

BEHAVIORAL HEALTH

7.3.19 INTERIM SERVICES

Issue Date: 10/2013

Revision History: 12/03/2025

References: 45 CFR §96.121, 45 CFR § 96.131, 45 CFR 96.126(a), California Department of

Health Care Services (DHCS) Perinatal Practice Guidelines

Policy Owner: Behavioral Health Division, Quality Assessment and Performance Improvement

(QAPI), Quality Assurance Manager

Director Signature: SIGNATURE ON FILE

I. Policy Statement

Sonoma County Department of Health Services, Behavioral Health Division (DHS-BHD), Substance Use Disorder (SUD), and Community Recovery Services section will comply with Title 45 Code of Federal Regulations (CFR) Part 96.121, to ensure that interim services will be provided until an individual is admitted to a substance use treatment program. The purpose of interim services is to reduce adverse health effects of such abuse, promote the health of the individual, and reduce the risk of transmission of disease.

II. Scope

This policy applies to all DHS-BHD Covered Persons including employees (full-time, part-time, extra-help), unpaid interns, paid interns, temporary agency workers, registered volunteers, and all individual providers contractually designated as covered persons. Covered Persons do not include Community Based Organization (CBO) staff.

III. <u>Definitions</u>

Not Applicable

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IV. Policy

SUD services section will provide interim services to individuals awaiting admission into a SUD treatment program. The priority populations who will receive priority admission into treatment are listed below, in order of priority:

- 1. Pregnant women and women with dependent children who inject drugs.
- 2. Pregnant women and women with dependent children who use substances.
- 3. People who inject drugs.
- 4. All others.

V. <u>Procedures</u>

A. If a SUD treatment provider lacks sufficient capacity to provide treatment services to pregnant and parenting women, or to individuals who use drugs intravenously, and a referral to treatment has been made, the provider must admit the individual **no later than 14 days** from the date of the request.

If any individual covered by this policy is unable to schedule an intake appointment within 14 days of the request, they must be referred to a program manager. The program staff/manager will then make arrangements to admit the individual into a program no later than 120 days from the date of request and arrange for the following interim services within 48 hours of the request:

- 1. For pregnant women, women with dependent children, and people who inject drugs:
 - a. Counseling and education on:
 - i. Risks and prevention of transmission of HIV and Tuberculosis (TB);
 - ii. Risks of needle sharing;
 - iii. Risks of transmission to sexual partners and infants.
 - b. Referral for HIV and TB treatment services, if necessary.
 - c. Referrals based on individual assessments may include, but are not limited to, self-help recovery groups; pre-recovery and treatment support groups; resources for housing, food, and legal aid; case management; children's services; medical services; and CalWORKs /Medi-Cal services.
 - d. Programs and providers shall enter program capacity data into the Drug and Alcohol Treatment Access Report (DATAR) by the 10th of each month, reflecting data from the previous month.

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2. For pregnant women:

- a. Referrals for prenatal care;
- b. Counseling on the effects of alcohol and drug use on the fetus.

VI. Forms

None

VII. Attachments

None

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Revised/Issued: 12/03/2025