DATA DICTIONARY OVERVIEW

CARE Act Data Collection and Reporting

This session is presented by Health Management Associates. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, California Department of Health Care Services.

[Slide Image Description: This cover slide introduces the title and category of this training. It contains the logos for the California Department of Health Care Services and Health Management Associates.]

Welcome to walk through of the CARE Act Data Dictionary.

Disclaimer: This session is presented by Health Management Associates. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, California Department of Health Care Services.

[Slide Image Description: This slide includes images of the presenters of this training on a light blue background.]

HMA is DHCS' Training and Technical Assistance Contractor for the CARE Act project. HMA provides project management support and TTA coordination to the counties.

HMA also supports the CARE Act Data Collection and Reporting, including
- Develop and manage data collection and reporting process
- Support county BH data collection efforts
- Support development of annual report
- Assist DHCS' independent evaluation contractor with data collection to determine program outcomes, impact, and lessons learned related to the CARE Act program

Today's training will be led by Cha Lee and Lauren Niles, both with HMA.

Cha Lee is a data analyst and researcher with data collection, management, analysis, interpretation and visualization experience in both clinical and patient care settings. Prior to joining HMA, Cha was a clinical research coordinator at Mayo Clinic Health

System. In this role, Cha provided information to patients about open studies, managed research regulatory documents, maintained study and patient files and created Epic reports for open studies.

Lauren Niles, DrPH, MPH is an experienced and passionate healthcare quality subject matter expert and researcher. She has experience with the development, specification, maintenance, and use of clinical quality measures for use at the state, managed care, and provider levels of accountability. Dr. Niles has a successful track record of designing and conducting health systems and policy research using qualitative, quantitative, and mixed methods approaches at the federal, state, and provider organization levels. She also has significant experience with stakeholder engagement and facilitation processes. She is a subject matter expert in behavioral health quality, including both mental health (MH) conditions and substance use disorders (SUD), and development of quality infrastructure models to support improvements within behavioral health systems

[Slide Image Description: This slide shows the learning objectives for this training with a light blue background.]

Let's take a look at our learning objectives.

Our goals is that by the end of the session, participants will have an increased ability to:

- Navigate the CARE Act Data Dictionary
- Describe which CARE respondents from trial courts County Behavioral Health will track over time
- Distinguish the measurement periods for data collection
- Understand the structure and format of a data element to guide standardized reporting

Agenda

Overview of CARE Act Data Dictionary
- Description of CARE Act requirements for data collection and annual reporting

Introduction to Data Dictionary
- Summary of the purpose of the Data Dictionary

Data Dictionary Instructions
- How to navigate the Data Dictionary
- Description of the CARE process and measurement periods

CARE Act Data Specifications
- Structure and format, highlighting how to use the specifications for the data elements to guide standardized reporting

Appendices
- Description of appendices included in Data Dictionary

DHCS | HMA

4

The BH Information Notice with the enclosed CARE Act Data Dictionary has been released to provide guidance on the data that will be collected to help assess CARE Act impact and monitor the CARE Act model implementation.

We are here today specifically to provide a **background and overview of the Data Dictionary for the CARE Act**.

During the session today, we will cover the following:

- **Overview of CARE Act Data Requirements**
    - These drive data collection and annual reporting
- **Introduction to the Data Dictionary**
    - It's purpose
- **Data Dictionary Instructions**
    - How to navigate the Data Dictionary
    - Describe the CARE process and measurement periods
- **CARE Act Data Specifications**
    - Structure and format of data elements, including how to use specifications to guide standardized reporting
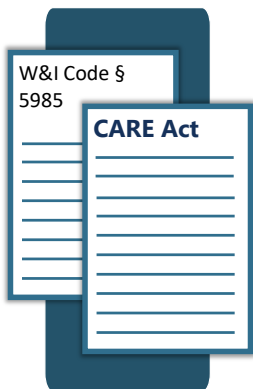
- **Appendices**
  - Description of appendices included in Data Dictionary

[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

In this next section, we want to give you an overview of the CARE Act Data Dictionary.

[Slide Image Description: This slide shows two paper icons representing W&I Code 5985 and the CARE Act. The purpose of W&I Code 5985 is given along with DHCS's and county BH agencies responsibilities in CARE Act implementation.]

We want to begin by briefly orienting you to the "why" behind the Data Dictionary. According to legislation, DHCS is required to develop and publish an annual report with specified information. The BH Information Notice has been released to provide guidance to the counties on the data reporting requirements to monitor the performance of the CARE Act model. It is DHCS's responsibility to ensure counties are equip to be able to collect necessary information, and as such, DHCS is responsible for developing a Data Dictionary to ensure standardized data collection, develop a data tool to collect information, assist with ongoing TA, and ensure data quality assurance.

The Data Dictionary, which is the topic of our session, outlines DHCS and county responsibilities for data collection and reporting to support annual reporting on the CARE Act implementation.

CARE Act Annual Report

Annual Report
- Collect data to monitor the performance of CARE Act model implementation.
- Include outcome measures to assess the scope and impact of the CARE Act model.
- Conduct a health equity assessment of the CARE Act to identify demographic disparities to inform disparity reduction efforts.
- Produce the annual report July 2025, 2026, 2027, & 2028

Independent Evaluation
- Conduct survey of program participants
- Conduct an independent evaluation to highlight racial, ethnic, and other demographic disparities
- Include analyses regarding the impact of the CARE Act on disparity reduction efforts.
- Develop legislative reports in year 3 and year 5 of implementation.

DHCS | HMA

7

[Slide Image Description: This slide shows a diagram showing the process for creating the CARE Act annual report and independent evaluation.]

To provide broader context on the Data Dictionary: this slide shows DHCS's responsibility related to reporting on the CARE Act legislation.

They include 2 components: An Annual Report and an Independent Evaluation

Currently, our focus is on data collection/reporting to support the Annual Report. DHCS is in the process of procuring the Independent Evaluator.

For the Annual Report, we will be collecting data to monitor the implementation of the CARE Act. This will include outcomes data to assess the scope and impact of the CARE Act. It will also include performance indicators with attention to key demographic information to support disparity reduction efforts.

Data collected for the Annual Report will feed into the independent evaluation; DHCS is coordinating both efforts closely.
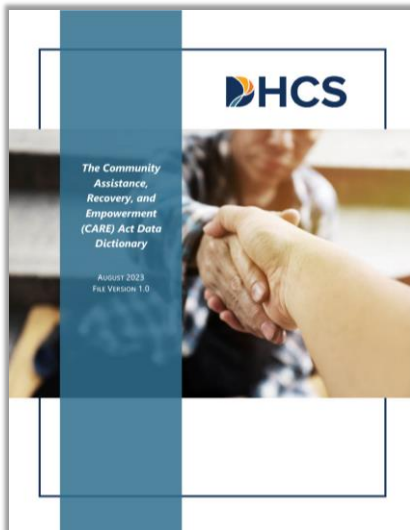
Data Dictionary Orientation

» The CARE Data Dictionary is organized into four sections:
- Introduction
- Instructions
- CARE Act Data Specifications
- Appendices

[Slide Image Description: This slide shows a screenshot of the first page of the CARE Act Data Dictionary that has a picture of two individuals shaking hands. The four sections of the Data Dictionary are listed.]

When you first open the Data Dictionary, the first thing you will see is the table of contents. It provides an introduction to the Data Dictionary and gives instructions on how to use it. Please pay attention to the instructions, as it contains crucial information for data collection and reporting. The table of contents points users to each of the required data points that will be submitted to DHCS. Summary details and additional specifications for the data points can be found in the appendix section.

We are now going to walk you through each of these sections in more detail to show you exactly what you can expect.

DATA DICTIONARY:
Introduction

DHCS | HMA

[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

The first section of the Data Dictionary is the introduction.
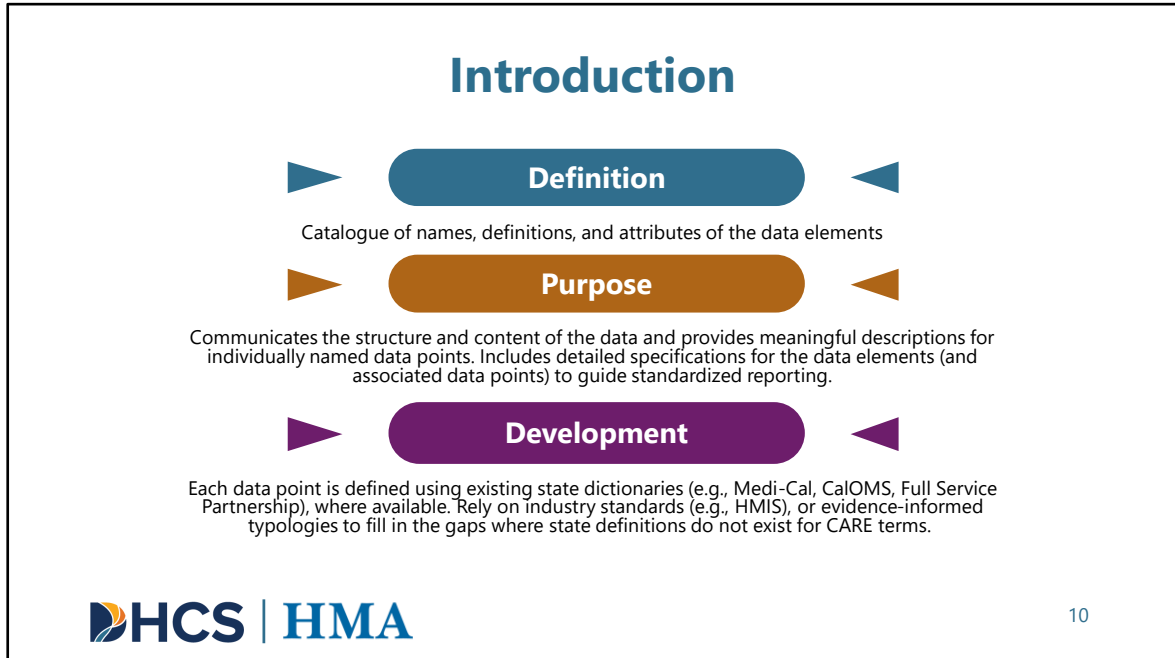
[Slide Image Description: This slide shows three colored boxes that details the definition, purpose, and development of the Data Dictionary.]

The Introduction provides a brief introduction to the origins of the Data Dictionary and what is contained in the document. In this section, Judicial Council (JC) and county BH agencies can find more information about what's included in the Data Dictionary, the purpose and use of the Data Dictionary, and how it was developed.

- **Definition:** The first subsection is a summary or catalogue of data element names, definitions, and attributes. This serves as a quick guide to help users quickly find information they need CARE ACT data collection and reporting tool.
- **Purpose:** Next is the purposes. The Data Dictionary specifies the structure and content of the data to be collected and reported per statute. Detailed specifications for the data elements and associated data points are included in the specification section standardized reporting. The CARE Act Data Dictionary was developed to define the data elements and aid county BH agencies and JC in fulfilling the annual reporting requirements from Statute 5985.
- **Development:** Here you can find a bit more information on how the Data Dictionary was developed. Of note, significant efforts were made to align, where possible, with

existing state data dictionaries (e.g., Medi-CAL, CalOMS, Full Service Partnership). For data elements where there were not existing definitions from the state or other commonly used programs, the developers relied on industry standards (e.g., HMIS) or evidence-informed typologies to fill in the gaps.
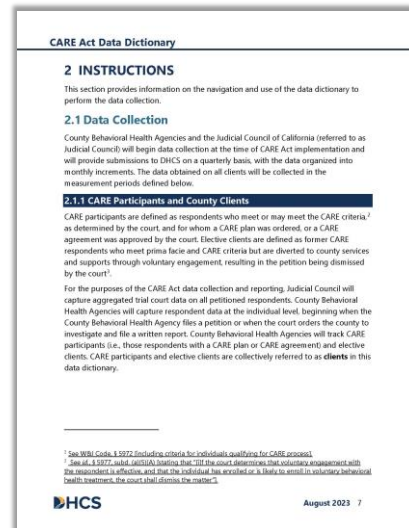
DATA DICTIONARY:
Instructions

[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

The second section of the Data Dictionary is Instructions.

[Slide Image Description: This slide shows a screenshot of the instruction chapter of the Data Dictionary with a list of the sections within the chapter.]

The instructions section provides information on the navigation and use of the Data Dictionary to perform data collection and reporting.

Please review these carefully because they contain critical details to understanding data collection and reporting responsibilities by the Courts and County BH agencies.

CARE Participants and County Clients

- » **Judicial Council** will capture **aggregated** trial court data on all petitioned respondents.
- » **County BH agencies** will capture respondent data at the **individual level** on:
  - Petitions they initiate with CARE Court
  - Petitions for which the court orders them to investigate and file a written report
- » For petitions that result in an individual receiving county BH services/supports, County BH Agencies are required to track **three CARE pathways over time**:
  1. Clients with a CARE plan
  2. Clients with a CARE agreement
  3. *Elective Clients
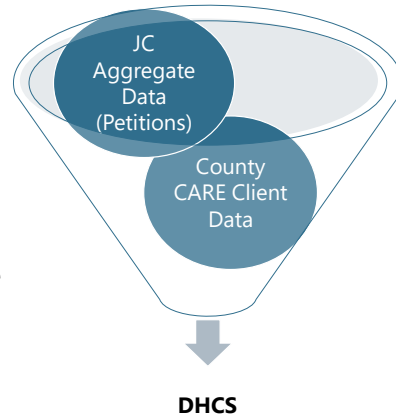
*Elective clients are defined as former CARE respondents who meet prima facie and CARE criteria but are diverted to county services and supports through voluntary engagement, resulting in the petition being dismissed by the court.

JC Aggregate Data (Petitions)

County CARE Client Data

DHCS

13

[Slide Image Description: This slide shows a funnel with two balls inside representing the JC Aggregate Data and County CARE Client Data. The responsibilities of the judicial council and county behavioral health agencies are listed.]

Over the next few slides, we will go into more detail on how data will be collected for the purposes of CARE Act Annual Reporting.

The JC is responsible for capturing and reporting on trial court data for all petitioned respondents. Importantly, the data the JC will be collecting and reporting on will be at the aggregate level, meaning that no participant level information will be collected, such as demographic characteristics, of the individuals moving through the court process.

County BH agencies are responsible for capturing individual level, respondent data on:
- Petitions they initiate with CARE court
- Petitions for which the court orders them to investigate and file a written report

At the individual level, basic information, including demographic information, for all petitions that flow through the counties are required.

For petitions that result in an individual receiving county supports and services, county BH agencies will be responsible for tracking 3 distinct groups over time:
1) Clients with a CARE plan
2) Clients with a CARE agreement
3) Clients who have elected to receive services

CARE Process Flow + Measurement Periods
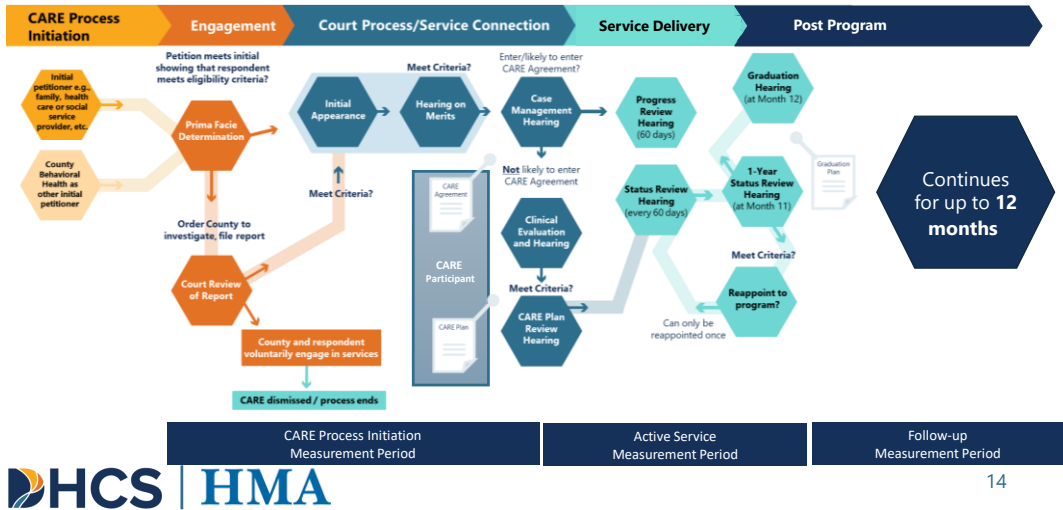
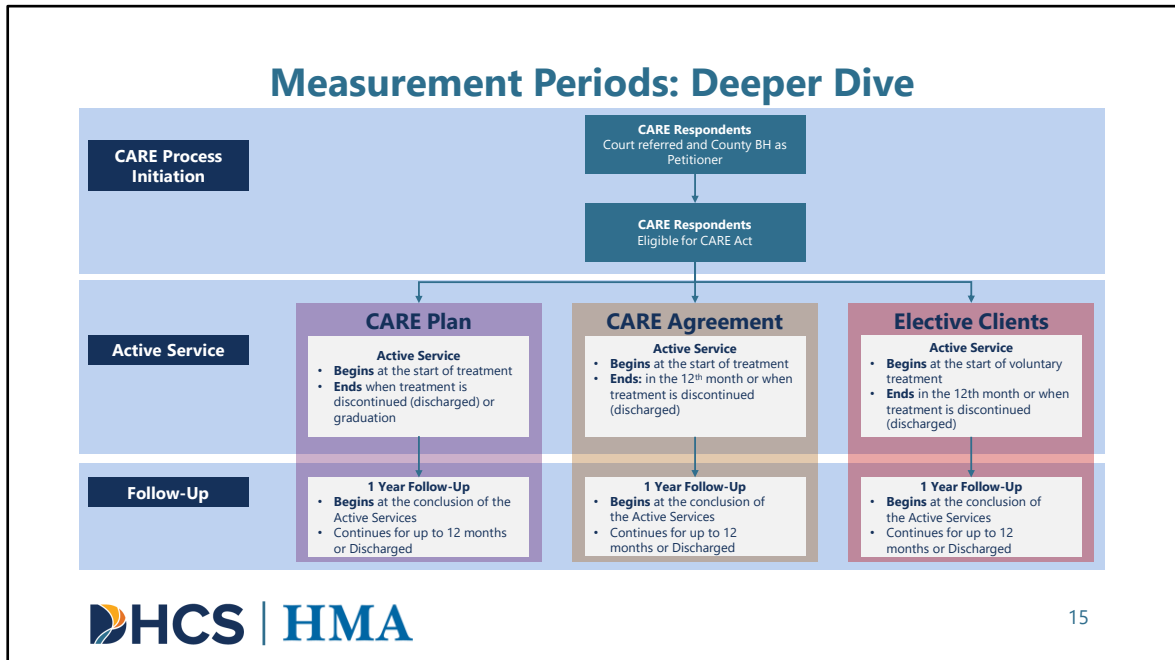[Slide Image Description: This slide shows the CARE Process Flow with the measurement periods.]

Important to our conversation today is to briefly orient you to *when* we will be collecting data for the purposes of CARE evaluation.

There are three distinct periods of data collection.

1. **CARE Process Initiation Period.** County BH will only be asked to report data during this period once as a baseline, prior to the Active Service Period, where eligible CARE respondents are being served by county BH agencies. As previously mentioned, county BH is responsible for tracking those with a CARE Plan, CARE agreement and Elective clients – those voluntarily receiving services outside court process.
2. **The Active Service Period**. Counties will report on services/supports and other data through their graduation from a CARE plan **or through 12 months from the start of a CARE agreement or elective services.**
3. **Follow-Up Period**, where counties are required to report data. Counties are expected to follow and report data on these clients who continue to receive county

services outside CARE court for up to 1 year or discharge from county services, whichever comes first.

Measurement Periods: Deeper Dive

[Slide Image Description: This slide shows a flowchart with colored boxes that details further information regarding the measurement periods of the CARE Process Flow.]

Let's consider these three distinct measurement periods.

During the CARE Process Initiation, CARE Respondents are referred to the court and county BH is the petitioner. CARE respondents that are found eligible have three pathways in the Active Service measurement period:

1. CARE Plan
   - Begins at the start of treatment
   - Ends when treatment is discontinued (discharged) or graduation
2. CARE agreement
   1. Begins at the start of treatment
   2. Ends: in the 12th month or when treatment is discontinued (discharged)
3. Elective clients
   - Begins at the start of voluntary treatment
   - Ends in the 12th month or when treatment is discontinued (discharged)

To reiterate, the active service period begins, across the three pathways, when

treatment begins. The Active Service period concludes when one of the following occurs, whichever comes first:

1. Termination of county services
2. Graduation from the CARE process
3. The 12th month of voluntary county services.

Termination is defined as premature exit from CARE process or voluntary county services.

The follow up period beings at the conclusion of Active Service and continues for up to 12 months or when a client is discharged. The three pathways for this Follow-up measurement period are:
1. CARE plan
    * Begins at the conclusion of the Active Services
    * Continues for up to 12 months or Discharged
2. CARE agreement
    * Begins at the conclusion of the Active Services
    * Continues for up to 12 months or Discharged
3. Elective clients
    * Begins at the conclusion of the Active Services
    * Continues for up to 12 months or Discharged
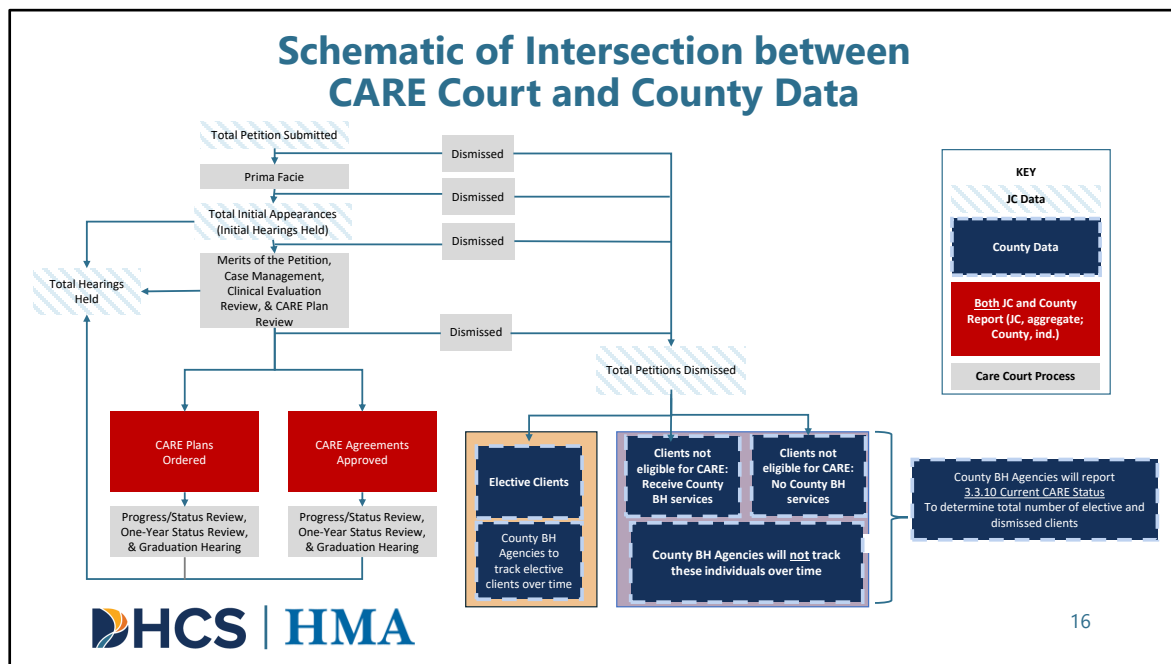
[Slide Image Description: This slide shows a flowchart with colored boxes that details the intersection between the CARE Court and county data.]

This schematic shows how CARE court data relates/intersects with county BH on data reporting. JC and counties have distinct requirements for data collection and reporting.

There are some data elements that are required for aggregate level reporting by the JC, including total petitions submitted, total initial appearances, total hearings held, and total petitions dismissed.

There is some data that both the JC and counties will be reporting (i.e., CARE plans ordered, CARE agreements approved). Importantly, JC will be reporting at the aggregate level, and the counties will be reporting that data at the individual level. Reporting on individual level data is critical to ensure that we can conduct a thorough health equity assessment that can be used to inform disparity reduction efforts.

There is some data that the counties alone will be reporting at the individual level, including information about elective clients and those that are not eligible for CARE

that both continue to receive services from BH and those that do not.

CARE respondents who are determined ineligible and do not enter into county services will be excluded from reporting over time. However, counties are asked to provide basic information about those ineligible CARE respondents - (via 3.3.10 CARE Status – more on that later). Again, counties will not track these ineligible CARE respondents over time.

Data Specifications and Format

Category	Description
W&I Code Section:	This field lists the location of the data element required in accordance with Welfare and Institutions (W&I) Code sections 5985 through 5986.
Data Element:	This field indicates the data element associated with the data point that we are defining.
Data Point:	This field lists the data point's name.
Question:	This field has the question that will be posed to collect information for the data point.
Details:	This field describes the type, format, and maximum length of the data point, as well as the meaning for each value code that can be entered.
Type:	Numeric/Text/Date
Format:	N to NNNNNN Alpha String of 1-200 Characters
Width:	1-200
Value Codes:	N to NNNNNN – A value from 0 through 999999 is allowed. 1 to 200 Characters
Measurement Period:	CARE Process Initiation, Active Service, and/or Follow-up periods as defined above.
Data Source:	This field identifies the source of the information (i.e. Judicial Council or County Behavioral Health Agency).
Data Type:	This field indicates whether the data point is at an aggregate or individual level.
Variable Source:	This field indicates the existing state data or other industry–standard source used to define the data point.
Variable Source Name:	This field lists the variable name used in the variable source.
Additional Specifications:	This field describes the details and comments for the accurate use of the data point. Where relevant, this field will also indicate when a question uses a skip logic to direct to dependent questions. If the data point does not have further details or instructions, this will be indicated by "N/A".

[Slide Image Description: This slide shows a table that lists the data specifications and format of the Data Dictionary.]

All data points in the CARE Data Dictionary follow a similar format. This example demonstrates how each data point will be reported. We have an example of a data point in this format in a later slide.

Categories for each data point are:

- W&I Code Section
- Data Element
- Data Point
- Question
- Details
- Type
- Format
- Width
- Value Codes
- Measurement Period

- Data Source
- Data Type
- Variable Source
- Variable Source Name
- Additional Specifications

Example of Value Code

📅 Date

» Use 09/09/9999 if the date is unknown
» Sometimes the date is not applicable. If this is the case, please use 09/09/9998.

☑ "Unknown" Option

» Use the "Unknown" option on SurveyMonkey
» Use the value code 99999 for unknown on the file format

DHCS | HMA

18

[Slide Image Description: This slide shows a screenshot from the Data Dictionary with two colored boxes that detail examples of values that can be entered in a petition when the date or file format is unknown.]

What should you do when information for a data point is not available?

Date
For a date data point, the county BH agencies can use 09/09/9999 to indicate that it is unknown. Sometimes the data is not applicable. If this is the case, please use 09/09/9998 to indicate that the data is not applicable.

As an example, for **3.3.7 Petition File Date**, county BH agencies can enter 09/09/9999 if the petition file date is unknown.

Numeric or Text
For the numeric or text data points, the option "**Unknown**" is available to be selected, if using SurveyMonkey. If a file format is used, please the value code 99999.

Data Submission Mechanisms

» County BH agencies have two options for submitting data to DHCS:
  • SurveyMonkey
  • MOVEit

» County BH agencies must choose to submit all required data via either SurveyMonkey or MOVEit at each reporting quarter and may not submit data through both mechanisms for the same quarter

SurveyMonkey
(Manual Data Entry)
• Cloud-based service used to host the CARE Act data collection and reporting tool.
• SurveyMonkey will include embedded logics to require only data points relevant to the client's current CARE status.

MOVEit
(File Transfer)
• Mechanism for automated file transfers of data.
• A file format will be provided that aligns with the structure of the CARE Act Data Dictionary structure.

19

[Slide Image Description: This slide shows two light blue boxes describing the SurveyMonkey and MOVEit data submission mechanisms. A description of how county behavioral health agencies use the data submission mechanisms is detailed.]

How will county BH agencies submit data to DHCS?

There are two options for submitting data.

The first option is SurveyMonkey.
  • It is the cloud-based service used to host the CARE Act data collection and reporting (DCR) tool.
  • The DCR tool include all logics, so it only requires data points that are relevant to the client's current CARE status.
  • For those county BH agencies that want do manual data entry, they can use this option.

The second option is using a file template and uploading it through MOVEit.
  • MOVEit is an existing mechanism for transfer of data used by DHCS.
  • HMA will provide a file format that aligns with the structure of the CARE Act

Data Dictionary structure.
- For county BH agencies that don't want to enter or re-enter the data into SurveyMonkey manually, they can use this option.
- This option is also available to JC.

There are two options for submitting data; however, every reporting quarter, JC and counties can only choose one mechanism to submit the data. For example, in January of 2024, if county A chooses to use SurveyMonkey, all data must be entered into SurveyMonkey manually.

Data Submission: Reporting Schedule

» Data from October 1 – December 31 due by March 1, 2024

» Collect data on a monthly basis and submit it within 60 days following the close of the reporting period
  • Alternative: Counties can opt to submit data monthly

» Counties must adhere to the reporting and submission schedule regardless of implementation date.

Reporting Period	Submission Deadline
January 1 – March 31	May 30
April 1 – June 30	August 29
July 1 – September 30	November 29
October 1 – December 31	March 1

[Slide Image Description: This slide shows a blue-colored table that gives the data reporting schedule.]

This slide describes the reporting period and submission schedule. Counties can submit data through SurveyMonkey or file transfer (MOVEit). Counties can submit the data monthly if preferred or wait until the end of the reporting quarter. The quarterly data will be broken out by month.

Counties must adhere to this reporting and submission schedule regardless of implementation date. This means, if a county implements in the middle of a reporting period, they will submit their data by the submission deadline immediately following that period.

Based on the current reporting timeline, Cohort 1 counties are expected to submit their quarterly data by month (for October – December 2023) by March 1, 2024, and LA County is expected to submit their data (for the month of December 2023) by March 1, 2024.

Submission dates are as follows

- For the report period of January 1 – March 31, data must be submitted by May 30
- For the report period of April 1 – June 30, data must be submitted by August 29
- For the report period of July 1 – September 30, data must be submitted by November 29
- For the report period of October 1 – December 31, data must be submitted by March 1

Data Compliance Standards

» County BH agencies are required to follow compliance standards:
  - Timeliness of data
  - Completeness of data
  - Accuracy of data

[Slide Image Description: This slide shows description of data compliance standards county behavioral health agencies are required to follow.]

County BH agencies are required to follow compliance standards.

Timelines of Data
As mentioned in the previous slide, counties must adhere to the reporting and submission schedule regardless of implementation date.

Completeness of Data
Counties are responsible for making sure that the data for all CARE participants and elective clients are accurate and completed by the reporting and submission date. Once the data has been submitted, HMA will review the completeness and accuracy of the data and work with county BH agencies to correct any data errors.

Accuracy of Data
Validation rules and logics are embedded in the DCR tool to ensure that only the required data points are collected, and they are collected correctly. The file format will include validation rules with a flow chart for counties to support accurate data

reporting.

On the back end, HMA will validate the data again.

Data Request

Just a note for JC and county BH agencies . For all the submitted data that have been validated by HMA and/or used in the dashboards, JC and county BH agencies can request for the data.

We, the HMA team, will require a request to be submitted on the Resource Center website. The link is provided in the later slide. Once we receive the request, we will export the data into an Excel file and use an existing data transfer mechanism to share it.

As a very important note, the requested county can only see their submitted data. It will not see data from other counties and JC.

DATA DICTIONARY:
CARE Act Data Specifications

DHCS | HMA

[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

We will go into the third section of the CARE Data Dictionary, which is the CARE Act Data Specifications.

Data Specifications

Breakdown of data specifications:

3.1 Reporting Month
3.2 Trial Court Data
3.3 Basic Client Information
3.4 Demographics
3.5 Services and Supports
3.6 Housing Placements
3.7 Substance Use
3.8 Detentions and other Lanterman-Petris-Short Act involvement
3.10 Death and Cause of Death
3.11 Volunteer Supporters and Psychiatric Advance Directives
3.12 CARE Plan, CARE Agreement, and Graduation
3.13 Hospitalizations and Emergency Department Visits

[Slide Image Description: This slide shows a list of the sections in the data specifications chapter of the Data Dictionary.]

We will spend some time to review the Data Specifications section of the Data Dictionary

This section includes all the data points related to the CARE Act:

- 3.1 Reporting Month
- 3.2 Trial Court Data
- 3.3 Basic Client Information
- 3.4 Demographics
- 3.5 Services and Supports
- 3.6 Housing Placements
- 3.7 Substance Use
- 3.8 Detentions and other Lanterman-Petris-Short Act involvement
- 3.10 Death and Cause of Death

- 3.11 Volunteer Supporters and Psychiatric Advance Directives
- 3.12 CARE Plan, CARE Agreement, and Graduation
- 3.13 Hospitalizations and Emergency Department Visits

Both the DCR tool and file format are built following this order of the CARE Act Data Dictionary.

CARE Act Data Specifications
Example: 3.3.10 Current CARE Status

Category	Description
W & I Code Section:	5985 (e)(17), (f)(1)
Data Element:	Basic Client Information
Data Point:	Current CARE Status
Question:	What is the client's current CARE status?
Details:	N/A
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	1 – CARE Process Initiation Period (initial, merits, case management, or clinical evaluation hearing) 2 – Dismissed (Not eligible and not receiving county supports and services) 3 – Dismissed (Not eligible but receiving county supports and services) 4 – Elective Client (CARE eligible but dismissed because diverted for voluntary county services outside CARE process.) 5 – Active CARE agreement 6 – Active CARE plan 7 – Terminated from CARE agreement/plan/voluntary county services (no longer receiving county supports and services) 8 – Graduated from CARE plan, after 12 months following a CARE agreement, or after 12 months of elective services
Measurement Period:	CARE Process Initiation, Active Service, and Follow–Up Periods
Data Source:	County Behavioral Health Agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	See next slide

[Slide Image Description: This slide shows a table that lists the data specifications and format of the 3.3.10 current CARE status data point in the Data Dictionary.]

As promised, here is an example of how a data point is being defined. We use **3.3.10 Current CARE Status,** as it has been referred in earlier slides.

On this slide, we will focus on the format and know the details from this data point.

- The data point is **numeric,** and its value must correspond to a number between **1 to 8**, as described under the Value Codes.

- The county BH agencies are responsible for collecting this data point at all measurement periods, for every individual. That is**, this data is reported monthly.**

- **Because this data element is specific to the CARE Act, this data point was not derived from other existing state Data Dictionary sources.**

- Under the additional specifications, we describe when a change in CARE

status triggers reporting of different data points. This dictates the branching structure of the rest of the required data.

- When Current CARE status is updated to reflect a change in status, specifically when a CARE respondent moves from the CARE Initiation Process to Active Services (as someone with a CARE agreement, plan, or as an elective client) or Active Services to termination of county supports and services, county BH must report different data associated with each measurement period if they occur during the same calendar month.

We will walk through the more details about the additional specifications in a later slide.

Importance of the Current CARE Status

» The current CARE status data point is critical as it helps guide data collection based on the client's status

» 3.3.10 Current CARE Status is part of "Basic Client Information"

» It must be submitted for every reporting month, as the client's CARE status could change over time.

DHCS | HMA

25

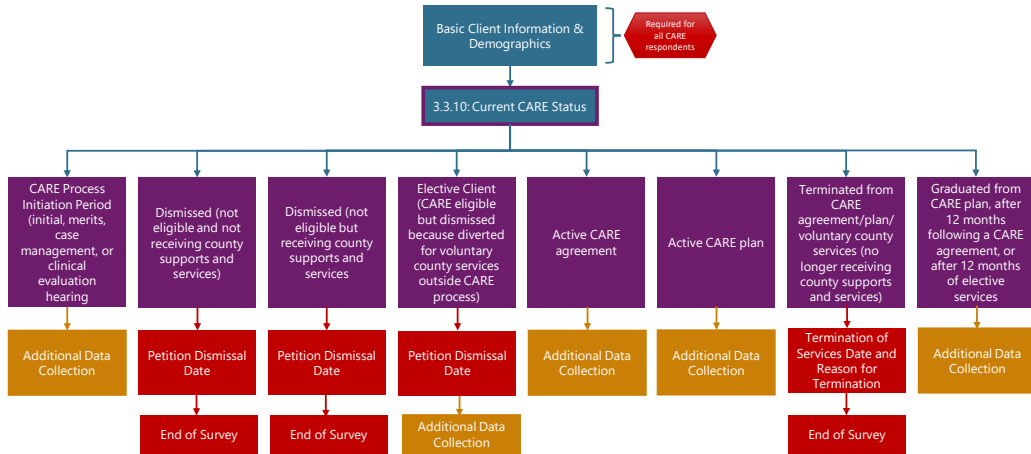[Slide Image Description: This slide shows a description of the importance of the 3.3.10 current CARE status data point in the Data Dictionary.]

In particular, we want to highlight the importance of the Current Care Status for data collection and reporting—**it is considered part of the "Basic Client Information."**

To know which data points are required, we need 3.3.10 Current CARE Status.

It helps guide data collection of required data points.

So, 3.3.10 Current CARE Status must be submitted for every reporting month.

Schematic of Additional Specifications for 3.3.10 Current CARE Status

[Slide Image Description: This slide shows a flowchart that details the additional specifications for the 3.3.10 current CARE status.]

This high-level data collection flow chart shows how 3.3.10 determines data collection and reporting. Each CARE status is depicting a branching structure that shows all the required data points associated with it.

You will see that not all data points are going to be required for all clients.

As mentioned in the CARE Data Dictionary, Basic Client Information and Demographic information will be required for all CARE Respondents that flow through county BH regardless of whether they end up receiving county BH services.

Once the court has made a determination about the disposition of each CARE petition, the county BH agencies will be asked to report on the CARE Status at the individual

level.
- In the Data Dictionary, it is 3.3.10 Current CARE Status.
- There are a number of options [see the purple boxes], and a client's CARE status could change over time.

Based on the client's status, the required data points will be different.

Note that clients who are ineligible for CARE or those who do not end up receiving county BH services will not be tracked further by county BH after counties provide their dates of dismissal from CARE court.

The full flowchart has been provided as a resource in PDF form to accompany this training. You can download the resource directly from the website in the Resource Library or on the Training page. If you need accessibility resources for this flowchart, please email info@CARE-Act.org.

[Slide Image Description: This slide shows a list of additional specifications for the 3.3.10 current CARE status data point.]

As noted before, data during the CARE Process Initiation Period serves as baseline data and is only submitted once.

If there is a change in CARE status during the same calendar month, additional data points relevant to the new measurement period will be needed to report.

This applies to CARE status change from CARE Process Initiation to a CARE agreement/plan or an elective client.

The same applies to clients who are terminated from county supports and services—if this happens, counties must report data from the Active Service Period.

We will show you an example in the next slide.

Example: Change of CARE Status from CARE Process Initiation to Active Service

Example:

A client started the CARE Process Initiation Period on 1/15/2024 and ended on 2/14/2024

Data from the CARE Initiation Process Period will be completed by the end of February

The counties will also submit the data for the Active Service Period from 2/14/2024 to 2/29/2024

DHCS | HMA

28

[Slide Image Description: This slide shows an image of an individual representing a client next to a blue box that details the clients journey from CARE process initiation to active service.]

We have a client started the CARE Process Initiation Period on 1/15/2024 and ended on 2/14/2024.

If a client goes through the CARE Process Initiation Period and becomes an active county client on 1/31/2024, county BH only need to report data from the CARE Process Initiation Period during the January reporting month.

However, in this example, we have a client who started the CARE process in mid January and enters Active Service (with a CARE plan/agreement or as an elective client) on 2/14/2024. In this case, the data from the Initiation Process Period will be completed during the calendar month of February. Data for the Active Service Period for the calendar month of February must also be reported to capture services provided between 2/14/24 and 2/29/24.

Again, when it is a change of status from active CARE agreement, active CARE plan, or

elective clients to termination, counties will do the same. They first report data from the Active Service Period and then report the termination status and data associated with that.

DATA DICTIONARY:
Appendices

DHCS | HMA

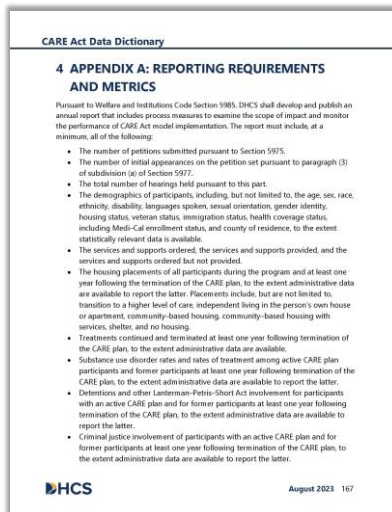[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

The appendix section includes sections that is mostly connected to additional specifications for some of the data elements in the Data Dictionary.

Over the next couple of slides, we wanted to highlight two key appendices: Appendix A and Appendix B as they are helpful to orienting people to the overall reporting requirements.

Appendix C to G are additional specifications for data points referenced in the Data Dictionary. These appendices can be located in the CARE Act Data Dictionary, and we will not show them in this presentation.

Appendix A: Reporting Requirements and Metrics

» Includes specifications regarding process measures to examine the scope of impact and monitor the performance of CARE Act model implementation.

» Includes requirements to conduct an independent evaluation of the CARE Act.

30

[Slide Image Description: This slide shows a screenshot of the appendix of the Data Dictionary and a description of Appendix A: Reporting Requirements and Metrics.]

Appendix A lists all the reporting requirements and metrics from Statute 5985 for JC and county BH agencies. It also includes the requirements to conduct an independent evaluation of the CARE Act.

From Appendix A, JC will report:
- Number of petitions submitted
- Number of initial appearances (initial hearings) held
- Total number of hearings held
- Total number of CARE plans ordered
- Total number of CARE agreements approved
- Number, rates, and trends of petitions resulting in hearings

The c BH Agencies will report:
- Demographics
- Services/supports ordered, provided, and ordered but not provided
- Housing placements

- Treatments continued and terminated
- Substance use disorder rates and rates of treatment
- Detentions and LPS involvement
- Criminal justice involvement
- Deaths and along with causes of death
- Supporters
- Voluntary CARE agreements
- Ordered and completed CARE plans
- Services and Supports in CARE plan and court orders for stabilizing medications
- Adherence to medication
- Psychiatric advance directives
- Graduation Plans

The data requirements that are collected and reported by the county BH agencies (mentioned earlier) will be used to assess these outcomes of interest:
- Improvement in housing status, including gaining and maintaining housing
- Reductions in emergency department visits and inpatient hospitalizations
- Reductions in law enforcement encounters and incarceration
- Reductions in involuntary treatment and conservatorship
- Reductions in substance use.
- Demographic disparities

Appendix B: Summary Table

» Summarizes the data elements and includes the associated statute, data source, question, and measurement period for each data element and point.

[Slide Image Description: This slide shows a screenshot of the appendix of the Data Dictionary and a description of Appendix B: Summary Table.]

Appendix B is the Summary Table to assist JC and county BH agencies with data collection and reporting. For each data point, the Summary Table lists:
- The Statute Section Code that associates with it
- The entity that will collect it
- The data element that associates with it
- The name and question
- The measurement periods that require it

We've also made this Summary Table available as a supplemental resource to accompany this training on the website in the Resource Library and on the Training page. We recommend saving it where it can be easily accessed when doing CARE Act data collection and reporting.

Objectives

At the end of the session, participants will have an increased ability to:

» Navigate the CARE Act Data Dictionary

» Describe which CARE respondents from trial courts County Behavioral Health will track over time

» Distinguish the measurement periods for data collection

» Understand the structure and format of a data element to guide standardized reporting

[Slide Image Description: This slide shows the learning objectives for this training with a light blue background.]

As a reminder, here are our objectives for today's session.

At the end of the session, participants will have an increased ability to:
- Navigate the CARE Act Data Dictionary
- Describe which CARE respondents from trial courts who county BH agencies will track over time
- Distinguish the measurement periods for data collection
- Understand the structure and format of a data element to guide standardized reporting

Training and Technical Assistance

Tool Demonstration

- Live Demo on tools
  - SurveyMonkey
  - MOVEit (file upload)

- Chance to ask questions

County-specific TTA

- County-specific TTA as requested

Weekly / Monthly Office Hours
Customized TA for Cohort I Counties

DHCS | HMA

[Slide Image Description: This slide shows two colored boxes with a blue arrow underneath that detail information about tool demonstration and county-specific TTA.]

Our approach to training and technical assistance related to Data Collection and Reporting includes several avenues to learn more and ask questions.

- **Tool Demonstration:** We plan to have a live training and demo of the tools.
  - Please join to learn more about:
    - The overall data reporting/submission process on SurveyMonkey or file format (MOVEit)
    - How to modify or change data after submission (e.g., demographic information, CARE current status, errors)
  - The live training and demo will be a good opportunity to see how the tools work and ask questions.

- **County-Specific TTA**
  - Additionally, TTA will be available for specific topics; these will be informed by county requests

- **Weekly/Monthly Office Hours**
  - As needed, HMA will **host weekly then Monthly Data Related Office Hours** (no registration will be required, and anyone can drop in to ask questions).

- **Supplemental resources**
  - **In addition to the two supplemental resources mentioned during this training, the County Data Flowchart and Appendix B, the Summary table, we have also made available a Data Dictionary FAQ document. These resources will be made available on the website in the Resource Library and are linked on the Training page.**

[Slide Image Description: This slide shows bullets with next steps. It contains decorative arrows.]

We have a few next steps.

- We will be sending out more information about training and technical assistance opportunities for data reporting, and we want to make sure we have right people on that communication. Those that should participate include CARE program staff, data analysts, research managers, and IT support. Please use info@CAREAct.org to let us know who should receive notice of these TTA opportunities, including their names, titles, and emails.
- The CARE Act Resource Center website has a TTA Request Form specific to Data Collection & Reporting. Click on the Contact dropdown and select Data Collection and Reporting Assistance.
- If you jotted down questions today, please submit them via the Data Collection and Reporting Assistance tab to help us tailor future trainings.

[Slide Image Description: This slide shows the CARE-act website and the email address.]

We are here to support you and provide you with those opportunities to connect and hear about implementing the CARE Act. The website is **CARE-Act.org** and our email address is **info@CARE-Act.org**.