



DATE: X, X, 2026

Behavioral Health Information Notice No.: 26-XXX
Supersedes BHIN [24-041](#)

TO: California Alliance of Child and Family Services
California Association for Alcohol/Drug Educators
California Association of Alcohol & Drug Program Executives, Inc.
California Association of DUI Treatment Programs
California Association of Social Rehabilitation Agencies
California Consortium of Addiction Programs and Professionals
California Behavioral Health Association
California Hospital Association
California Opioid Maintenance Providers
California State Association of Counties
Coalition of Alcohol and Drug Associations
County Behavioral Health Directors
County Behavioral Health Directors Association of California

SUBJECT: Community Assistance, Recovery, and Empowerment (CARE) Act Data and Reporting Guidelines

PURPOSE: To provide county guidance to the counties on the data reporting requirements and standards to monitor the performance of the CARE Act model using the standards set forth in the CARE Act Data Dictionary for monitoring and evaluating the performance of CARE Act implementation.

California Department of Health Care Services

Deputy Director's Office, Behavioral Health
P.O. Box 997413 | Sacramento, CA | 95899-7413
MS Code 2710 | Phone (916) 440-7800
www.dhcs.ca.gov

State of California

Gavin Newsom, Governor



California Health and Human Services Agency

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REFERENCE: Welfare and Institution (W&I) Code Sections 5970-5987; Behavioral Health Information Notice 24-041; Budget Act of 2023 provision 24 (a)-(d) Senate Bill (SB) 1338 (Umberg, Chapter 319, Statutes of 2022); Welfare and Institutions (W&I) Code Sections 5970 through 5987; Behavioral Health Information Notice (BHIN) 22-059; BHIN 23-016; Assembly Bill (AB) 102 (Ting, Section 133, Provision 24(a)-(d), Budget Act of 2023); SB 35 (Umberg, Chapter 283, Statutes of 2023); SB 42 (Umberg, Chapter 283, Statutes of 2024); SB 1400, (Stern, Chapter 647, Statutes of 2024); SB 27 (Umberg, Chapter 528, Statutes of 2025)

BACKGROUND:

On September 14, 2022, the Governor approved SB 1338, which enacted the CARE Act. The CARE Act, created a new civil court process, to provides early action, support, and community-based behavioral health services and supports to eligible adult Californians living with untreated bipolar I disorder with psychotic features except for psychosis related to current intoxication, schizophrenia spectrum disorder, or other psychotic disorders. The CARE Act process provides accountability for CARE Act clients as well as the local governments responsible for providing behavioral health services to these individuals. The CARE Act is being implemented in two phases. Glenn, Orange, Riverside, San Diego, Stanislaus, Tuolumne, and San Francisco Counties (Cohort I) were required to implement the CARE Act by October 1, 2023. Los Angeles implemented on December 1, 2023. All other counties (Cohort II) are required to implement the CARE Act by December 1, 2024.

The Department of Health Care Services (DHCS) is required to develop and publish an annual CARE Act report.¹ The report must include, at a minimum, the data and information listed in subdivisions (e) and (f) of W&I Code section 5985, to the extent this administrative data is available. The report may include additional data and information, as determined by DHCS.² County behavioral health agencies shall provide data specified by DHCS related to CARE Act participants, services, and supports for use in the annual reports.³ DHCS is authorized to specify the format and frequency of county data reporting.⁴

¹ W&I Code, § [5985](#), subd. (a).

² See *id.*, § [5985](#), subd. (b).

³ *Ibid.*

⁴ *Id.*, § [5985](#), subd. (c).

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In addition, DHCS is required to retain an independent research-based entity to develop an independent evaluation of the CARE Act.⁵ County behavioral health agencies shall also provide DHCS with the data required for this report, in a format and frequency specified by DHCS.⁶

POLICY:

This BHIN provides guidance on: (1) the data measures and specifications that will be used to examine the scope of impact and monitor the performance of CARE Act implementation (described in the CARE Act Data Dictionary); and (2) the collection of CARE Act data provided by county behavioral health agencies and any other state or local governmental entity, as identified by the department, in order to develop the annual report and the independent evaluation.⁷

County behavioral health agencies shall provide data in a format and frequency as directed by DHCS as outlined set forth in this BHIN.⁸ County behavioral health agencies shall comply with all statutory provisions, the CARE Act Data Dictionary, and the guidance set forth in this BHIN to fulfill CARE Act data collection and reporting requirements.

Data Format: CARE Act Data Dictionary

DHCS developed the CARE Act Data Dictionary to guide county behavioral health agencies in fulfilling the data reporting requirements in W&I Code sections 5985 and 5986. DHCS has included the data elements, data points, and terminology necessary to satisfy those specified reporting requirements in the CARE Act Data Dictionary.

The CARE Act Data Dictionary defines and standardizes the required data elements by describing the content and format in which county behavioral health agencies shall submit the data. The CARE Act Data Dictionary additionally provides corresponding measurement questions and valid response options for each data element. The required data content is aligned with existing state and federal data systems requirements, industry standards, and evidence-informed typologies. The CARE Act Data Dictionary also provides relevant information for county behavioral health agencies and their

⁵ *Id.*, § 5986, subd. (a).

⁶ *Id.*, § 5986, subd. (c).

⁷ *Id.*, § 5985, subds. (b) and (e).

⁸ *Id.*, § 5985, subd. (c).

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vendors to build or modify information technology systems and applications for the purposes of data reporting.

To ensure consistency in the meaning, relevance, and quality of data elements, the CARE Act Data Dictionary includes the following specifications for the required data elements and measures:

- Format Type
- Measurement Period
- Data Type
- Variable Source
- Value Codes

County behavioral health agencies shall adhere to all data collection and reporting requirements set forth in the CARE Act Data Dictionary published on the [DHCS CARE Act webpage](#).

Frequency of Data Submission

Effective January 1, 2024, county behavioral health agencies that have implemented the CARE Act pursuant to W&I Code section 5970.5 shall submit their data in accordance with the reporting and submission schedule outlined below.

County behavioral health agencies shall submit monthly data to DHCS on a quarterly basis through the CARE Act Data Collection and Reporting Tool or a file submission, as explained in the CARE Act Data Dictionary. The reporting period spans three months, and data submissions are due no later than 60 calendar days following the close of a reporting period. County behavioral health agencies may alternatively submit monthly data as soon as it is available, or at any time during the months within a reporting period prior to the data submission deadline.

CARE Act Reporting and Submission Schedule

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

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Prior to submission, county behavioral health agencies shall ensure that all data, including data received by contracted providers, is accurate and complete. County behavioral health agencies shall verify the accuracy and timeliness of all reported data; screen data for completeness and consistency; and ensure the data submission follows the CARE Act Data Dictionary's requirements and guidelines.

County behavioral health agencies shall submit data that includes personally identifiable personal information (PHPI) and personal protected health information (PHI) to DHCS for the purposes of CARE Act reporting.⁹ County behavioral health agencies shall implement comply with all applicable privacy and security provisions of their contracts, business associate agreements, and applicable federal and state privacy laws, including but not limited to features such as those required to comply with the Health Insurance Portability and Accountability Act, 45 C.F.R. Parts 160, 162 and 164; Confidentiality of Substance Use Disorder Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2 Security Rule requirements, W&I sections 5328, et seq. (the Lanterman-Petris-Short Act); and Health & Safety Code ("H&S") section 11845.5 and any other laws protecting the privacy and security of individually identifiable data.

Technical Assistance

DHCS has contracted with a vendor to provide technical assistance (TA) and consultation to county behavioral health agencies and their providers to support implementation of the CARE Act.¹⁰ Upon DHCS' receipt of a county behavioral health agency's quarterly data submission, the contracted vendor will assess the data for completeness, accuracy, and timeliness. This includes verifying adherence to the CARE Act Data Dictionary to ensure that each data point has been reported correctly.

DHCS' contracted vendor will contact county behavioral health agencies to correct any data inaccuracies it identifies. The county behavioral health agency shall correct any errors within 15 business days of receipt of the contracted vendor's request.

Requests for TA may be submitted to info@CARE-Act.org.

⁹ W&I Code, § [5985](#), subd. (e) [requiring that the annual report include data such as demographics of participants, including PII and PHI].

¹⁰ See *id.*, § [5983](#), subd. (b) [stating that DHCS shall provide training and technical assistance, including training regarding data collection]; § [5984](#), subd. (a) [allowing DHCS to enter into contracts, or amend existing contracts, for purposes of implementing the CARE Act].

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Questions regarding this BHIN may be directed to DHCSCAREAct@dhcs.ca.gov.

Sincerely,

Original signed by

Ivan Bhardwaj, Chief
Medi-Cal Behavioral Health Policy Division

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