# 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.
  - Monitoring is shifting from monthly with QA to annual monitoring with COR teams.

*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.*