

**AN ORDINANCE AMENDING
SANTA BARBARA COUNTY
PSYCHIATRIC HEALTH FACILITY AND OUTPATIENT MENTAL HEALTH SERVICES
FEES**

ORDINANCE NO.

An Ordinance of the County of Santa Barbara amending the existing Psychiatric Health Facility and Outpatient Mental Health Services Fee Schedule to adjust for increased costs of doing business.

The Board of Supervisors of the County of Santa Barbara ordains as follows:

WHEREAS, Mental Health Services are mandated by California Welfare and Institutions Code §5600 et seq.; and

WHEREAS, the County Board of Supervisors is authorized by California Welfare and Institutions Code §7106 to fix and determine a schedule of fees for the care, treatment, or observation of patients at County psychiatric hospitals; and

WHEREAS, California Welfare and Institutions Code §5710 provides that each County may collect patient fees for the care and treatment of each individual receiving treatment from the County mental health program; and

WHEREAS, the State Department of Health Care Services reimburses the County for Medi-Cal services at the lowest of either actual costs or **Fee Schedule set by the Board of Supervisors** (“Published Charges”); ~~and the County’s current actual costs of providing mental health services are higher than the rates set in the existing fee schedule~~ **Published Charges**; and

WHEREAS, failure to update the **Fee Schedule** will result in reimbursement from Medi-Cal and third party payers that is insufficient to cover the costs of providing services; and

WHEREAS, the fees established by this Ordinance will more fully recover the costs of providing services to individuals receiving Psychiatric Health Facility services and outpatient mental health services at all County Mental Health service locations, including all adult and children’s clinics and crisis facilities; and

WHEREAS, pursuant to Government Code §54986, the County has, in connection with the proposed fees, held a public hearing as part of a regularly scheduled meeting and **provided and published notice of ~~the~~ such** meeting, including a general description of the matter to be considered, in accordance with Government Code §§6062a **and 54986**; and

WHEREAS, the fees may be revised as needed by the Santa Barbara County Board of Supervisors, and if the revision does not occur, the existing fees shall remain in effect.

NOW, THEREFORE, BE IT RESOLVED, DETERMINED AND ORDERED, as follows:

That the fees set forth in the attached Schedule of Fees are hereby amended pursuant to California Welfare and Institutions Code §7106 and §5710. Said fees are to become effective 30 days after the adoption of this amendment to the Ordinance by the Board of Supervisors.

Ordinance ~~5040 4981~~, **adopted May 15, 2018** ~~November 1, 2016~~, is hereby amended on the date that the fees imposed by this Ordinance become effective. The amendment of Ordinance **5040 4981** shall not affect any obligation to pay any fees incurred under said Ordinance, and said obligation shall continue in effect after said Ordinance is amended, and the County of Santa Barbara may take any appropriate action in regard to any delinquent fees imposed pursuant to said Ordinance.

PASSED, APPROVED and ADOPTED by the Board of Supervisors of the County of Santa Barbara, State of California, this _____ day of _____, **2020** ~~2018~~ by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

By: _____
~~DAS WILLIAMS~~ **GREGG HART**, CHAIR,
BOARD OF SUPERVISORS
COUNTY OF SANTA BARBARA
STATE OF CALIFORNIA

Date: _____

ATTEST:
MONA MIYASATO
CLERK OF THE BOARD

By: _____
Deputy

APPROVED AS TO FORM:
MICHAEL C. GHIZZONI
COUNTY COUNSEL

APPROVED AS TO ACCOUNTING FORM:
~~THEODORE A. FALLATI, CPA, CPFO~~ **BETSY**
SCHAFFER, CPA
AUDITOR-CONTROLLER

By _____
Deputy County Counsel

By _____
Deputy

Santa Barbara County Department of Behavioral Wellness
Fee Schedule
FY 20-21 ~~18-19~~ (effective until amended)
Fees for Services at All County Mental Health Service Locations
(Including Mental Health Adult Clinics, Children's Clinics, and CARES Facilities)

Service Description	Mode of Service	Service Function	Charge Rates
Hospital Inpatient: Psychiatric Health Facility (PHF) General	05	10	\$2,508.42/day \$2,571.47/day
PHF Administrative Day	05	19	\$2,508.42/day \$2,571.47/day
Crisis Stabilization lasting less than 24 hours, to or on behalf of, a beneficiary for a condition that requires more timely response than a regularly scheduled visit. Services are delivered by providers who meet the crisis stabilization contact, site, and staffing requirements and are provided at a licensed 24-hour health care facility or hospital based outpatient program.	10	25	\$343.69/hour \$488.39/hour
Case Management Services including assisting a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services.	15	01	\$5.35/minute \$6.22/minute
Mental Health Services, including individual or group therapies and interventions, designed to provide reduction of mental disability and restoration, improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive.	15	10-19/ 30-59	\$6.91/minute \$8.03/minute
Medication Support Services including prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals that are necessary to alleviate the symptoms of mental illness.	15	60-69	\$12.75/minute \$14.81/minute
Crisis Intervention Services, such as assessment, collateral, and therapy , lasting less than 24 hours, to or on behalf of, a beneficiary for a condition that requires more timely response than a regularly scheduled visit and can be provided anywhere in the community.	15	70-79	\$10.26/minute \$11.92/minute