Community Assistance, Recovery, and Empowerment (CARE) Act

> Virtual Cohort II Kickoff

Please reach out to info@care-act.org to request accessibility support.

Agenda

CS	HMA
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	1	Introduction and Welcome
		CalHHS
		Overview of Judicial Council's Role in the
	2	CARE Act
	/	Judicial Council of California
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	3	State Bar Funding Update
		The State Bar of California
		Training & Technical Assistance and Data
	4	Collection & Reporting
~		DHCS
	5	Training & Technical Assistance
		Health Management Associates
/		LA LAI
	6	Data Collection & Reporting
		Health Management Associates
	7	Next steps and Q&A

Welcome & Introductions

Stephanie Welch Deputy Secretary of Behavioral Health CalHHS

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Welcome Cohort II Counties!

CARE (Community Assistance, Recovery, and Empowerment) Act

California Health & Human Services Agency *Person Centered. Equity Focused. Data Driven*.

Community Assistance, Recovery, and Empowerment (CARE) Act

- Provides community-based behavioral health services and supports to Californians living with untreated schizophrenia spectrum or other psychotic disorders through a **new civil court process** – supported and served by **existing programs**.
- Intended as an intervention for the most severely impaired Californians to prevent avoidable psychiatric hospitalizations, incarceration, and Lanterman–Petris–Short (LPS) conservatorship.
- Based on evidence which demonstrates that many people can stabilize, begin healing, and exit homelessness in less restrictive, community-based care settings.
- SB 1338 signed into law by Governor September 2022, with amendments via SB 35.

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CalHHS Roles and Responsibilities (Overall)

- Lead coordination efforts with and between the Judicial Council (JC) and DHCS.
- Engage with cross-sector partners at city and county level, individually and through collaboratives and convenings.
- Coordinate with partners and a diverse set of stakeholders via regular meetings including county associations (CSAC and key affiliates like CBHDA, RCRC, CA Association of PA/PC/PG, CWDA, etc.).
- Support DHCS training, technical assistance, and evaluation efforts, as well as implementation of Behavioral Health Bridge Housing (BHBH) program, and monitor housing-related needs throughout implementation.
- Convene CARE Act Working Group and any sub-groups.
- Support communications through a website dedicated to the CARE Act, including a listserv and quarterly reports, response to media, legislature, and other stakeholder inquiries, provide proactive media and community engagement and outreach. See https://www.chhs.ca.gov/careact/



CARE Act Stakeholder Coordination

CalHHS	Judicial Council	DHCS	DHCS (HMA)	Counties
Lead Coordinator Between JC and DHCS	TTA to Judges, Counsel/Courts	Implementation of BH Bridge Housing	TTA and Cross-Agency Collaboration to County BH Agencies	Startup Funding to Support CARE Act Implementation
Engagement with Cross- Sector Partners	Support to State Bar (Legal Services Trust Fund Commission – Qualified Legal Services Projects and Public	Administration on Startup Funds, Accountability Fund, & Ongoing Mandated Costs	TTA and Cross-Agency Collaboration to Counsel/Courts	Participation in TTA
Desert Vista - Working Group Coordination	Defender) Probate and Mental Health Advisory Committee	Guidance on Delayed Implementation	TTA to Volunteer Supporters TTA and Cross-Agency Collaboration to Other County Stakeholders (i.e., Housing) TTA and Cross-Agency	Participation in Learning Community
Desert Vista - Cohort I County Learning Community Coordination		Independent Evaluator		Data Collection and Submission
	Support to Self-Help Centers	Annual Data Report	Collaboration on Data Collection Process & Reporting	
	TTA Data Collection and Reporting and Rules & Forms		Communications Support (Website, Inbox, Stakeholder Feedback)	
COIHHS Itemia Health & Human Services Agency	Office of the Center for Families, Children, & the Courts			7

CARE Act Working Group

- CARE Act Working Group legislated in SB 1338.
- **31 members** include representation from counties, providers, peers, families, Legal Aid, Disability Rights, homeless services, hospitals, and other stakeholders.
- Purpose: promote coordination, on-going engagement, and collaboration among stakeholders to support the successful implementation of the CARE Act.
- Meets quarterly: February 14, May 15, August 21, and November 6



Three Ad Hoc Sub-Groups of Working Group

- 1. Services and Supports
- 2. Training, Technical Assistance, and Communication
- 3. Data Collection, Reporting, and Evaluation

- Cross cutting perspectives from:
 - Peers, Families, Lived Experience
 - Racial Equity and Social Justice
 - Providers

Meets monthly except February, May, August, and November (when Working Group meets)



Cohort I Status Update

- More than 200 petitions have been received in Cohort I counties and Los Angeles (LA).
- Petition numbers during this early implementation stage are in line with our expectations for a new model and allow the counties to effectively manage the resources needed to serve the population.
- This provides the opportunity for counties to identify the necessary resources to build the comprehensive CARE plans, including identifying housing solutions that meet client needs.



Cohort I Key Areas of Focus for Counties

- **Partnerships:** Counties credit smooth early implementation to the strong partnerships developed between courts, counties, and other local stakeholders.
- **Communication:** Cross-sector efforts to share consistent information by counties, state, NAMI, and many others.
- Workforce: Hiring staff to serve CARE respondents.
- Housing/residential placement settings: Counties are focused on standing up new resources with a focus on new BHBH funding.





Thank you!

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Overview of Judicial Council's Role

Judicial Council of California

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Charlene Depner, Director Center for Families, Children and the Courts

Theresa Chiong, Attorney II CARE Act Program Attorney

Melanie Snider, Supervising Attorney Self-Help and Qualified Legal Services Programs Liaison Overview of Judicial Council's Role in the CARE Act Commitment to interagency communication and coordinated planning at state and local levels

Assist courts in local CARE implementation

Statewide rules, forms, legal information, training and consultation

Judicial education

Data collection

Legal representation grants

Self-help legal information, assistance, and tools

Technical assistance in legislative process

Support to Courts

Part of the Judicial Council's role is to provide training and technical assistance to judicial officers and the courts.

Trainings:

- CARE Act Process/Overview
- Housing and the CARE Act
- CARE Agreements, Plans and Orders
- Primer on Confidentiality
- Effective Communication and Reasonable Modifications for Court Users with Psychiatric Disability

Resources:

- CARE Act Implementation Toolkit for Cohort II Courts
- Bench Scripts
- Flowcharts

Community Resources

In addition to providing support to the courts, the Judicial Council has developed resources specifically for the public.

Resources (Adult Civil Mental Health page):

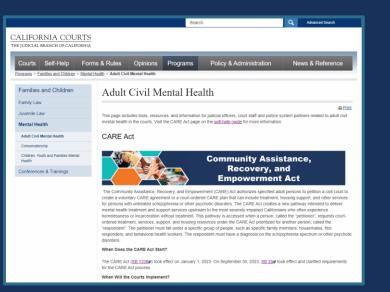
- CARE Act Eligibility Criteria Video
- CARE Act 101 Webinar
- CARE Act Toolkit:
 - CARE Act Fact Sheet
 - Glossary of CARE Act Terminology
 - CARE Act Eligibility Sheet
 - 10 Things to Know About the CARE Act
 - CARE Act Court Locations

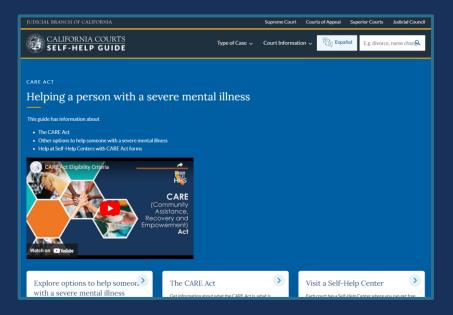


CARE Act Resources

- Adult Mental Health Page:
 https://www.courts.ca.gov/48654.htm
- Self-Help Guide CARE Act Page: <u>https://selfhelp.courts.ca.gov/care-act</u>
- CARE Act Email:

CARE.Act@jud.ca.gov





State Bar Update

Chris McConkey, Program Supervisor

Office of Access & Inclusion The State Bar of California

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State Bar Update on CARE Funding for Legal Aid, Public Defender Offices, and Other Entities

Chris McConkey, Program Supervisor, Office of Access & Inclusion

The Role of the Legal Services Trust Fund Commission (LSTFC) and State Bar

- » A core part of the State Bar's mission is promoting access to the legal system. This includes staffing the LSTFC.
- » The LSTFC administers state and federal funding for free civil legal services to low-income Californians. It administered over \$170 million for 2023. For 2024, it will administer about \$200 million. Most funds go to nonprofit qualified legal services projects (QLSPs) and support centers.
- » The LSTFC funds QLSPs and public defender offices to represent CARE respondents. It may also fund qualified support centers and other entities to provide legal training and technical assistance to implement the CARE Act. Budget Act of 2023.
- » Courts must appoint QLSPs to represent respondents. Where no QLSP is available, the Court must appoint a public defender instead. Welfare and Institutions Code § 5977.



2023–2024 Funding for Cohort I and LA County

- » The Budget Act of 2023 funds Cohort I and LA County public defender offices, QLSPs, and other entity services for CARE. That is for this state fiscal year (July 1, 2023–June 30, 2024).
- » The minimum amount for QLSPs and public defender offices to represent respondents was \$20,400,000.
- » Support centers and other entities could receive up to \$1,020,000 to provide legal training and technical assistance to implement the CARE Act.
- » The LSTFC approved two grants (\$752,095 total) to QLSPs. They represent respondents in San Francisco County. It also approved a grant (\$254,850) for legal training and technical assistance.
- » The remaining \$20,413,055 went to public defender offices in each of the eight counties.



2024–2025 Funding for Cohort I and Cohort II

- » The Budget Act of 2024 would fund Cohort I and Cohort II public defender offices, QLSPs, support centers, and other entity services for CARE. That would be for next state fiscal year (July 1, 2024–June 30, 2025).
- » The Budget Act of 2024 might pass in late June. The LSTFC, therefore, must wait to finalize any 2024–2025 funding for public defender offices, QLSPs, support centers, and other entities.
- » In the meantime, the LSTFC may approve a request for proposals (RFP) this spring. The RFP would likely provide a timeline and other information about how 2024–2025 funds would—subject to the budget act—become available to the above stakeholders.



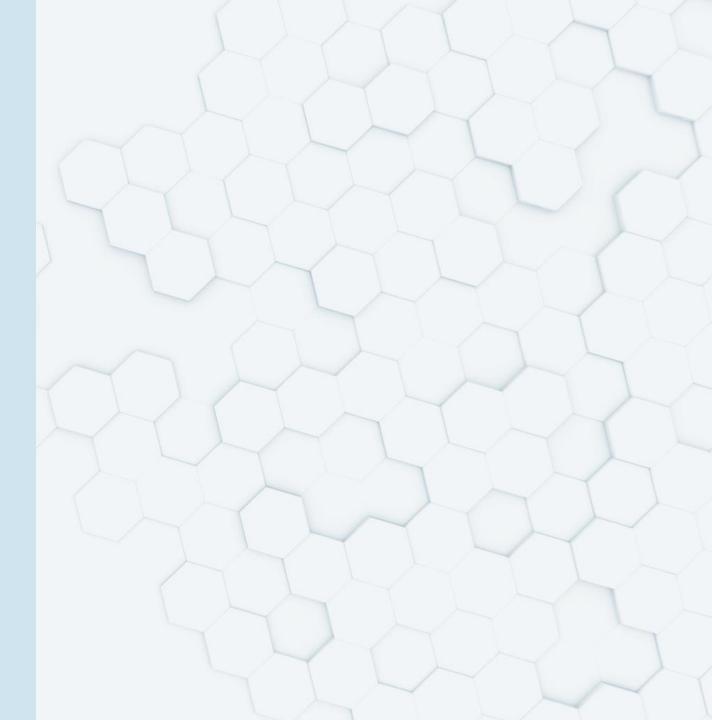
- The LSTFC must also collect expenditure and outcome data from public defenders, QLSPs, support centers, and other entities. That "[d]ata shall be reported using [a] framework developed by the [LSTFC] in consultation with the Judicial Council to ensure that data reporting is consistent and comparable across Judicial Council and Legal Services Trust Fund data..." Budget Act of 2023.
- » The State Bar has provided portals for public defender offices, QLSPs, and other entities to report activities (expenditures and services) and access resources.
- » The State Bar has also:
 - Held webinars to present the portal and reporting requirements;
 - Conducted outreach to offer technical assistance;
 - Held a virtual meeting to facilitate peer support; and
 - Scheduled an in-person convening (for Cohort I and Cohort II counties) for February 13, 2024.



Training & Technical Assistance and Data Collection & Reporting

Ivan Bhardwaj, Chief Medi-Cal Behavioral Health – Policy Division DHCS

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DHCS' Role and Responsibilities

DHCS is a department within the California Health and Human Services Agency (CalHHS) that finances and administers several health care service delivery programs, including Medi-Cal.

Technical assistance to support CARE Act implementation Welfare and Institutions Code (W&I Code) sections 5980 & 5983	Consultation to support CARE Act implementation W&I Code section 5983	Annual report W&I Code section 5985
Independent evaluation W&I Code section 5986	Administer startup funds, Accountability Fund, and ongoing mandated costs W&I Code sections 5970.5, 5979, 5977, 5977.1, 5977.2 & 5977.3	Issue guidance for delayed implementation W&I Code section 5970.5

CARE Act Guidance

Behavioral Health Information Notices (BHIN)

- BHIN 22-059: General Uses for CARE Act Start-up Funding: provides guidance on allowable use of Start-up Funds (released on November 9, 2022).
- BHIN 23-016: Guidelines to Delay CARE Act Implementation: notifies counties of the guidelines under which they may apply for, and be provided, additional time to implement the CARE Act process (released on April 12, 2023).
- BHIN 23-052: CARE Act Data Collection and Reporting Requirements Guidelines: provides guidance to the counties on the data reporting requirements to monitor the performance of the CARE Act model using the standards set forth in the <u>CARE Act Data Dictionary</u> (released on October 3, 2023).

CARE Act Implementation

October 1, 2023

Glenn, Orange, Riverside, San Diego, Stanislaus, Tuolumne, and San Francisco (Cohort I) implemented the CARE Act.

December 1, 2024

All other counties (Cohort II) are required to implement the CARE Act.

Los Angeles opted to accelerate their implementation of the CARE Act.

December 1, 2023

Final deadline for CARE Act implementation with approved delayed implementation.



DHCS Upcoming Milestones

- >> Finalize key performance indicators for annual report.
 - Build upon outcome measures listed in W&I Code section 5985(e) to examine the scope of impact and monitor the performance of the CARE Act Model.
- » Collaboration with Independent Evaluation (IE) vendor, RAND Corporation.
 - IE will assess the impact of the program on improving health equity and draft both a preliminary and a final evaluation report.
- >> Issue policy guidance to counties regarding sanctions, reimbursement rates, claim submissions for CARE Act activities.
- » Cohort I first quarter data due March 1, 2024.
- » Early Implementation Report due to the Legislature by December 1, 2024.

DHCS' TTA Contractor Health Management Associates (HMA)

- » Project Management
- » TTA Coordination, Development, Provision, and Iteration
 - Internal subject matter experts (SMEs) with TTA expertise across behavioral health (BH), housing/community supports, legal, and communications.
 - Partner with local SMEs and other CARE Act stakeholders in TTA design and delivery.
- » Data Collection and Reporting
 - 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.

Training and Technical Assistance (TTA)

Laura Collins, Project Director

Amanda Ternan, Project Manager

Health Management Associates

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Topics



» Training & Technical Assistance (TTA)

- Meet the Team
- CARE Act Resource Center
- Cohort II Reported Status
- Implementation Resource Guide
- Quality Improvement Activities
- TTA Plan for Calendar Year 2024 and 2025
- Get Connected

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Meet the HMA Leadership Team



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Meet the Workstream Leads



TTA Partners

» Peer Voice Partner

 Painted Brain is a mental health organization based in Los Angeles, providing peer-based services and practice training in technology and clinical mental health.

» Family Voice Partners

- Shanta (Shay) Franco-Clausen
- Linda L. Mimms, MA

» Additional Stakeholders

Read about our partners on <u>Meet the Team</u>.



Peer Voice - Painted Brain







Dave Leon, LCSW Peer Support SME Co-Executive Director

Family Voice



Shay Franco-Clausen Serious Mental Illness Advocate & Family Support SME



Linda L. Mimms, MA Serious Mental Illness Advocate & Family Support SME 34



» Single point-of-contact for county teams.

» Facilitates an initial call with county CARE teams and leads regular check-ins.

Support Provided

- » Triages questions/requests for technical assistance, meetings, or other coordination needs.
- » Connects you to the appropriate SME or resource and follows through resolution.
- » Provides frequent updates.
- Participates in other liaison-facilitated meetings (e.g., affinity groups, rural/urban).



	Liaison	Counties Served
	Leslie Brooks	Amador, Calaveras, Merced, San Benito, Stanislaus
	Lisa Harrison	El Dorado, Nevada, Placer, Sierra, Sutter, Yuba
	Robyn Odendahl	Butte, Lassen, Plumas, Tehama
	Kelly Lauletta	Del Norte, Modoc, Shasta, Siskiyou, Trinity
	Catherine Knox	Alpine, Madera, Mariposa, Mono, Monterey
	Deborah Rose	Humboldt, Lake, Mendocino, Napa, Sonoma
	Anthony Federico	Alameda, Contra Costa, Marin, San Francisco, San Mateo
•	Elvia Delgado	Sacramento, San Joaquin, Santa Clara, Santa Cruz, Solano
	Dari Pogach	Fresno, Inyo, Kings, Tulare
	Charles Robbins	Imperial, LA, Orange, San Bernardino, San Luis Obispo
	Matthew Sandoval	Kern, Riverside, San Diego, Santa Barbara, Ventura
	Rachel Johnson- Yates	Colusa, Glenn, Tuolumne, Yolo

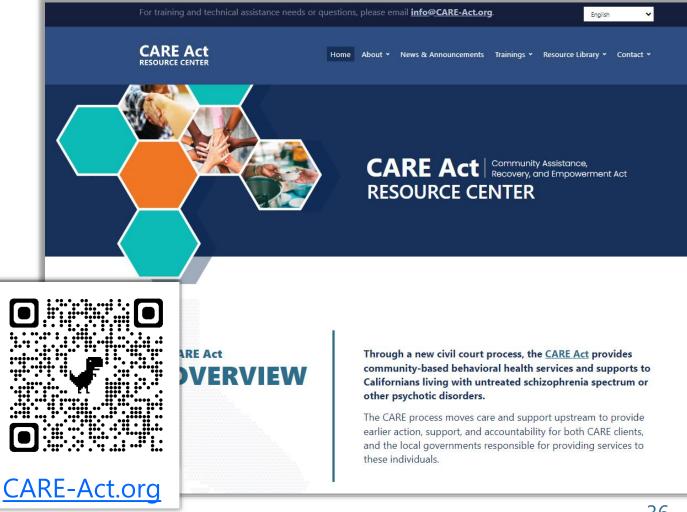
CARE Act Resource Center

» Resources

- Training and Resource library
- Upcoming trainings
- County Directory
- FAQs
- » Ways to contact
 - <u>Listserv</u>
 - <u>TA request form</u>
 - Data TA request form

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- Stakeholder feedback form
- Email: info@CARE-Act.org



2023 TTA Summary

Live Trainings & Open Forums

Engagement was high across 18 live events in 2023 addressing topics related to the CARE process, roles, services and supports; supported decisionmaking; and data. 11 additional trainings provided asynchronously, with 158 online views.





Available Trainings and Resources

- » Recordings and decks of live trainings as well as asynchronous prerecorded trainings on many CARE process topics.
- » Resources, fact sheets, toolkits, and FAQs.

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» Recommended foundational CARE Act trainings and resources to get started with the basics. New to the CARE Act? View these recommended CARE Act Resources to get started with the basics. 0 0 The CARE Act at a Glance The CARE Process Flow to CARE Act Eligibility Criteria Treatment, Housing, and Support Resource Details 💿 Resource Details 💿 Resource Details 😐 0 0 0 Volunteer Supporter Toolkit Legal Roles in the CARE Act Supporter Role in the CARE Act Resource Details 💿 Resource Details 💿 Resource Details 😐 New to the CARE Act? View these recommended CARE Act Trainings to get started with the basics. ۵ ۵ CARE Act Eligibility in Practice CARE Act 201: The Client's Journey CARE Act 202: The CARE Agreement Through the Care Act & CARE Plan View Training Material 💿 View Training Material View Training Material 💿 ۵ ۵ O The Supporter Role in the CARE Act Role of the Family in the CARE Practical Approaches to Housing for Process the CARE Act View Training Material 💿 View Training Material 💿 View Training Material 💿

Locating Trainings and Resources

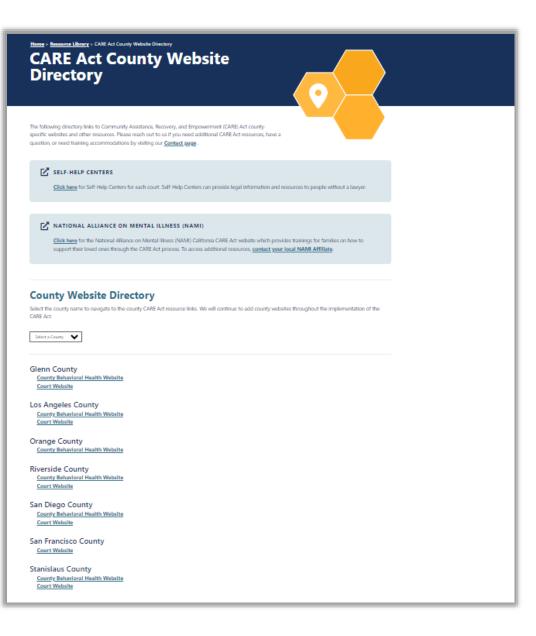
- » Both the Training and Resource libraries have search features to assist in locating the training or resource by:
 - Audience
 - Keyword or Phrase
 - Topic
 - Material Type

Search Training Materials Use the optional filters below, and then click the profile button to view results. I am a All Audiences	CARE Act 201: The Client's Journey Through the CARE Act Overview of the pathways through the CARE Act/CARE process: referral, clinical evaluation, CARE Agreement/Plan, support, completion/graduation; roles of participants involved.	Training Material Details O
I am looking for Keyword or Phrase Topic All Topics	CARE Act 202: The CARE Agreement & CARE Plan Provides information about the components of a CARE Agreement and CARE Plan that the client engages in throughout the stages of the CARE process. Training Slides & Video	Training Material Details O
All Types Submit Reset Filter	CARE Act Eligibility in Practice Overview of CARE Act eligibility criteria, including a review of diagnoses, symptoms, functional impairment and other criteria. Also covers the key points in the CARE Act process where eligibility is applied/reviewed. Training Slides & Video	Training Material Details O

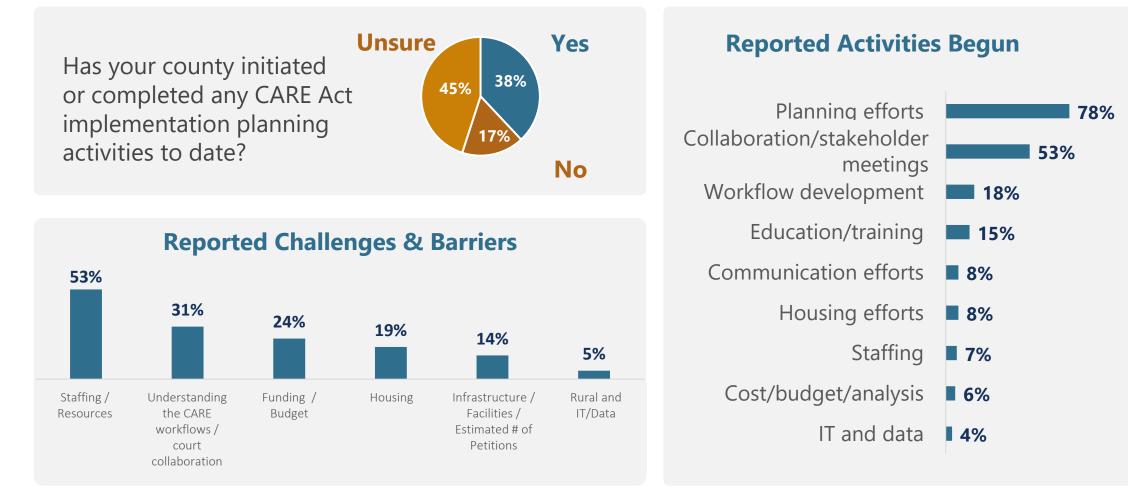


Other County Resources

- Most Cohort I counties have established county-specific CARE Act websites for both county behavioral health and the courts.
- The CARE Act Resource Center provides the county-specific website directory in addition to providing links to county Self-Help Centers and local NAMI affiliates.



Cohort II Reported Status



Coming Soon: Implementation Resource Guide

- » Optional resource to Cohort Il counties.
- » Includes recommendations, resources, and timing suggestions.
- » Supports facilitation of technical assistance.
- » In addition to TTA and stakeholder feedback and meetings, implemented informing this resource guide.

counties were instrumental in

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Implementation TTA Categories

- Coordination and Communication
- CARE Process & Workflows >>
- Data Collection and Reporting **>>**
- » Legal Topics
- CARE Staff >>
- » Volunteer Supporter Role
- Family and Peer Roles **>>**
- » Housing
- Go-Live Readiness Activities **>>**
- Timeline recommendations >>
- » Recommended Resources

Quality Improvement Activities

Methods to Gather Feedback:

- Post-training evaluations
- Working groups and convenings
- County outreach
- TTA survey to CARE Act stakeholders

Ongoing Improvements to TTA Activities:

- Tailored trainings and more comprehensive topics based on specific requests from counties.
- County-specific resources and technical assistance.
- Proactive approach to communicating TTA opportunities.
- Increased liaison team support and resources to enhance county team TTA.
- Updates to the CARE Act Resource Center training and resource navigation.
- Ongoing FAQ development.

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2024 & 2025 TTA Plan

New Trainings and/or TA, including:

- » Outreach and engagement strategies
- » Assessment activities and treatment planning
- » First responders and the CARE Act
- » Housing system, process and referral pathways
- » Strategies for the justice-involved population
- » Issues unique to rural counties
- » Series of BH topics for BHO's and non-clinical staff

Updated Trainings and/or TA, including:

- » Data collection & reporting
- » Eligibility, referral and petitioning
- » Family psychoeducation resources
- » CARE Act updates



Polling

What are your preferred training and technical assistance modalities? Synchronous / Live virtual trainings

Open-forum discussions

Asynchronous / pre-recorded trainings

County-specific technical assistance sessions

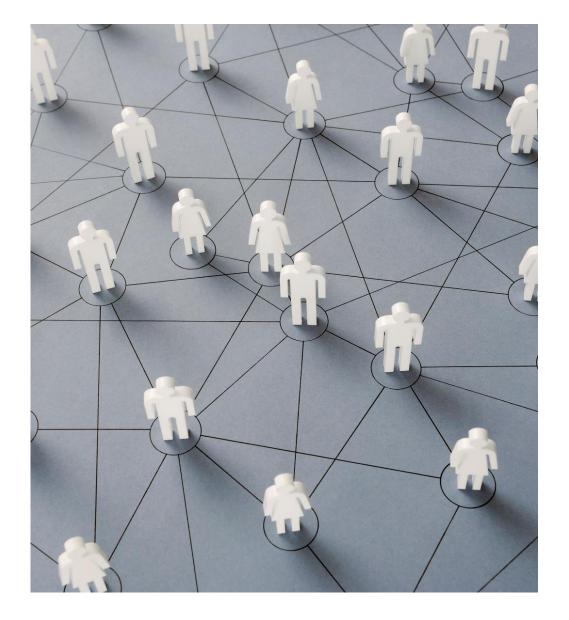
Office Hours

Facilitated conversations with other counties

Virtual cross-sector sessions (e.g., BH/Courts)

Affinity groups on focused topics





Stay Connected!

- Sign up for the <u>listserv</u> on the CARE Act Resource Center to receive newsletters with training, resource, and technical assistance opportunities.
- So to our <u>CARE-Act.org</u> site to look for new FAQs, Trainings and Resources.

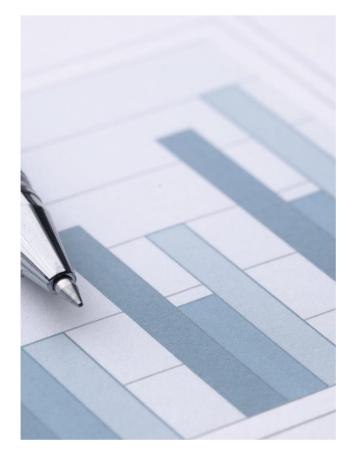
Data Collection & Reporting

Serene Olin, Data Team Health Management Associates









» Data Collection & Reporting

- Why Collect Data: CARE Act Reporting Requirements
- Data Dictionary: Approach to Development
- Data Reporting Responsibilities
- Data Submission Options
- Preparation Activities
- Data Collection and Reporting Trainings and Resources

CARE Act Reporting Requirements

Annual Report

Collect process measure data to monitor the performance of CARE Act model implementation.

÷

Include outcome measures to assess the scope and impact of the CARE Act model.

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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. Develop legislative reports in year 3 and year 5 of implementation.

Include analyses regarding the impact of the CARE Act on disparity reduction efforts.

Approach to Developing the Data Dictionary

Review	Define Data	Gather	Integrate
Data Elements	Elements	Feedback	Input
• Reviewed the requirements in <u>Welfare and Institutions</u> <u>Code (W&I) Code</u> <u>section 5985</u> and identified potential data sources including data requirements outside of BH agencies.	 Established a Data Dictionary Workgroup. Defined each data point using state dictionaries or industry standards and evidence-based typologies where state definitions do not exist. 	 Feedback from <u>CARE</u> <u>Act Working Group</u>. County input via 1:1 calls, 2 Discussion webinars; formal review of draft Data Dictionary. County BH Directors Association, Legal Services Trust Fund Commission, Judicial Council (JC). 	 Process for collating all input for discussion and resolution. A Behavioral Health Information Notice with the revised data dictionary was released for public comment in September. Final approval process through DHCS.

Data Dictionary

- The Data Dictionary was released on October 3, 2023, via a Behavioral Health Information Notice (<u>BHIN 23-052</u>).
- » A Data Governance Workgroup has been established to:
 - Provide oversight of the CARE Act data collection and reporting activities.
 - Align data collection efforts of HMA and the independent evaluator (RAND Corporation).
 - Inform CARE Act implementation and policy decisions.
 - Participate with the CARE Act Working Group Data Collection and Reporting Ad Hoc Workgroup.

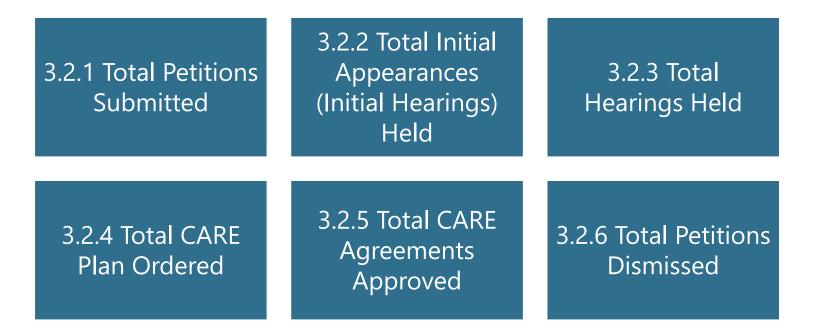
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Data Reporting Responsibilities for Judicial Council (JC)

» JC oversees data reporting from trial courts.

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» JC will submit <u>aggregated data</u> from trial courts, stratified by county.



Data Reporting Responsibilities for County Behavioral Health

> County behavioral health will report data elements at the <u>individual level</u>, to the extent that data is available.

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 Laterman- Petris-Short (LPS) Act Involvement	3.9 Criminal Justice	3.10 Death and Cause of Death	3.11 Supporters and Psychiatric Advance Directives	3.12 CARE Plan, CARE Agreement, and Graduation
		3.13 Hospitalizations and Emergency Department Visits		53

Two Options for County CARE Act Data Submission to DHCS

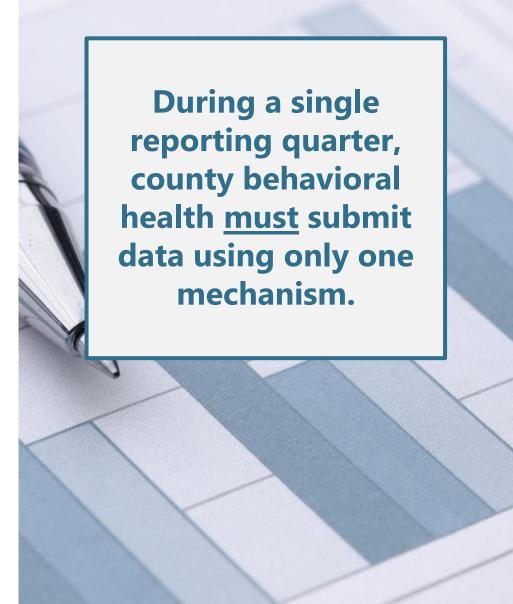
SurveyMonkey: County behavioral health can choose to manually enter all required data on SurveyMonkey.

OR

» MOVEit: County behavioral health can use a data file format and submit bulk data through the MOVEit file transfer application.

For more information, see the <u>Mechanisms for Data Submission and SurveyMonkey</u> <u>Demonstration training on the CARE Act Resource Center</u>.





Data File Submission: Reporting Schedule

- Counties will collect data monthly and submit quarterly 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.
- » Data for December 2024 is due by March 1, 2025. Early submissions are welcome.

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

Preparation Activities



Become familiar with data required for reporting.



Align workflows and forms to support the collection of required data.

Assess where data sources for data points may exist.



Assess if your data team will hire a vendor.



Determine which option your county will take to report data to DHCS.



Begin to work with agencies outside BH to develop data pipelines.



Assess data systems or EHR to support data collection.



Plan well ahead.

Data Collection and Reporting Trainings

Data Dictionary Walkthrough

• Training on the CARE Act Data Dictionary and other resources to support data collection and reporting.

Mechanisms for Data Submission and SurveyMonkey Demo

• Training and demo of SurveyMonkey for CARE Act data submission.

Data File Submission and Quality Assurance Process Training and demo of the MOVEit file transfer application, data file template to support bulk data submission, and Quality Assurance process.

Data Collection and Reporting Resources



<u>Data Dictionary</u> <u>County Data</u> <u>Flowchart</u>

Data Dictionary Summary Table <u>BHIN</u> and <u>Data</u> <u>Dictionary</u>

Data Collection and Reporting Technical Assistance

- Submit questions/concerns or request technical assistance specific to Request Data Collection & Reporting TTA <u>here</u>.
- » County data team members should request to be included on the data specific listserv by emailing info@care-act.org.
- » HMA can provide individualized technical assistance with your county data teams and vendors as requested.



Next Steps

- Meet with your county liaison and review TTA resources.
- » Review the CARE Act Resource Center trainings and resources, including data collection and reporting.
- » Join the listserv to receive upcoming training and TA opportunities.
- » Look out for Upcoming TTA.

HCS HMA

Trainings: • <u>CARE A</u>

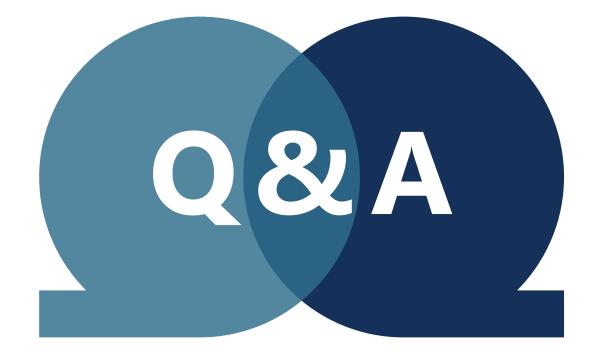
- <u>CARE Act 201: The Client's Journey</u>
 <u>Through the CARE Act</u>
- <u>CARE Act 202: The CARE Agreement &</u> <u>CARE Plan</u>
- CARE Act Eligibility in Practice
- <u>Practical Approaches to Housing for</u> <u>the CARE Act</u>

Resources:

Where to Start

- The CARE Act at a Glance
- <u>The CARE Process Flow to Treatment,</u> <u>Housing, and Support</u>
- <u>CARE Act Eligibility Criteria</u>
- Volunteer Supporter Toolkit
- Legal Roles in the CARE Act

Questions?



HCS HMA



CARE Act Virtual Cohort II Kickoff

Thank you!