

THE COMMUNITY ASSISTANCE, RECOVERY, AND EMPOWERMENT (CARE) ACT DATA DITIONARY

DRAFT 2026 File Version 2.1

Version 2.1 Modifications Log

A detailed document history log is available in [Appendix C](#).

Date	Brief Description of Modifications	File Version
7/26/2023	<p>CARE Act Data Dictionary 1.0</p> <p>Version for Behavioral Health Information Notice Release.</p>	1.0
2/14/2025	<p>CARE Act Data Dictionary 2.0:</p> <p>See Appendix C for detailed changes.</p>	2.0
XX/XX/XX	<p>CARE Act Data Dictionary 2.1:</p> <p>Section 2. Instructions</p> <p>Revised participant definitions.</p> <p>Section 3. Petitioned Individuals</p> <p>Added new and retired data points. Revised Value Code Options and additional specifications.</p> <p>Added references to updated Judicial Council Forms in applicable Variable Source fields and Additional Specifications.</p> <p>Section 4. CARE Inquiries</p> <p>Revised additional specifications.</p> <p>Section 5. Statutory System Referrals (Previously titled System Referrals)</p> <p>Added new and retired data points. Revised Value Code Options and additional specifications.</p> <p>Appendix B: Glossary of Terms</p> <p>Updated and added new definitions.</p> <p>New Section:</p> <p>Appendix C. Detailed document History Log.</p>	2.1

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1. INTRODUCTION

The **Community Assistance, Recovery, and Empowerment (CARE) Act** Data Dictionary was developed to guide **county behavioral health agencies** and other state or local governmental entities in fulfilling the reporting requirements as outlined in [California Welfare and Institutions Code \(W&I Code\) sections 5985 and 5986](#). The CARE Act Data Dictionary defines, standardizes, and provides structured guidance for all required data points. It provides specific questions and corresponding valid Value Code Options for each data element. To the extent possible, the content is aligned with existing state and federal systems data requirements, industry standards, and evidence-informed typologies. The CARE Act Data Dictionary also provides relevant information for county behavioral health agencies and their vendors to build or modify information technology systems and applications for the purposes of data reporting. Please see [Appendix A](#) for reporting requirements and [Appendix B](#) for a glossary of terms.

Terms and phrases that appear in **bold** within this document are included in Appendix B. Glossary of Terms for further explanation.

2. INSTRUCTIONS

This section provides information on the navigation and use of the CARE Act Data Dictionary to perform CARE Act data collection.

2.1 Data Collection

County behavioral health agencies and the **Judicial Council of California** (referred to as Judicial Council) will collect monthly-level data to be submitted to the **Department of Health Care Services** (DHCS) on a quarterly basis. A longitudinal dataset of all CARE Act data will be maintained for various approved uses, including the development of an annual CARE Act Report as well as supporting an independent evaluation of the CARE Act.

2.1.1 Trial Court Data

Each trial court conducting CARE Act proceedings is required to report monthly aggregate data for all CARE Act petitions to the Judicial Council. The Judicial Council will stratify the aggregated data received from trial courts by county for quarterly submission to DHCS.

2.1.2 CARE Inquiries

County behavioral health agencies shall report aggregate data on all inquiries received about the CARE Act. A **CARE inquiry** includes, but is not limited to, inquiries received by phone, warmlines, voicemail messages, emails, and in-person conversations or consultations.

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 \(n\)](#).

As outlined in [W&I Code section 5978](#), a CARE court may elect to consider a statutory system referral to be a petition if it meets certain criteria. For statutory system referrals that do not meet those criteria, the CARE Act 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.

2.1.4 Participant Definitions

CARE participant: An individual who is the subject of a petition for CARE proceedings and has met prima facie eligibility.

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

Active participant: A CARE participant who is receiving county services under CARE court jurisdiction (through a **CARE plan** or **CARE agreement**) or outside CARE court jurisdiction (as an elective client). Active participants are tracked for 12 months upon entering into a CARE plan or CARE agreement or as an elective client. Active participants under CARE court jurisdiction can be re-appointed to CARE for up to another 12 months.

Former participant: A CARE participant tracked during a 12-month follow-up period, beginning after receiving at least 12 months of county services. This includes CARE participants who were elective clients or who were enrolled under a CARE plan or CARE agreement and have completed a minimum of 12 months of county services and supports (or up to 24 months if CARE plan or agreement is extended).

2.1.5 Measurement Periods

The **measurement periods** outlined below indicate the range of time that county behavioral health agencies are required to collect data. Measurement periods are dependent on the **current CARE status** and **statutory system referral disposition**.

Current CARE status refers to the stage of the **CARE process** that the CARE participant has progressed to. A statutory system referral disposition is the current status or outcome of the referral.

Referral Period: Begins when a county behavioral health agency receives a statutory system referral, as defined above. This period ends when one of the following occurs, whichever comes first:

1. The county behavioral health agency files a CARE petition.
2. The individual is enrolled in county services and supports.

CARE Process Initiation Period: Begins when a county behavioral health agency files a petition or when the court orders a county to file a written report.¹ This period concludes when the court does one of the following:

1. Approves the CARE agreement.
2. Orders the CARE plan.
3. Dismisses the petition.

Active Service Period: Begins at the conclusion of the CARE Process Initiation Period. This measurement period encompasses the duration of services and supports for all CARE participants. The Active Service Period is 12 months for all CARE participants or up to a total of 24 months for those reappointed in a CARE plan or CARE agreement.

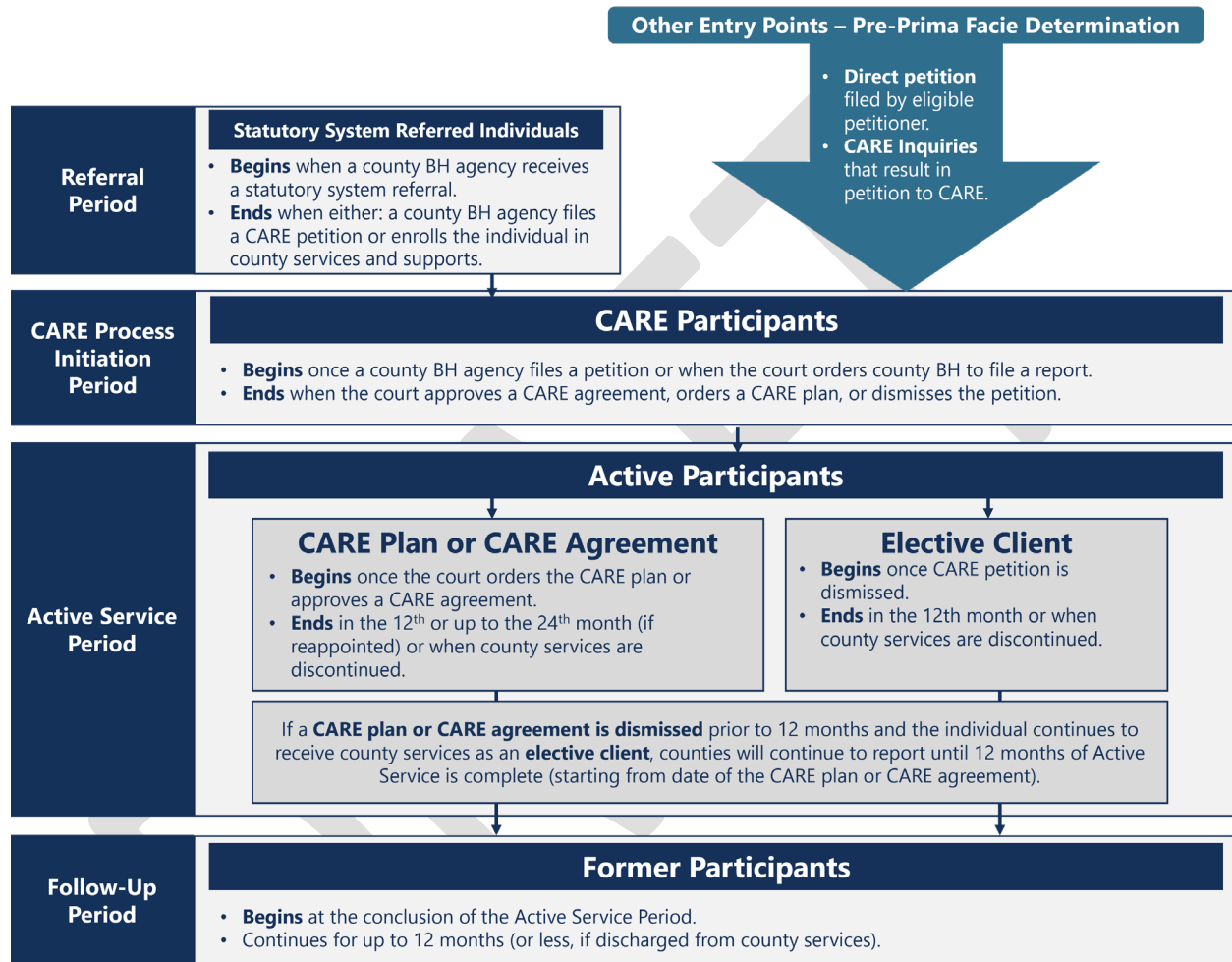
Follow-Up Period: Begins at the conclusion of the Active Service Period. This measurement period is 12 months for all former participants continuing to receive elective county services and supports.

County behavioral health agencies shall report data on former participants to the extent administrative data is available. County behavioral health agencies are not required to report on former participants who no longer receive county services and supports, including those who are privately insured or who no longer reside in California.

County behavioral health agencies are required to report monthly data as defined above. This includes circumstances when a county is unable to locate or engage with the CARE participant or when other delays or extensions occur. County behavioral health agencies may discontinue reporting when the individual is terminated from all county services and supports.

¹ If the county behavioral health agency is not the original petitioner, the CARE Process Initiation Period begins once the court orders the county behavioral health agency to investigate and file a report.

The period for individuals who graduate or exit a CARE plan/agreement before 12 months of completing a CARE agreement/plan will be extended to ensure that all CARE participants are tracked for at least 24 months. The flow diagram below depicts (1) when each measurement period begins and ends and (2) how CARE participants are tracked over time.



2.1.6 Data Specifications and Format

The figure below provides an orientation to how information is organized in the following sections.

Category	Description
W&I Code Section(s):	This field indicates the location of the required data element in W&I Code sections 5977, 5985, or 5986.
Data Element:	This field indicates the data element specified in W&I Code sections 5985 and 5986.
Data Point:	This field indicates the data point that is required to fulfill the data element.
Question:	This field indicates the question posed to collect information for the data point.
Type:	This field specifies if the response type is numeric, text, or a date.
Format:	This field specifies the alpha-numeric response format (1 – 200 characters).
Width:	This field specifies the response width (1 – 200 characters).
Value Codes:	This field specifies the response Value Code Options (1 – 200 characters).
Measurement Period:	This field specifies the measurement period(s) relevant to the data point (Referral, CARE Process Initiation, Active Service, and/or Follow-Up Periods).
Data Source:	This field identifies the source of the data (Judicial Council or county behavioral health agency).
Data Type:	This field indicates whether the data point shall be reported at the aggregate or individual level.
Variable Source:	This field indicates the source (state data or other industry standard) used to define the data point, if applicable.

Category	Description
Variable Source Name:	This field indicates the section or term that is referenced from the variable source, if applicable.
Additional Specifications:	This field provides additional information or instruction for accurate reporting of the data point. Where relevant, this field will also indicate when a data point is dependent on a response provided to a previous data point.

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2.2 Data Reporting

2.2.1 Technical Assistance

DHCS contracted Health Management Associates (HMA) to provide training and technical assistance to county behavioral health agencies to support data reporting for the CARE Act. Requests for data-related technical assistance can be submitted to CareDataTeam@healthmanagement.com.

2.2.2 Data Submission

County behavioral health agencies and the Judicial Council are required to submit data through their specified CARE Act Data Collection and Reporting Tool (DCRT). County behavioral health agencies and the Judicial Council shall submit monthly data to DHCS on a quarterly basis. Alternatively, county behavioral health agencies and the Judicial Council may submit monthly data as soon as it is available. The reporting period spans three months, and data submissions are due 60 days following the close of a reporting period (see Table 1).

County behavioral health agencies may choose to submit all required data via either **SurveyMonkey** or use an approved **Data File Template Option** to submit data via **MOVEit** File Transfer Application. Counties must submit quarterly data using only one mechanism. The Judicial Council will submit data via the MOVEit File Transfer Application.

Table 1. Reporting and Submission Schedule

Reporting Period	Submission Deadline
Q1: January 1 – March 31	May 30
Q2: April 1 – June 30	August 29
Q3: July 1 – September 30	November 29
Q4: October 1 – December 31	March 1

SurveyMonkey: SurveyMonkey is a cloud-based service that hosts the CARE Act DCRT. County behavioral health agencies may use this option for manual data entry. The CARE Act DCRT has embedded logic so that only required questions are displayed.

County behavioral health agencies are required to report individual level data for CARE participants (Section 3 of the Data Dictionary) and statutory system referrals

(Section 5 of the Data Dictionary) and aggregated data for CARE inquiries (Section 4 of the Data Dictionary). Counties will be required to submit a total of three SurveyMonkey forms, one for each section.

A reporting period-specific SurveyMonkey link and password will be distributed to all county BH agency data contacts via email, ahead of the submission deadline. Counties must use the correct link for each reporting quarter to ensure their data is received.

Data File Templates: Counties that do not utilize SurveyMonkey can elect to enter data into one of the approved Data File Templates available on the CARE Act Resource Center's [Data Collection and Reporting Resources](#) page. The file format for these templates aligns with the structure of the CARE Act Data Dictionary. The Data File Template options differ in format to accommodate reporting preferences (i.e., separate sheets aligned to an exported SurveyMonkey form file vs. a streamlined template for automated data entry). Separate tabs are provided for reporting data on Petitioned Individuals (Module 3), CARE inquiries (Module 4), and statutory system referrals (Module 5). The tab for the aggregated CARE inquires data will be the same regardless of data file template options.

Only data in an Excel format, with file extension .xlsx, will be accepted. When submitting CARE Act data via MOVEit, counties must use the following file naming conventions:

For Initial submissions:

- If submitting multiple monthly files: "Name of County_MMYYYY", where MMYYYY corresponds to the reporting month and year (E.g., "Orange_012025").
- If submitting a single quarterly file: "Name of County_QXYYYY", where QXYYYY corresponds to the reporting quarter and year (E.g., "Orange_Q32025").

For re-submissions:

- If resubmitting multiple monthly files: "Name of County_MMYYYY_Resubmission_DDMMYYYY", where the first MMYYYY corresponds to the reporting month and year and the following DDMMYY refers to the date files are resubmitted to MOVEit (E.g., "Orange_012025_Resubmission_15042025").
- If resubmitting a single quarterly file: "Name of County_QXYYYY_Resubmission_DDMMYYYY", where QXYYYY refers to

the quarter and year and DDMMYYYY refer to the date files are resubmitted to MOVEit. (E.g., "Orange_Q32025_Resubmission_15042025").

MOVEit: The MOVEit File Transfer Application is a mechanism used for secure file transfers of sensitive data. All county behavioral health agencies must have at least one authorized MOVEit user with appropriate folder access, regardless of if they elect to submit initial data via MOVEit. Initial Data File Template submissions, Quality Assurance Report transmission, and data resubmissions will occur via MOVEit (see [Section 2.2.3 below on Data Compliance](#)).

To submit a new user access request or make changes to county-authorized user lists, please complete this [form](#). Once processed by DHCS IT, authorized users will receive an invitation via email to access the MOVEit File Transfer Application and the appropriate CARE Act Data Collection and Reporting folders.

For MOVEit File Transfer Application access issues or questions, please contact the DHCS Helpdesk at ITServiceDesk@dhcs.ca.gov or (800) 579-0874.

2.2.3 Data Compliance

County behavioral health agencies and the Judicial Council are required to follow data compliance standards as outlined below for each CARE Act data submission.

Timeliness of Data: County behavioral health agencies and the Judicial Council shall adhere to the reporting and submission schedule, regardless of implementation date, as outlined in Table 1 above.

Data is due to DHCS 60 days following the close of the reporting period. County behavioral health agencies and the Judicial Council may submit their monthly data as soon as it is available.

Accuracy and Completeness of Data: In each data submission, county behavioral health agencies shall account for all CARE inquires, CARE participants, and any individuals who are the subject of a statutory system referral. The Judicial Council shall account for all CARE trial court data.

County behavioral health agencies must verify that all data is accurate, complete, and consistent. This includes including data received by contracted providers. County behavioral health agencies and the Judicial Council must adhere to the requirements set forth in this CARE Act Data Dictionary.

Quality Assurance: Within 45 business days of each quarterly data submission, HMA will perform a thorough data review and issue a Quality Assurance Report within MOVEit. This report will include details on any data inaccuracies or errors that require correction. County behavioral health agencies and the Judicial Council are required to submit corrected data within 15 business days of receipt of the Quality Assurance Report.

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3. PETITIONED INDIVIDUALS

3.1 Reporting Month

3.1.1 Judicial Council Reporting Month (Date)

Category	Description
W&I Code Section(s):	5985 (d), (f)(1)
Data Element:	Judicial Council Reporting Month
Data Point:	Judicial Council Reporting Month (Date)
Question:	What is the reporting month for this submission?
Type:	Date
Format:	MM/DD/YYYY
Width:	10
Value Codes:	MM – Two-digit month, must be a value from 01 through 12 DD – Two-digit day, must be a value from 01 through 31 and a valid day for the month YYYY – Four-digit year, must be a value that is at least 2023
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods
Data Source:	Judicial Council
Data Type:	Aggregate Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	Enter the date corresponding to the last day of that month.

3.1.2 County Reporting Month (Date)

Category	Description
W&I Code Section(s):	5985 (e), (f)(1)
Data Element:	County Reporting Month
Data Point:	County Reporting Month (Date)
Question:	What is the reporting month for this submission?
Type:	Date
Format:	MM/DD/YYYY
Width:	10
Value Codes:	MM – Two-digit month, must be a value from 01 through 12 DD – Two-digit day, must be a value from 01 through 31 and a valid day for the month YYYY – Four-digit year, must be a value that is at least 2023
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	Create a new submission for each new CARE petition, even if it is associated with an individual who had a prior petition. Enter the date corresponding to the last day of the month being reported. Report all CARE participant data representative of the entirety of the reporting month unless otherwise specified.

3.2 Trial Courts Data

3.2.1 Total Petitions Submitted

Category	Description
W&I Code Section(s):	5985 (d)(3)(A), (f)(1), 5986(a)
Data Element:	Number of Petitions Submitted
Data Point:	Total Petitions Submitted
Question:	What was the total number of CARE petitions submitted in the reporting month?
Type:	Numeric
Format:	N to NNNNNN
Width:	6
Value Codes:	N to NNNNNN – A value from 0 through 999999 is allowed
Measurement Period:	CARE Process Initiation Period
Data Source:	Judicial Council
Data Type:	Aggregated Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	N/A

3.2.2 (a) REMOVED: Total Initial Appearances (Initial Hearings) Set

Data Point 3.2.2 (a) Total Initial appearances (Initial Hearings) Set was included in CARE Act Data Dictionary 2.0. It has since been removed and its number has been retired as of the publication of the CARE Act Data Dictionary 2.1.

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3.2.2 (b) Total Initial Appearances (Initial Hearings) Held

Category	Description
W&I Code Section(s):	5985 (d)(3)(B), (f)(1), 5986(a)
Data Element:	Number of Initial Appearances Held
Data Point:	Total Initial Appearances (Initial Hearings) Held
Question:	What was the total number of CARE initial appearances held in the reporting month?
Type:	Numeric
Format:	N to NNNNNN
Width:	6
Value Codes:	N to NNNNNN – A value from 0 through 999999 is allowed
Measurement Period:	CARE Process Initiation Period
Data Source:	Judicial Council
Data Type:	Aggregated Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	N/A

3.2.3 Total Hearings Held

Category	Description
W&I Code Section(s):	5985 (d)(3)(C), (f)(1), 5986(a)
Data Element:	Number of Hearings Held
Data Point:	Total Hearings Held
Question:	What was the total number of CARE hearings held in the reporting month?
Type:	Numeric
Format:	N to NNNNNN
Width:	6
Value Codes:	N to NNNNNN – A value from 0 through 999999 is allowed
Measurement Period:	CARE Process Initiation and Active Service Periods
Data Source:	Judicial Council
Data Type:	Aggregated Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	Total hearings held: All hearings associated with a petition, including initial merits of the petition, case management, clinical evaluation review, CARE plan review, progress/status review, one-year status review, and graduation hearings.

3.2.4 Total CARE Plans Ordered

Category	Description
W&I Code Section(s):	5985 (d)(3)(D), (f)(1), 5986(a)
Data Element:	Total CARE Plans Ordered
Data Point:	Total CARE Plans Ordered
Question:	What was the total number of CARE plans ordered in the reporting month?
Type:	Numeric
Format:	N to NNNNNN
Width:	6
Value Codes:	N to NNNNNN – A value from 0 through 999999 is allowed
Measurement Period:	CARE Process Initiation Period
Data Source:	Judicial Council
Data Type:	Aggregated Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	<p>CARE plan: Includes a range of community-based services and supports ordered by the court. There will be status review hearings to review progress and challenges. Services and supports in the CARE plan can be changed to support the respondent's success. If included in the CARE plan or agreement, stabilizing medications are prescribed by the treating licensed behavioral health care provider. 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.</p> <p>This count does not include amendments to the CARE plans.</p> <p>Respondent: The person who is the subject of the petition for the CARE process.</p>

3.2.5 Total CARE Agreements Approved

Category	Description
W&I Code Section(s):	5985 (d)(3)(D), (f)(1), 5986(a)
Data Element:	Total CARE Agreements Approved
Data Point:	Total CARE Agreements Approved
Question:	What was the total number of CARE agreements approved in the reporting month?
Type:	Numeric
Format:	N to NNNNNN
Width:	6
Value Codes:	N to NNNNNN – A value from 0 through 999999 is allowed
Measurement Period:	CARE Process Initiation Period
Data Source:	Judicial Council
Data Type:	Aggregated Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	<p>CARE agreement: A voluntary agreement between the respondent and the county behavioral health agency after a court has determined that the respondent is eligible for the CARE process. If a CARE agreement is not reached, the court may order the creation of a CARE plan.</p> <p>This count does not include amendments to the CARE agreements.</p>

3.2.6 Total Petitions Dismissed

Category	Description
W&I Code Section(s):	5985 (d)(3)(E), (f)(1), 5986(a)
Data Element:	Number, Rates, and Trends of Petitions Resulting in Dismissals and Hearings
Data Point:	Total Petitions Dismissed
Question:	What was the total number of CARE petitions dismissed in the reporting month?
Type:	Numeric
Format:	N to NNNNNN
Width:	6
Value Codes:	N to NNNNNN – A value from 0 through 999999 is allowed
Measurement Period:	CARE Process Initiation and Active Service Periods
Data Source:	Judicial Council
Data Type:	Aggregated Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	N/A

3.3 (a) Basic Client Information

3.3.1 County

Category	Description
W&I Code Section(s):	5985 (e), (f)(1)
Data Element:	Basic Client Information
Data Point:	County
Question:	Which county was assigned by the court to investigate or provide services to this CARE participant in the reporting month?
Type:	Numeric
Format:	N to NN
Width:	2
Value Codes:	1 – Alameda County 2 – Alpine County 3 – Amador County 4 – Butte County 5 – Calaveras County 6 – Colusa County 7 – Contra Costa County 8 – Del Norte County 9 – El Dorado County 10 – Fresno County 11 – Glenn County 12 – Humboldt County 13 – Imperial County 14 – Inyo County 15 – Kern County 16 – Kings County 17 – Lake County 18 – Lassen County 19 – Los Angeles County 20 – Madera County 21 – Marin County 22 – Mariposa County 23 – Mendocino County

Category	Description
	24 – Merced County 25 – Modoc County 26 – Mono County 27 – Monterey County 28 – Napa County 29 – Nevada County 30 – Orange County 31 – Placer County 32 – Plumas County 33 – Riverside County 34 – Sacramento County 35 – San Benito County 36 – San Bernardino County 37 – San Diego County 38 – The City and County of San Francisco 39 – San Joaquin County 40 – San Luis Obispo County 41 – San Mateo County 42 – Santa Barbara County 43 – Santa Clara County 44 – Santa Cruz County 45 – Shasta County 46 – Sierra County 47 – Siskiyou County 48 – Solano County 49 – Sonoma County 50 – Stanislaus County 51 – Sutter County 52 – Tehama County 53 – Trinity County 54 – Tulare County 55 – Tuolumne County 56 – Ventura County 57 – Yolo County 58 – Yuba County
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods
Data Source:	County behavioral health agency

Category	Description
Data Type:	Individual Data
Variable Source:	Adapted from Medi-Cal Eligibility Data System (MEDS)
Variable Source Name:	County Code
Additional Specifications:	N/A

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3.3.2 Current First Name

Category	Description
W&I Code Section(s):	5985 (e), (f)(1)
Data Element:	Basic Client Information
Data Point:	Current First Name
Question:	What is the CARE participant's current first name?
Type:	Text
Format:	Alpha String of 1-50 Characters
Width:	50
Value Codes:	Alpha – 1 to 50 characters
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	Adapted from Medi-Cal Eligibility Data System (MEDS)
Variable Source Name:	Beneficiary Name
Additional Specifications:	N/A

3.3.3 Current Last Name

Category	Description
W&I Code Section(s):	5985 (e), (f)(1)
Data Element:	Basic Client Information
Data Point:	Current Last Name
Question:	What is the CARE participant's current last name?
Type:	Text
Format:	Alpha String of 1-50 Characters
Width:	50
Value Codes:	Alpha – 1 to 50 characters
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	Adapted from Medi-Cal Eligibility Data System (MEDS)
Variable Source Name:	Beneficiary Name
Additional Specifications:	N/A

3.3.4 Age

Category	Description
W&I Code Section(s):	5985 (e)(1), (f)(1), 5986 (a)
Data Element:	Basic Client Information
Data Point:	Age
Question:	What is the CARE participant's date of birth?
Type:	Date
Format:	MM/DD/YYYY
Width:	10
Value Codes:	MM – Two-digit month, must be a value from 01 through 12 DD – Two-digit day, must be a value from 01 through 31 and a valid day for the month YYYY – Four-digit year, must be a value that is at least 1899 09/09/9999 – Use this date if the date of birth is unknown Must update date of birth when it is known
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	Adapted from Medi-Cal Eligibility Data System (MEDS)
Variable Source Name:	Date of Birth
Additional Specifications:	If multiple petitions were submitted, use the date of birth included on the most recent petition.

3.3.5 (a) Social Security Number

Category	Description
W&I Code Section(s):	5985 (e), 5986 (a)
Data Element:	Basic Client Information
Data Point:	Social Security Number
Question:	What is the CARE participant's Social Security Number (SSN)?
Type:	Text
Format:	NNNNNNNNN or NNNNN
Width:	9
Value Codes:	NNNNNNNNN – CARE participant's SSN 99999 – Unknown
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	Adapted from Medi-Cal Eligibility Data System (MEDS)
Variable Source Name:	Social Security Number
Additional Specifications:	Do not include dashes. If the SSN is unknown, enter 99999. Please update the Basic Client Information when it becomes available and report it to DHCS at the next quarterly submission. The length of SSN has to be 9 digits. If there is a leading 0 for SSN, please make sure to include the leading 0.

3.3.5 (b) Medi-Cal Client Index Number

Category	Description
W&I Code Section(s):	5985 (e)(1), 5986 (a)
Data Element:	Basic Client Information
Data Point:	Medi-Cal Client Index Number
Question:	What is the CARE participant's Medi-Cal Client Index Number (CIN)?
Type:	Alpha-numeric
Format:	NNNNNNNNA or NNNNN
Width:	9
Value Codes:	NNNNNNNNA – Client Index Number (e.g., 90187605E) 99999 – Unknown
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	Adapted from Medi-Cal Eligibility Data System (MEDS)
Variable Source Name:	CIN
Additional Specifications:	Do not include dashes. The CIN can be found on a Medi-Cal member's Benefits Identification Card. If CIN is unknown, enter 99999. Please update the Basic Client Information when it becomes available and report it to DHCS at the next quarterly submission. Enter 99999 for clients with private/commercial insurance.

3.3.6 Petition Case Number

Category	Description
W&I Code Section(s):	5985 (e), (f)(1)
Data Element:	Basic Client Information
Data Point:	Petition Case Number
Question:	What is the petition case number?
Type:	Text
Format:	Alpha-numeric
Width:	20
Value Codes:	Alpha Numeric – Up to 20 Characters
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	CARE-100 Petition to Begin CARE Act Proceedings or CARE-102 Petition to Begin CARE Act Proceedings Licensed Behavioral Health Professionals Only
Variable Source Name:	Case number
Additional Specifications:	Enter the petition case number as indicated on the CARE-100 form. If a respondent has a previously filed petition, please report the most recent petition number.

3.3.7 Petition File Date

Category	Description
W&I Code Section(s):	5985 (e), (f)(1)
Data Element:	Basic Client Information
Data Point:	Petition File Date
Question:	On what date was the CARE petition filed?
Type:	Date
Format:	MM/DD/YYYY
Width:	10
Value Codes:	MM – Two-digit month, must be a value from 01 through 12 DD – Two-digit day, must be a value from 01 through 31 and a valid day for the month YYYY – Four-digit year, must be a value that is at least 2023 09/09/9999 – Use this date if the CARE petition file date is unknown
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods
Data Source:	County behavioral health agency (see additional specifications)
Data Type:	Individual Data
Variable Source:	CARE-100 Petition to Begin CARE Act Proceedings or CARE-102 Begin to Commence CARE Act Proceedings Licensed Behavioral Health Professional Only or court-to-court statutory referral documentation (see additional specifications)
Variable Source Name:	N/A
Additional Specifications:	The petition file date can be located on the CARE-100 form. If a court-to-court statutory referral has been accepted as a petition, use the date on CARE-126 Order on Court Referral to CARE Act Court, if available, to indicate when the referral was accepted as a petition. If unavailable, use the date included on CARE-105 Order for CARE Act Report .

3.3.8 Date of Investigation (Ordered)

Category	Description
W&I Code Section(s):	5985 (e), (f)(1)
Data Element:	Basic Client Information
Data Point:	Date of Investigation (Ordered)
Question:	On what date did the court order the investigation?
Type:	Date
Format:	MM/DD/YYYY
Width:	10
Value Codes:	MM – Two-digit month, must be a value from 01 through 12 DD – Two-digit day, must be a value from 01 through 31 and a valid day for the month YYYY – Four-digit year, must be a value that is at least 2023 09/09/9998 – Use this date if it is not applicable
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods
Data Source:	County behavioral health agency or CARE-105 Order for CARE Act Report
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	The date of investigation may be located on the court ordered written report.

3.3.9 Original Petitioner

Category	Description
W&I Code Section(s):	5985 (e)(2), (f)(1)
Data Element:	Basic Client Information
Data Point:	Original Petitioner
Question:	Who filed the original CARE petition? (Select all that apply)
Type:	Numeric
Format:	N to NN
Width:	2
Value Codes:	<p>1 – A person who lives with the respondent</p> <p>2 – A spouse or registered domestic partner, parent, sibling, child, or grandparent of the respondent</p> <p>3 – A person who stands in the place of a parent to the respondent</p> <p>4 – The director* of a hospital in which the respondent is hospitalized</p> <p>5 – The director* of a public or charitable organization, agency, or home who is or has been, within the reporting month, providing behavioral health services to the respondent</p> <p>6 – The director* of a public or charitable organization, agency, or home in whose institution the respondent resides</p> <p>7 – A licensed behavioral health professional* who is or has been, within the reporting month, treating or supervising the treatment of the respondent</p> <p>8 – A first responder, including a peace officer, firefighter, paramedic, emergency medical technician, mobile crisis response worker, or homeless outreach worker, who has had repeated interactions with the respondent</p> <p>9 – The public guardian* or public conservator*</p> <p>10 – The director* of the county behavioral health agency</p> <p>11 – The director* of adult protective services</p> <p>12 – The director* of a California Indian Health Services program or a California Tribal Behavioral Health Department that has, within the reporting month, provided or is currently providing behavioral health services to respondent</p>

Category	Description
	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 - Statutory referral from MIST proceedings that has been accepted by CARE Court as a CARE petition 17 - Statutory referral from FIST proceedings that has been accepted by CARE Court as a CARE petition 18 - Statutory referral from AOT proceedings that has been accepted by CARE Court as a CARE petition 19 – Statutory referral from LPS conservatorship court that has been accepted by CARE Court as a CARE petition
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	CARE-100 Petition to Begin CARE Act Proceedings or CARE-102 Begin to Commence CARE Act Proceedings Licensed Behavioral Health Professional Only or court-to-court statutory referral packet/informal documentation
Variable Source Name:	Petitioner
Additional Specifications:	Select the individual(s) that initiated the original petition. "*" indicates a person who may designate someone else to file the petition on their behalf. Petitioner: The person who files the CARE Act petition with the court. Additionally, if the petitioner is a person listed in W&I Code section 5974 other than the director of a county behavioral health agency, or their designee, the petitioner shall have the right to file a petition with the court, but at the initial hearing the court shall substitute the director of a county behavioral health agency, or their designee, of the county in which the proceedings are filed as petitioner. The original petitioner may, at the court's discretion and in furtherance of the interests of the respondent, retain rights as

Category	Description
	<p>described in subparagraph (A) of paragraph (6) of subdivision (b) of W&I Code section 5977.</p> <p>Homeless outreach worker: A person who engages people experiencing homelessness to assess for unmet needs, offer information, services, or other assistance, or provide care coordination.</p>

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3.3.10 Current CARE Status

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

Category	Description
Variable Source Name:	N/A
Additional Specifications:	<p>If a change in CARE status occurs, the data points associated with each status must be reported. This will require a separate submission for each CARE status assigned in the reporting month.</p> <p>If a CARE participant with a CARE agreement or a CARE plan is <u>dismissed by the court</u> during the Active Service Period but continues participation in elective county services and supports, the client should be designated as an elective client (3.3.10 Value Code Option 4 – Dismissed (Eligible receiving services/supports as elective client)).</p> <p>If a CARE participant <u>is terminated from elective county services and supports</u> during the Active Service Period, the CARE participant should be designated as Dismissed/Terminated (3.3.10 Value Code Option 7 – Dismissed/Terminated from CARE agreement/plan/voluntary county services (no longer receiving county services and supports)); if terminated from services during the Follow-Up Period, select Terminated (3.3.10 Value Code Option 9 – Terminated during the Follow-Up Period (no longer receiving county services and supports)). Data associated with the Active Service or Follow-Up Periods must be reported, in addition to the data points required for when a CARE participant is terminated.</p>

3.3.11 (a) Petition Dismissal Date

Category	Description
W&I Code Section(s):	5985 (e)(13), (f)(1)
Data Element:	Basic Client Information
Data Point:	Petition Dismissal Date
Question:	On what date was the CARE petition dismissed?
Type:	Date
Format:	MM/DD/YYYY
Width:	10
Value Codes:	MM – Two-digit month, must be a value from 01 through 12 DD – Two-digit day, must be a value from 01 through 31 and a valid day for the month YYYY – Four-digit year, must be a value that is at least 2023
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods
Data Source:	County behavioral health agency; CARE-119 Notice of Dismissal
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	This field is required when a petition is dismissed and is reported only once. CARE-119 Notice of Dismissal is an optional form and may not be available for all cases.

3.3.11 (b) County Recommendation for Petition Dismissal

Category	Description
W&I Code Section(s):	5985 (e)(13), (f)(1)
Data Element:	Basic Client Information
Data Point:	County Recommendation for Petition Disposition (Dismissal)
Question:	What are the reasons for the county behavioral health agency's recommendation for dismissal from the CARE process? (Select all that apply)
Type:	Numeric
Format:	N to NN or NNNNN
Width:	5
Value Codes:	<ul style="list-style-type: none"> 1 – Client death 2 – Client moved away 3 – Client transferred to another county 4 – Client is sentenced to long-term incarceration 5 – Client transitioned to a higher level of care (e.g., AOT) 6 – Client did not participate in the CARE Process 7 – Unable to locate client 8 – Elective client voluntarily engaged in services within or outside county behavioral health 9 – Petitioner did not attend Initial Hearing 10 – Client is ineligible for CARE 99902 – None 99903 – Other (allow text field)
Measurement Period:	CARE Process Initiation and Active Service Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A

Category	Description
Additional Specifications:	<p>This field is required when a CARE participant is dismissed (i.e., when 3.3.10 Value Code Option 2 – Dismissed (Not receiving elective county services/supports, regardless of eligibility), 3 – Dismissed (Ineligible but receiving services/supports as elective client), 4 – Dismissed (Eligible receiving services/supports as elective client), and 7 – Dismissed/Terminated from CARE agreement/plan/voluntary county services (no longer receiving county services and supports) are selected) during the CARE Process Initiation and Active Service Periods and is reported only once.</p>

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3.3.11 (c) County Findings on CARE Ineligibility

Category	Description
W&I Code Section(s):	5985 (e)(13), (f)(1), 5977 (a)(3)(A)(iii)
Data Element:	Basic Client Information
Data Point:	County Findings on CARE Ineligibility
Question:	Why was the CARE participant determined to be ineligible for CARE? (Select all that apply)
Type:	Numeric
Format:	N to NN
Width:	2
Value Codes:	<p>1 – The person does not have a diagnosis identified in the disorder class: schizophrenia spectrum and other psychotic disorders or bipolar I disorder with psychotic features, except psychosis related to current intoxication</p> <p>2 – The person is clinically stabilized and engaged in ongoing voluntary services</p> <p>3 – A less restrictive means of ensuring recovery and stability was available</p> <p>4 – It is unlikely that the person will benefit from participation in a CARE plan or CARE agreement</p>
Measurement Period:	CARE Process Initiation and Active Service Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A

Category	Description
<p>Additional Specifications:</p>	<p>This field is only required when a county behavioral health agency determines the client to be <u>ineligible</u> for CARE (3.3.11 (b) Value Code Option 10 – Client is ineligible for CARE). This data point needs to be reported only once, either during the CARE Process Initiation Period (for those dismissed without engaging in services/supports) or during the Active Service Period (for elective clients).</p> <p>For Value Code Option 2 – This person is clinically stabilized and engaged in ongoing voluntary services, clinically stabilized means that the individual meets the following conditions:</p> <ul style="list-style-type: none"> • The person’s condition is stable and not deteriorating, and is likely to survive safely in the community without supervision. • The person is currently engaged in treatment and managing symptoms through medication or other therapeutic interventions. • Mental health condition is not negatively impacting ability to live safely within the community or current housing situation. <p>Per W&I Code section 5977, a county behavioral health agency may submit a written report with the court that includes a determination as to whether a respondent meets, or is likely to meet, the criteria for the CARE process; the outcome of efforts made to voluntarily engage the respondent during the 14-day report period; conclusions and recommendations about the respondent’s ability to voluntarily engage in services; and the information, including protected health information (PHI), necessary to support the determinations, conclusions, and recommendations in the report.</p>

3.3.12 Termination of Services Date

Category	Description
W & I Code Section:	5985 (e), (f)(1)
Data Element:	Basic Client Information
Data Point:	Termination of Services Date
Question:	On what date were county services terminated for the CARE participant?
Type:	Date
Format:	MM/DD/YYYY
Width:	10
Value Codes:	MM – Two-digit month, must be a value from 01 through 12 DD – Two-digit day, must be a value from 01 through 31 and a valid day for the month YYYY – Four-digit year, must be a value that is at least 2023
Measurement Period:	Active Service and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	Termination is defined as exit from elective services and supports. This field is required when 3.3.10 Value Code Option 7 – Dismissed/Terminated from CARE agreement/plan/voluntary county services (no longer receiving county services and supports) or 9 – Terminated during the Follow-Up Period (no longer receiving county services and supports) is selected.

3.3.13 Reasons for Termination

Category	Description
W&I Code Section(s):	5985 (e), (f)(1)
Data Element:	Basic Client Information
Data Point:	Reason for Termination
Question:	What was the primary reason that services and supports were terminated for the CARE participant?
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	1 – Client death 2 – Client moved away 3 – Client transferred to another county 4 – Client is sentenced to long term incarceration 5 – Client transitioned to a higher level of care (e.g., AOT) 6 – Client declined to continue participation in elective services 7 – Unable to locate client 8 – Client receiving services/supports through private insurance or other entity 99903 – Other (allow text field)
Measurement Period:	Active Service, and Follow Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	This field is required when 3.3.10 Value Code Option 7 – Dismissed/Terminated from CARE agreement/plan/voluntary county services (no longer receiving county services and supports) or 9 – Terminated during the Follow-Up Period (no longer receiving county services and supports) is selected.

3.3.14 Graduation Date

Category	Description
W&I Code Section(s):	5985 (e)(21)
Data Element:	Basic Client Information
Data Point:	Graduation Date
Question:	On what date did the CARE participant graduate from the CARE process?
Type:	Date
Format:	MM/DD/YYYY
Width:	10
Value Codes:	MM – Two-digit month, must be a value from 01 through 12 DD – Two-digit day, must be a value from 01 through 31 and a valid day for the month YYYY – Four-digit year, must be a value that is at least 2023 09/09/9998 – Use this date if it is not applicable
Measurement Period:	Follow-Up Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	The date when the court approves the voluntary graduation plan , which typically occurs in the 12th month after the adoption of the CARE plan. This field is required when 3.3.10 Current CARE Status Value Code Option 8 – Graduated from CARE plan CARE agreement, or after 12 months of elective services is selected.

Category	Description
	<p>Graduation plan: A voluntary agreement entered into by the parties at the end of the CARE program that includes a strategy to support a successful transition out of court jurisdiction and that may include a psychiatric advance directive. A graduation plan includes the same elements as a CARE plan to support the respondent in accessing community-based services and supports. The graduation plan shall not place additional requirements on the local government entities and is not enforceable by the court.</p>

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3.3 (b) CARE Participant and Petitioner Contact Information

3.3.15 CARE Participant Phone Number

Category	Description
W&I Code Section(s):	5985 (e)(2)
Data Element:	Contact Information
Data Point:	CARE Participant Phone Number
Question:	What is a phone number where the CARE participant can be reached?
Type:	Numeric
Format:	NNNNNNNNNN or NNNNN
Width:	10
Value Codes:	NNNNNNNNNN – CARE participant’s phone number 99902 – None 99999 – Unknown
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	Do not include dashes.

3.3.16 CARE Participant Phone Number – Consent to Text

Category	Description
W&I Code Section(s):	5985 (e)(2)
Data Element:	Contact Information
Data Point:	CARE Participant Phone Number – Consent to Text
Question:	Does the CARE participant give permission to text this number for the purposes of a third-party participant survey?
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	0 – No 1 – Yes 99999 – Unknown
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	N/A

3.3.17 CARE Participant Email Address

Category	Description
W&I Code Section(s):	5985 (e)(2)
Data Element:	Contact Information
Data Point:	CARE Participant Email Address
Question:	What is the CARE participant's email address?
Type:	Text or Numeric – restricted
Format:	Alpha String of 1-50 Characters or NNNNN
Width:	50
Value Codes:	Alpha – 1 to 50 characters (@ allowed) 99902 – None 99999 – Unknown
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	N/A

3.3.18 CARE Participant Mailing Address

Category	Description
W&I Code Section(s):	5985 (e)(2)
Data Element:	Contact Information
Data Point:	CARE Participant Mailing Address
Question:	What is the best mailing address where the CARE participant can be reached?
Type:	Text or Numeric – restricted
Format:	Alpha String of 1-100 Characters or NNNNN
Width:	100
Value Codes:	Alpha – 1 to 100 characters. Enter mailing address as street number street name, city, state, zip 99902 – None 99999 – Unknown
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	N/A

3.3.19 Petitioner Current First Name

Category	Description
W&I Code Section(s):	5985 (e)(2)
Data Element:	Petitioner Relationship
Data Point:	Petitioner Current First Name
Question:	What is the original petitioner's current first name?
Type:	Text or Numeric – restricted
Format:	Alpha string of 1-50 characters or NNNNN
Width:	50
Value Codes:	Alpha – 1 to 50 characters 99999 – Unknown
Measurement Period:	CARE Process Initiation Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	CARE-100 Petition to Begin CARE Act Proceedings or CARE-102 Begin to Commence CARE Act Proceedings Licensed Behavioral Health Professional Only
Variable Source Name:	N/A
Additional Specifications:	For data points 3.3.19 through 3.3.22: if court-to-court statutory referral is accepted as a petition, indicate information for county behavioral health director or their designee.

3.3.20 Petitioner Current Last Name

Category	Description
W&I Code Section(s):	5985 (e)(2)
Data Element:	Petitioner Relationship
Data Point:	Petitioner Current Last Name
Question:	What is the original petitioner's current last name?
Type:	Text or Numeric – restricted
Format:	Alpha string of 1-50 characters or NNNNN
Width:	50
Value Codes:	Alpha – 1 to 50 characters 99999 – Unknown
Measurement Period:	CARE Process Initiation Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	CARE-100 Petition to Begin CARE Act Proceedings or CARE-102 Begin to Commence CARE Act Proceedings Licensed Behavioral Health Professional Only
Variable Source Name:	N/A
Additional Specifications:	N/A

3.3.21 Petitioner Phone Number

Category	Description
W&I Code Section(s):	5985 (e)(2)
Data Element:	Petitioner Relationship
Data Point:	Petitioner Phone Number
Question:	What is the original petitioner's phone number?
Type:	Numeric
Format:	NNNNNNNNNN or NNNNN
Width:	10
Value Codes:	NNNNNNNNNN – original petitioner's phone number 99999 – Unknown
Measurement Period:	CARE Process Initiation Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	CARE-100 Petition to Begin CARE Act Proceedings or CARE-102 Begin to Commence CARE Act Proceedings Licensed Behavioral Health Professional Only
Variable Source Name:	N/A
Additional Specifications:	Do not include dashes.

3.3.22 Petitioner Email Address

Category	Description
W&I Code Section(s):	5985 (e)(2)
Data Element:	Petitioner Relationship
Data Point:	Petitioner Email Address
Question:	What is the original petitioner's email address?
Type:	Text or Numeric – restricted
Format:	Alpha String of 1-50 characters or NNNNN
Width:	50
Value Codes:	Alpha – 1 to 50 characters (@ allowed) 99999 – Unknown
Measurement Period:	CARE Process Initiation Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	CARE-100 Petition to Begin CARE Act Proceedings or CARE-102 Begin to Commence CARE Act Proceedings Licensed Behavioral Health Professional Only
Variable Source Name:	N/A
Additional Specifications:	N/A

3.3 (c) Outreach and Engagement Efforts

3.3.23 Total Outreach Attempts

Category	Description
W&I Code Section(s):	5977 (a)(3)(A)(iii)(II), 5977 (a)(3)(B)(iii), 5985 (e)(10)
Data Element:	Outreach and Engagement Efforts
Data Point:	Total Outreach Attempts
Question:	What was the total number of outreach attempts with the CARE participant in the reporting month, by type? (Specify all)
Type:	Numeric
Format:	For each option, specify a number from N to NN.
Width:	2
Value Codes:	For each outreach option type, please specify a number from 0 to 99. <ul style="list-style-type: none"> • Phone/Electronic • In-Person: In the Community • In-Person: Institutional/hospital setting
Measurement Period:	CARE Process Initiation Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	Outreach attempts (one-way communication): Count the number of in-person and virtual efforts made to contact a CARE participant to engage in services and supports during CARE Process Initiation Period. Institutional settings may include jail, residential, or hospital settings. Exclude <u>mass</u> mailings, distribution emails, and <u>mass</u> text messages. Note: County behavioral health agency is required to include outcomes or conclusions and recommendation of efforts

Category	Description
	made to voluntarily engage the client in their written report to court (W&I Code §§ 5977.(a)(3)(A)(iii)(II), 5977.(a)(3)(B)(iii)(II)). Outreach and engagement efforts (as well as all other reimbursable activities) are required to be tracked and reported by employee type and name for reimbursement.

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3.3.24 Total Engagements

Category	Description
W&I Code Section(s):	5977 (a)(3)(A)(iii)(II), 5977 (a)(3)(B)(iii), 5985 (e)(10)
Data Element:	Outreach and Engagement Efforts
Data Point:	Total Engagements
Question:	What was the total number of in-person and virtual engagements with the CARE participant in the reporting month, by type? (Specify all)
Type:	Numeric
Format:	For each option, specify a number from N to NN.
Width:	2
Value Codes:	For each engagement option type, please specify a number from 0 to 99. <ul style="list-style-type: none"> • Phone/Electronic • In-Person: In the Community • In-Person: Institutional/hospital setting
Measurement Period:	CARE Process Initiation Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	Engagements (two-way exchange): Count the number of times county engaged with a CARE participant. Institutional settings may include jail, residential or hospital settings.

3.3 (d) Services and Supports During CARE Process Initiation Period

3.3.25 Services and Supports Provided

Category	Description
W&I Code Section(s):	5985(e)(3), (e)(18), (f)(1), 5986(a)
Data Element:	Services and Supports
Data Point:	Services and Supports Provided
Question:	What services and supports were provided or coordinated by county behavioral health agency during the CARE Process Initiation Period? (Select all that apply)
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	1 – Mental Health Services 2 – Substance Use Disorder Services 3 – CalAIM Community Supports and/or ECM 4 – Social Services and Supports 5 – Specialized Program—Full Service Partnership (FSP) 6 – Specialized Program—Assertive Community Treatment (ACT) 7 – Specialized Program—Forensic ACT (FACT) 8 – Specialized Program—Early Psychosis Intervention 9 – Housing Supports and Services 99902 – None 99903 – Other (allow text field) 99999 – Unknown
Measurement Period:	CARE Process Initiation
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A

Category	Description
Variable Source Name:	N/A
Additional Specifications:	<p>Services and supports: CARE participants can be provided various services and supports during the CARE process. For definitions and descriptions of each of the Value Code Options, please refer to the following: Appendix D for Mental Health Services, Appendix E for Substance Use Disorder Services, Appendix F for CalAIM Community Supports, Appendix G for Social Services and Supports, and Appendix H for housing supports and services.</p> <p>For this data point, include county assistance with linking to or applying for social services and supports, even though eligibility for these services may be determined by other entities.</p>

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3.3.26 Current Services and Supports Provided Outside the County

Category	Description
W&I Code Section(s):	5985(e)(3), (e)(18), (f)(1), 5986(a)
Data Element:	Services and Supports
Data Point:	Current Services and Supports Provided Outside the County
Question:	What services and supports is this CARE participant receiving that is not provided by the county behavioral health agency? (Select all that apply)
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	1 – Mental Health Services 2 – Substance Use Disorder Services 3 – CalAIM Community Supports and/or ECM 4 – Social Services and Supports 5 – Housing Supports and Services 99902 – None 99903 – Other (allow text field) 99999 – Unknown
Measurement Period:	CARE Process Initiation
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	For definitions and descriptions of each of the Value Code Options, please refer to the following: Appendix D for Mental Health Services, Appendix E for Substance Use Disorder Services, Appendix F for CalAIM Community Supports, Appendix G for Social Services and Supports, and Appendix H for housing supports and services.

3.4 Demographics

3.4.1 Sex

Category	Description
W&I Code Section(s):	5985 (e)(1), (e)(23), (f)(1), 5986 (a)
Data Element:	Demographics
Data Point:	Sex
Question:	What is the CARE participant's sex?
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	1 – Male 2 – Female 3 – Other 99999 – Unknown
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	Adapted from Medi-Cal Eligibility Data System (MEDS)
Variable Source Name:	Sex
Additional Specifications:	The use of unknown aligns with Medi-Cal Data Dictionary. When sex is not selected, use Value Code 99999 – Unknown.

3.4.2 Race/Ethnicity

Category	Description
W&I Code Section(s):	5985 (e)(1), (e)(23), (f)(1), 5986 (a)
Data Element:	Demographics
Data Point:	Race/Ethnicity
Question:	What is the CARE participant's race and ethnicity? (Select all that apply)
Type:	Text
Format:	Alpha String of 1 Character or NNNNN
Width:	5
Value Codes:	1 – White 2 – Hispanic 3 – Black 4 – Other Asian or Pacific Islander 5 – Alaskan Native or American Indian 6 – Filipino 99900 – Client declined to state A – Amerasian C – Chinese H – Cambodian J – Japanese K – Korean M – Samoan N – Asian Indian P – Hawaiian R – Guamanian T – Laotian V – Vietnamese W – Middle Eastern or North African 99903 – Other (allow text field) 99999 – Unknown
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods
Data Source:	County behavioral health agency

Category	Description
Data Type:	Individual Data
Variable Source:	Adapted from Medi-Cal Eligibility Data System (MEDS)
Variable Source Name:	Race
Additional Specifications:	N/A

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3.4.3 REMOVED: Ethnicity

Data Point 3.4.3 Ethnicity was included in CARE Act Data Dictionary 1.0 and has since been removed and its number retired as of the publication of the CARE Act Data Dictionary 2.0.

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3.4.4 Tribal Affiliation

Category	Description
W&I Code Section(s):	5985 (e)(1), (e)(23), (f)(1), 5986 (a)
Data Element:	Demographics
Data Point:	Tribal Affiliation
Question:	Does the CARE participant currently self-identify as an enrolled member in a federally recognized Indian tribe?
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	0 – No 1 – Yes 99999 – Unknown
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	This field is required when 3.4.2 Value Code Option 5 – Alaskan Native or American Indian is selected. When tribal affiliation is intentionally not selected, use 99999 – Unknown.

3.4.5 Tribal Services

Category	Description
W&I Code Section(s):	5985 (e)(1), (e)(23), (f)(1), 5986 (a)
Data Element:	Demographics
Data Point:	Tribal Services
Question:	Does the CARE participant receive services from an Indian health care provider , tribal court, or a tribal organization?
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	0 – No 1 – Yes 99999 – Unknown
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	This field is required when 3.4.2 Value Code Option 5 – Alaskan Native or American Indian is selected. When Tribal Services is intentionally not selected, use 99999 – Unknown. Indian health care provider: A health care program operated by the Indian Health Service, an Indian tribe, a tribal organization, or urban Indian organization (I/T/U) as those terms are defined in Section 4 of the Indian Health Care Improvement Act (25 U.S.C. Sec. 1603).

3.4.6 Disability

Category	Description
W&I Code Section(s):	5985 (e)(1), (e)(23), (f)(1), 5986 (a)
Data Element:	Demographics
Data Point:	Disability
Question:	What type of disability /disabilities does the client have other than a serious mental illness or substance use disorder? (Select all that apply)
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	99902 – None 1 – Visual 2 – Hearing 3 – Speech 4 – Mobility 5 – Mental 6 – Developmentally Disabled 99903 – Other non-SUD or non-SMI Disability (allow text field) 99900 – Client declined to state 99904 – Client unable to answer 99999 – Unknown
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	Adapted from CalOMS Tx Data Collection Guide and Prevention and Early Intervention Regulations
Variable Source Name:	Disability

Category	Description
<p>Additional Specifications:</p>	<p>Disability is defined as a physical or mental impairment or medical condition lasting at least six months that substantially limits a major life activity, which is not the result of a serious mental illness.</p> <p>When disability is intentionally not selected, use 99999 – Unknown.</p> <p>For Value Code Option 5 – Mental, include individuals with a mental health disability that is not a serious mental illness (SMI), such as those with a learning disability or dementia.</p>

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3.4.7 Preferred Language

Category	Description
W&I Code Section(s):	5985 (e)(1), (e)(23), (f)(1), 5986 (a)
Data Element:	Demographics
Data Point:	Preferred Language
Question:	What is the CARE participant's preferred language ?
Type:	Text
Format:	Alpha String of 1 Character or NNNNN
Width:	5
Value Codes:	0 – American Sign Language (ASL) 1 – Spanish 2 – Cantonese 3 – Japanese 4 – Korean 5 – Tagalog 6 – Other Non-English 7 – English 8 – No Valid Data Reported (MEDS generated) 99900 – Client declined to state A – Other Sign Language B – Mandarin C – Other Chinese Languages D – Cambodian E – Armenian F – Ilocano G – Mien H – Hmong I – Lao J – Turkish K – Hebrew L – French M – Polish N – Russian P – Portuguese Q – Italian

Category	Description
	R – Arabic S – Samoan T – Thai U – Farsi V – Vietnamese W – Hindi X – Punjabi 99999 – Unknown
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	Adapted from Medi-Cal Eligibility Data System (MEDS)
Variable Source Name:	Primary Language
Additional Specifications:	Preferred language: The language preference for services, as identified by the CARE participant (client self-report). If the CARE participant is not able to provide this information, collateral and/or volunteer supporter report can be utilized as a source, with appropriate client consent. When preferred language is intentionally not selected, use 99999 – Unknown.

3.4.8 REMOVED: Sexual Orientation

Data Point 3.4.8 Sexual Orientation was included in CARE Act Data Dictionary 1.0 and 2.0. It has since been removed and its number retired as of the publication of the CARE Act Data Dictionary 2.1.

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3.4.9 REMOVED: Gender Identification

Data Point 3.4.9 Gender Identification was included in CARE Act Data Dictionary 1.0 and 2.0. It has since been removed and its number retired as of the publication of the CARE Act Data Dictionary 2.1.

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3.4.10 Employment Status

Category	Description
W&I Code Section(s):	5985 (e)(1), (e)(23), (f)(1), 5986 (a)
Data Element:	Demographics
Data Point:	Employment Status
Question:	Which of the following options best describes the CARE participant's employment status in the reporting month?
Type:	Text
Format:	Alpha String of 1 Character or NNNNN
Width:	5
Value Codes:	<u>Employed in competitive job market</u> A – Full time, 35 hours or more per week B – Part time, less than 35 hours per week <u>Employed in noncompetitive job market (sheltered workshop, protected environment)</u> C – Full time, 35 hours or more per week D – Part time, less than 35 hours per week <u>Not in the paid work force</u> E – Actively looking for work F – Homemaker G – Student H – Volunteer Worker I – Retired J – Unemployed and not seeking work K – Unable to work due to disability (e.g., hospitalization) 99903 – Other (allow text field) 99999 – Unknown
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	Adapted from CSI Data Dictionary V2.10 (Jan 2023)
Variable Source Name:	Employment Status

Category	Description
Additional Specifications:	Individuals who are participating in supported employment, GROW (General Relief Opportunities for Work), IPS (Individual Placement and Support), or other similar programs should be classified under the value option that best aligns with where they are in the program (e.g., actively looking, employed in non-competitive job program).

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3.4.11 Veteran Status

Category	Description
W&I Code Section(s):	5985 (e)(1), (e)(23), (f)(1), 5986 (a)
Data Element:	Demographics
Data Point:	Veteran Status
Question:	Is the CARE participant a United States veteran?
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	0 – No 1 – Yes 99900 – Client declined to state 99904 – Client unable to answer 99999 – Unknown
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	Adapted from CalOMS Tx Data Dictionary
Variable Source Name:	Veteran
Additional Specifications:	N/A

3.4.12 REMOVED: Immigration Status

Data Point 3.4.12 Immigration Status was included in CARE Act Data Dictionary 1.0 and 2.0. It has since been removed and its number retired as of the publication of the CARE Act Data Dictionary 2.1.

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3.4.13 Health Care Coverage Status

Category	Description
W&I Code Section(s):	5985 (e)(1), (e)(23), (f)(1), 5986 (a)
Data Element:	Demographics
Data Point:	Health Care Coverage Status
Question:	What was the CARE participant's health insurance status in the reporting month? (Select all that apply)
Type:	Numeric
Format:	N to NN or NNNNN
Width:	5
Value Codes:	1 – Medicare 2 – Medicaid (Medi-Cal) 3 – State Children's Health Insurance Program (Title XXI) (CHIP) 4 – Veteran's Administration (VA) Medical Services 7 – Private Pay/Commercial Health Insurance (including employer provided insurance, insurance obtained through COBRA, state health insurance for adults (Covered California)) 9 – Indian Health Services Program 10 – Uninsured 11- TRICARE 99903 – Other Health Insurance (allow text field) 99999 – Unknown
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	Adapted from U.S. Department of Housing and Urban Development FY 2024 HMIS Data Standards Data Dictionary
Variable Source Name:	Health Insurance
Additional Specifications:	N/A

3.4.14 County of Residence

Category	Description
W&I Code Section(s):	5985 (e)(1), (e)(23), (f)(1), 5986 (a)
Data Element:	Demographics
Data Point:	County of Residence
Question:	What was the CARE participant's zip code at their residence in the reporting month?
Type:	Numeric
Format:	NNNNN
Width:	5
Value Codes:	NNNNN – The CARE participant's five-digit zip code 00000 or a five-digit zip code – CARE participant is experiencing homelessness (or unhoused). Can use the zip code of billing provider (preferred method), zip code of location of homelessness, or '00000' 99900 – Client declined to state 99904 – Client unable to answer
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	Adapted from Medi-Cal Eligibility Data System (MEDS)
Variable Source Name:	Beneficiary Zip Code
Additional Specifications:	N/A

3.4.15 Eligible Diagnoses

Category	Description
W&I Code Section(s):	5972 (b)
Data Element:	Basic Client Information
Data Point:	Diagnoses
Question:	Which of the following diagnostic criteria does the CARE participant meet, if any? (Select all that apply)
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	1 – Schizophrenia spectrum or other psychotic disorder 2 – Bipolar I disorder with psychotic features 99902 – None 99903 – Other (allow text field)
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	An individual shall qualify for the CARE process only if the individual is experiencing a serious mental disorder, as defined in paragraph (2) of subdivision (b) of W&I Section 5600.3 and has a diagnosis identified in the disorder class: schizophrenia spectrum and other psychotic disorders, or bipolar I disorder with psychotic features, except psychosis related to current intoxication, as defined in the most current version of the Diagnostic and Statistical Manual of Mental Disorders.

3.5 Services and Supports

3.5.1 Mental Health Treatment Services Provided

Category	Description
W&I Code Section(s):	5985 (e)(3), (e)(18), (f)(1)
Data Element:	Services and Supports
Data Point:	Mental Health Treatment Services Provided
Question:	What mental health treatment services were provided to or coordinated by county behavioral health agency for the CARE participant in the reporting month? (Select all that apply)
Type:	Numeric
Format:	N to NN or NNNNN
Width:	5
Value Codes:	1 – Adult Crisis Residential Services 2 – Adult Residential Treatment Services 3 – Crisis Intervention 4 – Crisis Stabilization 5 – Day Rehabilitative (Half-Day & Full-Day) 6 – Day Treatment Intensive (Half-Day & Full-Day) 7 – Intensive Care Coordination 8 – Intensive Home Based Services 9 – Medication Support 10 – Psychiatric Health Facility Services 11 – Psychiatric Inpatient Hospital Services 12 – Targeted Case Management 13 – Therapeutic Behavioral Services 14 – Therapeutic Foster Care 15 – Therapy and Other Service Activities (formerly referred to as Mental Health Services) 16 – Psychosocial Services 17 – Peer Support Services 99902 – None 99903 – Other mental health treatment services (allow text field) 99999 – Unknown

Category	Description
Measurement Period:	Active Service and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	DHCS Performance Outcomes System Measures Catalog
Variable Source Name:	Mental Health Services
Additional Specifications:	All applicable services should be selected including services CARE participant is receiving under other programs such as Full Service Partnership. Please see Appendix D for descriptions of these mental health services.

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3.5.2 Mental Health Treatment Services in CARE Agreement or Plan

Category	Description
W&I Code Section(s):	5985 (e)(3), (e)(18), (f)(1)
Data Element:	Services and Supports
Data Point:	Mental Health Treatment Services in CARE Agreement or Plan
Question:	What, if any, mental health treatment services were in the CARE agreement or plan in the reporting month? (Select all that apply).
Type:	Numeric
Format:	N to NN or NNNNN
Width:	5
Value Codes:	1 – Adult Crisis Residential Services 2 – Adult Residential Treatment Services 3 – Crisis Intervention 4 – Crisis Stabilization 5 – Day Rehabilitative (Half-Day & Full-Day) 6 – Day Treatment Intensive (Half-Day & Full-Day) 7 – Intensive Care Coordination 8 – Intensive Home Based Services 9 – Medication Support 10 – Psychiatric Health Facility Services 11 – Psychiatric Inpatient Hospital Services 12 – Targeted Case Management 13 – Therapeutic Behavioral Services 14 – Therapeutic Foster Care 15 – Therapy and Other Service Activities (formerly referred to as Mental Health Services) 16 – Psychosocial Services 17 – Peer Support Services 99902 – None 99903 – Other mental health treatment services (allow text field) 99999 – Unknown
Measurement Period:	Active Service Period

Category	Description
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	DHCS Performance Outcomes System Measures Catalog
Variable Source Name:	Mental Health Services
Additional Specifications:	All applicable services should be selected including services CARE participant is receiving under other programs such as Full Service Partnership. Please see Appendix D for descriptions and healthcare common procedure coding system (HCPCS) codes.

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3.5.3 Mental Health Treatment Services in CARE Agreement or Plan Not Provided

Category	Description
W&I Code Section(s):	5985 (e)(3), (e)(18), (f)(1)
Data Element:	Services and Supports
Data Point:	Mental Health Treatment Services in CARE Agreement or Plan Not Provided
Question:	Of those mental health treatment services listed in the CARE agreement or plan, which ones were <u>not provided</u> to the client in the reporting month? (Select all that apply)
Type:	Numeric
Format:	N to NN or NNNNN
Width:	5
Value Codes:	1 – Adult Crisis Residential Services 2 – Adult Residential Treatment Services 3 – Crisis Intervention 4 – Crisis Stabilization 5 – Day Rehabilitative (Half-Day & Full-Day) 6 – Day Treatment Intensive (Half-Day & Full-Day) 7 – Intensive Care Coordination 8 – Intensive Home Based Services 9 – Medication Support 10 – Psychiatric Health Facility Services 11 – Psychiatric Inpatient Hospital Services 12 – Targeted Case Management 13 – Therapeutic Behavioral Services 14 – Therapeutic Foster Care 15 – Therapy and Other Service Activities (formerly referred to as Mental Health Services) 16 – Psychosocial Services 17 – Peer Support Services 99902 – None 99903 – Other mental health treatment services (allow text field) 99999 – Unknown

Category	Description
Measurement Period:	Active Service Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	DHCS Performance Outcomes System Measures Catalog
Variable Source Name:	Mental Health Services
Additional Specifications:	Compare mental health treatment services ordered on the CARE agreement or plan to identify mental health treatment services not provided. Please see Appendix D for descriptions of these mental health services and healthcare common procedure coding system (HCPCS) codes.

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3.5.4 Reason for Mental Health Services in CARE Agreement or Plan Not Provided

Category	Description
W&I Code Section(s):	5985 (e)(3), (e)(18), (f)(1)
Data Element:	Services and Supports
Data Point:	Reason for Mental Health Services in CARE Agreement or Plan Not Provided
Question:	If mental health treatment services listed in the CARE agreement or plan were <u>not provided</u> to the CARE participant in the reporting month, what was the primary reason?
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	1 – Not available 2 – Client declined 3 – Agency declined client 4 – CARE agreement or plan was amended 5 – Not clinically indicated 99903 – Other (allow text field) 99999 – Unknown
Measurement Period:	Active Service Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	Use Value Code Option 99903 – Other to include other reason(s) not listed. This field is required when any Value Code Option from 3.5.3 Mental Health Treatment Services in CARE Agreement or Plan Not Provided is selected, except for Value Code Option 99902 - None. This data point is repeated for all Value Code Options selected.

3.5.5 Stabilizing Medications in CARE Agreement or Plan

Category	Description
W&I Code Section(s):	5985 (e)(3), (e)(18), (e)(19), (f)(1)
Data Element:	Stabilizing Medications
Data Point:	Stabilizing Medications in CARE Agreement or Plan
Question:	Was stabilizing medications included in the CARE agreement or plan?
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	0 – No 1 – Yes 99999 – Unknown
Measurement Period:	Active Service Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	Stabilizing medications: Per W&I Code section 5971, subsection (q) , stabilization medications mean medications included in the CARE plan that primarily consist of antipsychotic medications, to reduce symptoms of hallucinations, delusions, and disorganized thinking (e.g., typical or atypical antipsychotics, long-acting injectable antipsychotics, or mood stabilizers). Stabilization medications may be administered as long-acting injections if clinically indicated. Stabilization medications shall not be forcibly administered.

3.5.6 Stabilizing Medications

Category	Description
W&I Code Section(s):	5985 (e)(3), (e)(18), (e)(19), (f)(1)
Data Element:	Stabilizing Medications
Data Point:	Stabilizing Medications
Question:	Were there any medications prescribed to reduce symptoms of hallucinations, delusions, and disorganized thinking?
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	0 – No 1 – Yes 99999 – Unknown
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	Per W&I Code section 5971, subsection (q) , stabilization medications mean medications included in the CARE plan that primarily consist of antipsychotic medications, to reduce symptoms of hallucinations, delusions, and disorganized thinking (e.g., typical or atypical antipsychotics, long-acting injectable antipsychotics, or mood stabilizers). Stabilization medications may be administered as long-acting injections if clinically indicated. Stabilization medications shall not be forcibly administered.

3.5.7 Type of Stabilizing Medications

Category	Description
W&I Code Section(s):	5985 (e)(3), (e)(18), (e)(19), (f)(1)
Data Element:	Stabilizing Medications
Data Point:	Type of Stabilizing Medication
Question:	If stabilizing medications were provided, was a long-acting injectable antipsychotic administered as prescribed?
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	0 – No 1 – Yes 99999 – Unknown
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	<p>This field is required when 3.5.6 Stabilizing Medications Value Code Option 1 – Yes selected.</p> <p>If the CARE participant is correctly receiving a long-acting injectable antipsychotic medication, but the next dose was not due during the reporting month, select Value Code Option 1 – Yes.</p> <p>Antipsychotic medications include, but may not be limited to, the list of medications found in the National Committee for Quality Assurance’s HEDIS National Drug Code (NDC) file for Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA) Measure.</p>

3.5.8 Stabilizing Medications Adherence

Category	Description
W&I Code Section(s):	5985 (e)(3), (e)(18), (e)(19), (f)(1)
Data Element:	Rate of Adherence to Medication
Data Point:	Stabilizing Medications Adherence
Question:	If any stabilizing medications were provided, how often was the medication taken as prescribed in the reporting month?
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	1 – Taken as prescribed 80% to 100% of the time 2 – Taken as prescribed 50% to 80% of the time 3 – Taken as prescribed less than 50% of the time 99900 – Client declined to state 99904 – Client unable to answer 99999 – Unknown
Measurement Period:	Active Service and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	This field is required when 3.5.6 Stabilizing Medications Value Code Option 1 – Yes selected. 80% to 100% dose taken as prescribed means the client is adherent to the stabilizing medications. 50% to 80% means the client is partially adherent. Below 50% means the client is non-adherent. Medication frequency is identified by the CARE participant (client self-report). If the CARE participant is not able to provide this information, collateral and/or volunteer supporter report can be utilized as a source, with appropriate client consent.

3.5.9 Substance Use Disorder Treatment Services Provided

Category	Description
W&I Code Section(s):	5985 (e)(3), (e)(5), (e)(6), (e)(18), (f)(1)
Data Element:	Services and Supports
Data Point:	SUD Treatment Services Provided
Question:	What substance use disorder treatment services were provided to or coordinated by county behavioral health agency for the CARE participant in the reporting month? (Select all that apply)
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	<ul style="list-style-type: none"> 1 – Assessment 2 – Care Coordination 3 – Clinician Consultation 4 – Family Therapy 5 – Group Counseling 6 – Individual Counseling 7 – Medical Psychotherapy 8 – Medication Services 9 – Medication for Addiction Treatment (also known as medication assisted treatment (MAT) for Opioid Use Disorders (OUD)) 10 – Medication for Addiction Treatment (also known as medication assisted treatment (MAT) for Alcohol Use Disorders (AUD) and Other Non-Opioid Substance Use Disorders) 11 – Medications for Addiction Treatment 12 – Community-Based Mobile Crisis Services 13 – Patient Education 14 – Peer Support Services 15 – Recovery Services 16 – SUD Crisis Intervention Services 17 – Withdrawal Management Services 18 – Contingency Management Services 99902 – None

Category	Description
	99903 – Other SUD treatment services (allow text field) 99999 – Unknown
Measurement Period:	Active Service and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	DMC-ODS Billing Manual v 1.5 .pdf
Variable Source Name:	DMC – ODS Covered Services
Additional Specifications:	All applicable services should be selected including services the CARE participant is receiving under other programs such as Full Service Partnership or while receiving services in residential treatment settings. Please see Appendix E for descriptions of these SUD treatment services.

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3.5.10 Substance Use Disorder Treatment Services in CARE Agreement or Plan

Category	Description
W&I Code Section(s):	5985 (e)(3), (e)(5), (e)(6), (e)(18), (f)(1)
Data Element:	Services and Supports
Data Point:	SUD Treatment Services in CARE Agreement or Plan
Question:	What, if any, substance use disorder treatment services were in the CARE agreement or plan in the reporting month? (Select all that apply)
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	<ul style="list-style-type: none"> 1 – Assessment 2 – Care Coordination 3 – Clinician Consultation 4 – Family Therapy 5 – Group Counseling 6 – Individual Counseling 7 – Medical Psychotherapy 8 – Medication Services 9 – Medication for Addiction Treatment (also known as medication assisted treatment (MAT) for Opioid Use Disorders (OUD)) 10 – Medication for Addiction Treatment (also known as medication assisted treatment (MAT) for Alcohol Use Disorders (AUD) and Other Non-Opioid Substance Use Disorders) 11 – Medications for Addiction Treatment 12 – Community-Based Mobile Crisis Services 13 – Patient Education 14 – Peer Support Services 15 – Recovery Services 16 – SUD Crisis Intervention Services 17 – Withdrawal Management Services 18 – Contingency Management Services

Category	Description
	99902 – None 99903 – Other SUD treatment services (allow text field) 99999 – Unknown
Measurement Period:	Active Service Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	DMC-ODS Billing Manual V 1.5
Variable Source Name:	DMC – ODS Covered Services
Additional Specifications:	Select all that apply, even if client is receiving services under a specialized program such as Full Service Partnership. Please see Appendix E for descriptions of these SUD treatment services.

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3.5.11 Substance Use Disorder Treatment Services in CARE Agreement or Plan Not Provided

Category	Description
W&I Code Section(s):	5985 (e)(3), (e)(5), (e)(6), (e)(18), (f)(1)
Data Element:	Services and Supports
Data Point:	SUD Treatment Services in CARE Agreement or Plan Not Provided
Question:	Of those substance use disorder treatment services listed in the CARE agreement or plan, which ones were <u>not provided</u> to the client in the reporting month? (Select all that apply)
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	1 – Assessment 2 – Care Coordination 3 – Clinician Consultation 4 – Family Therapy 5 – Group Counseling 6 – Individual Counseling 7 – Medical Psychotherapy 8 – Medication Services 9 – Medication for Addiction Treatment (also known as medication assisted treatment (MAT) for Opioid Use Disorders (OUD)) 10 – Medication for Addiction Treatment (also known as medication assisted treatment (MAT) for Alcohol Use Disorders (AUD) and Other Non-Opioid Substance Use Disorders) 11 – Medications for Addiction Treatment 12 – Community-Based Mobile Crisis Services 13 – Patient Education 14 – Peer Support Services 15 – Recovery Services 16 – SUD Crisis Intervention Services 17 – Withdrawal Management Services

Category	Description
	18 – Contingency Management Services 99902 – None 99903 – Other SUD treatment services (allow text field) 99999 – Unknown
Measurement Period:	Active Service Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	DMC-ODS Billing Manual V 1.5
Variable Source Name:	DMC – ODS Covered Services
Additional Specifications:	Compare to SUD treatment services ordered on the CARE agreement or plan to identify SUD treatment services not provided. Please see Appendix E for descriptions of these SUD treatment services.

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3.5.12 Reason for Substance Use Disorder Services in CARE Agreement or Plan Not Provided

Category	Description
W&I Code Section(s):	5985 (e)(3), (e)(5), (e)(6), (e)(18), (f)(1)
Data Element:	Services and Supports
Data Point:	Reason for SUD Services in CARE Agreement or Plan Not Provided
Question:	If substance use disorder treatment services listed in CARE agreement or plan were <u>not provided</u> to the client in the reporting month, what was the primary reason?
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	1 – Not available 2 – Client declined 3 – Agency declined client 4 – CARE agreement or plan was amended 5 – Not clinically indicated 99903 – Other (allow text field) 99999 – Unknown
Measurement Period:	Active Service Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	Use Value Code Option 99903 – Other to include other reason(s) not listed. This field is required when any Value Code Option from 3.5.11 Substance Use Disorder Treatment Services in CARE Agreement or Plan Not Provided is selected, except for Value Code Option 99902 - None. This data point is repeated for all Value Code Options selected.

3.5.13 CalAIM Community Supports Provided

Category	Description
W&I Code Section(s):	5985 (e)(3), (e)(18), (f)(1)
Data Element:	Services and Supports
Data Point:	CalAIM Community Supports Provided
Question:	What CalAIM Community Support services were provided to or coordinated by county behavioral health agency for the CARE participant in the reporting month? (Select all that apply)
Type:	Numeric
Format:	N to NN or NNNNN
Width:	5
Value Codes:	1 – Housing Transition Navigation Services 2 – Housing Deposits 3 – Housing Tenancy and Sustaining Services 4 – Short-Term Post-Hospitalization Housing 5 – Recuperative Care (Medical Respite) 6 – Respite Services 7 – Day Habilitation Programs 8 – Nursing Facility Transition/Diversion to Assisted Living Facilities such as Residential Care Facilities for the Elderly (RCFEs) and Adult Residential Facilities (ARFs) 9 – Community Transition Services/Nursing Facility Transition to a Home 10 – Personal Care and Homemaker Services 11 – Environmental Accessibility Adaptations (Home Modifications) 12 – Medically-Supportive Food/Meals/Medically Tailored Meals 13 – Sobering Centers 14 – Asthma Remediation 15 – Transitional Rent 99902 – None 99903 – Other CalAIM community supports (allow text field) 99999 – Unknown

Category	Description
Measurement Period:	Active Service and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	CalAIM Community Supports Model of Care Template
Variable Source Name:	Based on CalAIM Community Supports
Additional Specifications:	Please see Appendix F for the CalAIM Community Supports definitions.

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3.5.14 CalAIM Community Supports in CARE Agreement or Plan

Category	Description
W&I Code Section(s):	5985 (e)(3), (e)(18), (f)(1)
Data Element:	Services and Supports
Data Point:	CalAIM Community Supports in CARE Agreement or Plan
Question:	What, if any, CalAIM Community Support services were in the CARE agreement or plan in the reporting month? (Select all that apply)
Type:	Numeric
Format:	N to NN or NNNNN
Width:	5
Value Codes:	1 – Housing Transition Navigation Services 2 – Housing Deposits 3 – Housing Tenancy and Sustaining Services 4 – Short-Term Post-Hospitalization Housing 5 – Recuperative Care (Medical Respite) 6 – Respite Services 7 – Day Habilitation Programs 8 – Nursing Facility Transition/Diversion to Assisted Living Facilities such as Residential Care Facilities for the Elderly (RCFEs) and Adult Residential Facilities (ARFs) 9 – Community Transition Services/Nursing Facility Transition to a Home 10 – Personal Care and Homemaker Services 11 – Environmental Accessibility Adaptations (Home Modifications) 12 – Medically-Supportive Food/Meals/Medically Tailored Meals 13 – Sobering Centers 14 – Asthma Remediation 15 – Transitional Rent 99902 – None 99903 – Other CalAIM community supports (allow text field) 99999 – Unknown

Category	Description
Measurement Period:	Active Service Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	CalAIM Community Supports Model of Care Template
Variable Source Name:	Based on CalAIM Community Supports
Additional Specifications:	All applicable services should be selected, including services the CARE participant is receiving under other programs such as Full Service Partnership. CalAIM Community Supports should include any non-treatment supports. Include any new CalAIM Community Supports ordered in the most recent CARE plan or agreement. For more details about CalAIM Community Supports, please see Appendix F .

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3.5.15 CalAIM Community Supports in CARE Agreement or Plan Not Provided

Category	Description
W&I Code Section(s):	5985 (e)(3), (e)(18), (f)(1)
Data Element:	Services and Supports
Data Point:	CalAIM Community Supports in CARE Agreement or Plan Not Provided
Question:	Of those CalAIM Community Support services listed in the CARE agreement or plan, which ones were <u>not provided</u> to the client in the reporting month? (Select all that apply)
Type:	Numeric
Format:	N to NN or NNNNN
Width:	5
Value Codes:	1 – Housing Transition Navigation Services 2 – Housing Deposits 3 – Housing Tenancy and Sustaining Services 4 – Short-Term Post-Hospitalization Housing 5 – Recuperative Care (Medical Respite) 6 – Respite Services 7 – Day Habilitation Programs 8 – Nursing Facility Transition/Diversion to Assisted Living Facilities such as Residential Care Facilities for the Elderly (RCFEs) and Adult Residential Facilities (ARFs) 9 – Community Transition Services/Nursing Facility Transition to a Home 10 – Personal Care and Homemaker Services 11 – Environmental Accessibility Adaptations (Home Modifications) 12 – Medically-Supportive Food/Meals/Medically Tailored Meals 13 – Sobering Centers 14 – Asthma Remediation 15 – Transitional Rent 99902 – None 99903 – Other CalAIM community supports (allow text field)

Category	Description
	99999 – Unknown
Measurement Period:	Active Service Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	CalAIM Community Supports Model of Care Template
Variable Source Name:	Based on CalAIM Community Supports
Additional Specifications:	Compare to CalAIM Community Supports ordered on the CARE agreement or plan to identify CalAIM Community Supports not provided. Include CalAIM Community Supports on the most recent CARE agreement or plan. Please see Appendix F for CalAIM Community Supports definitions.

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3.5.16 Reason for CalAIM Community Supports in CARE Agreement or Plan Not Provided

Category	Description
W&I Code Section(s):	5985 (e)(3), (e)(18), (f)(1)
Data Element:	Services and Supports
Data Point:	Reason for CalAIM Community Supports in CARE Agreement or Plan Not Provided
Question:	If CalAIM community support services listed in the CARE agreement or plan were <u>not provided</u> in the reporting month, what was the primary reason?
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	1 – Not available 2 – Client declined 3 – Agency declined client 4 – CARE agreement or plan was amended 99903 – Other (allow text field) 99999 – Unknown
Measurement Period:	Active Service Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	Use Value Code Option 99903 – Other to include other reason(s) not listed. This field is required when any Value Code Option from 3.5.15 CalAIM Community Supports in CARE Agreement or Plan Not Provided is selected, except for Value Code Option 99902 - None. This data point is repeated for all Value Code Options selected.

3.5.17 Social Services and Supports

Category	Description
W&I Code Section(s):	5985 (e)(3), (e)(18), (f)(1)
Data Element:	Services and Supports
Data Point:	Social Services and Supports
Question:	What social services and supports were provided to or coordinated by county behavioral health agency for the CARE participant in the reporting month? (Select all that apply)
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	<p><u>Public Benefits</u></p> <p>1 – Supplemental Security Income/State Supplementary Payment (SSI/SSP)</p> <p>2 – Cash Assistance Program for Immigrants (CAPI)</p> <p>3 – CalWORKs</p> <p>4 – California Food Assistance Program</p> <p>5 – In-Home Supportive Services Program</p> <p>6 – CalFresh</p> <p><u>Other Services</u></p> <p>7 – Education and/or Employment Services</p> <p>8 – Family Education and Support Services</p> <p>9 – Benefits Advocacy Services (service professionals, family members, and friends who learn basic information about benefits programs to help people with disabilities)</p> <p>99902 – None</p> <p>99903 – Other public benefits (allow text field)</p> <p>99999 – Unknown</p>
Measurement Period:	Active Service and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	Public benefits based on W&I Code section 5982 (a)(4) . Three additional Value Code Options are added: Education and/or

Category	Description
	Employment Services, Family Education and Support Services, and Benefits Advocacy.
Variable Source Name:	N/A
Additional Specifications:	<p>All applicable services should be selected including services the CARE participant is receiving under other programs such as Full Service Partnership. Please see Appendix G for definitions on social services and supports.</p> <p>Medi-Cal eligibility and enrollment supports to access benefits should be reported under Value Code Option 9 - Benefits Advocacy Services.</p>

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3.5.18 Social Services and Supports in CARE Agreement or Plan

Category	Description
W&I Code Section(s):	5985 (e)(3), (e)(18), (f)(1)
Data Element:	Services and Supports
Data Point:	Social Services and Supports in CARE Agreement or Plan
Question:	What, if any, social services and supports were in the CARE agreement or plan in the reporting month? (Select all that apply)
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	<p><u>Public benefits</u></p> <p>1 – Supplemental Security Income/State Supplementary Payment (SSI/SSP)</p> <p>2 – Cash Assistance Program for Immigrants (CAPI)</p> <p>3 – CalWORKs</p> <p>4 – California Food Assistance Program</p> <p>5 – In-Home Supportive Services Program</p> <p>6 – CalFresh</p> <p><u>Other Services</u></p> <p>7 – Education and/or Employment Services</p> <p>8 – Family Education and Support Services</p> <p>9 – Benefits Advocacy Services (service professionals, family members, and friends who learn basic information about benefits programs to help people with disabilities)</p> <p>99902 – None</p> <p>99903 – Other public benefits (allow text field)</p> <p>99999 – Unknown</p>
Measurement Period:	Active Service Period
Data Source:	County behavioral health agency
Data Type:	Individual Data

Category	Description
Variable Source:	Public benefits based on W&I Code section 5982 (a)(4) . Three additional Value Code Options are added: Education and/or Employment Services, Family Education and Support Services, and Benefits Advocacy.
Variable Source Name:	N/A
Additional Specifications:	All applicable services should be selected including services the CARE participant is receiving under other programs such as Full Service Partnership. Please see Appendix G for definitions on social services and supports. Medi-Cal eligibility and enrollment supports to access benefits should be reported under Value Code Option 9 - Benefits Advocacy Services.

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3.5.19 Social Services and Supports in CARE Agreement or Plan Not Provided

Category	Description
W&I Code Section(s):	5985 (e)(3), (e)(18), (f)(1)
Data Element:	Services and Supports
Data Point:	Social Services and Supports in CARE Agreement or Plan Not Provided
Question:	Of those social services and supports listed in the CARE agreement or plan, which ones were <u>not provided</u> to the client in the reporting month? (Select all that apply)
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	<p><u>Public benefits</u></p> <p>1 – Supplemental Security Income/State Supplementary Payment (SSI/SSP)</p> <p>2 – Cash Assistance Program for Immigrants (CAPI)</p> <p>3 – CalWORKs</p> <p>4 – California Food Assistance Program</p> <p>5 – In-Home Supportive Services Program</p> <p>6 – CalFresh</p> <p><u>Other Services</u></p> <p>7 – Education and/or Employment Services</p> <p>8 – Family Education and Support Services</p> <p>9 – Benefits Advocacy Services (service professionals, family members, and friends who learn basic information about benefits programs to help people with disabilities)</p> <p>99902 – None</p> <p>99903 – Other public benefits (allow text field)</p> <p>99999 – Unknown</p>
Measurement Period:	Active Service Period
Data Source:	County behavioral health agency
Data Type:	Individual Data

Category	Description
Variable Source:	Public benefits based on W&I Code section 5982 (a)(4) . Three additional Value Code Options are added: Education and/or Employment Services, Family Education and Support Services, and Benefits Advocacy.
Variable Source Name:	N/A
Additional Specifications:	Compare to social services and supports ordered in the CARE agreement or plan to identify social services and supports not provided. Please see Appendix G for definitions on social services and supports.

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3.5.20 Reason for Social Services and Supports in CARE Agreement or Plan Not Provided

Category	Description
W&I Code Section(s):	5985 (e)(3), (e)(18), (f)(1)
Data Element:	Services and Supports
Data Point:	Reason for Social Services and Supports in CARE Agreement or Plan Not Provided
Question:	If social services and supports listed in the CARE agreement or plan were <u>not provided</u> in the reporting month, what was the primary reason?
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	1 – Not available 2 – Client declined 3 – Agency declined client 4 – CARE agreement or plan was amended 99903 – Other (allow text field) 99999 – Unknown
Measurement Period:	Active Service Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	Use Value Code Option 99903 – Other to include other reason(s) not listed. This field is required when any Value Code Option from 3.5.19 Social Services and Supports in CARE Agreement or Plan Not Provided is selected, except for Value Code Option 99902 - None. This data point is repeated for all Value Code Options selected.

3.5.21 Specialized Programs

Category	Description
W&I Code Section(s):	5985 (e)(3), (f)(1)
Data Element:	Services and Supports
Data Point:	Specialized Programs
Question:	Which of the following specialized programs was the client enrolled or engaged in during the reporting month? (Select all that apply)
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	1 – Full Service Partnership (FSP) 2 – Assertive Community Treatment (ACT) 3 – Forensic ACT (FACT) 4 – Early Psychosis Intervention 99902 - None 99903 – Other (allow text field) 99999 – Unknown
Measurement Period:	Active Service and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	If a client transitions from one program to another within the reporting month, report the program enrolled or engaged in at the end of the month (i.e., most recently enrolled service). Do not report referrals to these programs.

3.5.22 Full Service Partnership

Category	Description
W&I Code Section(s):	5985 (e)(3), (f)(1)
Data Element:	Services and Supports
Data Point:	Full Service Partnership
Question:	If the CARE participant was engaged in Full Service Partnership (FSP), please indicate the services and/or supports the CARE participant received under FSP in the reporting month (select all that apply).
Type:	Numeric
Format:	N to NN or NNNNN
Width:	5
Value Codes:	<p><u>Mental Health Services and Supports</u></p> <p>1 – Mental health treatment, including alternative and culturally specific treatments</p> <p>2 – Peer support</p> <p>3 – Supportive services to assist the client, and when appropriate the client's family, in obtaining and maintaining employment, housing, and/or education</p> <p>4 – Wellness centers</p> <p>5 – Alternative treatment and culturally specific treatment approaches</p> <p>6 – Personal service coordination/case management to assist the client, and when appropriate the client's family, to access needed medical, educational, social, vocational rehabilitative and/or other community services</p> <p>7 – Needs assessment</p> <p>8 – Individual Service and Support Plan development</p> <p>9 – Crisis intervention/stabilization services</p> <p>10 – Family education services</p> <p><u>Non-Mental Health Services and Supports</u></p> <p>11 – Food</p> <p>12 – Clothing</p> <p>13 – Housing, including, but not limited to, rent subsidies, housing vouchers, house payments, residence in a</p>

Category	Description
	drug/alcohol rehabilitation program, and transitional and temporary housing 14 – Cost of health care treatment 15 – Cost of treatment of co-occurring conditions, such as substance abuse 16 – Respite care 17 – Wrap-around services to children in accordance with W & I Code Section 18250 99902 – None 99903 – Other Full Service Partnership services (allow text field) 99999 – Unknown
Measurement Period:	Active Service and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	The Full Service Partnership services are listed on Cal. Code Regs. tit. 9 § 3620 .
Variable Source Name:	N/A
Additional Specifications:	Select services received through the Full Partnership Service Program only. Additional details on wrap-around services can be found in W&I Code section 18250 . This field is required when 3.5.21 Specialized Program Value Code Option 1 – Full Service Partnership (FSP) is selected.

3.5.23 Reason for Not Engaging in Full Service Partnership

Category	Description
W&I Code Section(s):	5985 (e)(3), (f)(1)
Data Element:	Services and Supports
Data Point:	Reason for Not Engaging in Full Service Partnership
Question:	If the CARE participant was not engaged in Full Service Partnership (FSP) in the reporting month, what was the primary reason?
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	1 – County FSP slots were full 2 – County or contracted provider determined that the client was not eligible for FSP 3 – Client declined to engage in FSP 99903 – Other (allow text field) 99999 – Unknown
Measurement Period:	Active Service and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	This field is required when 3.5.21 Specialized Programs Value Code Option 1 – Full Service Partnership (FSP) is <u>not</u> selected.

3.6 Housing Placements

3.6.1 Housing Status/Living Situation

Category	Description
W&I Code Section(s):	5985 (e)(4), (e)(22), (f)(1), 5986 (a)
Data Element:	Housing Status
Data Point:	Housing Status /Living Situation
Question:	What was the CARE participant's living situation in the reporting month?
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	1 – Homeless (or unhoused) 2 – Institutional 3 – Temporary 4 – Permanent 99903 – Other (allow text field) 99999 – Unknown
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	U.S. Department of Housing and Urban Development FY 2024 HMIS Data Standards Data Dictionary
Variable Source Name:	Based on Appendix A – Living Situation Information
Additional Specifications:	Housing status is defined by the individual's living situation. Please see Appendix H for a specific definition for each living situation. Select the living situation that describes where the client spent the majority of their time. If a CARE participant spent exactly 15 days in each living situation, please use the most current living situation at the end of the reporting month. For those who were at risk of becoming unhoused during the reporting

Category	Description
	month, select the appropriate housing option (i.e., Institutional, Temporary, Permanent). Do not select Value Code Option 99903 – Other.

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3.6.2 Type of Housing Support

Category	Description
W&I Code Section:	5985 (e)(4), (e)(22), (f)(1), 5986 (a)
Data Element:	Housing Status
Data Point:	Type of Housing Support
Question:	Did the client receive housing supports/services from a federal, state, or county funded program in the reporting month?
Details:	N/A
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	0 – No 1 – Yes 99999 – Unknown
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods
Data Source:	County Behavioral Health Agency
Data Type:	Individual Data
Variable Source Definition:	N/A
Variable Source Name:	N/A
Additional Specifications:	Examples of local, state, or federal supports and services may include: the No Place Like Home program; California Housing Accelerator; the Multifamily Housing program; the Homeless Housing, Assistance, and Prevention Program; Project Roomkey Program and Rehousing Strategy; the Community Care Expansion program; the CalWORKs Housing Support Program; CalWORKs Homeless Assistance; the Housing and Disability Advocacy Program; the Home Safe Program; the Bringing Families Home Program; the Transitional Housing Placement Program; the Transitional Housing Program–Plus; the Behavioral Health Continuum Infrastructure Program; the

Category	Description
	Behavioral Health Bridge Housing Program; HUD–Veterans Affairs Supportive Housing Program; Supportive Services for Veteran Families; HUD Continuum of Care Program; the Emergency Solutions Grant; HUD Housing Choice Voucher Program; The Emergency Housing Vouchers program; HOME Investment Partnerships Program; the Community Development Block Grant Program; Housing supported by the Mental Health Services Act; and Community Development Block Grant Program.

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3.7 Substance Use

3.7.1 Diagnosed Substance Use Disorder

Category	Description
W&I Code Section(s):	5985 (e)(6), (e)(22), (f)(1)
Data Element:	SUD Rates and Rates of Treatment
Data Point:	Diagnosed SUD
Question:	Did the client have a diagnosis of substance use disorder in the last 12 months?
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	0 – No 1 – Yes 99900 – Client declined to state 99904 – Client unable to answer 99999 – Unknown
Measurement Period:	Active Service and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	<p>Please only indicate yes to this question if the client has been evaluated by a licensed health care provider and diagnosed with a substance use disorder in the past 12 months. Note: diagnosed substance use disorders and substance misuse are distinct.</p> <p>Substance misuse: The misuse of illegal and controlled drugs includes the use of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens, heroin, and misuse of prescription-type psychotherapeutic drugs (e.g., pain relievers, tranquilizers, stimulants, and sedatives).</p>

Category	Description
	Misuse: Use in any way other than directed by a health care provider. Such misuse may include obtaining the drug without a valid prescription or using the prescribed drug in greater amounts, more often, longer duration, or in any other way not directed by a doctor.

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3.7.2 REMOVED: Misused Illegal/Controlled Substances

Data Point 3.7.2 Misused Illegal/Controlled Substances was included in CARE Act Data Dictionary 1.0 and has since been removed and its number retired as of the publication of the CARE Act Data Dictionary 2.0.

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3.7.3 Primary Substance Use

Category	Description
W&I Code Section(s):	5985 (e)(6), (e)(22), (f)(1)
Data Element:	SUD Rates and Rates of Treatment
Data Point:	Primary Substance Use
Question:	What was the CARE participant's primary substance used in the reporting month?
Type:	Numeric
Format:	N to NN or NNNNN
Width:	5
Value Codes:	99902 – None 1 – Heroin 2 – Alcohol 3 – Barbiturates 4 – Other Sedatives or Hypnotics 5 – Methamphetamine 6 – Other Amphetamines 7 – Other Stimulants 8 – Cocaine/Crack 9 – Marijuana/Hashish 10 – PCP 11 – Other Hallucinogens 12 – Tranquilizers (Benzodiazepine) 13 – Other Tranquilizers 14 – Non-Prescription Methadone 15 – Oxycodone/OxyContin 16 – Other Opiates or Synthetics 17 – Inhalants 18 – Over-the-Counter 19 – Ecstasy 20 – Other Club Drugs 99999 – Unknown 99903 – Other (allow text field)
Measurement Period:	Active Service and Follow-Up Periods

Category	Description
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	CalOMS Tx Data Dictionary
Variable Source Name:	Primary Drug (Code)
Additional Specifications:	The primary substance use is identified by the CARE participant (client self-report). If the CARE participant is not able to provide this information, collateral and/or volunteer supporter report can be utilized as a source, with appropriate client consent.

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3.7.4 Primary Substance Frequency

Category	Description
W&I Code Section(s):	5985 (e)(6), (e)(22), (f)(1)
Data Element:	SUD Rates and Rates of Treatment
Data Point:	Primary Substance Frequency
Question:	How many days in the reporting month did the client use the primary substance?
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	1 – 0 days per month 2 – 1 to 7 days per month 3 – 8 to 14 days per month 4 – 15 to 21 days per month 5 – 22 or more days per month 99904 – Client unable to answer 99999 – Unknown
Measurement Period:	Active Service and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	Adapted from CalOMS Tx Data Dictionary
Variable Source Name:	Primary Drug Frequency
Additional Specifications:	Frequency of primary substance use is identified by the CARE participant (client self-report). If the CARE participant is not able to provide this information, collateral and/or volunteer supporter report can be utilized as a source, with appropriate client consent. If 3.7.3 Primary Substance Use Value Code Option 99902 – None is selected, please select Value Code Option 1 – 0 days per month here.

3.7.5 Secondary Substance Use

Category	Description
W&I Code Section(s):	5985 (e)(6), (e)(22), (f)(1)
Data Element:	SUD Rates and Rates of Treatment
Data Point:	Secondary Substance Use
Question:	What was the CARE participant's secondary substance used in the reporting month?
Type:	Numeric
Format:	N to NN or NNNNN
Width:	5
Value Codes:	99902 – None 1 – Heroin 2 – Alcohol 3 – Barbiturates 4 – Other Sedatives or Hypnotics 5 – Methamphetamine 6 – Other Amphetamines 7 – Other Stimulants 8 – Cocaine/Crack 9 – Marijuana/Hashish 10 – PCP 11 – Other Hallucinogens 12 – Tranquilizers (Benzodiazepine) 13 – Other Tranquilizers 14 – Non-Prescription Methadone 15 – Oxycodone/OxyContin 16 – Other Opiates or Synthetics 17 – Inhalants 18 – Over-the-Counter 19 – Ecstasy 20 – Other Club Drugs 99999 – Unknown 99903 – Other (allow text field)
Measurement Period:	Active Service and Follow-Up Periods

3.7.6 Secondary Substance Use Frequency

Category	Description
W&I Code Section(s):	5985 (e)(6), (e)(22), (f)(1)
Data Element:	SUD Rates and Rates of Treatment
Data Point:	Secondary Substance Frequency
Question:	How many days in the reporting month did the CARE participant use the secondary substance?
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	1 – 0 days per month 2 – 1 to 7 days per month 3 – 8 to 14 days per month 4 – 15 to 21 days per month 5 – 22 or more days per month 99904 – Client unable to answer 99999 – Unknown
Measurement Period:	Active Service and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	Adapted from CalOMS Tx Data Dictionary
Variable Source Name:	Secondary Drug Frequency
Additional Specifications:	Frequency of secondary substance use identified by the CARE participant (client self-report). If the CARE participant is not able to provide this information, collateral and/or volunteer supporter report can be utilized as a source, with appropriate client consent. If 3.7.5 Secondary Substance Use Value Code Option 99902 – None is selected, please select Value Code Option 1 – 0 days per month here.

3.7.7 Alcohol Frequency

Category	Description
W&I Code Section(s):	5985 (e)(6), (e)(22), (f)(1)
Data Element:	SUD Rates and Rates of Treatment
Data Point:	Alcohol Frequency
Question:	How many days in the reporting month did the CARE participant use alcohol?
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	1 – 0 days per month 2 – 1 to 7 days per month 3 – 8 to 14 days per month 4 – 15 to 21 days per month 5 – 22 or more days per month 99904 – Client unable to answer 99999 – Unknown
Measurement Period:	Active Service and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	Adapted from CalOMS Tx Data Dictionary
Variable Source Name:	Alcohol Frequency
Additional Specifications:	Alcohol use identified by the CARE participant (client self-report). If CARE participant is not able to provide this information, collateral and/or volunteer supporter report can be utilized as a source, with appropriate client consent. This field is required when 3.7.3 Primary Substance Use and 3.7.5 Secondary Substance Use Value Code Option 2 – Alcohol is <u>not</u> selected.

3.8 Detentions and Other Lanterman-Petris-Short Act Involvement

3.8.1 Detentions

Category	Description
W&I Code Section(s):	5985 (e)(7), (e)(22), (f)(1)
Data Element:	Detentions and Other LPS Involvement
Data Point:	Detentions
Question:	Has the CARE participant been on an involuntary Lanterman-Petris-Short (LPS) hold in the reporting month? (Select all that apply)
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	1 – Yes, 72 Hours (LPS 5150 Hold) 2 – Yes, 14 Days (LPS 5250 Hold) 3 – Yes, 30 Days (LPS 5270 Hold) 4 – No 99999 – Unknown
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	Lanterman-Petris-Short Act (LPS): The Lanterman-Petris-Short Act authorizes involuntary psychiatric treatment in limited circumstances. The LPS Act was enacted in 1967 and sought to “end the inappropriate, indefinite, and involuntary commitment of persons with mental health disorders”. LPS Hold: California law allows individuals to be taken into custody due to mental illness if the individual is likely to cause

Category	Description
	<p>or suffer specific kinds of harm. This is often referred to as a "5150 hold." Individuals could be held for up to 72 hours. At the conclusion of a 72-hour hold, individuals will be released, signed in as a voluntary patient, put on a 14-day involuntary hold, or referred for conservatorship.</p> <p>LPS holds should only be reported in its originating month. If the client was in an LPS hold at the time of petition filing, report the appropriate LPS hold.</p>

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3.8.2 LPS Conservatorship

Category	Description
W&I Code Section(s):	5985 (e)(7), (e)(22), (f)(1)
Data Element:	Detentions and Other LPS Involvement
Data Point:	LPS Conservatorship
Question:	Has the CARE participant been placed in an LPS or Mental Health conservatorship (temporary or permanent) in the reporting month?
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	1 – Temporary Conservatorship for 30 Days 2 – Permanent Conservatorship for 12 Months 3 – No 99999 – Unknown
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A

3.9 Criminal Justice

3.9.1 Criminal Justice Status

Category	Description
W&I Code Section(s):	5985 (e)(8), (e)(22), (f)(1)
Data Element:	Criminal Justice Involvement
Data Point:	Criminal Justice Status
Question:	What was the CARE participant's criminal justice status in the reporting month? (Select all that apply)
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	1 – No criminal justice involvement 2 – Under parole supervision by CDCR (California Department of Correction and Rehabilitation) 3 – On parole from any other jurisdiction 4 – Post-release Community Supervision (AB 109) or on probation from any federal, state, or local jurisdiction 5 – Admitted under other diversion from any court under CA Penal Code, Section 1000 6 – Incarcerated 7 – Awaiting trial, charges or sentencing 99904 – Client unable to answer 99999 – Unknown
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	CalOMS Tx Data Dictionary
Variable Source Name:	LEG-1
Additional Specifications:	N/A

3.9.2 Number of Arrests

Category	Description
W&I Code Section(s):	5985 (e)(8), (e)(22), (f)(1)
Data Element:	Criminal Justice Involvement
Data Point:	Number of Arrests
Question:	How many times was the CARE participant arrested in the reporting month?
Type:	Numeric
Format:	N to NNN or NNNNN
Width:	5
Value Codes:	N to NNN – A value from 0 through 500 is allowed 99904 – Client unable to answer 99999 – Unknown
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	CalOMS Tx Data Dictionary
Variable Source Name:	LEG-3
Additional Specifications:	N/A

3.9.3 Number of Jail Days

Category	Description
W&I Code Section(s):	5985 (e)(8), (e)(22), (f)(1)
Data Element:	Criminal Justice Involvement
Data Point:	Number of Jail Days
Question:	How many days was the CARE participant in jail in the reporting month?
Type:	Numeric
Format:	N to NN or NNNNN
Width:	5
Value Codes:	N to NN – A value from 0 through 31 is allowed 99904 – Client unable to answer 99999 – Unknown
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	CalOMS Tx Data Dictionary
Variable Source Name:	LEG-4
Additional Specifications:	N/A

3.9.4 Number of Prison Days

Category	Description
W&I Code Section(s):	5985 (e)(8), (e)(22), (f)(1)
Data Element:	Criminal Justice Involvement
Data Point:	Number of Prison Days
Question:	How many days was the CARE participant in prison in the reporting month?
Type:	Numeric
Format:	N to NN or NNNNN
Width:	5
Value Codes:	N to NN – A value from 0 through 31 is allowed 99904 – Client unable to answer 99999 – Unknown
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	CalOMS Tx Data Dictionary
Variable Source Name:	LEG-5
Additional Specifications:	N/A

3.9.5 Law Enforcement Contact

Category	Description
W&I Code Section(s):	5985 (e)(8), (e)(22), (f)(1)
Data Element:	Criminal Justice Involvement
Data Point:	Law Enforcement Contact
Question:	How many times did the CARE participant come into contact with law enforcement that led to the arrest, citation, and/or booking of the individual in the reporting month?
Type:	Numeric
Format:	N to NNN or NNNNN
Width:	5
Value Codes:	N to NNN – A value from 0 through 500 is allowed 99904 – Client unable to answer 99999 – Unknown
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	Assisted Outpatient Treatment Data Dictionary
Variable Source Name:	Law Enforcement Contact
Additional Specifications:	This should exclude crisis response with law enforcement involvement that does not lead to a citation, booking, or arrest.

3.10 Death and Cause of Death

3.10.1 REMOVED: Death Among Participants

Data Point 3.10.1 Death Among Participants was included in CARE Act Data Dictionary 1.0 and has since been removed and its number retired as of the publication of the CARE Act Data Dictionary 2.0.

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3.10.2 Date of Death

Category	Description
W&I Code Section(s):	5985 (e)(9), (f)(1)
Data Element:	Deaths and Causes of Death
Data Point:	Date of Death
Question:	If the CARE participant was reported as deceased in the reporting month, what was the date of death?
Type:	Date
Format:	MM/DD/YYYY
Width:	10
Value Codes:	MM – Two-digit month, must be a value from 01 through 12 DD – Two-digit day, must be a value from 01 through 31 and a valid day for the month YYYY – Four-digit year, must be a value that is at least 2023 09/09/9999 – Use this date if date of death is unknown
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	Administrative data from California Department of Public Health may be used to supplement and/or verify death status. This field is required when 3.3.11 (b) County Recommendation for Petition Dismissal Value Code Option 1 – Client death or 3.3.13 Reason for Termination Value Code Option – Client Death is selected.

3.10.3 Cause of Death

Category	Description
W&I Code Section(s):	5985 (e)(9), (f)(1)
Data Element:	Deaths and Causes of Death
Data Point:	Cause of Death
Question:	If the CARE participant was reported as deceased in the reporting month, what was the cause of death?
Type:	Numeric
Format:	N to NN or NNNNN
Width:	5
Value Codes:	1 – Alzheimer's Disease 2 – Malignant Neoplasms (Cancers) 3 – Chronic Lower Respiratory Disease 4 – Diabetes Mellitus 5 – Assault (Homicide) 6 – Diseases of Heart 7 – Essential Hypertension and Hypertensive Renal Disease 8 – Accidents (Unintentional Injuries) 9 – Chronic Liver Disease and Cirrhosis 10 – Nephritis, Nephrotic Syndrome and Nephrosis 11 – Parkinson's Disease 12 – Pneumonia and Influenza 13 – Cerebrovascular Disease (Stroke) 14 – Intentional Self-harm (Suicide) 99903 – Other (allow text field) 99999 – Unknown
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	CalHHS Data Dictionary - Deaths by Zip Code
Variable Source Name:	Cause

3.11 Volunteer Supporters and Psychiatric Advance Directives

3.11.1 Volunteer Supporter

Category	Description
W&I Code Section(s):	5985 (e)(15), (e)(22), (f)(1)
Data Element:	Number, Rates, and Trends of Supporters
Data Point:	Volunteer Supporter
Question:	Did the CARE participant elect, change, or remove a volunteer supporter in the reporting month?
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	0 – No 1 – Yes 99999 – Unknown
Measurement Period:	CARE Process Initiation and Active Service Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	<p>Per W&I Code section 5981(a), the respondent may have a volunteer supporter present in any meeting, judicial proceeding, status hearing, or communication related to any of the following: (1) an evaluation, (2) development of a CARE agreement or CARE plan, (3) establishing a psychiatric advance directive, or (4) development of a graduation plan. A change in volunteer supporter will be captured in the value selected over time.</p> <p>For the purposes of data collection and reporting, exclude members of the treatment team when reporting a volunteer supporter.</p>

Category	Description
	<p>Volunteer Supporter: An adult designated by the respondent who assists the person who is the subject of the petition. Assistance may include supporting the person to understand, make, communicate, implement, or act on their own life decisions during the CARE process, including a CARE agreement, a CARE plan, and developing a graduation plan. A supporter shall not act independently.</p>

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3.11.2 Volunteer Supporter Relationship

Category	Description
W&I Code Section(s):	5985 (e)(15), (e)(22), (f)(1)
Data Element:	Number, Rates, and Trends of Supporters
Data Point:	Volunteer Supporter Relationship
Question:	If the CARE participant elected or changed a volunteer supporter in the reporting month, what was the relationship of the most recent volunteer supporter to the client?
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	1 – Family 2 – Faith Leader 3 – Professional Peer Support Specialist 4 – Friend 5 – Advocate 99903 – Other (allow text field) 99999 – Unknown
Measurement Period:	CARE Process Initiation and Active Service Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	This field is required when 3.11.1 Volunteer Supporter Value Code Option 1 – Yes is selected. For the purposes of data collection and reporting, exclude members of the treatment team when reporting a volunteer supporter.

3.11.3 Reason for Volunteer Supporter Change

Category	Description
W&I Code Section(s):	5985 (e)(15), (e)(22), (f)(1)
Data Element:	Number, Rates, and Trends of Supporters
Data Point:	Reason for Volunteer Supporter Change
Question:	If the CARE participant's volunteer supporter was removed or changed in the reporting month, what was the primary reason?
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	1 – Court removed due to unmanageable conflict of interest 2 – The volunteer supporter requested to be removed 3 – The CARE participant elected a new volunteer supporter 4 – The CARE participant removed volunteer supporter 5 – Not applicable 99903 – Other (allow text field) 99999 – Unknown
Measurement Period:	CARE Process Initiation and Active Service Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	This field is required when 3.11.1 Volunteer Supporter Value Code Option 1 – Yes is selected. All volunteer supporter changes may not be captured due to monthly reporting. If CARE participant removed a volunteer supporter and elected a new volunteer supporter, select Value Code Option 3 – The CARE participant elected a new volunteer supporter. If CARE participant elected a volunteer supporter for the first time, select Value Code Option 5 – Not applicable.

3.11.4 Volunteer Supporter Presence

Category	Description
W&I Code Section(s):	5985 (e)(15), (e)(22), (f)(1)
Data Element:	Number, Rates, and Trends of Supporters
Data Point:	Volunteer Supporter Presence
Question:	Over the reporting month, was a volunteer supporter present for any of these events? (Select all that apply)
Type:	Numeric
Format:	N to NN or NNNNN
Width:	5
Value Codes:	1 – Initial Hearing 2 – Hearing on the Merits of the Petition 3 – Case Management Hearing 4 – Clinical Evaluation Review Hearing 5 – CARE Plan Review Hearing 6 – Progress/Status Review Hearing 7 – One-Year Status Review Hearing 8 – Graduation Hearing 9 – Establishment of a psychiatric advance directive 10 – Development of a CARE agreement, plan, or graduation plan 99903 – Other (allow text field) 99902 – None 99999 – Unknown
Measurement Period:	CARE Process Initiation and Active Service Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	A volunteer supporter must be elected. Individual(s) attending/participating in CARE hearings/activities (i.e., not

Category	Description
	elected as a volunteer supporter) should not be reported. If a client has not selected a supporter, please select Value Code Option 99902 – None.

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3.11.5 Psychiatric Advance Directive

Category	Description
W&I Code Section(s):	5985 (e)(20), (e)(22), (f)(1)
Data Element:	Number, Rates, and Trends of PADs
Data Point:	PADs
Question:	Has a psychiatric advance directive been established for the CARE participant?
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	0 – No 1 – Yes 99999 – Unknown
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	Psychiatric Advance Directive: A psychiatric advance directive (PAD) is a type of advance health care directive. It is a self-directed legal document that states a person’s preferences and provides instructions for mental health treatment in advance of a mental health crisis. Physicians, hospitals, and other providers should refer to a PAD in situations when the individual is unable to articulate their own care preferences. A PAD may be incorporated into ongoing mental health treatment, serving as a blueprint for the individual’s preferences regarding their physical and mental health.

3.11.6 Date of Psychiatric Advance Directive

Category	Description
W&I Code Section(s):	5985 (e)(20), (e)(22), (f)(1)
Data Element:	Number, Rates, and Trends of PADs
Data Point:	Date of PADs
Question:	On what date was the PAD created?
Type:	Date
Format:	MM/DD/YYYY
Width:	10
Value Codes:	MM – Two-digit month, must be a value from 01 through 12 DD – Two-digit day, must be a value from 01 through 31 and a valid day for the month YYYY – Four-digit year 09/09/9999 – Use this date if the date of PAD is unknown
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	This field is required when 3.11.5 Psychiatric Advance Directive Value Code Option 1 – Yes is selected. This needs to be reported only once.

3.12 CARE Plan, CARE Agreement, and Graduation

3.12.1 CARE Agreement Date

Category	Description
W&I Code Section(s):	5985 (e)(16), (f)(1)
Data Element:	Number, Rates, and Trends of Approved CARE Agreements
Data Point:	CARE Agreement Date
Question:	On what date was the CARE agreement approved by the court?
Type:	Date
Format:	MM/DD/YYYY
Width:	10
Value Codes:	MM – Two-digit month, must be a value from 01 through 12 DD – Two-digit day, must be a value from 01 through 31 and a valid day for the month YYYY – Four-digit year, must be a value that is at least 2023
Measurement Period:	Active Service Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	Date the original CARE agreement (not amendments) was approved by the court. Do not report the date county behavioral health agency was asked to create the CARE agreement. This field is required when 3.3.10 Current CARE Status Value Code Option 5 – Active participant (CARE agreement) is selected.

3.12.2 CARE Plan Ordered Date

Category	Description
W&I Code Section(s):	5985 (e)(17), (f)(1)
Data Element:	Number, Rates, and Trends of Ordered and Completed CARE Plans
Data Point:	CARE Plan Ordered Date
Question:	On what date was the CARE plan ordered by the court?
Type:	Date
Format:	MM/DD/YYYY
Width:	10
Value Codes:	MM – Two-digit month, must be a value from 01 through 12 DD – Two-digit day, must be a value from 01 through 31 and a valid day for the month YYYY – Four-digit year, must be a value that is at least 2023
Measurement Period:	Active Service Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	Date the original CARE plan (not amendment) was ordered into effect by the court. Do not report the date county behavioral health agency was asked to create the CARE plan. This field is required when 3.3.10 Current CARE Status Value Code Option 6 – Active Participant (CARE plan) is selected.

3.12.3 CARE Plan Completion Date

Category	Description
W&I Code Section(s):	5985 (e)(17), (f)(1)
Data Element:	Number, Rates, and Trends of Ordered and Completed CARE Plans
Data Point:	CARE Plan Completion Date
Question:	If the CARE participant has a CARE plan, on what date was the completed CARE plan approved by the court?
Type:	Date
Format:	MM/DD/YYYY
Width:	10
Value Codes:	MM – Two-digit month, must be a value from 01 through 12 DD – Two-digit day, must be a value from 01 through 31 and a valid day for the month YYYY – Four-digit year, must be a value that is at least 2023
Measurement Period:	Active Service Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	This field is required when 3.3.10 Current CARE Status Value Code Option 6 – Active Participant (CARE plan) is selected.

3.12.4 One-Year Status Hearing

Category	Description
W&I Code Section(s):	5985 (e)(21), (e)(22), (f)(1)
Data Element:	Number, Rates, and Trends of Developed Graduation Plans
Data Point:	One-Year Status Hearing
Question:	Was the One-Year Status Hearing held for the CARE participant?
Type:	Numeric
Format:	N
Width:	1
Value Codes:	0 – No 1 – Yes 2 – Not applicable
Measurement Period:	Active Service Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	One-year status hearing occurs in the 11th month of the CARE process timeline.

3.12.5 Outcome of One-Year Status Hearing

Category	Description
W&I Code Section(s):	5985 (e)(21), (e)(22), (f)(1)
Data Element:	Number, Rates, and Trends of Developed Graduation Plans
Data Point:	Outcome of One-Year Status Hearing
Question:	What was the outcome of the One-Year Status Hearing?
Type:	Numeric
Format:	N
Width:	1
Value Codes:	1 – CARE participant requested to be graduated and the court approves 2 – CARE participant requested to remain in CARE process and the court approves 3 – Court involuntarily reappointed CARE participant to CARE process
Measurement Period:	Active Service Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	This field is required when 3.12.5 One-Year Status Hearing Value Code Option 1 – Yes is selected. Per W&I Code section 5977.3(3)(b) , the one-year status hearing occurs in the 11th month of the CARE process timeline.

3.12.6 Graduation Plan

Category	Description
W&I Code Section(s):	5985 (e)(21), (e)(22), (f)(1)
Data Element:	Number, Rates, and Trends of Developed Graduation Plans
Data Point:	Graduation Plan
Question:	Was a graduation plan developed?
Type:	Numeric
Format:	N
Width:	1
Value Codes:	0 – No 1 – Yes
Measurement Period:	Active Service Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	This field is required when 3.12.15 Outcome of One-Year Status Hearing Value Code Option 1 – CARE participant elected to be graduated is selected.

3.13 Hospitalizations and Emergency Department Visits

3.13.1 Inpatient Hospitalizations

Category	Description
W&I Code Section(s):	5985 (e)(22), (f)(1)
Data Element:	Hospitalizations
Data Point:	Inpatient Hospitalizations
Question:	How many times was the CARE participant admitted to an inpatient hospital in the reporting month?
Type:	Numeric
Format:	N to NN or NNNNN
Width:	5
Value Codes:	N to NN – A value from 0 through 99 is allowed. 99904 – Client unable to answer 99999 – Unknown
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	Exclude transfers from one facility to another as a unique admission. Report inpatient hospitalizations that occurred at the time of petition filing. Inpatient hospitalizations are defined as the number of unique/separate admissions to a hospital for any reason (e.g., psychiatric hospitalization or hospitalization for a physical condition).

3.13.2 Emergency Department Visits

Category	Description
W&I Code Section(s):	5985 (e)(22), (f)(1)
Data Element:	Emergency Department Visits
Data Point:	Emergency Department Visits
Question:	How many emergency department visits (all cause) did the CARE participant have in the reporting month?
Type:	Numeric
Format:	N to NN or NNNNN
Width:	5
Value Codes:	N to NN – A value from 0 through 99 is allowed. 99904 – Client unable to answer 99999 – Unknown
Measurement Period:	CARE Process Initiation, Active Service, and Follow-Up Periods
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	Only report discharges for emergency department visits; to avoid duplication of acute emergency department events, exclude emergency department visits that led to an inpatient hospitalization.

4. CARE INQUIRIES

4.1 Reporting Month (Date)

4.1.1 Reporting Month (Date)

Category	Description
W&I Code Section(s):	5985 (e)(11), (f)(1)
Data Element:	Reporting Month
Data Point:	Reporting Month (Date)
Question:	What is the reporting month for this submission?
Type:	Date
Format:	MM/DD/YYYY
Width:	10
Value Codes:	MM – Two-digit month, must be a value from 01 through 12 DD – Two-digit day, must be a value from 01 through 31 and a valid day for the month YYYY – Four-digit year, must be a value that is at least 2023
Measurement Period:	N/A
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	Enter the date corresponding to the last day of the month being reported.

4.2 County CARE Inquiries

4.2.1 County

Category	Description
W&I Code Section(s):	5985 (e)(11), (f)(1), (h)(2)
Data Element:	Basic Client Information
Data Point:	County
Question:	Who is the reporting county?
Type:	Numeric
Format:	N to NN
Width:	2
Value Codes:	1 – Alameda County 2 – Alpine County 3 – Amador County 4 – Butte County 5 – Calaveras County 6 – Colusa County 7 – Contra Costa County 8 – Del Norte County 9 – El Dorado County 10 – Fresno County 11 – Glenn County 12 – Humboldt County 13 – Imperial County 14 – Inyo County 15 – Kern County 16 – Kings County 17 – Lake County 18 – Lassen County 19 – Los Angeles County 20 – Madera County 21 – Marin County 22 – Mariposa County 23 – Mendocino County 24 – Merced County

Category	Description
	25 – Modoc County 26 – Mono County 27 – Monterey County 28 – Napa County 29 – Nevada County 30 – Orange County 31 – Placer County 32 – Plumas County 33 – Riverside County 34 – Sacramento County 35 – San Benito County 36 – San Bernardino County 37 – San Diego County 38 – The City and County of San Francisco 39 – San Joaquin County 40 – San Luis Obispo County 41 – San Mateo County 42 – Santa Barbara County 43 – Santa Clara County 44 – Santa Cruz County 45 – Shasta County 46 – Sierra County 47 – Siskiyou County 48 – Solano County 49 – Sonoma County 50 – Stanislaus County 51 – Sutter County 52 – Tehama County 53 – Trinity County 54 – Tulare County 55 – Tuolumne County 56 – Ventura County 57 – Yolo County 58 – Yuba County
Measurement Period:	N/A
Data Source:	County behavioral health agency
Data Type:	Individual Data

Category	Description
Variable Source:	Adapted from Medi-Cal Eligibility Data System (MEDS)
Variable Source Name:	County Code
Additional Specifications:	N/A

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4.2.2 Total CARE Inquiries Received: Inquiry Source

Category	Description
W&I Code Section(s):	5985 (e)(11), (f)(1), (h)(2)(A)
Data Element:	Number, Rates, and Trends of Contacts
Data Point:	Total CARE Inquiries Received: Inquiry Source
Question:	How many total CARE inquiries were received in the reporting month from each of the following sources? (Specify all)
Type:	Numeric
Format:	For each source option, specify a number from N to NNNNN.
Width:	5
Value Codes:	<p>For each source option, please specify a number from 0 to 99999.</p> <ul style="list-style-type: none"> • County Behavioral Health or Social Services Representative • Community Member (e.g., religious organization member or leader, community program member or leader) • Family Member, Friend, Roommate • Public Guardian or Conservator • Self-Referral • Hospital or Crisis Stabilization Unit (CSU) Provider or Staff • Outpatient Behavioral Health Provider or Staff • Community Outreach or Housing Entity • First Responder • Court or Public Defender • Other(s)
Measurement Period:	N/A
Data Source:	County behavioral health agency
Data Type:	Aggregated Data
Variable Source:	N/A

Category	Description
Variable Source Name:	N/A
Additional Specifications:	<p>CARE Inquiry: All inquiries received by county behavioral health agencies related to the CARE Act. This includes, but is not limited to, general inquiries, contacts by phone, warmlines, voice messages, emails, and in-person conversations or consultations relating to the CARE Act.</p> <p>Each inquiry may have more than one inquiry source; count all inquiries for each inquiry source.</p> <p>Counties that have established a procedure for accepting pre-petition referrals from potential petitioners should report these in their CARE inquiry totals. This is relevant for counties that provide CARE referral forms, which can be completed by internal or external parties as an alternative to submitting a formal petition.</p>

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4.2.3 CARE Inquiry Focus

Category	Description
W&I Code Section(s):	5985 (e)(11), (f)(1), (h)(2)(A)
Data Element:	Number, Rates, and Trends of Contacts
Data Point:	CARE Inquiry Focus
Question:	For all CARE inquiries received during the reporting month, how many times were the following topics discussed? (Specify all)
Type:	Numeric
Format:	For each topic option, specify a number from N to NNNNN.
Width:	5
Value Codes:	<p>For each topic option, please specify a number from 0 to 99999.</p> <ul style="list-style-type: none"> • CARE eligibility information • Petition assistance, information about petition process, self-help center information or services • Mental health court • Housing services and supports • Mental Health or Substance Use Disorder services and supports • CARE outreach or education (e.g., for purposes of advertising or promoting process)
Measurement Period:	N/A
Data Source:	County behavioral health agency
Data Type:	Aggregated Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	Each inquiry may cover more than one topic; count all topics for each inquiry.

4.2.4 County Action Following CARE Inquiry

Category	Description
W&I Code Section(s):	5985 (e)(11), (f)(1), (h)(2)(A)
Data Element:	Number, Rates, and Trends of Contacts
Data Point:	County Action Following CARE Inquiry
Question:	How many total CARE inquiries received in the reporting month resulted in a connection of an individual to each of the following services and supports? (Specify all)
Type:	Numeric
Format:	For each service and support option, specify a number from N to NNNN.
Width:	5
Value Codes:	<p>For each service and support option, specify a number from 0 to 99999.</p> <ul style="list-style-type: none"> • County MH Services • County Substance Use Disorder Services • CalAIM Community Supports and/or ECM (including housing supports and services) • Social Services and Supports • Specialized Program: Full Service Partnership (FSP) • Specialized Program: Assertive Community Treatment (ACT) • Specialized Program: Forensic ACT (FACT) • Specialized Program: Early Psychosis Intervention • No connection: Insufficient information or incomplete transaction/encounter with individual (e.g., abandoned call) • Other(s)
Measurement Period:	N/A
Data Source:	County behavioral health agency
Data Type:	Aggregated Data
Variable Source:	N/A

Category	Description
Variable Source Name:	N/A
Additional Specifications:	A connection refers to an interaction that resulted in program referral or enrollment. A single inquiry may result in multiple connections; report all connections made for each inquiry. For definition of housing supports and services, please refer to Appendix G .

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5. STATUTORY SYSTEM REFERRALS

5.1 Reporting Month (Date)

5.1.1 Reporting Month (Date)

Category	Description
W&I Code Section(s):	5978.1, 5985 (e)(12), (e)(24), (h)(1)(G)
Data Element:	Reporting Month
Data Point:	Reporting Month (Date)
Question:	What is the reporting month for this submission?
Type:	Date
Format:	MM/DD/YYYY
Width:	10
Value Codes:	MM – Two-digit month, must be a value from 01 through 12 DD – Two-digit day, must be a value from 01 through 31 and a valid day for the month YYYY – Four-digit year, must be a value that is at least 2023
Measurement Period:	Referral Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	If there are multiple open statutory system referrals from the same source, report on only the first received. County BH should consolidate information from all open referrals received from the same source for statutory system referral reporting. If a second referral is received from the same source after the first is resolved, report the second as a new statutory system referral.

Category	Description
	If there are multiple open statutory system referrals from different sources, report on each separately.

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5.2 Basic Client Information

5.2.1 County

Category	Description
W&I Code Section(s):	5978.1, 5985 (e)(12), (e)(24), (h)(1)(G)
Data Element:	Basic Client Information
Data Point:	County
Question:	Who is the reporting county?
Type:	Numeric
Format:	N to NN
Width:	2
Value Codes:	1 – Alameda County 2 – Alpine County 3 – Amador County 4 – Butte County 5 – Calaveras County 6 – Colusa County 7 – Contra Costa County 8 – Del Norte County 9 – El Dorado County 10 – Fresno County 11 – Glenn County 12 – Humboldt County 13 – Imperial County 14 – Inyo County 15 – Kern County 16 – Kings County 17 – Lake County 18 – Lassen County 19 – Los Angeles County 20 – Madera County 21 – Marin County 22 – Mariposa County 23 – Mendocino County 24 – Merced County

Category	Description
	25 – Modoc County 26 – Mono County 27 – Monterey County 28 – Napa County 29 – Nevada County 30 – Orange County 31 – Placer County 32 – Plumas County 33 – Riverside County 34 – Sacramento County 35 – San Benito County 36 – San Bernardino County 37 – San Diego County 38 – The City and County of San Francisco 39 – San Joaquin County 40 – San Luis Obispo County 41 – San Mateo County 42 – Santa Barbara County 43 – Santa Clara County 44 – Santa Cruz County 45 – Shasta County 46 – Sierra County 47 – Siskiyou County 48 – Solano County 49 – Sonoma County 50 – Stanislaus County 51 – Sutter County 52 – Tehama County 53 – Trinity County 54 – Tulare County 55 – Tuolumne County 56 – Ventura County 57 – Yolo County 58 – Yuba County
Measurement Period:	Referral Period
Data Source:	County behavioral health agency
Data Type:	Individual Data

Category	Description
Variable Source:	Adapted from Medi-Cal Eligibility Data System (MEDS)
Variable Source Name:	County Code
Additional Specifications:	N/A

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5.2.2 Current First Name

Category	Description
W&I Code Section(s):	5978.1, 5985 (e)(12), (e)(24), (h)(1)(G)
Data Element:	Basic Client Information
Data Point:	Current First Name
Question:	What is the current first name of the individual who is the subject of the statutory system referral?
Type:	Text
Format:	Alpha String of 1-50 Characters
Width:	50
Value Codes:	Alpha – 1 to 50 characters
Measurement Period:	Referral Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	Adapted from Medi-Cal Eligibility Data System (MEDS)
Variable Source Name:	Beneficiary Name
Additional Specifications:	N/A

5.2.3 Current Last Name

Category	Description
W&I Code Section(s):	5978.1, 5985 (e)(12), (e)(24), (h)(1)(G)
Data Element:	Basic Client Information
Data Point:	Current Last Name
Question:	What is the current last name of the individual who is the subject of the statutory system referral?
Type:	Text
Format:	Alpha String of 1-50 Characters
Width:	50
Value Codes:	Alpha – 1 to 50 characters
Measurement Period:	Referral Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	Adapted from Medi-Cal Eligibility Data System (MEDS)
Variable Source Name:	Beneficiary Name
Additional Specifications:	N/A

5.2.4 Age

Category	Description
W&I Code Section(s):	5978.1, 5985 (e)(12), (e)(24), (h)(1)(G)
Data Element:	Basic Client Information
Data Point:	Age
Question:	What is the date of birth of the individual who is the subject of the statutory system referral?
Type:	Date
Format:	MM/DD/YYYY
Width:	10
Value Codes:	MM – Two-digit month, must be a value from 01 through 12 DD – Two-digit day, must be a value from 01 through 31 and a valid day for the month YYYY – Four-digit year, must be a value that is at least 1899 09/09/9999 – Use this date if the date of birth is unknown. Must update date of birth when it is known
Measurement Period:	Referral Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	Adapted from Medi-Cal Eligibility Data System (MEDS)
Variable Source Name:	Date of Birth
Additional Specifications:	N/A

5.2.5 Social Security Number

Category	Description
W&I Code Section(s):	5978.1, 5985 (e)(12), (e)(24), (h)(1)(G)
Data Element:	Basic Client Information
Data Point:	Social Security Number
Question:	What is the Social Security Number (SSN) of the individual who is the subject of the statutory system referral?
Type:	Text
Format:	NNNNNNNNN or NNNNN
Width:	9
Value Codes:	NNNNNNNNN – Individual’s SSN 99999 – Unknown
Measurement Period:	Referral Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	Adapted from Medi-Cal Eligibility Data System (MEDS)
Variable Source Name:	Social Security Number
Additional Specifications:	Do not include dashes. If the SSN is unknown, enter 99999. The length of SSN has to be 9 digits. If there is a leading 0 for SSN, please make sure to include the leading 0.

5.2.6 Medi-Cal Client Index Number

Category	Description
W&I Code Section(s):	5978.1, 5985 (e)(12), (e)(24), (h)(1)(G)
Data Element:	Basic Client Information
Data Point:	Medi-Cal Client Index Number
Question:	What is the Medi-Cal Client Index Number (CIN) of the individual who is the subject of the statutory system referral?
Type:	Alpha-numeric
Format:	NNNNNNNNA or NNNNNN
Width:	9
Value Codes:	NNNNNNNNA – Client Index Number (e.g., 90187605E) 99999 – Unknown
Measurement Period:	Referral Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	Adapted from Medi-Cal Eligibility Data System (MEDS)
Variable Source Name:	CIN
Additional Specifications:	Do not include dashes. The CIN can be found on a Medi-Cal member's Benefits Identification Card. If CIN is unknown, enter 99999. Enter 99999 for clients with private/commercial insurance.

5.2.7 Eligible Diagnoses

Category	Description
W&I Code Section(s):	5972 (b)
Data Element:	Basic Client Information
Data Point:	Diagnoses
Question:	Which of the following diagnostic criteria does the system referred individual meet, if any? (Select all that apply)
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	1 – Schizophrenia spectrum or other psychotic disorder 2 – Bipolar I disorder with psychotic features 99902 – None 99903 – Other (allow text field)
Measurement Period:	Referral period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	An individual shall qualify for the CARE process only if the individual is experiencing a serious mental disorder, as defined in paragraph (2) of subdivision (b) of W&I Code Section 5600.3 and has a diagnosis identified in the disorder class: schizophrenia spectrum and other psychotic disorders, or bipolar I disorder with psychotic features, except psychosis related to current intoxication, as defined in the most current version of the Diagnostic and Statistical Manual of Mental Disorders.

5.3 Demographics

5.3.1 Sex

Category	Description
W&I Code Section(s):	5978.1, 5985 (e)(12), (e)(24), (h)(1)(G)
Data Element:	Demographics
Data Point:	Sex
Question:	What is the sex of the individual who is the subject of the statutory system referral?
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	1 – Male 2 – Female 3 – Other 99999 – Unknown
Measurement Period:	Referral Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	Adapted from Medi-Cal Eligibility Data System (MEDS)
Variable Source Name:	Sex
Additional Specifications:	The use of unknown aligns with Medi-Cal Data Dictionary. When sex is not selected, use Value Code Option 99999 – Unknown.

5.3.2 Race/Ethnicity

Category	Description
W&I Code Section(s):	5978.1, 5985 (e)(12), (e)(24), (h)(1)(G)
Data Element:	Demographics
Data Point:	Race/Ethnicity
Question:	What is the race and ethnicity of the individual who is the subject of the statutory system referral? (Select all that apply)
Type:	Text
Format:	Alpha String of 1 Character or NNNNN
Width:	5
Value Codes:	1 – White 2 – Hispanic 3 – Black 4 – Other Asian or Pacific Islander 5 – Alaskan Native or American Indian 6 – Filipino 99900 – Client declined to state A – Amerasian C – Chinese H – Cambodian J – Japanese K – Korean M – Samoan N – Asian Indian P – Hawaiian R – Guamanian T – Laotian V – Vietnamese W – Middle Eastern or North African 99903 – Other (allow text field) 99999 – Unknown
Measurement Period:	Referral Period
Data Source:	County behavioral health agency

Category	Description
Data Type:	Individual Data
Variable Source:	Adapted from Medi-Cal Eligibility Data System (MEDS)
Variable Source Name:	Race
Additional Specifications:	N/A

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5.3.3 Disability

Category	Description
W&I Code Section(s):	5978.1, 5985 (e)(12), (e)(24), (h)(1)(G)
Data Element:	Demographics
Data Point:	Disability
Question:	What type of disability /disabilities does individual who is the subject of a statutory system referral have other than a serious mental illness or substance use disorder? (Select all that apply)
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	99902 – None 1 – Visual 2 – Hearing 3 – Speech 4 – Mobility 5 – Mental 6 – Developmentally Disabled 99903 – Other non-SUD or non-SMI Disability (allow text field) 99900 – Client declined to state 99904 – Client unable to answer 99999 – Unknown
Measurement Period:	Referral Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	Adapted from CalOMS Tx Data Dictionary and Prevention and Early Intervention Regulations
Variable Source Name:	Disability

Category	Description
Additional Specifications:	<p>Disability is defined as a physical or mental impairment or medical condition lasting at least six months that substantially limits a major life activity, which is not the result of a serious mental illness.</p> <p>When disability is intentionally not selected, use Value Code Option 99999 – Unknown.</p> <p>For Value Code Option 5 – Mental, include individuals with a mental health disability that is not a serious mental illness (SMI), such as those with a learning disability or dementia.</p>

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5.3.4 Preferred Language

Category	Description
W&I Code Section(s):	5978.1, 5985 (e)(12), (e)(24), (h)(1)(G)
Data Element:	Demographics
Data Point:	Preferred Language
Question:	What is the preferred language of the individual who is the subject of the statutory system referral?
Type:	Text
Format:	Alpha String of 1 Character or NNNNN
Width:	5
Value Codes:	0 – American Sign Language (ASL) 1 – Spanish 2 – Cantonese 3 – Japanese 4 – Korean 5 – Tagalog 6 – Other Non-English 7 – English 8 – No Valid Data Reported (MEDS generated) 99900 – Client declined to state A – Other Sign Language B – Mandarin C – Other Chinese Languages D – Cambodian E – Armenian F – Ilocano G – Mien H – Hmong I – Lao J – Turkish K – Hebrew L – French M – Polish N – Russian P – Portuguese

Category	Description
	Q – Italian R – Arabic S – Samoan T – Thai U – Farsi V – Vietnamese W – Hindi X – Punjabi 99999 – Unknown
Measurement Period:	Referral Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	Adapted from Medi-Cal Eligibility Data System (MEDS)
Variable Source Name:	Primary Language
Additional Specifications:	<p>Preferred language: The language preference for services, as identified by the system-referred individual (client self-report). If the individual is not able to provide this information, collateral and/or volunteer supporter report can be utilized as a source, with appropriate client consent. When preferred language is intentionally not selected, use Value Code Option 99999 – Unknown.</p>

5.3.5 REMOVED: Sexual Orientation

Data Point 5.3.5 Sexual Orientation was included in CARE Act Data Dictionary 1.0 and 2.0. It has since been removed and its number retired as of the publication of the CARE Act Data Dictionary 2.1.

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5.3.6 REMOVED: Gender Identification

Data Point 5.3.6 Gender Identification was included in CARE Act Data Dictionary 1.0 and 2.0. It has since been removed and its number retired as of the publication of the CARE Act Data Dictionary 2.1.

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5.3.7 Employment Status

Category	Description
W&I Code Section(s):	5978.1, 5985 (e)(12), (e)(24), (h)(1)(G)
Data Element:	Demographics
Data Point:	Employment Status
Question:	Which of the following options best describes the employment status of the individual who is the subject of the statutory system referral?
Type:	Text
Format:	Alpha String of 1 Character or NNNNN
Width:	5
Value Codes:	<p><u>Employed in competitive job market</u> A – Full time, 35 hours or more per week B – Part time, less than 35 hours per week</p> <p><u>Employed in noncompetitive job market (sheltered workshop, protected environment)</u> C – Full time, 35 hours or more per week D – Part time, less than 35 hours per week</p> <p><u>Not in the paid work force</u> E – Actively looking for work F – Homemaker G – Student H – Volunteer Worker I – Retired J – Unemployed and not seeking work K – Unable to work due to disability (e.g., hospitalization) 99903 – Other (allow text field) 99999 – Unknown</p>
Measurement Period:	Referral Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	Adapted from CSI Data Dictionary V2.10 (Jan 2023)

Category	Description
Variable Source Name:	Employment Status
Additional Specifications:	N/A

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5.3.8 Veteran Status

Category	Description
W&I Code Section(s):	5978.1, 5985 (e)(12), (e)(24), (h)(1)(G)
Data Element:	Demographics
Data Point:	Veteran Status
Question:	Is the individual who is the subject of the statutory system referral a United States veteran?
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	0 – No 1 – Yes 99900 – Client declined to state 99904 – Client unable to answer 99999 – Unknown
Measurement Period:	Referral Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	Adapted from CalOMS Tx Data Dictionary
Variable Source Name:	Veteran
Additional Specifications:	N/A

5.3.9 REMOVED: Immigration Status

Data Point 5.3.9 Immigration Status was included in CARE Act Data Dictionary 1.0 and 2.0. It has since been removed and its number retired as of the publication of the CARE Act Data Dictionary 2.1.

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5.3.10 Health Care Coverage Status

Category	Description
W&I Code Section(s):	5978.1, 5985 (e)(12), (e)(24), (h)(1)(G)
Data Element:	Demographics
Data Point:	Health Care Coverage Status
Question:	What is the health insurance status of the individual who is the subject of the statutory system referral at the time of referral? (Select all that apply)
Type:	Numeric
Format:	N to NN or NNNNN
Width:	5
Value Codes:	1 – Medicare 2 – Medicaid (Medi-Cal) 3 – State Children's Health Insurance Program (Title XXI) (CHIP) 4 – Veteran's Administration (VA) Medical Services 7 – Private Pay/Commercial Health Insurance (including employer provided insurance, insurance obtained through COBRA, state health insurance for adults (Covered California)) 9 – Indian Health Services Program 10 – Uninsured 11 – TRICARE 99903 – Other Health Insurance (allow text field) 99999 – Unknown
Measurement Period:	Referral Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	U.S. Department of Housing and Urban Development FY 2024 HMIS Data Standards Data Dictionary
Variable Source Name:	Health Insurance
Additional Specifications:	N/A

5.3.11 County of Residence

Category	Description
W&I Code Section(s):	5978.1, 5985 (e)(12), (e)(24), (h)(1)(G)
Data Element:	Demographics
Data Point:	County of Residence (Zip Code)
Question:	What was the zip code of the individual who is the subject of the statutory system referral at their residence in the reporting month?
Type:	Numeric
Format:	NNNNN
Width:	5
Value Codes:	NNNNN – The client's five-digit zip code 00000 or a five-digit zip code – Client is experiencing homelessness (or unhoued). Can use the zip code of billing provider (preferred method), zip code of location of homelessness, or '00000' 99900 – Client declined to state 99904 – Client unable to answer
Measurement Period:	Referral Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	Adapted from Medi-Cal Eligibility Data System (MEDS)
Variable Source Name:	Beneficiary Zip Code
Additional Specifications:	N/A

5.4 Housing Placements

5.4.1 Housing Status/Living Situation

Category	Description
W&I Code Section(s):	5978.1, 5985 (e)(12), (e)(24), (h)(1)(G)
Data Element:	Housing Status
Data Point:	Housing Status /Living Situation
Question:	What was the living situation of the individual who is the subject of the statutory system referral in the reporting month?
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	1 – Homeless (or unhoused) 2 – Institutional 3 – Temporary 4 – Permanent 99903 – Other (allow text field) 99999 – Unknown
Measurement Period:	Referral Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	U.S. Department of Housing and Urban Development FY 2024 HMIS Data Standards Data Dictionary
Variable Source Name:	Based on Appendix A – Living Situation Information
Additional Specifications:	Housing status is defined by the individual’s living situation. Please see Appendix H for a specific definition for each living situation. Select the living situation that describes where the referred individual lives at the time of referral.

5.5 Statutory System Referral Information

5.5.1 Primary Statutory System Referral Source

Category	Description
W&I Code Section(s):	5978.1, 5985 (e)(12), (e)(24), (h)(1)(G)
Data Element:	Number, Rates, and Source of Referrals
Data Point:	Primary System Referral Source
Question:	What was the primary source of this statutory system referral ?
Type:	Numeric
Format:	N
Width:	1
Value Codes:	1 – MIST 2 – FIST 3 – AOT 4 – Facility
Measurement Period:	Referral Period
Data Source:	County behavioral health agency; Facility Referral Form TEMPLATE ; CARE-125 Court Referral to the CARE Act Court
Data Type:	Individual Data
Variable Source:	N/A
Additional Specification	<p>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:</p> <ol style="list-style-type: none"> 1. Misdemeanor proceedings for an individual determined incompetent (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, or

Category	Description
	<p>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).</p> <p>A facility is defined as a facility that provides assessment, evaluation, and crisis intervention pursuant to subdivision (a) of W&I Code section 5150, or a designated facility as defined in subdivision (n) of Section 5008, may refer an individual treated under an involuntary hold to the county behavioral health agency of the county in which the individual resides, or the county in which the individual is receiving involuntary treatment, if they believe that the individual meets or is likely to meet criteria to qualify for the CARE process.</p> <p>If there are multiple open statutory system referrals from the same source, report on only the first received. County BH should consolidate information from all open referrals received from the same source for statutory system referral reporting.</p> <p>If a second referral is received from the same source after the first is resolved, report the second as a new statutory system referral.</p> <p>If there are multiple open statutory system referrals from different sources, report on each separately.</p> <p>CARE-125 Court Referral to CARE Court is an optional form and may not be available for all cases.</p>

5.5.2 Date of Statutory System Referral

Category	Description
W&I Code Section(s):	5978.1, 5985 (e)(12), (e)(24), (h)(1)(G)
Data Element:	Number, Rates, and Source of Referrals
Data Point:	Date of System Referral
Question:	What was the date of the statutory system referral?
Type:	Date
Format:	MM/DD/YYYY
Width:	10
Value Codes:	MM – Two-digit month, must be a value from 01 through 12 DD – Two-digit day, must be a value from 01 through 31 and a valid day for the month YYYY – Four-digit year, must be a value that is at least 2023 09/09/9998 – Use this date if it is not applicable
Measurement Period:	Referral Period
Data Source:	County behavioral health agency; Facility Referral Form TEMPLATE ; CARE-125 Court Referral to the CARE Act Court
Data Type:	Individual Data
Variable Source:	Section 7 and Attachment 7A
Additional Specification	Potential sources for the data of statutory system referrals include, but are not limited to, CARE-125 Court Referral to the CARE Act Court and CARE-126 Order on Court Referral to CARE Act Court. CARE-125 Court Referral to CARE Court and CARE-126 Order on Court Referral to CARE Court are optional forms and may not be available for all cases.

5.5.3 System Referral Outcome (Status)

Category	Description
W&I Code Section(s):	5978.1, 5985 (e)(12), (e)(24), (h)(1)(G)
Data Element:	Number, Rates, and Source of Referrals
Data Point:	System Referral Outcome (Status)
Question:	What was the outcome of the statutory system referral?
Type:	Numeric
Format:	N
Width:	1
Value Codes:	<p>1 – Petitioned to the CARE process</p> <p>2 – Not petitioned – referred to county services and supports (pending enrollment)</p> <p>3 – Not petitioned – accepted voluntary treatment and enrolled in any other county services and supports</p> <p>4 – Neither petitioned nor referred to any county services and supports</p> <p>5 – Status is not yet determined</p>
Measurement Period:	Referral Period
Data Source:	County behavioral health agency; CARE-126 Order on Court Referral to CARE Act Court
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	<p>Counties will report data on a monthly basis until there is a statutory system referral disposition equivalent to Value Code Option 1 – Petitioned to CARE process, 3 - Not petitioned – accepted voluntary treatment and enrolled in any other county services and supports, or 4 – Neither petitioned nor referred to any county services and supports.</p> <p>Pursuant to W&I 5978, if the CARE Act court does not elect to consider a statutory system referral to be a petition, the CARE</p>

Category	Description
	<p>Act court shall order the appropriate petitioner candidate to do the following within 14 court days: (1) Complete an investigation to determine whether to file a petition on behalf of the referred individual; and (2) Notify the referring court whether it intends to file a CARE Act petition on behalf of the referred individual. Note that if the appropriate petitioner candidate notifies the CARE Act court that it requires additional time to complete its investigation, the court may grant an extension of up to 30 court days.</p> <p>CARE-126 Order on Court Referral to CARE Court is an optional form and may not be available in all cases.</p>

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5.5.4 Date of Statutory System Referral Outcome

Category	Description
W&I Code Section(s):	5978.1, 5985 (e)(12), (e)(24), (h)(1)(G)
Data Element:	Number, Rates, and Source of Referrals
Data Point:	Date of System Referral Outcome
Question:	What was the date of the statutory system referral outcome?
Type:	Date
Format:	MM/DD/YYYY
Width:	10
Value Codes:	MM – Two-digit month, must be a value from 01 through 12 DD – Two-digit day, must be a value from 01 through 31 and a valid day for the month YYYY – Four-digit year, must be a value that is at least 2023 09/09/9998 – Use this date if it is not applicable
Measurement Period:	Referral Period
Data Source:	County behavioral health agency, CARE-126 Order on Court Referral to CARE Act Court, CARE-100 Petition to Begin CARE Act Proceedings , or CARE-102 Petition to Begin CARE Act Proceedings Licensed Behavioral Health Professionals Only
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	This refers to the date county behavioral health acted on the statutory system referral, such as date petitioned to CARE, referred individual for enrollment in any other county services, or closed the referral request. Note, that if an individual is referred to a county service, the date of enrollment will be captured in 5.7.1 Date of Enrollment in County Services and Supports. CARE-126 Order on Court Referral to CARE Court are optional forms and may not be available for all cases.

5.5.5 Rationale for Not Petitioning to CARE

Category	Description
W&I Code Section(s):	5978.1, 5985 (e)(12), (e)(24), (h)(1)(G)
Data Element:	Number, Rates, and Source of Referrals
Data Point:	Rationale for Not Petitioning to CARE
Question:	What was the reason for not petitioning this individual to the CARE process? (Select all that apply)
Type:	Numeric
Format:	N
Width:	1
Value Codes:	<p>1 – The person is not 18 years of age or older</p> <p>2 – The person does not have a diagnosis identified in the disorder class: schizophrenia spectrum and other psychotic disorders or bipolar I disorder with psychotic features, except psychosis related to current intoxication</p> <p>3 – The person requires a higher level of care (e.g., AOT)</p> <p>4 – It is unlikely that the person will benefit from participation in a CARE plan or CARE agreement</p> <p>5 – The person is no longer residing in community within the county or unable to be located (e.g., individual moved away, transferred to another county, unable to be located, incarcerated, death)</p>
Measurement Period:	Referral Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	This data point is available when 5.5.3 System Referral Outcome (Status) Value Code Options 2 – Not petitioned – referred to county services and supports (pending enrollment), 3 – Not petitioned – accepted voluntary treatment and

Category	Description
	enrolled in any other county services and supports, or 4 – Neither petitioned nor referred to any county services and supports is selected.

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5.5.6 Pending County Services and Supports

Category	Description
W&I Code Section(s):	5978.1, 5985 (e)(12), (e)(24), (h)(1)(G)
Data Element:	Number, Rates, and Source of Referrals
Data Point:	Pending County Services and Supports
Question:	What county services and supports are pending enrollment for this individual? (Select all that apply)
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	1 – Mental Health Services 2 – Substance Use Disorder Services 3 – CalAIM Community Supports and/or ECM 4 – Social Services and Supports 5 – Specialized Program—Full Service Partnership (FSP) 6 – Specialized Program—Assertive Community Treatment (ACT) 7 – Specialized Program—Forensic ACT (FACT) 8 – Specialized Program—Early Psychosis Intervention 9 – Housing Supports and Services 99902 – None 99903 – Other (allow text field) 99999 – Unknown
Measurement Period:	Referral Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A

Category	Description
Additional Specifications:	<p>This data point is required when 5.5.3 System Referral Outcome (Status) Value Code Option 2 – Not petitioned – referred to county services and supports (pending enrollment) is selected.</p> <p>For definitions and descriptions of each of the Value Code Options, please refer to the following: Appendix D for Mental Health Services, Appendix E for Substance Use Disorder Services, Appendix F for CalAIM Community Supports, Appendix G for Social Services and Supports, and Appendix H for housing supports and services.</p>

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5.5.7 Reason Not Referred

Category	Description
W&I Code Section(s):	5978.1, 5985 (e)(12), (e)(24), (h)(1)(G)
Data Element:	Number, Rates, and Source of Referrals
Data Point:	Reason Not Referred
Question:	What was the primary reason that this individual was not referred to any county services and supports?
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	1 – Client death 2 – Client moved away 3 – Client transferred to another county 4 – Client is sentenced to long term incarceration 5 – Client transitioned to a higher level of care (e.g., AOT) 6 – Client declined services 7 – Active linkage provided by original referral source 8 – Unable to locate 99903 – Other (allow text field)
Measurement Period:	Referral Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	This field is required when 5.5.3 System Referral Outcome (Status) Value Code Option 4 – Neither petitioned nor referred to any county services and supports is selected.

5.6 Outreach and Engagement Efforts

5.6.1 Total Outreach Attempts

Category	Description
W&I Code Section(s):	5978.1, 5985 (e)(10), e(12), (e)(24), (h)(1)(G)
Data Element:	Outreach and Engagement Efforts
Data Point:	Total Outreach Attempts
Question:	What was the total number of outreach attempts with the individual in the reporting month, by type? (Specify all)
Type:	Numeric
Format:	For each outreach option type, specify a number from N to NN.
Width:	2
Value Codes:	For each outreach option type, please specify a number from 0 to 99. <ul style="list-style-type: none"> • Phone/Electronic • In-Person: In the Community • In-Person: Institutional/hospital setting
Measurement Period:	Referral Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	Outreach attempts (one-way communication): Count the number of in-person and virtual efforts made to contact a referred individual to engage in services and supports during the Referral Period. Institutional settings may include jail, residential or hospital settings. Exclude <u>mass</u> mailings, distribution emails, and <u>mass</u> text messages.

5.6.2 Total Engagements

Category	Description
W&I Code Section(s):	5978.1, 5985 (e)(10), e(12), (e)(24), (h)(1)(G)
Data Element:	Outreach and Engagement Efforts
Data Point:	Total Engagements
Question:	What was the total number of in-person and virtual engagements with the individual in the reporting month, by type? (Specify all)
Type:	Numeric
Format:	For each engagement option type, specify a number from N to NN.
Width:	2
Value Codes:	For each engagement option type, please specify a number from 0 to 99. <ul style="list-style-type: none"> • Phone/Electronic • In-Person: In the Community • In-Person: Institutional/hospital setting
Measurement Period:	Referral Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	Engagements (two-way exchange): Count the number of times county engaged with a referred individual during the Referral Period. Institutional settings may include jail, residential, or hospital settings.

5.7 Services and Supports

5.7.1 Date of Enrollment in County Services and Supports

Category	Description
W&I Code Section(s):	5978.1, 5985 (e)(12), (e)(24), (h)(1)(G)
Data Element:	Number, Rates, and Source of Referrals
Data Point:	Date of Enrollment in County Services and Supports
Question:	What is the date of enrollment in county services and supports?
Type:	Date
Format:	MM/DD/YYYY
Width:	10
Value Codes:	MM – Two-digit month, must be a value from 01 through 12 DD – Two-digit day, must be a value from 01 through 31 and a valid day for the month YYYY – Four-digit year, must be a value that is at least 2023 09/09/9998 – Use this date if it is not applicable
Measurement Period:	Referral Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	This data point is required when 5.5.3 System Referral Outcome (Status) Value Code Option 3 – Not petitioned – accepted voluntary treatment and enrolled in any other county services and supports is selected. If the client was enrolled in multiple services and supports, use the earliest date of enrollment in any county services and supports.

5.7.2 County Services and Supports Provided

Category	Description
W&I Code Section(s):	5978.1, 5985 (e)(12), (e)(24), (h)(1)(G)
Data Element:	Number, Rates, and Source of Referrals
Data Point:	County Services and Supports Provided
Question:	What county services and supports are being provided or coordinated by county behavioral health agency for this individual? (Select all that apply)
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	1 – Mental Health Services 2 – Substance Use Disorder Services 3 – CalAIM Community Supports and/or ECM 4 – Social Services and Supports 5 – Specialized Program—Full Service Partnership (FSP) 6 – Specialized Program—Assertive Community Treatment (ACT) 7 – Specialized Program—Forensic ACT (FACT) 8 – Specialized Program—Early Psychosis Intervention 9 – Housing Supports and Services 99902 – None 99903 – Other (allow text field) 99999 – Unknown
Measurement Period:	Referral Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A

Category	Description
Additional Specifications:	<p>This data point is required when 5.5.3 System Referral Outcome (Status) Value Code Option 3 – Not petitioned – accepted voluntary treatment and enrolled in any other county services and supports is selected.</p> <p>For definitions and descriptions of each of the Value Code Options, please refer to the following: Appendix D for Mental Health Services, Appendix E for Substance Use Disorder Services, Appendix F for CalAIM Community Supports, Appendix G for Social Services and Supports, and Appendix H for housing supports and services.</p>

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5.7.3 Services and Supports Provided Outside the County

Category	Description
W&I Code Section(s):	5978.1, 5985 (e)(12), (e)(24), (h)(1)(G)
Data Element:	Number, Rates, and Source of Referrals
Data Point:	Services and Supports Provided Outside the County
Question:	What services and supports is this individual receiving that is not provided by the county behavioral health? (Select all that apply)
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	1 – Mental Health Services 2 – Substance Use Disorder Services 3 – CalAIM Community Supports and/or ECM 4 – Social Services and Supports 5 – Housing Supports and Services 99902 – None 99903 – Other (allow text field) 99999 – Unknown
Measurement Period:	Referral Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A

Category	Description
Additional Specifications:	<p>This data point is required when 5.5.3 System Referral Outcome (Status) Value Code Options 2 – Not petitioned – referred to county services and supports (pending enrollment), 3 – Not petitioned – accepted voluntary treatment and enrolled in any other county services and supports, or 4 – Neither petitioned nor referred to any county services and supports is selected.</p> <p>Report services and supports provided outside of county behavioral health on the Date of System Referral.</p> <p>For definitions and descriptions of each of the Value Code Options, please refer to the following: Appendix D for Mental Health Services, Appendix E for Substance Use Disorder Services, Appendix F for CalAIM Community Supports, Appendix G for Social Services and Supports, and Appendix H for housing supports and services.</p>

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5.7.4 Stabilizing Medications

Category	Description
W&I Code Section(s):	5978.1, 5985 (e)(12), (e)(24), (h)(1)(G)
Data Element:	Stabilizing Medications
Data Point:	Stabilizing Medications
Question:	Were there any medications prescribed to reduce symptoms of hallucinations, delusions, and disorganized thinking?
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	0 – No 1 – Yes 99999 – Unknown
Measurement Period:	Referral Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	For individuals who do not have a psychotic disorder, indicate Value Code Option 0 – No. Per W&I Code section 5971 (q) , stabilization medications mean medications that primarily consist of antipsychotic medications, to reduce symptoms of hallucinations, delusions, and disorganized thinking (e.g., typical or atypical antipsychotics, long-acting injectable antipsychotics, or mood stabilizers). Stabilization medications may be administered as long-acting injections if clinically indicated. Stabilization medications shall not be forcibly administered.

5.7.5 Type of Stabilizing Medication

Category	Description
W&I Code Section(s):	5978.1, 5985 (e)(12), (e)(24), (h)(1)(G)
Data Element:	Stabilizing Medications
Data Point:	Type of Stabilizing Medication
Question:	If stabilizing medications were provided, was a long-acting injectable antipsychotic administered as prescribed?
Type:	Numeric
Format:	N or NNNNN
Width:	5
Value Codes:	0 – No 1 – Yes 99999 – Unknown
Measurement Period:	Referral Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	N/A
Variable Source Name:	N/A
Additional Specifications:	This field is required when 5.7.4 Stabilizing Medications Value Code Option 1 – Yes is selected. Antipsychotic medications include, but may not be limited to, the list of medications found in the National Committee for Quality Assurance’s HEDIS National Drug Code (NDC) file for Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA) Measure.

5.8 Petitioned to CARE

5.8.1 Petition Case Number

Category	Description
W&I Code Section(s):	5978.1, 5985 (e)(12), (e)(24), (h)(1)(G)
Data Element:	Number, Rates, and Source of Referrals
Data Point:	Petition Case Number
Question:	What is the CARE petition case number?
Type:	Text
Format:	Alpha Numeric – restricted
Width:	20
Value Codes:	Alpha Numeric – Up to 20 Characters
Measurement Period:	Referral Period
Data Source:	County behavioral health agency
Data Type:	Individual Data
Variable Source:	CARE-100 Petition to Begin CARE Act Proceedings or CARE-102 Petition to Begin CARE Act Proceedings Licensed Behavioral Health Professionals Only
Variable Source Name:	Case number
Additional Specifications:	This data point is required when 5.5.3 System Referral Outcome (Status) Value Code Option 1 – Petitioned to the CARE process is selected. The petition case number as indicated on the CARE-100/CARE-102 form.

APPENDICES

Appendix A: Reporting Requirements and Metrics

(a) (1) Pursuant to [Welfare and Institutions Code Section 5985](#), DHCS shall develop, in consultation with county behavioral health agencies, other relevant state or local government entities, disability rights groups, individuals with lived experience, families, counsel, racial justice experts, and other appropriate stakeholders, an annual CARE Act report. The department shall post the annual report on its internet website.

(2) The department, in consultation with county behavioral health agencies and courts, shall specify the length of time that data on former participants shall be reported pursuant to subdivision (e), which shall be a minimum of 12 months after completion of and a maximum of 36 months following engagement in CARE Act elective services, a CARE agreement, or CARE plan.

(3) For the purposes of this section, the following definitions shall apply:

(A) "Former participant" means an individual who enters into CARE Act elective services, a CARE agreement, or a CARE plan, but who has either graduated from CARE, or for whom CARE Act proceedings were dismissed or terminated. Counties shall not be responsible for reporting on any individual who is privately insured or who no longer resides in California.

(B) "Active participants" means an individual who is an elective client, or who has a CARE plan or CARE agreement.

(b) County behavioral health agencies and any other state or local governmental entity, as identified by the department, shall provide data related to the CARE Act participants, services, and supports to the department. The department shall determine the data measures and specifications, and shall publish them via guidance issues pursuant to subdivision (b) of Section 5984.

(c) Each county behavioral health department and any other state and local governmental entity, as identified by the department, shall provide the required data to the department, in a format and frequency as directed by the department.

(d) (1) In consultation with the Judicial Council, the department shall develop an annual reporting schedule for the submission of CARE Act data from the trial courts.

(2) Data from the trial courts shall be submitted to the Judicial Council, which shall aggregate the data and submit it to the department consistent with the reporting schedule developed pursuant to paragraph (1).

(3) On an annual basis to be determined by the Judicial Council and consistent with the annual reporting schedule developed pursuant to paragraph (1), the trial courts shall report to the Judicial Council the following data related to CARE Act petitions:

(A) The number of petitions submitted pursuant to Section 5975.

(B) The number of initial appearances on the petition set pursuant to paragraph (3) of subdivision (a) of Section 5977.

(C) The total number of hearings held pursuant to this part.

(D) The total number of CARE plans ordered and CARE agreements approved.

(E) The total number of court petitions dismissed, as reported by the Judicial Council.

(e) The annual report shall include process measures to examine the scope of impact and monitor the performance of CARE Act model implementation. The measures and reporting requirements shall be developed by the department in consultation with county behavioral health agencies. The report shall include trial court petition data pursuant to paragraph (3) of subdivision (d) and, to the extent administrative data is available, all of the following information compiled from county behavioral health departments and courts:

(1) The demographics of all participants, including, but not limited to, the age, sex, race, ethnicity, disability, languages spoken, sexual orientation, gender identity, housing status, veteran status, immigration status, health coverage status, including Medi-Cal enrollment status, information related to CARE criteria outlined in Section 5972, and county of residence.

(2) The petitioner's relationship to the CARE Act respondent as defined in Section 5974.

(3) The services and supports ordered, the services and supports provided, and the services and supports ordered but not provided to all active and former participants.

(4) The housing placements of all active and former participants. Placements include, but are not limited to, transition to a higher level of care, independent

living in the person's own house or apartment, community-based housing, community-based housing with services, shelter, and no housing.

(5) Treatments continued and terminated of all active and former participants.

(6) Substance use disorder rates and rates of treatment among all active and former participants.

(7) Detentions and other Lanterman-Petris-Short Act involvement for all active and former participants.

(8) Criminal justice involvement of all active and former participants.

(9) Deaths among all active and former participants, along with the cause of death.

(10) Type, format, and frequency of outreach and engagement activities provided by a county behavioral health agency to engage an individual who is the subject of a referral or petition, including interactions about the individuals eligible or likely to be eligible and outcomes of these efforts.

(11) In consultation with the department and county behavioral health departments, the number, rates, and trends of contacts made to the county behavioral health agency about individuals eligible or likely to be eligible for the CARE process, including outcomes of those contacts.

(12) The number, rates, and source of referrals to county behavioral health departments, including, but not limited to, referrals resulting in a petition or reason for not filing a petition, length of time from referral to outcome, and services provided for those engaged voluntarily without a petition.

(13) The number, rates, and trends of petitions resulting in dismissal and hearings.

(14) Information on petition dispositions, including, but not limited to, disposition recommendations and the number of days from petition to disposition.

(15) The number, rates, and trends of supporters.

(16) The number, rates, and trends of approved CARE agreements.

(17) The number, rates, and trends of ordered and completed CARE plans.

(18) Statistics on the services and supports, including court orders for stabilizing medications.

(19) The rates of adherence to medication.

(20) The number, rates, and trends of psychiatric advance directives created for active participants.

(21) The number, rates, and trends of developed graduation plans.

(22) Outcome measures to assess the effectiveness of the CARE Act model, such as improvement in housing status, including gaining and maintaining housing, reductions in emergency department visits and inpatient hospitalizations, reductions in law enforcement encounters and incarceration, reductions in involuntary treatment and conservatorship, and reductions in substance use.

(23) A health equity assessment of the CARE Act to identify demographic disparities based on demographic data in paragraph (1), and to inform disparity reduction efforts.

(24) Data regarding referrals made pursuant to Section 5978.1, as part of the CARE Act.

(f) (1) The report shall include, at a minimum, information on the effectiveness of the CARE Act model in improving outcomes and reducing disparities, homelessness, criminal justice involvement, conservatorships, and hospitalization of participants. The annual report shall include process measures to examine the scope of impact and monitor the performance of CARE Act model implementation, such as the number and source of petitions filed for CARE Court; the number, rates, and trends of petitions resulting in dismissal and hearings; the number, rates, and trends of supporters; the number, rates, and trends of voluntary CARE agreements; the number, rates, and trends of ordered and completed CARE plans; the services and supports included in CARE plans, including court orders for stabilizing medications; the rates of adherence to medication; the number, rates, and trends of psychiatric advance directives; and the number, rates, and trends of developed graduation plans. The report shall include outcome measures to assess the effectiveness of the CARE Act model, such as improvement in housing status, including gaining and maintaining housing; reductions in emergency department visits and inpatient hospitalizations; reductions in law enforcement encounters and incarceration; reductions in involuntary treatment and conservatorship; and reductions in substance use. The annual report shall examine these data through the lens of health equity to identify racial, ethnic, and other demographic disparities and inform disparity reduction efforts.

(2) Data shall be stratified by age, sex, race, ethnicity, languages spoken, disability, sexual orientation, gender identity, housing status, veteran status,

immigration status, health coverage source, and county, to the extent statistically relevant data is available.

(g) The outcomes shall be presented to relevant state oversight bodies, including, but not limited to, the California Interagency Council on Homelessness.

(h) (1) Beginning in 2026, the department shall include in its annual CARE Act report quantitative, deidentified information concerning the operation of this part.

(2) Based on information provided to the department in a form and manner specified by the department, in consultation with the Judicial Council and county behavioral health departments, in accordance with subdivision (b) of Section 5984, the report shall include all of the following information, aggregated by county, compiled from county behavioral health departments, courts, and the department, depending on the source:

(A) The number of contacts to the county behavioral health department about individuals eligible or likely to be eligible for the CARE process, including outcome of contacts.

(B) The number of CARE petitions filed with the superior court.

(C) The petitioner type for each petition filed with the superior court.

(D) Disposition of each petition filed with the superior court.

(E) The number of days between filing each petition and the petition's disposition.

(F) Demographic information of each CARE Act participant or potentially eligible CARE Act participant, including, but not limited to, age, sex, race, ethnicity, disability, languages spoken, sexual orientation, gender identity, housing status, veteran status, immigration status, health coverage status, including Medi-Cal enrollment status, information related to CARE criteria outlined in Section 5972, and county of residence, to the extent administrative data is available and statistically relevant.

(G) The number of referrals of individuals in conservatorship proceedings made pursuant to subdivision (a) of Section 5978, including the disposition of each referral.

(H) The number of referrals made pursuant to Section 5978.1, including the disposition of each referral.

(i) Information publicly released or published pursuant to this part shall not contain data that may lead to the identification of participants or petitioners or information that would otherwise allow an individual to link the published information to a specific person. Data published by the department shall be deidentified in compliance with Section 164.514(a) and (b) of Title 45 of the Code of Federal Regulations.

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Appendix B: Glossary of Terms

Active participant: A CARE participant who is receiving county services under CARE court jurisdiction (through a **CARE plan** or **CARE agreement**) or outside CARE court jurisdiction (as an elective client). Active participants are tracked for 12 months upon entering into a CARE plan or CARE agreement or as an elective client. Active participants under CARE court jurisdiction can be re-appointed to CARE for up to another 12 months.

Active Service Period: Begins at the conclusion of the CARE Process Initiation Period. This measurement period encompasses the duration of services and supports for all CARE participants. The Active Service Period is 12 months for all CARE participants or up to a total of 24 months for those reappointed in a CARE plan.

Appropriate petitioner candidate: As defined in W&I 5978, for statutory system referrals the CARE Act courts have determined require additional investigation to determine CARE eligibility, the appropriate petitioner candidate is defined as:

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

Community Assistance, Recovery, and Empowerment (CARE) Act: [Senate Bill 1338](#) established the Community Assistance, Recovery, and Empowerment (CARE) Act to provide community-based behavioral health services and supports to Californians living with untreated schizophrenia spectrum or other psychotic disorders, or bipolar I disorder with psychotic features, except psychosis related to current intoxication, through a new civil court process. CARE Act is intended to serve as an upstream intervention for the most severely impaired Californians to prevent avoidable psychiatric hospitalizations, incarcerations, and Lanterman-Petris-Short Mental Health Conservatorships.

CARE participant: An individual who is the subject of a petition for CARE proceedings and met prima facie.

CARE process: The court and related proceedings to implement the CARE Act.

CARE Process Initiation Period: Begins when a county behavioral health agency files a petition or when the court orders a county to file a written report². This period concludes when the court does one of the following:

1. Approves the CARE agreement; or
2. Orders the CARE plan; or
3. Dismisses the petition.

CARE agreement: A voluntary agreement between the respondent and the county behavioral health agency after a court has determined that the respondent is eligible for the CARE process. If a CARE agreement is not reached, the court may order the creation of a CARE plan.

CARE Inquiry: All inquiries received by county behavioral health agencies related to the CARE Act. This includes but is not limited to general inquiries, contacts by phone, warmlines, voice messages, emails, and in-person conversations or consultations relating to the CARE Act.

CARE plan: Includes a range of community-based services and supports ordered by the court. There will be status review hearings to review progress and challenges. Services and supports in the CARE plan can be changed to support the respondent's success. If included in the CARE plan or agreement, stabilizing medications are prescribed by the treating licensed behavioral health care provider. 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.

Clinically stabilized: clinically stabilized means that the individual meets the following conditions:

- The person's condition is stable and not deteriorating, and is likely to survive safely in the community without supervision.
- The person is currently engaged in treatment and managing symptoms through medication or other therapeutic interventions.
- Mental health condition is not negatively impacting ability to live safely within the community or current housing situation.

Connection: An interaction that resulted in a program enrollment.

² If the county behavioral health agency is not the original petitioner, the "CARE Process Initiation" period begins once the court orders the county behavioral health agency to investigate and file a report.

County behavioral health agency: The local director of mental health services described in Section 5607, the local behavioral health director, or both as applicable, or their designee.

Current CARE status: Refers to the stage of the CARE process that the CARE participant has progressed to.

Department of Health Care Services: A department within the California Health and Human Services Agency that finances and administers a number of individual health care service delivery programs, including Medi-Cal, which provides health care services to low-income Californians.

Disability: A physical or mental impairment or medical condition lasting at least six months that substantially limits a major life activity, which is not the result of a serious mental illness.

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

Engagement: Two-way exchanges or interactions that resulted in a CARE participant's acceptance or willingness to accept services, or relationship building to increase likelihood of participating in services and supports.

Facility: a facility that provides assessment, evaluation, and crisis intervention pursuant to subdivision (a) of Section 5150, or a designated facility as defined in subdivision (n) of Section 5008, may refer an individual treated under an involuntary hold to the County behavioral health agency of the county in which the individual resides, or the county in which the individual is receiving involuntary treatment, if they believe that the individual meets or is likely to meet criteria to qualify for the CARE process.

Follow-Up Period: Begins at the conclusion of the Active Service Period. This measurement period is 12 months for all former participants continuing to receive elective county services and supports.

Former participant: A CARE participant tracked during a 12-month follow-up period, beginning after receiving at least 12 months of county services. This includes CARE participants who were elective clients or who were enrolled under a CARE plan or CARE agreement and have completed a minimum of 12 months of county services and supports (or up to 24 months if CARE plan or agreement is extended).

Graduation plan: A voluntary agreement entered into by the parties at the end of the CARE program that includes a strategy to support a successful transition out of

court jurisdiction and that may include a psychiatric advance directive. A graduation plan includes the same elements as a CARE plan to support the respondent in accessing community-based services and supports. The graduation plan shall not place additional requirements on the local government entities and is not enforceable by the court.

Homeless outreach worker: A person who engages people experiencing homelessness to assess for unmet needs, offer information, services, or other assistance, or provide care coordination.

Housing status: Describes the individual's living situation (see [Appendix H](#))

Indian health care provider: A health care program operated by the Indian Health Service, an Indian tribe, a tribal organization, or urban Indian organization (I/T/U) as those terms are defined in Section 4 of the Indian Health Care Improvement Act (25 U.S.C. Sec. 1603).

Inpatient hospitalizations: The number of unique/separate admissions to a hospital for any reason (i.e., psychiatric hospitalization or hospitalization for a physical condition).

Judicial Council of California: The constitutionally created policy making body of the California courts.

Lanterman-Petris-Short Act (LPS): The [Lanterman-Petris-Short Act](#) authorizes involuntary psychiatric treatment in limited circumstances. The LPS Act was enacted in 1967 and sought to "end the inappropriate, indefinite, and involuntary commitment of persons with mental health disorders".

LPS or Mental Health Conservatorship: This is a legal mechanism in which the court appoints a person to make certain legal decisions for people who have been diagnosed with a severe mental illness. Conservatorship is defined as "service designed for the financial and personal protection of individuals deemed to be gravely disabled under the provisions of the [LPS] Act." [9 CCR § 548\(b\)](#). Conservatorship services include conservatorship administration, which means, "services provided by a designated conservator to manage a conservatee's financial resources and to assure the availability and adequacy of necessary treatment services and mental health social services." [9 CCR § 548\(b\)\(2\)](#).

LPS Hold: [California law](#) allows individuals to be taken into custody due to mental illness, if the individual is likely to cause or suffer specific kinds of harm. This is often referred to as a "5150 hold,". Individuals could be held for up to 72 hours. At the

conclusion of a 72-hour hold, individuals will be released, signed in as a voluntary patient, put on a 14-day involuntary hold, or referred for conservatorship.

Measurement period: The range of time that county behavioral health agencies are required to collect CARE Act data. Measurement periods are dependent on the current CARE status and statutory system referral disposition.

Misuse (of prescription psychotherapeutics): Use in any way other than directed by a health care provider. Such misuse may include obtaining the drug without a valid prescription or using the prescribed drug in greater amounts, more often, longer duration, or in any other way not directed by a doctor.

MOVEit: A mechanism used for automated secure file transfers of data. County behavioral health agencies will utilize this option for submitting data using the available data file templates and accessing necessary files.

One-Year Status Hearing: One-year status hearing occurs in the 11th month of the CARE process timeline.

Outreach attempts: One-way in-person and virtual efforts made to contact a CARE participant to engage in services and supports.

Petitioner: The person who files the CARE Act petition with the court. Additionally, if the petitioner is a person listed in Section 5974 other than the director of a county behavioral health agency, or their designee, the petitioner shall have the right to file a petition with the court, but at the initial hearing the court shall substitute the director of a county behavioral health agency, or their designee, of the county in which the proceedings are filed as petitioner. The original petitioner may, at the court's discretion and in furtherance of the interests of the respondent, retain rights as described in subparagraph (A) of paragraph (6) of subdivision (b) of Section 5977.

Preferred language: The language preference for services, as identified by the CARE participant (client self-report).

Psychiatric Advance Directive: A Psychiatric Advance Directive (PAD) is a type of Advance Health Care Directive. It is a self-directed legal document that states a person's preferences and provides instructions for mental health treatment in advance of a mental health crisis. Physicians, hospitals, and other providers should refer to a PAD in situations when the individual is unable to articulate their own care preferences. A PAD may be incorporated into ongoing mental health treatment, serving as a blueprint for the individual's preferences regarding their physical and mental health.

Referral Period: Begins when a county behavioral health agency receives a statutory system referral. This period ends when one of the following occurs, whichever comes first:

1. The county behavioral health agency files a CARE petition; or
2. The individual is enrolled in county services and supports.

Respondent: The person who is the subject of the petition for the CARE process.

Services and supports: CARE participants can be provided various services and supports during the CARE process. For definitions and descriptions of each of the Value Code Options, please refer to the following: [Appendix D](#) for Mental Health Services, [Appendix E](#) for Substance Use Disorder Services, [Appendix F](#) for CalAIM Community Supports, [Appendix G](#) for Social Services and Supports, and [Appendix H](#) for housing supports and services.

Severe mental illness: A mental disorder that is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time.

Stabilizing medication: Medications that primarily consist of antipsychotic medications, to reduce symptoms of hallucinations, delusions, and disorganized thinking (i.e., typical or atypical antipsychotics, long-acting injectable antipsychotics, or mood stabilizers). Stabilization medications may be administered as long-acting injections if clinically indicated. Stabilization medications shall not be forcibly administered.

Substance misuse: The misuse of illegal and controlled drugs includes the use of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens, heroin, and misuse of prescription-type psychotherapeutic drugs (pain relievers, tranquilizers, stimulants, and sedatives). Misuse of prescription psychotherapeutics is defined as use in any way other than directed by a health care provider. Such misuse may include obtaining the drug without a valid prescription or using the prescribed drug in greater amounts, more often, longer duration, or in any other way not directed by a doctor.

SurveyMonkey: A cloud-based service that hosts the CARE Act Data Collection & Reporting Tool. County behavioral health agencies may utilize this option for manual data entry.

Statutory system referrals: 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 (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, or
4. A facility that provides assessment, evaluation, and crisis intervention, pursuant to W&I Code Sections 5150 subdivision (a) or a designated facility as defined in 5008 subdivision (n).

Statutory system referral disposition: The current status or outcome of a statutory system referral.

Termination: An exit from elective services and supports

Total hearings held: All hearings associated with a petition, including initial merits of the petition, case management, clinical evaluation review, CARE plan review, progress/status review, one-year status review, and graduation hearings.

Volunteer Supporter: An adult designated by the respondent who assists the person who is the subject of the petition, which assistance may include supporting the person to understand, make, communicate, implement, or act on their own life decisions during the CARE process, including a CARE agreement, a CARE plan, and developing a graduation plan. A supporter shall not act independently.

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

Date	Description of Modifications	File Version
	<ul style="list-style-type: none"> • 3.4.3 Ethnicity (combined into 3.4.2 Race/Ethnicity) • 3.7.2 Misused Illegal/Controlled Substances • 3.10.1 Death among participants <p>Revised Value Code Options:</p> <ul style="list-style-type: none"> • 3.3. (a) Basic Client Information <ul style="list-style-type: none"> ○ 3.3.5(a) Social Security Number ○ 3.3.9 Original Petitioner ○ 3.3.10 Current CARE Status ○ 3.3.13 Reason for Termination • 3.4 Demographics <ul style="list-style-type: none"> ○ 3.4.2 Race/Ethnicity (Retitled) ○ 3.4.10 Employment Status ○ 3.4.13 Health Care Coverage Status • 3.5 Services and Supports <ul style="list-style-type: none"> ○ 3.5.4 Reason for Mental Health Services in CARE Agreement or Plan Not Provided ○ 3.5.12 Reason for Substance Use Disorder Services in CARE Agreement or Plan Not Provided ○ 3.5.13 CalAIM Community Supports Provided ○ 3.5.14 CalAIM Community Supports in CARE Agreement or Plan ○ 3.5.15 CalAIM Community Supports in CARE Agreement or Plan Not Provided ○ 3.5.16: Reason for CalAIM Community Supports in CARE Agreement or Plan Not Provided ○ 3.5.20: Reason for Social Services and Supports in CARE Agreement or Plan Not Provided ○ 3.5.21: Specialized Programs ○ 3.5.21: Full Service Partnership • 3.6 Housing Placements <ul style="list-style-type: none"> ○ 3.6.2 Type of Housing Support • 3.12 CARE Plan, CARE Agreement, and Graduation <ul style="list-style-type: none"> ○ 3.12.4 One-Year Status Hearing • 3.13 Hospitalizations and Emergency Department Visits <ul style="list-style-type: none"> ○ 3.13.1 Inpatient Hospitalizations ○ 3.13.2 Emergency Department Visits 	

Date	Description of Modifications	File Version
	<p>Revised logic:</p> <ul style="list-style-type: none"> 3.5.6 Stabilizing Medications <p>Revised data point numbers:</p> <ul style="list-style-type: none"> 3.2.2 (a) Total Initial Appearances (Initial Hearings) Held: Previously numbered 3.2.2 3.3.5 (a) Social Security Number: Previously numbered 3.3.5 3.3.11 (a) Petition Dismissal Date: Previously numbered 3.3.11 <p>New Sections</p> <ul style="list-style-type: none"> Section 4. CARE Inquiries Section 5. System Referrals Appendix B. Glossary of Terms (replaced Summary Table – now integrated into Data File Templates) <p>Revised Appendix A Reporting Requirements and Metrics to align with current legislative requirements</p> <p>Other Changes</p> <p>Implemented non-substantive grammatical and formatting changes; Clarified information in “Additional Specifications” for various data points.</p> <p>A detailed log of changes will be provided within the Data File Templates and will be available on the CARE Act Resource Center Data Collection and Reporting page.</p>	
XX/XX/XX	<p>Revisions to Section 2. Instructions</p> <p>Participant definitions:</p> <ul style="list-style-type: none"> Revised “elective client” definition. Revised “active participant” definition. Revised “former participant” definition. <p>Revisions to Section 3. Petitioned Individuals</p> <p>New data points:</p> <ul style="list-style-type: none"> 3.4.15 Eligible Diagnoses <p>Retired data points:</p> <ul style="list-style-type: none"> 3.2.2 (b) Total Initial Appearances (Initial Hearings) Set 	2.1

Date	Description of Modifications	File Version
	<ul style="list-style-type: none"> • 3.4.8 Sexual Orientation • 3.4.9 Gender Identification • 3.4.12 Immigration Status <p>Revised Value Code Options:</p> <ul style="list-style-type: none"> • 3.3.9 Original Petitioner • 3.3.11 (c) County Findings on CARE Ineligibility • 3.4.13 Health Care Coverage Status • 3.12.5 Outcome of One-Year Status Hearing <p>Added references to updated Judicial Council Forms in applicable Variable Source fields.</p> <p>Clarified information in "Additional Specifications" for various data points:</p> <ul style="list-style-type: none"> • 3.3.7 Petition File Date • 3.3.11(a) Petition Dismissal Date • 3.3.19 Petitioner Current First Name • 3.5.7 Type of Stabilizing Medication • 3.12.3 CARE Plan Completion Date <p>Revisions to Section 4. CARE Inquiries</p> <p>Clarified information in "Additional Specifications" for 4.2.2 Total CARE Inquiries Received: Inquiry Source</p> <p>Revisions to Section 5. Statutory System Referrals (Previously titled System Referrals)</p> <p>New data points:</p> <ul style="list-style-type: none"> • 5.2.7 Eligible Diagnoses <p>Retired data points:</p> <p>The following data points have been removed from the Data Dictionary 2.0 and their numbers have been retired.</p> <ul style="list-style-type: none"> • 5.3.5 Sexual Orientation • 5.3.6 Gender Identification • 5.3.9 Immigration Status <p>Revised Value Code Options:</p>	

Date	Description of Modifications	File Version
	<ul style="list-style-type: none"> • 5.3.10 Health Care Coverage Status • 5.5.5 Rationale for Not Petitioning to CARE <p>Clarified information in “Additional Specifications” for various data points:</p> <ul style="list-style-type: none"> • 5.1 Reporting Month (Date) • 5.5.1 Statutory System Referral Information • 5.5.2 Date of Statutory System Referral • 5.5.3 System Referral Outcome (Status) • 5.5.4 Date of Statutory System Referral Outcome • 5.7.5 Type of Stabilizing Medication <p>Revised Appendix A Reporting Requirements and Metrics</p> <p>Updated to align with current legislative requirements</p> <p>Revisions for Appendix B: Glossary of Terms</p> <p>Updated definitions:</p> <ul style="list-style-type: none"> • Community Assistance, Recovery, and Empowerment (CARE) Act • Statutory System Referral (formerly System Referral) • Elective client <p>New definitions:</p> <ul style="list-style-type: none"> • Appropriate petitioner candidate • Clinically stabilized <p>New Section</p> <p>Appendix C Document History Log</p> <p>Other Changes</p> <p>Implemented non-substantive grammatical and formatting changes; Clarified information in “Additional Specifications” for various data points.</p> <p>A detailed log of changes will be provided within the Data File Templates and will be available on the CARE Act Resource Center Data Collection and Reporting page.</p>	

Appendix D: Mental Health Treatment Services Descriptions

The mental health treatment services are described on page 15 to 20 of the [Performance Outcomes System Measurements Catalog: Methodology and Measures Definitions](#). Each service description is copied and pasted below:

Adult Crisis Residential Services (CRS)

Adult crisis residential services provide an alternative to acute psychiatric hospital services for beneficiaries who otherwise would require hospitalization. The Adults crisis residential programs provide normalized living environments, integrated into residential communities. The services follow a social rehabilitation model that integrates aspects of emergency psychiatric care, psychosocial rehabilitation, milieu therapy, case management and practical social work.

Adult Residential Treatment Services

Adult Residential Treatment Services are rehabilitative services provided in a non-institutional, residential setting for beneficiaries who would be at risk of hospitalization or other institutional placement if they were not receiving residential treatment services. The services include a wide range of activities and services that support beneficiaries in their effort to restore, maintain, and apply interpersonal and independent living skills and to access community support systems. Service activities may include assessment, plan development, therapy, rehabilitation, and collateral. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Crisis Intervention

Crisis intervention services last less than 24 hours and are for, or on behalf of, a beneficiary for a condition that requires more timely response than a regularly scheduled visit. Service activities include, but are not limited to one or more of the following, assessment, collateral, and therapy.

Crisis Stabilization

Crisis stabilization services last less than 24 hours and are for, or on behalf of, a beneficiary for a condition that requires a more timely response than a regularly scheduled visit. Service activities include but are not limited to one or more of the following: assessment, collateral, and therapy. Collateral addresses

the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Day Rehabilitative (Half-Day & Full-Day)

Day rehabilitation services are a structured program of rehabilitation and therapy with services to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development and which provides services to a distinct group of beneficiaries who receive services for a minimum of three hours per day (half-day) or more than four hours per day (full-day). Service activities may include, but are not limited to assessment, plan development, therapy, rehabilitation, and collateral.

Day Treatment Intensive (Half-Day & Full-Day)

Day treatment intensive services are a structured, multi-disciplinary program of therapy that may be used as an alternative to hospitalization, or to avoid placement in a more restrictive setting, or to maintain the client in a community setting and which provides services to a distinct group of beneficiaries who receive services for a minimum of three hours per day (half-day) or more than four hours per day (full-day). Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation, and collateral. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Intensive Care Coordination (ICC)

Intensive Care Coordination is a targeted case management service that facilitates assessment of care planning for and coordination of services to beneficiaries under age 21 who are eligible for full scope of Medi-Cal services and who meet medical necessity criteria for this service. ICC service components include: assessing; service planning and implementation; monitoring and adapting; and transition. ICC services are provided through the principles of the Core Practice Model (CPM), including the establishment of the Child and Family Team (CFT) to facilitate a collaborative relationship among a youth, his/her family and involved child-serving systems to allow the child/youth to be served in his/her community. The CFT is comprised of, as appropriate, both formal supports, such as the ICC coordinator, providers, case managers from child-serving agencies, and natural supports, such as family members, neighbors, friends, and clergy and all ancillary individuals who work

together to develop and implement the client plan and are responsible for supporting the child/youth and family in attaining their goals.

Intensive Home-Based Services (IHBS)

Intensive Home-Based Services are individualized, strength-based interventions designed to ameliorate mental health conditions that interfere with a child/youth's functioning and are aimed at helping the child/youth build skills necessary for successful functioning in the home and community and improving the child/youth's family ability to help the child/youth successfully function in the home and community. IHBS services are provided within the CFT and in accordance with the CPM. The CFT participates in the development of the child's and family's overall service plan which may include IHBS. Service activities may include, but are not limited to assessment, plan development, therapy, rehabilitation, and collateral. IHBS is provided to members of the Katie A. subclass as determined medically necessary.

Medication Support

Medication support services include prescribing, administering, dispensing, and monitoring of psychiatric medications or biologicals that are necessary to alleviate the symptoms of mental illness. Service activities may include but are not limited to: evaluation of the need for medication; evaluation of clinical effectiveness and side effects; obtaining informed consent; instruction in the use, risks and benefits of, and alternatives for, medication; collateral and plan development related to the delivery of service and/or assessment for the client; prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals; and medication education.

Psychiatric Health Facility (PHF) Services

A Psychiatric Health Facility is a facility licensed under the provisions of Chapter 9, Division 5, Title 22 of the California Code of Regulations. "Psychiatric Health Facility Services" are therapeutic and/or rehabilitative services provided in a psychiatric health facility on an inpatient basis to beneficiaries who need acute care, which meets the criteria of Section 1820.205 of Chapter 11, Division 1, Title 9 of the California Code of Regulations, and whose physical health needs can be met in an affiliated general acute care hospital or in outpatient settings. These services are separate from those categorized as "Psychiatric Inpatient Hospital".

Psychiatric Inpatient Hospital Services

Psychiatric inpatient hospital services include both acute psychiatric inpatient hospital services and administrative day services. Acute psychiatric inpatient hospital services are provided to beneficiaries for whom the level of care provided in a hospital is medically necessary to diagnose or treat a covered mental illness. Administrative day services are provided when a beneficiary's need for acute psychiatric inpatient hospital services ends, but whose stay is extended due to lack of residential placement options at non- acute residential treatment facilities.

Psychiatric inpatient hospital services are provided by SD/MC hospitals and Fee-For-Service/Medi-Cal (FFS/MC) hospitals. MHPs claim reimbursement for the cost of psychiatric inpatient hospital services provided by SD/MC hospitals through the SD/MC claiming system. FFS/MC hospitals claim reimbursement for the cost of psychiatric inpatient hospital services through the Fiscal Intermediary. MHPs are responsible for authorization of psychiatric inpatient hospital services reimbursed through either billing system. For SD/MC hospitals, the daily rate includes the cost of any needed professional services. The FFS/MC hospital daily rate does not include professional services, which are billed separately from the FFS/MC inpatient hospital services via the SD/MC claiming system.

Targeted Case Management (TCM)

Targeted case management is a service that assists a beneficiary in accessing needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to services and the service delivery system; monitoring of the beneficiary's progress, placement services, and plan development. TCM services may be face-to-face or by telephone with the client or significant support persons and may be provided anywhere in the community. Additionally, services may be provided by any person determined by the MHP to be qualified to provide the service, consistent with the scope of practice and state law. Therapeutic Behavioral Services (TBS) Therapeutic behavioral services are intensive, individualized, short-term outpatient treatment interventions for beneficiaries up to age 21. Individuals receiving these services have serious emotional disturbances (SED), are experiencing a stressful transition or life crisis and need additional short-term, specific

support services to accomplish outcomes specified in the written treatment plan.

Therapeutic Foster Care

Therapeutic Foster Care are rehabilitative mental health services provided to children and youth up to 21 years of age who have been placed in a Residential Treatment Foster Home and who meet medical necessity criteria for this service as established by the State. The bundle of rehabilitative mental health services includes plan development, rehabilitation, collateral, and crisis intervention. Services are provided by another qualified 19 provider under the direction of a licensed mental health professional.

Therapy and Other Service Activities (formerly referred to as Mental Health Services)

Individual or group therapies and interventions are designed to provide a reduction of mental disability and restoration, improvement or maintenance of functioning consistent with the goals of learning, development, independent living, and enhanced self-sufficiency. These services are separate from those provided as components of adult residential services, treatment services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include, but are not limited to:

1. Assessment – A service activity designed to evaluate the current status of mental, emotional, or behavioral health. Assessment includes, but is not limited to, one or more of the following: mental status determination, analysis of clinical history, analysis of relevant cultural issues and history; diagnosis; and the use of mental health testing procedures.
2. Plan Development – A service activity that consists of development of client plans, approval of client plans, and/or monitoring and recording of progress.
3. Therapy – A service activity that is a therapeutic intervention focusing primarily on symptom reduction as a means to reduce functional impairments. Therapy may be delivered to an individual or group and may include family therapy at which the client is present.
4. Rehabilitation – A service activity that includes, but is not limited to, assistance, improving, maintaining, or restoring functional skills, daily living skills, social and leisure skills, grooming and personal hygiene

skills; meal preparation skills and support resources; and/or obtaining medication education.

5. Collateral – A service activity involving a significant support person in the beneficiary's life for the purpose of addressing the mental health needs of the beneficiary in terms of achieving goals of the beneficiary's client plan. Collateral may include, but is not limited to, consultation and training of the significant support person(s) to assist in better utilization of mental health services by the client, consultation, and training of the significant support person(s) to assist in better understanding of mental illness, and family counseling with the significant support person(s) in achieving the goals of the client plan. The client may or may not be present for this service activity.

Psychosocial Services

Services are a comprehensive assessment and treatment of psychological and social aspects related to an individual's social conditions, mental and emotional health. The client's unique combination of psychological factors and the surrounding social environments are assessed and treated to improve the client's physical and mental wellness and their ability to function.

Peer Support Services

These are recovery-oriented and resiliency-focused services for those managing behavioral health challenges.

The procedure codes for mental health treatment services are on page 8 to 9 of the [Performance Outcomes System Measurements Catalog: Methodology and Measures Definitions](#).

- **Intensive Home-Based Services (IHBS):** Approved claims with HCPCS Code H2015 and modifier HK.
- **Intensive Care Coordination (ICC):** Approved claims with HCPCS Code T1017 and modifier HK.
- **Hospital Inpatient:** Approved claims with revenue code 0100.
- **Hospital Inpatient Admin Day Services:** Approved claims with revenue code 0101.
- **Crisis Residential Treatment Services:** Approved claims with HCPCS Code H0018.
- **Adult Residential Treatment Services:** Approved claims with HCPCS Code H0019.

- **Crisis Stabilization:** Approved claims with HCPCS Code S9484.
- **Day Treatment Intensive (Half & Full Day):** Approved claims with HCPCS Code H2012 and Modifier HE and TG.
- **Day Rehabilitation (Half & Full Day):** Approved claims with HCPCS Code H2012 and modifier HE and Modifier is not TG.
- **Case Management/Brokerage:** Approved claims with HCPCS Code T1017 and Modifier is not HK.
- **Mental Health Services:** Approved claims with any one of the HCPCS Codes H2015, H0032, H2017, or H2019 and Modifier is not HK.
- **Medication Support Services:** Approved claims with any one of the HCPCS Codes H2010, H0034, or G8437.
- **Crisis Intervention:** Approved claims with HCPCS Code H2011.
- **Psychiatric Health Facility:** Approved claims with HCPCS Code H2013.

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Appendix E: Drug Medi-Cal Organized Delivery System (DMC – ODS) Covered Services Descriptions

Appendix E includes descriptions for all 18 SUD treatment services, based on descriptions from [DMC-ODS Billing Manual v 1.5](#).

Assessment:

Assessment consists of activities to evaluate or monitor the status of a beneficiary's behavioral health and determine the appropriate level of care and course of treatment for that beneficiary. Assessments shall be conducted in accordance with applicable State and Federal laws, regulations, and standards. Assessment may be initial and periodic and may include contact with family members or other collaterals if the purpose of the collateral's participation is to focus on the treatment needs of the beneficiary. Assessment services may include one or more of the following components:

- Collection of information for assessment used in the evaluation and analysis of the cause or nature of the substance use disorder.
- Diagnosis of substance use disorders utilizing the current DSM and assessment of treatment needs for medically necessary treatment services. This may include a physical examination and laboratory testing (e.g., body specimen screening) necessary for treatment and evaluation conducted by staff lawfully authorized to provide such services and/or order laboratory testing (laboratory testing is covered under the "Other laboratory and X-ray services" benefit of the California Medicaid State Plan).
- Treatment planning, a service activity that consists of development and updates to documentation needed to plan and address the beneficiary's needs, planned interventions and to address and monitor a beneficiary's progress and restoration of a beneficiary to their best possible functional level.

Care Coordination:

Care Coordination consists of activities to provide coordination of SUD care, mental health care, and primary care, and to support the beneficiary with linkages to services and supports designed to restore the beneficiary to their best possible functional level. Care Coordination can be provided in clinical or non-clinical settings and includes one or more of the following components:

- Coordinating with primary care and mental health care providers to monitor and support comorbid health conditions.

- Discharge planning, including coordinating with SUD treatment providers to support transitions between levels of care and to recovery resources, referrals to mental health providers, and referrals to primary/ specialty medical providers.
- Ancillary services, including individualized connection, referral, and linkages to community-based services and supports including but not limited to educational, social, prevocational, vocational, housing, nutritional, criminal justice, transportation, childcare, child development, family/marriage education, and mutual aid support groups.

Care Coordination is covered as a service component of most DMC-ODS levels of care (i.e., outpatient, intensive outpatient, partial hospitalization, residential, inpatient, narcotic treatment program, withdrawal management, MAT, recovery services). Care coordination can be claimed using the dedicated codes in-service table, on the same day as other outpatient, residential, or inpatient services appropriate for the client's level of care.

Care Coordination can be claimed as a standalone DMC-ODS service. When DMC-ODS providers provide Care Coordination services to a beneficiary who is not actively receiving treatment at a level of care (e.g., they are attempting to engage in treatment or the providers are coordinating a referral), the Care Coordination procedure code can be used to claim for Care Coordination.

When Care Coordination is provided as a standalone service in a residential or inpatient level of care (LOC) it can be claimed by outpatient, residential, or inpatient providers. When billed as a standalone service, the rates are the outpatient rates for these procedure codes.

Clinician Consultation:

Clinician Consultation replaces and expands the previous "Physician Consultation" service referred to in the Section 1115 STCs that were used to describe the DMC-ODS program during the years 2015-2021.

Clinician Consultation consists of DMC-ODS Licensed Practitioners of the Healing Arts (LPHAs) consulting with licensed professionals, such as addiction medicine physicians, addiction psychiatrists, licensed clinicians, or clinical pharmacists, to support the provision of care.

Clinician Consultation is not a direct service provided to DMC-ODS beneficiaries. Rather, Clinician Consultation is designed to support DMC-ODS licensed clinicians with complex cases and may address medication selection, dosing, side effect

management, adherence, drug-drug interactions, or level of care considerations. It includes consultations between clinicians designed to assist DMC clinicians with seeking expert advice on treatment needs for specific DMC-ODS beneficiaries.

Only the DMC-ODS providers directly rendering care to the beneficiary can bill for Clinician Consultation. The “consulting” clinician cannot bill clinician consultation. When a rendering DMC-ODS clinician needs to consult with another clinician to support care delivery, the rendering DMC-ODS provider can use the Clinician Consultation procedure codes (99367, 99368, or 99451) to claim for the activity. Refer to the service table to see how these codes can be billed. The code type for clinical consultation codes is Care Coordination/Clinical Consultation.

Family Therapy:

Family Therapy is a rehabilitative service that includes family members in the treatment process, providing education about factors that are important to the beneficiary’s recovery as well as the holistic recovery of the family system. Family members can provide social support to the beneficiary and help motivate their loved one to remain in treatment. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of this service, but the service is for the direct benefit of the beneficiary.

Group Counseling:

Group Counseling consists of contacts with multiple beneficiaries at the same time. Group Counseling shall focus on the needs of the participants. Group counseling shall be provided to a group that includes 2-12 individuals.

Individual Counseling:

Individual Counseling consists of contacts with a beneficiary. Individual counseling can include contact with family members or other collaterals if the purpose of the collateral’s participation is to focus on the treatment needs of the beneficiary by supporting the achievement of the beneficiary's treatment goals.

Medical Psychotherapy:

Medical Psychotherapy is a counseling service to treat Substance Use Disorders (SUD) other than Opioid Use Disorders (OUD) conducted by the medical director of a Narcotic Treatment Program on a one-to one basis with the beneficiary.

Medication Services:

Medication Services includes prescription or administration of medication related to substance use disorder services, or the assessment of the side effects or results of the medication. Medication Services does not include Medication for MAT for Opioid Use Disorders (OUD) or MAT for Alcohol Use Disorders (AUD) and other Non-Opioid Substance Use Disorders. Medications Services includes prescribing, administering, and monitoring medications used in the treatment or management of SUD and/or withdrawal management not included in the definitions of MAT for OUD or MAT for AUD services.

Medication for Addiction Treatment (also known as medication assisted treatment (MAT) for Opioid Use Disorders (OUD):

Medications for Addiction Treatment (also known as medication assisted treatment (MAT)) for Opioid Use Disorders (OUD) includes all medications approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) to treat OUD.

MAT for OUD may be provided in clinical or non-clinical settings and can be delivered as a standalone service or as a service delivered as part of a level of care listed below in the "Levels of Care" section. This service includes:

- Assessment
- Care Coordination
- Counseling (individual and group)
- Family Therapy
- Medication Services
- Patient Education, which is education for the beneficiary on addiction, treatment, recovery and associated health risks.
- Prescribing and monitoring MAT for OUD, which is prescribing, administering, dispensing, ordering, monitoring, and/or managing the medications used for MAT for OUD
- Recovery Services
- SUD Crisis Intervention Services
- Withdrawal Management Services

"Medication for Addiction Treatment (also known as medication assisted treatment (MAT) for Alcohol Use Disorders (AUD) and Other Non-Opioid Substance Use Disorders":

"Medications for Addiction Treatment (also known as medication assisted treatment (MAT)) for Alcohol Use Disorders (AUD) and Other Non-Opioid Substance Use

Disorders” includes all FDA-approved drugs and services to treat AUD and other non-opioid SUDs. MAT for AUD and non-opioid SUDs may be provided in clinical or non-clinical settings and can be delivered as a standalone service or as a service delivered as part of a level of care listed below in the “Levels of Care” section. This service includes:

- Assessment
- Care Coordination
- Counseling (individual and group)
- Family Therapy
- Medication Services
- Patient Education, which is education for the beneficiary on addiction, treatment, recovery and associated health risks.
- Prescribing and monitoring MAT for AUD and Other Non-Opioid Substance Use Disorders, which consists of prescribing, administering, dispensing, ordering, monitoring, and/or managing the medications used for MAT services for AUD and Other Non-Opioid Substance Use Disorders
- Recovery Services
- SUD Crisis Intervention Services
- Withdrawal Management Services

Medications for Addiction Treatment – Medications:

As described in Behavioral Health Information Notice 24-00124-001, DMC-ODS counties shall ensure that all DMC-ODS providers, at all levels of care, demonstrate that they either directly offer or have an effective referral mechanism to the most clinically appropriate MAT services for beneficiaries with SUD diagnoses that are treatable with medications or biological products.

DMC-ODS counties have the option to cover drug product costs for MAT when the medications are purchased and administered or dispensed outside of the pharmacy or NTP benefit (in other words, purchased by providers and administered or dispensed onsite or in the community, and billed to the county DMC-ODS plan). DMC-ODS counties that make this election could reimburse providers for medications, including naloxone, trans-mucosal buprenorphine, and/or long-acting injectable medications (such as buprenorphine or naltrexone), administered in DMC facilities, and non-clinical or community settings.

DMC-ODS providers delivering MAT services in DMC-ODS counties that choose to cover MAT medications can use the MAT medication procedure code to claim for MAT medications. However, DMC-ODS providers are not required to do so. DMC-

ODS providers can continue to use the pharmacy benefit to seek reimbursement for MAT medications delivered as part of DMC-ODS care. However, consistent with the DMC-ODS State Plan, even if DMC-ODS counties do not choose to cover the drug product costs for MAT outside of the pharmacy or NTP benefit, DMC-ODS counties are still required to reimburse for MAT services even when those are provided by DMC-ODS providers in non-clinical settings and when provided as a standalone service.

MAT may be billed separately from Recovery, Counseling and Care Coordination services.

Community-Based Mobile Crisis Intervention Services

Community-based mobile crisis services provide rapid response, individual assessment and community-based stabilization for Medi-Cal beneficiaries who are experiencing a mental health and/or SUD (behavioral health) crisis. Mobile crisis services are designed to provide relief to beneficiaries experiencing a behavioral health crisis, including through de-escalation and stabilization techniques; reduce the immediate risk of danger and subsequent harm; and avoid unnecessary emergency department care, psychiatric inpatient hospitalizations, and law enforcement involvement.

Mobile crisis services include warm handoffs to appropriate settings and providers when the beneficiary requires additional stabilization and/or treatment services with and referrals to appropriate health, social and other services and supports, as needed; and short-term follow-up support to help ensure the crisis is resolved and the beneficiary is connected to ongoing care. Mobile crisis services are directed toward the beneficiary in crisis but may include contact with a family member(s) or other significant support collateral(s) if the purpose of the collateral's participation is to assist the beneficiary in addressing their behavioral health crisis and restore the beneficiary to the highest possible functional level.

Mobile crisis services are provided by a multidisciplinary mobile crisis team at the location where the individual is experiencing the behavioral health crisis. Locations may include, but are not limited to the beneficiary's home, school or workplace, on the street, or where an individual socializes. Mobile crisis services cannot be provided in hospitals or other facility settings. Mobile crisis services shall be available to beneficiaries experiencing behavioral health crises 24 hours per day, seven days per week, 365 days per year.

Mobile crisis teams must be able to perform all mobile crisis service components. Service components include:

- Crisis assessment to evaluate the current status and environment of the beneficiary experiencing the behavioral health crisis with the goal of mitigating any immediate risk of danger, determining a short-term strategy for restoring stability and identifying appropriate follow-up care.
- Mobile crisis response consisting of an expedited on-site intervention with a beneficiary experiencing a behavioral health crisis with the goal of stabilizing the individual within a community setting and de-escalating the crisis.
- Crisis planning to develop a plan to avert future crises, including identifying conditions and factors that contribute to a crisis, reviewing alternative ways of responding to such conditions and factors, and identifying steps that the beneficiary can take to avert or address a crisis.
- Facilitation of a warm handoff if the beneficiary requires urgent treatment in an alternative setting. The mobile crisis team must identify an appropriate facility or provider, and provide or arrange for transportation, as needed.
- Referrals to ongoing supports by identifying and connecting a beneficiary to ongoing behavioral health treatment, community-based supports, social services, and/or other supports that could mitigate the risk of future crises. This may include identifying appropriate services, making referrals or appointments, and otherwise assisting a beneficiary to secure ongoing support.
- Follow up check-ins to continue resolution of the crisis, provide further crisis planning, check up on the status of referrals, and provide further referrals to ongoing supports.

Patient Education:

Patient Education is education for the beneficiary on addiction, treatment, recovery and associated health risks.

Peer Support Service:

Peer Support Services are culturally competent individual and group services that promote recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths through structured activities such as group and individual coaching to set recovery goals and identify steps to reach the goals. Services aim to prevent relapse, empower beneficiaries through strength-based coaching, support linkages to community resources, and to educate beneficiaries and their families about their conditions and the process of recovery. Peer support services may be provided with the beneficiary or significant support person(s) and may be provided in a clinical or non-clinical setting. Peer support services can include contact with family members or other

people supporting the beneficiary (defined as collaterals) if the purpose of the collateral's participation is to focus on the treatment needs of the beneficiary by supporting the achievement of the beneficiary's treatment goals. Peer Support Services are based on an approved plan of care and are delivered and claimed as a standalone service. Beneficiaries may concurrently receive Peer Support Services and services from other levels of care.

Peer support services are an optional benefit that DMC-ODS counties may choose to offer.

Peer Support Services consist of Educational Skill Building Groups, Engagement and Therapeutic Activity services as defined below:

- Educational Skill Building Groups means providing a supportive environment in which beneficiaries and their families learn coping mechanisms and problem-solving skills in order to help the beneficiaries achieve desired outcomes. These groups promote skill building for the beneficiaries in the areas of socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services.
- Engagement services means activities and coaching led by Peer Support Specialists to encourage and support beneficiaries to participate in behavioral health treatment. Engagement may include supporting beneficiaries in their transitions between levels of care and supporting beneficiaries in developing their own recovery goals and processes.
- Therapeutic Activity means a structured non-clinical activity provided by Peer Support Specialists to promote recovery, wellness, self-advocacy, relationship enhancement, development of natural supports, self-awareness and values, and the maintenance of community living skills to support the beneficiary's treatment to attain and maintain recovery within their communities. These activities may include, but are not limited to, advocacy on behalf of the beneficiary; promotion of self-advocacy; resource navigation; and collaboration with the beneficiaries and others providing care or support to the beneficiary, family members, or significant support persons.

Peer Support Services can only be claimed as a standalone service. DMC-ODS providers delivering Peer Support Services must use the Peer Support Services procedure codes to claim for Peer Support Services. Peer Support Services is not covered as a service component of DMC-ODS levels of care. Peer Support Services are covered under the DMC-ODS program even if the beneficiary is not receiving treatment at a DMC-ODS level of care (e.g., the "Engagement" service component is

designed to support outreach and engagement efforts prior to initiation and treatment).

However, DMC-ODS providers may deliver Peer Support Services to beneficiaries receiving treatment at all DMC-ODS levels of care, including residential or inpatient levels of care. Beneficiaries may concurrently receive Peer Support Services while receiving other DMC-ODS services. Peer Support Services must be claimed separately.

Recovery Services:

Recovery Services are designed to support recovery and prevent relapse with the objective of restoring the beneficiary to their best possible functional level. Recovery Services emphasize the beneficiary's central role in managing their health, use effective self-management support strategies, and organize internal and community resources to provide ongoing self-management support to beneficiaries. Beneficiaries may receive Recovery Services based on self-assessment or provider assessment of relapse risk. Beneficiaries do not need to be diagnosed as being in remission to access Recovery Services. Beneficiaries may receive Recovery Services while receiving MAT services, including NTP services. Beneficiaries may receive Recovery Services immediately after incarceration with a prior diagnosis of SUD. Recovery Services can be delivered and claimed as a standalone service, concurrently with the other levels of care, or as a service delivered as part of these levels of care.

Recovery Services include the following service components:

- Assessment
- Care Coordination
- Counseling (individual and group)
- Family Therapy
- Recovery Monitoring, which includes recovery coaching and monitoring, designed for the maximum reduction of the beneficiary's SUD.
- Relapse Prevention, which includes interventions designed to teach beneficiaries with SUD how to anticipate and cope with the potential for relapse for the maximum reduction of the beneficiary's SUD.

Recovery Service procedure codes can be used to claim for Recovery Services. See Service Table 9 for a list of recovery services codes.

Recovery Services can be delivered as a standalone service, or as a service delivered as part of the following levels of care:

- Outpatient Treatment Services (also known as Outpatient Drug Free or ODF services (ASAM Level 1)
- Intensive Outpatient Treatment Services (ASAM Level 2.1)
- Partial Hospitalization Services (ASAM Level 2.5)
- Residential Treatment Services corresponding to at least one of the following levels:
 - Level 3.1-Clinically Managed Low-Intensity Residential Services
 - Level 3.3-Clinically Managed Population-Specific High Intensity Residential Services
 - Level 3.5-Clinically Managed High Intensity Residential Services
 - Level 3.7-Medically Monitored Intensive Inpatient Services
 - Level 4.0-Medically Managed Intensive Inpatient Services
- Narcotic Treatment program
- Withdrawal Management (WM) Services in the following outpatient and residential settings:
 - Level 1-WM
 - Level 2-WM
 - Level 3.2-WM
 - Level 4-WM

Recovery services can be claimed on the same day as Residential services and for the same beneficiary by outpatient and residential providers.

Recovery Service procedure codes must include the appropriate level of care modifier. When claimed as a standalone service on an outpatient basis, procedure codes H2017, H2035 and H2015 with a U6 modifier can be used. Refer to Service Table 9 for more information about these codes.

When billed as a standalone service, the rates for these recovery services are outpatient rates.

SUD Crisis Intervention Services:

Crisis Intervention Services consists of contacts with a beneficiary in crisis. A crisis means an actual relapse or an unforeseen event or circumstance, which presents to the beneficiary an imminent threat of relapse. Crisis Intervention Services shall focus on alleviating the crisis problem, be limited to the stabilization of the beneficiary's immediate situation and be provided in the least intensive level of care that is medically necessary to treat the condition.

Withdrawal Management Services:

Withdrawal Management Services are provided to beneficiaries when medically necessary for maximum reduction of the SUD symptoms and restoration of the

beneficiary to their best possible functional level. Withdrawal Management Services include the following service components:

- Assessment
- Care Coordination
- Medication Services
- MAT for OUD
- MAT for AUD and non-opioid SUDs
- Peer Support Services
- Observation, which is the process of monitoring the beneficiary's course of withdrawal. Observation is conducted at the frequency required by applicable state and federal laws, regulations, and standards. This may include but is not limited to observation of the beneficiary's health status.

Contingency Management Services:

Contingency Management (CM) is an evidence-based, cost-effective treatment for substance use disorders that is only available to beneficiaries with stimulant use disorder. CM reinforces individual positive behavior change consistent with meeting treatment goals. DHCS is piloting Medi-Cal coverage of CM in select DMC-ODS counties between the first quarter of 2023 and March 2024 through the federally approved CalAIM Section 1115(a) Demonstration Waiver (No. 11-W-001939/9). DHCS will extend the pilot period through at least the duration of the CalAIM demonstration period (ending December 31, 2026).

The CM benefit is intended to complement substance use disorder (SUD) treatment services and other evidence-based practices for StimUD already offered by DMC-ODS providers. Eligible Medi-Cal beneficiaries will participate in a structured 24-week outpatient CM service, followed by six or more months of additional treatment and recovery support without incentives. The initial 12 weeks of CM consists of a series of incentives for meeting treatment goals, specifically abstinence from stimulants objectively verified by urine drug tests (UDT) negative for stimulant drugs (e.g., cocaine, amphetamine and methamphetamine). The incentives consist of cash-equivalents (e.g., gift cards), consistent with evidence-based clinical research for treating SUD. CM should be offered alongside other therapeutic interventions, such as cognitive behavioral therapy and motivational interviewing that meet the definition of rehabilitative services as defined by 1905(a) of the Social Security Act and CFR 440.130(d).

CM services are only available to Medi-Cal beneficiaries who meet the following conditions:

- Are enrolled in Medi-Cal and meet access criteria for a comprehensive, individualized course of SUD treatment.
- Residing in a participating DMC-ODS county that elects and is approved by DHCS to implement CM1.
- Receiving services in a non-residential level of care operated by a DMC-ODS provider offering CM in accordance with DHCS policies and procedures.

CM services are only covered when medically necessary and appropriate as determined by an initial substance use disorder assessment showing:

- Moderate or severe StimUD as defined by the clinical criteria in the Diagnostic and Statistical Manual (DSM, current edition)
- Clinical determination that outpatient treatment is appropriate per the American Society of Addiction Medicine (ASAM) criteria
- That the CM benefit is medically necessary and appropriate based on the fidelity of treatment to the evidence-based on the fidelity of treatment to the evidence-based practice.

The presence of additional substance use disorders and/or diagnoses does not disqualify an individual from receiving CM services.

Beneficiaries may access CM when transitioning to or from residential care or carceral settings, including services initiated on the day of admission and discharge or release respectively. Providing CM services on the date of admission and the date of discharge from a DMC-ODS residential level of care is an acceptable circumstance justifying multiple service billing for both a residential treatment service and a CM service at a non-residential level of care. Beneficiaries can receive CM services on the date of admission or the date of discharge from residential services.

CM should never be used in place of medications for addiction treatment (MAT). CM may be offered in addition to MAT for people with co-occurring stimulant and alcohol or opioid use disorders.

Eligible Medi-Cal beneficiaries shall be referred to, and admitted into, treatment through a participating provider's routine beneficiary admission process. Consistent with other DMC-ODS programs, there is no minimum age limit for an individual to receive CM services if they meet all eligibility criteria. In addition, pregnant and parenting people with StimUD are eligible to receive CM services.

Appendix F: Definitions for CalAIM Community Support Services

CalAIM Community support services are defined below.

Housing Transition Navigation Services

These are services provided to help clients obtain housing. Per the [DHCS Community Supports Policy Guide](#), housing transition services include:

1. Conducting a tenant screening and housing assessment that identifies the client's preferences and barriers related to successful tenancy. The assessment may include collecting information on the client's housing needs, potential housing transition barriers, and identification of housing retention barriers.
2. Developing an individualized housing support plan based upon the housing assessment that addresses identified barriers, includes short- and long-term measurable goals for each issue, establishes the client's approach to meeting the goal, and identifies when other providers or services, both reimbursed and not reimbursed by Medi-Cal, may be required to meet the goal.
3. Searching for housing and presenting options.
4. Assisting in securing housing, including the completion of housing applications and securing required documentation (e.g., Social Security card, birth certificate, prior rental history).
5. Assisting with benefits advocacy, including assistance with obtaining identification and documentation for SSI eligibility and supporting the SSI application process. Such service can be subcontracted out to retain needed specialized skillset.
6. Identifying and securing available resources to assist with subsidizing rent (such as HUD's Housing Choice Voucher Program (Section 8), or state and local assistance programs) and matching available rental subsidy resources to the clients.
7. Identifying and securing resources to cover expenses, such as security deposit, moving costs, adaptive aids, environmental modifications, and other one-time expenses.
8. Assisting with requests for reasonable accommodation, if necessary.
9. Landlord education and engagement
10. Ensuring that the living environment is safe and ready for move-in.
11. Communicating and advocating on behalf of the client with landlords.
12. Assisting in arranging for and supporting the details of the move.
13. Establishing procedures and contacts to retain housing, including developing a housing support crisis plan that includes prevention and early intervention services when housing is jeopardized.

14. Identifying, coordinating, securing, or funding non-emergency, non-medical transportation to assist clients' mobility to ensure reasonable accommodations and access to housing options prior to transition and on move in day.
15. Identifying, coordinating, securing, or funding environmental modifications to install necessary accommodations for accessibility.

Housing Deposits

These are identifying, coordinating, securing, or funding one-time services provided to help clients establish a basic household. Per the [DHCS Community Supports Policy Guide](#), housing deposits include:

1. Security deposits required to obtain a lease on an apartment or home.
2. Set-up fees/deposits for utilities or service access and utility arrearages.
3. First month coverage of utilities, including but not limited to telephone, gas, electricity, heating, and water.
4. First months and last month's rent as required by landlord for occupancy.
5. Services necessary for the individual's health and safety, such as pest eradication and one-time cleaning prior to occupancy.
6. Goods such as an air conditioner or heater, and other medically-necessary adaptive aids and services, designed to preserve an individual's health and safety in the home such as hospital beds, Hoyer lifts, air filters, specialized cleaning or pest control supplies etc., that are necessary to ensure access and safety for the individual upon move-in to the home.

Housing Tenancy and Sustaining Services

These are services provided to help clients maintain a safe and stable tenancy. Per the [DHCS Community Supports Policy Guide](#), housing tenancy and sustaining services include:

1. Providing early identification and intervention for behaviors that may jeopardize housing, such as late rental payment, hoarding, substance use, and other lease violations.
2. Education and training on the role, rights, and responsibilities of the tenant and landlord.
3. Coaching on developing and maintaining key relationships with landlords/property managers with a goal of fostering successful tenancy.
4. Coordination with the landlord and case management provider to address identified issues that could impact housing stability.
5. Assistance in resolving disputes with landlords and/or neighbors to reduce risk of eviction or other adverse action including developing a repayment plan or identifying funding in situations in which the Member owes back rent or payment for damage to the unit.

6. Advocacy and linkage with community resources to prevent eviction when housing is or may potentially become jeopardized.
7. Assisting with benefits advocacy, including assistance with obtaining identification and documentation for SSI eligibility and supporting the SSI application process. Such service can be subcontracted out to retain needed specialized skillset.
8. Assistance with the annual housing recertification process.
9. Coordinating with the tenant to review, update and modify their housing support and crisis plan on a regular basis to reflect current needs and address existing or recurring housing retention barriers.
10. Continuing assistance with lease compliance, including ongoing support with activities related to household management.
11. Health and safety visits, including unit habitability inspections.
12. Other prevention and early intervention services identified in the crisis plan that are activated when housing is jeopardized (e.g., assisting with reasonable accommodation requests that were not initially required upon move-in).
13. Providing independent living and life skills including assistance with and training on budgeting, including financial literacy and connection to community resources.

Short-Term Post-Hospitalization Housing

These are support services provided to help clients with medical/psychiatrics/substance use disorder who do not have a residence after an inpatient hospital, residential substance use disorder treatment or recovery facility, residential mental health treatment facility, correctional facility, nursing facility, or recuperative care and avoid further utilization of State plan services. Per the [DHCS Community Supports Policy Guide](#), the support services include recuperation and recovery, medical/psychiatric/substance use disorder care, case management, and housing.

Recuperative Care (Medical Respite)

These are services that provide short-term residential care to clients who need to heal from an injury or illness and do not have a stable living environment. Per [DHCS Community Supports Policy Guide](#), services include:

1. Limited or short-term assistance with Instrumental Activities of Daily Living and/or ADLs
2. Coordination of transportation to post-discharge appointments
3. Connection to any other on-going services an individual may require including mental health and substance use disorder services

4. Support in accessing benefits and housing
5. Gaining stability with case management relationships and programs

Respite Services

These are services provided to caregivers to help clients who require intermittent temporary supervision. Per the [DHCS Community Supports Policy Guide](#), respite services include:

1. Services provided by the hour on an episodic basis because of the absence of or need for relief for those persons normally providing the care to individuals.
2. Services provided by the day/overnight on a short-term basis because of the absence of or need for relief for those persons normally providing the care to individuals.
3. Services that attend to the client's basic self-help needs and other activities of daily living, including interaction, socialization and continuation of usual daily routines that would ordinarily be performed by those persons who normally care for and/or supervise them.

Day Habilitation Programs

These are services provided to help clients with acquiring, retaining, and improving self-help, socialization, and adaptive skills. Per the [DHCS Community Supports Policy Guide](#), Day Habilitation Program services include:

1. The use of public transportation;
2. Personal skills development in conflict resolution;
3. Community participation;
4. Developing and maintaining interpersonal relationships;
5. Daily living skills (cooking, cleaning, shopping, money management); and
6. Community resource awareness such as police, fire, or local services to support independence in the community.

Nursing Facility Transition/Diversion to Assisted Living Facilities, such as Residential Care Facilities for Elderly and Adult Residential Facilities

These are services provided to help clients live in a home-like community setting and prevent them from going back to a nursing facility. Per the [DHCS Community Supports Policy Guide](#), the allowable expenses for these services include:

1. Assessing the client's housing needs and presenting options.
2. Assessing the service needs of the client to determine if he or she needs enhanced onsite services at the Residential Care Facilities for Elderly/Adult Residential Facilities. So, the client can be safely and stably housed.

3. Assisting in securing a facility residence, including the completion of facility applications and securing required documentation (e.g., Social Security card, birth certificate, prior rental history).
4. Communicating with facility administration and coordinating the move.
5. Establishing procedures and contacts to retain facility housing.
6. Coordinating with the Medi-Cal managed care plan to ensure that the needs for clients who need enhanced services to be safely and stably housed in Residential Care Facilities for Elderly/Adult Residential Facilities settings have Community Supports and/or Enhanced Care Management services that provide the necessary enhanced services.

Community Transition Services/Nursing Facility Transition to a Home

These are non-recurring services provided to help clients move from a licensed facility to a private residence where they are responsible for their own living expenses. Per the [DHCS Community Supports Policy Guide](#), the allowable expenses for these services include:

1. Assessing the Member's housing needs and presenting options.
2. Assisting in searching for and securing housing, including the completion of housing applications and securing required documentation (e.g., Social Security card, birth certificate, prior rental history).
3. Communicating with landlord (if applicable) and coordinating the move.
4. Establishing procedures and contacts to retain housing.
5. Identifying, coordinating, securing, or funding non-emergency, non-medical transportation to assist Members' mobility to ensure reasonable accommodations and access to housing options prior to transition and on move-in day.
6. Identifying the need for and coordinating funding for environmental modifications to install necessary accommodations for accessibility.

Personal Care and Homemaker Services

These are services provided to help clients who need assistance with Activities of Daily Living. Per the [DHCS Community Supports Policy Guide](#), services include bathing, dressing, toileting, ambulation, feeding, meal preparation, grocery shopping, and money management.

Environmental Accessibility Adaptations (Home Modifications)

These are services provided to help clients modify their living environment for greater independence. Per the [DHCS Community Supports Policy Guide](#), home modifications include:

1. Ramps and grab-bars to assist clients in accessing the home;
2. Doorway widening for clients who require a wheelchair;
3. Stair lifts;
4. Making a bathroom and shower wheelchair accessible (e.g., constructing a roll-in shower).
5. Installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies of the client; and
6. Installation and testing of a Personal Emergency Response System for clients who are alone for significant parts of the day without a caregiver and who otherwise require routine supervision (including monthly service costs, as needed).

Medically-Supportive Food/Meals/Medically Tailored Meals

These are meal services provided to help clients regain and maintain their health. Per the [DHCS Community Supports Policy Guide](#), meal services include:

1. Meals delivered to the home immediately following discharge from a hospital or nursing home when Members are most vulnerable to readmission.
2. Medically Tailored Meals: meals provided to the Member at home that meet the unique dietary needs of those with chronic diseases.
3. Medically Tailored meals are tailored to the medical needs of the Member by a Registered Dietitian (RD) or other certified nutrition professional, reflecting appropriate dietary therapies based on evidence-based nutritional practice guidelines to address medical diagnoses, symptoms, allergies, medication management, and/or side effects to ensure the best possible nutrition-related health outcomes.
4. Medically-supportive food and nutrition services, including medically tailored groceries, healthy food vouchers, and food pharmacies.
5. Behavioral, cooking, and/or nutrition education is included when paired with direct food assistance as enumerated above.

Sobering Centers

These are alternative destinations created to provide a safe, supportive environment for clients who are homeless or do not have a stable living situation to become sober. Per the [DHCS Community Supports Policy Guide](#), services from these centers include medical triage, lab testing, a temporary bed, rehydration and food service, treatment for nausea, wound and dressing changes, shower and laundry facilities, substance use education and counseling, navigation and warm hand-offs for additional substance

use services or other necessary health care services, and homeless care support services.

Asthma Remediations

These are services provided to help clients modify their living environment for greater function in the home by reducing acute asthma episodes that could result in the need for emergency services and hospitalization. Per the [DHCS Community Supports Policy Guide](#), environmental asthma trigger remediations include:

- Allergen-impermeable mattress and pillow dustcovers;
- High-efficiency particulate air (HEPA) filtered vacuums;
- Integrated Pest Management (IPM) services;
- De-humidifiers;
- Air filters;
- Other moisture-controlling interventions;
- Minor mold removal and remediation services;
- Ventilation improvements;
- Asthma-friendly cleaning products and supplies; and
- Other interventions identified to be medically appropriate and cost effective.

Transitional Rent

California's [Section 1115 Waiver Project titled "Behavioral Health Community-Based Organized Networks of Equitable Care and treatment \(BH-CONNECT\)](#), approved by CMS on December 16, 2024, allows for the provision of up to six months of transitional rent for qualified members.

Appendix G: Definitions for Social Services and Supports

Appendix G describes social services and supports.

Public Supports

These are based on [WIC 5982 \(a\)\(4\)](#).

Other Services

Education and/or Employment Services

These are services aimed to help clients return to work or school, using the support of a coach to help them achieve their goals ([Early Psychosis Intervention Network](#)).

Family Education and Support Services

These are services aimed to teach clients and their family members about psychosis as well as coping, communication, and problem-solving skills ([Early Psychosis Intervention Network](#)).

Benefits Advocacy Services

These are support services from professionals, family members, and friends who learn basic information about benefits programs to help clients with disabilities ([Benefits Advocacy and Planning](#)):

- Understand basic benefits requirements (rules) and other regulations related to benefits and employment
- Transform any misconceptions about the impact of employment (making money) upon benefits
- Assist with reporting income to different benefits providers
- Assist with identifying and documenting available work incentives
- Assist with preventing potential benefits crises by identifying and reporting changes in life circumstances or employment status which might impact benefits
- Assist with interpretation and explanation of letters and documentation from various benefits programs
- Serve as an important bridge to more detailed benefits planning services

Appendix H: Living Situation Options List

Appendix H includes specifications for various living situations. The list is taken from the [U.S. Department of Housing and Urban Development FY 2024 HMIS Data Standards Data Dictionary](#). DHCS's definition of successful housing ([Housing and Homelessness Incentive Program](#)) will be used to guide assessment of improvement in housing placements.

Homeless Situations

- Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter
- Safe Haven

Institutional Situations

- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Jail, prison, or juvenile detention facility
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center

Temporary Housing Situations

- Residential project or halfway house with no homeless criteria
- Hotel or motel paid for without emergency shelter voucher
- Transitional housing for homeless persons (including homeless youth)
- Host Home (non-crisis)
- Staying or living with friends, temporary tenure (e.g., room, apartment, or house)
- Staying or living with family, temporary tenure (e.g., room, apartment, or house)
- Moved from one Housing Opportunities for Persons With AIDS (HOPWA) funded project to HOPWA Permanent Housing

Permanent Housing Situations:

- Staying or living with family, permanent tenure
- Staying or living with friends, permanent tenure
- Moved from one HOPWA funded project to HOPWA Permanent Housing

- Rental by client, with Grant and Per Diem (GPD) Transition in Place (TIP) housing subsidy
- Rental by client, with Veterans Affairs Supportive Housing (VASH) housing subsidy
- Permanent housing (other than Rapid Re-housing (RRH)) for formerly homeless persons
- Rental by client, with RRH or equivalent subsidy
- Rental by client, with Housing Choice Voucher (HCV)—tenant or project based
- Rental by client in a public housing unit
- Rental by client, no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy

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