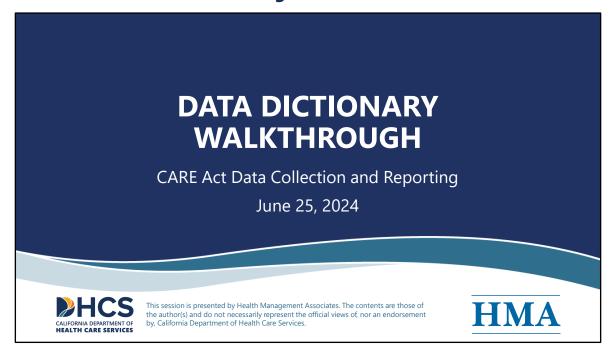




#### **CARE Act Training & Technical Assistance**



[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 the Data Dictionary Overview.

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. We highly encouraged attendees to visit the CARE Act Data Collection & Reporting Resources page on CARE-Act.Org and view the posted resources, specifically: - The CARE Act Data Dictionary - The CARE Act Data Flowchart prior to this training.





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.





## **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 and clients from county BH will be tracked over time
- Distinguish the measurement periods for data collection
- Understand the structure and format of a data element to guide standardized reporting



3

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

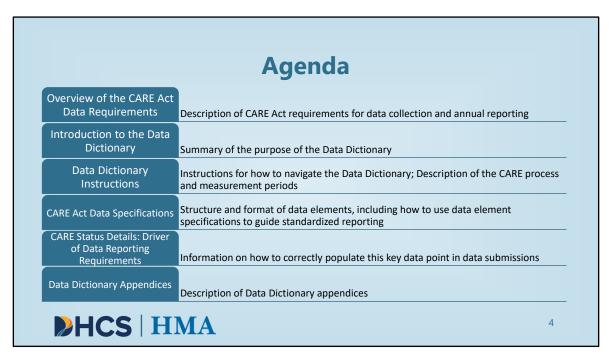
Let's take a look at our learning objectives.

Our goal 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 and clients from county BH agencies will be tracked 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 agenda for this training with a light blue background.]

We are here today 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
  - Description of CARE Act requirements for data collection and annual reporting
- Introduction to the Data Dictionary
  - Summary of the purpose of the Data Dictionary.
- Data Dictionary Instructions
  - Instructions for how to navigate the Data Dictionary
  - Descriptions of 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





- CARE Status Details: Driver of Data Reporting Requirements
  - Information on how to correctly populate this key data point in data submissions
- Appendices
  - Description of appendices included in Data Dictionary

As we move through the sections of the Data Dictionary, you're welcome to place questions for the data team in chat. We hope to have a few minutes at the end to address these questions, but if not we can follow-up via email after the session.

We are recording this session and both the slide deck and recording will be made available.







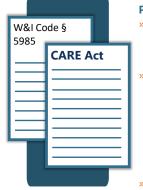
[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

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





# **Behavioral Health Information Notice BHIN #23-052**



#### Purpose: Provide Guidance to Counties on Data Reporting Requirements

- DHCS is required to develop and publish an annual report. The report must include, at a minimum, the data and information listed in subdivisions (e) and (f) of W&I Code section 5985.
- **DHCS' Responsibility:** Provide technical assistance and consultation to support CARE Act implementation, including:
- Development of a Data Dictionary to support consistent data collection
  - Formation of a data collection tool to facilitate reporting by Judicial Council and counties
  - Delivery of ongoing technical assistance and consultation to county BH agencies
  - Organization of quality assurance processes for data integrity
- **County BH Agencies' Responsibility:** Provide data specified by DHCS related to CARE Act participants, services, and supports for use in the annual reports.

Source: W&I Code, § 5985; View the CARE Act Data Dictionary here.



6

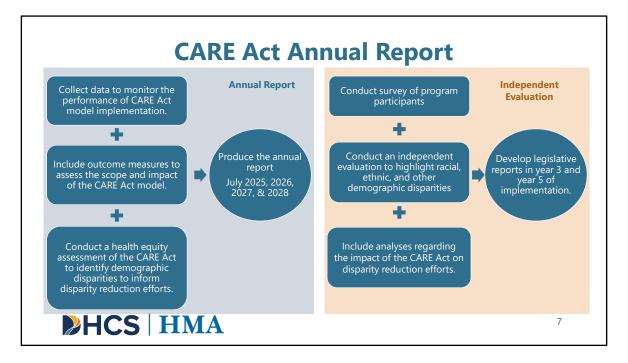
[Slide Image Description: This slide shows two paper icons representing W&I Code 5985 and the CARE Act. The purpose of W&I Code 5985 is given along with DHCS and county BH agencies responsibilities in CARE Act implementation.]

We want to begin by briefly orienting you to the "why" behind the Data Dictionary. DHCS is required to develop and publish an annual report with specified information. The Behavioral Health Information Notice was released October 2023 and provides guidance to the counties on the data reporting requirements to monitor the performance of the CARE Act model. It is DHCS' responsibility to ensure counties are equipped to be able to collect necessary information, and as such, DHCS is responsible for developing and maintaining 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 CARE Act implementation.: https://www.dhcs.ca.gov/Documents/Enclosure-I-CARE-ACT-Data-Dictionary-Version-1-0.pdf







[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' 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. RAND corporation is the contracted Independent Evaluator.

The focus of the Annual Report is to monitor the implementation of the CARE Act. This includes data on leading outcomes to assess the impact of the CARE Act. It also includes 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.





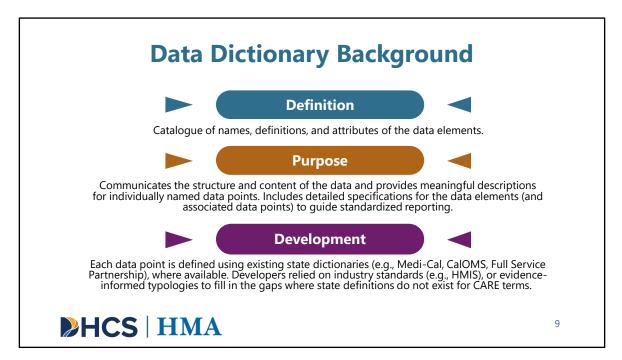


[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

The first section of the Data Dictionary is the Introduction.







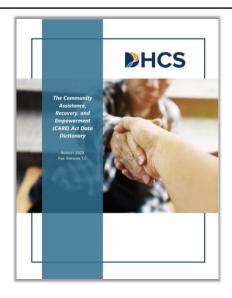
[Slide Image Description: This slide shows three colored boxes that details the definition, purpose, and development of the Data Dictionary.]

Here, we'll provide a brief background on the origins of the Data Dictionary and what is contained in the document, specifically the purpose and use of the Data Dictionary, and how it was developed. This information is provided, in part, in the Introduction of the Data Dictionary.

- Purpose: 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 Judicial Council in fulfilling the annual reporting
  requirements from Statute 5985.
- **Development:** Related to development, it's important for us to note that 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 Orientation**

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



10

[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.]

Here, you can see the main sections included in the Data Dictionary. It's organized into four main sections: The Introduction, as mentioned, the Instructions, the CARE Act Data Specifications, and a set of Appendices.







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

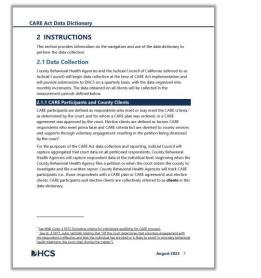
Let's now review the Instructions for the Data Dictionary.





#### **Instructions**

- Provides information on the navigation and use of the Data Dictionary to perform the data collection and reporting.
  - 2.1 Data Collection
    - 2.1.1 CARE Participants and County Clients
    - · 2.1.2 Measurement Period
    - 2.1.3 Data Specifications and Format
  - 2.2 Data Reporting
    - 2.2.1 Technical Assistance
    - · 2.2.2 Data Submission
      - SurveyMonkey
      - MOVEit
    - 2.2.3 Data Compliance Standards





12

[Slide Image Description: This slide shows a screenshot of the instruction section of the Data Dictionary with a list of the subsections.]

The Instructions section of the Data Dictionary provides information on how to navigate and use the Data Dictionary for data collection and reporting.

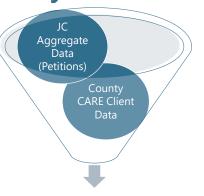
It is our recommendation that you review this section carefully because it contains important information that will help you understand the data collection and reporting responsibilities.





### **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:
  - · CARE Petitions initiated by county BH; and
  - Petitions for which the court orders county BH 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



DHCS

\*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.



1

[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 BH agencies are listed.]

Over the next few slides, we will go into more detail on the CARE process and how data collection processes and data points will differ depending on where clients are in the process, who is reporting the data, and who is delivering services to the client.

The Judicial Council, or JC, is responsible for capturing and reporting on trial court data for all petitioned respondents. Importantly, the data JC collects and reports on is at the aggregate level, meaning that no participant level information is collected, such as demographic characteristics of the individuals moving through the court process. As a reminder, courts submit their data directly to JC. Please see the Judicial Resources Network (JRN) and reach out to care.act.data@jud.ca.gov with questions.

County BH agencies are responsible for capturing individual level respondent data on:

- CARE Petitions initiated by county BH; and
- Petitions for which the court orders county BH to investigate and file a written report.





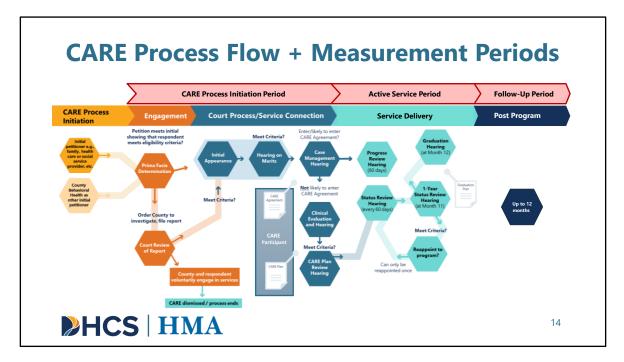
At the individual level, basic information for all petitions that flow through the counties are required. This includes demographic information.

For petitions that result in an individual receiving county supports and services, county BH agencies are 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 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.







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

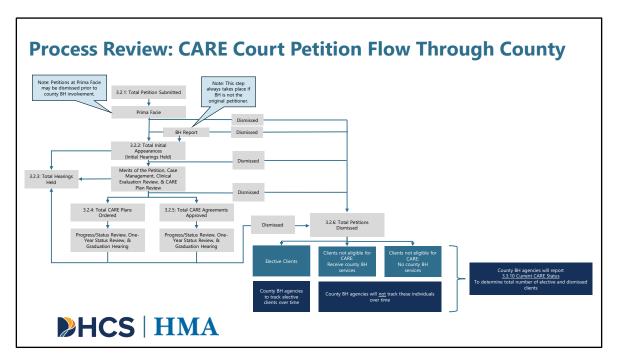
Important to our conversation today is to briefly orient you to when data is collected for the purposes of CARE evaluation.

There are three distinct periods of data collection. As previously mentioned, county BH is responsible for tracking those with a CARE Plan, CARE agreement and Elective clients.

- **1. CARE Process Initiation Period:** County BH reports data during this period as a baseline, prior to the Active Service Period.
- **2. Active Service Period:** Counties report on services/supports and other data from the start of service delivery until one of the following occurs, whichever comes first:
  - Termination of county services
  - Graduation from the CARE process
  - The 12th month of voluntary county services
- **3. Follow-Up Period:** Counties are expected to report data on clients who continue to receive county BH services outside of CARE for up to 1 year after their active service period or discharge from county services and supports, whichever comes first.







[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 collection and reporting relates to county BH data collection and reporting.

Individuals with CARE Court petitions are called CARE respondents. CARE respondents flow through the hearing process within the courts, which is reported on by the JC. Ultimately, CARE respondents are dismissed or they receive a CARE plan or CARE agreement. At this point, they move from JC reporting into county level reporting.

We want to highlight the **three groups of** CARE respondents that will be tracked by county BH:

- 1. Those who end up with a Court Ordered CARE Plan
- 2. Those who end up with a Court Approved CARE Agreement
- 3. Elective clients: These are 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. These



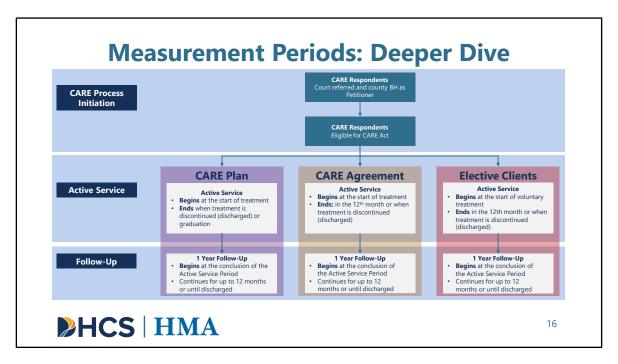


participants will be tracked by county BH over time for the Annual Report.

To support county BH accountability for providing services to CARE respondents even if they are not eligible for CARE Court, counties are asked to provide basic information about those ineligible CARE respondents - (via 3.3.10 CARE Status – more on that later). Counties will not track these ineligible CARE respondents over time.







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

On this slide, you can see in a bit more detail the three distinct measurement periods and the three CARE disposition pathways- those with a CARE plan, those with a CARE agreement, and elective clients.

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 and supports; or
- 2. Graduation from the CARE process; or
- 3. The 12th month of voluntary county services and supports.

Termination is defined as premature exit from county services and supports.

This data will be collected monthly.

If client under a CARE agreement or plan is diverted, for any reason, to voluntary county services outside the court process during the 12-month Active Service Period, counties will still be required to report data monthly for the full 12-month Active and 12 month Follow Up Periods.





## **Data Submission: Mechanisms**

- » County BH agencies have two options for submitting data to DHCS:
  - SurveyMonkey
  - MOVEit File Transfer Application
- » County BH agencies must choose to submit all required data via either SurveyMonkey or MOVEit file transfer application at each reporting quarter and may not submit data through both mechanisms for the same quarter.

#### SurveyMonkey

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

#### **MOVEit**

(File Transfer)

- Mechanism for automated file transfers of data.
- Option A and Option B file formats align with the structure of the CARE Act Data Dictionary.
- Templates are located in the MOVEit Resources folder

**NOTE:** Court data is submitted to the Judicial Council. Please see the Judicial Resources Network (JRN) and reach out to <a href="mailto:care.act.data@jud.ca.gov">care.act.data@jud.ca.gov</a> with questions.



17

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

The next thing we would like to cover is how county BH agencies submit data to DHCS. There are two options for submitting data:

The first option is SurveyMonkey.

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

The second option is using a file template and uploading it through the MOVEit file transfer application.

- MOVEit is an existing mechanism for transfer of data used by DHCS.
- HMA provides two file formats (Option A and Option B) for counties to select





from, both of which align with the structure of the CARE Act Data Dictionary.

- For county BH agencies that don't want to enter the data into SurveyMonkey manually, they can use the MOVEit data submission option.
- The templates are located in the Resources folder in MOVEit.

Importantly, although there are two options for submitting data, counties can only choose one mechanism to submit the data for each reporting quarter.





## **Data Submission: Reporting Schedule**

- » Data from October 1 December 31 are due by March 1.
- » 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



18

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

This slide outlines the reporting schedule. Counties can submit their data monthly, if preferred, or wait until the end of the reporting quarter to report on all three months in the quarter.

The table on the right has the submission deadlines. Data from January 1 - March 31 is due May 30. Data from April 1 - June 30 is due August 29. Data from July 1 - September 30 is due November 29. Data from October 1 - December 31 is due March 1.

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





## **Data Compliance Standards**

<b>Quality Dimension</b>	Description
<b>C</b> : Completeness	Checks for missing, surplus, or duplicate data
A: Accuracy	Checks for typos and questionable records
<b>R</b> : Reasonability	Checks if the individual data are valid and the data set, taken as a whole, is plausible
<b>T</b> : Timeliness	Checks for timely submission of data

Note: C.A.R.T. Dimensions will be applied to all submitted data, whether via SurveyMonkey or via MOVEit file transfer application.



10

[Slide Image Description: This slide includes a table with the descriptions of each of the C.A.R.T. Dimensions.]

On this slide, we want to briefly touch on data compliance standards that county BH agencies are required to follow.

To assure the quality of the data collected, we are following the C.A.R.T Dimensions that have been used by DHCS for the Managed Care Plans. These are industry-standard QA (quality assurance) dimensions.

HMA will examine all data collected from counties for **completeness**, **accuracy**, **reasonability**, and **timeliness**, whether the data is submitted via SurveyMonkey or via MOVEit.

- Completeness: We check for missing, surplus, and duplicate data.
- Accuracy: We check for typos and questionable records.
- Reasonability: We check if the individual data are valid and the data set taken as a whole is plausible
- Timeliness: We check for timely submission of the data.

The HMA data team will be hosting a separate training on Quality Assurance in early 2025.





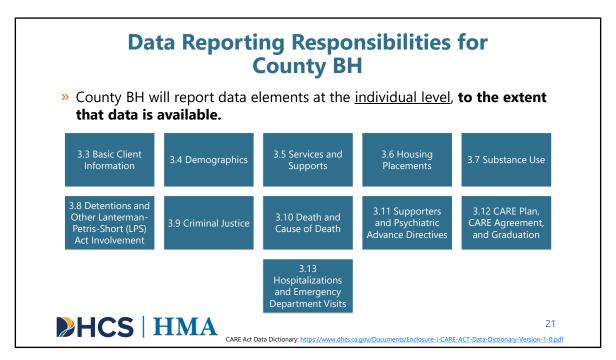


[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

Next, we will discuss the third section of the CARE Act Data Dictionary: the CARE Act Data Specifications.







[Slide Image Description: This slide shows eleven blue boxes that list the data points county behavioral health agencies will be reporting and stratifying at the individual level.]

This slide highlights county BH reporting requirements. Each data point included in the Data Dictionary is attributed to a data element. Here you can see the data elements included in the Dictionary- which include basic client information, demographics, services and supports, housing placements, substance use, detentions and Lanterman-Petris-Short (LPS) involvement, criminal justice, death and cause of death, supporters and psychiatric advance directives, CARE plan, CARE agreement and graduation, and hospitalizations and Emergency Department visits. Counties are required to report individual level data for data elements and points, as relevant to each specific client.

After reviewing the Data Specifications and Formats on the next slide, we're then going to show an example of a critical data point, Current CARE Status 3.3.10





D	ata 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.	
Туре:	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.]

For each data point in the CARE Act Data Dictionary, we use a standardized data specification and format. This will help users easily navigate the Dictionary and find the information they need. Here you can see a generic specification- you can see each data point specification includes a unique identifier and name for the data point and data element. It also includes details on how the data point is collected and details on how the data is formatted, including variable type (if numeric or text), width, value codes, and format. The specification will also include information on the measurement period the data point is collected in, the source of the data, if the data is aggregate or individual level, and any additional details necessary to collect and report the data with validity and reliability.





_ v	A SERVICE DE LA CONTRACTOR DE CONTRACTOR DE LA CONTRACTOR DE CONTRACTOR	
<b>Example: 3.3.10 Current CARE Status</b>		
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:	<ul> <li>1 - CARE Process Initiation Period (initial, merits, case management, or clinical evaluation hearing)</li> <li>2 - Dismissed (Not eligible and not receiving county supports and services)</li> <li>3 - Dismissed (Not eligible but receiving county supports and services)</li> <li>4 - Elective Client (CARE eligible but dismissed because diverted for voluntary county services outside CARE process.</li> <li>5 - Active CARE agreement</li> <li>6 - Active CARE plan</li> <li>7 - Terminated from CARE agreement/plan/voluntary county services (no longer receiving county supports and services)</li> <li>8 - Graduated from CARE plan, after 12 months following a CARE agreement, or after 12 months of elective services</li> </ul>	
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	See next slide	
Specifications:	See Hext 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 mentioned on the previous slide, each data point has an individual specification in the dictionary, with standardized information. Here we are showing **3.3.10 Current CARE Status**.

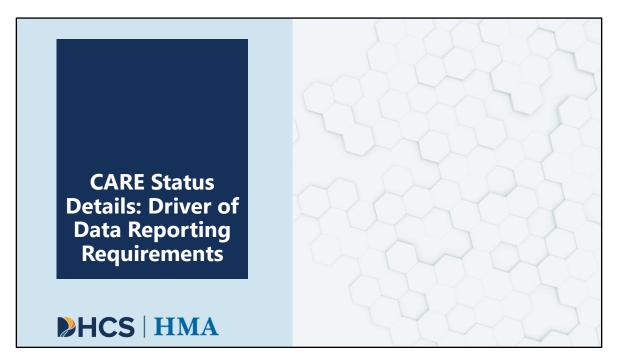
Let's walk through the specification of this data point.

- 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.

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







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

Next, we would like to spend some time discussing the CARE Status data point, as it is of critical importance for data reporting.





## **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 during the reporting month.
- » 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.



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.]

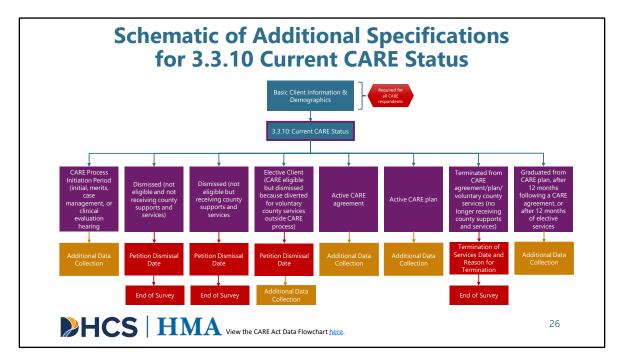
The Current Care Status data point is considered part of the "Basic Client Information"

It is of particular importance because how you respond to this data point for a client determines which additional data points are required for reporting. In other words, we think of this data point as a "driver" data point, as it helps guide data collection of required data points.

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







[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 Current Care Status determines further data collection and reporting. <u>Basic Client Information</u> and <u>Demographic information</u> is required for all CARE respondents that flow through county BH, regardless of whether they end up receiving county BH services.

Each potential CARE status is shown here in purple. You can see if additional data collection and reporting will be required below each purple box. You will see that not all data points are going to be required for all clients. Note that a client's CARE status can change over time.

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.

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.





# Change in Current Care Status During the CARE Initiation Period

- When a change in CARE status occurs (e.g., From Initiation to Active CARE agreement or Active CARE agreement to Dismissed or Terminated), the data points associated with the new status must be reported in addition to data associated with the previous status.
- » Note: This will require multiple data submissions for an individual client during a single month

#### **Example:**

A client started the CARE Process Initiation Period on 1/15/2024 and entered the Active Service Period on 2/7/2024.

The counties will submit data from the CARE Process Initiation Period in January and February.

The counties will submit data for the Active Service Period starting from 2/7/2024 to 2/29/2024.



27

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

As you will recall from the previous slide, Clients can move between CARE Status throughout their time in the CARE process. It is important that the data associated with each status is reported, as there are differences in the data points reported as clients move through the CARE process.

It is likely that clients will move between CARE statuses during the course of a single month. If a client completes their CARE Process Initiation Period and becomes an **Active Service client** during a month, data from the Initiation Period AND the first month of Active Service will have to be submitted in the same month. This means that, for that month where a client had two statuses, multiple data submissions will be required for the same client in the month. This will be covered in our later training on data submission, but at a high-level this will look like either two survey submissions for an individual client in a month or two rows of data for a single client in the data file submission. For example, if a client moved from Initiation to Active Service Period on February 7, in the middle of the month, the county will submit data for the CARE





Process Initiation Period for the first 7 days of the month, and data from the Active Service Period for the remaining days of the month.

For clients who are **dismissed by the court during the CARE Process Initiation Period**, all known data associated with this measurement period are required (e.g., Housing, Detention, LPS Conservatorship, Criminal Status, Arrest, etc.), in addition to data associated with the relevant dismissed status (value options 2, 3, or 4).





## Change in Current CARE Status During the 12-month Active Service Period

Client is **dismissed** from their CARE agreement/plan during the Active Service Period, and directed to continue voluntary services and supports outside the court process:

- Client should be designated as 3.3.10 OPTION 4: Elective Client CARE eligible but dismissed because diverted for voluntary county services outside CARE process.
- Continue to report their data for 12 months of active service from the start date of CARE agreement/plan; provide follow-up data for an additional 12 months.

Client is **terminated** (premature exit) from CARE agreement/plan or elective services during the Active Service Period (e.g., refusal, move, unable to locate):

- Client should be designated as 3.3.10 OPTION 7: Terminated from CARE agreement/plan/voluntary county services (no longer receiving county supports and services).
- Report data associated with OPTION 7.



28

[Slide Image Description: This slide describes scenarios for change in current CARE status during the 12-month Active Service Period]

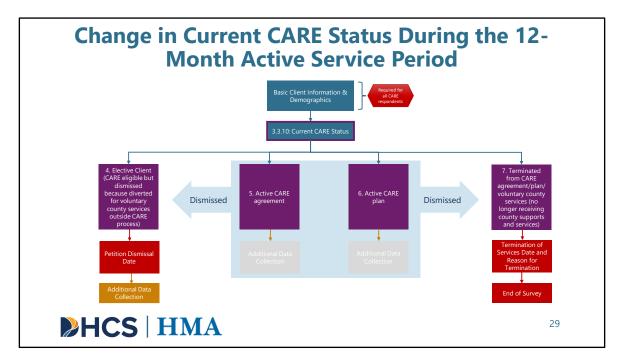
Next, we will discuss what to do if a client's CARE Status changes during the 12-month Active Service Period. A couple of scenarios are shown on this slide.

First, if a client is dismissed from their CARE agreement/plan during the Active Service Period and directed to continue voluntary supports and services outside the court process, the client should be designated as 3.3.10 OPTION 4: Elective Client - CARE eligible but dismissed because diverted for voluntary county services outside CARE process. Counties should continue to report this client's data for 12 months of active service from the start date of CARE agreement/plan, as well as provide follow-up data for an additional 12 months.

In the second scenario, a client is terminated from CARE plan/agreement or elective services during the Active Service Period for any reason (e.g., refusal, move, unable to locate). This client should be designated as 3.3.10 OPTION 7: Terminated from CARE agreement/plan/voluntary county services (no longer receiving county supports and services). In this case, the counties should report data associated with Option 7.







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

This slide visually shows what we talked about on the previous slide.

If a client is dismissed from their CARE agreement/plan during the Active Service Period and directed to continue voluntary supports and services outside the court process, the client should be designated as 3.3.10 OPTION 4: Elective Client. Counties should continue to report this client's data for 12 months of active service from the start date of CARE agreement/plan, as well as provide follow-up data for an additional 12 months.

In the second scenario, a client is terminated from CARE plan/agreement or elective services during the Active Service Period for any reason (e.g., refusal, move, unable to locate). This client should be designated as 3.3.10 OPTION 7. In this case, the counties should report data associated with Option 7.





## Reporting During Lengthy CARE Initiation Period

- » For a client whose CARE Initiation Period spans several months due to difficulty locating or engaging the client, extension of proceedings, or other reasons:
  - County BH agencies should report client data for each month; updating information about the client during each month the client is in the CARE Process Initiation Period.



30

[Slide Image Description: This slide describes reporting during the CARE Initiation Period]

For a client whose CARE Initiation Period spans several months due to difficulty
locating or engaging the client, extension of proceedings, or other reasons,
county BH agencies should report client data for each month; updating information
about the client during each month the client is in the CARE Process Initiation
Period.







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

The appendices in the Data Dictionary include additional information on specific data elements.

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

Appendix C through G outline additional specifications for data points referenced in the Data Dictionary. These appendices can be found in the Data Dictionary and will not be summarized during 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 implementation.
- Includes requirements to conduct an independent evaluation of the CARE Act.





32

[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, as required by statute, for the Judicial Council and county BH agencies. It also includes the requirements to conduct an independent evaluation of the CARE Act.

From Appendix A, Judicial Council is responsible for reporting:

- 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 county BH agencies are responsible for reporting:

- 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 the following outcomes of interest:

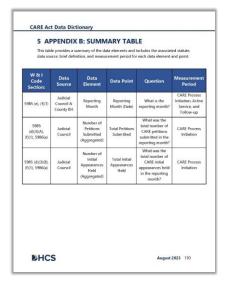
- · Improvement in housing status, including gaining and maintaining housing
- Reductions in emergency department visits and inpatient hospitalizations
- Reductions in law enforcement encounters and incarceration
- Reductions in involuntary treatment and conservatorship
- Reductions in substance use
- 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.





33

[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 Judicial Council 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 have 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.







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

This section is for live questions and answers.





## **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 and clients from county BH will be tracked over time
- Distinguish the measurement periods for data collection
- Understand the structure and format of a data element to guide standardized reporting



35

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

As a reminder, we hoped 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 and clients from county BH will be tracked over time
- Distinguish the measurement periods for data collection
- Understand the structure and format of a data element to guide standardized reporting





# **Upcoming CARE Act Data Collection and Reporting Trainings**

<u>Data Submission Options –</u> <u>SurveyMonkey, MOVEit, and the</u> <u>Data File Template</u>

Live training August 6th at 11 am

 Demo of SurveyMonkey, MOVEit data file transfer application and templates to support CARE Act data submission. Quality Assurance Process: Live training date TBD

 Overview of the Quality Assurance process.



[Slide Image Description: This slide shows two colored boxes about upcoming trainings.]

The HMA data team will be hosting a live demo of the two data submission tools referenced during this training. The session will take place on August 6<sup>th</sup> at 11am and will be a good opportunity to see the tools live and ask questions about CARE Act data submission

- Please join this session to learn more about:
  - The overall data reporting/submission process on SurveyMonkey and MOVEit (file upload)
  - 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
- Please register at the link in chat.
- We are also planning a training that will provide an overview of the Quality Assurance Process. That date is TBD.





#### Data Collection and Reporting Technical Assistance

- » Visit the CARE Act Resource Center <u>Data Collection and Reporting Resources</u> page
- » Request technical assistance specific to <a href="Data Collection & Reporting TTA">Data Collection & Reporting TTA</a>
- » Attend bi-weekly office hours
- » County data team members should sign up for the CARE Act email <u>listserv</u> and select "Data Collection and Reporting" for their CARE Act Role.
- » All county BH agencies must have an authorized MOVEit user with appropriate folder access to retrieve county BH data file templates and the Quality Assurance Protocol and Checklist. <u>Request access using this form</u>.





[Slide Image Description: This slide shows a screenshot of the CARE Act Data Dictionary Data Collection and Reporting page on CARE-Act.org]

We want to reiterate that there are multiple opportunities to access resources or request support from HMA. Our approach to training and technical assistance related to CARE Act data collection and reporting includes several avenues to learn more and ask questions.

- First, the CARE Act Resource Center has a repository of resources and trainings specific to data collection and reporting. We will place the link to the page in chat.
- You can submit questions, concerns, or requests for technical assistance specific to data collection and reporting at the link we'll provide in chat. HMA is able to provide individualized technical assistance with your county data teams and vendors as requested.
  - https://docs.google.com/forms/d/e/1FAIpQLSeqgKj1SJRZhY OEBhHCYRFghyJL7P3 uDR0SGpxF5tMOsv pw/viewform
- We encourage everyone to attend our bi-weekly office hours. Register at the link in chat: here
- Also, we will be communicating to data team members via our listsery, so we want





to encourage everyone to sign up via the link in the chat: <a href="https://care-act.us11.list-manage.com/subscribe?u=8ec8c1129c78ce744084103db&id=cbd28f0a2e">https://care-act.us11.list-manage.com/subscribe?u=8ec8c1129c78ce744084103db&id=cbd28f0a2e</a>.

• And finally, Regardless of whether you choose to manually submit data via SurveyMonkey or to bulk upload data, ALL COUNTIES must have access to the MOVEit File Transfer Application. Request access using this form.







[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. Please visit the website at **CARE-Act.org** and submit any questions or suggestions to our email address at **info@CARE-Act.org**