CARE Act

Community Assistance, Recovery, and Empowerment Act

Data Collection & Reporting FAQs

This resource provides answers to frequently asked questions (FAQs) related to CARE Act data collection and reporting. It is updated to include additional FAQs. Please access **CARE Act Data Collection FAQs** Resource Center to ensure you have the most current version.

Table of Contents

Reporting Requirements

When should County Behavioral Health report data for a client whose CARE Initiation Process spans several months due to difficulty locating or engaging the client, extension of proceedings, or other reasons?

County Behavioral Health (BH) should report client data for each month, even when BH is unable to locate or engage with the client, or when other delays or extensions occur. The following case scenario provides an example:

> A petition was initiated on October 20, 2023, and County BH was asked by the court to evaluate the merits of the petition on November 1, 2023. County BH needed more than 14 days to locate and engage with the client, and the court provided extensions for this reason. The petition was eventually dismissed on January 25, 2024, as the client was eligible for CARE and agreed to voluntarily engage in County BH services.

> During the CARE Initiation Process, County BH should submit data for each month of this measurement period (November, December, and January in this case example), updating client data as it becomes available. Following dismissal of the petition, the Active Service Measurement Period will begin.

What data will counties be required to collect?

Counties will collect data on:

- CARE Act Respondents with a CARE plan and CARE agreement, which are referred to as "CARE participants."

- Former CARE Act respondents who meet prima facie and CARE criteria but elected to voluntary engagement in county services. These individuals are referred to as "Elective clients."

County behavioral health agencies will capture respondent data at the individual level, while Judicial Council will capture aggregated trial court data.

When do counties start tracking CARE respondents?

Data will be collected on CARE respondents from the time of petition as follows:

- If the county behavioral health agency is the original petitioner, data collection begins at the time of petition.

- If the county behavioral health agency is not the petitioner, data collection begins when the court orders an investigation by the county.

Are counties responsible for data validation and submission when a client voluntarily enrolls in services that are not delivered by a county behavioral health provider?

County behavioral health agencies are expected to obtain information via client consent where possible, through exemptions in **Senate Bill 35** as applicable, or to the extent that administrative data is available. If the county is unable to obtain information, an "Unknown" response option is available. If the data needs to be updated due to delays, Health Management Associates (HMA), on behalf of DHCS, will provide a mechanism to update the data.

Public Reporting

How will the data collected be shared with the public?

Data metrics identified in **Welfare and Institutions Code sections 5985 and 5986** for the Annual Report and Independent Evaluation will be shared in accordance with the **DHCS Public Reporting Guidelines** to maintain privacy and security.

Clarification on Data Specifications

For data point 3.6.1 Housing Status/Living Situation, how should a county report data for a CARE participant who has spent an equal number of days across two living situations?

Housing status is defined as where the client spent the majority of their time. If there is an equal split during the reporting month between two living situations, the county should use the most current living situation at the end of the reporting month as the determining factor.

For example, if a client spent the first 15 days in November in an institutional living situation and the following 15 days in a permanent living situation, the county would report permanent living situation as it was the most current living situation at the end of the reporting month.

How should County Behavioral Health Agencies approach data submission regarding basic client information when both the Social Security Number (SSN) and Medi-Cal beneficiary number are unknown?

If both the Social Security Number and Medi-Cal beneficiary number are unknown, County Behavioral Health Agencies should enter "999999999". If or when the Social Security Number or Medi-Cal beneficiary number becomes available, counties should update the basic client information. The same identification number should be used for client data submission throughout the CARE process; avoid switching between Social Security Number and Medi-Cal beneficiary numbers.

Will County Behavioral Health Agencies need to provide demographic information for existing clients each time data is entered into SurveyMonkey or the MOVEit data file?

Counties that are using SurveyMonkey do not have to provide demographic information more than once, unless existing clients have updated demographic information to report. When submitting this updated information, the counties are required to re-enter all demographic data points on SurveyMonkey.

Counties that are using MOVEit must submit basic client and demographic information each time. Counties should query the required CARE data from their data system and upload basic client and demographic information with each submission.

How should County Behavioral Health Agencies approach data submission when a client enters the CARE Process Initiation Period in the middle of a month?

During the *CARE Process Initiation Period only,* client information should include data that represents the entirety of the reporting month. The data reported during this period serves as baseline information for the client.

For example, if a client enters the CARE Process Initiation Period on the 15th, the "number of jail days" data point should represent total jail days for the entire month.

Client Identifiers for Linkage

How will client data be linked across multiple surveys or file submissions? Will clients be assigned a unique identifier?

CARE clients will not be assigned a unique identifier. Key data variables will be used to link clients across survey and file submissions. These linkage data variables will include first name, last name, date of birth and Social Security Number/Medi-Cal Beneficiary number.

Data File Template for Submitting CARE data

How can the data file template be accessed?

The county behavioral health data file template can be found in the Resources folder within the DHCS platform, through the MOVEit file transfer application. Authorized MOVEit users will be able to download the template from this folder. To avoid issues with version control, always use the most current data file template located within the Resources folder.

What are the data file submission naming conventions?

The naming convention for the data file template is as follows:

- Initial Submission: Name of County_MMYYYY, where MM corresponds to the reporting month and YYYY the reporting year (e.g., El_Dorado_012024).
- Resubmissions: Name of County_MMYYYY_Resubmission_DDMMYYYY, name of the county, month and year of the reporting month, resubmission, and date of resubmission (e.g., El_Dorado_012024_Resubmission_02152024).

How will counties be notified of updates to the data file template?

The name of the data file template will include a version number and date. The file name for the first version is: CountyBH_Data_File_Template_V1.0_01172024. Within the file, we include a History Log tab, which will summarize changes or updates made to the template for future versions. Previous versions will be archived.

The Resources folder will always include the latest version of the county behavioral health data file template. An email update will be sent out to authorized users in the event of a change.

How will data be entered for a data element that has "Check All That Apply" as an option?

For multiple select questions, each option is in its own column with its own value code (value codes are indicated in the **CARE Act Data Dictionary**). For example, the race data point is a multiple select question (Columns L-AE in the data file template). Japanese (Column U) uses the value code J. If the CARE client is Japanese, you will go to Column U and enter J. If the CARE client is also Hawaiian (Column Y), then you will also navigate to Column Y and insert value code P for that answer. You only need to input data in the columns that apply to the CARE client.

Does the data file template need to be filled out in the DHCS platform?

The data file template does not need to be filled out within the DHCS platform. The data file template provided can be downloaded, or an electronic file that aligns with the structure of the data file template can be created.

Is Excel the only data file format accepted?

Excel format, with file extension .xlsx, is the only format that will be accepted. Please reach out to the HMA Data Team (**CAREDataTeam@healthmanagement.com**) to confirm acceptability of any data file structure that deviates from the provided data file template prior to submission.

Updates/Corrections to Previously Submitted Data

What is the process for updating or correcting previously submitted data?

This depends on the nature of the data that has become available. Below is some broad guidance:

Demographic and basic CARE client information: This data is submitted monthly, and counties are typically not expected to update information from prior submissions. HMA will use the most recent data submitted to update demographic information on the CARE client. For example, if a CARE client's demographic or basic information (e.g., petition file date, tribal affiliation, immigration status) was unknown at the time of submission, you can include the information in the next month's submission when known, without going back to edit the previous submission. However, if incorrect information about the CARE client was previously provided on critical demographic information needed to link records over time (specifically, date of birth, legal name, and social security number), please reach out to the HMA Data Team (**CAREDataTeam@healthmanagement.com**) to make corrections.

Services and Supports: If counties are relying on claims to complete information on services/supports and there are significant lags in claims/encounters that affect county reporting of services provided to CARE clients during a particular month, we recommend that counties create a refreshed (or updated) data file and resubmit their data to properly account for services provided.

Outcomes data: Key outcomes (per **California Welfare and Institutions Code (W&I Code) section 5985(e)(17)**) that are potentially impacted by client participation in the CARE Act model should be prioritized for corrections. These include outcome measures related to housing status; emergency department visits; inpatient hospitalizations; law enforcement encounters and incarceration; involuntary treatment and conservatorship; and substance use. If these data points were unknown or incorrectly reported during the CARE initiation process (i.e., baseline data) and these baseline data become known later, counties should prioritize updating/correcting these data points to support assessment of the effectiveness of the CARE Act model.

To make updates or correct previously submitted data, please contact the HMA Data Team at **CAREDataTeam@healthmanagement.com** and provide the reason for requesting updates or corrections. If necessary, the HMA Data Team will export the data for that specific reporting month and upload it to the requested county's folder via the MOVEit file transfer application for corrections. The county will then follow the resubmission process as covered in the **Data File Submission and Quality Assurance Process Overview training**.

MOVEit Access

Do all counties need access to MOVEit?

Whether a county opts to submit data via SurveyMonkey or MOVEit, all counties must establish access to the MOVEit file transfer application to allow for access to the quality assurance (QA) report to correct data deficiencies and data resubmission. Counties will need to identify data submission users. Please use **this form to submit user requests for the MOVEit Application for CARE Act data submission**. Please note, it does take time for access to be granted and counties should begin this process well in advance of data submission.

What should we do if we have issues accessing the MOVEit file transfer application?

If you have access issues with the MOVEit file transfer application, please contact the DHCS CARE Team at **dhcscareact@dhcs.ca.gov**.

For password resets, please contact DHCS IT:

>   Email Address: **ITServiceDesk@dhcs.ca.gov**

>   Phone: (800) 579-0874 (select option 3)

>   Hours of Operation: Monday through Friday; 7:30 a.m. - 5:30 p.m.

Quality Assurance

When will counties receive their QA report?

Counties can expect to receive the QA report within 15 business days following the data file submission.

To support counties in their own QA, the HMA Data Team will send an email to authorized users to inform them when the SQL query used to conduct QA on submitted data is available in the Resources folder within the MOVEit file application. We encourage counties to use this SQL query to conduct their own QA before data submission to reduce the number of needed corrections.

How can we stay updated on data collection and reporting requirements?

We encourage you to **join the listserv** and select your CARE Act role as "Data Collection & Reporting" to receive data-specific messages.

If you are already on our listserv, you can modify your profile to update your role—see instructions below:

- Open a past CARE Act TTA newsletter from your inbox.

- Scroll down to the footer section at the bottom of the email.
- Select the "update your preferences" link.
- Select the "email me a link button" link.
- You will receive a separate email to securely update your preferences.
- Click the "update your preferences" link in the email.
- Modify your selections and information as needed.
- Click the "update profile" button.