6th Annual Report
Evaluation of the California Caregiver Resource Centers' Service Delivery and System Change

Reporting Period: FY24/25 (July 2024-June 2025)

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UC DAVIS HEALTH | BETTY IRENE MOORE SCHOOL OF NURSING

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"I am ever so grateful for the services I receive from CRC!! They have been supportive and caring by being great listeners, non-judgmental, informative, and encouraging! The respite hours I have are uplifting, rejuvenating, renewing, and relaxing! I am indeed Blessed! Thank you"

– CRC Caregiver

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EXECUTIVE SUMMARY

The California Caregiver Resource Center (CRC) system has been a mainstay of support and services for California since 1984. In 2018, California state invested in advancing infrastructure by deploying a statewide caregiver resource network supported by CareNav™, an online platform. This innovation facilitates caregivers' access to vital services and has resulted in a robust data set that characterizes the caregivers served. . The CRCs represent a national model for delivery of caregiver services and support, aligning well with the 2021 California Master Plan for Aging and the 2022 National Strategy to Support Family Caregivers. The CA Department of Aging engaged the Family Caregiving Institute at the Betty Irene Moore School of Nursing at UC Davis to provide ongoing synthesis of data about caregiver characteristics, needs and resources.

The 11 CRCs serve as a point of entry to services available for caregiving families in every county of California. All CRCs have core programs that provide uniform caregiver assessment, information, education, and support for caregivers. The CRCs provide services across income categories. In addition, CRCs augment the core services with relevant programs and additional funding from federal, county and philanthropic sources. The CRC website provides on-line access to all CRCs with information about the services and programs they provide. This sixth annual report for fiscal year 2024-2025 (hereafterFY24/25) summarizes the CRC population served, services provided, CRC client satisfaction and experiences, caregiving outcomes, changes in service delivery over time, and a special chapter on referral sources and unmet needs.

Impact

The CRC sites continue to provide vital services and support to family caregivers throughout California, facilitated by the CareNav™ platform. Detailed information is available to help us to understand the caregivers served, their needs and the outcomes of the services and support provided.

Major findings include:

- CRC Caregivers care for people with complex needs, often involving multiple comorbid conditions, such as memory loss.
- Caregivers report challenges with their own health, including anxiety, depression, and sleep difficulties.
- On average caregivers reported nearly seven unmet needs for themselves or their care recipients, with one in four reporting ten or more, especially related to their own physical and emotional health.
- CareNav™ is a high-need entry point. Although about a quarter of intakes occur online, these caregivers consistently report more unmet needs, indicating that CareNav™ reaches high-need populations.
- Referral patterns are limited and uneven. Most caregivers learn about CRCs through health/social service providers or family/friends; very few are reached via the internet or public events.

- CRC services demonstrate a strong impact with 93% of caregivers expressing high satisfaction, praising knowledgeable and compassionate staff and improved caregiver capacity, mental, and physical health.
- Outreach grew by 9% and partnerships expanded multilingual education, but education activities fell by 24% and rural outreach remains difficult due to geography and staffing.

Key Recommendations

- **Strengthen and diversify referral pathways:** Educate health and social service providers about the full scope of CRC services (beyond respite), formalize pipelines, and co-design workflows with advisory groups.
- **Target high-need groups with tailored interventions:** Focus on caregivers more likely to report higher unmet needs, including women, caregivers of recipients with worsening conditions or memory loss, and caregivers from minoritized racial/ethnic groups.
- **Expand online and awareness campaigns:** Build on the capacity of CareNav™ to reach high-need caregivers with statewide marketing and mass media campaigns, aligned with the National Strategy to Support Family Caregivers and track effectiveness of campaigns.
- **Enhance caregiver mental health support:** Increase counseling and integrate stress management or peer support programs to address the high prevalence of caregiver anxiety, depression, and sleep difficulties.
- **Strengthen rural service strategies:** Use mobile outreach units, local partnerships, and hybrid service models to overcome barriers in large or rural catchment areas.
- **Leverage community partnerships:** Continue multilingual outreach, caregiver conferences, and community events to engage diverse populations.
- **Address systemic challenges:** Advocate for increased funding and resources to address geographic, cultural, and competitive barriers, potentially through collective statewide advocacy.
- **Improve CareNav™ utilization:** Collaborate to develop targeted interventions to market CareNav™ to groups of caregivers with lower rates of using the portal (i.e. adults over age 65 years, racial/ethnic groups other than White non-Hispanic, caregivers who are working less than full time, caregivers who have been caring for less than two years). Technical support may also be required to support caregivers with lower rates of technological acceptance and use.
- **Use data to guide equitable outreach impact:** Leverage CareNav™ and enrollment data to identify underrepresented populations, track participation trends, and assess which outreach strategies most effectively reach and retain caregivers from diverse backgrounds. Use these insights to refine outreach priorities and allocate resources toward approaches that yield measurable gains in representation.

I. INTRODUCTION AND METHODS

The California Caregiver Resource Center (CRC) system has been a mainstay of support and services for California since 1984. In 2018, California state invested in advancing infrastructure by deploying a statewide caregiver resource network supported by CareNav™, an online platform. This innovation facilitates caregiver access to vital services and has resulted in a robust data set that characterizes the served. The CRCs represent a national model for delivery of caregiver services and supports, aligning well with the 2021 California Master Plan for Aging and the 2022 National Strategy to Support Family Caregivers. The CA Department of Aging engaged the Family Caregiving Institute at the Betty Irene Moore School of Nursing at UC Davis to provide ongoing synthesis of data about caregiver characteristics, needs and resources.

The 11 CRCs serve as a point of entry to services available for caregiving families in every county of California. All CRCs have core programs that provide uniform caregiver assessment, information, education, and support for caregivers. The CRCs provide services across income categories. In addition, CRCs augment the core services with relevant programs and additional funding from federal, county and philanthropic sources. The CRC website provides on-line access to all CRCs with information about the services and programs they provide.

Evaluation of Program Expansion

This sixth annual report for fiscal year 2024-2025 (hereafter FY24/25) summarizes the CRC population served, services provided, CRC client satisfaction and experience, caregiving outcomes, changes in service delivery over time, and a special chapter on referral sources and unmet needs.

Evaluation Design and Methods

UC Davis researchers at the Betty Irene Moore School of Nursing Family Caregiving Institute developed the evaluation plan in collaboration with the Family Caregiver Alliance (FCA) and with input from the directors of all the California CRCs. The UC Davis Institutional Review Board approved the evaluation plan and measures. The evaluation includes multiple data sources and methods summarized in Table I-a. More information about data sources, methods, technical specifications and definitions is available in Appendices A and B.

Table I-a: Evaluation Data Sources for period July 2024 – June 2025

CareNav™: Activity (e.g., intake, assessment, family consultation) and Service Grant data
Outreach and Public Information Activities: CRC reports of public information and outreach activities
Education Activities: CRC reports on education activities
Media: CRC reports of media placement or media appearances with potential reach reported based on circulation numbers or impressions
Caregiver Satisfaction Surveys: Quarterly surveys of caregivers who have enrolled in CareNav™ or have received services from the CRC sites
Qualitative Data: Comments collected on surveys

CareNav™ Analysis of Caregiver Status, Activities, Services, Referral Sources and Unmet Needs

This analysis examines caregiver status, services, referral sources and unmet needs using CareNav™ data from 2019 through August 11th, 2025. The data were summarized using descriptive statistics and percentage change.

Outreach, Public Information and Education Activities

Sites reported their outreach, public information, and education activities annually using a standardized tool that captured the type of activity, medium, audience, and number of participants. These data were summarized with descriptive statistics. Additional information on campaign strengths and challenges, along with targeted efforts to engage diverse and underserved groups, was gathered through an annual site survey. Qualitative responses were examined using thematic analysis.

Caregiver Satisfaction Surveys

Caregiver satisfaction surveys, including items measured on a five-point scale (i.e., satisfaction with services, caregiving confidence, knowledge, stress, and experiences with the online platform and technology). Caregivers were also invited to share open-ended comments. All caregivers who engaged with the CRCs during the year were asked to participate, with survey requests distributed quarterly by the sites and responses submitted to the evaluation team. Quantitative results were summarized with descriptive statistics, and qualitative responses were analyzed using thematic analysis.

"Thanks to [CRC], I've gotten more rest than I'd had over the last year. They are a Godsend, from their customer service to resources and connections."
– CRC Caregiver

II. POPULATION SERVED

Caregiver and Care Recipient Sociodemographic Characteristics

In FY24/25 the CRCs served 5,717 unique caregivers and 5,879 unique care recipients across all 11 sites. The dashboard below provides a snapshot of the caregivers served this year, including sociodemographic characteristics, caregiving activities, and outcomes. Additional details on caregiver and care recipient demographics and health characteristics are available in Appendix C.

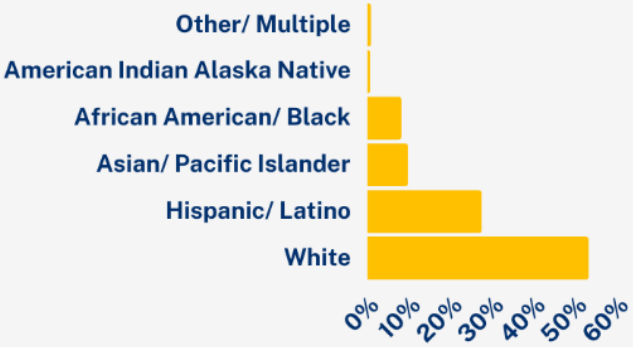
California Caregiver Resource Centers: Population Spotlight Fiscal Year 2024-2025

WHO ARE THE CAREGIVERS?

77%
identify as female

12%
earn income below the Federal Poverty Level

47%
report racial/ethnic identity other than White, non-Hispanic



59%
have a college degree or higher

4%
live in rural areas

WHAT ARE THE CAREGIVERS DOING?

83%
perform Medical or Nursing Tasks

73%
provide care >40hrs per week

38%
care for a spouse or partner

78%
assist with >10 personal care activities

WHAT ARE THEIR OUTCOMES?

32%
report their health has declined in the last 6 months

20%
experience clinically significant loneliness & isolation

23%
are somewhat or very dissatisfied with support from family & friends

62%
experience high caregiving strain

17%
experience moderate to severe depressive symptoms

Caregiver Health

Caregivers support high intensity care to individuals with complex needs, often managing multiple comorbid conditions and memory loss. Caregivers commonly provide care for multiple years, often with minimal help, paid or unpaid. Caregivers themselves frequently report health challenges, most commonly anxiety, depression, and sleep difficulties. Tables II-a & II-b provide detailed information on caregivers' health and health service use.

Table II-a: Caregiver Health and Caregiving Outcomes

n= 5,717	%
Caregiver Health Status	
Excellent	5.36
Very Good	18.98
Good	44.58
Fair	25.96
Poor	5.12
Health Now Compared To 6 Months Ago	
Better	10.01
Same	58.33
Worse	31.66
PHQ9	
None	43.86
Minimal/mild	39.37
Moderate	10.99
Moderate/severe	4.57
Severe	1.21
UCLA Loneliness	
Not **L**onely	79.91
Lonely	20.09
Zarit Burden Interview	
<8 (Low Strain)	38.13
8+ (High Strain)	61.87
Satisfaction with Support- Family & Friends	
Very Satisfied	21.39
Somewhat Satisfied	30.59
Neutral	25.26
Somewhat Dissatisfied	14.27
Very Dissatisfied	8.50
Satisfaction with Support- Spiritual	
Very Satisfied	31.45
Somewhat Satisfied	26.85
Neutral	33.52
Somewhat Dissatisfied	5.80
Very Dissatisfied	2.37

*Deduplicated by caregiver; percentages may not add to 100 due to rounding

Table II-b: Characteristics of Caregiving

n= **5,**879	%
Duration of Caregiving	
<=2 Years	41.37
2-5 Years	29.07
>5 Years	29.56
Performs Medical/Nursing Tasks	82.82
Level of Care (AARP)	
1-3	10.18
4	24.29
5	65.53
Care Intensity (AARP)	
Low **I**ntensity	3.49
Medium **I**ntensity	6.69
High **I**ntensity	89.82
Caregiving Hours Per Week	
0-10	6.98
11-20	6.46
21-30	7.22
31-40	6.01
40+	73.33
Paid Help Hours Per Week	
0	68.42
1-10	13.42
11-20	7.04
21-30	3.59
40+	2.76
Unpaid Help Hours Per Week	
0	44.72
1-10	32.01
11-20	8.36
21-30	4.22
Help from Family and Friends	
No Help	27.43
Less Than needed	50.60
Amount Needed	20.27
Don't Need	1.70

*Among completed assessments; deduplicated by care recipient; percentages may not add to 100 due to rounding; see Appendix B for calculation of AARP variables

Care Recipient Health

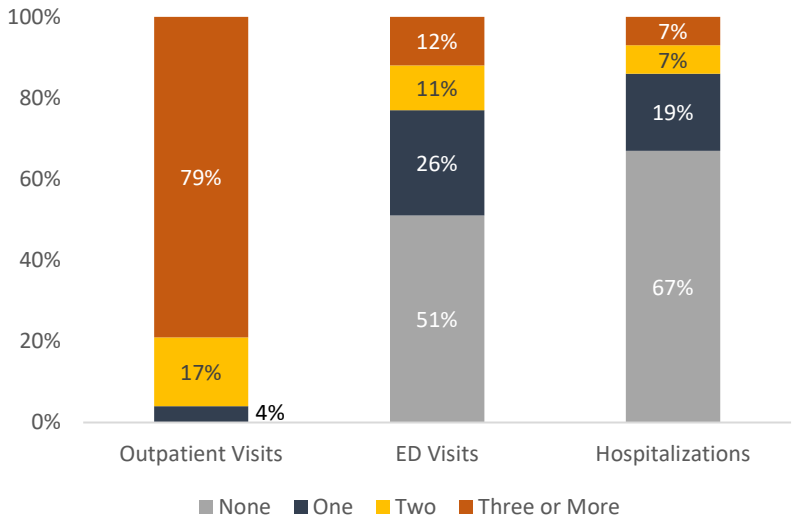
Most care recipients have multiple comorbid conditions, memory loss and cannot be left alone for more than an hour, requiring constant vigilance from their caregivers. Table II-c, along with Figure II-a, provide detailed information on care recipient health and advance care planning.

Table II-c: Care Recipient Health

N=5,879	%
Number Of Medical Conditions	
0	4.01
1	6.12
2	18.42
3	22.79
4 or more	48.65
Medical Condition Is Worsening	89.03
Experiences Memory Loss	91.49
Care Recipient Can Be Left Alone	
Always	8.85
Several Hours	30.04
<1 hour	21.08
Never	40.03
Care Recipient Wanders	14.41
Documents In Place	
Advanced Healthcare Directive	75.28
Durable Power of Attorney, Financial	54.82
Durable Power of Attorney, Healthcare	75.28
Conservatorship/Guardianship	3.68
Living will	75.28
Trust	45.25
POLST/DNR**	33.38
Unsure	12.71

*Deduplicated by care recipient; percentages may not add to 100 due to rounding
**Physician Orders for Life Sustaining Treatment/Do Not Resuscitate

Figure II-a: Care Recipient Health Service Use



"I have received help with respite care while I was out of town, and this has given me such wonderful peace of mind knowing my husband has assistance when I am not here. It has really helped to lower my stress level. My initial intake interview with [Family consultant] was wonderful. She truly listened and understood our situation."
– CRC Caregiver

Assistance with Personal Care Activities and Medical/ Nursing Tasks

Table II-d summarizes how often care recipients required assistance with 15 direct care activities (ranging from no help to help all the time). Table II-e and Figure II-b present detailed accounts from caregivers who perform medical/nursing tasks (n=3,046). These findings underscore the intensity of caregiving: on average, CRC caregivers support care recipients with nearly 12 different activities. Notably, 82% assist with

medical/nursing tasks, 43% find these tasks difficult, and 16% feel unprepared to perform them.

Table II-d: Assistance with Activities

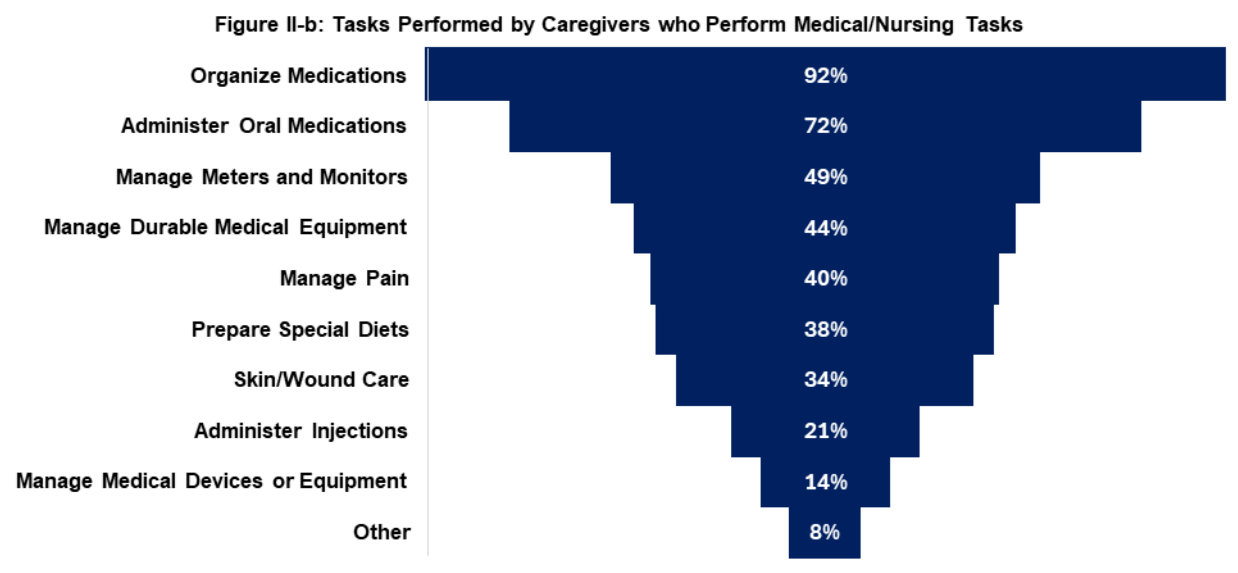
Activity	Needs Any Help (%)	Needs Help All the time (%)
Bathing	82.10	44.50
Dressing	76.52	35.13
Eating	52.84	16.27
Grooming	73.67	31.10
Housekeeping	95.87	77.18
Incontinence	69.18	36.56
Managing Finances	94.15	82.63
Managing Medications	91.65	69.22
Mobility	74.62	29.23
Preparing Meals	95.62	76.49
Shopping	96.39	86.74
Toileting	65.06	30.71
Transferring	68.84	28.58
Transportation	96.40	91.44
Using Telephone	75.91	42.29
Total *Mean (SD)*	11.95 *(3.24)*	7.69 *(4.26)*
Total *Median*	13.00	7.00

*Deduplicated by care recipient; percentages may not add to 100 due to rounding

Table II-e: Assistance with Medical/Nursing Tasks

n= 3,046	%
Mean Number of Tasks *(SD)*	4.12 *(2.10)*
Median Number of Tasks	4.00
Total Number of Tasks	
1-3	43.43
4-6	42.05
7-10	14.51
Feels Prepared for Medical/Nursing Tasks	
Strongly Disagree	4.29
Somewhat Disagree	12.15
Neutral	25.48
Somewhat Agree	32.08
Strongly Agree	26.00
Finds Medical/Nursing Tasks Difficult	
Strongly Disagree	19.20
Somewhat Disagree	13.93
Neutral	23.60
Somewhat Agree	32.27
Strongly Agree	11.01

*Among caregivers who reported performing medical/ nursing tasks; deduplicated by care recipient; percentages may not add to 100 due to rounding



Behavior Problems Checklist

Caregivers of care recipients with memory or confusion-related behaviors (n=3,299) completed a checklist of 15 behaviors, noting both their occurrence and how distressing they were (Table II-f). The most upsetting behaviors included arguing, waking the caregiver at night, losing or misplacing items, and engaging in dangerous activities.

Table II-f: Behavior Problems Checklist

n= 3,299	Occurred in the Past Week (%)	If yes, how much has this bothered or upset you? (%)		
Problems With:	**Yes**	**Extremely**	**Moderately**	**Not at All**
Asking the same question over and over	71.14	17.67	48.04	34.30
Trouble remembering recent events	77.45	17.73	41.97	40.30
Trouble remembering significant past events	46.59	15.82	39.01	45.18
Losing or misplacing things	59.62	20.04	41.69	38.28
Forgetting what day it is	70.05	14.26	33.88	51.85
Starting, but not finishing, things	49.68	15.52	40.84	43.63
Difficulty concentrating on a task	54.14	15.59	43.08	41.34
Destroying property	6.27	7.28	14.71	78.02
Doing things that embarrass you	15.34	11.48	31.03	57.49
Waking you or others up at night	36.22	22.48	39.98	37.54
Talking loudly and rapidly	11.31	13.48	23.18	63.34
Engaging in dangerous behavior	13.79	20.02	22.37	57.60
Threats to hurt others	3.67	7.93	7.59	84.49
Aggressive to others verbally	19.98	19.89	28.27	51.84
Arguing, irritability/complaining	42.10	23.25	44.90	31.85

***Among caregivers who reported experiencing memory-related behavior problems; deduplicated by care recipient; percentages may not add to 100 due to rounding**

III. SERVICES PROVIDED

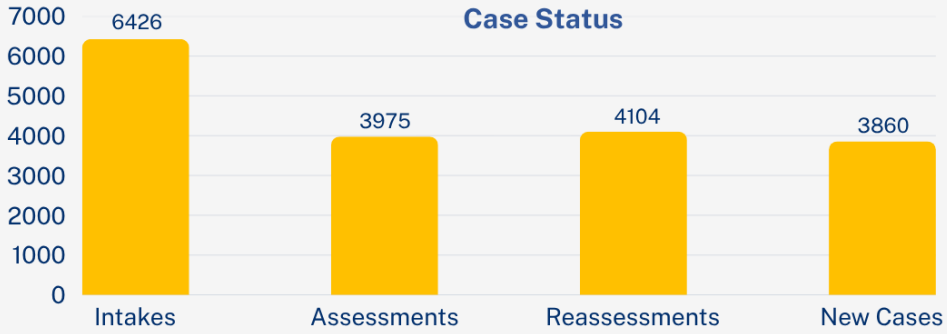
Together, the eleven CRCs provided services for 11,805 unduplicated family caregivers in FY24/25. The dashboard on the next page provides a snapshot of services provided, including case status and outreach and education activities followed by detailed descriptions of the nature of services provided.

"I don't think I could have survived without the help of [CRC]. The staff are so supportive, and I feel a little better about how to handle my caregiver situation and duties. I am impressed with how they check up on me. It is so comforting."

"It was always comforting to receive a phone call to check in with me on how things were going. [Family consultant] was very supportive and caring. I am grateful for this service! It made a big difference in my family's lives!"

-CRC Caregivers

California Caregiver Resource Centers: Dashboard Fiscal Year 2024-2025



Respite Hours and Services

Caregivers who received respite services = 1,748

Total respite hours provided = 118,774

Legal Consultation Hours and Services

Caregivers who received legal consultation = 121

Total legal hours provided = 145

Outreach and Education Activities

Outreach = 14,206
Direct referrals, general public information/awareness activities, provider awareness.

Education = 932
Program designed to help caregivers learn new skills or educate providers about the needs of family caregivers and available resources.

Caregiver Supports

Family Consultation = 173,915 hours

Support Groups = 1,333 clients

Individual Counseling Services = 473 clients

"I am so fortunate that I found CRC. It has helped me to not feel alone, get awesome training, learn to take care of myself and not feel guilty about it, [and] helped us with respite care. Made a huge difference in our lives. Thank you!"

-CRC Caregiver

CRC Case Status Summary

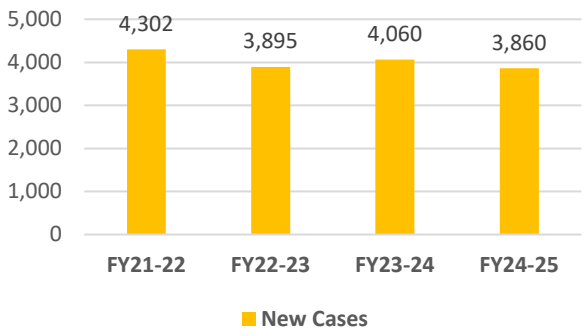
In FY24/25, the eleven CRCs collectively served 11,805 unduplicated family caregivers. They opened 3,860 **new cases**, defined as caregivers who completed a full assessment—triggered when intake risk screening indicated a need for more intensive services and the caregiver chose to participate at this level. The number of new cases has remained steady for the past four fiscal years (Figure III-a). Sites also managed 7,126 **ongoing cases with activity,** referring to caregivers who had an assessment within the past two years and received at least one service per quarter (e.g., family consultation, reassessment, counseling, or voucher services) during the fiscal year. An additional 10,802 cases were classified as **open with no activity**, meaning the caregiver had an assessment within the last two years but did not receive services in the current year. Altogether, **open cases** (the sum of new and ongoing unique cases) totaled 11,805 across all CRCs (Table III-a).

Table III-a: Case Status Summary – All California CRCs Combined

	FY24/25
New Cases	3,860
Ongoing Cases with Activity	7,126
Ongoing Cases No Activity	10,802
Total Open Cases	11,805

* Definitions - refer to Appendix A: Glossary
* Inclusion Criteria – refer to Appendix B: Technical Specifications
* Case Status Counts – refer to Appendix B: Technical Specifications.

Figure III-a: Trend in New Cases



The CRCs conducted 6,426 caregiver intakes (screenings) (Table III-b); Of those completing intakes, 3,975 caregivers (62%) progressed to a full assessment. Sites also carried out 4,104 reassessments, typically conducted within six months of the initial assessment to follow up with caregivers already engaged in services. Over the course of the year, the CRCs delivered 173,915 family consultations. In addition, 1,333 unique caregivers participated in professionally led support groups, facilitated by licensed social workers. These figures do not include peer-led support groups.

Table III-b: Caregiver Activity Summary – All California CRCs Combined

	FY24/25	FY23/24	FY22/23
Intake, *n*	6,426	6,533	6,360
Assessment, *n*	3,975	4,176	4,038
Reassessment, *n*	4,104	3,713	3,501
Family Consultation, *n*	173,915	165,686	158,177
Support Group, *unique caregivers*	1,333	1,194	1,172

* Definitions - refer to Appendix A: Glossary
* Inclusion Criteria – refer to Appendix B: Technical Specifications
* Unreported Delivery Mode – refer to Appendix B: Technical Specifications

It is important to note that intake screenings do not always progress to a full assessment. In some cases, the process concludes at intake if staff are able to provide a referral or advice during the screening and the caregiver does not seek additional support. A full assessment is conducted when Intake risk questions indicate a need for more intensive services, and the caregiver chooses to engage at this next level.

Service Grants

In FY24/25, six CRCs (Del Mar, Del Oro, Inland, Orange, Redwood, and Southern) provided in-house counseling sessions to 327 unique caregivers. Seven CRCs (Bay Area, Coast, Del Oro, Los Angeles, Passages, Redwood, and Valley) issued individual counseling vouchers to 146 unique caregivers in the community. Collectively, all eleven CRCs served 473 unique caregivers through either in-house counseling or voucher programs (Table III-c). Variability in reported activities across sites may reflect several factors, including overall service volume and caregiver eligibility for CDA funding; geographic distribution of resources within CRC catchment areas, which influences whether services are offered in-house or by referral; and differences in how staff at each site use CareNav™ to record activities, which can vary based on local workflows and how they interpret the system's data entry fields.

Table III-c: Counseling Totals - All California CRCs Combined

	FY24/25	FY23/24	FY22/23
Individual Counseling, in house	327	236	204
Individual Counseling, vouchered	146	200	217

Vouchered Services

The eleven CRCs provided 377 vouchered counseling transactions totaling 643 hours ($65,230) to 146 unique caregivers, 124 vouchered legal service transactions totaling 145 hours ($31,702) to 121 unique caregivers, and 5,824 vouchered respite care transactions totaling 118,774 hours ($3,499,577) to 1,748 unique caregivers (Table III-d). Overall, CRC spending on vouchered services increased by 18% compared to the prior fiscal year, with the respite care continuing to be the top priority with service activity levels exceeding those of the previous year.

"I received a great deal of help with respite, it was a very hard to get rest or get anything done because my mom needed so much help with getting her food, drinks, her medication (oxygen or nebulizer treatment), cleaning up, bathroom and even engaging with her. It was such a relief to get respite help, I didn't realize all the stress I was dealing with, thank God for [CRC], God bless!"

– CRC Caregivers

Table III-d: Service Grant Voucher Totals - All California CRCs Combined

	FY24/25	FY23/24	FY22/23
Counseling			
Transactions	377	514	572
Caregivers	146	200	217
Hours	643	865	1,051
Amount	$65,230	$81,465	$100,338
Legal Consultation			
Transactions	124	140	149
Caregivers	121	137	147
Hours	145	157	172
Amount	$31,702	$17,857	$22,726
Respite			
Transactions	5,824	5,737	6,626
Caregivers	1,748	1,734	1,848
Hours	118,774	103,554	112,982
Amount	$3,499,577	$2,947,872	$3,124,253

* Definitions - refer to Appendix A: Glossary

Outreach and Education

CRCs tailor their outreach and marketing strategies to the unique needs of their geographic regions, populations served, and local service demands. This section also includes activities conducted by an outside organization contracted to provide statewide outreach (the “Statewide Outreach Contractor”).

a) Qualitative

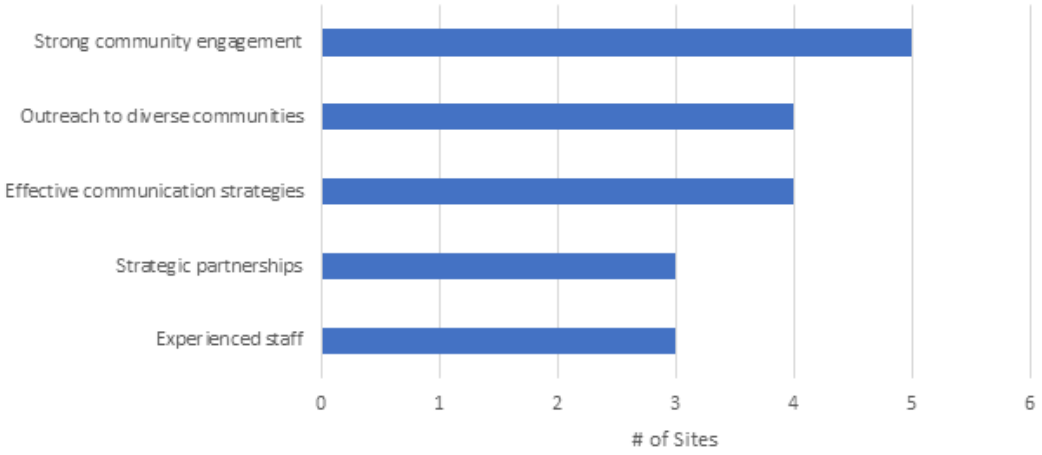
CRC sites and the Statewide Outreach Contractor were invited to include an optional narrative describing their unique approaches to outreach and efforts to reach diverse groups and target subpopulations. The following includes infrastructure, activities, and achievements reported by five CRC sites and the Statewide Outreach Contractor.

Strength of outreach and education campaigns

The sites identified key strengths of their outreach and education campaigns, as shown in Figure III-b. *Strong community engagement* and *effective communication strategies* emerged as the most common approaches to promoting outreach and education, as well as supporting *outreach to diverse communities*. These efforts encompass participation in health and resource fairs and community networking meetings, facilitation of partnerships with local healthcare and community-based organizations, developing and hosting community events, and employing bilingual community outreach workers (“Promotoras”) focused on in-person outreach. Frequent utilization of digital

platforms (e.g., social media, virtual platforms for educational events) promotes widespread reach of site-level and statewide tailored content.

Figure III-b: Strength of outreach and education campaigns* | n=6



The sites highlighted dedicated efforts made to reach diverse groups and underserved populations, emphasizing partnerships with local organizations serving diverse communities, providing linguistically and culturally tailored programs and materials, inclusive advertising and media campaigns, and leveraging resources from other CRC sites (Table III-e). Strategic partnerships with local organizations enabled CRCs to better understand needs and leverage resources, expertise, and networks to develop and deliver linguistically and culturally tailored advertisements, educational materials, and resources, thereby reinforcing community engagement. Some sites also enhanced their outreach to diverse communities by mapping high-need demographics to inform outreach efforts.

Table III-e: Outreach and education efforts made to reach diverse groups and underserved populations n=6

Effort	Examples
Multilingual materials and interpreters	Provide various promotional, educational, and resource materials using various formats (e.g., posts, virtual café, podcast, newsletter) Translate promotional, educational, and support resources into multiple languages Schedule for uploading new and translated materials
Community engagement and Strategic partnerships with local organizations serving diverse communities	Increase collaboration with local community organizations serving target subpopulations and/or providing additional services or resources Engage caregivers and experts from the target population to share their experience and expertise
Inclusive advertising and media campaigns	Targeted advertising campaigns to ensure access for specific demographics
Leveraging resources from other CRC sites	Share resources in multiple languages from the local CRCs on the statewide website
Events celebrating cultural diversity	Host and participate in community events dedicated to target populations
Culturally tailored programs and materials	Provide evidence-based, culturally appropriate programs dedicated to target subpopulations

Using CareNav™ to inform outreach efforts

Four sites currently use CareNav™ data to inform outreach efforts. They predominantly use client demographics to track client distribution across regions and to represent the racial and ethnic diversity of their clients. These help sites identify underserved populations, target outreach and education, and optimize promotion and budget allocation by region. Some sites also use this data to track referral sources to evaluate the effectiveness of outreach channels.

Regional challenges

The most frequently cited challenges were limited funding and resources, geographic, language, and cultural barriers, as well as high competition with other organizations (Figure III-d). These challenges encompass barriers to access related to a large catchment area, rurality, significant variability in caregiver awareness, preferences, needs, and available resources, limited internet access, and decreased engagement in educational programs. For sites with a large or rural catchment area, it is challenging to extend outreach efforts to the entire region due to staff availability, travel-related barriers, internet access, and barriers to networking and engagement. At the statewide level, efforts to build broader awareness across the state are further complicated by the need to develop materials that are cohesive statewide and still align with the locally tailored branding used by the sites. Table III-f summarizes strategies to address challenges.

Figure III-c: Primary outreach and education regional challenges | n=6

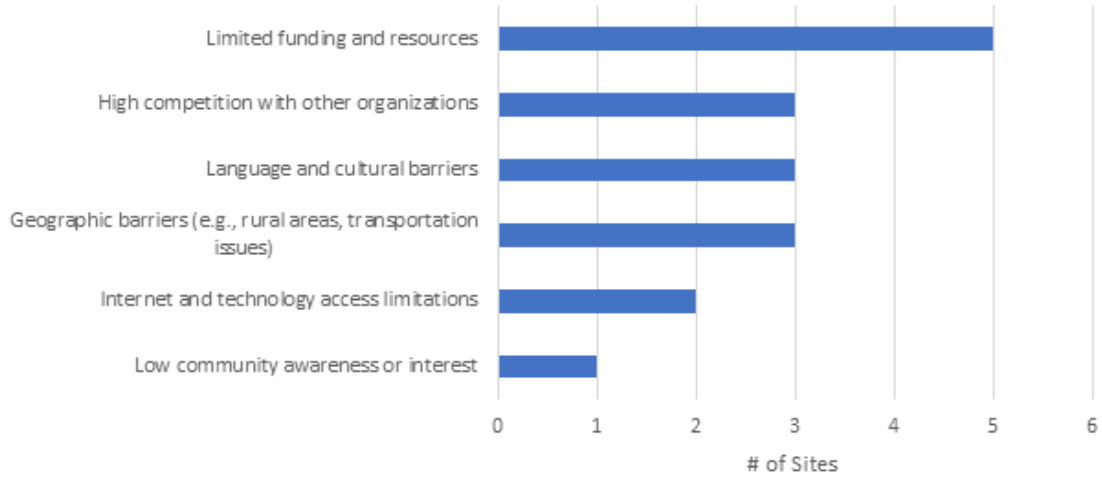


Table III-f: Primary outreach and education regional challenges and main strategies | n=6

Challenge	Featured strategies
Limited funding and resources	Developed education materials focused on advocacy
High competition with other organizations	Mapping high need demographics and inform outreach efforts
Language and cultural barriers	Proactive promotion of programming Culturally appropriate programming Emphasizing the evidence base of utilizing resources and services for caregivers Bilingual materials and events Staff with caregiving lived experience
Geographic barriers	Partnership with local agencies to leverage local events and outreach opportunities
Internet and technology access limitations	Backup strategies
Low community awareness or interest	Partnership with local community agencies to tailor support

Achievements from outreach and education campaigns

The sites highlighted achievements from their outreach and education campaigns. Partnership with local organizations resulted in the creation of new multilingual information and educational materials, caregiver conferences, and community events, which were well-attended and increased the number of people exposed to CRC services. CRC sites received positive feedback from diverse clients, emphasizing the value of in-person outreach at local events such as health fairs, workshops, food banks, and community celebrations, where many first learned about CRC and were encouraged by their interactions with the staff to seek further support. Clients also reported discovering services through flyers and online outreach. Spanish-speaking clients highlighted the value of bilingual staff and materials. There were distal outcomes, including trends indicating an increase in individuals learning about CRC services through the statewide educational calendar and social media, increased requests for follow-up resources, a higher referral stream, and ultimately, a greater number of clients served.

"I feel I am indebted to CRC for the course... I was struggling with what seemed to me at the time the daunting task of taking care of someone with a devastating incurable illness. The leaders helped me through a variety of problematic situations. The course helped me see ways to take care of my emotional needs during a very trying time of adjusting to a new lifestyle. It provided hope for a better life for both my care receiver and me. I am deeply grateful for the services I received from the CRC through this course."

– CRC Caregivers

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b) Quantitative Data

In FY24/25, the eleven CRCs together with the Statewide Outreach Contractor carried out 14,206 outreach activities—an increase of nearly 9% over the previous fiscal year. Notably, outreach events such as health and resource fairs, meetings and presentations, public information campaigns, and social media engagement grew substantially, with health and resource fairs alone rising from 687 in FY23/24 to 3,163 in FY24/25. This expansion highlights a clear emphasis on outreach strategies to broaden community visibility and engagement.

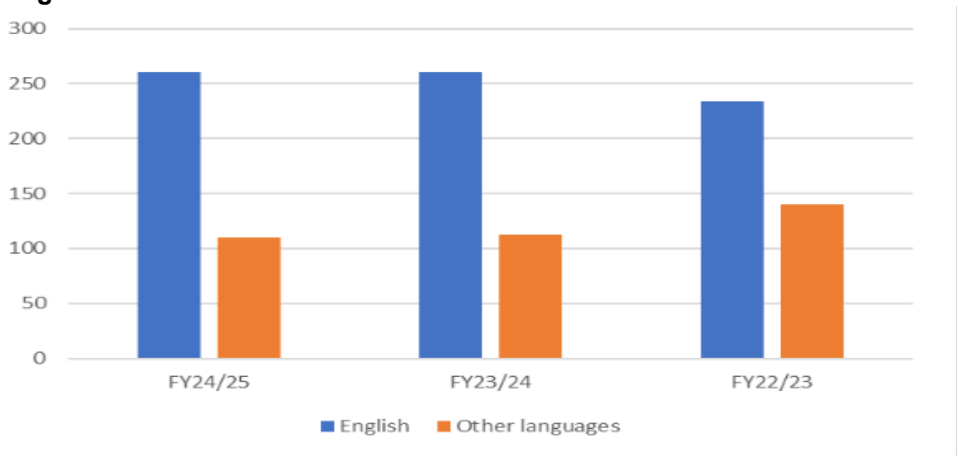
At the same time, CRCs delivered 932 educational activities, representing a 24% decline from the prior year. While the number of classes offered statewide has remained steady (Figure III-b), the reduction in educational sessions may reflect a strategic shift in resources toward large-scale outreach activities, which can reach more caregivers and community members at once. Outreach efforts continued to focus heavily on diverse and underrepresented groups, with 98% of health and resource fairs, 78% of educational sessions, and 95% of meetings and presentations targeting these populations (Table III-d).

Table III-d: Fairs, Meetings, Public Information or Outreach

	Education		**Health or Resource Fair**		**Meetings/ Presentations**		**Public Information/ Outreach**	
	# Activities	# Reached	# Events	# Exposure	# Events	# Reached	# Distributions	# Contacts
All sites	932	21,432	3,163	136,760	3,626	44,935	3,025	6,226,566
Site mean	85	1,948	288	12,433	330	4,085	275	566,051
Site median	33	746	26	3,898	96	1,700	51	15,357
Statewide Outreach	n/a	n/a	n/a	n/a	n/a	n/a	36	7,194
% D or U*	78.3		98.5		94.6			

* D or U = Targeted to Diverse or underserved populations

Figure III-d: Statewide Classes Offered at All California CRCs Combined



Social media played a central role in CRC outreach efforts (Table III-e). In FY24/25, CRC sites and the Statewide Outreach Contractor conducted 4,841 social media activities, reaching a combined 97,799 subscribers (including followers, friends, and contacts) across six platforms. In addition, sites promote caregiver services through a wide range of media channels, including broadcast appearances, print, radio, television, and online advertisements, as well as outdoor placements such as bench and billboard ads and public service announcements.

Table III-e: Social Media Use

Social media	Posts			Followers		
	Total	Mean	Range	Total	Mean	Range
Facebook	2,128	193.4	69-461	32,586	2962.3	258-17950
X (formerly Twitter)	128	11.6	0-68	9,272	842.9	0-8661
Instagram	1,678	152.5	0-446	7,899	718.0	0- 2272
YouTube	99	9.0	0-34	40,214	3656.0	0-38100
LinkedIn	777	70.6	0-113	7,828	711.6	0-4718
Other	31	2.8	0-31	n/a	n/a	n/a
Total	4,841			97,799		

While several strategies have been implemented to strengthen outreach, it remains too early to determine whether these efforts have led to measurable increases in participation among hard-to-reach groups. Despite notable expansion in outreach activities and visibility across communities, enrollment of new caregivers and the demographic composition of those served have remained relatively steady. This may suggest that awareness and access are improving, but that deeper engagement and sustained relationship-building will be needed before changes in representation are reflected in enrollment data. Continued monitoring and evaluation over time will be essential to assess whether these efforts ultimately result in more equitable participation statewide.

IV. CAREGIVER EXPERIENCE

Satisfaction Survey Participants

Caregiver satisfaction surveys were distributed quarterly by mail and e-mail in multiple languages to all caregivers who engaged with the CRCs. In FY24/25, 2,891 caregivers completed the survey. To preserve anonymity, no demographic information was collected. Along with rating survey items, caregivers also shared feedback on services received, suggested future topics of interest, and described their experiences using the CareNav™ online platform.

Satisfaction Survey Scores

Caregivers report high levels of satisfaction with their CRC experiences: 82% indicated they were *extremely satisfied* and 11% were *somewhat satisfied* (Table IV-a). In addition, 86% said they would "definitely recommend" the CRC to others. These results are consistent with findings from the previous two fiscal years.

Table IV-a: Satisfaction Surveys: Impact of Services

Overall Satisfaction (%)				Recommend CRC to Friend or Family Member (%)			
	FY24/25 *n* = 2,891	FY23/24 *n* = 2,780	FY22/23 *n* = 2,229		FY24/25 *n* = 2,719	FY23/24 *n* = 2,615	FY22/23 *n* = 2,152
Extremely Satisfied	81.8	78.8	78.9	Definitely Recommend	85.6	83.4	84.1
Somewhat Satisfied	11.0	12.8	13.6	Probably Recommend	9.0	9.4	10.0
Neutral	4.2	4.6	3.9	Neutral	3.2	4.9	4.1
Dissatisfied	1.3	1.7	1.3	Probably Not Recommend	1.0	1.2	0.8
Extremely Dissatisfied	1.7	2.1	2.2	Definitely Not Recommend	1.2	1.0	0.9

*Percentages may not add to 100 due to rounding

In FY 2024–25, the impact of CRC services was overwhelmingly positive. Caregivers reported feeling more confident, better able to manage care, more capable of caring for themselves, and more knowledgeable. Table IV-b presents the mean scores for each category, which have remained stable over the past three fiscal years.

"I really appreciate the [CRC] advocating for me for a respite care grant. It's made a huge difference in my well-being."

– CRC Caregiver

Table IV-b: Satisfaction Surveys: Mean Scores*

Item	FY24/25 *n* = 2,802	FY23/24 *n* = 2,809	FY22/23 *n* = 2,254
More Confident as a Caregiver	4.2	4.2	4.2
Better Able to Manage Care	4.2	4.2	4.2
More Knowledge and Awareness	4.3	4.3	4.3
Understand the Disease/Disability/Problem Better	4.1	4.1	4.1
Taking Better Care of Self	4.0	4.0	4.1
Less Stressed	4.0	3.9	3.9

*Scored on a 1- 5 scale, where is 5 most positive

Caregiver Comments About Services

Caregivers provided 434 comments about services received or pending, twelve in Spanish. The comments address overall CRC services (148, 34%), interactions with staff (146, 34%), respite care (83, 19%), information and training and education (47, 11%), support groups (28, 6%), and counseling (11, 3%). Eighty percent of the comments (348) reflect the benefits and impact of the services on caregiver and care recipient experiences. Seven percent of the comments (32) reflect challenges, and twenty-five comments (6%) reflect the need for service expansion. An additional 85 comments address CareNav™ use.

Caregivers emphasized the benefit of knowledgeable and compassionate providers, coupled with sustained access to meet diverse caregiver needs. The CRC services had profound impacts by expanding caregiving capacity and improving mental and physical health. The valued attributes of the most-cited services and their impact are summarized in Table IV-c.

"The Support groups on zoom helped save my life. I depend on my group's support. The facilitator …is excellent at the support she gives me & keeps things safe and on track! The training I've attended are top notch. Very informative & helpful."

– CRC Caregiver

Table IV-c: Caregiver Experience and Impact of Specific Services

Service	Caregiver Experience: Valuable Attributes	Impact
Family Consultation and interactions with staff	**"A lifeline of offers and availability"** **Assessment and reassessment:** understanding needs **Supportive, caring and collaborative approach:** Compassionate, patient, attentive, trusted, encouraging, careful listening, committed, reassuring, responsive **Proactive regular communication:** Check-in calls, availability when needed, discussions around caregiver concerns and roles; *Challenge*: waiting times, missed follow-ups, gaps in service provision **Assistance with navigation and coordination** of appropriate resources and benefits, facilitate access to services and information	**"It made a big difference in my family's lives!"** **Better mental health**: feel assisted, understood, comforted, supported, safeguarded, needed, less isolated, less stressed, enhanced self-worth, reassured, relaxed **Enhanced caregiving capacity**: more confident, better prepared to manage care recipient's needs **Better capacity to engage with self-care activities and other responsibilities**: accepted additional help, understood the importance of self-care
Respite: home care, help with chores	**"[An] opportunity to step out and not worry about my [care recipients] because I knew they were in good hands."** **Proficiency**: Identify care recipient's needs; *Challenge*: poor caregiving skills, lacking initiative **Reliable**: trusted person **Consistency**: prompt, on-time; *Challenges*: Late, frequent turnover of workers **Communication skills**: caring, compassionate, courteous	**"Breathing space", "Life saver", "made a huge difference in my well-being"** **Better mental and physical health**: gained ability to manage emotions, feel supported, confident, not alone, relieved stress, peace of mind, and companionship with the paid caregiver **Improved financial situation:** saved caregiver's employment and business **Enhanced caregiving capacity**: greater empathy and understanding **Better capacity to engage with self-care activities and other responsibilities**: recognized the impact of caregiving on well-being, gained adequate healthcare, time to rest, recharged, re-engaged in preferred activities, more balanced life **Impact on the care recipient**: companionship, appropriately met needs

Service	Caregiver Experience: Valuable Attributes	Impact
Education, training and support groups	**"It helps to know there are others going through this too and we can speak freely about it."** **Wide variety of information sources, training formats and topics:** Written information, in-person and virtual classes and retreats, newsletter; Learning from the facilitator and from interaction with other participants, new resources; Actionable content: managing complex situations, how to get help **Safe and inclusive environment:** skilled and supportive facilitator, positive dynamics, guidance and attentive listening, focus on various stages of conditions in different groups **Schedule accommodating various needs, including working caregivers:** *Challenge*: some classes and groups offered at inconvenient times, too small, unexpected situations limit attendance	**"Made a huge difference in our lives"** **Better mental health:** less stress, relief knowing about available resources, supported, comforted, relaxed, not alone, new connections and friends, hope, feel seen, uplifting **Enhanced caregiving capacity**: built skills, approaches to deal with complex situations, asking for help, confidence, reassuring; better understanding of conditions, using tools **Allowed to engage in self-care activities**: learned to manage stress, to prioritize and engage in self-care without guilt
Counseling	**"very nice to have someone to share my thoughts within a non-judgement environment"** **Timely and available:** *Challenge*: Interrupted after a few sessions **Provider**: Kind, understanding, patient, listening	**"I would be in the hospital myself if it were not for my counselor "** **Better mental health**

Caregiver Experience with CareNav™ Online Platform

CRCs also gathered feedback on caregiver experiences with the online platform, including reasons for non-use. As shown in Table IV-d, most caregivers (about 81%) were offered online services, and 27% reported using the CareNav™ system - nearly identical to last year's rate. CareNav™ was used most by caregivers who were younger than 65, White and non-Hispanic, working full-time, and newer to caregiving.

Table IV-d: Caregiver Engagement with Online Services and CareNav™

	Were Offered Online Services (%) *			Used CareNav™ (%) *		
Response Categories	FY24/25 *n* = 2,765	FY23/24 *n* = 2,651	FY22/23 *n* = 2,125	FY24/25 *n* = 2,736	FY23/24 *n* = 2,640	FY22/23 *n* = 2,144
Yes	81.0	80.5	81.6	27.0	27.4	24.9
No	7.8	9.4	8.6	61.3	62.3	64.8
I Don't Know	11.2	10.1	9.8	11.7	10.3	10.3

*Percentages may not add to 100 due to rounding.

Figure IV-a shows that most caregivers who used CareNav™ were satisfied with the experience, with 57% reporting they were *extremely satisfied* and 28% *somewhat satisfied*. Among non-users, 31% said they were unaware of the online option and 22% felt they did not need it. Other barriers included limited technical experience (~12%), lack of internet access (3%), and finding the platform confusing (~2%) (Figure IV-b).

Figure IV-a: Satisfaction with CareNav™

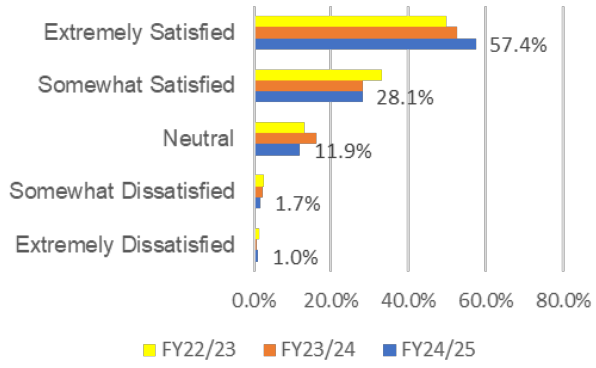
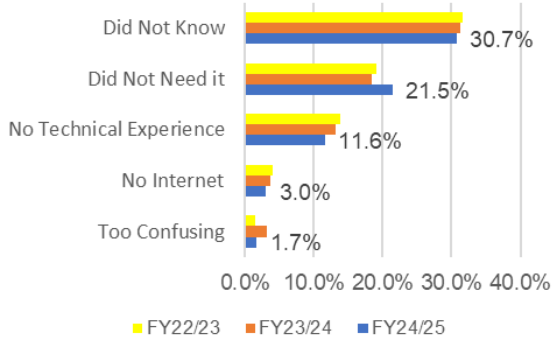


Figure IV-b: Reasons for not Using CareNav™



"I really appreciate the [CRC] advocating for me for a respite care grant. It's made a huge difference in my well-being."

– CRC Caregiver

V. REFERRAL SOURCES & UNMET NEEDS

Overview

This analysis focuses on the referral source and unmet needs caregivers reported at intake, and the CRC services caregivers subsequently received. The analysis sample includes all caregivers served in the CRCs from 2021 through 2024 that met criteria for quarterly and annual reporting to CDA (n=14,854; see Appendix B for details about sample filters).

The analysis data were extracted from CareNav™ on July 3, 2025, and include information collected at intake along with selected activities completed (i.e., intake, assessment, reassessment, training, support groups, in-house counseling, psychoeducation) and vouchered service grants received (i.e., for respite, counseling, legal assistance) on or after the intake date through the data extraction date. The percentages provided for services received are conservative because some caregivers in the sample are still initiating services or receiving ongoing support from CRCs.

Variables in the figures and tables below are presented as numbers or percentages. Findings reported here were generated with advanced statistical methods described in Appendix B.

Referral Source Reported at Intake

Most often, caregivers heard about the CRCs from health care providers (32%), social service providers (26%) family and friends (18%) or the internet (15%); less than 15% reached the CRCs from public events or other referral sources.

Caregiver Intake Initiation Using CareNav™

One in four caregivers (25%) initiated the intake process themselves using the CareNav™ on-line portal. The remainder were assisted by staff to complete the intake and assessment. In unadjusted comparisons, variables associated with significantly higher rates of CareNav™ use included younger age (<65 years compared to 65 and older), identifying as White, non-Hispanic (compared to other racial/ethnic groups), working full-time (compared to part-time, retired, or unemployed) and caregiving for less than two years (compared to longer duration).

Unmet Needs Reported by Caregivers at Intake

During intake, caregivers reported 6.9 individual needs on average (SD=4.2) from a list of 20 individual questions about their needs (Table V-a). Nearly 9% reported no needs and the top 25th percentile reported 10 or more needs.

Most often, caregivers reported unmet needs related to their own physical or emotional health (82%) and respite or home care (81%). Approximately 55% reported unmet needs related to care recipient (CR) care or problem behavior. About 32% reported unmet needs related to long-term care and 32% reported other unmet needs including

legal services and support. Within each domain, caregivers reported specific unmet needs summarized in what follows and in Table V-a.

a. ***Caregiver Health*****:** Stress overload (68%) and feeling sad, depressed or anxious (66%) were the most common unmet needs reported related to caregiver health. Factors associated with any unmet need in the caregiver health domain included female gender compared to male, being the primary caregiver for the CR, caring for a CR whose condition is worsening, caring for a CR with memory loss, living with the CR, hearing about the CRCs through a public event, and caregiver-initiated intake using CareNav™.

b. ***Respite or Home Care:*** Related to respite or home care, specific unmet needs included respite care referrals (69%) and help to get a break or respite (66%). Factors associated with any unmet needs in this domain included hearing about the CRCs through a health care or social service provider, reporting Black, non-Hispanic, Asian Pacific Islander or Other compared to White non-Hispanic race/ethnicity, being the primary caregiver for the CR, caregiving duration of more than 5 years (vs. less than 2 years), caring for a CR whose condition is worsening, living with the CR, and caregiver-initiated intake using CareNav™.

c. ***Care Recipient Care:*** Help with problem behaviors (39%), help to manage difficult behaviors (28%) and how to provide better care (27%) were the most common unmet needs related to care recipient behavior and care. Factors associated with any unmet needs in this domain included reporting Black, non-Hispanic, Hispanic, Asian Pacific Islander or Other compared to White non-Hispanic race/ethnicity, caregiving for 2-5 years (vs. less than 2 years), caring for a CR whose condition is worsening, caring for a CR with memory loss, living with the CR, hearing about the CRCs through the internet, and caregiver-initiated intake using CareNav™.

d. ***Long-Term Care*****:** Information about government funding for health or long-term care (24%) was the most common unmet need related to long-term care. Factors associated with any unmet needs in this domain included being a child or friend/other relative of the CR (compared to spouse/partner), caring for a CR whose condition is worsening, caring for a CR with memory loss and caregiver-initiated intake using CareNav™.

e. ***Legal or Other:*** Legal issues (20%) were the most common unmet needs in the legal/other domain. Factors associated with unmet needs in this domain included female (compared to male) gender, being the primary caregiver, caring for a CR whose condition is worsening, caring for a CR with memory loss, hearing about the CRCs through the internet, and caregiver-initiated intake using CareNav™.

Differences in the Number of Unmet Needs Reported

Factors associated with reporting significantly more unmet needs included African American, Hispanic/Latino, Asian or Pacific Islander or other/more than one ethnicity (each 5% more) compared to White, non-Hispanic race ethnicity; female compared to male caregivers (10% more); primary caregiver (10% more); using CareNav™ to initiate the intake (47% more); CR condition is worsening (10% more); CR with memory loss (15% more); living with the CR recipient (3% more). In each subsequent year, compared to 2021, caregivers reported 7 – 9 % more needs, possibly reflecting increasing care complexity as more older adults live longer with co-morbid chronic conditions including Alzheimer's Disease and related dementias. Only caregiver age 65 or older compared to 18-44 years was associated with fewer needs (8% fewer).

Table V-a. Unmet Needs Reported by Caregivers at Intake, %	
Caregiver Health	
Stress Overload	67.6
Feel Sad, Depressed or Anxious	65.6
How to Get Emotional Support	43.5
Support Groups	41.8
Physical Health Worse or Neglected	38.9
Respite or Home Care	
Help/Information How to Get Break or Respite	66.4
Respite Care Referral	69.1
Help/Information Hiring in-home Help	39.0
Home Care	27.4
How to Get paid for Caregiving	16.5
Adult Day Care Referral	16.8
Care Recipient Care	
Help with Problem Behaviors	38.9
Help Managing Difficult Behaviors	27.6
How to Provide Better Care	27.3
Care Recipient Change in Memory /Need Diagnosis	15.0
Long-Term Care	
Government Funding for Health or Long-Term Care	24.1
Long term care Options	16.4
Legal or Other	
Legal Issues	19.6
Legal Services	15.0
Other	10.1

Services Received by CRC Caregivers

Table V-b. CRC Services Received, %

Services Received, %	Intake Completed (n=14,845)	Assessment Completed (n=9,493)
Assessment	64.0	100.0
Family Consultation	87.8	99.4
Reassessment	27.6	41.0
Vouchered Respite Services	15.5	22.4
Training	11.8	15.0
Support Groups	8.9	12.2
Any Counseling	5.1	7.7
Vouchered Counseling	2.9	4.5
In-house Counseling	2.2	3.2
Psychoeducation	2.8	3.8
Vouchered Legal Services	1.9	2.8
None	11.7	0.0

The CRCs provide a full array of services to address caregiver unmet needs (Table V-b). Caregivers who proceed from intake to assessment are more likely to receive these services because this is a vital step to secure referral to additional services.

Most often, caregivers receive family consultation services (88% of those completing intake, ~100% of those completing assessment) with a CRC care consultant, usually a social worker. Of the caregivers completing intake, 64% moved to assessment. Of the caregivers completing an assessment, 41% proceeded to reassessment approximately six months later. About 15% of the caregivers completing an assessment received training from the CRCs; 22% received vouchers for respite; 12% participated in support groups; 8% received individual counseling (either in-house services offered by some CRCs or vouchers for services with external providers); 4% received psychoeducation; and 3% vouchers for legal services. About 12% of caregivers received none of the listed services.

CRC Services Received by Domain of Unmet Need

Caregivers with unmet needs in the health domain (compared to those without these needs) were more likely to receive all types of services except legal support (Table V-c). Caregivers with high need (defined as count of needs >=50th percentile) compared to low need were also more likely to receive all types of services except legal support. Caregivers with unmet needs in the respite or home care domain (compared to those without these needs) were more likely to receive all types of services except training and legal support. Caregivers with unmet needs in the CR care domain (compared to those without these needs) were more likely to receive respite, family consultation, training, individual counseling, or no services at all. Caregivers with unmet needs in the long-term care domain (compared to those without these needs) were more likely to receive all types of services except support groups and psychoeducation. Finally, caregivers with unmet needs in the legal or other domain (compared to those without these needs) were more likely to receive legal or respite services.

Table V-c. CRC Services Received by Domain of Unmet Need[a,b]

CRC Services Received	Caregiver Health	Respite or Home Care	Care Recipient Care	Long-Term Care	Legal or Other	High Need
Assessment	*	*		*		*
Reassessment	*	*		*		*
Respite	*	*	*	*	*	*
Family Consultation	*	*	*	*		*
Support Groups	*	*				*
Psychoeducation	*	*				*
Training	*		*	*		*
Individual Counseling	*	*	*	*		*
Legal				*	*	
None			*			

a. An asterisk (*) indicates caregivers were significantly more like to receive the service if they reported unmet needs in the domain with the asterisk

b. High need refers to caregivers reporting a high number of needs (i.e., >=50th percentile)

Summary

Key findings from this analysis underscore both the vital services that the CRCs provide in addressing caregiver unmet needs and opportunities for future intervention:

- Most caregivers heard about the CRCs from their health and social service providers and family or friends; less than 25% reached the CRCs from the internet, public events or other referral sources. The low rates of referrals from all sources—especially given the high prevalence of unmet needs reported by caregivers—point to opportunities for outreach and marketing to strengthen all referral pathways.

- Referrals from health and social service providers were more likely for caregivers seeking respite/home care services than for other unmet needs. As California works to strengthen its No Wrong Door/Aging and Disability Resource System, it will be important to engage health and social service providers in education about CRC services beyond respite. It may also be useful to engage advisory groups with representation from health care and social services, caregiver organizations and caregivers providing care at different points in the care recipient illness trajectory in data-based discussions. Such advisory groups could collaborate to identify preferred referral pathways, develop screening tools, and recommend the content of education and training to support health and social service providers to incorporate caregiver referrals into their workflows.

- Most caregivers endorsed multiple unmet needs across different domains, reporting on average seven unmet needs, highlighting the important role that the CRCs play in supporting family caregivers. Notably, approximately a quarter of the sample reported ten or more needs, illustrating the profound impact of complex caregiving and the importance of timely and appropriate referrals.

- Over 80% of caregivers reported unmet needs related to physical and emotional health at intake (a rate just as high as respite and home care needs). These needs are within the purview of health and social service providers who were no more likely to refer caregivers with these needs to the CRCs. This is concerning given the percentage of caregivers with numerous unmet needs across multiple domains. Health and social service providers may routinely miss opportunities to identify and address unmet needs related to caregiving in their day-to-day practice, underscoring the need to collaborate with them on caregiving awareness, caregiver referral pathways, provider training and education.

- Referral sources were associated with some types of unmet needs but not with the number of caregiver unmet needs suggesting opportunities to engage with health and social service providers and with other referral sources to improve identification and referral of caregivers engaged in more complex care situations to the CRCs.

- Some caregiver socio-demographic and caregiving characteristics were associated with reporting more needs than others—including all racial/ethnic groups compared to White, non-Hispanic, female compared to male, primary caregivers and caring for a recipient with a worsening condition, memory loss or who lived with the caregiver. These same characteristics were also significantly associated with specific domains of unmet needs indicating potential target groups for future interventions.

- About 25% of caregivers initiated their intake using the CareNav™ on-line portal, while only 12% of caregivers reported they heard about the CRCs from the internet. This suggests that some caregivers may be learning about CareNav™ through other referral sources such as health and social service providers, family/friends, or public events. At the same time, the rate of CareNav™ use is low, while the CareNav™ users were strongly and consistently more likely to report unmet needs across all domains and to report a higher number of unmet needs compared to caregivers who completed their intakes with a care consultant, typically by phone. This indicates the on-line route to services may be capturing high-need caregivers, possibly those with constraints to other forms of service access. This could include those providing the most complex care, those with competing demands (e.g., caring simultaneously for young children, working in a full-time job, supporting multiple care recipients), and those experiencing personal health or health care challenges. These findings highlight the potential for on-line marketing of CRC services to address caregiver needs for services and support. State-wide or community-based caregiver awareness campaigns, as recommended in the National Strategy to Support Family Caregivers (Administration for Community Living, 2022), could use mass media to drive caregivers to the CRCs or to other similar organizations or appropriate websites.

- Approximately 12% of CRC caregivers who completed an intake received none of the services we examined, while 9% reported no unmet needs. Taken together these findings suggest that very few caregivers with unmet needs receive no CRC services.

- Caregivers report multiple needs across different domains, and the needs they report appear to match well with the CRC services they ultimately receive. Importantly, caregivers with high need (i.e., count of needs > 50th percentile) are more likely to receive all types of services. At the same time, a very small percentage of caregivers overall receive counseling and legal services. These are expensive services to offer, and the CRCs provide them with limited, and often targeted, funding. The data presented here indicate the high prevalence of caregiver unmet needs related to these domains and may be helpful in advocacy efforts for future funding to cover these services for a greater number of caregivers.

- Surprisingly, caregivers with unmet needs related to recipient care and problem behavior were no more likely than caregivers without these needs to receive

psychoeducation or engage in support groups. There may be opportunities to provide more CRC services for these caregivers. It may also be that this group is quickly identified as needing referrals to home care services or long-term care, and with such referrals CRC services terminate. This explanation is consistent with the findings that caregivers in this group were also no more likely to receive assessments or subsequent reassessments than caregivers without these needs. Further discussion is needed with CRCs providers to better understand this finding and determine if future action is warranted.

VI. IMPACT AND RECOMMENDATIONS

Impact

The eleven CRC sites continue to provide vital services and support to family caregivers throughout California, facilitated by the CareNav™ platform. Detailed information is available to understand the caregivers the CRCs serve, their needs and the outcomes of the services and support provided. This report focuses on FY 24/25, with selected comparisons to previous years and a special chapter on referral sources and unmet needs.

Major findings include:

- CRC Caregivers care for people with complex needs, with multiple comorbid conditions including memory loss.
- Caregivers report challenges with their own health, including anxiety, depression, and sleep difficulties.
- On average caregivers reported nearly seven unmet needs for themselves or the care recipient, with one in four reporting 10 or more, especially in their own physical and emotional health.
- CareNav™ is a high-need entry point. Although about a quarter of intakes occur online, these caregivers consistently report more unmet needs, showing that CareNav™ reaches high-need populations.
- Referral patterns are limited and uneven. Most caregivers learn about CRCs through health/social service providers or family/friends; very few are reached via the internet or public events.
- CRC services demonstrate a strong impact with 93% of caregivers expressing satisfaction, praising knowledgeable and compassionate staff and improved caregiver capacity, mental, and physical health.
- Outreach grew by 9% and partnerships expanded multilingual education, but education activities fell by 24% and rural outreach remains difficult due to geography and staffing.

Key Recommendations

- ***Strengthen and diversify referral pathways***: Educate health and social service providers about the full scope of CRC services (beyond respite), formalize pipelines, and co-design workflows with advisory groups.
- ***Target high-need groups with tailored interventions:*** Focus on caregivers more likely to report higher unmet needs, including women, caregivers of recipients with worsening conditions or memory loss, and caregivers from racial/ethnic minority groups.
- ***Expand online and awareness campaigns:*** Build on the capacity of CareNav™ to reach high-need caregivers with statewide marketing and mass media campaigns, aligned with the National Strategy to Support Family Caregivers and track effectiveness of campaigns.
- ***Enhance caregiver mental health support:*** Increase counseling and integrate stress management or peer support programs to address the high prevalence of caregiver anxiety, depression, and sleep difficulties.
- ***Strengthening rural service strategies:*** Use mobile outreach units, local partnerships, and hybrid service models to overcome barriers in large or rural catchment areas.
- ***Leverage community partnerships:*** Continue multilingual outreach, caregiver conferences, and community events to engage diverse populations.
- ***Address systemic challenges:*** Advocate for increased funding and resources to address geographic, cultural, and competitive barriers, potentially through collective statewide advocacy.
- ***Improve CareNav™ utilization:*** Collaborate to develop targeted interventions to market CareNav™ to groups of caregivers with lower rates of using the portal (i.e., adults over age 65 years, racial/ethnic groups other than White non-Hispanic, caregivers who are working less than full time). Technical support may also be required to support caregivers with lower rates of technological acceptance and use.
- ***Use data to guide equitable outreach impact:*** Leverage CareNav™ and enrollment data to identify underrepresented populations, track participation trends, and assess which outreach strategies most effectively reach and retain caregivers from diverse backgrounds. Use these insights to refine outreach priorities and allocate resources toward approaches that yield measurable gains in representation.

"Muy amables, pacientes para informar sobre los servicios que ofrecen. Las clases que ofrecen muy claras y ayudan mucho al cuidador."

– Cuidador de CRC

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APPENDICES

A. Glossary

B. Technical Specifications

C. Appendix Tables

Appendix A: Glossary

Appendix A glossary is an evolving list of definitions and terminology to help clarify CRC services and the metrics collected.

Table A1: Glossary of Terms

Terms	Definitions
Caregiver Education/ Training	Individually tailored workshops on long-term care, patient management, public policy issues, and legal/financial issues.
CareNav™	A secure, interactive electronic social care record for family caregivers.
Family Consultation	Individual sessions and telephone consultations with trained staff to assess the needs of both the individuals who are incapacitated and their families, and to explore courses of action and care options for caregivers to implement.
Individual Counseling	Family, individual and group sessions with licensed counselors to offer emotional support and help caregivers cope with the strain of the caregiving role. This activity may take place with counselors within the CRC or by service grant vouchers for use with counselors outside the CRC.
Intake and Assessment	Standardized intake and assessment tools to help define and explore issues, options and best package of information, to determine interventions and services for caregivers, and to provide key data for evaluation and program design.
Legal Consultation	Personal consultations with experienced attorneys regarding powers of attorney, estate and financial planning, conservatorships, community property laws and other complex matters; accessed with service grant voucher.
New Case	The date of the first CRC assessment is within the reporting period.
Ongoing Case with activity	Activity within reporting period; date of first CRC assessment within two years before reporting period.
Ongoing Case without activity	No activity within reporting period; date of first CRC assessment within two years before reporting period.
Reassessment	Includes a subset of the assessment questions, designed for follow-up approximately six months after assessment.
Respite	Financial assistance for brief substitute care in the form of in-home support, adult day care services, short-term or weekend care, and transportation to assist families caring at home for an adult with a disabling condition.
Reporting Period	FY19/20: Fiscal Year 2019-2020 (7/1/2019-6/30/2020) FY20/21: Fiscal Year 2020-2021 (7/1/2020-6/30/2021) FY21/22: Fiscal Year 2021-2022 (7/1/2021-6/30/2022) FY22/23: Fiscal Year 2022-2023 (7/1/2022-6/30/2023) FY23/24: Fiscal Year 2023-2024 (7/1/2023-6/30/2024) FY24/25: Fiscal Year 2024-2025 (7/1/2024-6/30/2025)

Terms	Definitions
Support Group	On-line or in-person caregiver support groups.
Total Open Cases	The unduplicated count of caregivers who have had their first assessment: • During one of this fiscal year's quarters. • Within the past two years of any of this fiscal year's quarters
Diverse or Underserved Audiences (D or U)	Communities or individuals "at a higher risk for health disparities by virtue of their race or ethnicity, socioeconomic status, geography, gender, age, disability status, or other risk factors associated with sex and gender"[5]. Sites included activities for specific populations (e.g., Hmong Health Alliance, Asian Community Health Center) as well as those that include a D or U audience.
Outreach Education	Education/training sessions for members of the community. These sessions are open to the community and are not limited to CRC clients.
Health or Resource Fairs	Health, senior or resource fairs conducted in person or virtually.
Meetings | Presentations	In-person or virtual meetings with members of the public (potential clients), community groups and/or providers with the goal of generating awareness of CRC services.
Public Information Sharing | Outreach	Outreach with the purpose of building name recognition, community building, and encouraging use of / referral to services through email blasts, newsletters, social media posts, etc.

Appendix B. Technical Specifications

Appendix B outlines the analytical methods, criteria, sources, and definitions applied for the analyses presented in this report.

Data Extracted from CareNav™ Technology Platform

CareNav™ is a technology platform that enables comprehensive and standardized caregiver assessment, a common data set across the eleven California CRCs, and access to online caregiver resources. For the evaluation analysis, data were extracted from the CareNav™ platform for cases, activities, and service grants during the reporting period and transferred from Excel to Stata statistical software (version 16; Stat/Transfer & STATA) for analysis. The evaluation results include summary statistics (counts, mean, standard deviation, percentage) for the total of all cases combined across sites. A case status summary was compiled including counts of total cases and by type (new cases, and ongoing cases with/without activity during FY24/25 looking back within a two-year window).

Caregiver characteristics, including sociodemographic, health, and caregiving variables—are presented for the subset of caregivers who completed an assessment, since these cases had the most comprehensive data and least amount of missing data. Missing data was minimal.

Inclusion Criteria

The following criteria are applied to the CareNav™ datasets. These impact the analyses in the Executive Summary; Chapter II: Population Served; Chapter III: Services Provided (with exception to the Outreach and Education section); Chapter VI: Special Populations; Appendix C: Appendix Tables C1 – C4; and Appendix D: Caregiver Subgroup Snapshots.

Cases were included in the evaluation analysis if:

- County if not missing / null
- Case is not deleted / retired
- Caregiver funding eligibility includes DHCS or CDA. Note this filter was not applied to intake assessment because funding eligibility is not always known at that time.

Activities were included in the evaluation analysis if:

- Activity is not deleted
- Activity duration is greater than zero (durationHours>0)
- Activity date falls within the reporting period

Counts of caregivers, service activities (other than intake assessments) and grant vouchers distributed are limited to caregivers eligible for DHCS or CDA-contracted

services; therefore, these counts do not reflect the entirety of the CRC caseloads and services provided. CRCs provide additional services funded by county contracts, foundations, business partners and donations.

Case Status Counts

All totals reported in Table III-a: Case Status Summary – All California CRCs Combined represent unduplicated counts of caregivers who have had an assessment within the two years before each respective quarter. A caregiver is no longer an ongoing case in later quarters of the same fiscal year if those quarters lie outside of the two-year window of the most recent assessment. A given caregiver can be categorized as a new case, an ongoing case with activity, and ongoing case without activity at various points across quarters. The same caregiver can be counted in up to four categories but is always counted as an open case. Thus, the pool of caregivers remains fixed at 11,805 total open cases for this year. Please see Table B1 for example cases of how counts are conducted.

Table B1: Caregiver Case Status Journey Examples

Quarter	Caregiver 1	Caregiver 2	Caregiver 3	Caregiver 4
Most recent assessment within the previous two years?	No	Yes	No	Yes
Q1	First Assessment	No Activity	No Activity	No Activity
Q2	Activity	No Activity	No Activity	No Activity
Q3	Activity	No Activity	No Activity	No Activity
Q4	No Activity	Activity	First Assessment	No Activity
FY Case Summary	New Case Ongoing Case with Activity Ongoing Case without Activity Open Case	Ongoing Case with Activity Ongoing Case without Activity Open Case	New Case Open Case	Ongoing Case without Activity Open Case

Case Tallies

The ongoing and open cases tallies may be incomplete in this fiscal year based on the individual CRC timing of complete CareNav™ adoption. These tallies rely on ascertainment of assessment in the prior two years. Not all CRCs have complete data during this two-year period; therefore, the tallies underestimate the true caseload. The denominators for the analysis of caregiver and care recipient characteristics derived from assessments and the count of assessments in the activity tables are similar, but do not match exactly. This is because the case analysis was conducted with data extracted from CareNav™ at a slightly earlier date than the analysis of assessment counts.

Although the reporting periods are the same, the later extraction includes a small number of assessments entered by the CRCs after the initial reporting deadline.

Service Grant Voucher Totals

Service grant voucher totals reflect entries into CareNav™ by CRC staff; they are not official summaries derived from the CRC accounting systems. As such, there may be minor discrepancies between the totals presented in this report and those reported by the CRCs for other purposes.

Delivery Mode

Delivery modes (i.e., telephone, CRC office visits, online, video/telehealth, etc.) for intakes, assessments, and reassessments are not presented in this annual report. We identified data quality issues related to how this is currently recorded in CareNav™. Specifically, we found that the “online” status of caregivers who initiate or complete forms through the online CareNav™ portal appear to be overwritten when clinicians modify or submit any elements of these forms. Thus, there is no current way to delineate the true distribution of delivery modes. In ongoing efforts, QP, UC Davis and FCA are collaborating to address this issue and to clarify classification priorities given that some forms are completed after engagement through multiple delivery modes.

Missing Data

The analysis of caregiver and caregiver sociodemographic characteristics, caregiver health, caregiving variables (hours, medical/nursing tasks etc.,) focused on complete case analysis (i.e., observations with non-missing data) for caregivers who had an assessment in the current fiscal year (n=3,975). To improve data quality and reporting, the UC Davis evaluation team is working with Quality Process and FCA to develop algorithms that accurately report the prevalence of missing data for future reports for each variable in CareNav™ by CRC and by activity (i.e., intake, assessment, or reassessment).

Measures

Zarit Burden Interview Screening

Caregiver strain was assessed using the 4-item screening version of the Zarit Burden Interview, which assesses caregiver strain by asking how frequently the caregiver experiences the following feelings: 1) that because of the time you spend with your relative that you don't have enough time for yourself; 2) stressed between caring for your relative and trying to meet other responsibilities (work/family); 3) strained when you are around your relative; and 4) uncertain about what to do about your relative. Caregivers respond to each item as 0 (never), 1 (rarely), 2 (sometimes), 3 (quite frequently), or 4 (nearly always), with total scores ranging from 0-16 and higher scores indicating higher levels of strain. We categorized caregivers as experiencing substantial strain if they scored 8 or above.

Patient Health Questionnaire-9 (PHQ-9)

The Patient Health Questionnaire-9 (PHQ-9) is a 9-item questionnaire that assesses depressive symptoms, including: 1) little interest or pleasure in doing things; 2) feeling down, depressed, or hopeless; 3) trouble falling or staying asleep, or sleeping too much; 4) feeling tired or having little energy; 5) poor appetite or overeating; 6) feeling bad about yourself-- or that you are a failure or have let your family down; 7) trouble concentrating on things, such as reading the newspaper or watching television; 8) moving or speaking so slowly that other people could have noticed? Or the opposite, being so fidgety or restless that you have been moving around a lot more than usual?; and 9) thoughts that you would be better off dead or hurting yourself in some way.

Caregivers report how often they have been bothered by the nine symptoms over the past two weeks, rating each item as 0 (not at all), 1 (several days), 2 (more than half the days), or 3 (nearly every day). Scores are summed, with possible scores ranging from 0-27 and higher scores indicating greater symptom burden. We categorized caregivers into one of five levels based on their total PHQ-9 scores: none (0-2); minimal/mild (3-9); moderate (10-14); moderate/severe (15-19); or severe (20-27).

UCLA-3 Loneliness Scale

Loneliness was assessed using the UCLA-3 Loneliness Scale. The UCLA-3 asks three questions about how often the caregiver has felt that they 1) lack companionship, 2) feel left out, and 3) feel isolated from others. The caregiver responds to each item on a scale from 1 (hardly ever) to 3 (often). Responses to the three questions are summed, with total scores ranging from 3-9 points. Caregivers with scores of 6 and above are categorized as experiencing loneliness.

AARP Care Index

Level of care and care intensity were calculated using a formula developed by AARP, based on points assigned for the number of activities of daily living (ADLs) and instrumental activities of daily living (IADLs) assisted with, and weekly hours spent on caregiving.

In CareNav™, caregivers were asked about a total of fifteen different activities and how much help the care recipient needed with each. For the purposes of calculating the level of care and care intensity, we selected the 6 activities that aligned most with the ADLs and 7 activities that aligned best with the IADLs assessed in the AARP survey. See Tables B2 and B3 below for ADLs and IADLs in AARP and equivalent activities in CareNav™. Caregivers were considered as assisting with an ADL or IADL if they reported that the care recipient needed at least a little help with the activity.

Table B2: Activities of Daily Living (ADL) Variables in AARP and Equivalent Activity Variables in CareNav™

AARP	CareNav™
Getting in/out of bed/chair	Transferring
Getting Dressed	Dressing
Getting to and from toilet	Using Toilet
Bathing or showering	Bathing/showering
Dealing with Incontinence/Diapers	Incontinence
Feeding	Eating

Table B3: Instrumental Activities of Daily Living (IADL) Variables in AARP and Equivalent Activity Variables in CareNav™

AARP	CareNav™
Finances	Managing Finances
Grocery or other Shopping	Shopping
Housework	Household chores
Preparing Meals	Preparing meals
Transportation	Transportation
Giving Medications (asks about this in the same list but doesn't tally as ADL)	Taking medications
Arranging Services, such as nurses, aides, etc.	Using Telephone

Points were then assigned based on the number of ADLs and IADLs performed consistent with the points assigned for the AARP level of care index variable (Table B4).

Table B4: Level of Care Formula Points Assigned for Types of Care (ADLs and IADLs) Provided

ADL and IADL Totals	Points Assigned
0 ADLs; 1 IADL	1 point
0 ADLs; 2+ IADLs	2 points
1 ADL + any number of IADLs	3 points
2+ ADLs + any number of IADLs	4 points

Weekly caregiving hours were also categorized slightly differently between the two datasets. Table B5 shows the equivalent categories between AARP and CareNav™, as well as the points assigned for the level of care and care intensity calculations.

Table B5: Weekly Hours Spent on Caregiving in AARP and CareNav™ and Points Assigned for Level of Care/Care Intensity Calculation

AARP	CareNav™	Points Assigned
0-8hrs	1-<10 + 0	1 point
9-20	11-<20	2 points
21-40	20-<30 + <40	3 points
41+	>40	4 points

Level of care and care intensity were calculated based on total scores for both types of care provided and weekly caregiving hours (Table B6).

Table B6: Formula for Calculating Level of Care and Care Intensity Variables

Total Points (weekly caregiving hours + types of care provided)	Level of Care	Care Intensity
2-3 points	Level 1	Low Intensity
4 points	Level 2	
5 points	Level 3	Medium Intensity
6-7 points	Level 4	High Intensity
8 points	Level 5	

Caregiving in the U.S. 2015 Appendix B: Detailed Methodology (2016). Retrieved from Washington, D. C.: https://www.aarp.org/content/dam/aarp/ppi/2015/caregiving-in-the-us-appendix-b-detailed-methodology.pdf

Racial and Ethnic Identity Categories

For consistency, we use the following category labels through the report: White non-Hispanic, Hispanic/Latino, Asian American/Pacific Islander, Black non-Hispanic, and multi-racial/other racial identity. These categories closely match those collected in CareNav™ and were mapped to categories used in other data sources in the report (e.g., state and national datasets, US Census files) with only minor modifications.

Referral Source & Unmet Needs Analysis

Findings from the analysis of factors associated with the number of unmet needs or any unmet needs in specific domains are derived from a negative binomial regression model and multivariable logistic regression models of having unmet needs in the domain, respectively. All regression models were adjusted for caregiver characteristics (age, sex, rurality, race/ethnicity, employment), caregiving characteristics (primary caregiver, duration, relationship to care recipient (CR)), CR characteristics (age, medical condition worsening, memory loss, lives with caregiver) and other variables (intake year, caregiver-initiated intake using CareNav™, referral source). Findings from analysis of CRC services received by domain of unmet need (Table V-c) are derived from simple logistic regression models of the service received with the domains of unmet need and an indicator of high need (count of needs in the 50th percentile) as the only independent variables. Full regression model results are available on request.

Appendix C. Population Served: Sociodemographic Characteristics

Table C1: Caregiver Sociodemographic Characteristics

n=5,717	%
Primary Language	
English	90.78
Spanish	7.71
Other	1.5
Highest Level of Education	
Below High School	2.13
Some High School	2.03
Some Colleges	36.46
College Graduate	30.81
Post Graduate Degree	28.56
Marital Status	
Married or Partnered	70.74
Single	17.55
Widowed	2.97
Divorced or Separated	8.74
Employment Status	
Full Time	28.00
Part Time	12.17
Retired	41.74
Unemployed	14.35
Leave of Absence	2.22
Decline to State	1.52
Caregiver Lives Alone	7.31
Caregiver Lives in Rural Area	4.08
Identifies as Primary Caregiver	95.85
Other Caregiving Responsibilities	
Provides care to Disabled Adult	25.82
Provides care to a child	53.03
Provides care to a disabled child	10.73
Other caregiver responsibilities	27.68

***Deduplicated by caregiver; percentages may not add to 100 due to rounding**

Figure C1: Racial and Ethnic Identity

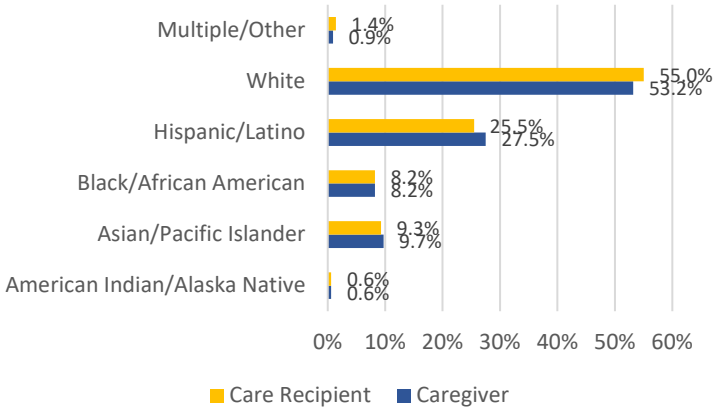

Figure C2: Gender Identity

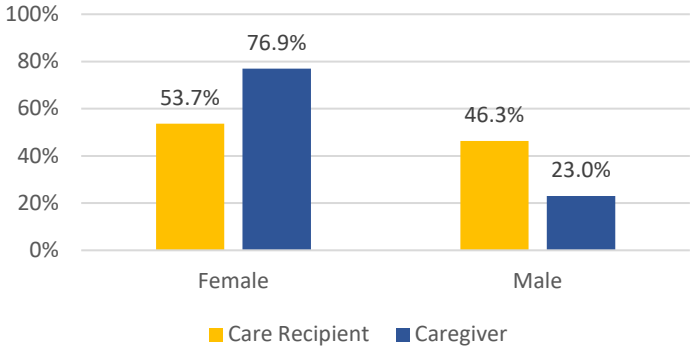

Table C2: Care Recipient Sociodemographic Characteristics

n= 5,879	%
Care Recipient Marital Status	
Married or Partnered	55.54
Single	6.98
Widowed	27.59
Divorced or Separated	9.89
Care Recipient Lives in a Rural Area	4.97
Care Recipient Lives Alone	9.99
Care Recipient is a Veteran	14.36
Care Recipient Medicaid Eligible	28.8
Insurance Type	
Medicare	51.83
Medicaid/MediCal	15.9
VA Insurance	3.35
Uninsured	0.58
Other/Self-Pay	1.5
LTC Insurance	4.98
Income Below FPL	19.66

***Deduplicated by care recipient; percentages may not add to 100 due to rounding**

Figure C3: Age Group

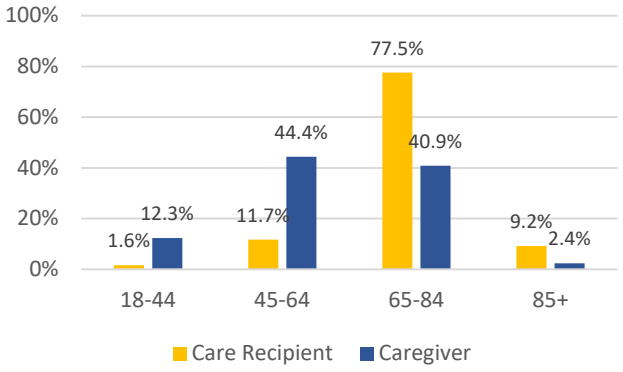

Figure C4: Relationship of Caregiver to Care Recipient

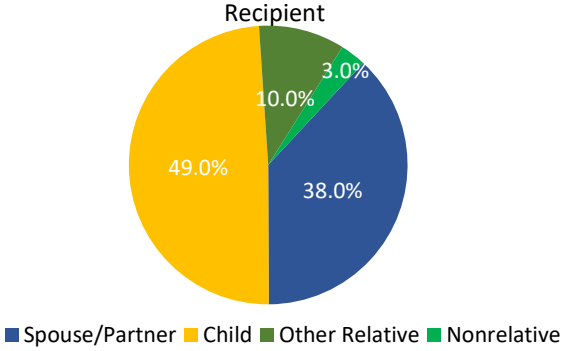

Table C3: Caregiver Sociodemographic Characteristics

n= 5,717	%
Household Income	
under $13,200	6.78
$13,200-20,000	6.23
$20,000-30,000	9.32
$30,000-40,000	11.32
$40,000-55,000	15.44
$55,000-70,000	12.29
$70,000-80,000	8.96
$80,000-95,000	6.9
$95,000-110,000	7.57
$110,000-120,000	3.87
$120,000-135,000	4.66
above $135,000	6.66
Employment Change Due to Caregiving	
No Change	72.52
Other	6.81
Decreased Hours	6.74
Quit Job	4.68
Early Retirement	3.17
Family/Medical Leave	2.98
Laid Off	1.1
Changed Jobs	0.88
Increased Hours	0.66
Began Working	0.33
Declined Promotion	0.11
Income below FPL	11.48
Insurance Type	
Medicare	63.78
Medicaid/Medi-Cal	23.82
VA Insurance	7.25
Uninsured	3.51
Other/Self-Pay	9.21
LTC Insurance	10.64

*Deduplicated by caregiver; percentages may not add to 100 due to rounding