



CARE Act Implementation

SUPPLEMENTAL GUIDE FOR THE CARE ACT DATA DICTIONARY 2.0

Contents

Supplemental Guide for the CARE Act Data Dictionary 2.0	1
General Reporting Guidance.....	2
Legislative updates and amendments to the CARE Act Data Dictionary 2.0	2
Trial court, county BH agency, and public defender reporting responsibilities.....	5
When to begin reporting on CARE respondents, CARE agreements, and CARE plans.....	5
Linking clients across multiple submissions	5
Release of Information (ROI) for substance use disorder (SUD) services.....	6
CARE Act data privacy and security	6
Process for updating or correcting previously submitted data	6
Scenario-Based Data Entry Guidance	7
Client’s Current CARE Status (Data Dictionary Data Point 3.3.10) changes	7
Client participation in CARE spans across 2024 and 2025.....	8
Client enters the CARE Process Initiation Period in the middle of a month	8
Client’s CARE Initiation Process spans several months due to difficulty locating or engaging the client, extension of proceedings, or other reasons	8
Client enters into an LPS conservatorship	9



Supplemental Guide to the CARE Act Data Dictionary 2.0

This Supplemental Guide is intended to be used alongside the Community Assistance, Recovery, and Empowerment Act [Data Dictionary 2.0](#) to support CARE Act data entry and submission to the Department of Health Care Services (DHCS). This Guide features general and scenario-based reporting guidance.

A detailed change log describing all changes from Data Dictionary 1.0 and 2.0 can be downloaded [here](#) or viewed on the "Change Log" tab of [Data File Template Option A](#) and [Data File Template Option B](#) for Data Dictionary 2.0.

General Reporting Guidance

Legislative updates and amendments to the CARE Act Data Dictionary 2.0

Legislative updates related to CARE Act implementation and data reporting requirements were chaptered in the Fall of 2024. These include:

- [Senate Bill \(SB\) 42](#): Amends provisions of the CARE Act, including referrals by facilities to County behavioral health (BH) communication between courts, alternatives to conservatorship, changes to CARE procedures, as well as collaboration on system performance. Requires referral data from facilities to be included in the Annual CARE Act Report ([SB 42 Brief here](#)).
- [Senate Bill \(SB\) 1400](#): Amends provisions of the Penal Code related to CARE referrals of individuals deemed incompetent to stand trial. Additionally, it amends provisions to expand reporting requirements related to CARE inquires, referrals, and petitioned individuals ([SB 1400 Brief here](#)).

In accordance with SB 1400, DHCS is required to include the additional data elements in its annual CARE Act report, beginning in 2026. Effective **January 1, 2025**, counties are expected to report on the expanded data requirements. Given the timing of the release of the revised Data Dictionary 2.0, DHCS understands there may be data quality issues specific to the measures included in SB 1400. DHCS will collaborate with county partners to address and work through these issues, and counties are expected to begin collecting this data to the extent they are administratively available.

Below, we include highlights of the substantive changes that impact data collection and reporting:

Revised or New Definitions

Supplemental Guide to the CARE Act Data Dictionary 2.0

- CARE participant: This term is now expanded beyond individuals who have a CARE plan or agreement, to include all individuals who are the subject of a petition for CARE proceedings and met prima facie.
- Elective client: This term is now expanded to include a CARE participant who was diverted to elective county services and supports (*formerly referred to as voluntary county services and supports*), regardless of CARE eligibility, resulting in the petition being dismissed by the court.

Two new terms were introduced to clarify the length of time a petitioned individual is tracked. These reporting requirements are shown below:

CARE Participants	Reporting Requirement
Active Participants: A CARE participant who is receiving county services and supports through a CARE plan, CARE agreement, or for their first 12 months as an elective client.	12 months for all CARE participants or up to a total of 24 months for those reappointed in a CARE plan.
Former Participants: An elective client who has received the first 12 months of elective services, or a CARE participant who enters into a CARE agreement, or a CARE plan, but who has either graduated from CARE, or for whom CARE Act proceedings were dismissed or terminated.	12 months for all former participants continuing to receive elective county services and supports. County BH agencies shall report data on former participants to the extent administrative data is available.

Updated Measurement Periods

Statute expanded reporting requirements such that counties are now required to start reporting on efforts to serve individuals before the CARE Petition process. This resulted in the addition of a new measurement period – this is called **the Referral Period**.

Petitioned Individuals

Expanded reporting requirements for petitioned individuals include:

- Outreach and engagement efforts during CARE Initiation Period.
- Services provided during the CARE Initiation Period.
- County recommendation for CARE petition dismissal.
- County determination of ineligibility for CARE, including conditions met to establish clinical stability, if applicable.

Supplemental Guide to the CARE Act Data Dictionary 2.0

- Revised definition of Elective Clients, expanded to include all receiving county services and supports, regardless of CARE eligibility, with implications for tracking clients over time.

The intent of these expanded reporting requirements is to capture county efforts being made on the front end, during the early petition process and understand if there are differences in care quality among those who receive services and supports outside the CARE process.

CARE Inquiries

County BH agencies shall report aggregate data on all inquiries received about the CARE Act. CARE inquiries include, but are not limited to, inquiries received by phone, warmlines, voicemail messages, emails, and in-person conversations or consultations. The intent of these data requirements is to quantify county BH efforts related to CARE inquiries and connections to services and supports, prior to CARE petition.

For counties utilizing SurveyMonkey to submit CARE data, a new SurveyMonkey Form link will be provided to submit data on aggregate CARE inquiries. For counties utilizing the Data File Templates, the Data File Templates for Data Dictionary 2.0 will include a new “CARE Inquiries” tab where counties will enter this data in aggregate, as defined in the Data Dictionary 2.0.

System Referrals

System referrals are formal written requests on behalf of an individual that meets or is likely to meet CARE Act criteria submitted to county BH agencies from one of the following:

1. Misdemeanor proceedings for an individual determined incompetent to stand trial (MIST) upon a court finding that the defendant is ineligible for diversion.
2. Felony proceedings for an individual determined incompetent to stand trial (FIST) upon a court finding that the defendant is ineligible for diversion or diversion is terminated unsuccessfully.
3. Assisted Outpatient Treatment (AOT) proceedings.
4. A facility that provides assessment, evaluation, and crisis intervention, pursuant to [Welfare and Institutions \(W&I\) Code section 5150, subdivision \(a\)](#) or a designated facility as defined in [W&I Code section 5008, subdivision \(n\)](#).

This includes data on referral source, referral outcome, outreach and engagement efforts, services and supports provided; reasons for not petitioning to CARE or not referring to county services. The intent is to capture outcomes of individuals referred from key system partners to ensure they are appropriately linked to BH services and supports.

For counties utilizing SurveyMonkey to submit CARE data, a new SurveyMonkey Form link will be provided to counties to submit data on system referrals. For counties utilizing the Data File Templates, the Data File Templates for Data Dictionary 2.0 will include a new “System Referrals”

Supplemental Guide to the CARE Act Data Dictionary 2.0

tab where counties will enter individual-level data on system referrals, as defined in the Data Dictionary 2.0.

Trial court, county BH agency, and public defender reporting responsibilities

Trial courts, county BH agencies, and public defenders have separate reporting requirements and mechanisms regarding CARE Act data. These requirements are summarized below.

Trial courts report their data directly to the Judicial Council (JC), who in turn submits aggregated data to DHCS. JC is required to report aggregated data to DHCS per statute.

County BH agencies are required to submit individual-level data directly to DHCS. DHCS expects alignment between county- and court-reported numbers of CARE plans ordered and CARE agreements approved. County BH agencies and trial courts are encouraged to communicate regarding these data points to ensure alignment.

Additionally, [AB 102](#) requires the Legal Services Trust Fund Commission (LSTFC) at the State Bar of California to collect outcome data from each county's public defender office, qualified legal services projects (QLSP), and support centers.

When to begin reporting on CARE respondents, CARE agreements, and CARE plans

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

- If the county BH agency is the original petitioner, data collection begins at the time of petition.
- If the county BH agency is not the petitioner, data collection begins when the court orders an investigation by the county.

Counties should report on CARE agreements and CARE plans that have been approved or ordered into effect by the courts during the reporting month. CARE agreements that have been developed but not yet approved should not be reported. CARE plans ordered should be captured when the court orders the plan to go into effect. It should not be captured when the court orders the development/creation of a plan.

Linking clients across multiple submissions

County BH agencies are required to report on key data variables that will be used to link clients across SurveyMonkey and MOVEit file transfer application submissions. These linkage data variables will include first name, last name, date of birth, and Social Security Number/Medi-Cal Beneficiary number. CARE clients will not be assigned a unique identifier.

Release of Information (ROI) for substance use disorder (SUD) services.

Counties do not need to provide an ROI to DHCS for the purposes of CARE Act reporting. When working with the courts, please reference California [W&I Code section 5977.4](#), which clarifies how county BH agencies may obtain and disclose SUD patient records, and consult with your county counsel on the need to obtain an ROI.

CARE Act data privacy and security

Data metrics identified in [W&I 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.

Process for updating or correcting previously submitted data

Counties will receive a Quality Assurance report within 45 business days of initial submission; counties have 15 business days to resubmit corrections and/or update data, as needed. For demographic or basic information only (e.g., petition file date, tribal affiliation, immigration status), data unknown at the time of initial submission can be updated and/or corrected as part of this re-submission. For all other data points including services and supports, and outcomes data, counties should create a refreshed (or updated) Data File and resubmit their data to properly account for services provided.

Prior to HMA analyzing the data for each CARE Act Annual Report, each county will be given an opportunity to update data they have submitted for inclusion in the upcoming Annual Report. County BH data teams will be provided deadlines for their final updates.

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 Submission Options](#) training.

Scenario-Based Data Entry Guidance

Guidance related to specific CARE Act data collection and reporting scenarios is provided below. This section will be updated as additional guidance becomes available. Please reach out to CAREDataTeam@healthmanagement.com to inquire about guidance related to specific scenarios not described here.

Client's Current CARE Status (Data Dictionary Data Point 3.3.10) changes

When a change to a client's CARE status occurs, the data points associated with each status (see the [CARE Act Data Flowchart for Petitioned Individuals \(Data Dictionary 2.0\)](#)) must be reported in full. Separate data submissions are required for each CARE status that a client is associated with during any given reporting month.

Change in CARE Status during the CARE Initiation Period

As an example, if a client's CARE agreement is approved by the court in the same month that CARE proceedings were initiated, data associated with both the CARE Initiation Period and the Active Service Period must be reported.

Data reported during the CARE Initiation Period is a baseline measurement. Likewise, if a case is dismissed by the court in the same month that CARE proceedings were initiated, associated data must be reported both for the CARE Initiation Period and the Dismissal.

Change in CARE Status during the Active Service or Follow-Up Period

Case dismissal

If a CARE participant with a CARE agreement or a CARE plan is dismissed by the court during the Active Service Period but continues participation in elective county services and supports, the client should be designated as an Elective Client (Data Dictionary Data Point 3.3.10 Value Code Option 4). In this scenario, counties are required to continue to report this client's data for 12 months of Active Service from the start date of their CARE agreement or CARE plan, as well as provide follow-up data for an additional 12 months thereafter.

Termination

If a CARE participant is terminated from elective county services and supports during the Active Service period, the CARE participant should be designated as Dismissed/Terminated (3.3.10 Value Code Option 7); if terminated from services during the Follow-Up Period, select

Supplemental Guide to the CARE Act Data Dictionary 2.0

Terminated (3.3.10 Value Code Option 9). Data associated with the Active Service Period must be reported, in addition to the data points required for when a client is terminated.

Client participation in CARE spans across 2024 and 2025

Counties with CARE clients that span across 2024 (when Data Dictionary 1.0 applies), and 2025 (when Data Dictionary 2.0 applies), should report based on the Data Dictionary version applicable to the month being reported. For example, consider a client who entered into the Active Service Period on August 1, 2024 and was dismissed from CARE on January 1, 2025 due to moving out of the county. In this scenario, counties should:

- Report data for August through December 2024 based on the Data Dictionary 1.0 under 3.3.10 Current CARE Status 5 – Active participant (CARE Agreement).
- Report data for January 2025 based on Data Dictionary 2.0, first for January 1 – January 15, 2025 under 3.3.10 Current CARE Status Option 5 – Active participant (CARE Agreement) and then under 3.3.10 Current CARE Status 7 – Dismissed/Terminated from CARE agreement/plan/elective services (no longer receiving county services and supports).

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’s CARE Initiation Process 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, even when delays or extensions occur. The following case scenario provides an example:

A petition was initiated on 10/20/2023 and the county BH agency was asked by the court to evaluate the merits of the petition on 11/2/2023. 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 1/25/2024, as the client was eligible for CARE and agreed to voluntarily engage in county BH services outside of CARE Court.

Supplemental Guide to the CARE Act Data Dictionary 2.0

During the CARE Initiation Process, county BH agencies 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, if the client is engaged in elective services and supports from the county BH agency.

Client enters into an LPS conservatorship

The two scenarios below describe how to approach CARE Act data collection when a client enters into an LPS conservatorship during the Active Service Period. The differentiator in these scenarios is related to whether the CARE petition is dismissed as a result of the conservatorship.

Scenario 1: A client entered into the Active Service Period with a CARE agreement on August 1, 2024. The court dismisses the petition on January 15, 2025 due to the client entering a long-term, involuntary LPS conservatorship. In this scenario, counties should:

- Report data from January 15, 2025 forward under 3.3.10 Current CARE Status 7 – Dismissed/Terminated from CARE agreement/plan/elective services.
- Counties will not be required to track this individual further, regardless of whether they continue to receive mandated county services and supports, or not.

Scenario 2: A client entered into the Active Service Period with a CARE agreement on August 1, 2024. The client entered into a temporary LPS conservatorship on January 15, 2025. The petition was not dismissed by the court. In this scenario, counties should:

- Continue to report all data based under 3.3.10 Current CARE Status Option 5 – Active participant (CARE Agreement).