

# DATA DICTIONARY 2.1 UPDATES

CARE Act Data Collection and Reporting

June 2026



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 cover slide introduces the title and category of this training. It contains the logos for the California Department of Health Care Services (DHCS) and Health Management Associates.]

Welcome to this training opportunity hosted by the HMA CARE Act data team. During this session, we will provide updates on the Data Dictionary 2.1, released in June of 2026.

At a high level, HMA supports the CARE Act Data Collection and Reporting. Our team:

- Develops and manages data collection and reporting processes;
- Supports county behavioral health (BH) agency data collection efforts;
- Supports development of the CARE Act annual report, and;
- Assists DHCS's independent evaluation contractor with data collection to determine program outcomes, impact, and lessons learned related to the CARE Act.

We highly encourage attendees to visit the CARE Act Data Collection & Reporting Resources page on the CARE Act Resource Center and view the posted resources, specifically the CARE Act Data Dictionary 2.1 and the CARE Act Data Flowcharts prior to viewing this training. It may also be helpful to have a copy of these resources available

to you to reference during this presentation.

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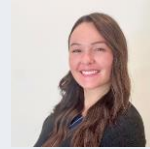
## HMA CARE Act Data Team



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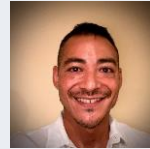
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[Slide Image Description: This slide includes images of the presenters of this training on a light blue background.]

This session is hosted by the HMA CARE Act data team, which includes team lead Serene Olin, reporting lead Lauren Niles Whalen, project manager Carlie Balicki. The analytics team includes Cha Lee, Jessica Wu, and Bennett Datu.

## Agenda

- Overview of CARE Act Legislative Requirements for Data Collection and Reporting
  - Overview of SB 27 and implications of CARE legislative updates on data collection and reporting requirements.
- Summary of Updates to CARE Act Data Dictionary 2.1
- Guidance for Reporting CARE Status data point

**DHCS | HMA** 3

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

Here is our agenda for the session.

First, we will provide an overview of CARE Act Legislative Requirements for Data Collection and Reporting by courts and counties. This will include a brief overview of the 2025 California Senate Bill 27 (SB 27) and how it impacted data and reporting requirements.

Following that, we will provide an overview of the substantive updates to CARE Act Data Dictionary 2.1 before we provide guidance on reporting on a specific and important data point, which is 3.3.10 Current CARE Status.

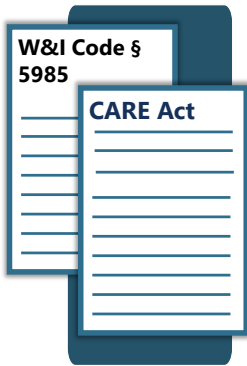


[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

In this section, we will provide an overview of what current statute requires of courts and counties with regard to CARE Act data collection and reporting

## Behavioral Health Information Notice (BHIN): CARE Act Data Reporting

**BHIN #26-0417 (Supersedes BHIN #24-041)**



- » DHCS is required to develop and publish an Annual CARE Act Report. The report must include, at a minimum, the data and information listed in subdivisions (e) and (f) of [California Welfare and Institutions Code \(W&I Code\) section 5985](#).
- » To inform the development of the Annual Report, DHCS is required to develop and maintain a CARE Act Data Dictionary to support consistent data collection and reporting.
- » Counties are responsible for the timely and complete provision of data specified in the CARE Act Data Dictionary to DHCS.

[Slide Image Description: This slide shows two paper icons representing W&I Code section 5985 and the CARE Act.]

The Behavioral Health Information Notice (BHIN) released October 2023 (and updated in 2026) provides guidance to the counties on the data reporting requirements to monitor the performance of the CARE Act.

DHCS is required to develop and publish an Annual CARE Act Report. The report must include, at a minimum, the data and information listed in subdivisions (e) and (f) of [California Welfare and Institutions Code \(W&I Code\) section 5985](#). It is DHCS's responsibility to ensure counties are equipped to report necessary information. As such, DHCS is responsible for developing and maintaining a Data Dictionary to ensure standardized data collection and reporting. Reported data is used by DHCS to develop legislatively mandated reports on the CARE Act.

Counties are responsible for the timely and complete reporting of data in accordance with the most current CARE Data Dictionary.

**Guiding Legislation**  
**California Senate Bill 27 (SB 27)**

- Eligibility Criteria**  
Adds bipolar I disorder with psychotic features as an eligible diagnosis.
- "Clinically Stabilized" Definition**  
Defines "clinically stabilized in ongoing voluntary treatment."
- CARE Process Clarifications**
  - Allows nurse practitioners and physician assistants to complete an affidavit in support of a CARE petition.
  - Makes other technical amendments to the CARE process (Graduation terminology).
- Expanded Referral Pathways**
  - Provides a process where certain court referrals can constitute a CARE petition without a separate petition.
  - Allows criminal courts to consider CARE referrals earlier for individuals found IST.

**DHCS | HMA** View the CARE Act Brief on SB 27 [here](#). 6

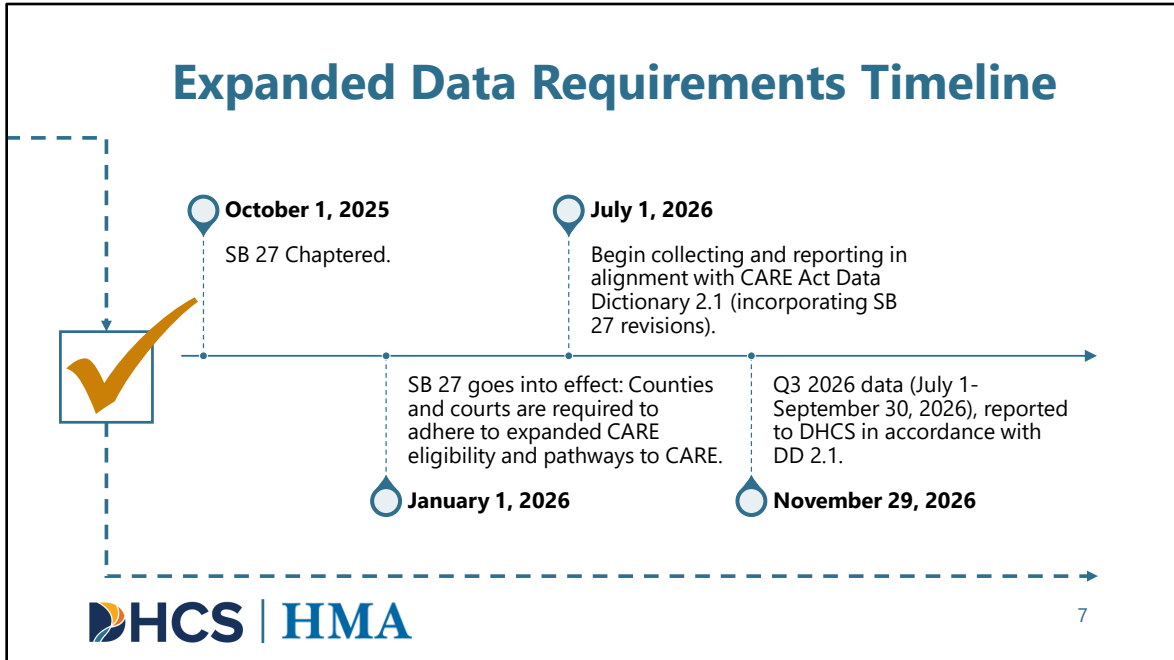
[Slide Image Description: This slide shows four boxes that describe the provisions of the SB 27.]

The legislation that prompted this update to the Data Dictionary is California Senate Bill 27, or SB 27.

**The key provisions within SB 27 included:**

- **Broadened eligibility criteria:** SB 27 expands the eligibility criteria for the CARE program to include individuals with bipolar I disorder with psychotic features.
- **Revision of definitions and CARE processes based on implementation feedback:** This includes clarifying the definition of "clinically stabilized" for the purposes of CARE Act implementation as well as clarifying CARE processes, including which types of professionals can complete affidavits in support of CARE petitions and providing greater clarity on the CARE graduation process.
- **Expansion of CARE referral pathways:** This includes providing clarity on processes for court-to-court referrals that become CARE petitions without requiring a separate petition be filed and requiring judges to consider CARE as an option for misdemeanor defendants with serious mental illness.

View the CARE Act Brief on SB 27 with additional detail on each of these provisions [here](#).



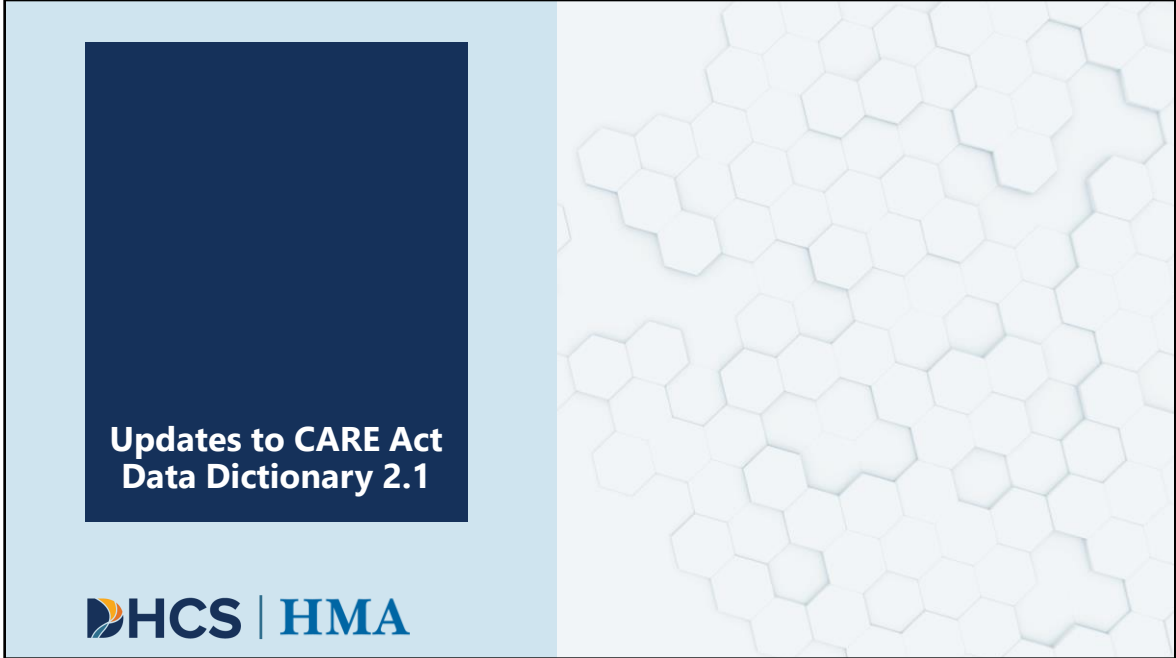
[Slide Image Description: This slide shows a timeline of the expanded data requirements.]

As mentioned, some provisions of SB 27 amended data reporting requirements for the CARE Act, and thus prompted an update to the Data Dictionary.

Here you can see the general timeline from SB 27 chaptering through implementation of this updated Data Dictionary.

- SB 27 was originally chaptered in Fall of 2025.
- The updates to legislation went into effect on January 1, 2026. This means that counties and courts are responsible for ensuring the expanded CARE diagnostic criteria and updated CARE definitions, as well as expanded pathways into CARE, are implemented on January 1, 2026.
- Counties are required to begin collecting and reporting data to DHCS in accordance with the revised Data Dictionary 2.1 beginning in July of 2026.
- The first quarter of data to be submitted to DHCS in accordance with DD 2.1 will be due by November 29, 2026, and will cover the period of July 1, 2026- September 30, 2026.

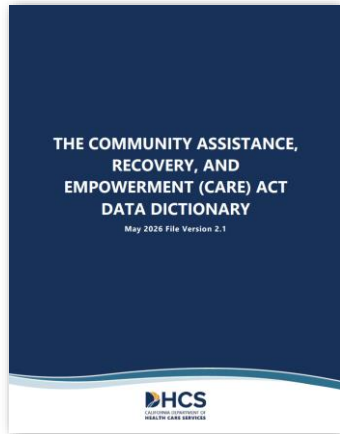
During today's training we focus on SB 27's impact on data reporting requirements.



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

Next, we will discuss the updates to the CARE Act Data Dictionary 2.1

## Data Dictionary 2.1 Impacted Sections



**Section 1: Introduction** – No substantive changes

**Section 2: Instructions** – Revisions made, impacting Section 3 and 5 data points

**Section 3: Petitioned Individuals** – New data points, revised data point value code options

**Section 4: CARE Inquiries** – No substantive changes

**Section 5: System Referrals** – New data points, revised data point value code options

**Appendices: Detailed Document History Log** – New

[Slide Image Description: This slide shows a screenshot of the first page of the CARE Act Data Dictionary. Six sections of the Data Dictionary are listed.]

Here, you can see the six main sections of Data Dictionary 2.1.

As you can see, there were no substantive changes to Section 1 or Section 4 of the Data Dictionary. Changes are primarily to Section 2, Section 3, and Section 5, which we will walk through in detail in the next few slides. In the transition from Data Dictionary 2.0 to 2.1, there was also an addition made to the appendices, with a new appendix added to log the changes to data elements over time.

At this time, we encourage those watching this training to open up their copy of Data Dictionary 2.1, if they haven't already. As we go through the presentation, we will highlight where in the dictionary we are, including data point numbers. You can use the navigation panel within the Data Dictionary 2.1 to get to the specific data element under discussion.

## Data Dictionary 2.1 Updates

### Revisions Based on SB 27 and Implementation Feedback

» Most SB 27 provisions did not necessitate updates to CARE Act Data Dictionary data architecture and were addressed by updating definitions and refining additional specifications.

Eligibility Criteria	“Clinically Stabilized” Definition	CARE Process Clarifications	Expanded Referral Pathways
Adds bipolar I disorder with psychotic features as an eligible diagnosis.	Defines “clinically stabilized in ongoing voluntary treatment.”	Allows nurse practitioners and physician assistants to complete an affidavit in support of a CARE petition. Makes other technical amendments to the CARE process (Graduation terminology).	Provides a process where certain court referrals can constitute a CARE petition without a separate petition. Allows criminal courts to consider CARE referrals earlier for individuals found IST.

» Additional revisions were made to DD 2.1 in response to stakeholder feedback.

Red outline indicates provisions that impact the CARE Act Data Dictionary. See SB 27 Brief [here](#). 10

[Slide Image Description: This slide shows four boxes that describe the provisions of the SB 27 that impacted the Data Dictionary.]

**SB 27 enhanced the CARE Act in a few key areas. To ensure data was being collected in accordance with the updated CARE requirements within SB 27, DHCS conducted a thorough review of DD 2.0 and identified areas that required revision or updates.**

Most SB 27 provisions did not necessitate updates to CARE Act Data Dictionary data architecture and were addressed by updating definitions and refining additional specifications.

**The key provisions within SB 27 included:**

- **Broadened eligibility criteria:** SB 27 expands the eligibility criteria for CARE to include individuals with bipolar I disorder with psychotic features. This new eligible diagnosis was added to all qualifying diagnosis lists in value options and specifications throughout Data Dictionary 2.1.
- **Revision of definitions and CARE processes:** This includes clarifying the definition of “clinically stabilized” for the purposes of CARE Act implementation as well as clarifying CARE processes, like which types of professionals can complete affidavits in

support of CARE petitions and clarity on the CARE “graduation” process. These updates were made throughout the Data Dictionary 2.1.

- **Expansion of CARE referral pathways:** This includes providing a clarity on processes for court-to-court referrals that become CARE petitions without requiring a separate petition be filed and requiring judges to consider CARE as an option for misdemeanor defendants with serious mental illness.

The second source of input was feedback received from counties and state stakeholders over the course of CARE Act implementation. In the coming slides, we will discuss the more substantive changes made to the Data Dictionary, with a focus on new data points and data points that have had new value options added between Data Dictionary 2.0 and 2.1.



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

Let's begin with a review of the DD 2.1 updates related to expanded CARE eligibility

## Expanded Eligible Diagnoses New Data Point: Eligible Diagnosis

### 3.4.15 Eligible Diagnoses

Category	Description
<b>W&amp;I Code Section(s):</b>	5972(b)
<b>Data Element:</b>	Basic Client Information
<b>Data Point:</b>	Diagnoses
<b>Question:</b>	Which of the following diagnostic criteria does the CARE participant meet, if any? (Select all that apply)
<b>Type:</b>	Numeric
<b>Format:</b>	N or NNNNN
<b>Width:</b>	5
<b>Value Codes:</b>	1 – Schizophrenia spectrum or other psychotic disorder 2 – Bipolar I disorder with psychotic features 3 – Not yet determined 99902 – None 99903 – Other (allow text field)
<b>Measurement Period:</b>	CARE Process Initiation, Active Service, and Follow-Up Periods

### Section 3: Petitioned Individuals Section 5: Statutory System Referrals

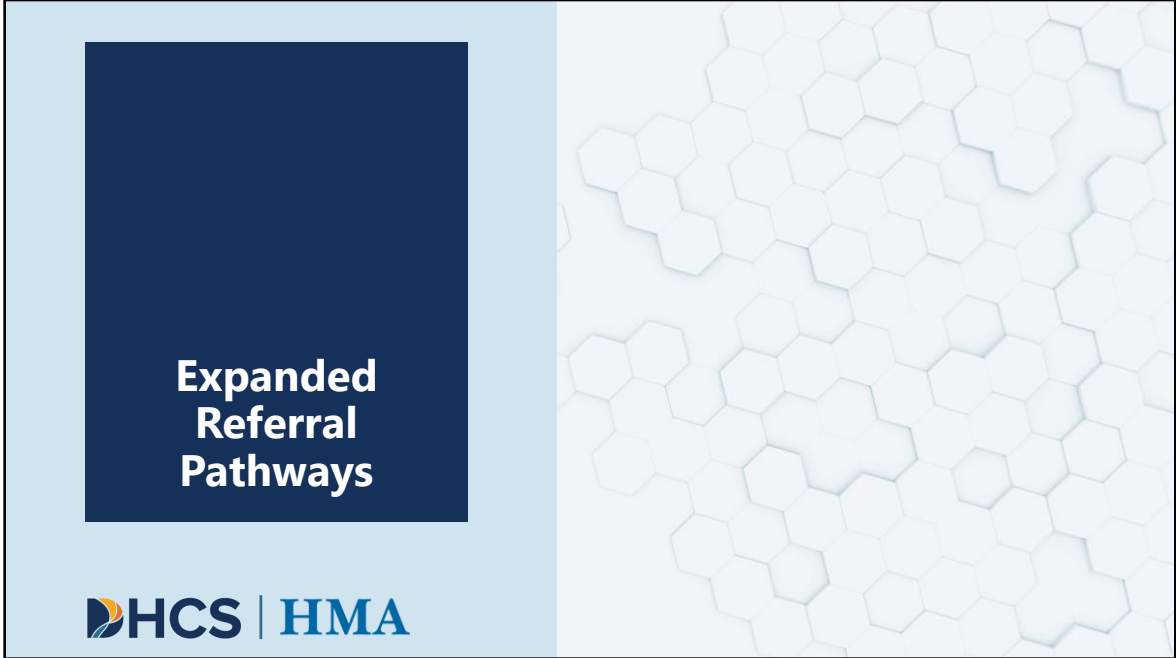
#### Two new data points capture information on qualifying diagnoses.

- › Added in response to expansion of CARE eligibility criteria in SB 27.
- › **NEW: 3.4.15 Eligible Diagnoses.**
- › **NEW: 5.2.7 Eligible Diagnoses.**

[Slide Image Description: This slide shows a screenshot of the Data Dictionary 2.1 and a box summarizing specific changes.]

As mentioned earlier in this presentation, SB 27 expanded the list of CARE eligible diagnoses to include bipolar I disorder with psychotic features. To ensure data is collected on which specific diagnostic criteria a participant or referred individual met, two new data points were added: 3.4.15, which captures data on eligible diagnoses for a petitioned individual or CARE participant, and 5.2.7, which captures eligible diagnoses for a system referred individual.

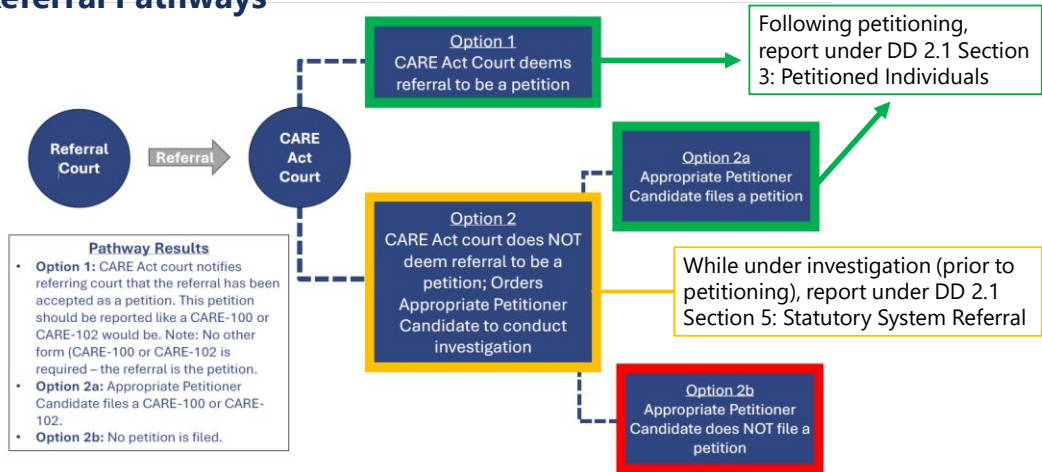
As you can see here, for both new data points, the value options that may be selected include Schizophrenia spectrum or other psychotic disorder, Bipolar I disorder with psychotic features, Not yet determined, none, or other. Counties should use the “not yet determined” option for instances where their investigation has not yet confirmed a diagnosis. Counties should submit updated information on this data point when this information does become available to them.



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

Next, we will review revisions to Data Dictionary 2.1 related to expanded CARE referral pathways.

## Statutory System Referrals Referral Pathways



[Slide Image Description: This slide shows a flowchart and a box summarizing the CARE referral process.]

As we touched on a moment ago, SB 27 provided clarity on processes related to court-to-court referral pathways.

As you can see here on this slide, there are two primary pathways that a CARE referral can take.

- **Option 1** is when the CARE court receives a referral from an appropriate referring court and accepts it as a petition.
  - From a county data reporting perspective, these individuals will flow to counties as CARE petitions and will be reported on as CARE participants under Section 3 – Petitioned Individuals.
- **Option 2** is when the CARE court receives a referral from an appropriate referring court and does not deem it to be a petition but orders the appropriate petitioner to conduct an investigation to determine eligibility of the referred individual. Following that investigation, the petitioner will either petition the individual or not.
  - From a county data reporting perspective, if the county is the appropriate petitioner, they will report on this individual as a statutory system referral

under **Section 5: Statutory System Referrals.**

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Process begins with Referral Court initiating a referral directly to CARE Act Court.

- Option 1: CARE Act Court deems referral to be a petition – Following petitioning, report under DD 2.1 Section 3: Petitioned Individuals
- Option 2: CARE Act court does not deem referral to be a petition; Orders Appropriate Petitioner Candidate to conduct investigation – While under investigation (prior to petitioning), report under DD 2.1 Section 5: Statutory System Referral
  - Option 2a: Appropriate petitioner candidate files a petition - Following petitioning, report under DD 2.1 Section 3: Petitioned Individuals
  - Option 2b: Appropriate petitioner candidate does not file a petition

Pathway Results

- Option 1: CARE Act court notifies referring court that the referral has been accepted as a petition. This petition should be reported like a CARE-100 or CARE-102 would be. Note: No other form (CARE-100 or CARE-102) is required – the referral is the petition.
- Option 2a: Appropriate Petitioner Candidate files a CARE-100 or CARE-102.
- Option 2b: No petition is filed.

## Statutory System Referrals Updated Definition

### Section 2: Instructions

**Two revisions made in response to clarified court procedures related to CARE referrals**

**Revision 1: Statutory system referral definition now includes CARE court**

**Revision 2: Appropriate petitioners defined for court-to-court referrals not accepted as petitions**



#### 2.1.3 Statutory System Referrals to County Behavioral Health Agencies

**Statutory system referrals** are documented requests or submissions on behalf of an individual that meets or is likely to meet CARE Act criteria submitted to county behavioral health 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 [W&I Code section 5150, subdivision \(a\)](#) or a designated facility as defined in [W&I Code section 5008, subdivision \(n\)](#).
5. CARE court based on a court-to-court referral that the CARE court does not consider to be a petition.

As outlined in [W&I Code section 5978](#), a CARE court may elect to consider a court-to-court referral to be a petition if it meets certain criteria. For court-to-court referrals that do not meet those criteria, CARE court will order the **appropriate petitioner candidate** to further investigate the referral to determine CARE eligibility.

Statute defines “**appropriate petitioner candidate**” as:

1. For referrals from assisted outpatient treatment or from misdemeanor or felony proceedings, the county behavioral health director or their designee.
2. For referrals from conservatorship proceedings, the conservator or proposed conservator.

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[Slide Image Description: This slide shows a screenshot of the Data Dictionary 2.1 and a box summarizing specific changes.]

Based on these clarifications to the referral pathways, Data Dictionary 2.1 now includes an updated Statutory System Referral definition in Section 2 – Instructions.

As you can see here on the right side of the slide, there were two clarifications made:

1. An update to the list of potential referral sources, which now includes “CARE court based on a court-to-court referral that the CARE court does not consider to be a petition.”
2. New text to clarify the court-to-court referral process and cite updated statute. This includes the definition for “appropriate petitioner candidate” for referrals that were not accepted as CARE petitions by the court and sent for additional investigation to determine CARE eligibility.

## Statutory System Referrals: Referral Source Updated Value Code Options for Existing Data Point

5.5.1 Statutory System Referral Source

Category	Description
<b>W&amp;I Code Section(s):</b>	5978.1, 5985 (e)(12), (e)(24), (h)(1)(G)
<b>Data Element:</b>	Number, Rates, and Source of Referrals
<b>Data Point:</b>	Statutory System Referral Source
<b>Question:</b>	What was the source of this <b>statutory system referral</b> to the county behavioral health agency?
<b>Type:</b>	Numeric
<b>Format:</b>	N
<b>Width:</b>	1
<b>Value Codes:</b>	1 – MIST 2 – FIST 3 – AOT 4 – Facility 5 – CARE Court
<b>Measurement Period:</b>	Referral Period

### Section 5: Statutory System Referrals

#### 5.5.1 Statutory System Referral Source

- » **NEW Value Code Option 5 – CARE Court** added in response to SB 27 clarifications on court-to-court referral processes.
- » To be used when a county wants to indicate a referral was sent to them by a CARE court, based on a court-to-court referral that CARE court does not consider to be a petition.

[Slide Image Description: This slide shows a screenshot of the Data Dictionary 2.1 and a box summarizing specific changes.]

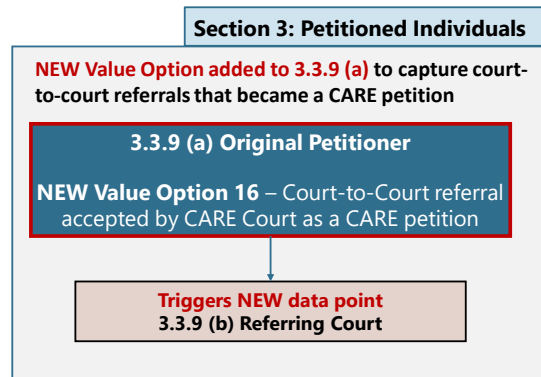
To pull through the clarifications on the court-to-court referral processes we just discussed, a new value code option was added to data point 5.5.1 Statutory System Referral Source.

This existing data point asks for counties to report the source of a statutory system referral received by county BH, which could be from Misdemeanor Incompetent to Stand Trial (MIST) proceedings, Felony Incompetent to Stand Trial (FIST) proceedings, Assisted Outpatient Treatment (AOT) proceedings, or a Lanterman-Petris-Short (LPS) Act facility. For Data Dictionary 2.1, a fifth value code option was added, seen here in red. This option will be used when a county wants to indicate a referral was sent to them by a CARE court to investigate, prior to a prima facie determination

## Capture Originating Court as Source of CARE Petition Updated Value Code Option: 3.3.9 (a) Original Petitioner

### 3.3.9 (a) Original Petitioner

Category	Description
<b>W&amp;I Code Section(s):</b>	5985 (e)(2), (f)(1)
<b>Data Element:</b>	Basic Client Information
<b>Data Point:</b>	Original <b>Petitioner</b>
<b>Question:</b>	Who filed the original CARE petition? (Select all that apply)
<b>Type:</b>	Numeric
<b>Format:</b>	N to NN
<b>Width:</b>	2
<b>Value Codes:</b>	1 – A person who lives with the respondent 2 – A spouse or registered domestic partner, parent, sibling, child, or grandparent of the respondent 3 – A person who stands in the place of a parent to the respondent 13 – A California tribal court judge* before whom respondent has appeared within the reporting month 14 – The respondent 15 – A conservator or proposed conservator referred from a proceeding under W&I Code section 5350 16 – Court-to-Court referral accepted by CARE Court as a CARE petition



[Slide Image Description: This slide shows a screenshot of the Data Dictionary 2.1 and a box summarizing specific changes.]

Revisions were also made to the Petitioned Individual section, section 3, of the data dictionary based on the clarifications on CARE referral pathways.

In existing data point 3.3.9 (a), shown here on the left side of the slide, counties provide information on who initially petitioned a CARE participant. For DD 2.1, a new value option, option 16, was added to capture that the petition was the result of a **court-to-court referral that had been accepted by CARE Court as a CARE petition.**

**If a county selects option 16, it will trigger a new data**



**point, 3.3.9 (b).**



## Capture Originating Court as Source of CARE Petition New Data Point: 3.3.9 (b) Referring Court

### 3.3.9 (b) Referring Court

Category	Description
<b>W&amp;I Code</b>	5978(b)
<b>Section(s):</b>	
<b>Data Element:</b>	Basic Client Information
<b>Data Point:</b>	Referring Court
<b>Question:</b>	Which of the following referring courts initiated the court-to-court referral that was accepted as a CARE petition, following CARE court involvement? (Select all that apply)
<b>Type:</b>	Numeric
<b>Format:</b>	N or NNNNN
<b>Width:</b>	2
<b>Value Codes:</b>	1 – MIST Court 2 – FIST Court 3 – AOT Court 4 – LPS Court 99903 – Other (allow text field)
<b>Measurement Period:</b>	CARE Process Initiation, Active Service, and Follow-Up Periods

### Section 3: Petitioned Individuals

**NEW data point 3.3.9 (b)** added to capture detail on referring court in a court-to-court referral that became a CARE petition.

#### 3.3.9 (a) Original Petitioner

NEW Value Option 16 – Court-to-Court referral accepted by CARE Court as a CARE petition

Triggers **NEW data point 3.3.9 (b) Referring Court**

[Slide Image Description: This slide shows a screenshot of the Data Dictionary 2.1 and a box summarizing specific changes.]

This new data point, 3.3.9 (b) captures **further information on which court initiated the court-to-court referral that was accepted as a petition by CARE court. The options a county can select from include: MIST, FIST, AOT court, or LPS court.**

Again, this data will only be collected if a county identifies that a CARE participant was petitioned to care as a result of a court-to-court referral accepted as a petition.



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

In the next section we will show additional updates that are in place for Data Dictionary 2.1 based on feedback from stakeholders during implementation.

## Elective Client Definition Clarification of Definition Under DD 2.1

### Section 2: Instructions

#### DD 2.0 Definition

- » **Elective client:** A CARE participant who was diverted to elective county services and supports (formerly referred to as voluntary county services and supports), resulting in the petition being dismissed by the court.

#### DD 2.1 Definition

- » **Elective client:** A CARE participant who was dismissed and receives services and supports **outside CARE court jurisdiction. This may include receipt of services under AOT or LPS.**

[Slide Image Description: This slide shows a box with information on an updated definition.]

Importantly, for Data Dictionary 2.1, a modification was made to the definition of elective clients, based on feedback received during implementation. The definition now clarifies that these are dismissed participants who are receiving services through their county but OUTSIDE of court jurisdiction.

Additionally, clarification was added to the definition to ensure counties understood that these elective clients could be receiving services through AOT or LPS.

## Institutional Living Situation Type Current Data Points

### 3.6.1 (a) Housing Status/Living Situation

Category	Description
<b>W&amp;I Code Section(s):</b>	5985 (e)(4), (e)(22), (f)(1)
<b>Data Element:</b>	Housing Status
<b>Data Point:</b>	<b>Housing Status/Living Situation</b>
<b>Question:</b>	What was the CARE participant's living situation in the reporting month?
<b>Type:</b>	Numeric
<b>Format:</b>	N or NNNNN
<b>Width:</b>	5
<b>Value Codes:</b>	1 – Homeless (or unhoused) 2 – Institutional 3 – Temporary 4 – Permanent 99903 – Other (allow text field) 99999 – Unknown

### Section 3: Petitioned Individuals Section 5: Statutory System Referrals

Counties can currently report that an individual resides in an “institutional” living situation

**Section 3: Petitioned Individuals  
3.6.1 (a): Housing Status/Living Situation**  
Value Option 2- Institutional

**Section 5: Statutory System Referrals  
5.4.1: Housing Status/Living Situation**  
Value Option 2- Institutional

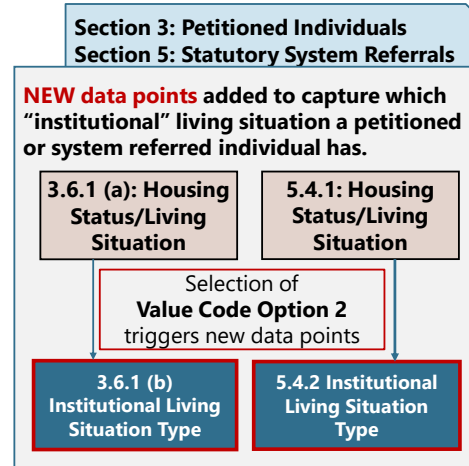
[Slide Image Description: This slide shows a screenshot of the Data Dictionary 2.1 and a box summarizing specific changes.]

Currently, counties report data on the living situation of both CARE participants and system referred individuals during each reporting month. There are two data points to capture this information in the current DD: 3.6.1 (a) for petitioned individuals, and 5.4.1 for system referred individuals. The options a county may select for an individual include unhoused, institutional, temporary, and permanent. Each of these living situations are defined, in accordance with current US Department of Housing and Urban Development definitions, which are included for reference in the Data Dictionary appendix.

The “institutional” living situation option contains a variety of settings, including jail or prison, hospitals or other nonresidential non-psychiatric medical facilities, long term care facilities, and psychiatric hospitals. Feedback from implementation suggested that data on this broad value option was difficult to interpret without more detail.

## Institutional Living Situation Type New Data Points

3.6.1 (b) Institutional Living Situation Type	
Category	Description
W&I Code Section(s):	5985 (e)(4), (e)(22), (f)(1)
Data Element:	Housing Status
Data Point:	Housing Status/Living Situation
Question:	What type of institutional housing is the CARE participant engaged with?
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	1 – Foster care home or foster care group home 2 – Hospital or other residential non-psychiatric medical facility 3 – Jail, prison, or juvenile detention facility 4 – Long-term care facility or nursing home 5 – Psychiatric hospital or other psychiatric facility 6 – Substance abuse treatment facility or detox center 99903 – Other (allow text field) 99999 – Unknown
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods



[Slide Image Description: This slide shows a screenshot of the Data Dictionary 2.1 and a box summarizing specific changes.]

To parse out the type of “institutional placement” an individual is residing in, DD 2.1 now includes two new data points. These two data points are triggered if a county indicates that a participant or referred individual is in an “institutional placement” on data point 3.6.1 (a) or 5.4.1.

The two new data points, 3.6.1.(b) and 5.4.2 collect information on which type of institutional setting the individual is currently residing in. As seen here on the left side of this slide, counties can select from a more detailed list of the six different placements. Collecting this additional information will allow for a more nuanced understanding of where individuals are placed.

### 3.6.1(b) Institutional Living Situation Type

What type of institutional housing is the CARE participant engaged with?

- 1 – Foster care home or foster care group home
- 2 – Hospital or other residential non-psychiatric medical facility
- 3 – Jail, prison, or juvenile detention facility
- 4 – Long-term care facility or nursing home
- 5 – Psychiatric hospital or other psychiatric facility
- 6 – Substance abuse treatment facility or detox center
- 99903 – Other (allow text field)
- 99999 – Unknown

## Appendices New Detailed Document History Log

Document History Log		
Date	Description of Modifications	File Version
7/26/2023	CARE Act Data Dictionary – Version for Behavioral Health Information Notice Release	1.0
2/14/2025	<p><b>Revisions to Section 2. Instructions</b></p> <p>Participant definitions:</p> <ul style="list-style-type: none"> <li>Revised "CARE participant" definition.</li> <li>Revised "elective client" definition, with implications for expanded tracking of CARE-eligible clients.</li> <li>Added "active participant" and "former participant" definitions.</li> <li>Measurement periods:</li> <li>Added "Referral Period" definition.</li> </ul> <p><b>NOTE:</b> As a general rule, data point numbers will be retired, rather than replaced, to maintain consistency in data point numbering between versions.</p> <p><b>Revisions to Section 3. Petitioned Individuals (formerly titled CARE Act Data Specifications)</b></p> <p>New data points:</p> <ul style="list-style-type: none"> <li>3.2.2 (b) Total Initial Appearances (Initial Hearings) Set</li> <li>3.3(a) Basic Client Information                             <ul style="list-style-type: none"> <li>3.3.5 (b) Medi-Cal Client Index Number</li> <li>3.3.11 (b) County Recommendation for Petition Dismissal</li> <li>3.3.11 (c) County Findings on CARE Ineligibility</li> </ul> </li> <li>All data points within new section titled 3.3(b) CARE Participant and Petitioner Contact Information</li> <li>All data points within new section titled 3.3(c) Outreach and Engagement Efforts</li> <li>All data points within new section titled 3.3(d) Services and Supports During CARE Process Initiation Period</li> </ul> <p>Retired data points:</p>	2.0

### Appendices in the Data Dictionary 2.1 include:

Appendix A: Reporting Requirements and Metrics	Appendix B: Glossary of Terms	<div style="background-color: #f4a460; padding: 2px 5px; font-weight: bold; font-size: small;">New Addition</div> Appendix C: Document History Log
Appendix D: Mental Health Treatment Services Descriptions	Appendix E: Drug Medi-Cal Organized Delivery System Covered Services Descriptions	Appendix F: Definitions for CalAIM Community Support Services
Appendix G: Definitions for Social Services and Supports		Appendix H: Living Situation Options List

[Slide Image Description: This slide shows a screenshot of the Data Dictionary 2.1 and eight boxes listing the appendices in the DD 2.1.]

Data Dictionary 2.1, like DD 2.0, includes several appendices to support accurate data collection and reporting. New to DD 2.1 specifically is Appendix C, which is a detailed documentation of the history of changes to specific data elements.



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

At this point, we would like to switch gears a bit and provide a review of how counties can report CARE status for participants. Importantly, there are no new updates to DD 2.1 related to CARE status reporting.

## Importance of Accurate Reporting of 3.3.10 Current CARE Status



Accurately reporting **3.3.10 Current CARE Status** is critical to guide data collection.



Client status determines reporting of associated data points.

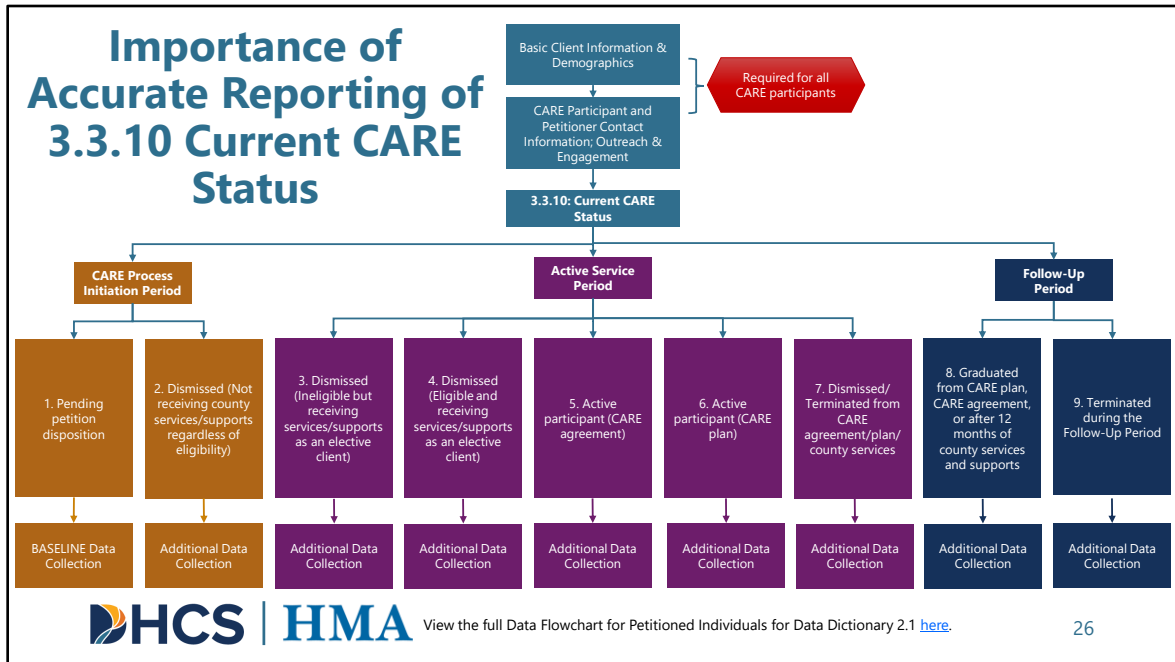


Must be included for every reporting month, as the client's CARE Status can change over time.

[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.]

Within Section 3.3a, titled Basic Client Information, is data point 3.3.10 Current Care Status. This data point 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, think of this data point as a “driver” data point, as it helps guide data collection of other 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. Basic client information and demographic information are required for all CARE participants that flow through county BH, regardless of whether they end up receiving county BH services.

Each potential CARE status is shown here. You can see that additional data collection and reporting and the volume of data points required varies based on Current CARE Status. For example, Value Code Options 2, 7, and 9 representing the dismissed and terminated individuals that are not receiving county services and supports have fewer required data points compared to someone with a CARE agreement. Note that a client’s CARE status can and likely will change over time, and counties should report on all statuses assumed in the reporting month.

The full flowchart can be downloaded on the CARE Act Resource Center’s Data Collection and Reporting Resources page. View the full Data Flowchart for Petitioned Individuals for Data Dictionary 2.1 [here](#).

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Basic Client Information, Demographics, CARE Participant and Petitioner Contact Information, and Outreach and Engagement data points are required for all CARE participants. Then, counties will select the applicable Current CARE Status that applies to the CARE participant in the reporting month. These include:

**Value Code Options 1 and 2 are only applicable during the CARE Process Initiation Period**

1. Pending petition disposition
2. Dismissed (not receiving county services/supports regardless of eligibility)

**Value Code Options 3, 4, 5, 6, and 7 are only applicable during the Active Service Period**

3. Dismissed (Ineligible but receiving services/supports as an elective client)
4. Dismissed (Eligible and receiving services/supports as an elective client)
5. Active participant (CARE agreement)
6. Active participant (CARE plan)
7. Dismissed/Terminated from CARE agreement/plan/county services

**Value Code Options 8 and 9 are only applicable during the Follow-Up Period**

8. Graduated from CARE plan, CARE agreement, or after 12 months of county services and supports
9. Terminated during the follow-Up Period

## Accurate Reporting of CARE Status Reporting Baseline Data

- » **ALL** CARE participants must have at least one record under 3.3.10 Current CARE **Status 1**- Pending petition disposition before moving on to any other status.
- » Status 1 triggers the reporting for critical baseline data and must be reported for all Petitioned Individuals.



### 3.3.10 Current CARE Status

Category	Description
<b>W&amp;I Code Section(s):</b>	5985 (e), (f)(1)
<b>Data Element:</b>	Basic Client Information
<b>Data Point:</b>	Current CARE Status
<b>Question:</b>	What is the CARE participant's current CARE status?
<b>Type:</b>	Numeric
<b>Format:</b>	N
<b>Width:</b>	1
<b>Value Codes:</b>	<p><u>CARE Process Initiation Period</u></p> <p>1 – Pending petition disposition</p> <p>2 – Dismissed (Not receiving county services/supports, regardless of eligibility)</p> <p><u>Active Service Period</u></p> <p>3 – Dismissed (Ineligible but receiving services/supports as elective client)</p> <p>4 – Dismissed (Eligible receiving services/supports as elective client)</p> <p>5 – Active participant (CARE agreement)</p> <p>6 – Active participant (CARE plan)</p> <p>7 – Dismissed/Terminated from CARE agreement/plan/county services (no longer receiving county services and supports)</p> <p><u>Follow-Up Period</u></p> <p>8 – Graduated from CARE plan, CARE agreement, or after 12 months of county services and supports</p> <p>9 – Terminated during the Follow-Up Period (no longer receiving county services and supports)</p>
<b>Measurement Period:</b>	CARE Process Initiation, Active Service, and Follow-Up Periods

[Slide Image Description: This slide shows a screenshot of the Data Dictionary 2.1.]

Here, we want to call attention to a specific requirement related to reporting baseline data.

- **ALL** CARE participants must have at least one record under 3.3.10 Current CARE **Status 1**- Pending petition disposition before moving on to any other status.
- Status 1 triggers the reporting for critical baseline data and must be reported for all Petitioned Individuals.

## Accurate Reporting of CARE Status

### Reporting Change in CARE Status

- » When a change in CARE status occurs, the data points associated with each status must be reported.
- » **This will require the submission of a separate record for each CARE status assigned in the reporting month.**

#### Example:

A client was petitioned to CARE on 1/15/2026 and entered the Active Service Period with a CARE agreement on 2/7/2026.

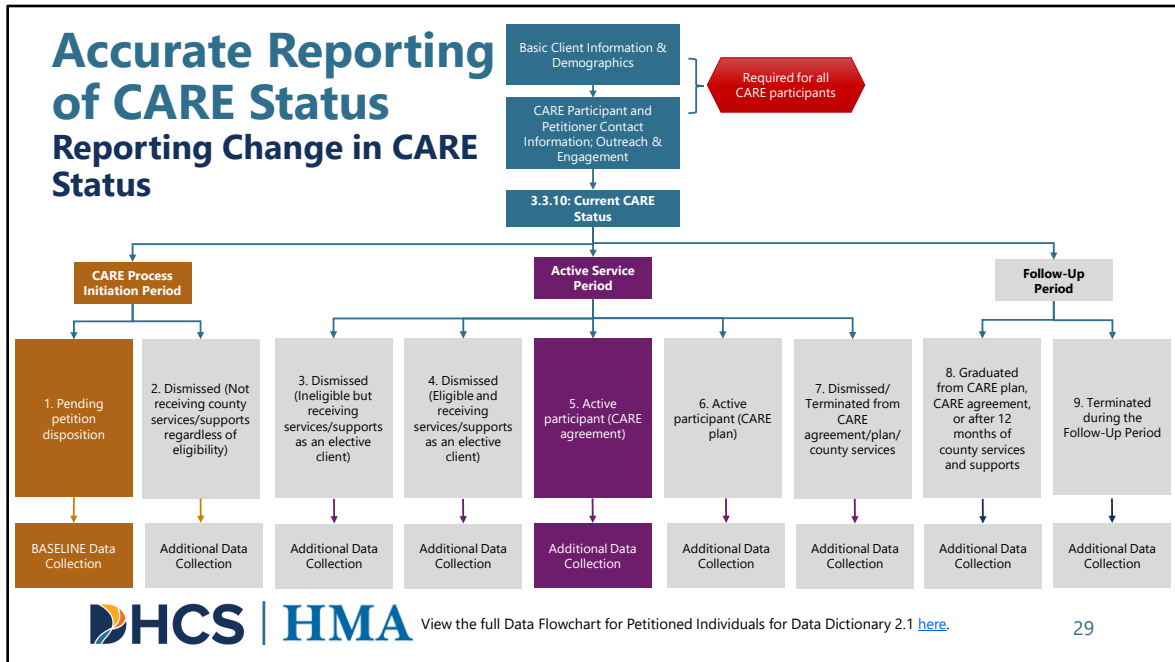
**For January reporting month, covering 1/15-1/31:**  
Report data associated with 3.3.10 Current CARE Status Option 1 - Pending Disposition) only.

**For February reporting month, covering 2/1-2/28:**  
Report data associated with 3.3.10 Current CARE Status Option 1 - Pending Disposition AND 3.3.10 Current CARE Status Option 5 – Active Participant (CARE agreement).

[Slide Image Description: This slide shows a box describing a case example to illustrate how to report a change in CARE status.]

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.

A descriptive example is provided on the slide. 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. 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 template. We will discuss this in a bit more detail on the next slide.



[Slide Image Description: This slide shows a flowchart that details reporting guidance for reporting baseline information before moving onto any other CARE Status.]

As we discussed on the last slide, this further highlights how counties are being asked to report on changes in CARE status for participants.

Based on the example we just presented (a client was petitioned to CARE on 1/15/2026 and entered the Active Service Period with a CARE agreement on February 7, 2026), counties will report the change in CARE status, as follows:

- **January Reporting Month:**
  - Submit a single record under the pending petition disposition CARE Status; data represents January 15, 2026 through January 31, 2026.
- **February Reporting Month**
  - Submit a single record under the pending petition disposition CARE Status; data represents February 1, 2026 through February 7, 2026.
  - Submit a single record under the CARE agreement CARE status; data represents February 7, 2026 through February 28, 2026.

Basic Client Information, Demographics, CARE Participant and Petitioner Contact Information, and Outreach and Engagement data points are required for all CARE participants. Then, counties will select the applicable Current CARE Status that applies to the CARE participant in the reporting month. These include:

**Value Code Options 1 and 2 are only applicable during the CARE Process Initiation Period**

1. Pending petition disposition
2. Dismissed (not receiving county services/supports regardless of eligibility)

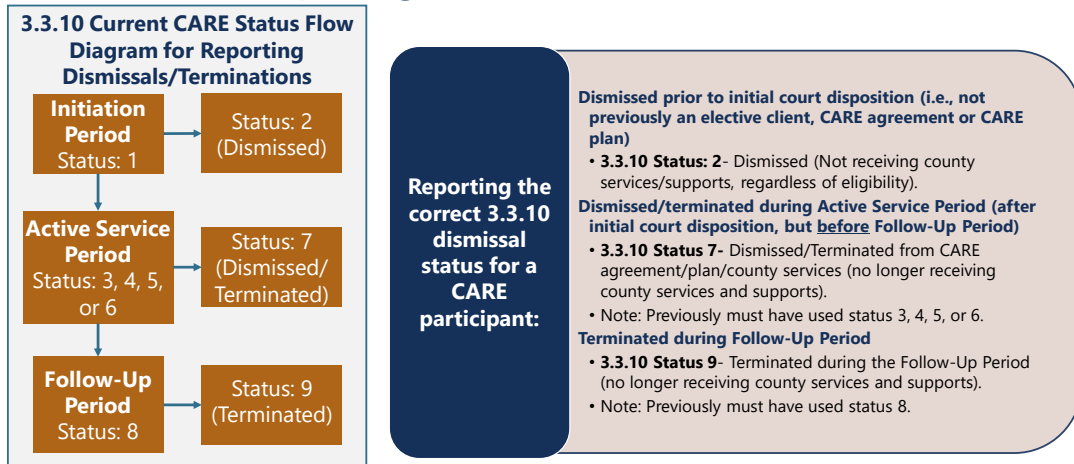
**Value Code Options 3, 4, 5, 6, and 7 are only applicable during the Active Service Period**

3. Dismissed (Ineligible but receiving services/supports as an elective client)
4. Dismissed (Eligible and receiving services/supports as an elective client)
5. Active participant (CARE agreement)
6. Active participant (CARE plan)
7. Dismissed/Terminated from CARE agreement/plan/county services

**Value Code Options 8 and 9 are only applicable during the Follow-Up Period**

8. Graduated from CARE plan, CARE agreement, or after 12 months of county services and supports
9. Terminated during the follow-Up Period

## Accurate Reporting of CARE Status Reporting Dismissals/Terminations



[Slide Image Description: This slide shows a flowchart that details guidance on reporting dismissals.]

Finally, we wanted to also remind counties of the standing guidance on how to report dismissals and/or terminations. Each Measurement Period has a unique dismissal CARE status code that aligns with where the participant is in the CARE process.

Dismissed prior to initial court disposition (i.e., not previously an elective client, CARE agreement or CARE plan)

- Must use 3.3.10 Current CARE Status 2 – Dismissed (Not receiving county services/supports, regardless of eligibility).

Dismissed/Terminated during Active Service Period (after initial court disposition, but before Follow-Up Period)

- Must use 3.3.10 Current CARE Status 7 – Dismissed/Terminated from CARE agreement/plan/county services (no longer receiving county services and supports).
- Note: Previously must have been reported under 3.3.10 Status 3, 4, 5, or 6.

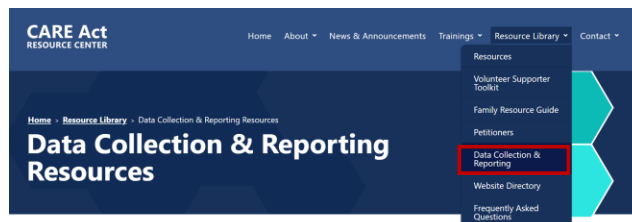
Terminated during Follow-Up Period

- Must use 3.3.10 Current CARE Status 9 – Terminated during the Follow-Up Period (no longer receiving county services and supports).

- Note: Previously must have been reported under 3.3.10 Status 8.

## Resources: Data Collection and Reporting Technical Assistance

- » Data Collection and Reporting Resources page includes:
  - CARE Act Data Dictionary 2.1
  - Trainings on data submission options
  - Supplemental Guide: Scenario based Guidance {updated regularly}
- » Opportunities to ask questions regarding the DD 2.1:
  - Request technical assistance specific to Data Collection and Reporting TTA.
  - Attend bi-weekly office hours.



[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.

[Data Collection and Reporting Resources](#) page with links to:

- [CARE Act Data Dictionary 2.1](#)
- Trainings on data submission options
- Supplemental Guide: Scenario based Guidance {updated regularly}

Opportunities to ask questions regarding the DD 2.1:

- Request technical assistance specific to [Data Collection & Reporting TTA](#).
- Attend [bi-weekly office hours](#).

## Questions?

Please submit to the CARE Data Team Inbox:  
[CAREDataTeam@healthmanagement.com](mailto:CAREDataTeam@healthmanagement.com)



[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 email us at [CAREDataTeam@healthmanagement.com](mailto:CAREDataTeam@healthmanagement.com) with any questions.