

National Core Indicators (NCI)

Public Meeting

December 1, 2020

What is NCI?

The National Core Indicators (NCI) Survey is used by the California Department of Developmental Services and Regional Centers to assess performance in services and supports provided to people with intellectual/developmental disabilities (I/DD).

The NCI survey has been used in California since 2010 as a requirement by the Welfare and Institutions Code, Section 4571 to implement a nation-wide quality assessment survey.

Why is the NCI Important?

asks people how they are doing

"Are your families doing healthy?"



NCI Survey Cycle

Fiscal Year	Type of NCI Survey
2010/2011	Adult In-Person Survey Child Family Survey Adult Family / Family Guardian Survey
2011/2012	Adult In-Person Survey
2012/2013	Child Family Survey
2013/2014	Adult Family / Family Guardian Survey
2014/2015	Adult In-Person Survey
2015/2016	Child Family Survey
2016/2017	Adult Family / Family Guardian Survey
2017/2018	Adult In-Person Survey
2018/2019	Child Family Survey
2019/2020	Adult Family/Family Guardian Survey
2020/2021	Adult In-Person Survey

What is the NCI Child Family Survey?

The Child Family Survey is a survey that is mailed to families with children ages 3-18 years old living with them who receive at least one service from a regional center, in addition to case management.

The survey is mailed to all available and valid family addresses who meet the criteria, participation is voluntary and confidential.

The survey asks families about information and planning; access and community connection; choice and control; and family involvement.

Total respondents for CA 10,630 of that was 702 for RCOC

Additional NCI Resources

NCI Information Portal

https://www.dds.ca.gov/rc/nci/

Frequently Asked Questions

https://www.dds.ca.gov/rc/nci/quality-assessment-faq/

10 Easy Steps User-Friendly Guide

• https://www.dds.ca.gov/wp-content/uploads/2019/02/NCI_TenEasySteps_20190212.pdf

Interactive Dashboard

https://www.dds.ca.gov/rc/nci/nci-interactive-dashboard/

Regional Center NCI Reports

https://www.dds.ca.gov/rc/nci/reports/

Child Family Survey (CFS) FY 18/19	CA	RCOC
NATIONAL CORE INDICATORS	Average	
Demographics		
CHILD'S AGE		
Mean	11	11.3
Std. Deviation	4.28	4.153
MORE THAN ONE PERSON WITH I/DD LIVES IN HOUSEHOLD		
Yes	25%	25%
CHILD'S GENDER		
Male	72%	69%
Female	28%	31%
Other	0%	0%
CHILD'S DISABILITIES		
Intellectual Disability	35%	40%
Mood Illness/Psychiatric Diagnosis	10%	9%
Autism Spectrum Disorder	69%	68%
Cerebral Palsy	10%	11%
Limited or No Vision- Legally Blind	6%	6%
Hearing loss, severe or profound	4%	5%
Brain Injury	5%	6%
Seizure/Neurological Disorder	14%	18%
Chemical Dependency	0%	1%
Down Syndrome	9%	14%
Prader-Willi Syndrome	0%	0%
Fetal alcohol spectrum disorder (FASD)	1%	0%
Other disabilities	17%	18%
CHILD'S HEALTH CONDITION		
Cardiovascular Disease	12%	15%
Diabetes	3%	2%
Cancer	3%	3%
High Blood Pressure	4%	2%
High cholesterol	7%	8%
Dysphagia	12%	15%
Pressure ulcers	1%	1%
Oral Health	13%	15%
Sleep Apnea	24%	22%
Other	45%	49%
CHILD'S RACE		
American Indian or Alaska Native	2%	2%
Asian	20%	32%
Black or African American	8%	4%
Pacific Islander	1%	1%
White	36%	39%
Hispanic/Latino	48%	35%
Other	3%	3%
CHILD'S PREFERRED MEANS OF COMMUNICATION		

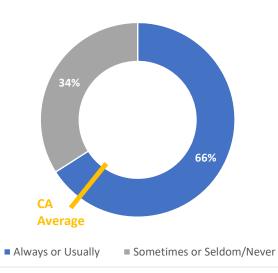
Child Family Survey (CFS) FY 18/19	CA	RCOC
NATIONAL CORE INDICATORS	Average	
Spoken	71%	66%
Gestures/body language	18%	19%
Sign language or finger spelling	3%	4%
Communication aid/device	4%	6%
Other	5%	4%
CHILD'S PREFERRED LANGUAGE		
English	90%	93%
Spanish	22%	16%
Mandarin	1%	1%
Tagalog	1%	0%
Vietnamese	1%	5%
Korean	0%	0%
Arabic	0%	1%
Armenian	0%	0%
Farsi	0%	0%
Hmong	0%	0%
Khmer	0%	0%
Laos	0%	0%
Russian	0%	0%
ASL	1%	2%
Other	2%	1%
CHILD'S LEVEL OF SUPPORT NEED FOR SELF-INJURIOUS, DISRUPTIVE, OR		
DESTRUCTIVE BEHAVIOR	26%	
No support needed		18%
Some support needed	44%	39%
Extensive support needed	30%	43%
CHILD'S LEVEL OF SUPPORT NEED WITH DAILY PERSON CARE ACTIVITIES	00/	-01
No support needed	8% 42%	5%
Some support needed		34%
Extensive support needed	50%	61%
LANGUAGE SPOKEN IN THE HOME	2.00	
English	64%	69%
Spanish	25%	19%
Mandarin	6%	1%
Tagalog	1%	1%
Vietnamese	1%	0%
Korean	2%	7%
Arabic	0%	1%
Armenian	0%	1%
Farsi	0%	0%
Hmong	0%	0%
Khmer	0%	0%
Laos	0%	0%
Russian	0%	0%

ASL Other AGE OF RESPONDENT Under 35 35-54	Average 0% 0% 12% 76% 11%	0%
Other AGE OF RESPONDENT Under 35	0% 12% 76%	0%
AGE OF RESPONDENT Under 35	12% 76%	
Under 35	76%	
	76%	
ΣΕ ΓΛ		7%
	110/21	81%
55-74		11%
75+	0%	0%
RESPONDENT'S OVERALL HEALTH	0.40(
Excellent	21%	22%
Very good	49%	51%
Fairly good	27%	25%
Poor*	3%	2%
RESPONDENT'S RELATIONSHIP TO CHILD	000/	
Parent	96%	98%
Sibling	0%	0%
Grandparent	3%	1%
Other	1%	0%
FAMILY PROVIDES PAID SUPPORT	550/	
No	55%	42%
Yes, respondent does	32%	48%
Yes, another family member does	14%	11%
NUMBER OF ADULTS IN HOUSEHOLD	400/	
1	16%	10%
2	58% 18%	64%
3	18%	16%
4+	9%	10%
NUMBER OF CHILDREN IN THE HOUSEHOLD	35%	200/
1	40%	36%
2	18%	41%
3	8%	17%
4+	0 70	6%
RESPONDENT'S HIGHEST LEVEL OF EDUCATION	15%	400/
No high school diploma/GED	18%	10% 15%
High school diploma/GED Vocational school or certificate program	7%	15% 5%
	18%	17%
Some college College degree or higher	42%	53%
HOUSEHOLD INCOME LAST YEAR	72 /0	33%
Up to \$15,000	8%	6%
\$15,001-\$25,000	14%	10%
\$25,001-\$50,000	20%	20%
\$50,001-\$30,000 \$50,001-\$75,000	11%	12%
550,001-\$75,000 Over \$75,000	27%	34%
No earned income	5%	2%

Child Family Survey (CFS) FY 18/19	CA	DCOC
NATIONAL CORE INDICATORS	Average	RCOC
Prefer not to say	15%	16%
OUT-OF-POCKET EXPENSES LAST YEAR		
Nothing	34%	26%
\$1-\$100	7%	6%
\$101-\$1,000	25%	27%
\$1,001-\$10,00	28%	32%
Over \$10,000	6%	8%
OUT-OF-POCKET EXPENSES LAST YEAR		
Respite services	12%	11%
Behavior therapy	13%	12%
Speech therapy	18%	24%
Additional therapies	27%	32%
Social skill training	12%	13%
Recreational activities and programs	48%	53%
Child care/afterschool care	33%	29%
Educational expenses	27%	26%
Medical and/or dental expenses	55%	59%
Parent training	6%	5%
Transportation support	22%	16%
Other	11%	9%
RESIDENTIAL DESIGNATION		
Urban or suburban (in or near a city or large town)	92%	98%
Rural (outside of a city or town)	8%	2%
SERVICES AND SUPPORTS RECEIVED FROM THE REGIONAL CENTER		
Financial support	13%	14%
In-home support	38%	52%
Out-of-home respite care	32%	33%
Early intervention	1%	0%
Transportation	5%	4%
Other services/supports	24%	23%
Self direction/fiscal intermediary services	13%	14%
HAS EVER RECEIVED EARLY START INTERVENTION SERVICES		
Yes	70%	75%
OTHER SERVICES AND SUPPORTS RECEIVED		
SSI/SSB	37%	29%
Services or support from other agencies or organizations	63%	64%
Information and Planning	69%	71%
DO YOU GET ENOUGH INFORMATION TO TAKE PART IN PLANNING SERVICES		
FOR YOUR CHILD		
Always or Usually	60%	66%
Sometimes or Seldom/Never	40%	34%
IS THE INFORMATION YOU GET ABOUT SERVICES AND SUPPORTS EASY TO		
UNDERSTAND		
Always or Usually	67%	70%

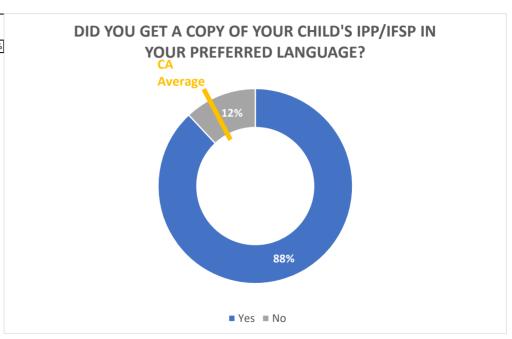
DO YOU GET ENOUGH INFORMATION TO TAKE PART IN		
PLANNING SERVICES FOR YOUR CHILD	RCOC	CA Avg
Always or Usually	66%	60%
Sometimes or Seldom/Never	34%	40%

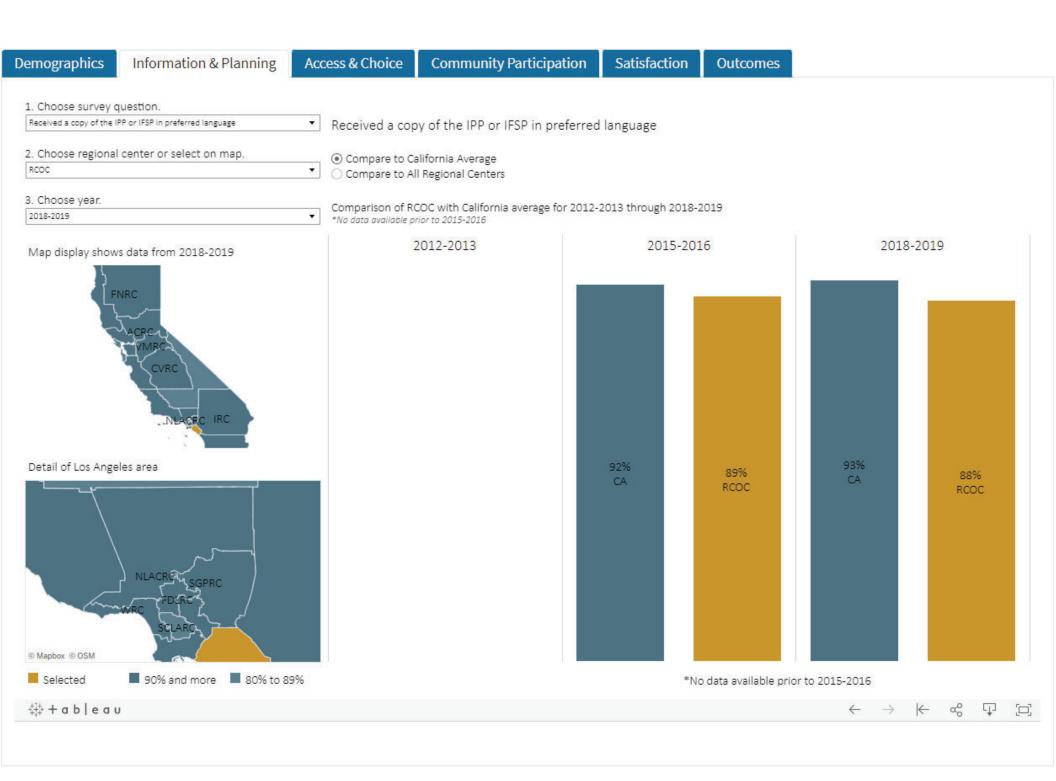
DO YOU GET ENOUGH INFORMATION TO TAKE PART IN PLANNING SERVICES FOR YOUR CHILD?



Child Family Survey (CFS) FY 18/19	CA	DCOC
NATIONAL CORE INDICATORS	Average	RCOC
Sometimes or Seldom/Never	33%	30%
DOES THE CASE MANAGER/SERVICE COORDINATOR RESPECT YOUR FAMILY'S		
CHOICES AND OPINIONS		
Always or Usually	91%	93%
Sometimes or Seldom/Never	9%	7%
DO YOU HAVE ENOUGH INFORMATION ABOUT OTHER PUBLIC SERVICES FOR		
WHICH YOUR FAMILY IS ELIGIBLE (FOOD STAMPS, SSI, OR HOUSING SUBSIDIES,		
FOR EXAMPLE)		
Always or Usually	56%	53%
Sometimes or Seldom/Never	44%	47%
WANTS HELP WITH PLANNING FOR CHILD'S FUTURE WITH RESPECT TO		
Employment	54%	55%
Financial	54%	57%
Housing	48%	51%
Legal	44%	49%
Medical	46%	53%
Social/relationships	59%	60%
Transition from school	56%	58%
Recreation/having fun	58%	63%
Other	9%	6%
IF YOU ASKED FOR CRISIS OR EMERGENCY SERVICES DURING THE PAST YEAR,		
WERE SERVICES PROVIDED WHEN NEEDED	440/	400/
Yes	41%	43%
DOES YOUR CHILD HAVE A IPP/IFSP	78%	77%
Yes DOES THE IPP/IFSP INCLUDES ALL SERVICES/SUPPORTS CHILD NEEDS	70%	1170
Yes	81%	83%
DOES YOUR CHILD GET ALL SERVICES LISTED IN IPP/IFSP	0170	03%
Yes	87%	89%
	07 70	0970
DID YOU OR ANOTHER FAMILY MEMBER HELPED MAKE IPP/IFSP	770/	750/
Yes	77%	75%
DID YOUR CHILD WITH DISABILITY HELP MAKE IPP/IFSP	400/	450/
Yes DID YOU GET A COPY OF YOUR CHILD'S IPP/IFSP IN YOUR PREFERRED	18%	15%
LANGUAGE		
Yes	93%	88%
DID YOU DISCUSS HOW TO HANDLE EMERGENCIES (SUCH AS A MEDICAL	33.70	00%
EMERGENCY OR A NATURAL DISASTER) AT YOUR CHILD'S LAST IPP/IFSP		
MEETING		
Yes	41%	70%
DOES YOUR CHILD HAVE A TRANSITION PLAN	7170	1070
Yes	66%	71%
DID YOU HELP MAKE THE TRANSITION PLAN		7 . 70

DID YOU GET A COPY OF YOUR CHILD'S IPP/IFSP IN YOUR		
PREFERRED LANGUAGE	RCOC	CA
Yes	88%	93'
No	12%	

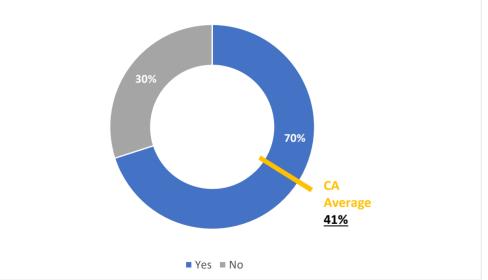




DID YOU DISCUSS HOW TO HANDLE EMERGENCIES (SUCH AS A			
MEDICAL EMERGENCY OR A NATURAL DISASTER) AT YOUR			
CHILD'S LAST IPP/IFSP MEETING	RCOC	CA	
Yes	70%		41%

No 30%

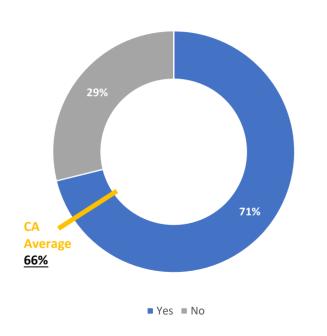


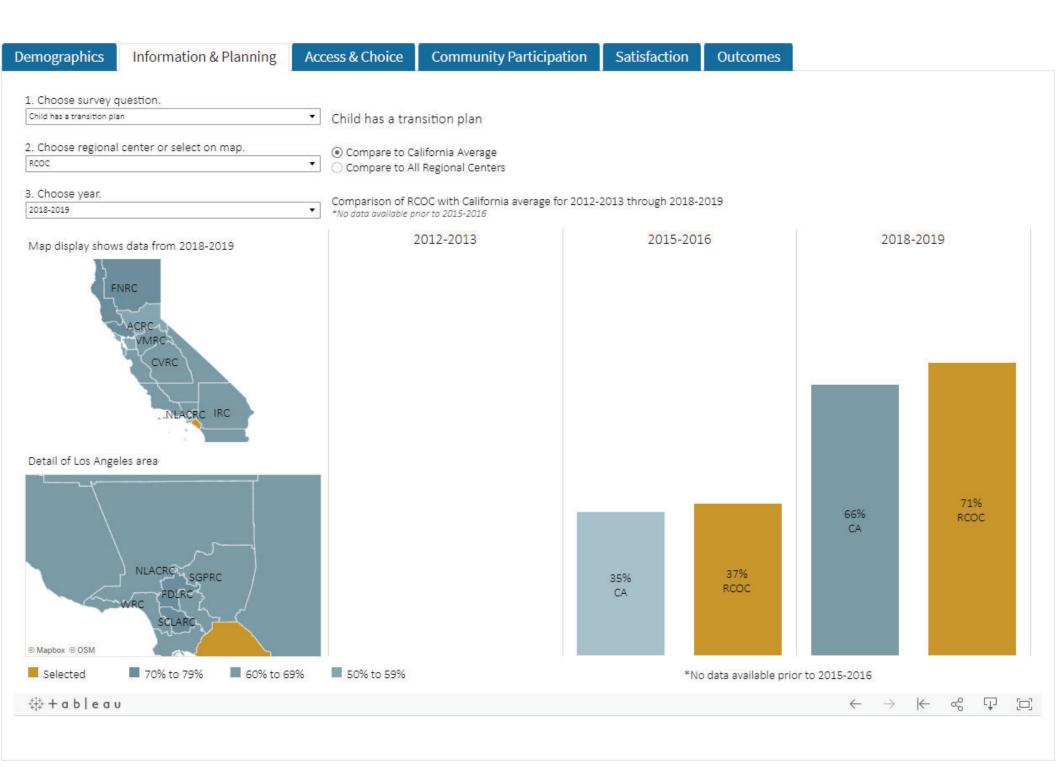




DOES YOUR CHILD HAVE A TRANSITION PLAN	RCOC	CA
Yes	71%	66%
No	29%	

DOES YOUR CHILD HAVE A TRANSITION PLAN?

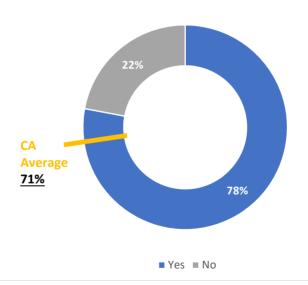


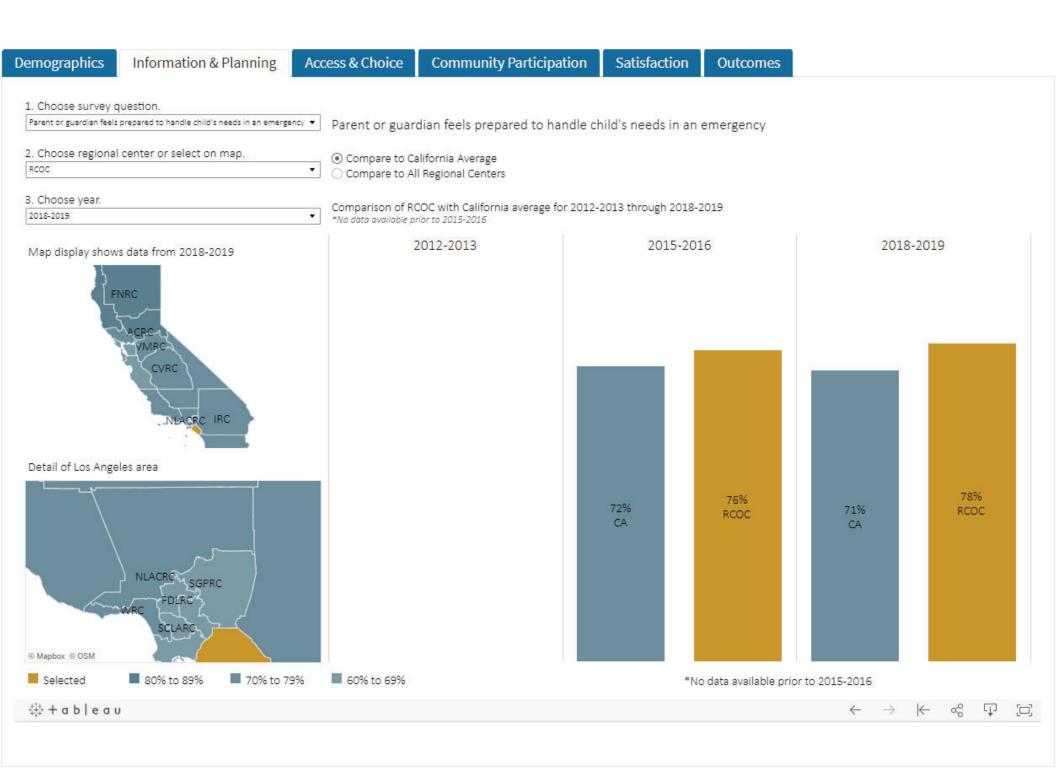


Child Family Survey (CFS) FY 18/19	CA	RCOC
NATIONAL CORE INDICATORS	Average	NCOC
Yes	84%	81%
DO YOU FEEL PREPARED TO HANDLE THE NEEDS OF YOUR CHILD IN AN		
EMERGENCY SUCH AS A MEDICAL EMERGENCY OR A NATURAL DISASTER		
Yes	71%	78%
	I	
Individual Question Responses Above 5%		8 out of 36
Individual Question Responses Below 5%		2 out of 36
Access	85%	85%
ARE YOU ABLE TO CONTACT YOUR CHILD'S SUPPORT WORKERS WHEN YOU		
WANT TO		
Always or Usually	82%	86%
Sometimes or Seldom/Never	18%	14%
ARE YOU ABLE TO CONTACT YOUR CHILD'S CASE MANAGER/SERVICE		
COORDINATOR WHEN YOU WANT TO		
Always or Usually	82%	89%
Sometimes or Seldom/Never	18%	11%
DO SUPPORT WORKERS COME AND LEAVE WHEN THEY ARE SUPPOSED TO		
Always or Usually	91%	93%
Sometimes or Seldom/Never	9%	7%
DO SERVICES AND SUPPORTS CHANGE WHEN YOUR FAMILY'S NEEDS CHANGE		
Always or Usually	72%	74%
Sometimes or Seldom/Never	28%	26%
DO SUPPORT WORKERS SPEAK TO YOU IN A WAY THAT YOU UNDERSTAND		
Always or Usually	95%	95%
Sometimes or Seldom/Never	5%	5%
ARE SERVICES DELIVERED IN A WAY THAT IS RESPECTFUL OF YOUR FAMILY'S		
CULTURE		
Always or Usually	96%	97%
Sometimes or Seldom/Never	4%	3%
IF YOUR CHILD DOES NOT COMMUNICATE VERBALLY (FOR EXAMPLE, USES		
GESTURES OR SIGN LANGUAGE, USES COMMUNICATION AID), ARE THERE		
SUPPORT WORKERS WHO CAN COMMUNICATE WITH HIM/HER Always or Usually	59%	63%
Sometimes or Seldom/Never	41%	37%
DO SUPPORT WORKERS HAVE THE RIGHT INFORMATION AND SKILLS TO MEET	7170	01 70
YOUR FAMILY'S NEEDS		
Always or Usually	83%	85%
Sometimes or Seldom/Never	17%	15%
DOES YOUR CHILD HAVE THE SPECIAL EQUIPMENT OR ACCOMMODATIONS		
THAT S/HE NEEDS (FOR EXAMPLE, WHEELCHAIR, RAMP, COMMUNICATION		
BOARD)?		
Always or Usually	73%	74%
Sometimes or Seldom/Never	27%	26%

DO YOU FEEL PREPARED TO HANDLE THE NEEDS OF YOUR CHILD IN AN EMERGENCY SUCH AS A MEDICAL EMERGENCY OR A			
NATURAL DISASTER	RCOC	CA	
Yes	78%		71%
No	22%		29%

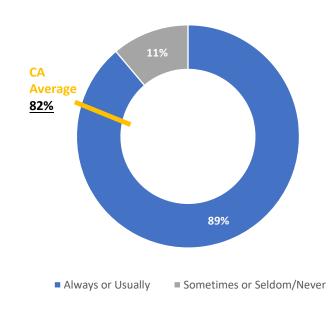
DO YOU FEEL PREPARED TO HANDLE THE NEEDS OF YOUR CHILD IN AN EMERGENCY SUCH AS A MEDICAL EMERGENCY OR A NATURAL DISASTER?





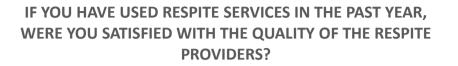
ARE YOU ABLE TO CONTACT YOUR CHILD'S CASE			
MANAGER/SERVICE COORDINATOR WHEN YOU WANT TO	RCOC	CA	
Always or Usually	89%	8	32%
Sometimes or Seldom/Never	11%	1	18%

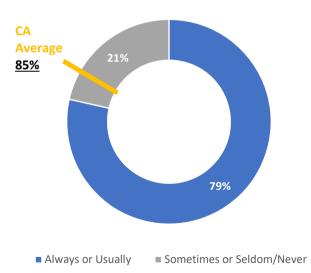
ARE YOU ABLE TO CONTACT YOUR CHILD'S CASE MANAGER/SERVICE COORDINATOR WHEN YOU WANT TO?



Child Family Survey (CFS) FY 18/19	CA	RCOC
NATIONAL CORE INDICATORS	Average	KCUC
CAN YOUR CHILD SEE HEALTH PROFESSIONALS (FOR EXAMPLE, DOCTOR,		
DENTIST, PSYCHOLOGIST) WHEN NEEDED		
Always or Usually	93%	94%
Sometimes or Seldom/Never	7%	6%
DOES YOUR CHILD'S PRIMARY CARE DOCTOR UNDERSTAND HIS/HER NEEDS		
RELATED TO HIS/HER DISABILITY		
Always or Usually	87%	85%
Sometimes or Seldom/Never	13%	15%
CAN YOUR CHILD GO TO THE DENTIST WHEN NEEDED		
Always or Usually	87%	85%
Sometimes or Seldom/Never	13%	15%
DOES YOUR CHILD'S DENTIST UNDERSTAND HIS/HER NEEDS RELATED TO		
HIS/HER DISABILITY		
Always or Usually	83%	82%
Sometimes or Seldom/Never	17%	18%
IF YOUR CHILD TAKES MEDICATIONS, DO YOU KNOW WHAT THEY'RE FOR		
Always or Usually	97%	96%
Sometimes or Seldom/Never	3%	4%
IF YOUR FAMILY MEMBER TAKES MEDICATIONS, DO YOU, YOUR FAMILY		
MEMBER OR SOMEONE ELSE IN YOUR FAMILY KNOW WHAT IS NEEDED TO		
SAFELY TAKE THE MEDICATIONS (WHEN IT SHOULD BE TAKEN, HOW MUCH TO		
TAKE, POTENTIAL SIDE EFFECTS)		
Always or Usually	98%	97%
Sometimes or Seldom/Never	2%	3%
IF YOUR CHILD USES MENTAL HEALTH SERVICES, DOES THE MENTAL HEALTH		
PROFESSIONAL (FOR EXAMPLE, PSYCHOLOGIST, PSYCHIATRIST, COUNSELOR)		
UNDERSTAND YOUR CHILD'S NEEDS RELATED TO HIS/HER DISABILITY		
Always or Usually	84%	82%
Sometimes or Seldom/Never	16%	18%
IF YOU NEED RESPITE SERVICES, ARE YOU ABLE TO GET/USE THEM		
Always or Usually	76%	77%
Sometimes or Seldom/Never	24%	23%
IF YOU HAVE USED RESPITE SERVICES IN THE PAST YEAR, WERE YOU SATISFIED		
WITH THE QUALITY OF THE RESPITE PROVIDERS		
Always or Usually	85%	79%
Sometimes or Seldom/Never	15%	21%
DOES YOUR FAMILY GET THE SUPPORTS IT NEEDS	700/	7.00
Yes	70%	74%
ADDITIONAL SERVICES NEEDED	400/	000/
Respite*	40%	38%
Regularly scheduled support for child* Homemaker services*	36% 22%	29% 22%
Homemaker services* Home and vehicle modifications*	22% 15%	18%
nome and venicle modifications	15%	10%

IF YOU HAVE USED RESPITE SERVICES IN THE PAST YEAR, WERE YOU SATISFIED WITH THE QUALITY OF THE RESPITE PROVIDERS	RCOC	CA	
Always or Usually	79%		85%
Sometimes or Seldom/Never	21%		15%

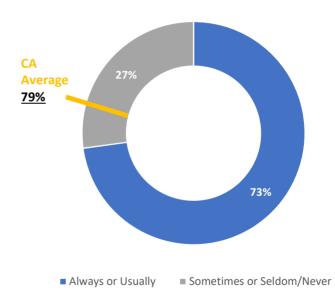




Child Family Survey (CFS) FY 18/19 NATIONAL CORE INDICATORS	CA Average	RCOC
Counseling*	38%	30%
Family to family networks*	28%	25%
Other*	38%	37%
Individual Question Responses Above 5%		6 out of 80
Individual Question Responses Below 5%		4 out of 80
Choice	76%	69%
CAN YOUR FAMILY CHOOSE OR CHANGE THE AGENCY THAT PROVIDES YOUR	, 3,0	0370
CHILD'S SERVICES		
Always or Usually	79%	73%
Sometimes or Seldom/Never	21%	27%
CAN YOUR FAMILY CHOOSE OR CHANGE YOUR CHILD'S SUPPORT WORKERS		
Always or Usually	77%	71%
Sometimes or Seldom/Never	23%	29%
DOES YOUR FAMILY DIRECTLY MANAGE SUPPORT WORKERS (FOR EXAMPLE,		
HIRING AND DECIDING SCHEDULE)		
Always or Usually	72%	64%
Sometimes or Seldom/Never	28%	36%
DO SERVICES PROVIDERS FOR YOUR CHILD WORK TOGETHER TO PROVIDE		
SUPPORT		
Yes	69%	72%
DID YOU, YOUR CHILD, OR SOMEONE ELSE IN YOUR FAMILY CHOOSE YOUR		
CHILD'S CASE MANAGER/SERVICE COORDINATOR	700/	700/
No, didn't choose but can change if wanted	70%	72%
Yes, chose case manager/service coordinator No, didn't choose and cannot change if wanted*	13% 17%	12% 16%
No, didn't choose and cannot change it wanted	17%	10%
Individual Question Responses Above 5%		1 out of 16
Individual Question Responses Below 5%		4 out of 16
Community Participation	77%	76%
DOES YOUR CHILD PARTICIPATE IN ACTIVITIES IN THE COMMUNITY		
Yes	78%	80%
WHAT MAKES IT HARD FOR YOUR CHILD TO TAKE PART IN COMMUNITY		
ACTIVITIES		
Lack of transportation*	10%	8%
Cost*	25%	23%
Lack of support staff*	21%	23%
Stigma*	29%	30%
Other*	31%	37%
CHILD SPENDS TIME WITH NON-DD CHILDREN (THIS CAN INCLUDE SIBLINGS)		
Yes	87%	84%

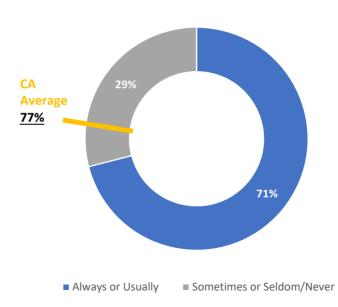
CAN YOUR FAMILY CHOOSE OR CHANGE THE AGENCY THAT			Ī
PROVIDES YOUR CHILD'S SERVICES	RCOC	CA	
Always or Usually	73%	799	%
Sometimes or Seldom/Never	27%	219	%

CAN YOUR FAMILY CHOOSE OR CHANGE THE AGENCY THAT PROVIDES YOUR CHILD'S SERVICES?

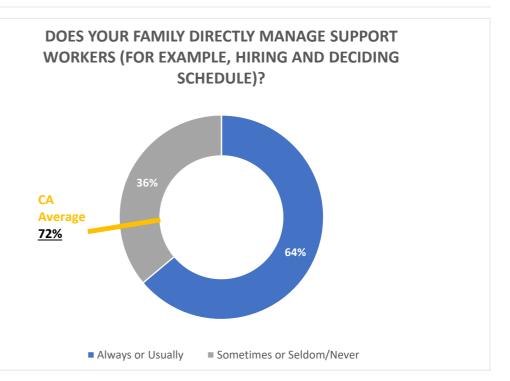


CAN YOUR FAMILY CHOOSE OR CHANGE YOUR CHILD'S SUPPORT		
WORKERS	RCOC	CA
Always or Usually	71%	77%
Sometimes or Seldom/Never	29%	23%

CAN YOUR FAMILY CHOOSE OR CHANGE YOUR CHILD'S SUPPORT WORKERS?



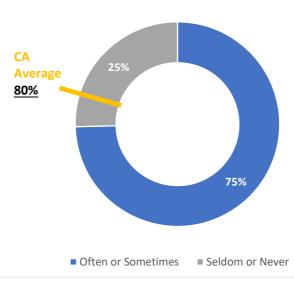
DOES YOUR FAMILY DIRECTLY MANAGE SUPPORT WORKERS (FOR EXAMPLE, HIRING AND DECIDING SCHEDULE)	RCOC	CA	
Always or Usually	64%		72%
Sometimes or Seldom/Never	36%		28%



Child Family Survey (CFS) FY 18/19	CA	
NATIONAL CORE INDICATORS	Average	RCOC
HOW OFTEN DOES YOUR CHILD SPEND TIME WITH CHILDREN WHO ARE NOT	Meruge	
SIBLINGS AND DO NOT HAVE A DEVELOPMENTAL DISABILITY		
Often or Sometimes	80%	75%
Seldom or Never	20%	
IN YOUR COMMUNITY, ARE THERE RESOURCES THAT YOUR FAMILY CAN USE	2070	2070
THAT ARE NOT PROVIDED BY THE REGIONAL CENTER		
Yes	80%	79%
DOES YOUR FAMILY TAKE PART IN ANY FAMILY-TO-FAMILY NETWORKS IN YOUR		
COMMUNITY (FOR EXAMPLE, PARENT TO PARENT, SIBLING NETWORKS, ETC.)		
Yes	23%	25%
	ı	I
Individual Question Responses Above 5%		0 out of 13
Individual Question Responses Below 5%		2 out of 13
Satisfaction		
OVERALL, ARE YOU SATISFIED WITH THE SERVICES AND SUPPORTS YOUR FAMILY		
CURRENTLY RECEIVES		
Always or Usually	73%	78%
Sometimes or Seldom/Never	27%	22%
DO YOU KNOW HOW TO FILE A COMPLAINT OR GRIEVANCE ABOUT PROVIDER		
AGENCIES OR STAFF		
Yes	43%	45%
IF A COMPLAINT OR GRIEVANCE WAS FILED OR RESOLVED IN THE PAST YEAR,		
ARE YOU SATISFIED WITH THE WAY IT WAS HANDLED AND RESOLVED		
Yes	56%	59%
DO YOU KNOW HOW TO REPORT ABUSE OR NEGLECT		
Yes	65%	62%
WITHIN THE PAST YEAR, WAS A REPORT OF ABUSE OR NEGLECT FILED ON		
BEHALF OF YOUR CHILD		
Yes	3%	2%
DO YOU FEEL THAT REGIONAL CENTER SERVICES HAVE MADE A POSITIVE		
DIFFERENCE IN THE LIFE OF YOUR FAMILY		
Yes	90%	92%
DO YOU FEEL THAT FAMILY SUPPORTS HAVE MADE A POSITIVE DIFFERENCE IN		
THE LIFE OF YOUR FAMILY		
Yes	91%	95%
HAVE SERVICES AND SUPPORTS REDUCED YOUR FAMILY'S OUT-OF-POCKET		
EXPENSES FOR YOUR CHILD'S CARE?		
Yes	72%	77%
DO YOU FEEL THAT REGIONAL CENTER SERVICES HAVE IMPROVED YOUR ABILITY TO CARE FOR YOUR CHILD		
Yes	86%	89%

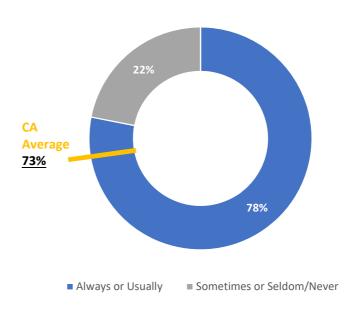
HOW OFTEN DOES YOUR CHILD SPEND TIME WITH CHILDREN WHO ARE NOT SIBLINGS AND DO NOT HAVE A DEVELOPMENTAL			
DISABILITY	RCOC	CA	
Often or Sometimes	75%		80%
Seldom or Never	25%		20%

HOW OFTEN DOES YOUR CHILD SPEND TIME WITH CHILDREN WHO ARE NOT SIBLINGS AND DO NOT HAVE A DEVELOPMENTAL DISABILITY?



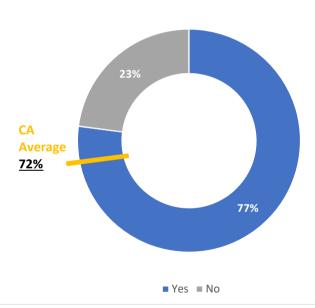
OVERALL, ARE YOU SATISFIED WITH THE SERVICES AND		
SUPPORTS YOUR FAMILY CURRENTLY RECEIVES	RCOC	CA
Always or Usually	78%	73%
Sometimes or Seldom/Never	22%	27%

OVERALL, ARE YOU SATISFIED WITH THE SERVICES AND SUPPORTS YOUR FAMILY CURRENTLY RECEIVES



HAVE SERVICES AND SUPPORTS REDUCED YOUR FAMILY'S OUT-			
OF-POCKET EXPENSES FOR YOUR CHILD'S CARE?	RCOC	CA	
Yes	77%		72%
No	23%		

HAVE SERVICES AND SUPPORTS REDUCED YOUR FAMILY'S OUT-OF-POCKET EXPENSES FOR YOUR CHILD'S CARE?



Child Family Survey (CFS) FY 18/19	CA	RCOC
NATIONAL CORE INDICATORS	Average	RCOC
DO YOU FEEL THAT FAMILY SUPPORTS HAVE IMPROVED YOUR ABILITY TO CARE		
FOR YOUR CHILD		
Yes	87%	90%
HAVE THE SERVICES OR SUPPORTS THAT YOUR CHILD/FAMILY RECEIVED		
DURING THE PAST YEAR BEEN REDUCED, SUSPENDED, OR TERMINATED		
Yes*	18%	21%
IF SERVICES OR SUPPORTS HAVE BEEN REDUCED, SUSPENDED OR TERMINATED		
IN THE PAST YEAR, DID THE REDUCTION, SUSPENSION, OR TERMINATION OF		
THESE SERVICES OR SUPPORTS AFFECT YOUR FAMILY NEGATIVELY		
Yes*	66%	72%
HAVE THE SERVICES OR SUPPORTS THAT YOUR CHILD RECEIVED BEEN		
INCREASED IN THE PAST YEAR		
Yes	25%	19%
ARE SERVICES AND SUPPORTS HELPING YOUR CHILD TO LIVE A GOOD LIFE		
Yes	91%	93%
HAVE REGIONAL CENTER SERVICES MADE A DIFFERENCE IN HELPING KEEP YOUR		
CHILD AT HOME		
Yes	82%	85%
Individual Question Responses Above 5%		2 out of 18
Individual Question Responses Below 5%		2 out of 18
iliulviuuai Questioii kespolises Below 5%		<u> </u>

What's Next for NCI?

NCI Adult In-Person Survey (Dec 2020 – June 2021)

A face-to-face meeting conducted via Zoom with a person who is receiving services.

Surveyors from the State Council on Developmental Disabilities (SCDD) will meet virtually with randomly selected individuals to ask questions about where they live and work, the kinds of choices they make, the activities they participate in within their communities, their relationships with friends and family, and their health and well-being.

All responses to the surveys are confidential and all identifying information such as names are not used in public reports.

Questions?

Child Family Survey (CFS) FY 18/19	CA																					
	Average	ACRC	CVRC	ELARC	FDLRC	FNRC	GGRC	HRC	IRC	KRC	NBRC	NLACRC	RCEB	RCOC	RCRC	SARC S	SCLARC	SDRC	SGPRC	TCRC	VMRC	WRC
Demographics																						
CHILD'S AGE																						
Mean	11	10.9	10.4	11.3	11.0	10.4		10.7	11.2	10.8	10.7	10.9	10.8	11.3	10.5	12.0	11.0	11.0	11.5	10.8	10.1	11.1
Std. Deviation MORE THAN ONE PERSON WITH I/DD LIVES IN HOUSEHOLD	4.28	4.171	4.539	4.198	4.272	4.469	4.190	4.450	4.225	4.396	4.479	4.070	4.379	4.153	4.469	4.060	4.316	4.374	4.152	4.260	4.408	4.087
Yes	25%	25%	25%	27%	23%	27%	15%	30%	27%	26%	24%	27%	22%	25%	26%	23%	32%	26%	28%	21%	31%	21%
CHILD'S GENDER																						
Male	72%	71%	67%	75%	76%	76%	75%	73%	68%	68%	71%	75%	72%	69%	70%	70%	73%	73%	72%	73%	67%	65%
Female Other	28% 0%	29% 0%	33%	25% 0%	24% 0%	24% 0%	25%	27% 0%	32% 0%	32% 0%	29% 0%	25% 0%	28% 0%	31% 0%	30% 0%	30%	26% 0%	27% 0%	28%	27% 0%	33% 0%	34% 0%
CHILD'S DISABILITIES					-						-										-	
Intellectual Disability	35%	37%	43%	28%	26%	31%	41%	32%	43%	46%	48%	26%	33%	40%	43%	36%	31%	35%	38%	34%	33%	38%
Mood Illness/Psychiatric Diagnosis Autism Spectrum Disorder	10% 69%	9% 69%	11% 56%	10% 79%	10% 78%	12% 70%	8% 62%	8% 69%	12% 62%	10% 59%	11% 62%	10% 76%	10% 75%	9% 68%	16% 70%	13% 69%	9% 73%	11% 71%	10% 71%	9% 64%	8% 68%	10% 64%
Cerebral Palsy	10%	9%	10%	6%	5%	14%	16%	7%	17%	13%	9%	7%	11%	11%	6%	10%	7%	12%	7%	13%	10%	10%
Limited or No Vision- Legally Blind	6%	5%	9%	5%	5%	5%	8%	4%	9%	5%	5%	4%	5%	6%	4%	7%	6%	4%	3%	4%	8%	4%
Hearing loss, severe or profound Brain Injury	4% 5%	4% 4%	3% 5%	3% 4%	2% 2%	2% 2%	5% 7%	2% 4%	7% 8%	6% 6%	6% 8%	3% 3%	3% 4%	5% 6%	1% 6%	4% 5%	2% 3%	5% 5%	2% 3%	4% 6%	3% 4%	3% 0%
Seizure/Neurological Disorder	14%	15%	15%	11%	10%	12%	19%	9%	22%	18%	12%	8%	16%	18%	13%	13%	9%	13%	13%	13%	13%	14%
Chemical Dependency	0%	0%	1%	1%	0%	0%	1%	0%	0%	1%	1%	0%	0%	1%	1%	0%	0%	1%	0%	0%	0%	0%
Down Syndrome	9% 0%	8%	14% 1%	7% 1%	7% 0%	8% 1%	9% 0%	10%	13%	12% 0%	11%	9% 0%	5% 0%	14% 0%	5% 1%	9% 1%	10% 1%	10%	9% 0%	9% 1%	10% 0%	9%
Prader-Willi Syndrome Fetal alcohol spectrum disorder (FASD)	1%	1% 2%	1%	1%	1%	1% 4%	0%	1%	0% 0%	1%	0% 1%	1%	0%	0%	1%	1% 0%	1%	0%		1%	1%	1%
Other disabilities	17%	18%	18%	13%	13%	21%		15%	20%	18%	24%	14%	14%	18%	29%	16%	16%	18%	12%	18%	16%	21%
CHILD'S HEALTH CONDITION																						
Cardiovascular Disease Diabetes	12% 3%	9% 2%	15%	6% 3%	10% 3%	15%	12% 4%	13%	12% 1%	12% 6%	15% 5%	11% 5%	7% 4%	15% 2%	10%	14%	14% 6%	15% 3%	18%	11% 3%	11% 7%	10%
Cancer	3%	4%	2%	2%	1%	3%	1%	3%	3%	0%	1%	3%	2%	3%	5%	2%	0%	4%		5%	3%	3%
High Blood Pressure	4%	4%	6%	4%	6%	3%	6%	6%	6%	4%	4%	6%	4%	2%	5%	4%	2%	5%	5%	2%	3%	1%
High cholesterol	7% 12%	3%	4%	9%	9%	8%		10%	10%	12%	4%	12%	5%	8%	2%	6%	13%	9%		4%	3%	7%
Dysphagia Pressure ulcers	12%	14%	11%	13% 1%	13%	6%	25% 0%	9%	15% 0%	14%	19%	8% 0%	15% 1%	15% 1%	15% 0%	15% 1%	9% 0%	10% 1%	9% 1%	7% 0%	11% 2%	5% 3%
Oral Health	13%	17%	17%	11%	14%	16%	11%	6%	12%	10%	16%	9%	14%	15%	17%	12%	9%	11%	12%	15%	14%	14%
Sleep Apnea	24% 45%	28%	26%	26%	11%	37%	28%	23%	25%	27%	28%	21%	34%	22%	37%	32%	22%	16%	22%	18%	24%	19%
Other CHILD'S RACE	45%	46%	44%	46%	57%	35%	40%	49%	41%	43%	45%	43%	42%	49%	39%	42%	41%	46%	38%	52%	42%	57%
American Indian or Alaska Native	2%	4%	2%	1%	1%	6%	2%	1%	1%	4%	4%	3%	3%	2%	11%	3%	1%	2%	3%	3%	3%	1%
Asian	20%	19%	6%	21%	21%	6%	44%	25%	10%	5%	16%	10%	34%	32%	7%	39%	1%	19%	21%	11%	19%	14%
Black or African American	8% 1%	12%	6% 0%	2% 1%	6% 1%	3% 1%	5% 1%	9% 1%	9% 1%	7% 1%	11% 1%	10%	15%	4% 1%	3% 1%	3% 2%	15% 0%	6% 1%	3% 0%	3% 1%	10% 2%	22%
Pacific Islander White	36%	53%	27%	14%	32%	73%	44%	26%	33%	39%	50%	36%	36%	39%	73%	34%	6%	42%	21%	52%	36%	31%
Hispanic/Latino	48%	27%	67%	71%	48%	23%	25%	56%	61%	63%	41%	53%	29%	35%	29%	37%	83%	48%		47%	50%	41%
Other	3%	4%	4%	2%	4%	3%	2%	2%	2%	2%	1%	2%	3%	3%	1%	2%	2%	3%	2%	3%	3%	2%
CHILD'S PREFERRED MEANS OF COMMUNICATION Spoken	71%	73%	64%	76%	79%	71%	60%	71%	67%	70%	64%	79%	70%	66%	80%	63%	70%	73%	73%	78%	70%	76%
Gestures/body language	18%	16%	20%	14%	15%	20%	24%	17%	19%	21%	21%	12%	17%	19%	12%	23%	20%	17%	18%	14%	20%	15%
Sign language or finger spelling	3%	3%	3%	3%	1%	1%		4%	4%	2%	6%	3%	3%	4%	2%	2%	3%	2%		2%	3%	
Communication aid/device Other	4% 5%	3% 6%	4% 9%	4% 3%	3% 1%	3% 5%	8% 5%	5% 3%	4% 7%	3% 4%	5% 4%	3% 3%	6% 5%	6% 4%	3% 3%	5% 6%	3% 4%	4% 4%	4% 3%	3% 3%	1% 6%	2% 4%
CHILD'S PREFERRED LANGUAGE		070	370	570	170	370	3.0	370	770	470	470	3.0	370	470	3/0	0.0	470	470	370	370	0.0	470
English	90%	93%	84%	89%	89%	91%	90%	89%	90%	88%	79%	92%	95%	93%	86%	89%	84%	90%	86%	94%	92%	93%
Spanish	22% 1%	11%	36%	25% 3%	26%	8%	13%	27%	28%	30%	21%	21%	12% 2%	16% 1%	14%	16% 1%	48% 0%	21%	29%	22%	19%	17%
Mandarin Tagalog	1%		0%	3% 0%	1%	0%		1%	0%	0%	0%	1%	1%	1%	0%	1%	0%	0%		1%	1%	0% 0%
Vietnamese	1%	1%	0%	1%	0%	0%	2%	0%	0%	1%	0%	0%	1%	5%	0%	6%	0%	1%	2%	0%	1%	0%
Korean	0%	0%	0%	0%	2%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Arabic Armenian	0% 0%	1%	0%	0% 0%	0% 2%	0% 0%	0%	0%	0% 0%	0%	0%	0% 1%	1% 0%	1% 0%	0% 0%	0%	0% 0%	2% 0%	0%	0%	0% 0%	0% 0%
Farsi	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		0%	0%	0%
Hmong	0%	0%	1%	0%	0%	1%		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Khmer Laos	0% 0%	0%	0% 0%	0% 0%	0% 0%	0% 0%	0%	1%	0% 0%	0%	0% 0%	0%	0% 0%	0% 0%	0% 1%	0% 0%	0% 0%	0% 0%	0%	0% 0%	0% 0%	0% 0%
Russian	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%
ASL	1%	1%	1%	1%	0%	1%		1%	2%	2%	1%	1%	1%	2%	1%	1%	1%	1%	2%	2%	0%	1%
Other	2%	2%	3%	2%	1%	0%	3%	2%	1%	1%	0%	1%	3%	1%	1%	5%	1%	2%	3%	0%	2%	1%
CHILD'S LEVEL OF SUPPORT NEED FOR SELF-INJURIOUS, DISRUPTIVE, OR DESTRUCTIVE BEHAVIOR																						
No support needed	26%	28%	27%	26%	21%	25%	31%	23%	23%	26%	22%	23%	31%	18%	19%	29%	26%	28%	26%	29%	31%	27%
Some support needed	44%	46%	45%	49%	48%	45%	42%	45%	40%	53%	49%	48%	40%	39%	47%	41%	45%	44%	41%	46%	45%	46%
Extensive support peoded	30%	26%	28%	24%	31%	31%	27%	32%	37%	20%	29%	28%	29%	43%	33%	30%	29%	28%	33%	25%	25%	27%
Extensive support needed	8%	9%	6%	9%	12%	9%	7%	10%	4%	10%	6%	10%	9%	5%	7%	6%	8%	10%	9%	11%	9%	8%
CHILD'S LEVEL OF SUPPORT NEED WITH DAILY PERSON CARE ACTIVITIES	8%		39%	45%	42%	43%	36%	44%	36%	43%	41%	47%	44%	34%	52%	40%	37%	42%		44%	44%	50%
	42%	42%			46%	48%	57%	46%	59%	47%	53%	44%	47%	61%	41%	53%	55%	48%	48%	45%		43%
CHILD'S LEVEL OF SUPPORT NEED WITH DAILY PERSON CARE ACTIVITIES No support needed Some support needed Extensive support needed		42% 49%	55%	45%	40%	4070	31 70	4070												45%	48%	4070
CHILD'S LEVEL OF SUPPORT NEED WITH DAILY PERSON CARE ACTIVITIES No support needed Some support needed Extensive support needed LANGUAGE SPOKEN IN THE HOME	42% 50%	49%							000	070	740/	040/	070	600/	0.40	E00/	2601	200	500			
CHILD'S LEVEL OF SUPPORT NEED WITH DAILY PERSON CARE ACTIVITIES No support needed Some support needed Extensive support needed LANGUAGE SPOKEN IN THE HOME English	42%		55% 58% 39%	45% 50% 35%	50% 31%	89%	69% 14%	55% 34%	66% 31%	67% 32%	71% 25%	61% 27%	67% 15%	69% 19%	84% 15%	56% 16%	36% 57%	69% 25%	50%	73%	70% 24%	71%
CHILD'S LEVEL OF SUPPORT NEED WITH DAILY PERSON CARE ACTIVITIES No support needed Some support needed Extensive support needed LANGUAGE SPOKEN IN THE HOME	42% 50% 64%	49% 78%	58%	50%	50%	89%	69% 14%	55%		67% 32% 1%	71% 25% 1%	61% 27% 8%									70%	
CHILD'S LEVEL OF SUPPORT NEED WITH DAILY PERSON CARE ACTIVITIES No support needed Some support needed Extensive support needed LANGUAGE SPOKEN IN THE HOME English Spanish Mandarin Tagalog	42% 50% 64% 25% 6%	78% 13% 3% 0%	58% 39% 1% 0%	50% 35% 8% 4%	50% 31% 9% 1%	89% 9% 0%	69% 14% 11% 2%	55% 34% 7% 0%	31% 1% 1%	32% 1% 0%	25% 1% 0%	27% 8% 0%	15% 9% 3%	19% 1% 1%	15% 0% 0%	16% 18% 2%	57% 6% 0%	25% 1% 0%	33% 12% 2%	73% 23% 1% 0%	70% 24% 3% 0%	71% 21% 4% 0%
CHILD'S LEVEL OF SUPPORT NEED WITH DAILY PERSON CARE ACTIVITIES No support needed Some support needed Extensive support needed LANGUAGE SPOKEN IN THE HOME English Spanish Mandarin	42% 50% 64% 25% 6%	78% 13% 3% 0%	58% 39% 1%	50% 35% 8%	50% 31% 9%	89% 9% 0%	69% 14% 11% 2% 2%	55% 34% 7%	31% 1%	32% 1%	25% 1%	27% 8%	15% 9%	19% 1%	15% 0%	16% 18%	57% 6%	25% 1%	33% 12% 2% 0%	73% 23% 1%	70% 24% 3%	71% 21% 4%

Child Family Survey (CFS) FY 18/19 NATIONAL CORE INDICATORS	CA Average	ACRC	CVRC	ELARC	FDLRC	FNRC	GGRC	HRC	IRC	KRC	NBRC N	LACRC	RCEB	RCOC	RCRC	SARC	SCLARC	SDRC	SGPRC	TCRC	VMRC	WRC
Arabic	0%	0%	0%	0%	3%	0%	0%	1%	0%	0%	0%	0%	1%	1%	0%	1%	0%	0%	0%	0%	0%	0%
Armenian	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	1%	1%	0%	0%		2%	0%	0%	0%	0%
Farsi	0%	0%	0%	0% 0%	4%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%		0%	0%	0%	0%	0%
Hmong Khmer	0%	0% 0%	0% 1%	0% 0%	0% 0%	0% 1%	0%	0% 0%	0%	0% 0%	0% 0%	0% 0%	0% 0%	0% 0%	0%	0% 0%		0% 0%	0%	0%	0% 1%	2%
Laos	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%		0%	0%	0%	0%	0%
Russian	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%		0%	0%	0%	0%	0%
ASL	0%	1%	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%		0%	0%	0%	0%	0%
Other	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%
AGE OF RESPONDENT	12%				12%	16%																
Under 35 35-54	76%	13% 76%	20% 70%	11% 78%	12% 76%	16%	5% 82%	13% 78%	12% 74%	23% 62%	15% 70%	12% 78%	10% 78%	7% 81%	13% 73%	9% 78%		11% 76%	10% 79%	15% 71%	20% 69%	83%
55-74	11%	11%	10%	11%	11%	17%	13%	9%	14%	16%	15%	10%	11%	11%	13%	12%		12%	10%	12%	10%	10%
75+	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	1%		1%	1%	1%	1%	0%
RESPONDENT'S OVERALL HEALTH																						
Excellent	21%	23%	20%	22%	21%	19%	25%	23%	19%	22%	24%	21%	20%	22%	20%	18%		22%	16%	25%	19%	22%
Very good	49%	48%	55%	42%	45%	47%	44%	49%	49%	48%	49%	49%	49%	51%	54%	50%		53%	50%	49%	49%	52%
Fairly good Poor*	27% 3%	26% 3%	22%	31% 4%	30% 4%	30% 5%	27% 3%	25% 3%	28%	27% 3%	24%	26% 4%	28%	25% 2%	23%	28%		23% 2%	32% 3%	23%	29%	23%
RESPONDENT'S RELATIONSHIP TO CHILD	0,0	370	370	49.70	470	370	370	370	370	370	270	4970	370	270	49.70	4970	370	270	370	370	370	270
Parent	96%	95%	96%	97%	98%	93%	99%	97%	95%	94%	95%	97%	97%	98%	93%	98%	98%	97%	97%	96%	95%	99%
Sibling	0%	1%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	1%	0%	1%	0%		0%	1%	0%	0%	0%
Grandparent	3%	4%	2%	3%	2%	6%	1%	2%	4%	5%	4%	2%	1%	1%	6%	2%		2%	3%	3%	4%	1%
Other SAME SUPPORT	1%	1%	2%	0%	0%	1%	0%	0%	1%	2%	1%	1%	1%	0%	1%	0%	1%	1%	0%	1%	1%	0%
FAMILY PROVIDES PAID SUPPORT No.	55%	55%	61%	52%	57%	56%	50%	59%	43%	73%	45%	61%	67%	42%	65%	42%	55%	62%	58%	48%	62%	59%
Yes, respondent does	32%	35%	27%	52% 30%	29%	31%	29%	30%	43%	73% 14%	45%	30%	25%	42%	28%	42% 37%		31%	31%	48% 31%	20%	25%
Yes, another family member does	14%	10%	12%	19%	15%	16%	23%	12%	14%	13%	15%	10%	11%	11%	7%	24%		7%	11%	22%	18%	17%
NUMBER OF ADULTS IN HOUSEHOLD																						
1	16%	15%	19%	14%	18%	21%	13%	18%	14%	23%	16%	19%	17%	10%	21%	12%		15%	15%	14%	17%	21%
2	58% 18%	60%	55%	55%	58%	59%	62%	54%	55%	56%	62%	58%	62%	64%	60%	58%		62%	50%	59%	52%	59%
3	18%	17%	15%	23%	18%	15%	15%	19%	21%	15%	16%	17%	13%	16%	15%	19%	22%	15%	21%	19%	20%	13%
4+ NUMBER OF CHILDREN IN THE HOUSEHOLD	970	8%	11%	8%	6%	5%	10%	9%	10%	7%	7%	7%	8%	10%	4%	11%	10%	7%	13%	8%	11%	6%
1	35%	34%	31%	36%	45%	36%	39%	32%	31%	28%	39%	35%	38%	36%	33%	35%	37%	37%	38%	33%	25%	42%
2	40%	40%	30%	39%	39%	36%	42%	42%	38%	36%	37%	39%	42%	41%	33%	45%		42%	38%	42%	41%	38%
3	18%	18%	22%	19%	13%	15%	16%	17%	20%	23%	18%	19%	14%	17%	19%	15%	18%	16%	18%	16%	21%	15%
4+	8%	7%	17%	6%	3%	13%	3%	8%	10%	13%	7%	7%	6%	6%	15%	6%	9%	5%	6%	8%	13%	4%
RESPONDENT'S HIGHEST LEVEL OF EDUCATION	15%												***									
No high school diploma/GED High school diploma/GED	18%	8% 16%	28% 20%	21% 20%	21% 16%	8% 20%	9% 13%	18% 17%	19% 22%	25% 24%	11% 23%	17% 17%	8% 16%	10% 15%	12% 18%	11% 15%	29% 32%	11% 15%	19% 18%	14% 13%	19% 25%	11% 16%
Vocational school or certificate program	7%	7%	7%	8%	7%	7%	4%	7%	9%	7%	7%	8%	5%	5%	4%	4%		7%	9%	7%	8%	7%
Some college	18%	20%	18%	17%	11%	28%	13%	16%	23%	18%	16%	19%	18%	17%	27%	16%	17%	17%	20%	21%	25%	20%
College degree or higher	42%	49%	27%	34%	45%	36%	61%	43%	28%	26%	43%	40%	53%	53%	39%	53%	12%	50%	34%	45%	24%	46%
HOUSEHOLD INCOME LAST YEAR																						
Up to \$15,000 \$15,001-\$25,000	8% 14%	5% 9%	11% 20%	9% 18%	11% 20%	8% 15%	3% 7%	8% 16%	9% 15%	13% 20%	7% 9%	12% 13%	6% 9%	6% 10%	10%	5% 10%	19% 21%	8% 12%	8% 19%	7% 10%	10%	8% 17%
\$25,001-\$25,000	20%	20%	23%	21%	16%	28%	17%	19%	23%	18%	18%	20%	15%	20%	30%	18%		20%	23%	25%	20%	18%
\$50,001-\$75,000	11%	15%	10%	9%	7%	12%	13%	11%	14%	12%	15%	10%	12%	12%	13%	13%		12%	13%	11%	13%	7%
Over \$75,000	27%	34%	16%	21%	24%	21%	40%	28%	19%	17%	33%	23%	38%	34%	16%	37%	5%	30%	17%	32%	17%	26%
No earned income	5%	4%	7%	6%	4%	7%	1%	6%	7%	5%	5%	6%	5%	2%	10%	3%		4%	7%	2%	9%	4%
Prefer not to say	15%	13%	14%	16%	16%	9%	19%	13%	14%	15%	13%	15%	17%	16%	13%	15%	13%	14%	14%	13%	14%	20%
OUT-OF-POCKET EXPENSES LAST YEAR Nothing	34%	34%	50%	35%	36%	33%	20%	35%	40%	43%	35%	37%	25%	26%	34%	25%	48%	27%	40%	32%	48%	26%
\$1-\$100	34% 7%	34% 8%	50%	35% 10%	36% 6%	33% 6%	20% 5%	35% 5%	40% 9%	43% 9%	35% 5%	37% 8%	25% 6%	26% 6%	34% 8%	25% 4%		9%	40% 8%	32% 6%	48% 7%	26% 4%
\$101-\$1,000	25%	27%	23%	26%	22%	31%	21%	25%	28%	22%	28%	24%	23%	27%	27%	24%		26%	19%	24%	24%	26%
\$1,001-\$10,00	28%	27%	16%	25%	28%	26%	36%	29%	21%	24%	28%	26%	39%	32%	29%	37%	14%	32%	27%	32%	20%	32%
Over \$10,000	6%	4%	4%	3%	8%	3%	18%	7%	2%	2%	5%	6%	7%	8%	3%	9%	1%	7%	5%	5%	2%	12%
OUT-OF-POCKET EXPENSES LAST YEAR	100/	13%	1001	11%	9%	15%	24%	11%	7%	450/	13%	9%	18%	11%	11%	17%	4%	490/	7%	9%	9%	110/
Respite services Behavior therapy	12% 13%	13%	10% 9%	11% 9%	11%	15%	12%	11% 20%	9%	15% 9%	13%	11%	18% 23%	11%	11% 4%	17%		13% 13%	7% 9%	10%	9%	11% 13%
Speech therapy	18%	11%	18%	15%	20%	11%	22%	20%	14%	9%	18%	17%	22%	24%	9%	26%		20%	16%	13%	11%	24%
Additional therapies	27%	24%	15%	17%	25%	26%	36%	27%	19%	19%	31%	30%	32%	32%	13%	29%	15%	31%	27%	28%	16%	34%
Social skill training	12%	12%	5%	8%	10%	11%	11%	17%	9%	8%	11%	12%	17%	13%	2%	18%		13%	9%	9%	6%	10%
Recreational activities and programs	48%	48%	36%	46%	50%	51%	52%	46%	47%	40%	60%	52%	48%	53%	52%	46%	35%	51%	43%	47%	40%	54%
Child care/afterschool care	33% 27%	28% 27%	28% 18%	40% 30%	38% 30%	28% 27%	43% 29%	35% 26%	27% 25%	33% 24%	38% 24%	33% 33%	34% 27%	29% 26%	35% 21%	35% 29%		31% 28%	28% 32%	31% 24%	26% 20%	41% 31%
Educational expenses Medical and/or dental expenses	27% 55%	27% 56%	18% 44%	30% 48%	30% 55%	27% 55%	29% 60%	26% 61%	25% 47%	24% 66%	52%	33% 55%	60%	26% 59%	60%	29% 54%	40%	28% 53%	32% 56%	24% 64%	20% 55%	31% 59%
Parent training	6%	5%	4%	6%	4%	8%	7%	7%	6%	4%	10%	6%	9%	5%	4%	10%	4%	7%	8%	4%	5%	5%
Transportation support	22%	20%	29%	29%	23%	30%	20%	21%	23%	28%	21%	20%	22%	16%	32%	24%	35%	17%	22%	17%	23%	22%
Other	11%	11%	13%	10%	14%	19%	6%	11%	17%	16%	15%	10%	6%	9%	10%	7%	14%	11%	10%	10%	12%	13%
RESIDENTIAL DESIGNATION																						
Urban or suburban (in or near a city or large town)	92%	88%	78%	99%	99%	62%	98%	99%	92%	87%	89%	96%	96%	98%	42%	91%		94%	95%	89%	80%	100%
Rural (outside of a city or town)	8%	12%	22%	1%	1%	38%	2%	1%	8%	13%	11%	4%	4%	2%	58%	9%	1%	6%	5%	11%	20%	0%
SERVICES AND SUPPORTS RECEIVED FROM THE REGIONAL CENTER Financial support	13%	13%	19%	7%	10%	11%	28%	7%	8%	12%	16%	6%	19%	14%	11%	25%	7%	8%	11%	18%	10%	14%
In-home support	38%	40%	27%	31%	35%	38%	35%	33%	47%	23%	36%	44%	35%	52%	43%	43%		38%	37%	37%	25%	41%
Out-of-home respite care	32%	26%	25%	28%	28%	33%	47%	23%	31%	29%	22%	27%	36%	33%	31%	45%		32%	33%	47%	33%	41%
Early intervention	1%	1%	1%	1%	0%	8%	0%	1%	0%	1%	1%	2%	1%	0%	0%	0%	1%	2%	0%	1%	0%	1%
Transportation	5%	6%	5%	7%	5%	2%	6%	4%	4%	11%	7%	3%	4%	4%	9%	4%		5%	6%	5%	7%	5%
Other services/supports	24%	20%	18%	38%	33%	27%	16%	17%	28%	32%	28%	34%	14%	23%	41%	13%		19%	32%	23%	21%	38%
Self direction/fiscal intermediary services	13%	13%	12%	11%	12%	15%	20%	10%	13%	11%	14%	13%	11%	14%	21%	17%	15%	10%	10%	17%	13%	16%

Child Family Survey (CFS) FY 18/19 NATIONAL CORE INDICATORS	CA Average	ACRC	CVRC	ELARC	FDLRC	FNRC	GGRC	HRC	IRC	KRC	NBRC	NLACRC	RCEB	RCOC	RCRC	SARC	SCLARC	SDRC	SGPRC	TCRC	VMRC	WRC
HAS EVER RECEIVED EARLY START INTERVENTION SERVICES	Average																					
Yes	70%	67%	69%	71%	68%	73%	82%	61%	70%	65%	77%	68%	69%	75%	67%	66%	60%	71%	68%	73%	72%	74%
OTHER SERVICES AND SUPPORTS RECEIVED SSI/SSB	37%	32%	55%	44%	41%	42%	17%	34%	45%	50%	31%	37%	26%	29%	47%	26%	64%	32%	44%	31%	45%	39%
Services or support from other agencies or organizations	63%	69%	60%	64%	62%	73%	69%	62%		61%	63%	57%	63%	64%	73%		51%					59%
Information and Planning																						
DO YOU GET ENOUGH INFORMATION TO TAKE PART IN PLANNING SERVICES																						
FOR YOUR CHILD Always	27%	29%	35%	28%	26%	30%	20%	30%	24%	23%	26%	30%	23%	28%	37%	22%	22%	26%	25%	30%	32%	28%
Usually	33%	39%	29%	33%	31%	35%	35%	31%	33%	27%	31%	31%	30%	39%	31%		23%	35%	35%	36%		35%
Always or Usually Sometimes*	60% 27%	68% 22%	64% 24%	61% 26%	57%	65% 21%	55%	61% 26%		50% 30%	57% 29%	60% 25%	53% 30%	66% 25%	69% 18%	55% 31%	45% 31%	61% 27%		65% 26%	68% 24%	63% 29%
Seldom/Never*	13%	10%	11%	12%	11%	14%	11%	13%		20%	14%	14%	16%	8%	14%		23%	12%			8%	8%
Sometimes or Seldom/Never	40%	32%	36%	39%	43%	35%	45%	39%	43%	50%	43%	40%	47%	34%	31%	45%	55%	39%	40%	35%	32%	37%
IS THE INFORMATION YOU GET ABOUT SERVICES AND SUPPORTS EASY TO UNDERSTAND																						
Always	25%	27%	30%	28%	29%	27%	17%	30%			23%	28%	21%	26%	28%	21%	23%			25%		27%
Usually	42%	45%	40%	41%	39%	44%	46% 64%	37%	45%	39%	40%	39%	40%	44%	42%	43% 64%	36%	44%		44%		43%
Always or Usually Sometimes*	67% 27%	72% 22%	70% 24%	69% 25%	69% 27%	71% 22%	30%	67% 28%		32%	63% 32%	67% 27%	61% 30%	70% 26%	70% 21%	29%	30%	67% 26%		69% 26%	72% 25%	70% 25%
Seldom/Never*	6%	5%	7%	6%	4%	7%	6%	6%			5%	6%	8%	4%	10%				6%	5%	3%	5%
Sometimes or Seldom/Never DOES THE CASE MANAGER/SERVICE COORDINATOR RESPECT YOUR FAMILY'S	33%	28%	30%	31%	31%	29%	36%	33%	31%	42%	37%	33%	39%	30%	30%	36%	40%	33%	37%	31%	28%	30%
CHOICES AND OPINIONS																						
Always	66%	71%	68%	66%	71%	74%	56%	67%		57%	66%	65%	62%	68%	67%			66%		69%		72%
Usually Always or Usually	25% 91%	23% 95%	22% 90%	25% 91%	20% 91%	19% 93%	34% 90%	22% 90%		30% 87%	27% 93%	23% 89%	29% 91%	26% 93%	19% 87%	27% 91%	28% 85%	25% 91%		23% 92%	21% 95%	22% 94%
Sometimes*	7%	3%	7%	7%	7%	5%	6%	8%	5%	11%	5%	8%	7%	5%	9%	7%	11%	7%	8%	7%		4%
Seldom/Never*	2% 9%	2% 5%	2% 10%	2% 9%	2% 9%	2% 7%	4% 10%	2% 10%		3% 13%	2% 7%	3% 11%	2% 9%		4% 13%	3% 9%		2% 9%				1%
DO YOU HAVE ENOUGH INFORMATION ABOUT OTHER PUBLIC SERVICES FOR WHICH YOUR FAMILY IS ELIGIBLE (FOOD STAMPS, SSI, OR HOUSING SUBSIDIES,	370	3.0	1070	370	5.0	770	1076	1070	0.0	13.0	7.8	1170	570	770	1370	3.0	1370	57.	1070	U.A.	5.6	070
FOR EXAMPLE) Always	25%	31%	34%	28%	24%	29%	14%	29%	25%	25%	20%	23%	19%	21%	34%	21%	23%	24%	21%	25%	35%	22%
Usually	31%	30%	32%	29%	30%	35%	33%	30%	34%	26%	34%	29%	25%	32%	27%	35%	32%	29%	34%	29%	32%	35%
Always or Usually Sometimes*	56% 22%	61% 21%	66% 16%	57% 24%	55% 24%	65% 20%	47% 25%	58% 20%		51% 21%	54% 19%	52% 20%	44% 27%	53% 27%	61% 19%		55% 20%					57% 26%
Seldom/Never*	22%	18%	18%	19%	21%	16%	27%	22%			26%	28%	29%	20%	20%		24%			21%	14%	17%
Sometimes or Seldom/Never	44%	39%	34%	43%	45%	35%	53%	42%	41%	49%	46%	48%	56%	47%	39%	44%	45%	46%	45%	47%	33%	43%
WANTS HELP WITH PLANNING FOR CHILD'S FUTURE WITH RESPECT TO Employment	54%	57%	45%	55%	53%	52%	61%	54%	51%	53%	57%	54%	57%	55%	50%	56%	51%	53%	53%	50%	51%	61%
Financial	54%	57%	39%	51%	57%	54%	66%	52%	49%	53%	56%	52%	61%	57%	51%	57%	47%	51%	54%	52%	52%	55%
Housing	48% 44%	50% 47%	33%	48% 42%	49% 44%	39% 44%	64% 51%	44% 43%		37% 39%	47% 43%	45%	54% 47%	51% 49%	48% 42%		47% 40%			48% 37%	43%	59% 46%
Legal Medical	46%	47%	46%	46%	46%	44%	57%	47%		47%	45%	42%	53%	53%	46%		41%	40%			46%	40%
Social/relationships	59%	60%	50%	64%	58%	63%	59%	62%		54%	61%	63%	63%	60%	57%		53%	57%		56%	52%	65%
Transition from school Recreation/having fun	56% 58%	58% 56%	47% 50%	58% 59%	53% 56%	56% 54%	69% 65%	52% 61%		48% 57%	60% 61%	56% 57%	62% 67%	58% 63%	59% 53%	58% 60%	52% 56%					58% 64%
Other	9%	8%	11%	8%	10%	10%	6%	11%		15%	11%	9%	5%	6%	13%		10%					11%
IF YOU ASKED FOR CRISIS OR EMERGENCY SERVICES DURING THE PAST YEAR, WERE SERVICES PROVIDED WHEN NEEDED YES	41%	51%	41%	44%	35%	50%	24%	44%	46%	2204	42%	39%	39%	43%	50%	37%	22%	42%	20%	52%	44%	4694
DOES YOUR CHILD HAVE A IPP/IFSP		3170		44 70	3370	30.70	J+70	4470		33%		30%	3070		30%		3270			- 52 H	447.0	40./0
Yes	78%	81%	79%	86%	77%	84%	70%	71%	74%	75%	80%	84%	71%	77%	86%	79%	71%	80%	82%	80%	83%	73%
DOES THE IPP/IFSP INCLUDES ALL SERVICES/SUPPORTS CHILD NEEDS Yes	81%	84%	87%	82%	77%	84%	73%	77%	78%	78%	81%	80%	73%	83%	84%	81%	73%	81%	80%	84%	89%	79%
DOES YOUR CHILD GET ALL SERVICES LISTED IN IPP/IFSP		2.30													2.70							
Yes	87%	92%	96%	87%	86%	89%	84%	87%	82%	84%	86%	88%	82%	89%	78%	88%	72%	87%	79%	92%	91%	85%
DID YOU OR ANOTHER FAMILY MEMBER HELPED MAKE IPP/IFSP Yes	77%	80%	77%	73%	60%	999/	250/	73%	75%	74%	950/	74%	79%	75%	9404	82%	500/	80%	73%	9,400	79%	8300
DID YOUR CHILD WITH DISABILITY HELP MAKE IPP/IFSP			7770		00/0	- 50.70	00%				- 6576		1070	7 370	U-170		30%					00.70
Yes DID YOU GET A COPY OF YOUR CHILD'S IPP/IFSP IN YOUR PREFERRED LANGUAGE	18%	18%	24%	21%	21%	22%	14%	21%	14%	20%	15%	21%	11%	15%	19%	14%	22%	16%	19%	20%	23%	23%
Yes DID YOU DISCUSS HOW TO HANDLE EMERGENCIES (SUCH AS A MEDICAL	93%	94%	94%	95%	91%	94%	90%	91%	90%	89%	96%	94%	96%	88%	93%	94%	83%	91%	94%	95%	95%	90%
EMERGENCY OR A NATURAL DISASTER) AT YOUR CHILD'S LAST IPP/IFSP MEETING Yes	41%	52%	38%	45%	24%	64%	25%	28%	69%	2204	24%	220/	25%	70%	56%	22%	25%	25%	44%	37%	40%	2204
DOES YOUR CHILD HAVE A TRANSITION PLAN		3270		4570	24/0	U476		2070	- 55%	32.70	J-470	3270	2070	70%	30%	3270	35%	33%				35 /6
Yes	66%	58%	70%	61%	72%	76%	55%	66%	70%	66%	74%	69%	54%	71%	71%	64%	74%	65%	69%	70%	70%	64%
DID YOU HELP MAKE THE TRANSITION PLAN Yes	84%	90%	77%	81%	83%	90%	84%	80%	84%	81%	85%	86%	87%	81%	74%	80%	84%	84%	79%	83%	78%	89%
DO YOU FEEL PREPARED TO HANDLE THE NEEDS OF YOUR CHILD IN AN	0470	- 5070	7170	0170	05/6	- 50.70	O+70	00%	0476	0176	0070	00%	0170	0170	7470	00%	0470	0470	1370	0370	70/0	-03/0
EMERGENCY SUCH AS A MEDICAL EMERGENCY OR A NATURAL DISASTER																						
Yes	71%	82%	77%	65%	62%	87%	61%	65%	76%	74%	74%	71%	64%	78%	83%	63%	62%	71%	62%	75%	74%	77%
Individual Question Responses Above 5%		10 out of 36	8 out of 36	2 out of 36	2 out of 36	11 out of 36	9 out of 36	1 out of 36	3 out of 36		2 out of 36		5 out of 36				1 out of 36	0 out of 36	1 out of 36	4 out of 36		2 out of 36
Individual Question Responses Below 5%		1 out of 36	7 out of 36	2 out of 36	6 out of 36	2 out of 36	12 out of 36	4 out of 36	4 out of 36	12 out of 36	3 out of 36	3 out of 36	11 out of 36	2 out of 36	4 out of 36	3 out of 36	15 out of 36	2 out of 36	5 out of 36	1 out of 36	6 out of 36	out of 36

Child Family Survey (CFS) FY 18/19	CA	4606	CVDC	FLADC	FDLDC	- FNDC	CCDC	LIDC	IDC	KDC	NDDC	U A CDC	DCED	DCOC	DCDC	CARC C	CLARC	CDDC	CCDDC	TCDC	VAADC	WDC
NATIONAL CORE INDICATORS	Average	ACRC	CVRC	ELARC	FDLRC	FNRC	GGRC	HRC	IRC	KRC	NBRC 1	NLACRC	RCEB	RCOC	RCRC	SARC S	CLARC	SDRC	SGPRC	TCRC	VMRC	WRC
Access																						
ARE YOU ABLE TO CONTACT YOUR CHILD'S SUPPORT WORKERS WHEN YOU WANT TO																						
Always	47%	54%	52%	43%	46%	47%	41%	48%	48%	36%	43%	49%	43%	48%	49%	40%	37%	47%	43%	51%	51%	51%
Usually Always or Usually	35% 82%	33% 87%	32% 84%	37% 80%	34% 80%	39% 85%	42% 83%	32% 80%	35% 83%	37% 73%	39% 82%	32% 81%	38% 81%	38% 86%	25% 74%	39% 79%	26% 62%	37% 84%	38% 81%	36% 87%	32% 83%	34% 86%
Sometimes*	14%	11%	13%	15%	16%	10%	10%	15%	13%	21%	12%	13%	13%	12%	16%	15%	24%	13%	14%	10%	13%	11%
Seldom/Never*	5% 18%	2% 13%	2% 16%	4% 20%	3% 20%	5% 15%	7% 17%	5% 20%	5% 17%	6% 27%	5% 18%	5% 19%	6% 19%	2% 14%	10% 26%	6% 21%	14%	3% 16%	6% 19%	3% 13%	5% 17%	3% 14%
ARE YOU ABLE TO CONTACT YOUR CHILD'S CASE MANAGER/SERVICE	1070	1070	10%	2070	2070	1070	1170	2070	11 70	2,7,0	1070	1070	1070	1-970	20%	2170	0070	1070	1070	1070	11.0	1470
COORDINATOR WHEN YOU WANT TO	50%	57%	E28/	46%	53%	47%	420/	50%	49%	200/	48%	49%	50%	55%	46%	47%	200/	51%	440/	52%	55%	E40/
Always Usually	33%	32%	52% 32%	32%	30%	36%	42% 38%	31%	34%	34%	33%	30%	33%	34%	46% 26%	34%	38% 28%	34%	44% 37%	33%	31%	54% 32%
Always or Usually Sometimes*	82% 13%	89% 8%	84% 12%	78% 18%	83% 14%	83%	80% 14%	81% 14%	83% 12%	70%	81% 13%	80% 14%	83% 11%	89% 9%	72% 17%	81% 14%	66% 23%	85% 11%	80% 15%	85% 13%	85% 11%	86%
Seldom/Never*	5%	2%	4%	4%	3%	12% 5%	6%	5%	6%	23% 8%	6%	7%	6%	2%	12%	5%	11%	3%	5%	3%	4%	10% 3%
Sometimes or Seldom/Never	18%	11%	16%	22%	17%	17%	20%	19%	17%	30%	19%	20%	17%	11%	28%	19%	34%	15%	20%	15%	15%	14%
DO SUPPORT WORKERS COME AND LEAVE WHEN THEY ARE SUPPOSED TO Always	61%	69%	62%	62%	61%	65%	52%	61%	67%	56%	54%	61%	56%	61%	58%	54%	51%	65%	59%	62%	66%	61%
Usually	30%	26%	29%	29%	29%	25% 90%	37%	27%	26%	33%	37%	30% 91%	35%	32%	29% 87%	35% 90%	32% 83%	28%	32%	29% 91%	27%	31%
Always or Usually Sometimes*	91% 6%	95% 3%	92% 6%	92% 7%	90% 7%	90%	88% 7%	88% 9%	92% 5%	90% 7%	91% 6%	91% 6%	91% 6%	93% 6%	87% 6%	90%	83%	93% 5%	91% 6%	91% 6%	93% 5%	93% 6%
Seldom/Never*	3%	2%	2%	2%	3%	3%	5%	3%	2%	3%	4%	4%	3%	1%	7%	3%	9%	2%	3%	3%	2%	2%
Sometimes or Seldom/Never DO SERVICES AND SUPPORTS CHANGE WHEN YOUR FAMILY'S NEEDS CHANGE	9%	5%	8%	8%	10%	10%	12%	12%	8%	10%	9%	9%	9%	7%	13%	10%	17%	7%	9%	9%	7%	7%
Always	32%	36%	37%	32%	29%	37%	19%	34%	33%	29%	30%	34%	29%	30%	39%	29%	27%	30%	29%	33%	41%	35%
Usually Always or Usually	40% 72%	41% 76%	37% 74%	41% 73%	40% 69%	35% 72%	51% 70%	36% 69%	45% 78%	36% 65%	36% 67%	36% 70%	36% 65%	43% 74%	37% 76%	40% 69%	31% 58%	41% 71%	43% 72%	44% 76%	36% 77%	43% 78%
Sometimes*	19%	15%	17%	23%	20%	16%	22%	17%	15%	21%	25%	21%	23%	16%	16%	21%	22%	20%	19%	15%	17%	16%
Seldom/Never* Sometimes or Seldom/Never	10% 28%	9% 24%	9% 26%	5% 27%	11% 31%	12% 28%	8% 30%	14% 31%	7% 22%	14% 35%	9% 33%	9% 30%	12% 35%	10% 26%	8% 24%	11% 31%	20% 42%	9% 29%	8% 28%	9% 24%	6% 23%	6% 22%
DO SUPPORT WORKERS SPEAK TO YOU IN A WAY THAT YOU UNDERSTAND	20%	2470	2070	2,7,0	0170	20.0	0070	0170	LL /o	00%	5576	0070	0070	2070	2470	0176	4270	2070	20%	2470	20,0	22.70
Always Usually	71%	73% 24%	73% 21%	71%	72%	77% 19%	66%	73% 21%	73%	69% 24%	73% 24%	72%	69% 24%	69%	65% 29%	64% 28%	67% 25%		66% 30%	72% 23%	73% 22%	78% 18%
Always or Usually	24% 95%	24% 97%	21% 95%	23% 94%	23% 95%	19% 96%	27% 94%	94%	21% 94%	92%	96%	22% 94%	94%	25% 95%	29% 93%	92%	25% 91%	96%	96%	23% 96%	95%	18% 96%
Sometimes*	4%	2%	4%	5%	5%	4%	5%	5%	5%	7%	4%	4%	5%	4%	2%	7%	7%	3%	3%	4%	4%	4%
Seldom/Never* Sometimes or Seldom/Never	1% 5%	1% 3%	1% 5%	1% 6%	1% 5%	1% 5%	1% 6%	2% 6%	1% 6%	1% 8%	n/a 4%	2% 6%	1% 6%	1% 5%	5% 7%	1% 8%	2% 9%	0% 4%	1% 4%	0% 4%	0% 5%	n/a 4%
ARE SERVICES DELIVERED IN A WAY THAT IS RESPECTFUL OF YOUR FAMILY'S CULTURE																						
Always Usually	75% 21%	80% 17%	78% 19%	73% 23%	73% 24%	80%	71% 26%	74% 21%	78% 19%	71% 24%	76% 20%	76% 20%	73% 23%	76% 21%	72% 23%	70%	65%	79% 19%	72% 25%	80% 17%	78% 19%	76% 21%
Always or Usually	96%	97%	98%	96%	97%	96%	97%	95%	97%	95%	96%	96%	96%	97%	96%	96%	92%	97%	96%	97%	98%	97%
Sometimes* Seldom/Never*	3% 1%	1% 2%	2% 0%	3% 1%	2% 1%	2% 1%	3% 0%	4% 1%	2% 1%	5% n/a	4% n/a	3% 1%	3% 1%	2% 1%	4% 1%	3% 1%	6% 2%		3% 1%	2% 0%	2% 1%	2% 1%
Sometimes or Seldom/Never	4%	3%	2%	4%	3%	4%	3%	5%	3%	5%	4%	4%	4%	3%	4%	4%	8%	3%	4%	3%	2%	3%
IF YOUR CHILD DOES NOT COMMUNICATE VERBALLY (FOR EXAMPLE, USES GESTURES OR SIGN LANGUAGE, USES COMMUNICATION AID), ARE THERE SUPPORT WORKERS WHO CAN COMMUNICATE WITH HIM/HER																						
Always Usually	27% 33%	15% 32%	32% 34%	19% 48%	35% 35%	n/a n/a	24% 36%	26% 44%	41% 19%	n/a n/a	20% 40%	22% 35%	27% 40%	25% 38%	n/a n/a	16% 31%	41% 14%	25% 32%	38% 29%	33% 33%	36% 32%	n/a n/a
Always or Usually	59%	47%	66%	67%	70%	0%	60%	71%	59%	0%	60%	57%	67%	63%	0%	47%	55%	57%	67%	67%	68%	0%
Sometimes* Seldom/Never*	16% 24%	19% 34%	14% 20%	7% 26%	13% 17%	n/a n/a	13% 27%	12% 18%	8% 32%	n/a n/a	20% 20%	24% 20%	10% 23%	16% 21%	n/a n/a	22% 31%	34% 10%	21% 22%	21% 13%	17% 17%	14% 18%	n/a n/a
Sometimes or Seldom/Never	41%	53%	34%	33%	30%	0%	40%	29%	41%	0%	40%	43%	33%	37%	0%	53%	45%	43%	33%	33%	32%	0%
DO SUPPORT WORKERS HAVE THE RIGHT INFORMATION AND SKILLS TO MEET YOUR FAMILY'S NEEDS																						
Always Usually	43% 40%	49% 39%	46% 40%	43% 41%	43% 40%	44% 37%	29% 49%	45% 38%	44% 41%	39% 43%	42% 39%	46% 39%	38% 39%	43% 42%	38% 48%	37% 43%	41% 33%	45% 39%	40% 42%	39% 46%	53% 35%	46% 39%
Always or Usually	83%	88%	86%	84%	83%	82%	79%	83%	85%	82%	81%	85%	77%	85%	86%	80%	73%	84%	82%	86%	88%	86%
Sometimes* Seldom/Never*	13% 4%	10% 2%	11% 3%	13% 3%	13% 4%	13% 5%	19% 3%	13% 4%	12% 3%	12% 6%	16% 3%	12% 3%	17% 6%	13% 2%	10% 3%	14% 6%	16% 10%	14% 2%	15% 2%	11% 3%	9% 3%	11% 3%
Sometimes or Seldom/Never	17%	12%	14%	16%	17%	18%	21%	17%	15%	18%	19%	15%	23%	15%	14%	20%	27%	16%	18%	14%	12%	14%
DOES YOUR CHILD HAVE THE SPECIAL EQUIPMENT OR ACCOMMODATIONS THAT S/HE NEEDS (FOR EXAMPLE, WHEELCHAIR, RAMP, COMMUNICATION BOARD)?																						
Always	41%	38%	42%	43%	45%	44%	33%	46%	44%	55%	44%	39%	41%	43%	30%	38%	38%		35%	36%	44%	46%
Usually	32% 73%	39% 76%	34% 76%	24% 67%	28% 73%	21% 66%	37% 70%	28% 73%	30% 74%	25% 80%	33% 76%	31% 70%	34% 75%	32% 74%	37% 67%	35% 73%	33% 71%	30% 74%	34% 70%	35% 71%	28% 72%	34% 80%
Always or Usually Sometimes*	73% 14%	76% 15%	14%	12%	73% 11%	19%	19%	12%	12%	14%	17%	14%	16%	13%	21%	15%	12%	15%	14%	18%	15%	13%
Seldom/Never*	12%	9% 24%	10% 24%	20% 33%	16%	16% 34%	10% 30%	15% 27%	14% 26%	6% 20%	6% 24%	16% 30%	10% 25%	12% 26%	12% 33%	12%	17% 29%	11%	16% 30%	12%	13%	7%
Sometimes or Seldom/Never CAN YOUR CHILD SEE HEALTH PROFESSIONALS (FOR EXAMPLE, DOCTOR, DENTIST, PSYCHOLOGIST) WHEN NEEDED	27%	24%	24%	33%	27%	34%	30%	2/%	26%	20%	24%	30%	25%	26%	33%	27%	29%	26%	30%	29%	28%	20%
Always	71%	74%	71%	68%	69%	69%	68%	73%	74%	70%	77%	72%	73%	68%	65%	67%	69%	72%	65%	70%	73%	69%
Usually Always or Usually	23% 93%	21% 94%	22% 93%	24% 91%	24% 93%	25% 93%	27% 95%	21% 94%	21% 95%	22% 92%	18% 95%	21% 93%	22% 94%	26% 94%	27% 91%	25% 92%	22% 91%	22% 94%	26% 92%	22% 92%	20% 94%	25% 94%
Sometimes*	6%	5%	6%	7%	6%	6%	4%	6%	4%	7%	4%	6%	5%	5%	7%	7%	8%	5%	6%	7%	5%	4%
Seldom/Never* Sometimes or Seldom/Never	1% 7%	0% 6%	1% 7%	2% 9%	2% 7%	1% 7%	1% 5%	0% 6%	1% 5%	1% 8%	1% 5%	1% 7%	1% 6%	1% 6%	1% 9%	2% 8%	1% 9%	1% 6%	2%	1% 8%	1% 6%	2% 6%
22		070	0	570	. 70		- 0,0	0,0	0.0	570	0.0	0	0,0	0,0	- 070	- 0,0		0,0	- 270	570	0.0	0,0

Child Family Survey (CFS) FY 18/19 NATIONAL CORE INDICATORS	CA Average	ACRC	CVRC	ELARC	FDLRC	FNRC	GGRC	HRC	IRC	KRC	NBRC	NLACRC	RCEB	RCOC	RCRC	SARC	SCLARC	SDRC	SGPRC	TCRC	VMRC	WRC
DOES YOUR CHILD'S PRIMARY CARE DOCTOR UNDERSTAND HIS/HER NEEDS	Average																					
RELATED TO HIS/HER DISABILITY Always	58%	59%	60%	56%	54%	50%	57%	57%	58%	52%	57%	57%	59%	55%	55%	59%	59%	61%	589	59%	60%	55%
Usually	29%	30%	27%	29%	32%	31%	31%	32%	28%	28%	27%	28%	30%	29%	26%	30%	29%				28%	33%
Always or Usually	87% 11%	89%	87%	85%	86% 11%	81%	88%	89%	85% 11%	80% 15%	85% 13%	85% 11%	89%	85% 13%	81%	89%	89%	88%	849	85%	88%	89%
Sometimes* Seldom/Never*	3%	8% 2%	9% 4%	11% 4%	3%	17% 2%	10% 2%	9% 2%	4%	15%	3%	4%	9% 2%	13%	2%	9% 2%	8% 3%				9% 3%	4%
Sometimes or Seldom/Never	13%	11%	13%	15%	14%	19%	12%	11%	15%	20%	15%	15%	11%	15%	19%	11%	11%	12%	169	15%	12%	11%
CAN YOUR CHILD GO TO THE DENTIST WHEN NEEDED Always	66%	69%	67%	64%	64%	67%	63%	69%	67%	68%	72%	70%	69%	64%	66%	61%	60%	73%	50%	69%	62%	64%
Usually	21%	18%	21%	23%	25%	17%	24%	19%	22%	20%	16%	20%	20%	21%	20%	23%	25%	19%	25%	19%	20%	24%
Always or Usually	87% 7%	87% 8%	88% 8%	87% 8%	89% 5%	84% 7%	87% 6%	88%	88% 7%	88% 8%	88% 7%	90% 6%	89% 7%	85% 9%	86% 8%	84% 8%	86% 10%	92% 5%	849	88%	82%	88% 8%
Sometimes* Seldom/Never*	7% 5%	5%	4%	5%	5%	7% 9%	6%	6% 5%	7% 5%	4%	7% 5%	4%	7% 4%	9% 6%	6%	8%	10%				11% 7%	4%
Sometimes or Seldom/Never	13%	13%	12%	13%	11%	16%	13%	12%	12%	12%	12%	10%	11%	15%	14%	16%	14%	8%	169	12%	18%	12%
DOES YOUR CHILD'S DENTIST UNDERSTAND HIS/HER NEEDS RELATED TO HIS/HER DISABILITY																						
Always	53%	50%	54%	52%	54%	51%	51%	54%	54%	55%	53%	54%	54%	52%	60%	50%	56%				53%	51%
Usually Always or Usually	30% 83%	33% 83%	27% 81%	27% 79%	33% 86%	31% 82%	31% 83%	28% 82%	30% 83%	28% 83%	31% 84%	29% 83%	31% 85%	31% 82%	20% 80%	34% 83%	27% 82%	30% 85%	319 829		27% 80%	36% 87%
Sometimes*	12%	12%	12%	14%	10%	12%	14%	12%	11%	11%	12%	13%	12%	14%	14%	11%	13%	10%	139	11%	15%	11%
Seldom/Never*	5% 17%	5% 17%	6% 19%	7%	4% 14%	6% 18%	3% 17%	6% 18%	5% 17%	6% 17%	4% 16%	5% 17%	4% 15%	4% 18%	5% 20%	5% 17%	5% 18%	4%	69	4% 16%	6% 20%	2%
IF YOUR CHILD TAKES MEDICATIONS, DO YOU KNOW WHAT THEY'RE FOR	1/%	17%	19%	21%	14%	18%	17%	18%	17%	17%	10%	17%	15%	18%	20%	1/%	18%	15%	189	10%	20%	13%
Always	90%	90%	89%	89%	90%	94%	91%	86%	90%	87%	92%	90%	91%	88%	94%	86%	89%	91%	879	92%	90%	87%
Usually	7%	6%	8%	8%	5%	2%	6%	9%	6%	8%	4%	8%	5%	8%	4%	10%	7%				8%	8%
Always or Usually Sometimes*	97% 2%	97% 2%	97% 1%	98% 1%	95% 3%	96% 1%	96% 2%	96% 3%	96% 2%	95% 1%	97% 2%	99% 1%	96% 2%	96% 2%	98% 1%	96% 3%	96%	98%	959	97%	98% 1%	95% 3%
Seldom/Never*	2%	2%	2%	2%	1%	3%	2%	1%	2%	4%	2%	1%	2%	2%	1%	2%	2%	1%	29	2%	1%	2%
Sometimes or Seldom/Never IF YOUR FAMILY MEMBER TAKES MEDICATIONS, DO YOU, YOUR FAMILY	3%	3%	3%	2%	5%	4%	4%	4%	4%	5%	3%	1%	4%	4%	3%	4%	4%	2%	5%	3%	2%	5%
MEMBER OR SOMEONE ELSE IN YOUR FAMILY KNOW WHAT IS NEEDED TO SAFELY TAKE THE MEDICATIONS (WHEN IT SHOULD BE TAKEN, HOW MUCH TO TAKE, POTENTIAL SIDE EFFECTS)																						
Always	87% 10%	90%	89% 8%	86% 10%	89% 9%	97%	88% 10%	84% 13%	90% 7%	92% 8%	90% 8%	87% 11%	88% 10%	83% 14%	92% 8%	82% 15%	85% 12%	89%	859 119	90%	88% 10%	84%
Usually Always or Usually	98%	9%	98%	97%	98%	100%	99%	97%	96%	99%	97%	98%	98%	97%	100%	96%	97%	98%		99%	98%	12% 96%
Sometimes*	2%	1%	2%	1%	1%	n/a	1%	2%	2%	1%	1%	2%	1%	3%		3%	2%	1%	19		1%	3%
Seldom/Never* Sometimes or Seldom/Never	1% 2%	0% 1%	n/a 2%	2% 3%	1%	n/a 0%	0% 1%	2% 3%	1% 4%	n/a 1%	2% 3%	n/a 2%	0% 2%	1%	n/a 0%	1% 4%	1%	1%	29	1%	0% 2%	1%
IF YOUR CHILD USES MENTAL HEALTH SERVICES, DOES THE MENTAL HEALTH PROFESSIONAL (FOR EXAMPLE, PSYCHOLOGIST, PSYCHIATRIST, COUNSELOR) UNDERSTAND YOUR CHILD'S NEEDS RELATED TO HIS/HER DISABILITY																						
Always	52%	53%	56%	54%	48%	48%	44% 39%	52%	53%	53% 24%	56%	56% 27%	50%	46%	52%	43%	62% 25%	53%	529 279	48%	60%	57%
Usually Always or Usually	32% 84%	33% 86%	26% 82%	28% 82%	41% 89%	31% 79%	83%	34% 87%	32% 85%	76%	31% 88%	84%	33% 83%	36% 82%	31% 83%	38% 81%	87%	33%		35% 83%	31% 90%	35% 93%
Sometimes*	11%	10%	11%	12%	6%	10%	13%	9%	11%	18%	9%	11%	14%	13%	13%	14%	7%	9%	149	9%	5%	6%
Seldom/Never* Sometimes or Seldom/Never	5% 16%	4% 14%	7% 18%	5% 18%	5% 11%	10% 21%	5% 17%	4% 13%	4% 15%	5% 24%	4% 12%	5% 16%	3% 17%	5% 18%	4% 17%	5% 19%	13%			17%	5% 10%	1% 7%
IF YOU NEED RESPITE SERVICES, ARE YOU ABLE TO GET/USE THEM																						
Always Usually	48% 28%	42% 29%	47%	58% 23%	46% 28%	46% 25%	37% 32%	46% 28%	57% 29%	40% 30%	38% 26%	52% 25%	43% 26%	40% 37%	29% 26%	49% 27%	58%	48%	509	55%	59% 22%	50% 30%
Always or Usually	28% 76%	72%	70%	81%	75%	71%	69%	74%	85%	70%	64%	25% 76%	69%	77%	55%	76%	81%				81%	79%
Sometimes*	13%	17%	14%	10%	11%	15%	20%	14%	8%	14%	18%	12%	15%	16%	18%	15%	10%	14%	149	10%	10%	11%
Seldom/Never* Sometimes or Seldom/Never	10% 24%	12% 28%	16% 30%	9% 19%	14% 25%	15% 29%	11% 31%	12% 26%	6% 15%	16% 30%	17% 36%	12% 24%	17% 31%	7% 23%	26% 45%	9% 24%	9%				9% 19%	9% 21%
IF YOU HAVE USED RESPITE SERVICES IN THE PAST YEAR, WERE YOU SATISFIED WITH THE QUALITY OF THE RESPITE PROVIDERS Always	62%	61%	67%	70%	57%	69%	67%	56%	62%	60%	61%	65%	58%	48%	56%	60%	71%				71%	72%
Usually	23%	22%	17%	20%	28%	20%	24%	27%	23%	20%	20%	20%	24%	31%	24%	23%	20%	27%	209	20%	15%	14%
Always or Usually Sometimes*	85% 10%	83% 11%	85% 8%	90% 7%	86% 7%	88% 6%	92% 6%	83% 9%	85% 10%	80% 11%	81% 13%	85% 9%	82% 12%	79% 17%	80% 10%	83% 12%	91%	86%	819		86%	86% 10%
Seldom/Never*	5%	6%	7%	3%	7%	5%	2%	8%	5%	9%	13%	6%	12%	5%	10%	5%	5%	4%			5%	4%
Sometimes or Seldom/Never DOES YOUR FAMILY GET THE SUPPORTS IT NEEDS	15%	17%	15%	10%	14%	12%	8%	17%	15%	20%	19%	15%	18%	21%	20%	17%	9%	14%	199	11%	14%	14%
Yes	70%	74%	75%	69%	68%	69%	62%	66%	79%	69%	67%	71%	61%	74%	60%	63%	61%	70%	669	78%	77%	70%
ADDITIONAL SERVICES NEEDED																						
Respite* Regularly scheduled support for child*	40% 36%	42% 31%	43% 36%	32% 39%	43% 44%	43% 31%	43% 51%	39% 44%	38% 40%	39% 34%	48% 28%	41% 37%	43%	38% 29%	33%	40% 35%	38%	38%	359	26%	33% 28%	34%
Homemaker services*	22%	24%	17%	21%	23%	14%	21%	22%	23%	8%	17%	23%	31%	22%	13%	21%	27%	22%	23%	22%	22%	21%
Home and vehicle modifications* Counseling*	15% 38%	11% 32%	17% 28%	18% 39%	16% 42%	9% 26%	23% 30%	13% 49%	18% 36%	13% 42%	16% 36%	9% 42%	14% 41%	18% 30%	13% 40%	17% 36%	8% 44%	15%	179	15%	17% 32%	8% 37%
Family to family networks*	28%	25%	26%	34%	19%	26%	26%	25%	31%	26%	39%	28%	40%	25%	22%	26%	26%	27%		25%	23%	23%
Other*	38%	44%	37%	38%	41%	53%	24%	35%	39%	39%	41%	37%	31%	37%	49%	39%	32%	37%	389	42%	42%	47%
Individual Question Responses Above 5%		9 out of 80	7 out of 80	out of 80	6 out of 80	out of 80	11 out of 80	out of 80	7 out of 80 4	out of 80	7 out of 80	1 out of 80		6 out of 80	7 out of 80	4 out of 80 9	out of 80	1 out of 80	4 out of 80			10 out of 80
Individual Question Responses Below 5%		4 out of 80	4 out of 80	out of 80	2 out of 80	13 out of 80	15 out of 80	out of 80	2 out of 80 1	1 out of 80	10 out of 80	3 out of 80	9 out of 80	4 out of 80	19 out of 80	10 out of 80 2	4 out of 80	1 out of 80	8 out of 80	1 out of 80	3 out of 80	3 out of 80
Choice CAN YOUR FAMILY CHOOSE OR CHANGE THE AGENCY THAT PROVIDES YOUR CHILD'S SERVICES																						

Child Family Survey (CFS) FY 18/19	CA		01/10.0	51.100	50100	5113.0	2020		100	VP 0			2052	2000	2020		201120			T00.0		
NATIONAL CORE INDICATORS	Average	ACRC	CVRC	ELARC	FDLRC	FNRC	GGRC	HRC	IRC	KRC	NBRC	NLACRC	RCEB	RCOC	RCRC	SARC	SCLARC	SDRC	SGPRC	TCRC	VMRC	WRC
Always	45%	47%	53%	44%	40%	48%	35%	45%	48%	54%	37%	51%	38%	36%	50%	399	6 47%	45%	42%	49%	57%	41%
Usually	34%	34%		35%	33%	25%	36% 71%	31%	35%	24%	33% 70%		36% 74%	37%	27% 77%	369 749			32%		32%	39%
Always or Usually Sometimes*	79% 14%	81% 12%	82% 13%	79% 15%	73% 17%	73% 10%	19%	76% 17%	83% 10%	78% 15%	19%	85% 10%	17%	73% 18%	15%	149				85% 11%	89% 5%	80% 13%
Seldom/Never*	7%	7%	5%	6%	10%	16%	10%	7%	7%	7%	11%	5%	8%	9%	8%	119	6 10%	5%	7%	4%	7%	7%
Sometimes or Seldom/Never CAN YOUR FAMILY CHOOSE OR CHANGE YOUR CHILD'S SUPPORT WORKERS	21%	19%	18%	21%	27%	27%	29%	24%	17%	22%	30%	15%	26%	27%	23%	269	6 22%	16%	26%	15%	11%	20%
	44%	400/	500/	40%	37%	400/	200/	47%	48%	540/	44%	49%	200/	050/	51%	409	6 47%	400/	41%	48%	53%	45%
Always Usualiv	33%	48% 33%		35%	37%	48% 26%	35%	33%	48% 35%	51% 25%	31%		38%	36%	20%	299					29%	45% 36%
Always or Usually	77%	82%	81%	75%	73%	75%	68%	80%	83%	76%	75%	83%	69%	71%	71%	689	6 79%	82%	75%	80%	82%	80%
Sometimes*	14% 9%	11% 7%		17% 8%	13% 13%	9%	16%	15% 5%	11% 6%	17% 7%	17% 8%		19% 13%	19% 10%	14%	179 159	6 12% 6 9%				8% 10%	14% 6%
Seldom/Never* Sometimes or Seldom/Never	23%	18%	19%	25%	27%	25%	32%	20%	17%	24%	25%		31%	29%	29%	329	6 21%		25%	20%	18%	20%
DOES YOUR FAMILY DIRECTLY MANAGE SUPPORT WORKERS (FOR EXAMPLE,																						
HIRING AND DECIDING SCHEDULE)	44%	47%	45%	41%	2004	51%	43%	45%	46%	42%	400/	44%	42%	000/	42%	449	6 51%	47%	200/	44%	45%	43%
Always Usually	28%	25%		31%	28%	21%	43% 32%	24%	29%	24%	49% 23%	32%	30%	28%	19%	279					30%	43% 29%
Always or Usually	72%	72%		72%	60%	72%	75%	69%	75%	65%	72%		72%	64%	61%	719			67%	75%	75%	71%
Sometimes Seldom/Never	14% 14%	14%		14% 14%	19% 21%	14% 15%	10% 15%	14% 17%	14% 11%	15% 20%	16% 11%		14% 14%	16% 20%	17% 22%	129 169					10% 14%	12% 17%
Sometimes or Seldom/Never	28%	28%		28%	40%	28%	25%	31%	25%	35%	28%		28%	36%	39%	299			33%		25%	29%
DO SERVICES PROVIDERS FOR YOUR CHILD WORK TOGETHER TO PROVIDE																						
SUPPORT Yes	69%	69%	70%	70%	5004	750/	68%	65%	72%	70%	750/	71%	71%	72%	69%	719	6 500	71%	61%	71%	770	69%
DID YOU, YOUR CHILD, OR SOMEONE ELSE IN YOUR FAMILY CHOOSE YOUR	0376	0370	7076	7070	30 70	7570	00 /0	0570	12.70	7070	1370	7.176	7170	1270	0370	, 17	3370	7 176	0170	7176	1170	0370
CHILD'S CASE MANAGER/SERVICE COORDINATOR	70%	74%	68%	74%	73%	73%	70%	70%	73%	63%	61%	71%	65%	700/	77%	649	65%	66%	73%	71%	73%	76%
No, didn't choose but can change if wanted Yes, chose case manager/service coordinator	13%	14%		74% 15%	11%	10%	70% 8%	15%	73% 14%	12%	15%		11%	72% 12%	5%	129		15%			73% 11%	13%
No, didn't choose and cannot change if wanted*	17%	12%		11%	16%	17%	22%	15%	14%	25%	24%	14%	24%	16%	18%		6 15%	19%	15%		16%	12%
Individual Question Responses Above 5%		1 out of 16	2 out of 16	1 out of 16	2 out of 16 2	out of 16	out of 16	0 out of 16	out of 16	3 out of 16 2	out of 16	2 out of 16	0 out of 16	out of 16	4 out of 16	0 out of 16	2 out of 16	1 out of 16	0 out of 16	0 out of 16	5 out of 16	3 out of 16
Individual Question Responses Below 5%		0 out of 16	1 out of 16	0 out of 16	4 out of 16 5	out of 16	out of 16	0 out of 16	out of 16	4 out of 16 5	out of 16	0 out of 16	5 out of 16 4	out of 16	5 out of 16	4 out of 16	2 out of 16	out of 16	2 out of 16	0 out of 16	0 out of 16	0 out of 16
Community Participation																						
DOES YOUR CHILD PARTICIPATE IN ACTIVITIES IN THE COMMUNITY																						
Yes WHAT MAKES IT HARD FOR YOUR CHILD TO TAKE PART IN COMMUNITY	78%	78%	66%	77%	77%	78%	78%	81%	77%	76%	78%	81%	77%	80%	87%	789	6 70%	81%	74%	84%	75%	81%
ACTIVITIES Lack of transportation*	10%	8%	11%	12%	16%	4%	11%	11%	7%	13%	9%	8%	11%	8%	7%	109	6 16%	9%	14%	7%	10%	11%
Cost*	25%	23%	22%	24%	29%	22%	26%	24%	27%	23%	23%	28%	26%	23%	22%	229	6 25%	25%	26%	22%	24%	29%
Lack of support staff* Stigma*	21% 29%	19% 31%		23% 27%	21% 31%	16% 21%	36%	21% 33%	18% 28%	18% 27%	25% 29%		28% 29%	23% 30%	23% 32%	259 319					11% 28%	19% 26%
Stigma* Other*	31%	35%		25%	28%	49%	29%	33%	31%	28%	36%	28%	31%	37%	36%	319		32%		37%	30%	30%
CHILD SPENDS TIME WITH NON-DD CHILDREN (THIS CAN INCLUDE SIBLINGS)																						
Yes	87%	89%	88%	86%	82%	94%	81%	85%	85%	90%	88%	89%	87%	84%	93%	879	6 85%	90%	83%	90%	86%	87%
HOW OFTEN DOES YOUR CHILD SPEND TIME WITH CHILDREN WHO ARE NOT SIBLINGS AND DO NOT HAVE A DEVELOPMENTAL DISABILITY																						
Often	45%	50%	46%	45%	46%	57%	43%	44%	45%	52%	48%		42%	37%	57%	399	6 41%				48%	51%
Sometimes	35% 80%	33% 82%	37%	35% 80%	36% 81%	28%	33%	36%	35%	34%	34% 81%		36%	38% 75%	27% 84%	339	6 42% 6 84%	33% 82%		36% 81%	37%	34%
Often or Sometimes Seldom*	17%	15%		17%	15%	85% 13%	77% 20%	79% 18%	80% 17%	11%	81% 17%		78% 19%	75% 21%	13%						84% 12%	85% 14%
Never*	3%	2%	2%	3%	4%	1%	4%	3%	3%	3%	2%		3%	4%	3%	49			5%		4%	1%
Seldom or Never IN YOUR COMMUNITY, ARE THERE RESOURCES THAT YOUR FAMILY CAN USE	20%	18%	18%	20%	19%	15%	23%	21%	20%	14%	19%	19%	22%	25%	16%	289	6 16%	18%	24%	19%	16%	15%
THAT ARE NOT PROVIDED BY THE REGIONAL CENTER																						
Yes	80%	84%	75%	81%	81%	81%	78%	86%	82%	79%	80%	81%	79%	79%	80%	749	76%	82%	75%	85%	78%	77%
DOES YOUR FAMILY TAKE PART IN ANY FAMILY-TO-FAMILY NETWORKS IN YOUR COMMUNITY (FOR EXAMPLE, PARENT TO PARENT, SIBLING NETWORKS,																						
ETC.)																						
Yes	23%	22%	18%	25%	22%	17%	32%	26%	18%	19%	28%	23%	28%	25%	26%	32%	20%	23%	19%	19%	21%	26%
Individual Question Responses Above 5%		1 out of 13	0 out of 13			out of 13	out of 13	1 out of 13	out of 13			0 out of 13		out of 13	3 out of 13	1 out of 13	2 out of 13	0 out of 13	1 out of 13		2 out of 13	1 out of 13
Individual Question Responses Below 5% Satisfaction		0 out of 13	3 out of 13	0 out of 13	2 out of 13 3	out of 13	out of 13	0 out of 13 1	out of 13	out of 13 1	out of 13	0 out of 13	1 out of 13	out of 13	2 out of 13	3 out of 13	1 out of 13	0 out of 13	1 out of 13	1 out of 13	0 out of 13	0 out of 13
OVERALL, ARE YOU SATISFIED WITH THE SERVICES AND SUPPORTS YOUR																						
FAMILY CURRENTLY RECIEVES																						
Always Usually	32% 41%	32% 46%	37% 39%	36% 40%	33% 40%	34% 38%	17% 52%	33%	36% 40%	28% 40%	32% 40%		25% 39%	28% 50%	32% 40%	299		32% 43%			42% 38%	33% 42%
Always or Usually	73%	78%		76%	72%	72%	69%	68%	75%	68%	72%		64%	78%	72%			75%			80%	75%
Sometimes*	21%	18%	20%	19%	22%	18%	26%	25%	20%	24%	24%	20%	26%	18%	19%	239	6 28%	20%	24%	15%	16%	20%
Seldom/Never* Sometimes or Seldom/Never	6% 27%	5% 22%		5% 24%	6% 28%	10% 28%	5% 31%	6% 32%	5% 25%	8% 32%	4% 28%		10% 36%	4% 22%	9% 28%	69 299		5% 25%			4% 20%	5% 25%
DO YOU KNOW HOW TO FILE A COMPLAINT OR GRIEVANCE ABOUT PROVIDER	2/76	2270	2-970	2470	2070	20%	3176	J270	25%	J2 70	2070	20%	30%	2270	2070	297	4170	25%	3170	1870	20%	2.570
AGENCIES OR STAFF Yes	43%	52%	46%	54%	38%	50%	34%	47%	45%	44%	38%	43%	33%	45%	59%	35%	6 33%	37%	48%	43%	60%	44%
IF A COMPLAINT OR GRIEVANCE WAS FILED OR RESOLVED IN THE PAST YEAR, ARE YOU SATISFIED WITH THE WAY IT WAS HANDLED AND RESOLVED														,,,								
Yes	56%	70%	49%	59%	54%	68%	33%	60%	58%	66%	47%	53%	50%	59%	38%	449	6 51%	65%	51%	53%	78%	67%
DO YOU KNOW HOW TO REPORT ABUSE OR NEGLECT																						
Yes	65%	74%	69%	73%	63%	76%	55%	63%	71%	72%	64%	63%	54%	62%	77%	59%	59%	62%	64%	68%	73%	64%

NATIONAL CORE INDICATORS AVERAGE AVER	Child Family Common (CEC) FV 4.0 /4.0																						
NATIONAL CORE INDICATORS WEEPER WEEP	Child Family Survey (CFS) FY 18/19	CA	ACRC	CVRC	ELARC	FDLRC	FNRC	GGRC	HRC	IRC	KRC	NBRC	NLACRC	RCEB	RCOC	RCRC	SARC	SCLARC	SDRC	SGPRC	TCRC	VMRC	WRC
PRIADE OF YOUR CRILID 15		Average																					
FOR THE LITT AND ALL ENTER SERVICES NAVE MADE A POSITIVE FFERENCE IN THE LIFE OF YOUR FAMILY VS:	WITHIN THE PAST YEAR, WAS A REPORT OF ABUSE OR NEGLECT FILED ON																						
O'NO METER THAT REGIONAL ENTRY SERVICES HAVE MADE A POSITIVE FERRENCE IN THE LOF O'VOUR FABILITY TO SUPPORT SHAVE MADE A POSITIVE DIFFERNCE IN 10	BEHALF OF YOUR CHILD																						
FERENCE ON THE LIFE OF YOUR FAMILY 15		3%	2%	3%	3%	3%	3%	2%	2%	2%	4%	2%	3%	2%	2%	6%	3%	4%	2%	3%	2%	2%	5%
VOIL OF THAT FAMILY SUPPORTS HAVE MADE A POSITIVE DIFFERENCE IN 10 10 10 10 10 10 10 10 10 10 10 10 10	DO YOU FEEL THAT REGIONAL CENTER SERVICES HAVE MADE A POSITIVE																						1
O'OU RELITANT FAMILY SUPPORTS HAVE MADE A POSITIVE DIFFERENCE IN VEST. 1919. 938. 928. 938. 939. 939. 938. 939. 939. 939. 93	DIFFERENCE IN THE LIFE OF YOUR FAMILY																						
RE LIFE OF YOUR FAMILY YES YES YES YES YES YES YES Y		90%	89%	90%	92%	90%	87%	90%	87%	94%	79%	89%	89%	89%	92%	92%	90%	77%	93%	92%	95%	89%	97%
Yes WE SERVICES AND SUPPORTS REDUCED YOUR FAMILY'S OUT-OF-POCKET PROFESSOR YOUR CHILD'S CARE? Yes 776 776 776 776 777 776 777 776 777 777 777 777 778	DO YOU FEEL THAT FAMILY SUPPORTS HAVE MADE A POSITIVE DIFFERENCE IN																						
NEX SERVICES AND SUPPORTS REDUCED YOUR FAMILY'S OUT-OF-POCKET VES VES VES VES VES VES VES V	THE LIFE OF YOUR FAMILY																						
DEPRISES FOR YOUR CHILD SCARE? 72		91%	93%	92%	92%	93%	90%	91%	86%	93%	86%	91%	91%	90%	95%	88%	91%	80%	93%	90%	96%	91%	94%
Ves																							
20 YOU FEEL THAT REGIONAL CENTER SERVICES HAVE IMPROVED YOUR ABILITY TO CARE FOR YOUR CHILD. YOU OF THE THAT FROM IN SUPPORTS HAVE IMPROVED YOUR ABILITY TO CARE IN YOUR CHILD. YES RYOUR CHILD. YES R	EXPENSES FOR YOUR CHILD'S CARE?																						
RILLY TO CARE FOR YOUR CHILD 80% 80% 80% 80% 80% 80% 80% 80% 80% 80%		72%	77%	67%	72%	72%	71%	80%	62%	72%	66%	74%	71%	71%	77%	72%	78%	51%	73%	74%	82%	72%	73%
Yes																							
D'OU FEEL THAT FAMILY SUPPORTS HAVE IMPROVED YOUR ABILITY TO CARE 10	ABILITY TO CARE FOR YOUR CHILD																						
NOTION CHILD Yes 87% 88% 86% 90% 88% 80% 87% 82% 88% 81% 80% 87% 82% 88% 90% 81% 80% 87% 83% 90% 82% 87% 83% 90% 82% 87% 88% 87% 88% 87% 88% 90% 82% 82% 82% 82% 82% 82% 82% 82% 82% 82		86%	89%	85%	87%	90%	82%	89%	81%	89%	80%	83%	87%	79%	89%	81%	87%	71%	89%	87%	92%	89%	92%
Ves Structs or Supports That Your Child/Family Received 16% 15%																							
NOTE THE SERVICES OR SUPPORTS THAT YOUR CHILD/FAMILY RECEIVED URING THE PAST YEAR BEEN REDUCED, SUSPENDED, OR TERMINATED 18% 15% 17% 27% 19% 21% 10% 16% 16% 20% 21% 22% 20% 21% 21% 17% 17% 17% 20% 18% 16% 16% 16% 20% 21% 22% 20% 21% 21% 17% 17% 17% 17% 20% 18% 16% 16% 16% 20% 21% 21% 10% 16% 16% 20% 21% 21% 17% 17% 17% 20% 18% 16% 16% 20% 21% 21% 10% 16% 16% 20% 21% 21% 17% 17% 17% 20% 18% 16% 16% 20% 21% 21% 10% 16% 16% 20% 21% 21% 17% 17% 17% 20% 18% 16% 16% 20% 21% 21% 10% 16% 16% 20% 21% 21% 10% 16% 16% 20% 21% 21% 10% 16% 16% 20% 21% 21% 10% 16% 16% 20% 21% 21% 10% 10% 16% 16% 20% 21% 21% 10% 10% 16% 16% 20% 21% 10% 20% 16% 16% 20% 21% 21% 10% 20% 16% 16% 20% 21% 21% 10% 20% 16% 16% 20% 21% 21% 10% 20% 16% 16% 20% 21% 21% 10% 20% 10% 20% 21% 21% 21% 21% 21% 21% 21% 21% 21% 21	FOR YOUR CHILD																						
VEST 15% 15% 15% 15% 15% 15% 15% 15% 15% 15%	100	87%	88%	86%	90%	89%	80%	87%	82%	89%	81%	86%	87%	83%	90%	82%	87%	77%	89%	87%	92%	88%	90%
Yes* 18% 18% 18% 18% 18% 18% 18% 18																							
SERVICES OR SUPPORTS HAVE BEEN REDUCED, SUSPENDED OR TERMINATED ITHE PAST YEAR, DID THE REDUCTION, SUSPENSION, OR TERMINATION OF RES SERVICES OR SUPPORTS AFFECT YOUR FAMILY NEGATIVELY Yes* AND THE SERVICES OR SUPPORTS THAT YOUR CHILD RECEIVED BEEN ICREASED IN THE PAST YEAR Yes 20% 20% 22% 25% 27% 22% 28% 20% 22% 25% 27% 22% 28% 20% 20% 20% 20% 20% 20% 20% 20% 20% 20	DURING THE PAST YEAR BEEN REDUCED, SUSPENDED, OR TERMINATED																						
THE PAST YEAR, DID THE REDUCTION, SUSPENSION, OR TERMINATION OF		18%	15%	17%	27%	19%	21%	12%	16%	16%	20%	21%	22%	20%	21%	21%	17%	17%	17%	20%	18%	13%	16%
HESE SERVICES OR SUPPORTS AFFECT YOUR FAMILY NEGATIVELY Yes* 66% 67% 66% 67% 66% 64% 65% 68% 64% 69% 67% 66% 67%																							
Yes* 66% 67% 55% 66% 64% 53% 85% 66% 67% 66% 63% 63% 63% 63% 63% 63% 63% 63% 63																							
AVE THE SERVICES OR SUPPORTS THAT YOUR CHILD RECEIVED BEEN CREASED IN THE PAST YEAR 25% 26% 27% 25% 25% 26% 26% 26% 26% 26% 26% 26% 26% 26% 26	THESE SERVICES OR SUPPORTS AFFECT YOUR FAMILY NEGATIVELY														I								
AVE THE SERVICES OR SUPPORTS THAT YOUR CHILD RECEIVED BEEN CREASED IN THE PAST YEAR 25% 26% 27% 25% 25% 26% 26% 26% 26% 26% 26% 26% 26% 26% 26																							
CREASED IN THE PAST YEAR		66%	67%	55%	68%	64%	53%	83%	69%	67%	69%	61%	56%	64%	72%	77%	80%	78%	66%	63%	62%	63%	63%
Yes RESERVICES AND SUPPORTS HELPING YOUR CHILD TO LIVE A GOOD LIFE 91% 90% 92% 92% 91% 87% 93% 86% 93% 88% 91% 92% 88% 93% 88% 90% 80% 92% 92% 92% 94% 92% 94% 92% 94% 92% 94% 92% 95% 88% 93% 88% 90% 80% 90% 80% 92% 92% 94% 92% 94% 92% 94% 92% 94% 92% 94% 92% 94% 92% 95% 95% 86% 95% 86% 95% 86% 95% 86% 95% 86% 95% 86% 95% 86% 95% 86% 95% 86% 95% 95% 95% 95% 95% 95% 95% 95% 95% 95															I								
RE SERVICES AND SUPPORTS HELPING YOUR CHILD TO LIVE A GOOD LIFE Yes 91% 90% 92% 91% 87% 93% 86% 93% 86% 93% 86% 93% 86% 93% 86% 93% 86% 93% 86% 93% 86% 93% 86% 93% 86% 93% 86% 93% 86% 93% 86% 90% 86% 92% 94% 92% 94% 92% 94% 92% 94% 92% 94% 92% 94% 92% 94% 92% 94% 92% 94% 92% 94% 92% 94% 92% 94% 92% 94% 92% 94% 95% 95% 95% 95% 95% 95% 95% 95% 95% 95		05**	0	05*1		0701	0001	0000	0	0.000	077	0-11	0001	0.000	4	0-01	4000	0.000				0-1	0001
Yes 91% 90% 92% 91% 87% 93% 86% 93% 86% 91% 92% 88% 93% 86% 90% 86% 92% 92% 94% 94% 92% 94% 94% 92% 94% 94% 92% 94% 94% 92% 94% 94% 92% 94% 94% 92% 94% 94% 92% 94% 94% 94% 92% 94% 94% 94% 92% 94% 94% 94% 94% 94% 94% 94% 94% 94% 94		25%	26%	22%	25%	27%	22%	28%	26%	33%	27%	26%	22%	21%	19%	25%	19%	30%	27%	21%	26%	25%	23%
NE REGIONAL CENTER SERVICES MADE A DIFFERENCE IN HELPING KEEP JUR CHILD AT HOME 82% 79% 81% 85% 75% 75% 75% 75% 75% 75% 75% 75% 75% 7																							
DUR CHILD AT HOME Yes 82% 75% 85% 85% 75% 85% 85% 85% 85% 85% 85% 85% 85% 85% 8		91%	90%	92%	92%	91%	87%	93%	86%	93%	89%	91%	92%	88%	93%	88%	90%	80%	92%	92%	94%	92%	94%
Ves 82% 79% 81% 85% 73% 82% 79% 81% 85% 73% 82% 75% 81% 85% 75% 85% 75% 85% 74% 82% 82% 82% 85% 82% 85% 82% 82% 85% 85% 85% 85% 85% 85% 85% 85% 85% 85																							
Individual Question Responses Above 5% Sout of 18 2 out of 18 2 out of 18 2 out of 18 2 out of 18 3 out of 18 0 out of 18 3 out of 18 2 out of 18 2 out of 18 1 out of 18 2 out of 18 1 out of 18 3 out of 18																							
	Yes	82%	79%	81%	87%	85%	73%	82%	78%	87%	75%	81%	85%	75%	85%	74%	82%	68%	84%	78%	82%	82%	85%
	Individual Question Responses Above 5%		5 out of 18	2 out of 18	3 out of 18	0 out of 18	4 out of 18 3	out of 18	0 out of 18	3 out of 18	2 out of 18	1 out of 18	1 out of 18	0 out of 18	2 out of 18	2 out of 18	1 out of 18	1 out of 18	1 out of 18	1 out of 18	7 out of 18	6 out of 18	3 out of 18
	Individual Question Responses Below 5%		0 out of 18	2 out of 18	1 out of 18	1 out of 18	2 out of 18 6	out of 18	6 out of 18	0 out of 18	6 out of 18	2 out of 18	0 out of 18	7 out of 18	2 out of 18	5 out of 18	5 out of 18	14 out of 18	1 out of 18	1 out of 18	0 out of 18	0 out of 18	0 out of 18
marriada questión nespones peter sua	individual Question responses below 5%																			1			