

SABG Requirements: Interim Services, Priority Populations, Capacity & DATAR

▪ What are Priority Populations?

- SABG funded programs must follow the priority population list for treatment preferences.
 - Pregnant person using IV substances
 - Pregnant person using other non-IV substances
 - Person using IV substances
 - All other eligible individuals

▪ What are Interim Services?

- When priority population clients are not able to be admitted to a SABG funded program due to capacity limitations, interim services shall be provided within 48 hours if no other facility has capacity to admit the client.
- Examples:
 - Education
 - HIV, TB, risk of needle sharing, transmission risk
 - SUD use side effects for pregnant women
 - Referrals
 - Prenatal care
 - HIV or TB services
 - Self-help or support groups
 - Housing, food, legal aid, self-sufficiency services
 - Medical or children's services

▪ What does DATAR have to do with Interim Services?

- All DHCS funded programs must report capacity* and waitlist management stats to DHCS via DATAR.
- There are specific questions to determine if your program is following the outlined requirements for priority populations.
- Example:
 - If you are reporting that your program exceeded 90% capacity and you had priority population clients on the waitlist, the expectation is that you provided interim services to these clients.

▪ SABG waitlist vs DMC waitlist?

- For the DMC system of care, waitlists are not allowed.
- For SABG requirements, there is an expectation that programs are maintaining waitlists primarily for priority population clients.
- Programs are reporting to BHS that they have waitlists, and this is reflected in DATAR submissions.
- In previous communication, programs were advised to report all zeros "0" for DATAR waitlists questions.
- Going forward, we want accurate data reported so we can monitor if interim services are happening.
- If you have a waitlist, please report it accurately via DATAR.

▪ Next steps for Interim Services?

- Programs will be responsible for keeping records of interim services and documenting efforts for each client and supporting evidence of efforts.
- SanWITS will be updated with an Interim Services program enrollment with education and referral services that will need to be used to capture Interim Services in the system.
- QI will be monitoring DATAR reports monthly and reaching out to programs reporting waitlists for priority populations.
 - We will be confirming accuracy of reported waitlist with programs, and for evidence that interim services were provided.

*In addition to capacity reporting via DATAR, all programs must notify DHCS upon reaching or exceeding 90% of its treatment capacity within 7 days via email at DHCSPerinatal@dhcs.ca.gov.