



**California Health and Human Services Agency
Community Assistance, Recovery & Empowerment (CARE) Act
Data Collection, Reporting & Evaluation Subgroup Meeting Minutes
October 16, 2023 | 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:

- **Keris Myrick (Co-chair)**
- **Beau Hennemann (Co-chair)**
- **Amanda Geipe**
- **Dawn Williams**
- **Ruth Hollman**
- **Sean Evans**
- **Dr. Sharon Ishikawa**
- **Susan Morris Wilson**
- **Tami Mariscal**

1. Welcome and Introductions

Karen Linkins, Principal, Desert Vista Consulting, opened the meeting and explained that this group is a subgroup of the CARE Act Working Group. She thanked group members and members of the public and shared that the purpose of the group is to review and make recommendations on data and evaluation to ensure successful implementation of the CARE Act. She said that the purpose of this first meeting is to get oriented on the relevant data and context. Karen Linkins welcomed Dr. Kate Warburton, CMO for the Department of State Hospitals, who will be presenting today and is serving as a technical advisor. She also announced presentations from Health Management Associates (HMA) and the Department of Health Care Services (DHCS), which she said would occur later in the meeting. Karen Linkins reviewed meeting logistics and the virtual meeting guidelines for both group members, other panelists, and members of the public.

All group members in attendance introduced themselves, beginning with the group's co-chairs. After member introductions, CalHHS Deputy Secretary Stephanie Welch introduced herself.

2. Goals of this Working Group

Karen Linkins provided more details on the goals and logistics of the CARE Act Working Group, which will continue to meet quarterly through December 31, 2026. The group provides feedback on a range of implementation activities. She shared that the purpose of this subgroup, which supports the efforts of the Working Group, is to provide feedback on implementation activities including the annual report and evaluation plan, and data collection and reporting, as well as to recommend additional types of outcomes to measure and track related to the effectiveness and impact of the CARE Act. Karen Linkins reviewed subgroup logistics, including that meetings are subject to Bagley-Keene requirements.

3. Overview of Issues to Address and Q+A

Karen Linkins introduced Dr. Kate Warburton and said her presentation will provide a grounding for the group on best practices and why the CARE Act is needed.

Dr. Kate Warburton introduced herself and her background and presented on the following topics related to the broader context of the CARE Act:

- Schizophrenia Spectrum Disorder and common symptoms, including hallucinations, delusions, and lack of insight into the existence of the illness
- Case vignettes of multiple people with Schizophrenia Spectrum Disorders whose symptoms were criminalized and they were arrested
- History of State Hospital overutilization
- The Penrose Effect/Penrose's Law and supporting data
- The false dichotomy that people with severe symptoms must be either institutionalized or incarcerated, which CARE is intended to disrupt through providing upstream community-based care
- The Incompetent to Stand Trial (IST) crisis, in California and nationwide, which is a growing phenomenon of people with untreated severe behavioral health conditions, most of whom are experiencing homelessness, being arrested and found Incompetent to Stand Trial
- The primary causes of the IST crisis nationwide, which are largely a lack of adequate mental health services
- Factors positively associated with high-frequency incarceration (schizophrenia spectrum disorders and homelessness)
- DSH IST bed capacity and California prison population increases
- Hypothesis on the cycle of untreated illness and criminalization at the heart of the IST crisis
- How CARE can break the cycle of criminalization

- The Sequential Intercept Model, which displays points at which people with Schizophrenia Spectrum Disorders can come into contact with the mental health and criminal justice systems
- American Psychological Association (APA) Guidelines for the standard of care for Schizophrenia Spectrum Disorders
- The concept of the three-legged stool of treatment, comprised of medication, wraparound behavioral health services, and housing
- American Medical Association (AMA) Principles of Medical Ethics on informed consent, which requires an assessment of medical decision making capacity
- Medication in the CARE Act and in a broader context
- The Assertive Community Treatment model of providing behavioral health services
- The importance of housing and the range of housing options that will be required for CARE

Questions and Discussion:

Karen Linkins invited questions from group members on the presentation from Dr. Warburton.

- Group members thanked Dr. Warburton and commented on the importance of not separating people with these diagnoses into two groups of ill and recovered, as many people have experiences along that spectrum. They also suggested that family voices should be balanced with peer voices to establish a whole picture, commented on the risk of inaccurate diagnoses of Schizophrenia Spectrum Disorders, suggested the use of shared recovery housing in CARE, and considering in the annual/independent evaluations how different populations may experience CARE services differently.
- Keris Myrick asked for the group to get more clarity regarding the specific process through which involuntary medication would happen. Keris Myrick also implored the group to think about how what Dr. Warburton put forward can help in informing evaluation strategy, including assessing what types of data are missing from what she presented. She also requested that data that is presented in the future be stratified by demographic group.
- Amanda Geipe asked how substance use will be considered in CARE, as it is often a barrier to receiving services. Dr. Kate Warburton commented on the prevalence of co-occurring SUD and schizophrenia.
- Dr. Kate Warburton emphasized that her focus is on breaking the cycle of criminalization that she has seen firsthand.

4. Discussion of Short-Term Strategies

Karen Linkins introduced Serene Olin from Health Management Associates and Andy Potter from the Department of Health Care Services.

Serene Olin shared updates on the collection and reporting of CARE Act data.

- The Behavioral Health Information Notice (BHIN) that provides guidance to counties on data reporting requirements. was published on October 3, 2023.
- DHCS is responsible for ensuring that counties are equipped to collect and report data according to statute requirements, which included DHCS developing and training counties on the Data Dictionary, which was released as part of the BHIN.
- Asynchronous and live trainings are available for County Behavioral Health Departments on the components of the Data Dictionary.
- The Judicial Council is collecting and reporting data at the aggregate level, whereas County Behavioral Health is responsible for individual level data.
- The first round of quarterly data from Cohort 1 counties must be submitted by March 1, 2024. Data reporting for all counties will be quarterly, though a monthly reporting option is also available to counties.
- Data submitted will inform both the CARE Act annual report and the independent evaluation. DHCS is responsible for producing both the report and the evaluation, which will both include analyses of any disparities.

Andy Potter shared that DHCS expects to have the independent evaluator under contract by the end of 2023, and that they expect to begin working with this subgroup on topics related to the evaluation at the January meeting.

Karen Linkins thanked the presenters and invited comments from group members.

- Ruth Hollman asked about the difference between a CARE Plan and a CARE Agreement. Serene Olin and Tami Mariscal clarified the difference.
- Ruth Hollman asked if the independent evaluation will use a random sample. She suggested it would be useful to use a random sample and a control group. Andy Potter said they are planning on taking this approach. Ruth Hollman suggested staying away from census data.
- Amanda Geipe expressed concern about how the constraints that small counties with limited data systems and integration will be taken into account. Serene Olin said these constraints were taken into account when developing Data Dictionary.
- Dr. Sharon Ishikawa posed the question of to what extent the proposed data fields in the current Data Dictionary will be able to provide answers on the success of all possible CARE pathways, and how to balance the usefulness of additional data with the existing challenges of collecting data. Serene Olin confirmed DHCS and HMA are considering this.
- Sean Evans expressed importance of measuring various outcomes related to implementation, in addition to measuring specific interventions.

Karen Linkins thanked everyone for their engagement and opened the floor for public comment.

5. 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.

- John Parker of San Francisco shared that his wife suffered from serious mental illness and that he is deeply involved in advocacy and feels optimistic about the CARE Act. He said that he feels that the three legged stool is key and wants to know how successfully it will be implemented in the CARE process. He shared some of his professional experience and said that he would love the opportunity to contribute.
- Linda Mimms thanked Dr. Warburton and emphasized the importance of data collection. She asked what metrics will be used to evaluate larger outcomes related to living in recovery. She asked how recovery will be defined and emphasized that setting up the right metrics is crucial in order to obtain the results everyone wants to see.
- Leonard Marcus shared that he has a mentally ill son who does not fit the CARE eligibility criteria. He said that we need to look beyond the populations of people who are homeless and incarcerated.
- Laurel Benhamida from Muslim American Society Social Services Foundation in Sacramento said she is interested in the overlap between schizophrenia and trauma, particularly because she works with refugees. She asked if people will be moved to other counties if the appropriate housing placements are not available within the county. She also asked if the independent evaluation is an open bid or no bid process.
- Katie Mayeda asked how the CARE Act will connect with other large changes in the state, such as MHSA reform, BHBH, and CalAIM. She said she wants to make sure conversations are happening to avoid duplication of services and to maximize the benefit of these changes.
- Patricia Wentzel said that the amount of time from the referral to the resolution of the referral should be tracked to see if it validates or refutes the idea that outreach will always lead to voluntary engagement. She also emphasized the need to track housing types within each county that respondents are referred to.

Karen Linkins thanked everyone for their comments.

6. 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 still needs to be scheduled. 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

12:35:35 From John Freeman (DVC for CalHHS) To Everyone:

Slides from this meeting are available at: <https://www.chhs.ca.gov/wp-content/uploads/2023/10/Data-Collection-Reporting-Evaluation-Ad-Hoc-Group-10.16.23.pdf>

12:49:21 From Tami Mariscal To All Panelists:

great presentation. Thank you Katherine.

13:05:31 From John Freeman (DVC for CalHHS) To Everyone:

Data Collection BHIN: <https://www.dhcs.ca.gov/Documents/BHIN-23-052-CARE-Act-Data-Collection-and-Reporting-Requirements-pdf.pdf>

Data Dictionary: <https://www.dhcs.ca.gov/Documents/Enclosure-I-CARE-ACT-Data-Dictionary-Version-1-0.pdf>

13:10:33 From Ruth Hollman, CEO SHARE! she/her To All Panelists:

What is the difference between a CARE Plan and a CARE Agreement?

13:18:26 From John Freeman (DVC for CalHHS) To Everyone:

On the Plan/Agreement question, please see item 6 in this document: https://www.chhs.ca.gov/wp-content/uploads/2023/08/CARE_OVERVIEW_AUG23_R3.pdf

13:22:37 From John Freeman (DVC for CalHHS) To Everyone:

For members of the public, if you have questions, please feel free to enter them in the chat. We will also have public comment in a few minutes.

13:23:04 From John Freeman (DVC for CalHHS) To Everyone:

You can also email any comments or questions to: CAREAct@chhs.ca.gov

13:23:24 From Suzanna Juarez-Williamson Riverside County To All Panelists:

Is the independent evaluator different than HMA ?

13:24:27 From John Parker To All Panelists:

I am a San Francisco resident with deep family experience with SMI and a keen interest in the success of the CARE act. I hope I get a chance to comment!

13:24:46 From Laurel Benhamida To All Panelists:

Please put entire call on-line. Slides are good but not sufficient.

Thank you

13:25:33 From William Arroyo To All Panelists:

Glad to hear that there will be a comparison group as a control group. It would be a shame to start this statewide program without having an adequate evaluation.

13:25:48 From John Freeman (DVC for CalHHS) To Everyone:

In response to one question that came in, yes, the independent evaluator responsibilities are separate from HMA's role in data collection.

13:26:20 From John Freeman (DVC for CalHHS) To Everyone:

Additionally, the recording of this session will be posted as soon as it is available.

13:27:04 From Laurel Benhamida To All Panelists:

Plans should be made now for quality interpreting and translation services. "If available" is not sufficient civil rights protection.

13:27:07 From Katie Mayeda To All Panelists:

Does anyone know how this is going to work with the new changes for the Mental Care Act with SB326 being signed?

13:27:31 From Linda Mimms To All Panelists:

What are the metrics we will be using to measure outcomes of the program? For example, living in recovery is what we all hope for. What will be the definition of recovery? Whatever metrics are selected, we need to be mindful of how people tend to work towards the metrics—therefore, we must set up measurements carefully with that in mind.

13:27:48 From leonardmarcus To All Panelists:

My 31 year old son with serious mental illness is living at home he was homeless for a short time but was doing so poorly I begged him to come back home. Why do we want to wait until he completes another felony it cost a small fortune to keep him out of prison instead of helping him get medicated.

13:30:29 From Laurel Benhamida To All Panelists:

If quality language services are not available, word will get around fast in diverse communities. People will not engage.

13:30:45 From Patricia Wentzel she/her NAMI To All Panelists:

Might want to track length of time from referral to resolution of the referral (i.e. voluntary, agreement, plan) and look at distribution of those results by time - wondering if longer time in outreach/engagement leads to greater voluntary participation

13:31:09 From Teresa Pasquini To All Panelists:

I greatly appreciate this conversation. This is my second ad hoc meeting and I am very hopeful about the direction we are headed with implementation of Care Act. I will email additional comments.

13:32:38 From Laurel Benhamida To All Panelists:

The MHSOAC had a hard time obtaining data from counties. See Little Hoover Commission report. How will enforce your requests?

13:33:32 From Ruth Hollman, CEO SHARE! she/her To All Panelists:

Leonard have you tried taking the family to Recovery International Support groups?

13:34:21 From Patricia Wentzel she/her NAMI To All Panelists:

Should track type of housing provided to help clarify if/how success in one county vs. success in another county differs according to the availability/type of housing placement.

13:37:42 From Laurel Benhamida To All Panelists:

If appropriate housing is not available will people be moved to other counties? Or just have to accept what is available?

13:39:27 From Laurel Benhamida To All Panelists:

Is the Independent Contractor for eval a no bid or open bid contract?