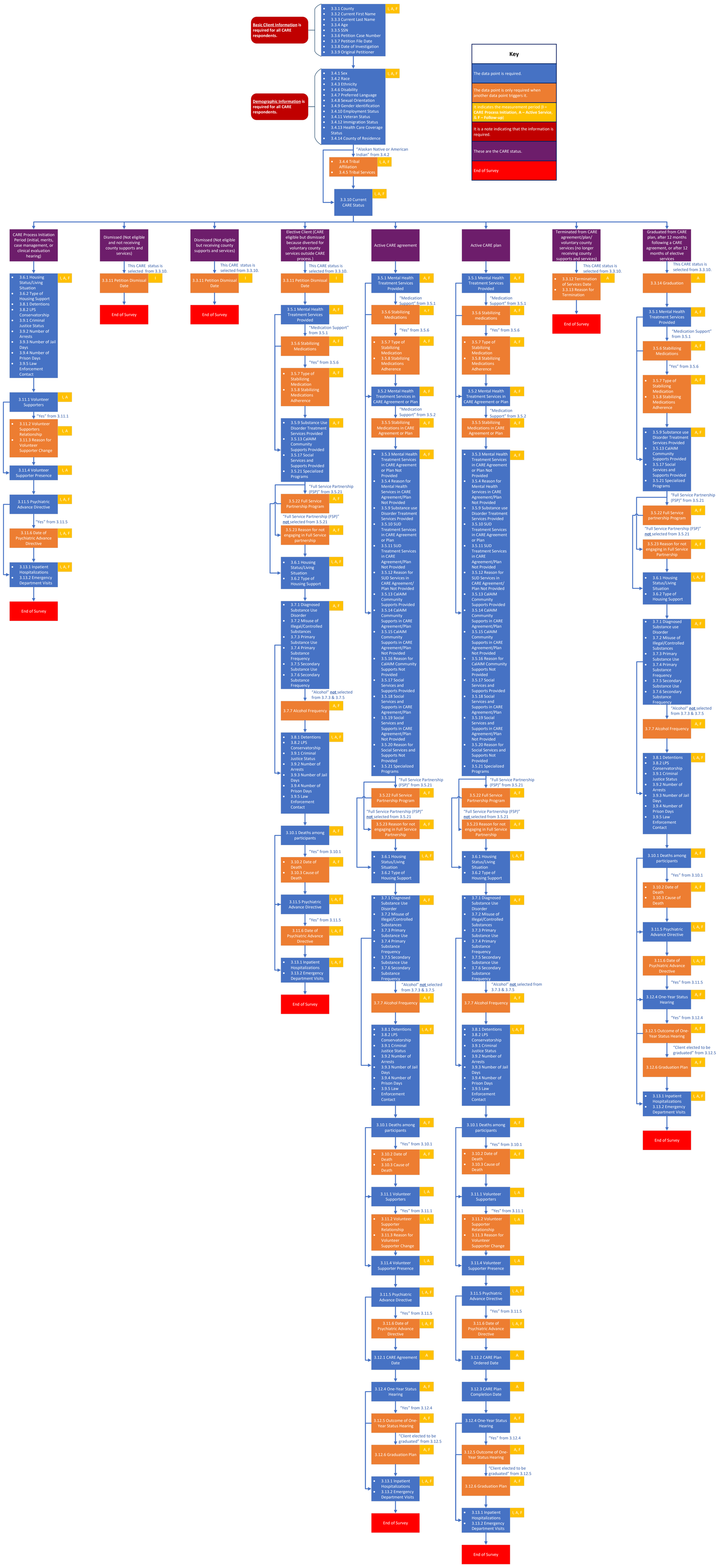
Basic Client Information is required for all CARE respondents.
3.3.1 County
3.3.2 Current First Name
3.3.3 Current Last Name
3.3.4 Age
3.3.5 SSN
3.3.6 Petition Case Number
3.3.7 Petition File Date
3.3.8 Date of Investigation
3.3.9 Original Petitioner
I, A, F
Demographic Information is required for all CARE respondents.
3.4.1 Sex
3.4.2 Race
3.4.3 Ethnicity
3.4.6 Disability
3.4.7 Preferred Language
3.4.8 Sexual Orientation
3.4.9 Gender identification
3.4.10 Employment Status
3.4.11 Veteran Status
3.4.12 Immigration Status
3.4.13 Health Care Coverage Status
3.4.14 County of Residence
I, A, F
"Alaskan Native or American Indian" from 3.4.2
3.4.4 Tribal Affiliation
3.4.5 Tribal Services
I, A, F
3.3.10 Current CARE Status
I, A, F
Key
The data point is required.
The data point is only required when another data point triggers it.
It indicates the measurement period (I – CARE Process Initiation, A – Active Service, & F – Follow-up)
It is a note indicating that the information is required.
These are the CARE status.
End of Survey
CARE Process Initiation Period (initial, merits, case management, or clinical evaluation hearing)
Dismissed (Not eligible and not receiving county supports and services)
Dismissed (Not eligible but receiving county supports and services)
Elective Client (CARE eligible but dismissed because diverted for voluntary county services outside CARE process.)
Active CARE agreement
Active CARE plan
Terminated from CARE agreement/plan/ voluntary county services (no longer receiving county supports and services)
Graduated from CARE plan, after 12 months following a CARE agreement, or after 12 months of elective services
This CARE status is selected from 3.3.10.
3.6.1 Housing Status/Living Situation
3.6.2 Type of Housing Support
3.8.1 Detentions
3.8.2 LPS Conservatorship
3.9.1 Criminal Justice Status
3.9.2 Number of Arrests
3.9.3 Number of Jail Days
3.9.4 Number of Prison Days
3.9.5 Law Enforcement Contact
3.11.1 Volunteer Supporters
"Yes" from 3.11.1
3.11.2 Volunteer Supporters Relationship
3.11.3 Reason for Volunteer Supporter Change
3.11.4 Volunteer Supporter Presence
3.11.5 Psychiatric Advance Directive
"Yes" from 3.11.5
3.11.6 Date of Psychiatric Advance Directive
3.13.1 Inpatient Hospitalizations
3.13.2 Emergency Department Visits
End of Survey
3.3.11 Petition Dismissal Date
3.5.1 Mental Health Treatment Services Provided
"Medication Support" from 3.5.1
3.5.6 Stabilizing Medications
"Yes" from 3.5.6
3.5.7 Type of Stabilizing Medication
3.5.8 Stabilizing Medications Adherence
3.5.9 Substance Use Disorder Treatment Services Provided
3.5.13 CalAIM Community Supports Provided
3.5.17 Social Services and Supports Provided
3.5.21 Specialized Programs
"Full Service Partnership (FSP)" from 3.5.21
3.5.22 Full Service Partnership Program
"Full Service Partnership (FSP)" not selected from 3.5.21
3.5.23 Reason for not engaging in Full Service partnership
3.7.1 Diagnosed Substance Use Disorder
3.7.2 Misuse of Illegal/Controlled Substances
3.7.3 Primary Substance Use
3.7.4 Primary Substance Frequency
3.7.5 Secondary Substance Use
3.7.6 Secondary Substance Frequency
"Alcohol" not selected from 3.7.3 & 3.7.5
3.7.7 Alcohol Frequency
3.10.1 Deaths among participants
"Yes" from 3.10.1
3.10.2 Date of Death
3.10.3 Cause of Death
3.5.6 Stabilizing medications
3.5.2 Mental Health Treatment Services in CARE Agreement or Plan
"Medication Support" from 3.5.2
3.5.5 Stabilizing Medications in CARE Agreement or Plan
3.5.3 Mental Health Treatment Services in CARE Agreement or Plan Not Provided
3.5.4 Reason for Mental Health Services in CARE Agreement/Plan Not Provided
3.5.10 SUD Treatment Services in CARE Agreement or Plan
3.5.11 SUD Treatment Services in CARE Agreement/Plan Not Provided
3.5.12 Reason for SUD Services in CARE Agreement/ Plan Not Provided
3.5.14 CalAIM Community Supports in CARE Agreement/Plan
3.5.15 CalAIM Community Supports in CARE Agreement/Plan Not Provided
3.5.16 Reason for CalAIM Community Supports Not Provided
3.5.18 Social Services and Supports in CARE Agreement/Plan
3.5.19 Social Services and Supports in CARE Agreement/Plan Not Provided
3.5.20 Reason for Social Services and Supports Not Provided
3.12.1 CARE Agreement Date
3.12.2 CARE Plan Ordered Date
3.12.3 CARE Plan Completion Date
3.12.4 One-Year Status Hearing
"Yes" from 3.12.4
3.12.5 Outcome of One-Year Status Hearing
"Client elected to be graduated" from 3.12.5
3.12.6 Graduation Plan
3.3.12 Termination of Services Date
3.3.13 Reason for Termination
3.3.14 Graduation