STATE OF CALIFORNIA DEPARTMENT OF AGING ADRC SERVICE DATA REPORT FORM CDA 7029 (REV 10/2023)



| ADDC DADTNEDCUID NAME.   |  |
|--|--|
| ADRC PARTNERSHIP NAME:   |  |
|  |  |
| NAME OF EACH ADRC CORE PA  | ARTNER (list names below):   |
|  |  |
|  |  |
|  |  |
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|  |  |
|  |  |
| the four service functions they of                                     | (TENDED PARTNER. (List names and which of deliver, if any). For reference, the four service on and Referral, Options Counseling, Short-Term on Services. |
| the four service functions they of functions are: Enhanced Information | deliver, if any). For reference, the four service on and Referral, Options Counseling, Short-Term  |
| the four service functions they of functions are: Enhanced Information | deliver, if any). For reference, the four service on and Referral, Options Counseling, Short-Term  |
| the four service functions they of functions are: Enhanced Information | deliver, if any). For reference, the four service on and Referral, Options Counseling, Short-Term  |
| the four service functions they of functions are: Enhanced Information | deliver, if any). For reference, the four service on and Referral, Options Counseling, Short-Term  |
| the four service functions they of functions are: Enhanced Information | deliver, if any). For reference, the four service on and Referral, Options Counseling, Short-Term  |
| the four service functions they of functions are: Enhanced Information | deliver, if any). For reference, the four service on and Referral, Options Counseling, Short-Term  |
| the four service functions they of functions are: Enhanced Information | deliver, if any). For reference, the four service on and Referral, Options Counseling, Short-Term  |
| the four service functions they of functions are: Enhanced Information | deliver, if any). For reference, the four service on and Referral, Options Counseling, Short-Term  |
| the four service functions they of functions are: Enhanced Information | deliver, if any). For reference, the four service on and Referral, Options Counseling, Short-Term  |
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#### STATE OF CALIFORNIA DEPARTMENT OF AGING ADRC SERVICE DATA REPORT FORM CDA 7029 (REV 10/2023)



| FISCAL YEAR      | 2023 - 2024 |
|------------------|-------------|
| REPORTING PERIOD |             |

## **SECTION I: CONSUMER DEMOGRAPHICS**

| Consumer Age                 | Core Partner<br>AAA | AAA<br>Do Not<br>Collect | Core Partner ILC | ILC<br>Do Not<br>Collect | Other<br>Core<br>Partner | Other Core<br>Partner<br>Do Not<br>Collect | Extended Partners | Extended<br>Partners<br>Do Not<br>Collect |
|------------------------------|---------------------|--------------------------|------------------|--------------------------|--------------------------|--|-------------------|---|
| 0-13 Years                   |                     |                          |                  |                          |                          |  |                   |   |
| 14-24 Years                  |                     |                          |                  |                          |                          |  |                   |   |
| 25-59 Years                  |                     |                          |                  |                          |                          |  |                   |   |
| 60 Years and Older           |                     |                          |                  |                          |                          |  |                   |   |
| 65 Years and Older           |                     |                          |                  |                          |                          |  |                   |   |
| Declined to State or Missing |                     |                          |                  |                          |                          |  |                   |   |

| Consumer<br>Ethnicity        | Core Partner<br>AAA | AAA<br>Do Not<br>Collect | Core Partner ILC | ILC<br>Do Not<br>Collect | Other<br>Core<br>Partner | Other Core<br>Partner<br>Do Not<br>Collect | Extended Partners | Extended<br>Partners<br>Do Not<br>Collect |
|------------------------------|---------------------|--------------------------|------------------|--------------------------|--------------------------|--|-------------------|---|
| Not Hispanic/Latino          |                     |                          |                  |                          |                          |  |                   |   |
| Hispanic/Latino              |                     |                          |                  |                          |                          |  |                   |   |
| Declined to State or Missing |                     |                          |                  |                          |                          |  |                   |   |

| Consumer Race                       | Core Partner AAA | AAA<br>Do Not<br>Collect | Core Partner ILC | ILC<br>Do Not<br>Collect | Other<br>Core<br>Partner | Other Core<br>Partner<br>Do Not<br>Collect | Extended Partners | Extended<br>Partners<br>Do Not<br>Collect |
|-------------------------------------|------------------|--------------------------|------------------|--------------------------|--------------------------|--|-------------------|---|
| American Indian or<br>Alaska Native |                  |                          |                  |                          |                          |  |                   |   |
| Asian Indian                        |                  |                          |                  |                          |                          |  |                   |   |
| Black or African<br>American        |                  |                          |                  |                          |                          |  |                   |   |
| Cambodian                           |                  |                          |                  |                          |                          |  |                   |   |
| Chinese                             |                  |                          |                  |                          |                          |  |                   |   |
| Filipino                            |                  |                          |                  |                          |                          |  |                   |   |
| Guamanian                           |                  |                          |                  |                          |                          |  |                   |   |
| Hawaiian                            |                  |                          |                  |                          |                          |  |                   |   |
| Japanese                            |                  |                          |                  |                          |                          |  |                   |   |
| Korean                              |                  |                          |                  |                          |                          |  |                   |   |
| Laotian                             |                  |                          |                  |                          |                          |  |                   |   |
| Other Asian                         |                  |                          |                  |                          |                          |  |                   |   |

| Consumer Race                | Core Partner<br>AAA | AAA<br>Do Not<br>Collect | Core Partner ILC | ILC<br>Do Not<br>Collect | Other<br>Core<br>Partner | Other Core<br>Partner<br>Do Not<br>Collect | Extended<br>Partners | Extended<br>Partners<br>Do Not<br>Collect |
|------------------------------|---------------------|--------------------------|------------------|--------------------------|--------------------------|--|----------------------|---|
| Other Pacific Islander       |                     |                          |                  |                          |                          |  |                      |   |
| Samoan                       |                     |                          |                  |                          |                          |  |                      |   |
| Vietnamese                   |                     |                          |                  |                          |                          |  |                      |   |
| White                        |                     |                          |                  |                          |                          |  |                      |   |
| Declined to State or Missing |                     |                          |                  |                          |                          |  |                      |   |

| Consumer Gender Identity | Core Partner<br>AAA | AAA<br>Do Not<br>Collect | Core Partner ILC | ILC<br>Do Not<br>Collect | Other<br>Core<br>Partner | Other Core<br>Partner<br>Do Not<br>Collect | Extended Partners | Extended<br>Partners<br>Do Not<br>Collect |
|--------------------------|---------------------|--------------------------|------------------|--------------------------|--------------------------|--|-------------------|---|
| Female                   |                     |                          |                  |                          |                          |  |                   |   |
| Male                     |                     |                          |                  |                          |                          |  |                   |   |
| Transgender Female       |                     |                          |                  |                          |                          |  |                   |   |
| to Male                  |                     |                          |                  |                          |                          |  |                   |   |
| Transgender Male to      |                     |                          |                  |                          |                          |  |                   |   |
| Female                   |                     |                          |                  |                          |                          |  |                   |   |
| Genderqueer/Gender       |                     |                          |                  |                          |                          |  |                   |   |
| Non-Binary               |                     |                          |                  |                          |                          |  |                   |   |
| Not Listed               |                     |                          |                  |                          |                          |  |                   |   |
| Declined to State or     |                     |                          |                  |                          |                          |  |                   |   |
| Missing                  |                     |                          |                  |                          |                          |  |                   |   |

| Consumer Sex at Birth        | Core Partner | AAA<br>Do Not<br>Collect | Core Partner ILC | ILC<br>Do Not<br>Collect | Other<br>Core<br>Partner | Other Core<br>Partner<br>Do Not<br>Collect | Extended Partners | Extended<br>Partners<br>Do Not<br>Collect |
|------------------------------|--------------|--------------------------|------------------|--------------------------|--------------------------|--|-------------------|---|
| Female                       |              |                          |                  |                          |                          |  |                   |   |
| Male                         |              |                          |                  |                          |                          |  |                   |   |
| Declined to State or Missing |              |                          |                  |                          |                          |  |                   |   |

| Consumer Sexual Orientation or Sexual Identity | Core Partner<br>AAA | AAA<br>Do Not<br>Collect | Core Partner ILC | ILC<br>Do Not<br>Collect | Other<br>Core<br>Partner | Other Core<br>Partner<br>Do Not<br>Collect | Extended Partners | Extended<br>Partners<br>Do Not<br>Collect |
|--|---------------------|--------------------------|------------------|--------------------------|--------------------------|--|-------------------|---|
| Straight/Heterosexual                          |                     |                          |                  |                          |                          |  |                   |   |
| Bisexual                                       |                     |                          |                  |                          |                          |  |                   |   |
| Gay/Lesbian/Same-<br>Gender Loving             |                     |                          |                  |                          |                          |  |                   |   |
| Questioning/Unsure                             |                     |                          |                  |                          |                          |  |                   |   |
| Not Listed                                     |                     |                          |                  |                          |                          |  |                   |   |
| Declined to State or Missing                   |                     |                          |                  |                          |                          |  |                   |   |

| Characteristics of Consumers          | Core Partner AAA | AAA<br>Do Not<br>Collect | Core Partner ILC | ILC<br>Do Not<br>Collect | Other<br>Core<br>Partner | Other Core<br>Partner<br>Do Not<br>Collect | Extended Partners | Extended<br>Partners<br>Do Not<br>Collect |
|---------------------------------------|------------------|--------------------------|------------------|--------------------------|--------------------------|--|-------------------|---|
| Homeless                              |                  |                          |                  |                          |                          |  |                   |   |
| Veteran                               |                  |                          |                  |                          |                          |  |                   |   |
| With a Disability                     |                  |                          |                  |                          |                          |  |                   |   |
| Live Alone                            |                  |                          |                  |                          |                          |  |                   |   |
| SSI Beneficiary                       |                  |                          |                  |                          |                          |  |                   |   |
| Low Income                            |                  |                          |                  |                          |                          |  |                   |   |
| Medicaid/Medi-Cal<br>Beneficiary      |                  |                          |                  |                          |                          |  |                   |   |
| Dementia/Alzheimer's Diagnosis        |                  |                          |                  |                          |                          |  |                   |   |
| CalFresh Beneficiary                  |                  |                          |                  |                          |                          |  |                   |   |
| Caregiver                             |                  |                          |                  |                          |                          |  |                   |   |
| Food Insecure                         |                  |                          |                  |                          |                          |  |                   |   |
| Victim of Abuse                       |                  |                          |                  |                          |                          |  |                   |   |
| Risk for Institutionalization         |                  |                          |                  |                          |                          |  |                   |   |
| In-Home Supportive Services Recipient |                  |                          |                  |                          |                          |  |                   |   |
| Other – Please<br>Specify:            |                  |                          |                  |                          |                          |  |                   |   |
| Other – Please Specify:               |                  |                          |                  |                          |                          |  |                   |   |
| Other – Please<br>Specify:            |                  |                          |                  |                          |                          |  |                   |   |

**Consumer Demographic Data Collection Notes (Optional).** Please add notes here if your ADRC wishes to explain any of the data elements collected.

#### **SECTION II: ADRC SERVICE FUNCTIONS**

| Enhanced<br>Information and<br>Referral Services | Core Partner<br>AAA | AAA<br>Do Not<br>Collect | Core Partner ILC | ILC<br>Do Not<br>Collect | Other<br>Core<br>Partner | Other Core<br>Partner<br>Do Not<br>Collect | Extended Partners | Extended<br>Partners<br>Do Not<br>Collect |
|--|---------------------|--------------------------|------------------|--------------------------|--------------------------|--|-------------------|---|
| Total Calls Received                             |                     |                          |                  |                          |                          |  |                   |   |
| Total Completed Initial Intakes and Assessments  |                     |                          |                  |                          |                          |  |                   |   |
| Total Warm Transfers                             |                     |                          |                  |                          |                          |  |                   |   |
| Total Service<br>Referrals Offered               |                     |                          |                  |                          |                          |  |                   |   |
| Total Follow-Ups<br>Made                         |                     |                          |                  |                          |                          |  |                   |   |

| Options Counseling                    | Core Partner<br>AAA | AAA<br>Do Not<br>Collect | Core Partner ILC | ILC<br>Do Not<br>Collect | Other<br>Core<br>Partner | Other Core<br>Partner<br>Do Not<br>Collect | Extended Partners | Extended<br>Partners<br>Do Not<br>Collect |
|---------------------------------------|---------------------|--------------------------|------------------|--------------------------|--------------------------|--|-------------------|---|
| Total Individuals                     |                     |                          |                  |                          |                          |  |                   |   |
| Identified as a Candidate for Options |                     |                          |                  |                          |                          |  |                   |   |
| Counseling                            |                     |                          |                  |                          |                          |  |                   |   |
| Total Warm Transfers                  |                     |                          |                  |                          |                          |  |                   |   |
| and Referrals for                     |                     |                          |                  |                          |                          |  |                   |   |
| Options Counseling                    |                     |                          |                  |                          |                          |  |                   |   |
| Total Interviews and                  |                     |                          |                  |                          |                          |  |                   |   |
| Assessments                           |                     |                          |                  |                          |                          |  |                   |   |
| Completed                             |                     |                          |                  |                          |                          |  |                   |   |
| Total Plans Developed                 |                     |                          |                  |                          |                          |  |                   |   |
| Total Plans Completed                 |                     |                          |                  |                          |                          |  |                   |   |
| Total Actions                         |                     |                          |                  |                          |                          |  |                   |   |
| Developed (Optional)                  |                     |                          |                  |                          |                          |  |                   |   |
| Total Actions                         |                     |                          |                  |                          |                          |  |                   |   |
| Completed (Optional)                  |                     |                          |                  |                          |                          |  |                   |   |
| Total Follow-Ups                      |                     |                          |                  |                          |                          |  |                   |   |
| Completed                             |                     |                          |                  |                          |                          |  |                   |   |

Total Consumers Served with Options Counseling

| Short-Term Service Coordination | Core Partner<br>AAA | AAA<br>Do Not<br>Collect | Core Partner ILC | ILC<br>Do Not<br>Collect | Other<br>Core<br>Partner | Other Core<br>Partner<br>Do Not<br>Collect | Extended Partners | Extended<br>Partners<br>Do Not<br>Collect |
|---------------------------------|---------------------|--------------------------|------------------|--------------------------|--------------------------|--|-------------------|---|
| Total Individuals               |                     |                          |                  |                          |                          |  |                   |   |
| Identified as a                 |                     |                          |                  |                          |                          |  |                   |   |
| Candidate for Short-            |                     |                          |                  |                          |                          |  |                   |   |
| Term Service                    |                     |                          |                  |                          |                          |  |                   |   |
| Coordination                    |                     |                          |                  |                          |                          |  |                   |   |
| Total Warm Transfers            |                     |                          |                  |                          |                          |  |                   |   |
| and Referrals for               |                     |                          |                  |                          |                          |  |                   |   |
| Short-Term Service              |                     |                          |                  |                          |                          |  |                   |   |
| Coordination                    |                     |                          |                  |                          |                          |  |                   |   |
| Total Plans Developed           |                     |                          |                  |                          |                          |  |                   |   |
| Total Plans Completed           |                     |                          |                  |                          |                          |  |                   |   |
| Total Actions                   |                     |                          |                  |                          |                          |  |                   |   |
| Developed (Optional)            |                     |                          |                  |                          |                          |  |                   |   |
| Total Actions                   |                     |                          |                  |                          |                          |  |                   |   |
| Completed (Optional)            |                     |                          |                  |                          |                          |  |                   |   |
| Total Follow-Ups                |                     |                          |                  |                          |                          |  |                   |   |
| Completed                       |                     |                          |                  |                          |                          |  |                   |   |

Total Consumers Served with Short-Term Service Coordination

| Transition Services       | Core Partner AAA | AAA<br>Do Not<br>Collect | Core Partner ILC | ILC<br>Do Not<br>Collect | Other<br>Core<br>Partner | Other Core<br>Partner<br>Do Not<br>Collect | Extended Partners | Extended<br>Partners<br>Do Not<br>Collect |
|---------------------------|------------------|--------------------------|------------------|--------------------------|--------------------------|--|-------------------|---|
| Total Individuals         |                  |                          |                  |                          |                          |  |                   |   |
| Identified as a           |                  |                          |                  |                          |                          |  |                   |   |
| Candidate for             |                  |                          |                  |                          |                          |  |                   |   |
| Transition Services       |                  |                          |                  |                          |                          |  |                   |   |
| Total Warm Transfers      |                  |                          |                  |                          |                          |  |                   |   |
| and Referrals for         |                  |                          |                  |                          |                          |  |                   |   |
| Transition Services       |                  |                          |                  |                          |                          |  |                   |   |
| Total Plans Developed     |                  |                          |                  |                          |                          |  |                   |   |
| Total Plans Completed     |                  |                          |                  |                          |                          |  |                   |   |
| Total Actions             |                  |                          |                  |                          |                          |  |                   |   |
| Developed (Optional)      |                  |                          |                  |                          |                          |  |                   |   |
| Total Actions             |                  |                          |                  |                          |                          |  |                   |   |
| Completed (Optional)      |                  |                          |                  |                          |                          |  |                   |   |
| Total Follow-             |                  |                          |                  |                          |                          |  |                   |   |
| Ups/Home Visits           |                  |                          |                  |                          |                          |  |                   |   |
| Completed                 |                  |                          |                  |                          |                          |  |                   |   |
| Transition Services       |                  |                          |                  |                          |                          |  |                   |   |
| Completed from            |                  |                          |                  |                          |                          |  |                   |   |
| Nursing Facility          |                  |                          |                  |                          |                          |  |                   |   |
| Transition Services       |                  |                          |                  |                          |                          |  |                   |   |
| Completed from            |                  |                          |                  |                          |                          |  |                   |   |
| Intermediate Care         |                  |                          |                  |                          |                          |  |                   |   |
| Facilities for            |                  |                          |                  |                          |                          |  |                   |   |
| Individuals w/            |                  |                          |                  |                          |                          |  |                   |   |
| Intellectual Disabilities |                  |                          |                  |                          |                          |  |                   |   |

| Transition Services    | Core Partner AAA | AAA<br>Do Not<br>Collect | Core Partner ILC | ILC<br>Do Not<br>Collect | Other<br>Core<br>Partner | Other Core<br>Partner<br>Do Not<br>Collect | Extended Partners | Extended<br>Partners<br>Do Not<br>Collect |
|------------------------|------------------|--------------------------|------------------|--------------------------|--------------------------|--|-------------------|---|
| Transition Services    |                  |                          |                  |                          |                          |  |                   |   |
| Completed from         |                  |                          |                  |                          |                          |  |                   |   |
| Hospitals              |                  |                          |                  |                          |                          |  |                   |   |
| Transition Services    |                  |                          |                  |                          |                          |  |                   |   |
| Completed from Other   |                  |                          |                  |                          |                          |  |                   |   |
| Institutional Settings |                  |                          |                  |                          |                          |  |                   |   |

**Service Function Data Collection Notes (Optional).** Please add notes here if your ADRC wishes to explain any of the data elements collected in the four service function areas, and indicate the service function area with each note.

# SECTION III: OUTREACH ACTIVITIES / APPLICATION AND ELIGIBILITY ASSISTANCE

## **OUTREACH ACTIVITIES**

| Types of Activities                            | Number of<br>Outreach<br>Activities | Number of<br>Outreach<br>Contacts |
|--|-------------------------------------|-----------------------------------|
| Assistive Technology                           |                                     |                                   |
| CalFresh                                       |                                     |                                   |
| Emergency Preparedness, Response, and Recovery |                                     |                                   |
| Housing  |                                     |                                   |
| Medi-Cal                                       |                                     |                                   |
| Medicare                                       |                                     |                                   |
| MIPPA  |                                     |                                   |
| SSI  |                                     |                                   |
| Transportation                                 |                                     |                                   |
| Veterans                                       |                                     |                                   |
| Other: LTSS                                    |                                     |                                   |

#### **APPLICATION AND ELIGIBILITY ASSISTANCE**

| Types of Activities                            | Number of contacts assisted with      |
|--|---------------------------------------|
| Types of Activities                            | applications<br>and/or<br>eligibility |
| Assistive Technology                           |                                       |
| CalFresh                                       |                                       |
| Emergency Preparedness, Response, and Recovery |                                       |
| Housing  |                                       |
| Medi-Cal                                       |                                       |
| Medicare                                       |                                       |
| MIPPA  |                                       |
| SSI  |                                       |
| Transportation                                 |                                       |
| Veterans                                       |                                       |
| Other: LTSS                                    |                                       |

**Outreach/Application and Eligibility Data Collection Notes (Optional).** Please add notes here if your ADRC wishes to explain any of the data elements collected. Add "other" categories from outreach activities / application and/or eligibility assistance.

# SECTION IV: PARTNERSHIP DEVELOPMENT, TRAINING, AND ORGANIZATIONAL INFORMATION

Information to be provided during the 6-month and 12-month reporting period reports only.

| 1. How many unduplicated partner organizations are part of your ADRC?   |
|---|
| 1.a. From the number of unduplicated partner organizations, please list the type of partners in the space below:  |
| 2. Please list the ADRC-related trainings and what organizations delivered the trainings during this reporting period for your ADRC partnership (i.e., Person-Centered Practices, Options Counseling, AIRS Training, etc.). |
| 3.What are the threshold languages spoken by staff in your ADRC network?  |
| 4. What are the threshold languages spoken by consumers in the area?  |
| 5. What are the threshold languages where a language service was used within your ADRC network?   |

| 6. | . What marketing and outreach activities are your ADRC partners doing? (e.g., handing out flyers, brochures, etc. |  |  |  |  |  |
|----|---|--|--|--|--|--|
|    |   |  |  |  |  |  |
|    |   |  |  |  |  |  |
|    |   |  |  |  |  |  |

#### SECTION V: ADRC INFRASTRUCTURE WORK PLAN/GOALS UPDATE

Information to be provided during the 6-month and 12-month reporting period reports only.

1. Please provide a status update of goals outlined in your ADRC's approved ADRC Program Narrative Form (CDA 7039), question #1.

2. Please provide a status update of objectives, metrics/measurements, and results accomplished with the use of ADRC Infrastructure Grants Program funds, refer to approved ADRC Program Narrative Form (CDA 7039), question #2.

#### SECTION VI: SUCCESS STORY OR PROGRAM HIGHLIGHT

Information to be provided during the <u>6-month</u> and <u>12-month</u> reporting period reports only.

1. Please share a participant success story for the reporting period to show the value of the ADRC system and/or highlight a new connection or partnership within your ADRC.

#### **SECTION VII: BIGGEST BARRIERS**

Information to be provided during the 6-month and 12-month reporting period reports only.

1. Please share the biggest barriers in providing services or connecting people to services in your area.

2. Please list unmet needs or service gaps identified in your ADRC service area.

3. Please list obstacles that prevented individuals to transfer from a facility to a home setting.