

**ORDINANCE NO. 5137**

**AN ORDINANCE AMENDING ORDINANCE NO. 5016  
SANTA BARBARA COUNTY  
PSYCHIATRIC HEALTH FACILITY AND OUTPATIENT MENTAL HEALTH  
SERVICES FEES**

THE BOARD OF SUPERVISORS OF THE COUNTY OF SANTA BARBARA, STATE OF CALIFORNIA, ORDAINS AS FOLLOWS:

**SECTION 1: Findings.**

**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 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**, 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”); the County’s current actual costs of providing mental health services are lower than the Published Charges; and

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

**WHEREAS**, the fees established by this Ordinance will 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 California 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 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.

**SECTION 2: Schedule of Fees.**

That the fees set forth in the attached Schedule of Fees are hereby amended pursuant to 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.

**SECTION 3: Ordinance No. 5106.**

Ordinance No. 5106, adopted June 16, 2020, is hereby amended on the date that the fees imposed by this Ordinance become effective. The amendment of Ordinance No. 5106 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.

**SECTION 4: Effective Date.**


This Ordinance shall take effect and be in force 30 days from the date of its adoption by the Board of Supervisors.

**SECTION 4: Severability.**

If any section, subsection, sentence, clause or phrase of this Ordinance is for any reason held to be invalid, such decision shall not affect the validity of the remaining portions of this Ordinance. The Board of Supervisors hereby declares that it would have passed this Ordinance and each section, subsection, sentence, clause and phrase thereof, irrespective of the fact that any one or more sections, subsections, sentences, clauses, or phrases be declared invalid.

**PASSED, APPROVED and ADOPTED** by the Board of Supervisors of the County of Santa Barbara, State of California, this 15th day of June, 2021 by the following vote:

AYES: Supervisors Williams, Hart, Hartmann, Nelson and Lavagnino  
NOES: NONE  
ABSTAIN: NONE  
ABSENT: NONE

By:   
BOB NELSON, CHAIR, BOARD OF  
SUPERVISORS  
COUNTY OF SANTA BARBARA  
STATE OF CALIFORNIA

Date: 6.15.21

ATTEST:  
MONA MIYASATO  
CLERK OF THE BOARD

By: Shels deGuerra  
Deputy

APPROVED AS TO FORM:  
MICHAEL C. GHIZZONI  
COUNTY COUNSEL

APPROVED AS TO ACCOUNTING FORM:  
BETSY SCHAFFER, CPA  
AUDITOR-CONTROLLER

DocuSigned by:  
By: Bo Bae  
Deputy County Counsel

DocuSigned by:  
By: Betsy Schaffer  
Deputy

**Santa Barbara County Department of Behavioral Wellness**  
**Fee Schedule**  
**FY 21-22 (effective until amended)**  
**Fees for Services at All County Mental Health Service Locations**

<b>Service Description</b>	<b>Mode of Service</b>	<b>Service Function</b>	<b>Charge Rates</b>
<b>Hospital Inpatient: Psychiatric Health Facility (PHF) General</b>	05	10	\$2,081.38/day
<b>PHF Administrative Day</b>	05	19	\$2,081.38/day
<b>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.</b>	10	25	\$459.19/hour
<b>Case Management Services including assisting a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services.</b>	15	01	\$5.71/minute
<b>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.</b>	15	10-19/ 30-59	\$7.37/minute
<b>Medication Support Services including prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals that are necessary to alleviate the symptoms of mental illness.</b>	15	60-69	\$13.60/minute

<b>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</b>	15	70-79	\$10.94/minute
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