



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

March 13, 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 Attending Virtually

- Alison Morantz
- Amanda Geipe
- Christopher Guevara
- Beau Hennemann (Co-chair)
- Dr. Sharon Ishikawa
- John Parker
- Kara Taguchi
- Keris Myrick (Co-chair)
- Sean Evans
- Tami Mariscal
- Tim Lutz

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.

Linkins 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 in January. In that meeting, evaluators from RAND, who will be carrying out the independent evaluation of the CARE Act, provided an overview of their plans for the evaluation.

Linkins 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 Serene Olin of Health Management Associates (HMA) to present on the status of the first quarterly data submission.

Serene Olin provided updates on CARE data collection and reporting:

- DHCS received the first submission of data from Cohort 1 counties on March 1.
- HMA provided extensive TTA to prepare counties for the first data submission, including:
 - Training on the MOVEit file transfer application and a step-by-step guide to uploading documents in MOVEit.
 - Training on data file submission and the quality assurance process.
 - Weekly office hours in February and March for data questions.
 - One on one technical assistance as requested by county behavioral health.
 - A form for Cohort 2 counties to get early access to MOVEit
- All counties require MOVEit access in order to retrieve their quality assurance reports, even if they are submitting data through Survey Monkey.
- All Cohort 1 counties submitted data by the deadline.
 - Data was submitted by both county behavioral health departments and the Judicial Council. Per statute, Judicial Council data submitted aggregate data on petitions, hearings, CARE agreements and plans, and dismissals.
 - One county used Survey Monkey to submit, and the rest used the data file template.
- HMA is currently reviewing the submitted data and undergoing a quality assurance process with counties.
 - Counties will have 15 days to correct deficiencies and resubmit.
 - HMA is tracking common issues and questions and discussing them with the Data Governance Workgroup to inform potential future Data Dictionary adjustments.
- The Data Governance Workgroup was established by DHCS and meets monthly to oversee continuous quality improvement of data collection and reporting.

- Groups represented in the Workgroup include DHCS Quality and Population Health Management Team (QPHM), DHCS Enterprise Technology Services, RAND, Judicial Council, and other key stakeholders.
- Especially in early phases, DHCS is viewing the data collection and submission process as iterative and will be modified as appropriate in response to county needs.
- HMA is holding a Data Collection and Reporting Open-Forum Discussion on April 9..
- HMA next steps:
 - Finalize indicators for the annual report
 - Collaborate with RAND, the Independent Evaluation vendor.
 - Support DHCS with the early implementation report.
 - Continue providing TTA to all counties.
- A range of resources are available on data collection and reporting on the CARE Act Resource Center website.

Questions and Discussion:

Karen Linkins invited questions from group members on the presentation from Serene Olin.

- Beau Hennemann asked if anything has stood out from the data so far. He also asked about the relationship between this workgroup and the Data Governance Workgroup and how the dots can be connected between the two groups.
 - Serene Olin said the team is currently processing the data and has not begun analysis. She said some apparent challenges pertain to various interpretations of data elements and how things are unfolding on the ground vary from what was initially imagined when the statute was written. The issues coming up will go to the Data Governance Workgroup, who will determine what issues should be elevated to this group.
 - Karen Linkins added that opportunities for coordination between the groups are being considered, with the context that the Data Governance Workgroup is a decision making body and this group is an advisory body.

Christopher Guevara thanked Serene Olin and said he has appreciated the opportunity to provide feedback throughout the process. He gave an overview of San Diego's data submission process:

- San Diego's data team took early steps to set up a team to ensure their data workflows would align with the clinical and court workflows.
- Partnered with a software company to build a custom data system and workflow.
- Partnered with a team at UCSD for additional data expertise.
- It was very beneficial to have 60 days to submit after the quarter end.

- The template was challenging, primarily due to the number of fields, but they were able to use it and submit successfully.
- The types of data requested do not lead to high quality data, because data points like arrest history is not in the county behavioral health system. Oftentimes data points like these are self-reported by clients.
- San Diego did not have any elective clients in the first quarter, and there may be data collection challenges related to those clients in future quarters.

Linkins asked Dr. Sharon Ishikawa to share insights from Orange County's data submission experience:

- Dr. Ishikawa shared that it was largely similar to San Diego's, though they are still building out the system that will automate reporting so this round was mostly manual. She said that it was an informative process and will be iterative.

Linkins took questions from the group:

- Tim Lutz asked if the MOVEit tool was developed in a way that it could be compatible with EHR systems.
 - Guevara responded that it made more sense for San Diego to stand up a standalone system rather than build it into the EHR and they aligned with the Public Conservator team to construct a system that will also be functional for SB43 rollout.
 - Dr. Ishikawa added that Orange County also decided it made most sense to construct a standalone system.
- Keris Myrick asked about the experience of smaller counties. She also asked about the role of Los Angeles in the planning process.
 - Olin responded that Los Angeles was consulted, though was not a model. She said most small counties, along with large counties, are leveraging the data file template.

UCSD Presentation:

Dave Sommerfeld from the UCSD Department of Psychiatry presented on the evaluation they are doing for San Diego Behavioral Health Services:

- They are currently in the initial stages of the process. So far, the UCSD team has collaborated with the county on what questions they should focus on with the data available and what audiences they should be considering.
- They have worked with the county data team to help set up their data systems to both adhere to state requirements and also be useful to clinicians.
- They are planning to bring back high level evaluation findings to frontline service teams.
- They are also considering local community members, including family members and CARE participants.

- The evaluation is intended to be useful to Cohort 2 counties who would benefit from their learnings.
- The information they will be collecting covers the following areas:
 - Who is being petitioned
 - What outcomes is CARE producing
 - Various process and implementation related factors
 - Perceptions of CARE
- The evaluation will include suggestions for future process improvements.
- As much as possible, the evaluation will leverage existing data from a variety of sources and only require additional data collection where strictly necessary.
- Evaluators will create tools to collect direct feedback from frontline providers, CARE participants, and families.
- The evaluation will assess various health equity metrics, including outcomes and barriers for specific populations.

Linkins asked if the evaluation conversations have touched on the factors for the success of CARE more broadly and if statewide systems considerations will be included in the evaluation/

- Sommerfeld responded that they are collecting a wide range of data points in part because they are expecting a wide range of outcomes. They are tracking a variety of process-related systems metrics.

Linkins invited additional questions from the group:

- Lutz asked if systems like San Diego Health Connect and the Health Information Exchange (HIE) have been connected to CARE or if they are separate systems.
 - Sommerfeld responded that they are currently separate systems, but they have developed a detailed linkage tracker.
- Linkins asked if there is a cost benefit and overall value component to the evaluation.
 - Sommerfeld responded that there is not a cost benefit component, but they are looking into strategies for community perception measurement and improvement.

NAMI Survey Findings

Jennifer Brya of Desert Vista Consulting shared survey data on behalf of NAMI from their recent survey of family petitioners:

- NAMI fielded a brief family survey in the latter half of February that they distributed through their affiliates
- 50 responses were submitted, though not all responses were related to CARE
- Early findings on reported benefits experienced by families include:

- Support from behavioral health clinicians, social workers, and peer outreach teams in the initiation phase
- Support from self help centers when filling out the petition
- Loved ones being connected to other services if they are ineligible for CARE
- Early findings on challenges include:
 - Difficulty with petition forms
 - Challenges locating and engaging homeless respondents
 - Loved ones not appearing to court hearings
 - A lack of information on petition or case status
- Additional surveys will be conducted as implementation continues

Linkins invited questions from group members:

- John Parker said he does not believe NAMI California has been in touch with NAMI San Francisco
- Alison Morantz asked if anyone has spoken to FASMI chapters.
 - Linkins responded that NAMI likely has not, because this was a brief survey focused on NAMI members. The purpose of sharing the survey findings today is to highlight that other groups besides the state are collecting various forms of data. She said all suggestions for how NAMI can expand their reach are welcome.
- Parker asked if CARE plans are in place and how many.
 - Linkins responded that this data is not yet validated and available, but there are some in place.

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.

- Laurel Benhamida from Muslim American Society Social Services Foundations. She suggested a statewide approach to language access and asked if the evaluation is considering questions of language access. She suggested hosting organizations in future meetings of this group such as community serving East African organizations in San Diego.
- Alexis Villegas of Ventura County's data team asked what specific approaches and tools are being used to measure outcomes. She gave examples of approaches from AOT implementation.
 - Sommerfeld described various standard tools they use that are available in a variety of counties.

5. Meeting Wrap Up and Next Steps

Karen Linkins shared information on how to access various data resources. She shared the dates of the next CARE Act Working Group meeting and ad hoc meetings. She reminded the group that ad hocs do not meet on months when the CARE Act Working Group is meeting. She encouraged group members to share topic suggestions for future meetings via email. She thanked everyone for attending and adjourned the meeting.

Appendix I: Public Zoom Chat

From John Freeman - DVC to Everyone:

Training and Technical Assistance and other resources are available on the CARE Act Resource Center <https://care-act.org/>

13:54:24 From John Freeman - DVC to Everyone:

Information about this and other meetings is available on the CARE Act Working Group Site: <https://www.chhs.ca.gov/home/committees/care-act-working-group>

Email us at CAREAct@chhs.ca.gov to join the CARE listserv to receive updates and information on future stakeholder events.

14:51:32 From John Freeman - DVC to Everyone:

NAMI CARE Contacts: Contact: careact@namica.org | 916-567-0163

14:51:46 From John Freeman - DVC to Everyone:

NAMI resources are at: <https://namica.org/care/>

14:55:20 From John Freeman - DVC to Everyone:

Email us at CAREAct@chhs.ca.gov to join the CARE listserv to receive updates and information on future stakeholder events.

15:01:43 From John Freeman - DVC to Everyone:

For reference, here are a few sites to keep in mind for additional information:

Training and Technical Assistance and other resources are available on the CARE Act Resource Center <https://care-act.org/>

Links to County and Court CARE sites: <https://care-act.org/library/county-website-directory/>

CARE Act Working Group Site: <https://www.chhs.ca.gov/home/committees/care-act-working-group>

Department of Health Care Services (DHCS) CARE Act Website: <https://www.dhcs.ca.gov/Pages/CARE-ACT.aspx>

Judicial Council of California (JCC) CARE Act Website (court forms and more): <https://www.courts.ca.gov/48654.htm>

CalHHS CARE Act website: <https://www.chhs.ca.gov/care-act/>