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

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

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

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

Group Members in Attendance:

- **Alison Morantz**
- **Christopher Guevara**
- **Beau Hennemann (Co-chair)**
- **Dawn Williams**
- **John Parker**
- **Kara Taguchi**
- **Keris Myrick (Co-chair)**
- **Sean Evans**

1. Welcome, Introductions, and Goals of This Group

Karen Linkins, Principal, Desert Vista Consulting, opened the meeting and introduced herself and her team. She shared that the primary objective of this meeting is for members to provide feedback to the independent evaluator. 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-chair, Beau Hennemann, and the group's special advisor, Dr. Katherine Warburton. Co-chair Keris Myrick joined after introductions.

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 of the group in March. In that meeting, Health Management Associates and representatives from San Diego County provided

an overview of the first quarterly county data submission, evaluators from UCSD presented on their approach for a local evaluation of CARE in San Diego County, and initial findings of a family survey fielded by NAMI California were presented.

Linkins reminded the group that minutes from all meetings can be accessed through the CARE Act Working Group website.

3. Discussion of CARE Implementation and Q&A

Karen Linkins introduced Stephanie Brooks Holliday and Amy Shearer from the RAND Corporation to discuss plans for the evaluation and present their draft logic model.

Stephanie Brooks Holliday and Amy Shearer introduced themselves and other members of their team and provided an overview of their process to date developing the logic model for the CARE Act:

- The current logic model is an early draft and feedback from members of the ad hoc group and members of the public is welcome. There will also be additional opportunities for feedback in later stages of development.

- Logic models provide a graphic depiction of a program or intervention, specifically the relationship between activities and intended outcomes, and are often the first step in an evaluation.

- Logic models depict intended effects of a model, not necessarily the actual results.

- Logic models are developed to make assumptions explicit, build shared understanding among stakeholders, and help evaluators develop a set of key questions and a method to answer them.

- Logic models lay out, often from left to right, the evaluation questions, strategies and activities, process outcomes (immediate products, such as CARE plans being developed), and key outcomes (changes in target population).

- Logic models contain an if/then logic, illustrating what outcomes should be achieved if the strategies are implemented as written.

- RAND is particularly interested in feedback related to their evaluation questions and key outcomes, as different stakeholders have had different ideas about what should be measured. Feedback on how to measure equity will also be helpful, though the RAND team is working on embedding equity metrics throughout all evaluation components.

Shearer shared the current draft version of the logic model, which can be found in the posted meeting slides. Shearer talked through key elements of the draft model:

- Evaluation questions are separated into three main buckets: Community Assistance, Recovery, and Empowerment. All evaluation questions include a component on if outcomes were experienced equitably.

- The strategies and activities section is looking at participation in the CARE process.

- The process outcomes section contains a variety of metrics, including CARE plan status, perceived appropriateness and quality of care, and participant and caregiver satisfaction.

- Key outcomes will look at outcomes experienced by CARE participants, including engagement in care and various recovery metrics.

Questions and Discussion:

Shearer welcomed questions and feedback from the group.

- John Parker said that early implementation has shown that there is a lot of engagement and work that happens prior to a CARE plan being ordered, so the scope should potentially be broadened to account for that if possible.

  - Holliday agreed that there are a lot of lessons to be learned from early implementation, though the current scope is very outcome focused. She said that their stakeholder engagement process will be beneficial in understanding all components of implementation and they are working to see if they can add a focus on additional process outcomes.

- Keris Myrick said that the current items listed as measures of recovery are not actual measures of recovery. She asked if the current outcomes listed as recovery outcomes can instead be identified as goals of the legislation.

  - Shearer responded that they can absolutely incorporate this feedback and can potentially also add additional recovery metrics that use other frameworks.

- Sean Evans asked if RAND's analysis will also include an assessment of who CARE does and does not work for.

  - Holliday said that is a key piece of the evaluation, particularly the equity components. She asked if there were specific groups he would like to see outcomes disaggregated by.

  - Linkins invited members to share suggestions for specific populations in the Zoom chat.

- Alison Morantz suggested that PADs be incorporated as an input in addition to an outcome. She also said she is unsure what form the data will be presented in and if a causal analysis will be possible with the data that will be collected and that RAND will have access to.

  - Holliday said that part of the vision of CARE is that participants will receive support developing a PAD, which is why it is in the outcomes category. She said that to the second question, RAND will be looking at data from several different sources, including the individual level data reported by counties in accordance with the Data Dictionary and administrative data as available. She said there are statisticians on the team who are working to see if causal analyses will be possible.

  - Morantz asked that the group be kept in the loop around the conversation related to potential statistical analysis.

- Nicole Eberhard of RAND said they will also be conducting a participant survey and are open to including other data sources to create as strong of an evaluation plan as possible.

- Linkins asked RAND if some of the details that members are raising will be addressed in the evaluation plan.

  - Holliday replied that yes, the evaluation plan under development will have a higher level of detail.

  - Linkins reminded the group that the data set currently being discussed is the same as the data set that HMA has delivered a presentation on to this group.

- Dr. Kate Warburton said the logic model as currently designed would be appropriate if CARE were being implemented as intended, however she said that is not what is happening because the target population is not being adequately reached. She asked if fidelity can be incorporated into the model. She also said that many respondents are being off ramped to voluntary services and not getting CARE plans and asked how this will be captured in the evaluation.

  - Holliday said they are aware of this dynamic and it is an active question the RAND team is discussing.

- Dawn Williams echoed Myrick's comments about recovery metrics.

- Evans agreed with Dr. Warburton's points and said that his previous question was also more geared toward evaluating implementation.

- Kara Taguchi asked if there will be additional burden on the counties to report more data than what they are already reporting to HMA.

  - Holliday responded that they are not intending to request more data from the counties than they are already reporting.

- Myrick said that CARE has two accountability components: related to the participant and related to the system. She said that the system accountability component does not currently seem to be captured in the logic model.

  - Holliday responded that RAND has been thinking a lot about how to incorporate this into the evaluation, though it is not laid out in statute.

  - Myrick said that service availability is one component of this accountability that should be captured.

- Morantz asked if there will be other objective measures of economic security included in addition to employment and housing status. She also suggested that involvement of families and peers be added as an input in the strategies and activities section and that petitioner categories be considered in the analysis. She recommended that probate conservatorships be tracked.

  - Holliday responded that some of these suggestions can certainly be incorporated, though family involvement may be more challenging to measure.

  - Morantz emphasized that including the role of peer support is crucial.

- Myrick suggested that peer support encompass family to family peer support as well. She also suggested that meaningful activities include more categories than employment and education.

- Dr. Warburton said that she believes CARE is designed for the same population she serves in the state hospital system who have been failed by the system. She asked if the evaluation can look at questions such as if CARE helps in preventing this population from cycling in and out of county jails.

- Morantz said she believes that respondents' history with various systems is captured by the Data Dictionary, and it would be valuable for the evaluation to establish a baseline of the history of respondents coming into the program.

  o Holliday responded that to the extent that data is available, they will be looking at this.

- Linkins asked if the construction of a comparison group will be considered in the evaluation plan.

  o Holliday responded affirmatively.

  o Linkins asked if this group will have an opportunity to contribute feedback on the evaluation plan.

  o Holliday said they will look at timelines to see if that will be possible, though either way there will be continuous opportunities for feedback throughout the evaluation process.

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. No members of the public spoke for public comment.

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:
If you are an ad hoc group member who has entered as an attendee, please raise your hand to be made a panelist.

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.

From John Freeman - DVC to Everyone:
The chat is now open for all participants to share feedback and ideas.

From Dawn Williams to Host and Panelists:
I think the data should drive the decision as to which populations to focus on.

From John Freeman - DVC to Everyone:
For ease of reference, the CARE Act Data Dictionary is available here, with the elements being collected and reported: https://www.dhcs.ca.gov/Documents/Enclosure-I-CARE-ACT-Data-Dictionary-Version-1-0.pdf

From Brett Taylor to Everyone:
In the Process Outcomes, consider adding "began accessing services" in the status section between "plan shared" and "plan adhered to". This would give more information to researchers to see where you are losing participants. Did they receive the plan and never started services or did they leave after starting services but before completing? It gives more nuance regarding tweaking the plan after program launch.

From Alison Morantz to Host and Panelists:
Can we also collect data on probate conservatorship? I don't see that listed and it is sometimes used for people with I/DD in lieu of LPS conservatorship.

From Alison Morantz to Host and Panelists:
Sorry, for people with SMI.

From Alison Morantz to Host and Panelists:
Does this include measures of WHO triggers/initiates the CARE process?

From Alison Morantz to Host and Panelists:
Also wondering if under process strategies & activities, and potentially process outcomes, can have some way of tracking level of involvement of family and/or peer supporters.

From Alexis Villegas - VCBH, QI to Host and Panelists:
Is there a webinar for like the "basics 101" for data collection/submission for counties to learn what we need for care?

From John Freeman - DVC to Alexis Villegas - VCBH, QI, Host and Panelists:
Great question Alexis! Will post for all

From John Parker to Host and Panelists:

Following up on Alison's question, will we be able to understand the impact of family involvement?

From John Freeman - DVC to Everyone:
For additional information on data collection and reporting, including TTA for counties, please visit: https://care-act.org/library/data-collection-reporting-resources/

From Alison Morantz to Host and Panelists:
Also, do we have any other proxy for economic security besides employment?

From Keris Myrick to Host and Panelists:
Can employment and education be listed rather as meaning and purposeful activities which could include employment, education and other activities (there may be reasons why the person cannot work and or go to school but will have we should capture other activities that give them meaning and purpose

From Alison Morantz to Host and Panelists:
Sorry, also education & training as an outcome.

From Alison Morantz to Host and Panelists:
Oops, sorry, education is already there.

From Alison Morantz to Host and Panelists:
Can we track WHAT TYPE of housing they are in, separate from stability of hoursing?

From Alison Morantz to Host and Panelists:
Licensed community care facility versus family home, etc.

From Jennifer Brya to Host and Panelists:
Just want to clarify that "services" in Q 1-2 includes MH, SUD, social service and housing in that broad definition? Specifically, housing is an intervention as well as an outcome. There are variable types of housing being utilized for those who are unhoused and prioritizing housing for CARE participants is definitely viewed as a key intervention not just an outcome of CARE.

From Chidinma Ume | Center for Justice Innovation to Everyone:
For the Participation piece: Is the length of time between the listed milestones also anticipated as an output? It would be helpful to note whether getting from each step in the process was lengthy (or not) and whether there was a certain time frame in which people were most able to be connected or perhaps not

From Alison Morantz to Host and Panelists:
Is there any possibility of partnering with Franchise Tax Board for prior employment information?

From Alison Morantz to Host and Panelists:
Maybe that is a stretch and could impact confidentiality, but it could be a rich data source of employment and income history.

From Alexis Villegas - VCBH, QI to Host and Panelists:
Does RAND send evaluation results back to each county?

From Alison Morantz to Host and Panelists:

I mentioned this earlier and I realize it is very premature, but once we discuss big-picture logic model data elements, would very much appreciate opportunity to discuss methodological issues with the statistician.

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.

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/

From Andy Potter to Host and Panelists:
Alexis, the plan is for RAND to produce a statewide evaluation rather than a series of county-specific evaluations. But the evaluation will certainly attempt to capture variability between individual counties' experiences.