

# **AUGMENTED SERVICES PROGRAM (ASP) HANDBOOK**

July 2026



**COUNTY OF SAN DIEGO**  
BEHAVIORAL HEALTH SERVICES

## Programs & Services – Housing & Homelessness Services

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## Programs & Services – Housing & Homelessness Services

# Introduction

### Overview

This handbook is a simplified explanation of the contract requirements for the Augmented Services Program (ASP). It is intended to be used as a quick reference for facilities that contract to provide ASP services and for the Case Managers responsible for working with clients receiving ASP services.

ASP’s philosophy is that some board-and-care residents with serious mental illness need additional services to achieve a higher level of daily functioning to remain in the community and out of institutions. ASP funds are provided specifically for the attainment of this overall goal. When hospitalization cannot be prevented, the focus of ASP shall be to shorten the length of stay by assisting with and expediting the return of clients to the community. The goal of the ASP is to enhance and improve client functioning through the augmentation of basic Board & Care (B&C) services to specific individuals living in specific B&Cs with which the County has an ASP contract. Its emphasis is on developing client strengths, symptom management, and client self-sufficiency. Priority for ASP services is given to those people in most need of additional services. When clients no longer need ASP level of care due to improved functioning, they should be able to remain at the B&C and receive the B&C standard level of care.

### Assertive Community Treatment Programs

Legal Entity and Program	Services Region
Community Research Foundation (CRF) South Bay IMPACT	South
CRF Downtown IMPACT	Central/North Central
CRF IMPACT	Central/North Central
CRF Senior IMPACT	Countywide
TURN BHS ACTION Central	Central/North Central
TURN BHS ACTION East	East
TURN BHS Center Star	Countywide
TURN BHS City Star	Central/North Central
TURN BHS North Coastal	North
TURN BHS North Star	North
Clarvida Catalyst	Countywide
Telecare Assisted Outpatient Treatment (AOT)	Countywide
Telecare Assisted Outpatient Treatment (AOT)-CARE	Countywide
Telecare Gateway to Recovery	Countywide
Telecare Pathways to Recovery	Countywide
Telecare Vida	Countywide
Telecare La Luna	Countywide
Telecare Behavioral Health Court	Countywide

The County of San Diego (County) Behavioral Health Services (BHS), County-operated and contract-operated Intensive Case Management (ICM) and Assertive Community Treatment (ACT) services who may refer to ASP include:

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### Intensive Case Management (ICM) Programs

Legal Entity and Program	Service Region
County of San Diego ICM	Central/North Central/East
County of San Diego Institutional Case Management	Countywide
TURN MHS FSP/ICM North (TAY/Adult)	North
Telecare AgeWise Older Adult ICM	Countywide
Telecare AgeWise Institutional Case Management	Countywide
UPAC-Intensive Case Management	East/Central/North Central
CRF-Intensive Case Management	South

The Service Line Oversight Team may identify other eligible ICM/ACT programs.

### History of ASP

ASP is a County-funded program and replaces the Supplemental Rate Program (SRP). SRP was established on September 30, 1985, when Senate Bill 155 was signed by Governor Deukmejian. This Legislation provided for the implementation of an SRP for residential care facilities serving the mentally disabled. In July 2002, SRP was replaced by the new ASP contract, as the State discontinued specific SRP funding.

Currently, the County contracts with licensed B&C facilities, through competitive procurement, to provide augmented services to people with severe psychiatric disabilities. The additional services are reimbursed monthly through invoice procedures with BHS, funded by the Behavioral Health Services Act (BHSA).

In 2024, Proposition 1 was implemented, with a transition to have MHSA funding shift to the Behavioral Health Services Act (BHSA) with revised expectations to be developed by July 2026. In addition to Proposition 1, BHS was awarded funding to support people who are exiting homelessness. BHS opted to use the grant funds to support persons exiting homelessness with Serious Mental Illness (SMI) and/or Substance Use Disorder (SUD) who are best served in a B&C with ASP supportive services to navigate a successful transition. There are two (2) components of funding:

- Community Care Expansion-Preservation (CCE-P) for Operating Subsidy Payments (OSP) and Capital Projects (CP).
- Behavioral Health Bridge Housing (BHBH) ASP service slots for individuals exiting homelessness, and the ASP services are indicated to ensure a smooth transition to supportive housing.

## Facility Eligibility

### Eligibility Requirements

To be eligible for ASP funds, a licensed B&C facility (must have submitted a proposal in response to the County's Request for Statement of Qualifications (RFSQ) and completed the contract process with the County Department of Purchasing and Contracting.

When the contract is signed, the facility has agreed to all requirements in the contract. Those requirements are outlined in the contract, and some are further explained in this handbook. Each facility's individual contract includes the ASP Statement of Work, its submitted proposal, any amendments, and this ASP Handbook.

The Service Line Oversight Team will monitor Statement of Work and contract expectations throughout the contract terms. At a minimum, one annual site visit (facility review or Statement of Work review) will be conducted by BHS, completed by the Service Line Oversight Team. Contract expectations that are monitored include, but are not limited to:

- Facility monitoring by the State of California Community Care Licensing Division (CCLD).
- Participation in quarterly ASP Contractor meetings, as directed by the Behavioral Health Program Coordinator (BHPC).
- ASP staff meet expectations of experience/training. See training requirements below for additional information.
- Documentation and maintenance of client records in accordance with ASP Statement of Work.

### Facility Waiting List

There is no facility waiting list. The County may contract with all competitive offerors through RFSQ, as directed through the County Department of Purchasing and Contracting.

### Change of Ownership

For facility changes in ownership, reference contract requirements.

### Training Requirement

The facility ASP employee, who is responsible for the provision of ASP services to clients, is required to obtain 20 hours of relevant mental health training per fiscal year. Four (4) hours of the 20 hours of training should address cultural competency issues. Mental Health First Aid Training is required within the first six (6) months of employment. Training hours will be credited for attendance at mandatory ASP meetings.

The ASP providers are responsible for developing a Cultural Competence Plan that should be reviewed and updated annually. At a minimum, the plan should include the following components:

- **Commitment to Cultural Competence**
  - Describe how your program will support cultural beliefs/practices for residents.
- **Cultural Competence Standards**
  - Describe how your program will support cultural beliefs/practices for residents.
- **Cultural Competence Implementation**

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- Describe how your program’s service delivery supports effective, equitable, understandable, and respectful quality care.
- Example: Culturally and Linguistically Appropriate Services (CLAS) standards [Culturally and Linguistically Appropriate Services - Think Cultural Health](#)
- **Cultural Competence/Sensitivity Planning**
  - Describe the types of training staff are provided, frequency, and hours per year (calendar year or fiscal year).

The ASP staff at the facility are responsible for providing training and guidance to all staff who are involved in providing ASP services. The ASP contractors shall make information and certification regarding all staff training available to the ASP Service Line Oversight Team as requested.

### Training Resources

- Mental Health First Aid [Mental Health First Aid](#)
- Questions/Persuade/Respond [Trainings - Community Health Improvement Partners \(CHIP\)](#)
- Pacific Southwest Addiction Technology Transfer Center [PSATTC E-Learn](#)
- Homeless & Housing Resource Center [Training Courses | HHRC](#)

## Client Eligibility

### Eligibility Requirement

To be eligible for funding from the ASP, a client must:

- have a primary diagnosis of a serious mental disorder, secondary diagnosis can be substance use condition.
- have an active case open to an identified County-BHS operated or contract operated ICM/ACT program and have been evaluated by their care coordinator to need ongoing case ICM/ACT services.
- have a Case Management provider discuss eligibility with the designated ASP provider with the following considerations:
  - Must reside at the ASP contracted facility, with available service slots
  - Need more than a basic B&C level of care to be able to successfully live in the community
  - Requires additional time and attention to mitigate behavioral issues impacting self-sufficiency and housing stability
  - Have a score on the ASP scoring tool that reflects the level of ASP services
  - BHBH-funded ASP services have an additional requirement of exiting homelessness

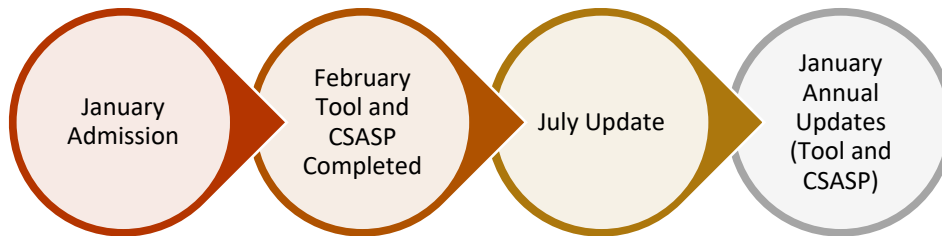
The client’s case must remain open to the County-operated or contract operated ICM/ACT programs that provide ongoing monitoring, care coordination and case management services for the ASP facility to continue receiving ASP funds for the client. ASP discharges are coordinated between case manager and ASP provider and are reflected in the Mental Health Outcomes Management System (mHOMS) via a discharge form.

### ASP Scoring Tool

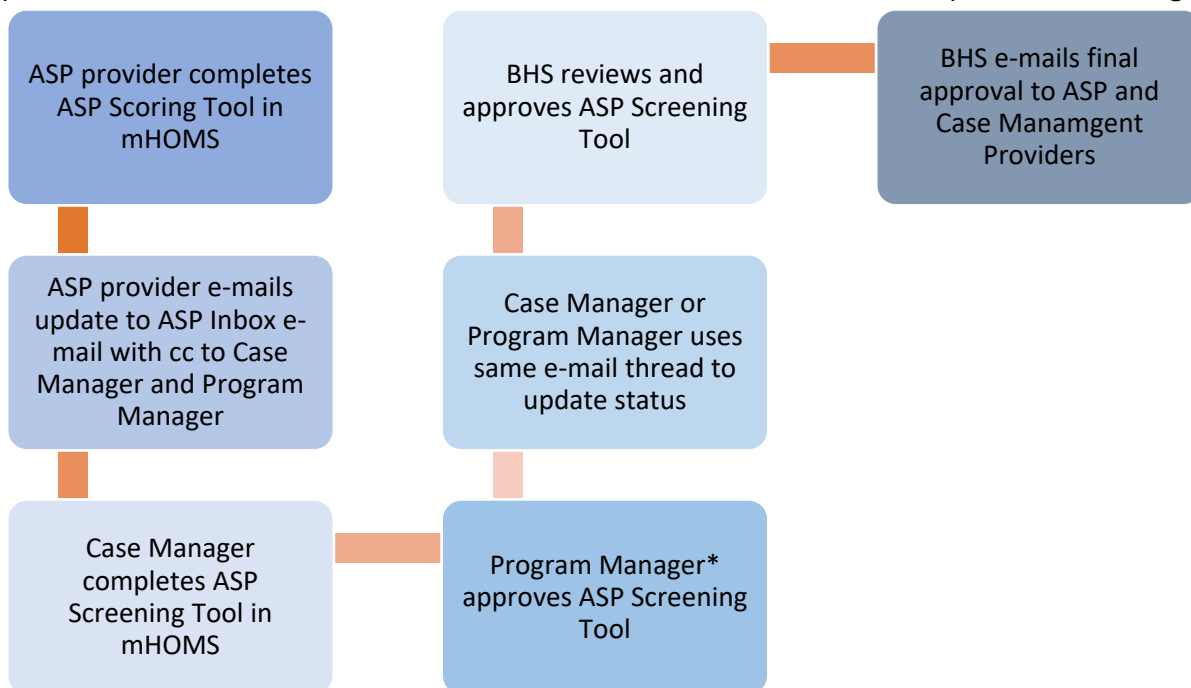
The ASP Scoring Tool was developed to evaluate clinical need and priority for ASP services. The overall score identifies the priority for ASP services assessed for the client by the Case Manager and the identified ASP program.

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The ASP Scoring Tool must be completed by both case manager and ASP provider for each client prior to receiving ASP funding. The tool is completed on mHOMS and approved by BHS. Tools (ASP Eligibility and CSASP) are completed every six (6) months. The chart below is a representation of what the update timeframe might look like:



The ASP provider will initiate the enrollment of clients into mHOMS and will complete the ASP Eligibility Tool.



\*Program Manager may designate another licensed position for example: Clinical Director or Team Lead.

BHS designated staff will review and approve ASP Tools, confirming with case management and ASP provider when completed. The review will include use of consistent dates between ASP and Case Management Tools, including:

- Admission date into B&C
- Admission date into ASP services
- CSASP (aka Client Plan) revision date

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Case Management program will use the above dates to complete the Case Management ASP Tool.

- Case Management Programs are responsible for Quality Assurance Review
  - Monthly tracking of residents receiving services from respective ASP Provider
  - Monthly tracking of pending tool completion
  - Confirmation of approved tools
- ASP Providers are responsible for Quality Assurance Review
  - Monthly tracking of residents receiving services from respective ASP Case Management
  - Monthly tracking of pending tool completion
  - Confirmation of approved tools

ASP Service Line Oversight teams will contact ASP or Case Management providers if the tool is over 30 days from timeline. The ASP Tool must be completed every six (6) months by both ASP and Case Management Providers, to ensure ongoing eligibility for services.

### Clinical Override

When a client does not score above 60 points to establish ranking priority, the BHS-ASP Behavioral Health Program Coordinator (Or Designee)(ASP BHPC (or Designee) may override the assessment based on specific clinical information provided by the Program Manager/Administrator. Formal written approval of the ASP BHPC (or Designee) must be received to enact clinical override.

### Client Waiting List

ASP services operate under limited funding. The ASP Behavioral Health Program Coordinator (BHPC), or designee, is responsible for managing the ongoing use of available BHSA and BHBH funding sources. When the ASP provider reaches capacity for available service slots, a waitlist will be established.

Because service slot funding cannot accommodate all eligible clients, the ASP BHPC will maintain a waitlist of potentially eligible clients at the request of the Case Manager when a client is denied approval or discontinued due to a low score. Clients on the waitlist will be prioritized based on their assessed scores.

As funding becomes available, clients with higher scores—indicating greater need—will receive priority for ASP services. In alignment with ASP’s commitment to serve individuals with the most severe impairments first, it is possible for newly referred clients with higher scores to replace currently funded clients with lower scores, who may then be moved to the waitlist.

Additionally, clients transitioning from long-term care facilities or enrolled in Community Assistance, Recovery and Empowerment (CARE) may be assigned higher priority for funding consideration.

### Transfer of ASP Clients from One ASP Facility to Another ASP Facility

ASP clients who move between ASP facilities without interruption will continue to be eligible for ASP funding at the new facility, provided funds are available. No guarantee is made to the first facility to replace the client with another ASP client. The first facility must notify (via secure e-mail) the ASP BHPC (or Designee) of the discharge date, and the second facility must notify (via secure e-mail) ASP BHPC (or Designee) of the date of admission. A change of address and a change of Case Manager, if applicable, also should be securely e-mailed by the ASP provider to the ASP BHPC (or Designee).

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A new ASP Scoring Tool must be completed and submitted by the Case Manager to the ASP BHPC (or Designee) within thirty (30) days of the transfer. The new ASP facility must begin documentation as though the client is a new ASP client. This process is consistent for both BHSA and BHBH funding sources. For example, a new Client Skill Assessment and Service Plan (CSASP) must be completed and signatures obtained within 30 days of the transfer. Billing is effective on the date of admission, if all other requirements have been met.

### Transfer of ASP Clients from One Eligible ICM/ACT Program to Another Eligible Case Management Program

The first Case Management program must notify (via secure e-mail) the ASP BHPC (or Designee) of the new ICM/ACT program and transfer date within five (5) days. The new ICM/ACT program needs to complete a new ASP Scoring Tool within the first 30 days.

### Discharge Process

It is expected that the County-operated, or contract operated Case Managers will need to discuss with ASP facility staff and clients when the Case Manager determines client is ready to terminate ASP services. Case Manager needs to develop a discharge plan from ASP services to ease the transition.

The ASP facility must report to both the ICM/ACT program and ASP BHPC (or Designee) when an ASP client discharges from their facility within three (3) days of client's discharge date, by completing a Discharge Form on mHOMS. A financial consequence may be implemented if a facility fails to inform BHS of the discharge within three (3) days of the discharge.

## Service Provision and Documentation

The ASP contractor is responsible for providing the required documentation to the ASP BHPC (or Designee) as requested. All ASP documentation must be kept on site. Training documentation must be provided as requested directly to the ASP BHPC (or Designee).

### ASP Client Service Requirement

Each facility described the service to be provided in its contract proposal. Services required by the County were outlined in the Statement of Work in the RFSQ. All stated services become a part of the signed contract and must be provided to fulfill contract requirements.

Group and individual services shall be provided in the following areas, including, but not limited to, those tracked under the categories listed below:

- **Personal Development:** Activities that support self-growth, self-awareness, confidence, and improving life skills.
- **Skill Building:** Training or practice designed to help individuals learn or strengthen specific abilities needed for daily living, independence, or personal goals.
- **Goals:** Work helping individuals identify, track, and pursue personal, clinical, or recovery-related goals.

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- Community Connection: Activities that help individuals engage with community resources, supports, social groups, or events.

Services shall be provided to clients based on the needs identified in their ASP CSASP. Not all clients will require all available services. Services may be delivered through group sessions, classes, or individualized support. Each service should promote skill acquisition, development of resources, and reduction of problem behaviors. Services are to be offered as needed, including during evening and weekend hours.

### Bi-Annual Status Report

The ASP contract requires the facility to report outcomes regarding client’s psychosocial skill improvement, hospitalizations, and discharge to a less restrictive level of care. These outcomes are reported for all clients receiving services over the six-month report period in the Bi-Annual Status Report. Service tracking is separated between Regular and Enhanced services. The form is due to your respective ASP Contracting Officer’s Representative (COR) ten (20) days after the report period: January 20<sup>th</sup> and July 20<sup>th</sup>.

### Client Skill Assessment and Service Plan (CSASP)

It is the ASP provider and case manager co-responsibility to complete the ASP CSASP and obtain signatures from the Case Manager, ASP staff, and client. To complete the ASP CSASP, specific areas needing assistance need to be identified along with the augmented services the facility will provide. The ASP facility should complete the ASP CSASP in consultation with the Case Manager and the client; other parties (e.g. involved family, treatment providers) may also be consulted with permission from client unless they are Conserved. The CSASP is to be completed and signed within 30 days of ASP admission and updated every six (6) months or as needed, whichever is sooner. New problem areas and services can be added at any time, the CSASP should be updated as a re-evaluation annually, notwithstanding circumstances that would prevent an annual update. Refer to the chart on page 7 for CSASP timeline.

For mHOMS documentation, only the annual update date is referenced for CSASP (client plan) field and should be reflective of the date signed by the client (resident). If the ASP CSASP is not completed within the specified time, the client may lose ASP funding and/or eligibility. The Case Manager may add or change items in the ASP CSASP to ensure that the services they recommend, and which the facility has agreed to provide, become a written part of the CSASP.

### Monthly Calendar

ASP providers are to create and post a monthly calendar of activities to inform recipients of ASP services. The facility shall provide the ASP BHPC (or Designee) with a monthly calendar that has the previous month’s schedule for the ASP services being provided as described in the facility’s proposal. For example, the March calendar would be submitted with the March invoice packet in April. All ASP activities, including the special outings and events, should be documented on the monthly calendar. Services reflected in the calendar should include day, evening and weekend activities. The calendar shall be submitted to HHSA, BHS-Claims [BHS-Claims.HHSA@sdcounty.ca.gov](mailto:BHS-Claims.HHSA@sdcounty.ca.gov), by the tenth of the following month, as part of the invoice packet to San Diego BHS.

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### Monitoring the ASP Contract Facility

The ASP contract requires the facility to be monitored at least on an annual basis. The ASP BHPC (or Designee) may make both announced and unannounced visits to the ASP facility to monitor the provision of ASP services. At the time of the monitoring visit, the ASP BHPC (or Designee) notes the services that are being provided, samples client satisfaction with ASP services, and verifies that the relevant documentation has been completed in a timely manner.

The ASP BHPC (or Designee):

- Verifies training completed by the facility
- May consult with Community Care Licensing Division (CCLD) concerning any reported violations
- May investigate any concerns that the ASP clients' Case Managers might have

The BHS staff review and verify each billing statement submitted by the facility, sending complete invoice packet to ASP BHPC (or Designee) to authorize payment.

When ASP contract requirements are not met, corrective feedback will be given in writing, and the facility is required to complete a corrective action plan.

### ASP Monthly Billing and Payment

ASP billing is submitted for eligible ASP clients after each calendar month of service delivery. The Facility Billing Invoice must be received by the 10<sup>th</sup> of the month following the provision of services, to ensure timely payment to the provider. The County issues a check within 30 days of the date that the statements are processed, based on when the County receives the invoice. Billing is calculated on the number of service days provided; see Statement of Work regarding Payment for Client Absences. Admission days are reimbursed, whereas planned discharge days are not eligible for payment. Unplanned discharge days are assessed on a case-by-case basis by the COR.

All clients receiving ASP support services must be listed in the Facility Billing Statement with discharges and total number of days eligible for payment. BHS Fiscal Analyst and ASP BHPC (or Designee) review the statement, and the ASP facility is notified of any discrepancies before the billing is authorized and processed. ASP tracking of service delivery focuses on hours of service provided on respective dates, to achieve the two (2) hours of service per week average for Regular ASP (480 minutes per month) and four (4) hours of service per week average for Enhanced ASP (960 minutes per month). If admission and discharge arise within the month, hours of service are pro-rated.

Invoice Packet is submitted directly to:

**County of San Diego, Health and Human Services Agency**

**Behavioral Health Services, Contract Support Services**

**Email: [FiscalOps-Claims.BHS@sdcounty.ca.gov](mailto:FiscalOps-Claims.BHS@sdcounty.ca.gov)**

**Fax: (619) 563-2705**

- The ASP Contractor should notify the ASP COR team of any invoice-related concerns.
- The ASP payment rate is paid above and beyond the SSI/SSA B&C rate.

## Appeals Procedure

### Provider Issue Resolution

BHS recognizes that at times providers may disagree with BHS over an administrative or fiscal issue. Providers are encouraged to communicate with their COR (or Designee) any issue or concern regarding clinical decisions, claims and/or billing procedures. BHS is required to respond in an objective and timely manner. The Service Line Oversight Team BHPC (or Designee) will facilitate resolution informally through direct contact with the provider.

However, if the problem is not resolved to the provider's satisfaction informally, a formal appeal process is available.

### Complaints and Appeals for Denial of Authorization or Payment for Services

When the complaint concerns a denied or modified request for the BHS' authorization or a problem with payment processing, providers have the right to access the provider appeal process at any time before, during, or after the provider problem resolution process has begun.

Providers appealing for denial of authorization or payment must submit a written complaint within 90 days of receipt of the denial to the Service Line Oversight Team BHPC (or designee). The written complaint should include the client's name, date of authorization/payment denial and/or dates of all services along with any specific information relevant to the complaint.

All such complaints will be recorded and reviewed by the Assistant Medical Services Administrator for the Service Line Oversight Team and, as applicable, Deputy Director. A written response will be issued within 30 days about action or denial.

### Administrative and Contract Issues with Behavioral Health Services

Issues concerning the BHS' administrative procedures, such as contract obligations or other general questions and concerns, should be directed to the Service Line Oversight Team.

### Behavioral Health Bridge Housing (BHBH)

BHBH preservation funding for contracted providers must support grant requirements by providing BHS information. This includes:

- One-time report – facility capacity confirmation
- Quarterly reporting – number of beds preserved (OSP and CP)
- Site inspections

BHBH funded ASP services slots require ongoing tracking of information, including but not limited to:

- Referral tracking log – submitted to Service Line Oversight Team monthly to track individuals referred for BHBH ASP service slots, tracking the outcome of referral
- Monthly invoice tracking for BHBH specific services

# Behavioral Health Bridge Housing Auxiliary Funding in Assisted Living Policies & Procedures

## Overview of Auxiliary Funding for Assisted Living Settings

BHS will administer the BHBH funds to establish approximately 376 new B&C patches or enhanced rates totaling approximately \$41.5 million through June 30, 2027. Establishing these dedicated housing slots for Medi-Cal eligible individuals with behavioral health conditions will improve access to care, sustain care connections, and increase the number of Medi-Cal eligible clients housed. It is anticipated that increasing B&C capacity will reduce unnecessary utilization of acute inpatient and subacute beds, decrease psychiatric inpatient administrative days, and support cost avoidance due to diversion from more expensive care.

BHBH funds will also be utilized for start-up costs estimated at \$2.8 million for infrastructure costs, including furniture, equipment, and minor renovations to support people with behavioral health needs related to the B&Cs. Funds would be utilized in the first year and would be shifted to B&C patches, if unspent.

Additionally, the BHS Optimal Care Pathways model estimates that to remove barriers to care, the system needs to increase utilization days within community-based care (B&Cs) of about 165,000 days or roughly 450 new slots annually to optimize the care pathways and connect clients to the type of care they need when they need it. Since the need is so great and the available reimbursement rates for B&Cs are so minimal, BHS has determined that this is an impactful investment of BHBH funds as no other funds are available for such costs. This may include amending existing B&Cs contracts to add these additional slots or establishing new contracts, via a competitive procurement process.

B&C providers that will receive BHBH funding are to be determined. BHS will continue to facilitate community engagement with existing and new potential B&Cs patch providers, through a Request for Information (RFI), to determine the level of interest of providing services to individuals with behavioral health conditions. The amount of start-up funding needed by each provider will be determined on a case-by-case basis, depending on the condition of the facilities. BHS intends to prioritize providers that are regionally distributed, able to enhance or ramp up operations quickly to begin taking BHS clients, and those who have the operational capability of meeting the required needs of clients.

## Population Served

**Population & Prioritization:** BHS will utilize a majority of the BHBH funds for enhanced B&C patch rates to establish approximately 376 new slots for people with serious behavioral health conditions. Individuals prioritized for placement in the new B&C slots would be individuals who are Medi-Cal eligible, experiencing homelessness, and:

- Within the Behavioral Health Continuum of Care in need of stepping down from a higher level of care or step up from a lower level of care.
- Enrolled in CARE Court, and/or,
- Have complex health conditions.

**BHBH Eligibility Criteria:** BHBH program participants receiving auxiliary funds must be homeless as defined in the BHBH Request for Application (RFA).

**Homelessness Status:** For purposes of the BHBH Program, the definition of “homeless” is based on the definition used in the Enhanced Care Management program (ECM Policy Guide, May 2022, page 8), as outlined below:

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An individual or family experiencing homelessness is defined as any of the following:

- An individual or family that lacks adequate nighttime residence.
- An individual or family with a primary residence that is a public or private place not designed for or ordinarily used for habitation.
- An individual or family living in a shelter.
- An individual exiting an institution into homelessness (regardless of length of stay in the institution).
- An individual or family who will imminently lose housing in the next 30 days.
- Unaccompanied youth and homeless families and children and youth defined as homeless under other federal statutes.
- Individuals fleeing intimate partner violence.

This definition is based on the United States Department of Housing and Urban Development (HUD) definition of “homeless,” with the following modifications:

- If exiting an institution, individuals are considered homeless if they were experiencing homelessness immediately prior to entering that institutional stay, regardless of the length of the institutionalization.
- The time frame for an individual or family that will imminently lose housing has been extended from 14 days (HUD definition) to 30 days.

**Serious Behavioral Health Condition:** Participants must also have a serious behavioral health condition, as defined in the BHBH RFA:

The individual has one or more of the following:

- a. Significant impairment, where “impairment” is defined as distress, disability, or dysfunction in social, occupational, or other important activities, including education and family relationships.
- b. A reasonable probability of significant deterioration in an important area of life functioning.
- c. A need for Specialty Mental Health Services, regardless of presence of impairment (for individuals under age 21).

AND

The individual’s condition, as defined in a, b, and/or c, is due to either of the following:

- a. A diagnosed mental and/or substance-related or addictive disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Statistical Classification of Diseases and Related Health Problems.
- b. A suspected mental and/or substance-related or addictive disorder that has not yet been diagnosed.

OR

The individual has at least one of the following:

- a. At least one diagnosis from the current edition of the DSM for Substance-Related and Addictive Disorders, except for Tobacco-Related Disorders and Non-Substance-Related Disorders.
- b. At least one suspected diagnosis from the current edition of the DSM for Substance-Related and Addictive Disorders, except for Tobacco-Related Disorders and Non-Substance-Related Disorders.

OR

The individual is a CARE Program participant, regardless of whether they meet the criteria in paragraph one (1) or two (2), above.

**Additional information:** Currently BHS contracts with licensed B&C facilities to provide augmented services to persons with severe psychiatric disabilities. Each contract includes the ASP Statement of Work, any amendments, and the ASP handbook. The handbook is a simplified explanation of the contract requirements to be used as a quick reference for facilities that are contracted to provide ASP services and for the case managers responsible for working with clients receiving these services.

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Upon screening the client to determine if they are eligible for services, the Case Manager completes an ASP Scoring Tool to assess need and whether the facility has capacity. The ASP Scoring Tool was developed to evaluate clinical need and priority for ASP services. The overall score identifies the priority for services and the identified ASP program. This tool must be completed on time at renewal every six (6) months.

### Calculation of Auxiliary Funding

The County is implementing a tiered rate system that will progressively increase from the first year of implementation; this is due to the County's Department of Purchasing and Contracting procurement schedule on soliciting providers. For the first year, the tiered rates will consist of a Standard and Enhanced rate, \$60 and \$75 per day, respectively. Thereafter, the tiered rate payments are anticipated to increase up to an additional 20% based on factors that include but are not limited to level of need of resident, housing and service costs, and available funding. The increased tiered rate payments would reduce the resident's contribution to housing costs and thus allow them to utilize SSI/SSDI benefits for other essential needs. Incentive payments of up to \$495 for B&C facilities (per ASP client per month) are designed to improve the quality of care and services provided and will be evaluated based on performance outcomes.

Due to the high cost of living and lack of affordable housing in the San Diego County region, the average length of stay for individuals in B&Cs is anticipated to be 24 months.

### Statement of Non-Supplantation

The BHBH funds will not be used to supplant existing federal, state, or county funds, including through Medi-Cal, programs funded under the Mental Health Services Act, federally funded programs, or other state or local programs.

Program funding may be used to support complementary activities or enhanced investments of existing work if, for example, existing funds (1) do not fully reimburse activities or (2) support additional or different services beyond those that would be funded under the BHBH Program.

BHBH Program funds will not duplicate reimbursement for activities funded by other federal, state, or local programs. In addition, funds will not be used to pay for programming activities already obligated to pay for or have already been funded.

### Provision of Supportive Services

To meet the BHBH supportive services requirements, ACT services or ICM will be leveraged. ACT or ICM services utilize the Full-Service Partnership (FSP) model that offers all necessary services and support to help clients achieve their behavioral health goals. These services provided include the following:

- Rehabilitation and Recovery Services
- Psychiatry
- Nursing
- Case Management
- Co-Occurring Services
- Supportive Housing
- Supportive Employment
- Peer Support Services
- Payee Services
- Transportation

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In addition, the FSP model provides integrated services with an emphasis on whole person's wellness that promotes access to medical, social, rehabilitative, and other community services and supports as needed. These services address client and family needs through intensive services, support, and strong connections to community resources where clients can access designated staff 24 hours a day, seven (7) days a week.

All individuals funded through the BHBH Program are eligible to receive Housing Navigation services. ACT or ICM and the selected provider will work together to determine those participants identified with the greatest barriers to housing, such as those who are unsheltered, have been experiencing homelessness for extensive periods of time, or who may have co-occurring health conditions.

### Statement of Licensure

B&C providers shall be licensed through the CCLD of the California Department of Social Services to utilize BHBH funds. Providers will ensure that they remain compliant with all appropriate licensing requirements from the CCLD such as, but not limited to:

- Ensure facilities conform to all State requirements, regulations, and other requirements related to safety, zoning, building clearance, fire, internal disaster, and other such building and facility requirements as specified by CCLD.
- Comply with CCLD requirements for personnel records of all staff. Providers shall, upon request, make available specific records.
- According to the County protocol, notify the BHS COR within 24 hours or the following workday if the facility receives a CCLD violation or citation.

### Documentation Requirements

BHS shall provide supporting documentation as requested by the Department of Health Care Services. Additionally, the County shall comply with all reporting and monitoring requirements set forth in the BHBH Program Plan and the Program Requirements; therefore, the licensed B&C facility will be responsible for upholding the agreement written in the contract which includes the following BHBH Program Requirements:

- Completing the Habitability Standards Checklist
  - Prior to initial placement of the BHBH client, the licensed B&C facility will need to complete the Housing Habitability Standards Inspection Checklist in cooperation with the client.
- BHBH Data Collection and Reporting Requirements
  - Reports will be submitted quarterly based on BHBH guidance. These reports will summarize progress in implementing the BHBH Program; expending funds, including, without limitation, equipment purchases; and providing bridge housing for individuals experiencing homelessness and serious behavioral health conditions; and must include accomplishments and any barriers to goals of the BHBH Program.
- Completing the program setting form found in the BHBH Program Plan specifically for the BHBH funded beds/units
- Subject to monitoring and site visit for compliance with provisions of BHBH funding which shall include but is not limited to, inspection of procedures, books, and records, as deemed appropriate

The documents that are to be maintained by the County include those above as well as the following items outlined in the Program Funding Agreement for BHBH:

- Habitability Standards Checklist
- Bi-Annual Status Report(s) and HMIS Data collection (BHS Service Line Oversight teams oversee the data)
- Monitoring and reporting plan
- BHBH Program Plan

## **Programs & Services – Housing & Homelessness Services**

- All financial records, supporting documents, statistical records, and all other pertinent records

# Glossary of Terms

Term	Operational Definition
<b>APPEAL</b>	Request in writing for review to overturn a decision
<b>SAN DIEGO COUNTY BEHAVIORAL HEALTH SERVICES- ASP BEHAVIORAL HEALTH PROGRAM COORDINATOR (OR DESIGNEE)</b>	<p>The San Diego County Behavioral Health Services-ASP Behavioral Health Program Coordinator (BHPC) &amp;/or designee works in the San Diego County Behavioral Health System of Care division and oversees the Augmented Services Program (ASP).</p> <p>S/he will provide annual facility evaluations and ongoing oversight and coordination with the eligible Intensive Case Management (ICM) and Assertive Community Treatment (ACT) providers and ASP providers.</p>
<b>AUGMENTED SERVICES PROGRAM (ASP) SERVICES</b>	Supportive, supervisory and rehabilitative services provided by contracted ASP facilities (licensed Board & Cares), in addition to basic care and supervision required by Community Care Licensing Division (CCLD). Referenced as “service slots” to reflect the daily rate of payment for services rendered to enrolled individuals.
<b>BOARD &amp; CARE</b>	Term used by ASP to refer to an Adult Residential Facility (ARF), Residential Care Facility for the Disabled (RCFD), or Residential Care Facility for the Elderly (RCFE). It is a home licensed by CCLD to provide care and supervision to residents who are disabled by a severe psychiatric illness.
<b>CASE MANAGER</b>	The Case Manager will refer to any County or contracted staff who are affiliated with an ASP-approved ICM/ACT, is the care coordinator for the client and is responsible for providing ongoing case management/brokerage services which shall include, at a minimum, a monthly monitoring face-to-face visit of the client. Assisting with obtaining medical care, financial stability, housing, day treatment and/or vocational/employment services are a few of the required services under ASP.
<b>CLIENT</b>	Refers to the person receiving services from San Diego County Behavioral Health who has been evaluated by their Case Manager and found to need ICM or ACT services due to serious and persistent mental illness. The individual is enrolled in ASP service slots.
<b>CLIENT SUPERVISION</b>	ASP requires that all ASP services provided to clients/residents are to be coordinated by an ASP designated and trained facility staff.
<b>COMMUNITY CARE LICENSING DIVISION (CCLD)</b>	The State of California agency for licensing and monitoring residential care homes.
<b>QUARTERLY ASP BOARD &amp; CARE MEETING</b>	Quarterly convening of facilities and ASP staff to provide feedback, discuss changes and to review procedures regarding ASP service delivery. Facilities shall be notified of these meetings in a timely manner. <u>Attendance is mandatory.</u>