

Enclosure A

IN-PERSON SURVEY (IPS) FY 2022-23 NATIONAL CORE INDICATORS		IPS FY 22 21 CA Average	IPS FY 22 23 CA Average	ACRC	CVRC	ELARC	FNRC	FLDRC	GGRC	HRC	IRC	KRC	NBRC	NLARC	RCRC	RCEB	ROOC	SARC	SDRC	SGPRC	SLARC	TCRC	VMRC	WRC																						
Surveys Completed																								8663	8827	416	413	414	414	416	411	412	525	407	411	407	427	415	441	416	405	400	419	409	434	419
Demographics (BACKGROUND INFORMATION)																																														
Age																																														
Age Range																																														
Sex																																														
Marital Status																																														
Is this person a parent? (Includes adult children)																																														
What is this person's race and ethnicity?																																														
What race and/or ethnicity do you identify as? (Check all that apply)																																														
Type of Residence-ICF																																														
Type of Residence-CF																																														
Type of Residence-Other																																														
Is the person named on the lease, deed, or other legally enforceable rental agreement for their residence?																																														
Is this person diagnosed with an ID?																																														
What health conditions are noted in this person's record? (Check all that apply)																																														
What is this person's preferred language?																																														
What level of support is needed for the person's self-injurious behavior?																																														
What level of support is needed for the person's disruptive behavior?																																														
What level of support is needed for the person's destructive behavior?																																														
Does this person have a legal appointed guardian/conservator?																																														
Does this person have a caregiver/assistant?																																														
What is the funding for supports for this person? (Grayed out for CA)																																														
Does this person currently receive Medicare?																																														
What amount of paid support does this person receive?																																														
Does this person have any remote supports?																																														
Has this person ever been diagnosed or presumed diagnosed with COVID-19?																																														
Has this person ever required in-patient hospitalization due to COVID-19?																																														
COVID-19																																														
Fully Vaccinated:																																														
2 doses of Pfizer-BioNTech given 3-8 weeks apart																																														
1 dose of Johnson & Johnson's Janssen																																														
Partially vaccinated-received one or two doses of Pfizer-BioNTech or Moderna																																														
Not vaccinated at all																																														
Is the person has children under 18, does the child or children live with the person?																																														
Is this person enrolled in school?																																														

Is this person self-employed?		Data not available.																			
In this person's IIPP, is there a goal to create, expand, strengthen and/or maintain friendships and relationships?		Data not available.																			
In this person's IIPP, is there a goal to increase this person's participation in activities in the community?		Data not available.																			
Is this person currently using a self-directed supports option?		Data not available.																			
If yes, who employs this person's support workers?		Data not available.																			
What was the source(s) for the background information? (Check all that apply)		Data not available.																			
END OF DEMOGRAPHICS (BACKGROUND INFORMATION)		Data not available.																			
Employment		Data not available.																			
Do you have a paid job in the community?		Data not available.																			
Average number of bi-weekly hours by type of community job		Data not available.																			
Average hourly wage by type of community job		Data not available.																			
What type of job does this person have?		Data not available.																			
Is community employment a goal in this person's Individual Program Plan (IPP)?		Data not available.																			
Do you want a paid job in the community? (If no job)		Data not available.																			
Do you do any of these activities at least once a week? (Check all that apply)		Data not available.																			
Are you taking classes, training, or skills building to help you get a job or a different job?		Data not available.																			
At your paid job in the community do you work with co-workers who do not have a disability?		Data not available.																			
Are there staff at your job who speak your preferred language?		Data not available.																			
Do you use any special technology to help you do your job? These are things like specialized technology for communication, mobility, or vision or alerts to help you do tasks at work.		Data not available.																			
Individual Question Responses 5% or Above		Data not available.																			
Individual Question Responses 5% or Below		Data not available.																			
Community Inclusion and Belonging		Data not available.																			
Do you do the things you like to do outside your home as much as you want to?		Data not available.																			
Do you do the things you like to do with people you want?		Data not available.																			
Do you feel like you can yourself when you are with the people in the groups, organizations, or communities the person takes part in?		Data not available.																			
Do you get help to learn new things?		Data not available.																			
Individual Question Responses 5% or Above		Data not available.																			
Individual Question Responses 5% or Below		Data not available.																			
Community Participation		Data not available.																			
How many times did you go shopping in the past month?		Data not available.																			
How many times did you go out on errands in the past month?		Data not available.																			
How many times did you go out to entertainment in the past month?		Data not available.																			
How many times did you go out to a restaurant or coffee shop in the past month?		Data not available.																			
How many times did you go out to religious service or spiritual practice in the past month?		Data not available.																			
If you participate in religious or spiritual practice (either in person or online), did you choose the religious service or spiritual practice?		Data not available.																			
Do you participate as a member of community groups in your community?		Data not available.																			
Are there people who do not have disabilities who are also members of the groups, organizations, or communities the person takes part in?		Data not available.																			
Sometimes people need help with things like getting dressed, taking a shower, brushing their teeth. Do you ever need help with these?		Data not available.																			
Do you want to learn to do more of these things (like getting dressed, taking a shower, or brushing your teeth) for yourself or on your own?		Data not available.																			
Individual Question Responses 5% or Above		Data not available.																			
Individual Question Responses 5% or Below		Data not available.																			
Choice and Decision-Making		Data not available.																			
Who chose the place where you live?		Data not available.																			
Did you choose the people you live with?		Data not available.																			
Who decides your daily schedule?		Data not available.																			
Who decides how you spend your free time?		Data not available.																			
Do you have enough choice about what to do in your free time?		Data not available.																			
Who chose (or picked) the place you work?		Data not available.																			
Who chose (or picked) your day program or work program?		Data not available.																			
Are there staff at your day program or work program who speak your preferred language?		Data not available.																			

Don't know		No data	1%	0%	1%	1%	1%	1%	0%	1%	1%	1%	0%	0%	1%	0%	0%	0%	0%	1%	0%	
Who chose or picked, the other request activities things like volunteering, getting staff support to be in the community, or taking classes you do?		N/A	8%	5%	4%	8%	5%	7%	10%	13%	10%	4%	8%	11%	4%	12%	6%	12%	9%	7%	6%	12%
Someone else made the choice		N/A	23%	26%	31%	31%	27%	34%	20%	20%	17%	23%	27%	21%	37%	20%	23%	29%	17%	17%	21%	12%
Person made the choice		N/A	42%	42%	33%	34%	42%	29%	47%	48%	46%	27%	27%	44%	39%	44%	44%	42%	44%	44%	44%	49%
Person had help making the choice		N/A	15%	17%	15%	14%	14%	14%	14%	14%	13%	14%	14%	14%	14%	14%	14%	14%	14%	14%	14%	14%
Not applicable		N/A	52%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%
Don't know		N/A	15%	0%	3%	1%	1%	1%	1%	1%	1%	1%	1%	1%	0%	1%	0%	1%	1%	2%	2%	0%
Do you choose what you buy with your spending money?		N/A	1%	0%	0%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Someone else chooses		N/A	3%	2%	2%	2%	11%	8%	7%	13%	11%	9%	7%	11%	13%	7%	9%	10%	8%	9%	9%	10%
Person makes the choice		N/A	49%	50%	48%	49%	49%	50%	49%	50%	49%	49%	50%	49%	49%	50%	49%	50%	50%	49%	50%	50%
Person has help choosing what to buy or has set limits		N/A	39%	37%	43%	46%	49%	49%	37%	27%	28%	31%	24%	28%	31%	27%	34%	37%	34%	34%	34%	39%
Not applicable		N/A	39%	42%	46%	46%	46%	46%	46%	46%	46%	46%	46%	46%	46%	46%	46%	46%	46%	46%	46%	46%
Don't know		N/A	1%	1%	1%	0%	0%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Do you have to ask for permission to get your spending money to buy things?		N/A	37%	39%	38%	44%	42%	38%	38%	40%	40%	40%	40%	40%	39%	40%	36%	36%	37%	35%	34%	39%
Yes, someone keeps my money and I ask for it when I need it		N/A	46%	52%	47%	48%	49%	50%	51%	49%	50%	46%	44%	46%	46%	46%	46%	46%	46%	46%	46%	46%
Yes, I have to explain how am going to spend my money before they give it to me		N/A	7%	3%	4%	3%	4%	3%	3%	7%	7%	10%	9%	8%	10%	4%	9%	9%	9%	9%	7%	9%
Not applicable		N/A	7%	4%	4%	3%	2%	13%	2%	13%	2%	9%	11%	7%	6%	3%	3%	3%	3%	3%	3%	3%
Don't know		N/A	3%	2%	2%	2%	2%	3%	3%	4%	3%	3%	3%	1%	5%	4%	3%	1%	2%	3%	1%	2%
Do you choose or pick your staff?		N/A	28%	25%	27%	26%	23%	28%	26%	28%	28%	26%	28%	26%	27%	26%	26%	26%	26%	26%	26%	26%
Someone else chooses		N/A	35%	29%	35%	37%	25%	22%	38%	28%	35%	36%	31%	34%	31%	34%	31%	26%	32%	32%	31%	19%
Person chooses staff		N/A	14%	10%	8%	12%	12%	10%	7%	10%	8%	8%	13%	15%	13%	14%	8%	6%	8%	9%	10%	11%
Staff are assigned but can be changed if requested by person		N/A	51%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%
Not applicable		N/A	29%	28%	25%	25%	21%	24%	18%	22%	18%	24%	21%	27%	27%	16%	25%	23%	30%	28%	14%	31%
Don't know		N/A	2%	4%	4%	10%	2%	2%	2%	2%	1%	2%	1%	2%	2%	2%	2%	2%	2%	1%	2%	3%
Can you change your case manager/service coordinator if you want to?		N/A	2%	4%	4%	10%	2%	2%	2%	2%	1%	2%	1%	2%	2%	2%	2%	2%	2%	1%	2%	3%
No		N/A	14%	13%	10%	4%	22%	9%	10%	18%	9%	12%	13%	14%	10%	8%	18%	14%	12%	9%	13%	20%
Yes		N/A	88%	85%	88%	81%	66%	71%	62%	88%	72%	88%	85%	88%	88%	88%	85%	85%	85%	88%	71%	61%
Not applicable		N/A	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Don't know		N/A	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Individual Question Responses 5% or Above																						
Individual Question Responses 5% or Below																						
Relationships																						
Do you have friends that you like to talk to or do things with?																						
No, does not have friends																						
Yes, has friends who are not staff or family																						
Yes, all friends are staff or family or cannot determine																						
Not applicable																						
Don't know																						
Do you have a best friend or someone you are really close to?																						
No, does not have a best friend																						
Yes, has a best friend																						
Not applicable																						
Don't know																						
Do you want more help to meet new people, make new friends or keep in contact with your friends?																						
No																						
Yes																						
Not applicable																						
Don't know																						
Can you meet up with your friends when you want to?																						
Yes, always																						
Sometimes																						
Not applicable																						
Don't know																						
Do you use other ways of talking, chatting or communicating with your friends when you do not see in person?																						
No																						
Yes																						
Not applicable																						
Don't know																						
Can you see another talk to family who do not live with you when you want to? (or those not living with family)																						
No																						
Yes																						
Not applicable																						
Don't know																						
Do you ever feel lonely?																						
No																						
Yes																						
Not applicable																						
Don't know																						
Can you go on a date if you want to?																						
No, cannot go on a date																						
Yes, can go on date without restrictions or rules or is married																						
Yes, but there are some restrictions or rules about dating																						
Not applicable																						
Don't know																						
Individual Question Responses 5% or Above																						
Individual Question Responses 5% or Below																						
Satisfaction																						
Do you like your home or where you live?																						
No																						
Yes																						
Not applicable																						
Don't know																						
Would you like to live somewhere else?																						
No																						
Yes																						
Not applicable																						
Don't know																						
When are you at home, do you have enough things you like to do?																						
No																						
Yes																						
Not applicable																						
Don't know																						
Do you like working at your job?																						
No																						
Yes																						
Not applicable																						
Don't know																						
Would you like to go shopping more, less, or the same amount as now?																						
More																						
Less																						
The same amount as now																						
Not applicable																						
Don't know																						
Would you like to go out to entertainment more, less, or the same amount as now?																						
More																						
Less																						
The same amount as now																						
Not applicable																						
Don't know																						
Would you like to go out to a restaurant or coffee shop more, less, or the same amount as now?																						
More																						
Less																						
The same amount as now																						
Not applicable																						
Don't know																						
Would you like to go out to a religious service or spiritual practice more, less, or the same amount as now?																						
More																						
Less																						
The same amount as now																						
Not applicable																						
Don't know																						
Do you want to be a part of more groups in your community?																						
Yes																						
No																						
Not applicable																						
Don't know																						
Do you like how you usually spend your time during the day?																						
No																						
Yes																						
Not applicable																						
Don't know																						
Do you like talking to health care providers via telehealth?																						
No																						
Yes																						
Not applicable																						
Don't know																						
Do you like getting those other services using videoconference?																						
No																						
Yes																						
Not applicable																						
Don't know																						
Do you like talking to your case manager/service coordinator using videoconference?																						
No																						
Yes																						
Not applicable																						
Don't know																						
Individual Question Responses 5% or Above																						
Individual Question Responses 5% or Below																						
Self-Direction																						
Is this person currently using a self-directed supports option?																						
No																						
Yes																						
Not applicable																						
Don't know																						
Who makes decisions about the services that are self-directed? Things like what services you use, hiring or firing staff, scheduling services.																						
Do you have enough help deciding how to direct your services? Things like making decisions about how and when you get services?																						
Can you make changes to the services and supports you self-direct if you need to?																						
Are the services and supports you want to self-direct always available?																						
Do you have the amount of control you want with the services you self-direct?																						
Do you get information about your budget and services from your financial management service (FMS)?																						
Is the information you get from the FMS easy to understand?																						
How often do you get the information about your budget and services from FMS?																						
Do you need help with any of these parts of self-direction?																						
Individual Question Responses 5% or Above																						
Individual Question Responses 5% or Below																						
Service Coordination																						
Have you met or spoken with your case manager/service coordinator?																						
No																						
Maybe																						
Yes																						
Not applicable																						
Don't know																						
Does your case manager/service coordinator know what is important to you?																						
No																						
Maybe																						
Yes																						
Not applicable																						
Don't know																						
Do you talk with your case manager/service coordinator when you want to?																						
No																						
Yes																						
Not applicable																						
Don't know																						
What is the best way for you to receive information from the regional center?																						
Phone landline																						
Phone cell/phone																						
Text Message																						
Email																						
Information posted on the regional center website																						
Facebook post																						
Instagram post																						
Twitter post																						
WhatsApp message																						
Text chat																						
Other																						
Have your case manager/service coordinator trained you to use technology that might help you in your everyday life to do more things on your own?																						
No																						
Yes																						
Not applicable																						
Don't know																						
Were you at the last IPP meeting?																						
No																						
Yes																						
Not applicable																						
Don't know																						
At your IPP meeting, did you think what was talked about?																						
No																						
Yes																						
Not applicable																						
Don't know																						

