California Health and Human Services Agency
Community Assistance, Recovery & Empowerment (CARE) Act
Data Collection, Reporting & Evaluation Subgroup Meeting Minutes

January 10, 2024 | Virtual Meeting
Meeting Materials and Recording Available on Working Group Site
Public Zoom chat from meeting is included as an Appendix to this file

For additional information and resources, please see the following sites:

- CARE Act Resource Center (managed by HMA for DHCS)
- CalHHS CARE Act Site
- Judicial Council CARE Act Site

Group Members in Attendance:

- **Alison Morantz**
- **Christopher Guevara**
- **Beau Hennemann (Co-chair)**
- **Dr. Sharon Ishikawa**
- **Jennifer Hallman**
- **John Parker**
- **Keris Myrick (Co-chair)**
- **Sean Evans**
- **Tami Mariscal**

1. Welcome, Introductions, and Goals of This Group

Karen Linkins, Principal, Desert Vista Consulting, opened the meeting and introduced herself and her team. She reviewed the virtual meeting guidelines for group members and members of the public.

All group members in attendance introduced themselves, beginning with the group's co-chairs and the group's special advisor, Dr. Katherine Warburton.

Karen Linkins said this group will now meet consistently on second Wednesdays. She shared ground rules for the meeting and details of the group's approach and goals.

2. Recap Previous Meeting

Karen Linkins provided an overview of the previous meeting of the group in December. The main components of that meeting were a presentation by Serene Olin of Health Management Associates on the components of the CARE Act Data Dictionary and a presentation by

Christopher Guevara from San Diego's Behavioral Health Services Data Science Unit on San Diego County's experience setting up their data systems and collecting data. She reminded the group that minutes from this meeting can be accessed through the CARE Act Working Group website.

3. Discussion of CARE Implementation and Q&A

Karen Linkins introduced Andy Potter, Program Evaluation Section Chief at DHCS.

Andy Potter announced that the RAND Corporation was selected as the Independent Evaluator and will be responsible for producing the Independent Evaluation of the CARE Act as required by statute. He discussed RAND's subject matter and evaluation strategy strengths that align well with the CARE Act. He discussed the differences between the Annual Report and Independent Evaluation and highlighted the major elements of the Independent Evaluation. He introduced Melissa Labriola from the RAND team to provide a high level overview of their evaluation plan.

Melissa Labriola introduced herself and described her background. She provided an overview of RAND's broader activities and focuses and said that the RAND team members who will be evaluating CARE are coming from RAND's Justice Policy Program and their Health Care divisions. She introduced her co-leads, Nicole Eberhart and Stephanie Brooks Holliday, and their particular focus areas. She shared a list of past projects of RAND that relate to legal and mental health evaluation, which included working with legal and court data. She assured the group that they have extensive experience working with a broad range of data sources.

Melissa Labriola walked the group through high level information about their current plans for the evaluation:

- Major goals of the evaluation:
    - RAND evaluators will document the theory of change for the CARE model through the development of logic models
    - They will evaluate program implementation, outcomes, and impact
    - They will document lessons learned related to the CARE Act model
    - They will make recommendations for ongoing implementation
- Primary methods include stakeholder engagement, logic model development, survey of program participants, analysis of implementation and outcomes, and equity-oriented analysis
    - Stakeholder engagement will include county BH agencies, racial justice experts, CARE participants, and other stakeholders
    - Logic model development will lay out the theory of change and the expect short, medium, and long-term measurable outcomes
    - Participant survey has not been developed yet, but will assess participants' perceptions of the CARE process and effects

  - Analysis of implementation and outcomes will assess the extent to which the CARE model is associated, correlated, and casually related with performance of outcome measures
  - Equity oriented analysis will assess if the CARE Act succeeds in reducing disparities and make recommendations for future actions for disparity reduction
- An initial timeline has been established for each component of the evaluation through 2028, when the final evaluation report is due
- Earlier deliverables include the work plan and evaluation plan, due in 2024, and the draft preliminary report, due by September 1, 2026
- RAND's current next steps are finalizing the work plan and evaluation plan, initializing stakeholder engagement, and developing the survey

Questions and Discussion:

Karen Linkins invited questions from group members on the presentation from Melissa Labriola. She reminded the group that the discussion is intended to be high level.

- Alison Morantz asked what RAND's role will be in the collection of granular data, other than survey data. She also asked if any of that data will be made available to a broader research community.
  - Melissa Labriola responded that they have a range of data collection practices that they are prepared to implement to collect any data that is indeed available, though ideally the data they access will not be de-identified for linking and merging purposes. She emphasized that they still working to understand the range of data sources.
- Keris Myrick said that it seems like RAND's framework and expertise in the justice system emphasizes the need for transparency around CARE being a court based process. Myrick also asked who on the RAND team has expertise in race and equity within various systems.
  - Melissa Labriola responded that they are still developing their team but RAND has a large DEI team with various expertise that they will be pulling from.
- Keris Myrick asked if anyone with lived experience will be involved in development of the participant survey.
  - Melissa Labriola responded that that is part of their plan and they are also open to suggestions of additional people who could serve in advisory roles.
- John Parker asked if RAND will play any quality control role in data collection. Parker also asked if there will be an economic analysis of outcomes.
  - Melissa Labriola responded that quality control is woven into their plan. She said that an economic analysis is not an element of the evaluation.

    - Andy Potter added that HMA will also be doing a significant amount of quality control of county data that comes in.

- Tami Mariscal asked if the evaluation data collection will include county claims data for Medi-Cal and mental health. She suggested this could be useful for purposes of identification. She also asked how RAND is distinguishing between Cohort 1 and 2 counties.
    - Melissa Labriola said they are thinking through these questions.
- Sean Evans asked how fidelity of the model is being assessed and if there will be site visits.
    - Melissa Labriola said they will be attending site visits, though a full assessment of fidelity is not the primary evaluation focus.
- Jennifer Hallman discussed various factors relating to getting robust survey participation.
    - Melissa Labriola shared examples from her survey administration experience.
- Keris Myrick asked how they will be approaching data on privately insured patients.
    - Andy Potter responded that RAND will have several avenues to access this data.
- Karen Linkins asked the group if they have any recommendations for additional stakeholders who should be considered in the stakeholder engagement process.
    - Tami Mariscal suggested outreach to parents and state associations.
    - Alison Morantz suggested groups focused on advocates and family members, such as FASMI.
    - Keris Myrick noted that petitioners are missing from the list.
    - Tami Mariscal suggested patient rights advocates.
    - Alison Morantz suggested public defenders.
    - John Parker suggested elected officials, such as District Supervisors.
- Jennifer Brya asked what systems level questions are included in the scope of the evaluation.
    - Melissa Labriola responded that disappointingly, the capacity for answering systems level questions will be limited, but they are looking to include those considerations as much as possible.

Melissa Labriola thanked the group for their suggestions. Karen Linkins invited closing comments from co-chairs.

- Beau Hennemann said hopefully the group can continue to engage in the details of the evaluation as it moves along.
- Keris Myrick added that the group should remember to keep in mind the burden on the counties of data collection and reporting as they continue to make suggestions to RAND. Other members echoed the concern of added burden on counties. Myrick also added that when thinking about fidelity to the model, it is important to remember that the success of the model has yet to be proven.
- Dr. Katherine Warburton, responding to comments about fidelity, said that fidelity to the services laid out in the statute and to the standard of care for this population could be a good framework for evaluation.
- Keris Myrick raised that the language around housing in the statute is muddy.
- Dr. Sharon Ishikawa added additional measurement considerations for assessing fidelity.

4. Call for Public Comment

Karen Linkins shared instructions for how to make public comment and said that comments can also be submitted at any time via email.

- Katherine Wolf asked how the evaluation will distinguish between the causal effects of court involvement and the causal effects of pressure placed on counties and insurance companies to provide services and coverage. She shared that if the only way to get services is through court involvement, that raises human rights concerns. She also said that she is concerned about informed consent to research, because being petitioned for CARE is not voluntary. She said she wants to use this data but does not want to violate ethical guidelines.

5. Meeting Wrap Up and Next Steps

Karen Linkins shared the dates of the next CARE Act Working Group meetings and said that the next meeting of this group will be March 13 and ongoing second Wednesdays after that, with the exception of months when the CARE Act Working Group is meeting. She also shared meeting information for the other ad hoc subgroups. She thanked everyone for attending and adjourned the meeting.

Appendix I: Public Zoom Chat

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14:02:27 From  x639806  to  Everyone:
	Carmella Mascio

14:04:29 From  John Freeman  to  Everyone:
	Thanks so much for joining, Carmella!

14:08:22 From  x639806  to  Everyone:
	Darn thought it was Tuesday already :)😁

14:24:05 From  Jess Foat, HTI  to  Everyone:
	Welcome to the group!

15:27:59 From  x639806  to  Everyone:
	Sorry, I need to get on another meeting. Take care all

15:33:01 From  John Freeman  to  Everyone:
	Thanks all!
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