



CARE

(Community Assistance, Recovery and Empowerment) Act

California Health & Human Services Agency
Person Centered. Equity Focused. Data Driven.

Data Collection, Reporting & Evaluation Ad Hoc Group Meeting

January 8, 2025

California Health & Human Services Agency

Person Centered. Equity Focused. Data Driven.



1. Welcome and Introductions

Virtual Meeting Guidelines

- Meeting is being recorded
- Zoom captioning enabled

Members & Policy Partners

- Mute/Unmute works
- Please stay ON MUTE when not speaking and use the “raise hand feature” if you have a question or comment.
- Please turn on your camera as you are comfortable

MEMBERS OF THE PUBLIC will be invited to participate during public comment period

Ad Hoc Group Requirements

- Meetings are open to the public and subject to Bagley-Keene Open Meeting Act requirements.
- Members understand and acknowledge that CalHHS has a responsibility to implement the CARE Act as enacted in statute.
- This is not an oversight or voting group. The goal is to generate ideas and solutions to support the successful implementation of the CARE Act.
- Meeting agendas are prepared and posted online 10 days in advance of a meeting. Members are encouraged to suggest agenda items.

Ad Hoc Group Agreements

- Be present and curious.
- Respect each other's expertise and time and participate fully.
- Encourage different opinions and be respectful of disagreements.
- Be accountable to your fellow group members and practice patience and persistence – we can't solve everything in a single conversation or meeting, but we need to remain solution focused.
- Assume Positive Intent: Trust that people are doing the best they can

Data Collection, Reporting & Evaluation Ad Hoc Group Members

Co-Chairs

- Keris Myrick
- Beau Hennemann

Special Advisor

- Katherine Warburton

Facilitators Desert Vista Consulting

- Karen Linkins
- Jennifer Brya
- Ruby Spies
- John Freeman

Members

- Alison Morantz
- Christopher Guevara
- Dr. Clayton Chau
- Dawn Williams
- Jennifer Hallman
- John Parker
- Kara Taguchi
- Dr. Sharon Ishikawa
- Sean Evans
- Susan Wilson
- Tami Mariscal
- Tim Lutz

2. Recap Previous Meeting

Recap of October Meeting

- Introductions and Goals of Group
- Watched San Diego graduation video highlighting the state's first CARE graduate.
- Heard from the Judicial Council about their role in CARE implementation and the types of data they collect from courts.
- Heard from HMA about upcoming CARE Act data reports required by statute. HMA also provided a walkthrough of recent legislative changes and their impact on data dictionary requirements.
- Minutes available on [CARE Act Working Group page](#)

3. Discussion of CARE Implementation and Q&A

Overview of proposed Amendments to the CARE Act Data Dictionary

January 8, 2025

Data Collection, Reporting, & Evaluation Ad Hoc Group

Agenda

CARE Act Legislative Updates

- Overview of Legislative Updates and Key Implications

CARE Act Data Dictionary Updates

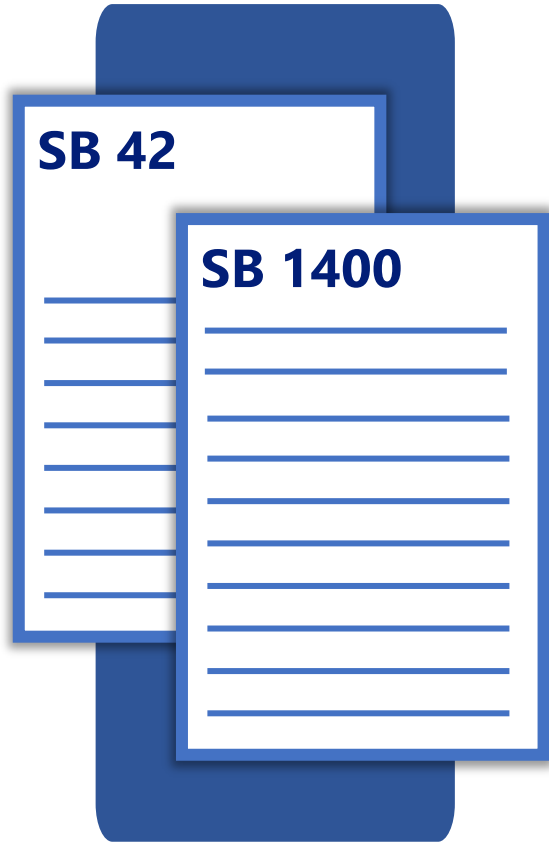
- Summary of Updated and New Sections of the CARE Act Data Dictionary

County Reporting Expectations and Resources

- Review of High-level Timeline and Reporting Deadlines
- Preview of CARE Act Data Collection and Reporting Resources and TTA

CARE Act Legislative Updates

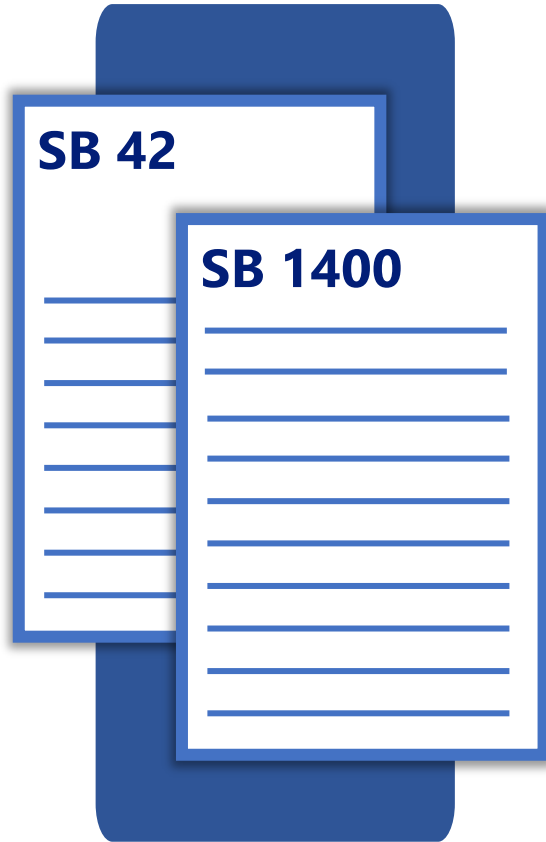
Legislative Updates



- » [Senate Bill \(SB\) 42](#): Amends provisions of the CARE Act, including referrals by facilities to County BH, communication between courts, alternatives to conservatorship, changes to CARE procedures, as well as collaboration on system performance. Requires referral data from facilities to be included in the Annual CARE Act Report ([SB 42 Brief here](#)).
- » [Senate Bill \(SB\) 1400](#)*: Amends provisions of the Penal Code related to CARE referrals of individuals deemed incompetent to stand trial. Additionally, it amends provisions to expand reporting requirements related to CARE inquires, referrals, and petitioned individuals ([SB 1400 Brief here](#)).

*The bill requires DHCS, beginning in 2026, to include the additional data collected in its annual CARE Act report to be posted on the DHCS website (Effective January 1, 2025).

Legislative Updates (Cont'd)



- » In accordance with SB 1400, DHCS is required to include the additional data elements in its annual CARE Act report, beginning in 2026.
- » **Effective January 1, 2025**, counties are expected to report on the expanded data requirements.
- » Given the timing of the release of the revised Data Dictionary, DHCS understands there may be data quality issues specific to the measures included in SB 1400.
 - DHCS will collaborate with county partners to address and work through these issues, and counties are expected to begin collecting this data to the extent they are administratively available.

Legislative Data Requirements

Trial Court Data | SB 1400 W&I Code 5985(d)(3) (A-E)

No Changes

- (A) Number of petitions submitted
- (B) Number of initial appearances on the petition set
- (C) Number of hearings held
- (D) Number of CARE plans ordered and CARE agreements approved
- (E) Number of court petitions dismissed

Legislative Data Requirements (Cont'd)

Process Measure Data | SB 1400 W&I Code 5985(e1-21)

New Additions

(1) Demographics

(2) Petitioner's Relationship to CARE Act Respondent

(3) Services and Supports

(4) Housing Placements

(5) Treatments Continued and Terminated

(6) Substance Use

(7) Detentions and LPS Involvement

(8) Criminal Justice Involvement

(9) Deaths and Cause of Death

(10) Outreach and Engagement Activities

(11) CARE Contacts (Inquiries)

(12) CARE System Referrals

(13) Total Petitions, Petitions resulting in hearings & dismissals

(14) Information on Petition Dispositions

(15) Volunteer supporters

(16) Voluntary CARE agreement

(17) Ordered and completed CARE plans

(18) Services and supports in CARE plan and court orders for stabilizing medications

(19) Adherence to medication

(20) Psychiatric advance directives

(21) Graduation plans

Legislative Data Requirements

Outcome Measures | SB 1400 W&I Code 5985 (e22-23)

No Changes

- (22) Improvement in housing status, including gaining and maintaining housing
- (22) Reductions in emergency department visits and inpatient hospitalizations
- (22) Reductions in law enforcement encounters and incarceration
- (22) Reductions in involuntary treatment and conservatorship
- (22) Reductions in substance use
- (23) Demographic disparities

CARE Act Data Dictionary Updates

Overview of Proposed Data Dictionary 2.0 Amendments

Section 1: Introduction – No substantive changes

Section 2: Instructions – Expanded

Section 3: Petitioned Individuals – Expanded

Section 4: CARE Inquiries – New

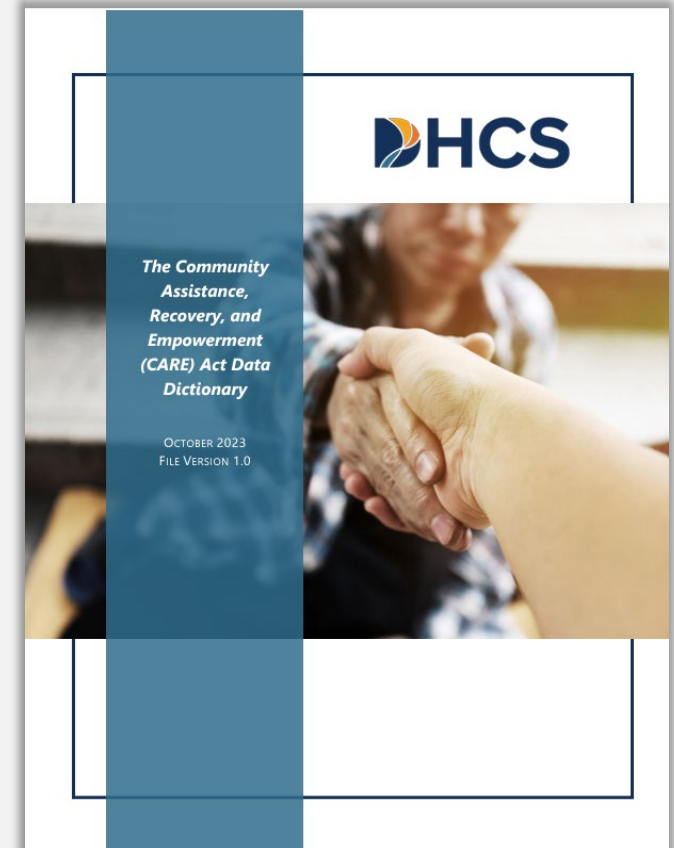
Section 5: System Referrals – New

Appendices: Glossary of Terms - New

Section 2: Instructions - Expanded

Revised Definitions

- » **CARE participant:** An individual who is the subject of a petition for CARE proceedings and met prima facie.
- » **Elective client:** A CARE participant who was diverted to elective county services and supports (*formerly referred to as voluntary county services and supports*), resulting in the petition being dismissed by the court.
- » **Active participant:** A CARE participant who is receiving county services and supports through a CARE plan, CARE agreement, or for their first 12 months as an elective client.
- » **Former participant:** An elective client who has received the first 12 months of elective services, or a CARE participant who enters into a CARE agreement, or a CARE plan, but who has either graduated from CARE, or for whom CARE Act proceedings were dismissed or terminated.



Section 2: Instructions – Expanded (Cont'd)

CARE Participants

» **Active Participants:** A CARE participant who is receiving county services and supports through a CARE plan, CARE agreement, or for their first 12 months as an elective client.

» **Former Participants:** An elective client who has received the first 12 months of elective services, or a CARE participant who enters into a CARE agreement, or a CARE plan, but who has either graduated from CARE, or for whom CARE Act proceedings were dismissed or terminated.

Reporting Requirement

» 12 months for all CARE participants or up to a total of 24 months for those reappointed in a CARE plan.

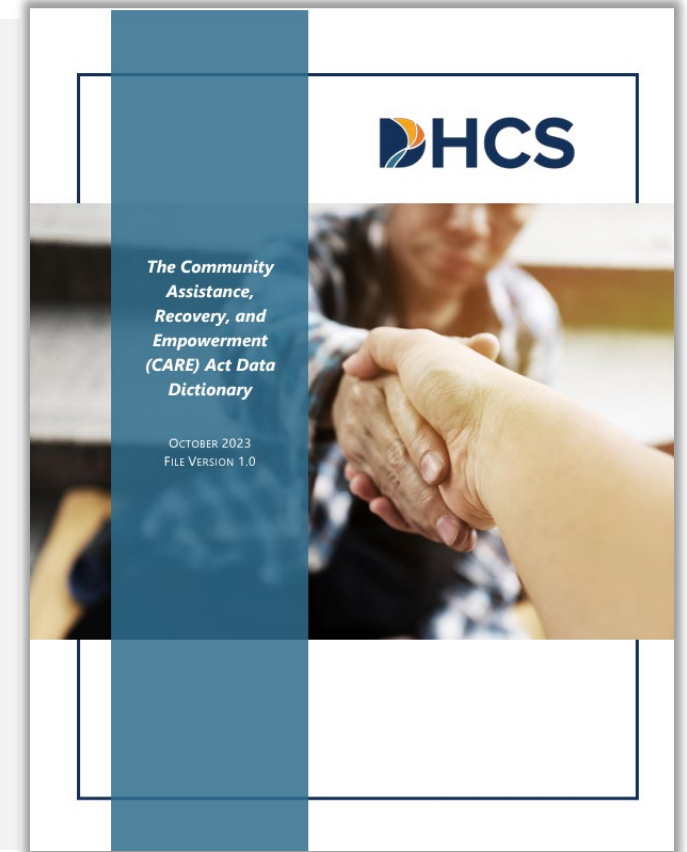
» 12 months for all former participants continuing to receive elective county services and supports. County behavioral health agencies shall report data on former participants to the *extent administrative data is available*.

County BH is not required to continue reporting on former participants no longer receiving county BH services, non-California residents, or privately insured and not receiving county BH services.

Section 2: Instructions – Expanded (Cont'd)

Updated Measurement Periods

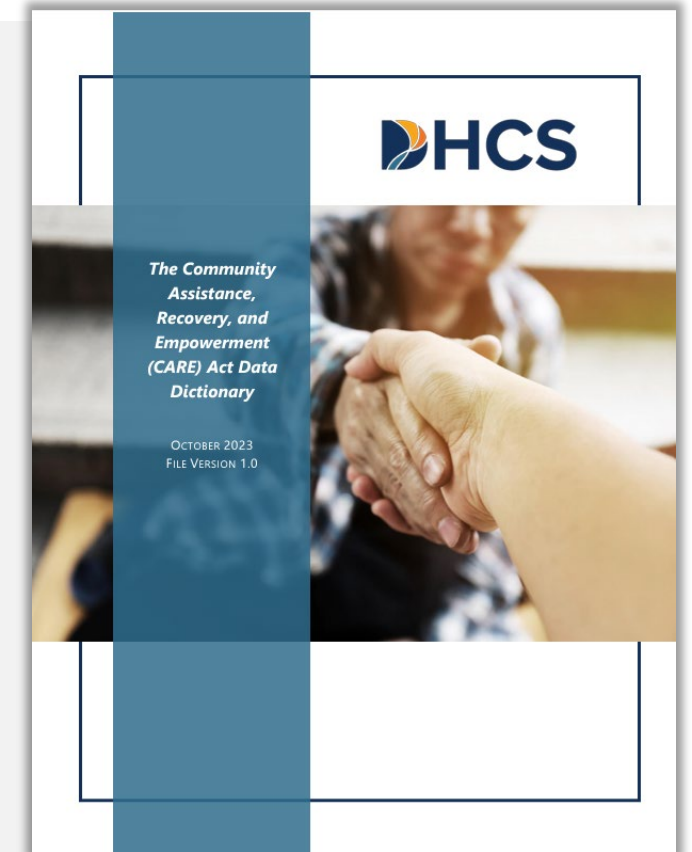
- » Adds **Referral Period**: Begins when a county behavioral health agency receives a system referral. This period ends when one of the following occurs, whichever comes first:
- The county behavioral health agency files a CARE petition; or
 - The individual is enrolled in county services and supports.



Section 3: Petitioned Individuals - Expanded

Petitioned Individuals

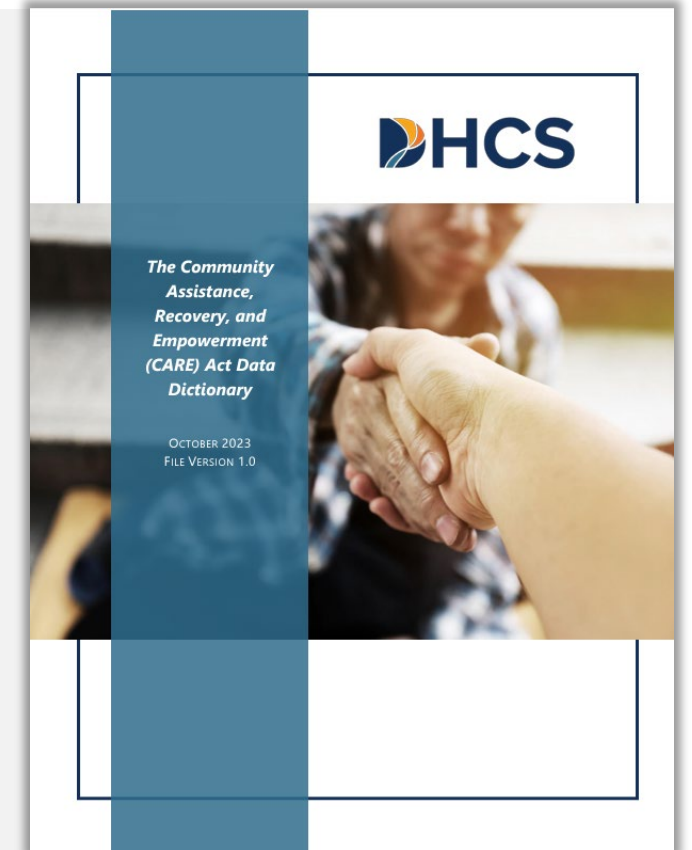
- » **Outreach and engagement efforts** during CARE Initiation Period
- » **Services provided** during the CARE Initiation Period
- » **Reasons for CARE petition dismissal**
- » **County eligibility determination**, including confirmation of clinical stability
- » **Revised definition of Elective Clients**, expanded to include all receiving county services and supports, regardless of CARE eligibility, with implications for tracking clients over time
- » **Intent:** Capture county efforts being made on the front end, during the early petition process; Understand if there are differences in care quality among those who receive services and supports outside CARE Court.



Section 4: CARE Inquiries - New

CARE Inquiries

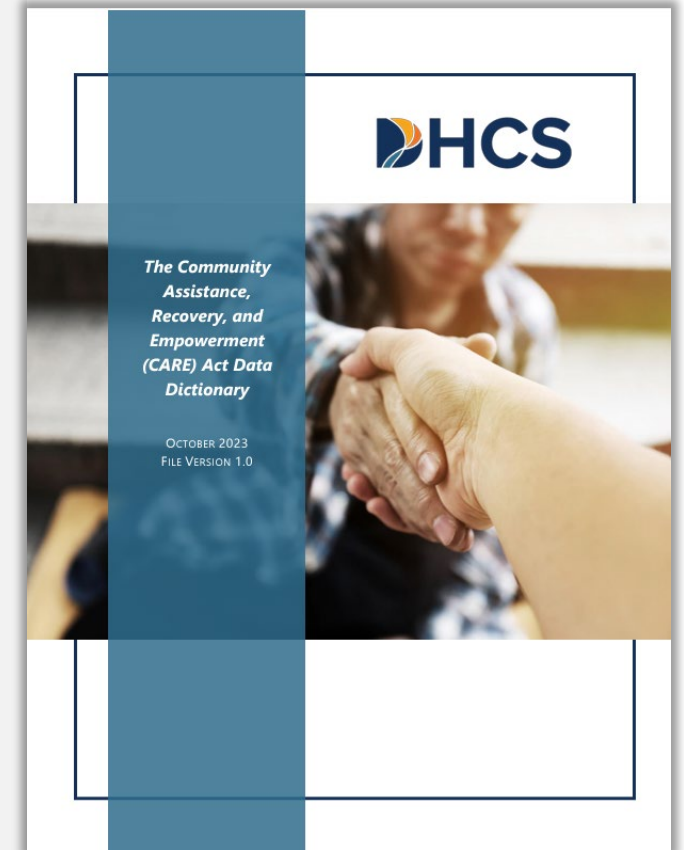
- » Adds **aggregate data** collection and reporting requirements for inquiries about CARE to County BH.
- » **Intent:** Quantify county BH efforts related to CARE inquiries and connections to services and supports, prior to CARE petition



Section 5: System Referrals - New

System Referrals

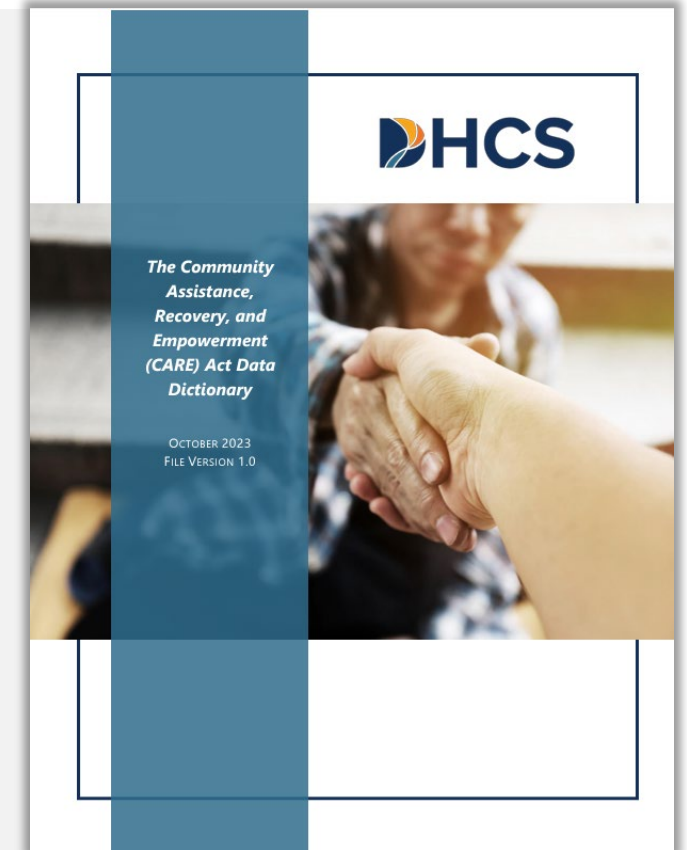
- » Adds **individual-level data** collection and reporting requirements for referrals made to County BH from:
 - Misdemeanor proceedings (MIST),
 - Felony proceedings (FIST),
 - Assisted Outpatient Treatment (AOT) proceedings, and
 - A facility (defined as one that provides assessment, evaluation and crisis intervention).
- » Includes data on referral source, referral outcome, outreach and engagement efforts, services and supports provided; reasons for not petitioning to CARE or not referring to county services.
- » **Intent:** Capture outcomes of individuals referred from key system partners to ensure they are appropriately linked to BH services and supports.



Expanded Appendix: Glossary of Terms

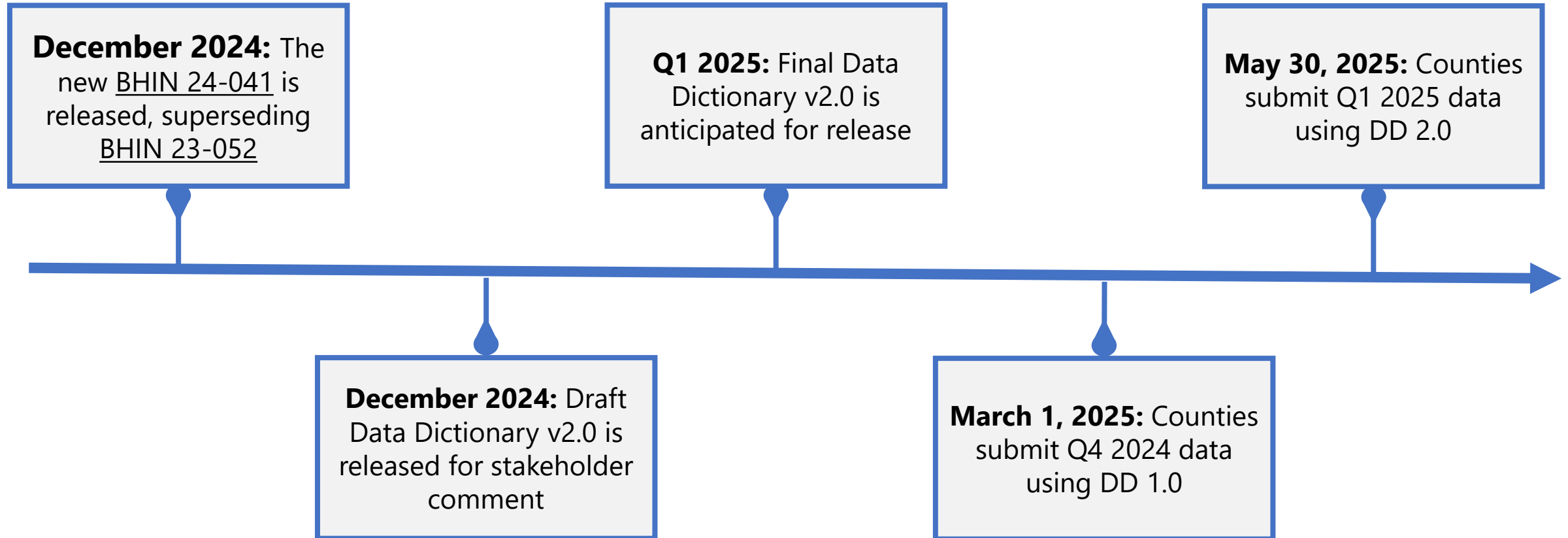
Glossary of Terms

- » Adds a **Glossary of Terms** to the Appendices.
- » The Glossary of Terms replaces the current Data Summary Table. This Table will be included in the Data File Template Options provided for CARE Act data entry and submission via MOVEit.



County Reporting Expectations and Resources

High-Level Timeline For Release and Reporting of the Updated CARE Act Data Dictionary 2.0



Data Dictionary 2.0 Stakeholder Comment Period Process

- » The Data Dictionary 2.0 Stakeholder Comment Period lasted 10 business days from December 10th through December 23rd.
- » County BH and stakeholders were notified via the DHCS Behavioral Health Stakeholders listserv. In addition, HMA liaisons directly emailed key CARE stakeholders, including:
 - County BH Directors
 - CARE implementation team county contacts
 - CARE data team county contacts
- » DHCS is reviewing submitted stakeholder feedback.

View the Draft Data Dictionary 2.0 [here](#).

County Data Reporting Expectations and Available Resources and Supports



County Responsibilities

- » Review resource briefs on [SB 42](#) and [SB 1400](#), that summarize the amended provisions of the CARE Act.
- » Counties shall provide DHCS with additional data required per SB 42 and 1400 for inclusion in the 2026 Annual Report.
- » Counties shall report in alignment with the current Data Dictionary 1.0 for the Q4 2024 reporting period.
- » Counties are expected to report on expanded data elements in alignment with Data Dictionary 2.0 **effective January 1, 2025**.



DHCS/HMA Resources

- » Revised Data Dictionary 2.0
- » Data Flow Charts for Petitioned Individuals and System Referred Individuals
- » Updated SurveyMonkey Forms
- » Updated Data File Template Options A and B
- » Updated QA Checklist
- » New Supplemental Guide for the CARE Act Data Dictionary
- » TTA on Q1 2025 submission and QA process
- » Redesigned [CARE Act Data Collection and Reporting Resources](#) page

Data Collection and Reporting Resources and Support

» Existing TTA Resources:

- Bi-Weekly Data-Focused Office Hours (continuing through 2025)
- Data Collection & Reporting [Resource Library](#)
- Data Collection and Reporting TA [Request Form](#)
- Direct email to HMA CARE Data Team CAREDataTeam@HealthManagement.com
- Support to county team members and their EHR vendors (as applicable)
- December 2024 – Presentation of Data Dictionary v2.0 Overview during Implementation Office Hours

» Planned TTA:

- Q1 2025:
 - Data Dictionary v2.0 Overview Training, including CARE Act Data Flow Charts
 - Updated Data Submission Options Training (i.e., revised and new SurveyMonkey surveys, and data file templates), including updated QA Process Overview Training
- Concurrent with release of DD 2.0:
 - Redesigned CARE Act Data Collection and Reporting Resources page, including updated FAQs and Supplemental Guide for the CARE Act Data Dictionary
- Future 2025:
 - Post-Q1 2025 data submission, Open Forum on common data quality issues, guidance to address data deficiencies

County Reporting Schedule

No Changes

- » Counties collect data in monthly installments and must submit within 60 days following the close of the reporting period.
- » Counties can elect to submit data monthly or wait until 60 days post the end of the quarter to submit all three monthly files. Submitting monthly may alleviate some burden to QA timeline.
- » Counties must adhere to the reporting and submission schedule regardless of implementation date.

Reporting Period	Submission Deadline
Q1: January 1 – March 31	May 30
Q2: April 1 – June 30	August 29
Q3: July 1 – September 30	November 29
Q4: October 1 – December 31	March 1

Questions?

CARE-Act.org | info@CARE-Act.org



4. Public Comment

Public Comment

Public Comment will be taken on any item on the agenda

There are 2 ways to make comments:

1. Raise hand on zoom to speak. If joining by call-in, press *9 on the phone.
2. We encourage email comment to CAREAct@chhs.ca.gov

****Please limit comments to 2 minutes****

NOTE: members of the public who use translating technology will be given **additional time** .

5. Meeting Wrap Up and Next Steps

Information and Communication Tools

- [CARE Act Resource Center](#)
- [CARE Act Working Group Site](#)
- [Department of Health Care Services \(DHCS\) CARE Act Website](#)
- [Judicial Council of California \(JCC\) CARE Act Website](#)
(court forms and more)
- [CalHHS CARE Act website](#)
 - [Information for Petitioners Site](#)

Next Steps

- Ad hoc groups next meetings
 - Data Collection, Reporting, and Evaluation (March 12th, 1:30-3:00 – ongoing meetings on second Wednesday)
 - Services and Supports – With TTA/Comms (January 16th, 11:30-1:00 – ongoing meetings on third Thursday)
- CARE Act Working Group meets February 12th 10am – 3pm

NOTE: Ad hoc groups will not meet in February, May, August, or November (months with Working Group meetings)



Thank you!

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