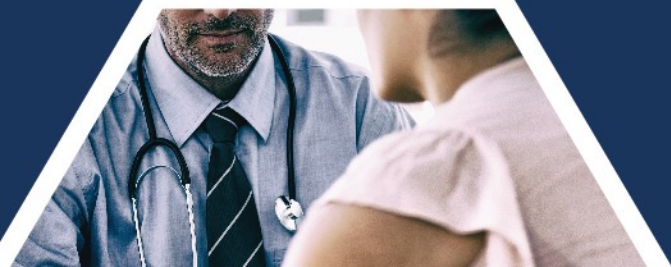

CARE (Community Assistance, Recovery and Empowerment) Act

California Health & Human Services Agency

Person Centered. Equity Focused. Data Driven.

Data Collection, Reporting & Evaluation Ad Hoc Group Meeting

July 10, 2024

California Health & Human Services Agency

***Person Centered. Equity Focused. Data Driven*.**

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Healthy CALIFORNIA ALL

1. Welcome and Introductions

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Virtual Meeting Guidelines

- Meeting is being recorded
- Zoom captioning enabled

Members

- Mute/Unmute works for members and policy partners.
- 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

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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.

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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.

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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
- Amanda Geipe
- Christopher Guevara
- Dawn Williams
- Dr. Sharon Ishikawa
- Jennifer Hallman
- John Parker
- Kara Taguchi
- Matt Tuttle
- Ruth Hollman
- Sean Evans
- Susan Wilson
- Tami Mariscal

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2. Recap Previous Meeting

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Recap of April Meeting

- Introductions and Goals of Group
- Met with RAND for an initial review of draft logic model being developed for the independent evaluation, with questions and feedback from members
- Minutes and Public Comment available on CARE Act Working Group page (for this and other CARE ad hoc groups, as well as the Working Group)

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3. Discussion of CARE Implementation and Q&A

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CARE Act Independent Evaluation Plan Overview

CARE ACT WORKING GROUP MEETING

JULY 10, 2024

Today's Presentation

Goal: Update working group on current evaluation plan draft, progress to date, and provide overview of next steps.

Agenda:

- Provide overview of RAND Independent Evaluation and progress to date
- Share Draft Evaluation Plan
- Share next steps

Goals of RAND's CARE Evaluation

Document the theory of change for the CARE Act model

Evaluate the program implementation, outcomes, and impact

Document lessons learned related to the CARE Act model and policies

Make recommendations for ongoing implementation of the CARE Act

Progress to Date

- Completed logic model
- Added new process evaluation component
- Drafted process and outcome evaluation plan
- Drafted CARE participant survey
- RAND Human Subjects Protection Committee application (in progress)

Evaluation Plan Draft for CARE Act Independent Evaluation

Evaluation Design and Logic Model

Evaluation Plan

- Comprehensive process and outcome evaluation of the CARE Act
- Mixed methods, incorporating both qualitative and quantitative approaches
- Logic model outlines the evaluation questions, CARE Act activities, and associated process and outcome measures

CARE Evaluation Logic Model – *Draft 5-13-24*

Evaluation Questions

Implementation:

1. How prepared were counties to implement the CARE Act model?
2. How was CARE implemented?
3. What factors might be impacting the effectiveness of CARE?

Community Assistance, Recovery and Empowerment:

4. Did CARE participants increase their engagement in needed services?
5. Was access to services equitable?

6. Did CARE participants experience increased mental illness recovery and empowerment?
7. Were recovery and empowerment outcomes experienced equitably?

Strategies & Activities

Individual-level

- Participation in CARE process:
  - Petition/Initiation
  - Engagement
  - Court process and development of CARE plan
  - Service connection
  - Service delivery
- Engagement of advocates, including peers, family, and volunteer supporters

System-level

- County workflows to support CARE implementation
- System coordination and linkage, including County BH, Public Defenders, Courts, and County Counsel
- Data collection and sharing
- Accountability levers

Implementation Outcomes

Individual-level

- Number and description of individuals on different pathways:
  - Elective clients
  - Voluntary CARE agreement status
  - Ordered CARE plan status
    - Developed
    - Accessed
    - Shared
    - Adhered to
- Psychiatric Advanced Directive status

↑ Perceived appropriateness of care
↑ Perceived quality of care/services
↑ Perceived choice in care/services
↑ CARE participant satisfaction with process
↑ Family/caregiver satisfaction with process
↑ Social support (emotional, tangible, informational)
↑ Awareness of service options

System-level

↑ Coordination between County BH, Public Defenders, Courts, and County Counsel

- Barriers and facilitators to implementation
- Availability of appropriate services
- County accountability (e.g., claims, fines and sanctions)

- Equity/disparities in above outcomes

Key Outcomes

Community Assistance, Recovery and Empowerment:

<u>3-legged stool:</u>

↑ Engagement in services
↑ Medication stabilization
↑ Safe, stable, preferred housing

↑ Personal recovery (CHIME framework):
  - Connectedness,
  - Hope,
  - Identity,
  - Meaning and purpose,
  - Empowerment

↑ Achievement of personal CARE goals
↑ Meaningful work or community engagement – e.g., employment, volunteering, caring for others or enrollment in education
↓ ED use
↓ Hospitalizations
↓ Arrests and incarceration
↓ LPS and probate conservatorships

- Equity/disparities in above outcomes

Evaluation Questions and Data Sources

		Staff Interviews	CARE Participant Interviews	Petitioner Interviews	CARE Participant Survey	Administrative Data
Process Evaluation	Q1. How prepared were counties to implement the CARE Act model?	X	X	X		X
	Q2. How was CARE implemented?	X	X	X	X	X
	Q3. What factors might be impacting the effectiveness of CARE?	X	X	X	X	X
Outcome Evaluation	Q4. Did CARE participants increase their engagement in needed services?	X	X	X	X	X
	Q5. Did CARE participants experience increased mental illness recovery and empowerment?	X	X	X	X	X

Qualitative Methods

In-depth qualitative data collection to address evaluation questions:

Q1: How prepared were counties to implement the CARE Act model?

Q2: How was CARE implemented?

Q3: What factors might be impacting the effectiveness of CARE?

Draw both local and state-level conclusions about implementation

Anticipate selecting 12 counties to participate in qualitative methods.

- Six early implementation sites (including Cohort 1 counties and Los Angeles County) and six Cohort 2 sites

Qualitative Methods (continued)

Implementation Partner Interviews

- Interviewees to include County and State level including BH Agencies, DHCS, HMA, CalHHS, and Judicial Council
- Interview topics to include staffing and training; implementation process; efforts to ensure equity in access and outcomes; facilitators and challenges to implementation

CARE Participant Interviews

- Elective clients, voluntary CARE agreements, and CARE plan respondents
- Interview topics to include CARE process initiation; barriers and facilitators to participation; overall satisfaction and suggestions for improvement.

Petitioner Interviews

- Interview topics to include CARE petition filing process; perceptions of types of quality of services; and questions about equitable access to services and support for the respondent.

Quantitative Methods

Quantitative data to address evaluation questions:

- Q1: How prepared were counties to implement the CARE Act model?
- Q2: How was CARE implemented?
- Q3: What factors might be impacting the effectiveness of CARE?
- Q4. Did CARE participants increase their engagement in needed services?
- Q5: Did CARE participants experience increased mental illness recovery and empowerment?

Quantitative Methods (continued)

Administrative data

- Examples: Total CARE respondents across pathways, Volunteer Supports, Psychiatric Advanced Directives, Engagement in Services, Medication Stabilization, Housing, LPS conservatorships, Arrests and Incarceration, ED use and Hospitalizations

Supplemental Administrative Data

- Examples: Healthcare Utilization, Access to BH treatment, Mortality, Housing

Respondent Survey

Survey of CARE participants at two points in time, with all three pathways in the CARE process.

- Survey will be implemented in three formats: web-based, phone interviews, and in-person field interviews
- Topics will include individual-level implementation outcomes including perceived appropriateness of care, perceived quality of services, perceived choice in services, CARE participant satisfaction with the process, social support (emotional, tangible, informational), and awareness of service options.

We are working with participating counties to determine appropriate and feasible methods for selecting survey participants.

Planned Analyses

Qualitative:

- We will use qualitative information gleaned from interviews to answer the process evaluation questions (i.e., Questions 1, 2, and 3). We will use methods that have been effective in our prior work to synthesize the qualitative data across multiple data sources.

Quantitative:

- Quantitative analyses will address both the process evaluation and the outcome evaluation questions (Qs 1-5).
- Our analyses will try to identify changes attributable to the CARE Act Model.
- The Administrative Data will serve as control measures in our quantitative and qualitative evaluation of the CARE Act's impact.

Stakeholder Engagement

Critical component is the engagement of stakeholders.

- Early stages of this evaluation, stakeholder engagement ensured that we have a complete understanding of the CARE Act and the theory of change, and that this is captured adequately within the program logic model.
- Stakeholder feedback has also helped to shape our evaluation methods, such as our plans for sampling counties for the qualitative work, specific implementation partners to recruit for that work, and survey design and administration

Stakeholder engagement will also remain a critical component of our work throughout the course of the evaluation.

- For example, we anticipate sharing interim findings with stakeholders, which will be an opportunity to identify any findings that are potentially unexpected or surprising or generate hypotheses to explain the results.

Details of our stakeholder engagement plan are still in progress, but we will ensure representation from individuals with a range of backgrounds, including state and county departments/agencies, people with lived experience, family members and other potential petitioners, and experts in racial equity.

Deliverables and Timeline

Deliverable	Due date
Stakeholder engagement	Ongoing
Draft Evaluation Plan (this document)	June 30, 2024
Draft Participant Survey	June 30, 2024
Quarterly Progress Reports	July 15, 2024, and on the 15th of the month after the quarter ends thereafter
Draft Evaluation Report	September 1, 2026
Final Evaluation Report	September 1, 2028

Evaluation Plan Next Steps

Receive Feedback on Evaluation Plan

Stakeholder Engagement Plan

- In process of receiving feedback on draft
- Working to identify stakeholder groups and methods

Determine Survey Distribution Plan

Obtain RAND Human Subjects Protection Committee approval

Begin Data Collection and Analysis

- Interview protocols
- Site selection
- Supplemental data

4. Public Comment

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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

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

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5. Meeting Wrap Up and Next Steps

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Information and Communication Tools

- Data Dictionary BH Information Notice No.: 23-052 and Enclosure: Data Dictionary Version 1-0
- CARE Act Resource Center
- CalHHS CARE Act website
  - CARE Act Quarterly Updates (Quarter 4, Quarter 3, Quarter 2, Quarter 1)
  - Information for Petitioners Site and 1-Page Information Flyer for Petitioners
- 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)

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Next Steps

- Ad hoc groups next meetings
  - Data Collection, Reporting, and Evaluation (September 11th, 1:30-3:00 – ongoing meetings on second Wednesday)
  - Training, Technical Assistance, and Communication (July 17th and September 18th, 1:00-2:30 – ongoing meetings on third Wednesday)
  - Services and Supports (July 18th and September 19th, 11:30-1:00 – ongoing meetings on third Thursday)
- CARE Act Working Group meets August 21st 10am – 3pm

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

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6. Adjourn and Thank you!

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Thank you!

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