

**ORDINANCE NO. 724**  
**ORDINANCE OF THE COUNTY OF RIVERSIDE ESTABLISHING A FEE**  
**SCHEDULE FOR THE DEPARTMENT OF MENTAL HEALTH FOR**  
**CLINICAL AND EMERGENCY TREATMENT SERVICES**

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 clinical and emergency treatment services.

**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: 724 Item 11.2 of 09/01/1992 (Eff: 10/01/1992)**

**Amended: 11/29/1994 (Resol. No. 94-359 – Revised Exhibit "A" ONLY)**

**08/20/1996 (Resol. No. 96-182 – Revised Exhibit "A" ONLY)**

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

**11/04/2003 (Resol 2003-391 - Exhibit A, B & C) (Eff: 12/03/2003)**

**Item 9.5 of 07/25/2006 (Resol. 2006-254 – Revised Exhibit A, B & 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**

<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	\$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**

<b>Description</b>	<b>Current Rates</b>	<b>Proposed Rates</b>	<b>Increase/(Decrease)</b>
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