

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

The Board of Supervisors of the County of Riverside, State of California, Ordains as Follows:

Section 1. Fee Schedule. The Board of Supervisors establishes the fee schedule set forth in **Exhibit "A"** of this Ordinance for the Department of Mental Health for services of the Public Guardian, Alcohol Program and Drug Program.

Section 2. Amending Fee Schedule. The fee schedule, identified as **Exhibit "A"** to this ordinance, may be amended by resolution.

Section 3. Effective Date. This Ordinance shall take effect thirty (30) days from the date of its adoption.

Adopted:

722 Item 11.6 of 07/14/1992 (Eff: 08/13/1992)

Amended:

08/20/1996 (By Resol. No. 96-182) (Eff: Immediately)

08/01/2000 (Resol. 2000-217 – Revised Exhibit A, B, and C) (Eff: 08/31/2000)

11/04/2003 (Resol. 2003-391- Revised Exhibit A, B, and C) (Eff: 12/03/2003)

07/25/2006 (Resol. 2006-254 – Revised Exhibit A, B and C) (Eff: Immediately)

09/30/2008 (Resol. 2008-269 – Revised Exhibit A, and B) (Eff: Immediately)

10/27/2009 (Resol. 2009-259) – Revised Exhibit A, and B) (Eff: 11/26/2009)

**FOLLOWING ARE THE NEW FEE SCHEDULES
(EXHIBITS "A" and "B")**

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)	\$168.00/Contact	\$185.00/Contact	\$17.00
Individual Counseling - Perinatal	\$166.00/Contact	\$184.00/Contact	\$18.00
Group Counseling – ODF	\$53.00/Contact	\$58.00/Contact	\$5.00
Group Counseling – Perinatal	\$67.00/Contact	\$74.00/Contact	\$7.00
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	\$152.00/Contact	\$152.00/Contact	No Change
Wet Reckless Screening Fee SB1176 – DDP	\$146.00/Contact	\$146.00/Contact	No Change
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
Public Guardian

Description	Current Rates	Proposed Rates	Increase/(Decrease)
Conservatorship Administration Services	\$413.00/Month	\$413.00/Month	No Change
Special Services	\$64.00/Hour	\$68.00/Hour	\$4.00
Warehouse Services	\$49.00/Hour	\$54.00/Hour	\$5.00
Investigative Services	\$179.00/Hour	\$201.00/Hour	\$22.00
Representative Payee Program	N/A	\$20.00/Month	\$20.00 (New Fee)
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

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	\$1,918.00/Facility	\$1,955.00/Facility	\$37.00

EXHIBIT A

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

Description	Current Rates	Proposed Rates	Increase/(Decrease)
Local Hospital (Professional Component-Physicians)	\$173.00/Day	\$182.00/Day	\$9.00
Socialization Services	\$35.00/Day	\$35.00/Day	No Change
Day Care Intensive – Full Day	\$187.00/Day	\$210.00/Day	\$23.00
Day Care Intensive – Half Day	\$174.00/Day	\$174.00/Day	No Change
Day Care Rehabilitative -Full Day	\$117.00/Day	\$131.00/Day	\$14.00
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
MAB Training	\$88.00/Session	\$99.00/Session	\$11.00

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	1,875	1,688	1,519	1,367	1,230	1,107	996	897	807	726