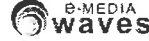
THE PRESS-ENTERPRISE [www.com](http://www.pe.com)



WEEKLY



HS HOME SERVICE



10	11	12	13	15	16	17	18	19	20
DATE	REFERENCE NUMBER	DESCRIPTION - OTHER COMMENTS/CHARGES	PRODUCT/ZONE	SIZE	BILLED UNITS	TIMES RUN	RATE	GROSS AMOUNT	NET AMOUNT
09/02/2011	I00609177-09022011	PO# PH Res 2011-093, NOTICE OF PUE	Press-Enterprise	4 x 182 LI	728	1	1.30	946.40	946.40
09/09/2011	I00609177-09022011	PO# PH Res 2011-093, NOTICE OF PUE	Press-Enterprise	4 x 182 LI	728	1	1.20	873.60	873.60

Order Placed by: Cecilia Gil

RECEIVED RIVERSIDE COUNTY  
 CLERK / BOARD OF SUPERVISORS  
 2011 SEP 26 PM 2: 26

DMH  
3.63 of 08/16/11

### Legal Advertising Invoice

<b>BALANCE</b>
\$1,820.00

SALES CONTACT INFORMATION		ADVERTISER INFORMATION			
1	25	6	7	2	
BILLING PERIOD	BILLED ACCOUNT NUMBER	ADVERTISER/CLIENT NUMBER	ADVERTISER/CLIENT NAME		
Maria Tinajero 951-368-9225	09/09/2011 - 09/09/2011	100141323	100141323	BOARD OF SUPERVISORS	

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR REMITTANCE

2					ADVERTISER/CLIENT NAME				
					BOARD OF SUPERVISORS				
1		6		7		2			
BILLING PERIOD		BILLED ACCOUNT NUMBER		ADVERTISER/CLIENT NUMBER		ADVERTISER/CLIENT NAME			
09/09/2011 - 09/09/2011		100141323		100141323		BOARD OF SUPERVISORS			
23		24		3					
<b>BALANCE</b>		INVOICE NUMBER		TERMS OF PAYMENT					
\$1,820.00		I00609177-09022011		DUE UPON RECEIPT					



Legal Advertising Invoice

8 BILLING ACCOUNT NAME AND ADDRESS

9 REMITTANCE ADDRESS

BOARD OF SUPERVISORS  
P.O. BOX 1147  
COUNTY OF RIVERSIDE  
RIVERSIDE, CA 92502

Enterprise Media  
POST OFFICE BOX 12009  
RIVERSIDE, CA 92502-2209

9/13/2011 9.17

# THE PRESS-ENTERPRISE

Ad Copy:

3450 Fourteenth Street  
Riverside, CA 92501-3878  
951-684-1200  
951-368-9018 FAX

## PROOF OF PUBLICATION (2010, 2015.5 C.C.P)

Publication(s): Press-Enterprise

PROOF OF PUBLICATION OF

Ad Desc.: / PH Res 2011-093

I am a citizen of the United States. I am over the age of eighteen years and not a party to or interested in the above entitled matter. I am an authorized representative of THE PRESS-ENTERPRISE, a newspaper in general circulation, printed and published daily in the County of Riverside, and which newspaper has been adjudicated a newspaper of general circulation by the Superior Court of the County of Riverside, State of California, under date of April 25, 1952, Case Number 54446, under date of March 29, 1957, Case Number 65673, and under date of August 25, 1995, Case Number 267864; that the notice, of which the annexed is a printed copy, has been published in said newspaper in accordance with the instructions of the person(s) requesting publication, and not in any supplement thereof on the following dates, to wit:

**09/02, 09/09/2011**

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Date: September 09, 2011  
At: Riverside, California

Natalie Nea

BOARD OF SUPERVISORS  
P.O. BOX 1147  
COUNTY OF RIVERSIDE  
RIVERSIDE, CA 92502

Ad Number: 0000609177-01

P.O. Number: PH Res 2011-093

**NOTICE OF PUBLIC HEARING BEFORE THE BOARD OF SUPERVISORS OF THE COUNTY OF RIVERSIDE**

NOTICE IS HEREBY GIVEN that a public hearing at which all interested persons will be heard, will be held before the Board of Supervisors of Riverside County, California, on the 1st Floor, County Administrative Center, Board of Supervisors Chambers, 4080 Lemon Street, Riverside, on Tuesday, September 13, 2011 at 9:30 a.m. to consider adoption of the following:

**RESOLUTION NO. 2011-093**

**AMENDING THE DEPARTMENT OF MENTAL HEALTH FEE SCHEDULES IDENTIFIED AS EXHIBIT "A" TO ORDINANCE NOS. 722 AND 724**

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

WHEREAS, on September 1, 1992, the Board of Supervisors 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, Section 2. of said ordinances provides that the fee schedules may be amended by resolution; and, WHEREAS, the Department of Mental Health now finds it necessary and appropriate to amend the fee schedules; now, therefore,

BE IT RESOLVED, FOUND, DETERMINED AND ORDERED by the Board of Supervisors of the County of Riverside, in regular session assembled on August 16, 2011, that Exhibits "A" and "B" to Ordinance No. 722 are repealed, replaced and superseded by the Exhibit "A" described in Attachment 1 to this resolution.

BE IT FURTHER RESOLVED by the Board that Exhibits "A" and "B" to Ordinance No. 724 are repealed, replaced and superseded by the Exhibit "A" described in Attachment 2 to this resolution.

**ATTACHMENT 1  
EXHIBIT A  
ORDINANCE NO. 722  
FEE SCHEDULE**

**Riverside County Department of Mental Health  
Public Guardian  
Fiscal Year 2011/2012**

Description	Fees
Conservatorship Administration Services	\$413.00/Month
Special Services	\$71.00/Hour
Warehouse Services	\$57.00/Hour
Investigative Services	\$211.00/Hour
Representative Payee Program	\$22.00/Month
Bond Fee	\$25.00 plus 1/4 of 1% of estates greater than \$10,000
Interest Fee on Estate Advances	Riverside County Treasurer Pooled Interest Rate

**Riverside County Department of Mental Health  
Substance Abuse  
Fiscal Year 2011/2012**

Description	Fees
Day Care Rehabilitative (DCR)	\$105.00/Day
Individual Counseling - ODF (Planning, Intervention)	\$185.00/Contact
Individual Counseling - Perinatal	\$184.00/Contact
Group Counseling - ODF	\$58.00/Contact
Group Counseling - Perinatal	\$74.00/Contact
First Offender - DDP	\$93.00/Contact
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Monitoring Fee - PC 1000/DDP	\$5.00/Contact
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First Offender Screening Fee - DDP AB 1916 (6 Month/9 Month Program)	\$152.00/Contact
Wet Reckless Screening Fee SB1176 - DDP	\$146.00/Contact
Educational Services - PC1210	N/A
Assessment Fee AB1916 - DDP	\$100.00/Contact
DMC Contract Administrative Fee	N/A
Case Management	\$116.00/Hour

**Riverside County Department of Mental Health  
Outpatient Drug Free Program Sliding Scale Fee Schedule  
Substance Abuse Program  
Fiscal Year 2011/2012**

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
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\$2351-2450	776	698	628	566	509	458	412	371	334	301
\$2451-2550	841	757	681	613	552	497	447	402	362	326
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\$2751-2850	1053	948	853	768	691	622	560	504	453	408
\$2851-2950	1129	1016	914	823	741	667	600	540	486	437
\$2951-above	1821	1639	1475	1328	1195	1075	968	871	784	705

**ATTACHMENT 2  
EXHIBIT A  
ORDINANCE NO. 724  
FEE SCHEDULE**

**Riverside County Department of Mental Health  
Mental Health Administration  
Fiscal Year 2011/2012**

Description	Fees
Patients' Rights Hearing Representation Fees	\$56.00/Hour
LPS Facility Designation Fee	\$1,955.00/Facility

**Riverside County Department of Mental Health  
Mental Health Treatment  
Fiscal Year 2011/2012**

Description	Fees
Local Hospital (Professional Component Physicians)	\$182.00/Day
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Medications, Therapeutic	\$6.00/Minute
Medications, M.D.	\$2.59/Minute
Group Therapy	\$2.62/Minute
Case Management/Brokerage	\$2.62/Minute

**Any person affected by the above matter(s) may submit written comments to the Clerk of the Board before the public hearing or may appear and be heard in support of or opposition to the project at the time of the hearing. If you challenge the above item(s) in court, you may be limited to raising only those issues you or someone else raised at the public hearing described in this notice, or in written correspondence, to the Board of Supervisors at or prior to, the public hearing.**

Please send all written correspondence to: Clerk of the Board, 4080 Lemon Street, 1st Floor, Post Office Box 1147, Riverside, CA 92502-1147

Dated: August 31, 2011

Kecia Harper-Ihem, Clerk of the Board  
By: Cecilia Gil, Board Assistant 9/2, 9