

NATIONAL CORE INDICATORS (NCI)

20-21 In Person Survey



Demographics

Demographics	17-18 Survey	CA Average	FNRC
AGE			
Mean	41	40.57	43.09
AGE RANGE			
18 thru 22	9%	10%	5%
23 thru 34	33%	34%	33%
35 thru 54	34%	33%	34%
55 thru 74	21%	20%	25%
75 and above	2%	2%	3%
GENDER			
Male	59%	60%	59%
Female	41%	40%	41%
Other	0%	0%	0%
MARITAL STATUS			
Single, never married	95%	97%	89%
Married	3%	2%	5%
Single, married in the past	2%	1%	5%
Don't know	0%	0%	0%
RACE			
American Indian or Alaska Native	0%	1%	2%
Asian	7%	9%	2%
Black or African American	11%	11%	2%
Pacific Islander	0%	0%	0%
White	47%	44%	85%
Hispanic/Latino	31%	32%	8%
Other race not listed	2%	2%	1%
Two or more races	2%	0%	0%
RESIDENTIAL DESIGNATION			
Metropolitan	95%	90%	60%
Micropolitan	4%	8%	27%
Rural	1%	1%	3%
Small town	0%	1%	10%



Demographics

TYPE OF RESIDENCE--ICF	17-18 Survey	Ca average	FNRC
ICF/IID, 4-6 residents with disabilities	7%	6%	9%
ICF/IID, 7-15 residents with disabilities	0%	0%	0%
ICF/IID, 16 or more residents with disabilities	1%	1%	0%
Nursing facility	1%	0%	0%
Other specialized institutional facility	0%	2%	4%
TYPE OF RESIDENCE--CCF			
Group living setting, 2-3 residents with disabilities	1%	1%	2%
Group living setting, 4-6 residents with disabilities	24%	23%	25%
Group living setting, 7-15 residents with disabilities	2%	1%	1%
TYPE OF RESIDENCE--OTHER			
Lives in own home or apartment; may be owned or rented, or may be sharing with roommate(s) or spouse-- ILS/SLS	17%	13%	26%
Parent/relative's home (may include paid services to family for residential supports)	45%	51%	33%
Foster care or host home (2 or more people with a disability live with a person or family who furnishes services)	1%	1%	0%
Foster care or host home (1 person with a disability lives with a person or family who furnishes services)	0%	0%	0%
Don't know	0%	0%	0%
LENGTH AT CURRENT RESIDENCE			
Less than 1 year	8%	9%	11%
1-3 years	16%	15%	22%
4-5 years	10%	10%	13%
Over 5 years	66%	66%	54%
Don't know	0%	0%	0%



Demographics

RESIDENCE IS PROVIDER OWNED/CONTROLLED.	17-18 Survey	Ca average	FNRC
Yes	31%	40%	54%
No, person owns, rents or is living with family or friends	68%	60%	46%
Don't know	1%	0%	0%
PERSON IS ON LEASE/DEED/AGREEMENT²			
Yes, named on a lease or deed	17%	8%	N/A
Yes, named on other legally enforceable rental agreement	2%	2%	N/A
No	79%	87%	N/A
Don't know	2%	3%	N/A
OWNS HOME²			
Yes	2%	2%	N/A
No	98%	97%	N/A
Don't know	0%	1%	N/A
HAD ID DIAGNOSIS			
Yes	85%	79%	75%
No	14%	21%	24%
Don't know	0%	0%	0%
LEVEL OF ID			
Mild ID	47%	46%	54%
Moderate ID	25%	26%	25%
Severe ID	14%	13%	13%
Profound ID	9%	9%	5%
	4%	6%	3%
Unspecified Level of ID (Individual has been diagnosed with ID, but level of ID is unknown)			
ID diagnosis unknown	1%	0%	0%



Demographics

PREFERRED COMMUNICATION	17-18 Survey	Ca Average	FNRC
Spoken	72%	67%	70%
Gestures/body language	26%	32%	28%
Sign language or finger spelling	1%	0%	1%
Communication aid/device	0%	0%	0%
Other	1%	1%	0%
Don't know	0%	0%	0%
PREFERRED LANGUAGE			
English	82%	80%	96%
Spanish	15%	17%	4%
Mandarin	0%	0%	0%
Tagalog	1%	1%	0%
Vietnamese	1%	1%	0%
Korean	0%	0%	0%
Arabic	0%	0%	0%
Armenian	1%	0%	0%
Farsi	0%	0%	0%
Hmong	0%	0%	0%
Khmer	0%	0%	0%
Laos	0%	0%	0%
Russian	0%	0%	0%
ASL	0%	0%	0%
Other	1%	0%	0%
MOBILITY			
Moves self around environment without aids	77%	75%	71%
Moves self around environment with aids or uses wheelchair independently	12%	12%	18%
Non-ambulatory, always needs assistance	11%	12%	11%
Don't know	0%	0%	0%



Demographics

SUPPORT NEED FOR SELF-INJURIOUS BEHAVIOR	17-18 Survey	Ca Average	FNRC
No support needed	80%	79%	79%
Some support needed	16%	19%	20%
Extensive support needed	3%	2%	1%
Don't know	0%	0%	0%
SUPPORT NEED FOR DISRUPTIVE BEHAVIOR			
No support needed	55%	49%	36%
Some support needed	31%	31%	39%
Extensive support needed	14%	20%	25%
Don't know	0%	0%	0%
SUPPORT NEED FOR DESTRUCTIVE BEHAVIOR			
No support needed	72%	69%	68%
Some support needed	22%	25%	26%
Extensive support needed	6%	6%	6%
Don't know	0%	0%	0%
GUARDIAN/CONSERVATORSHIP			
No, person does not have a guardian/conservator	79%	82%	64%
Yes, limited guardianship	21%	18%	35%
Yes, Full guardianship	0%	0%	1%
Yes, unable to distinguish between limited or full guardianship	0%	0%	0%
Don't know	0%	0%	0%
GUARDIAN/CONSERVATOR RELATIONSHIP TO PERSON²			
Family	88%	88%	N/A
Public guardian/public administrator	4%	4%	N/A
Non-profit guardianship agency	1%	1%	N/A
For-profit guardianship agency	0%	1%	N/A
Don't know	4%	6%	N/A
WHAT AMOUNT OF PAID SUPPORT DOES THIS PERSON RECEIVE AT HOME?²			
24-hour on-site support or supervision		45%	N/A
Daily on-site support		14%	N/A



Access

Access	17-18 Survey.	Ca Average.	FNRC
Do you have a way to get places you need to go?			
No, almost never*		2%	1%
Yes, almost always	91%	92%	94%
Sometimes*		6%	5%
Are you able to get places when you want to do something outside your home, like going out to see friends, entertainment, or to do something fun?			
No, almost never*		4%	3%
Yes, almost always	82%	84%	83%
Sometimes*		12%	14%
Do you feel that your staff have the right training to meet your needs?			
No*		3%	3%
Yes	87%	91%	93%
Maybe, not sure*		6%	4%
ADDITIONAL SERVICES NEEDED*			
Service coordination/case management*	0%	5%	5%
Respite/family support*	1%	11%	8%
Transportation*	4%	13%	14%
Assistance finding, maintaining, or changing jobs*	6%	16%	10%
Day services other than employment*	6%	11%	8%
Education or training*	9%	16%	12%
Health care coordination*	5%	8%	6%
Dental care coordination*	7%	11%	10%
Assistance finding, maintaining or changing housing*	5%	8%	7%
Residential support services*	5%	5%	4%
Social/relationship issues, meeting people*	8%	15%	10%
Communication technology*	4%	7%	7%
Environmental adaptations*	3%	4%	4%
Benefits/insurance info*	6%	10%	8%
Other*	8%	12%	12%
Does not need any additional services		47%	52%



Friends and Family

Friends and Family.	17-18 Survey	Ca Average .	FNRC
Do you have friends that you like to talk to or do things with?			
No, does not have friends*			14%
Yes	73%	74%	79%
Yes, all friends are staff or family or cannot determine		11%	8%
Do you have a best friend or someone you are really close to?			
No, does not have a best friend*			31%
Yes, has a best friend	67%	69%	75%
Do you want more help to make or keep in contact with your friends?			
No			61%
Yes*	39%	33%	23%
Maybe*		7%	9%
Can you see your friends when you want to?			
No, often unable to see friends*			16%
Yes	80%	64%	66%
Sometimes can't see friends*		19%	22%
If no or sometimes, why can't you see your friends when you want to?			
Lack of Transportation*	36%	12%	13%
Lack of Support Staff*	6%	2%	0%
Rules or Restrictions About Seeing Friends*	13%	7%	10%
Money or Cost of Going Out*	11%	1%	4%
Difficult to Find Time to Get Together*	35%	17%	22%
Other*	19%	70%	73%
Do you have other ways of communicating with your friends when you cannot see them?			
No*			7%
Yes	83%	89%	83%
Sometimes*		4%	6%
Can you go on a date if you want to?			
No*			19%
Yes, can date or is married or living with partner	75%	70%	74%
Yes, but there are some restrictions or rules about dating*		11%	14%
Do you ever feel lonely?			
No, not often			55%
Yes, often*	11%	13%	15%
Sometimes*		32%	37%
Can you see and/or communicate with your family when you want to?			
No*			7%
Yes, sees family whenever wants, or chooses not to see family	81%	82%	82%
Sometimes*		11%	11%



Rights and Respect

Rights and Respect	17-18 Survey	Ca Average	FNRC
Do people let you know before they come into your home?			
No*		3%	2%
Yes	92%	92%	92%
Sometimes*		5%	6%
Do people let you know before they come into your bedroom?			
No*		8%	5%
Yes	83%	83%	86%
Sometimes*		9%	9%
Do you have a place to be alone in your home? (Can you have time to yourself?)			
No*		5%	3%
Yes	94%	92%	97%
Do people read your mail or email without asking you first?			
No		93%	96%
Yes*	9%	7%	4%
Can you be alone with friends or visitors at your home?			
No*		18%	12%
Yes	84%	82%	88%
Are there rules about having friends or visitors in your home?			
No		55%	68%
Yes, there are rules against having friends or visitors in your home*	31%	45%	32%
Can you use the phone or internet when you want to?			
No*		5%	7%
Yes	91%	95%	93%
Do your staff treat you with respect?			
No*		0%	0%
Yes	94%	96%	95%
Sometimes or some staff*		4%	5%
Do you have a cell phone or smart phone?			
No*		27%	35%
Yes		73%	65%
If no, do you want a cell phone or smart phone?			
No		51%	66%
Yes*		49%	34%
If you do not have a cell phone or smart phone but you would like one, why don't you have one??			
Costs too much*		37%	50%
It's not allowed*		6%	4%
I had one but lost it or it broke*		17%	12%
Other*		46%	42%



Rights and Respect

Do you have a key to your home?	17-18	Ca average	FNRC
No*		49%	47%
Yes	42%	51%	53%
Maybe, not sure*		0%	0%
If you don't have a key to your home, do you want a key to your home?			
No		73%	79%
Yes*		18%	14%
Maybe, not sure*		9%	7%
Can you lock your bedroom if you want to?			
No*		50%	42%
Yes	39%	48%	56%
Maybe, not sure*		2%	2%
Have you voted? (In a local, state or federal election)			
No*		67%	60%
Yes	28%	31%	38%
Had the opportunity to register to vote, but chose not to*		2%	2%
Have you ever participated in a self-advocacy group meeting, conference, or event?			
No*		79%	71%
Yes	18%	19%	25%
Had the opportunity but chose not to participate*		2%	3%
When people in your house go somewhere, do you have to go too, or can you stay at home if you want to? (If not currently living alone)			
No, always has to go*		41%	46%
Yes, can stay at home		45%	39%
Sometimes can stay at home; sometimes has to go*		15%	15%



Wellness

Wellness.	17-18.	Ca Average.	FNRC
Does this person use nicotine or tobacco products?			
No		96%	93%
Yes*	5%	4%	7%
BMI CATEGORY*			
Underweight*	5%	6%	5%
Healthy	33%	33%	29%
Overweight*	29%	28%	30%
Obese*	33%	33%	36%
How many times per week do you do physical activity or exercise that makes the muscles in your arms, legs, back, and/or chest work hard – like lifting weights, pushups, sit-ups, manual labor, physical therapy, etc.?			
None*		70%	70%
One or two times		10%	9%
Three or four times	31%	7%	8%
Five or more times		12%	14%



Medication

Medication .	17-18	Ca Average	FNRC
Takes at least one medication for behavior challenge or mood disorder			
No meds		68%	66%
At least one kind*	40%	32%	34%
Takes medication for behavior challenges			
No meds for behavior challenges		94%	92%
Takes meds for behavior challenges*	17%	6%	8%
Number of medications for behavior challenges²			
1-2 medications*	71%	60%	N/A
3-4 medications*	22%	36%	N/A
5-10 medications*	6%	4%	N/A
Takes medication for mood, anxiety, or psychotic disorder			
No meds for mood, anxiety, psychotic		70%	68%
Takes meds for mood, anxiety, psychotic*	36%	30%	32%
Number of medications for mood disorders, anxiety, and/or psychotic disorders²			
1-2 medications*	62%	58%	N/A
3-4 medications*	26%	34%	N/A
5-10 medications*	10%	7%	N/A



Health

Health	17-18	Ca Average	FNRC
Does this person have a primary care doctor?			
No*		4%	5%
Yes	97%	96%	95%
When was his/her last complete annual physical exam?			
In the past year	85%	65%	73%
One year ago or more*		35%	27%
When was his/her last dentist visit?			
Within the last six months		39%	37%
Within the past year	80%	22%	22%
One year ago or more*		39%	41%
When was the last time this person had an eye examination/vision screening?			
Within past year	52%	39%	46%
Within past 2 years*		30%	28%
Within past 3 years*		10%	9%
Within past 5 years*		4%	4%
5 or more years ago*		9%	8%
Has never had a vision screening*		8%	5%
When was the last time this person had a hearing test?			
Within past 5 years	50%	47%	45%
5 years ago or more*		30%	35%
Has never had a hearing test*		23%	20%
During the past 12 months, has this person had a flu vaccination?			
No*		31%	33%
Yes	69%	69%	67%



Health

If female, when was her last Pap test screening? (A Pap test is used to check women for cancer of the cervix.) Check ONE. Will be reported for females age 21 and over	17-18	Ca average	FNRC
Within the past year (anytime less than 12 months ago)	48%	18%	22%
Within the past 2 years (more than 1 year ago but less than 2 years ago)		18%	16%
Within the past 3 years (more than 2 years ago but less than 3 years ago)*		7%	7%
Within the past 5 years (more than 3 years ago but less than 5 years ago)*		4%	5%
5 or more years ago*		8%	14%
Has never had a Pap test*		44%	36%
If female, when was her last mammogram? (reported for females 40 and over)			
Within past year	69%	35%	42%
Within past 2 years		23%	11%
Within past 3 years*		7%	8%
Within past 5 years*		4%	8%
5 or more years ago*		5%	6%
Has never had a mammogram*		26%	25%
Has this person received screening for colorectal cancer?			
Colonoscopy within the past 10 years	31%	29%	37%
Flexible sigmoidoscopy within the past 5 years	2%	2%	2%
Fecal Occult Blood Test (FOBT)	9%	18%	19%
Has never had screening for colorectal cancer or screening was more than 10 years ago*	32%	35%	41%
Don't know*		19%	8%
Overall, how would you describe this person's health?			
Excellent		22%	23%
Very Good		50%	48%
Fairly Good		26%	26%
Poor*	2%	2%	3%



Community Participation

Community Participation	17-18	Ca Average.	FNRC
How many times did you go shopping in the past month?			
0 times*			39%
1-2 times			20%
3-4 times	89%		20%
5 or more times			22%
How many times did you go out on errands in the past month?			
0 times*			37%
1-2 times			37%
3-4 times	81%		15%
5 or more times			11%
How many times did you go out to entertainment in the past month?			
0 times*			70%
1-2 times			16%
3-4 times	72%		8%
5 or more times			6%
How many times did you go out to eat in the past month?			
0 times*			53%
1-2 times			21%
3-4 times	85%		14%
5 or more times			12%
How many times did you go out to religious service or spiritual practice in the past month?			
0 times*			76%
1-2 times			7%
3-4 times	37%		11%
5 or more times			6%
In the past year, did you go on vacation?			
No*			76%
Yes	43%		24%
Do you participate as a member of community groups in your community?			
No*			81%
Yes	21%		19%
Are you able to go out and do the things you like to do?			
No*			11%
Yes	82%		70%
In between*			19%
Do you get to do the things you like to do as much as you want to?			
No*			27%
Yes	82%		73%
When you are at home, do you have enough things you like to do?			
Not enough*			4%
Yes	84%		87%
In the middle*			9%
Do you get help to learn new things?			
No*			20%
Yes			74%
Maybe*			6%



Employment and Day Program

Employment and Day Program	17-18	Ca Average	FNRC
Is community employment a goal in this person's service plan?²			
No*		65%	N/A
Yes	29%	35%	N/A
Do you go to a day program or sheltered workshop (program or center where other people with disabilities work/spend their days)?			
No*		58%	64%
Yes	54%	42%	36%
Do you take classes, training or do something to help you get a job, a better job or do better at the job you have now?			
No*		75%	85%
Yes	20%	25%	15%
Do you volunteer?			
No*		74%	78%
Yes	27%	26%	22%



Safety

Safety			
	17-18	Ca Average	FNRC
Are there places where you feel afraid or scared?*			
Home*	19%	2%	2%
Day program*		1%	1%
Work*		1%	0%
Walking in your neighborhood*		7%	7%
In transport*		3%	2%
Other*		13%	14%
If you ever feel afraid, is there someone you can talk to?			
No*		4%	4%
Yes	93%	93%	93%
Maybe, not sure*		3%	3%



Satisfaction

Satisfaction	17-18	Ca Average	FNRC
Do you like where you live?			
No*		3%	3%
Yes	89%	92%	88%
In between*		5%	9%
What don't you like about where you live?²			
Accessibility*		4%	0%
Feels unsafe in neighborhood*		10%	6%
Home needs repairs or upkeep*		7%	3%
It doesn't feel like home*		8%	9%
Problems with roommates*		7%	11%
Problems with staff*		5%	6%
Wants to be closer to family and/or friends*		7%	9%
Wants more independence*		17%	17%
Would you like to live somewhere else?			
No		62%	62%
Yes*	26%	28%	25%
In between*		11%	13%
Satisfied with amount of time spent at day program or sheltered workshop?			
I do not want to spend any time there*	3%	2%	1%
I would like to spend more time there	18%	37%	45%
I am happy with the amount of time I spend there	68%	54%	48%
I would like to spend less time there*	11%	8%	6%
Are services and supports helping you to live a good life?			
No*		2%	2%
Yes	87%	91%	94%
In between*		7%	4%



Satisfaction

	17-18	Ca Average	FNRC
Think about how often you went shopping in the past month. Would you like to go shopping....?			
More		51%	41%
Less*		5%	4%
The same amount as now		43%	55%
Do you want to be a part of more groups in your community?			
No*		58%	66%
Yes		42%	34%
Would you like to go out for entertainment more, less, or the same amount as now?			
More		68%	62%
Less*		2%	1%
The same amount as now		29%	37%
Would you like to go out to a restaurant or coffee shop more, less, or the same amount as now?			
More		65%	54%
Less*		3%	2%
The same amount as now		32%	44%
Would you like to go out to a religious service or spiritual practice more, less, or the same amount as now?			
More		32%	24%
Less*		3%	1%
The same amount as now		64%	75%



Choice

Choice			
Who chose the place where you live?			
Someone else chose*		54%	43%
Person made the choice	51%	21%	31%
Person had some input		25%	26%
Did you choose the people you live with?			
Someone else chose*		64%	60%
Person made the choice	37%	22%	30%
Person had some input		14%	10%
Do you choose (or pick) your staff?			
Someone else chose*		35%	30%
Person chose staff	59%	14%	15%
Staff are assigned but can be changed if requested by person		51%	56%
Who decides your daily schedule?			
Someone else chose*		14%	10%
Person made the choice	82%	53%	59%
Person had some input		33%	31%
Do you have enough choice about your daily schedule?			
No*		6%	5%
Yes		94%	95%
Who decides how you spend your free time?			
Someone else chose*		8%	6%
Person made the choice	89%	68%	74%
Person had some input		24%	20%
Do you have enough choice about what to do in your free time?			
No*		5%	4%
Yes	89%	95%	96%
Do you choose what you buy with your spending money?			
Someone else chose*		13%	11%
Person made the choice	82%	48%	52%
Person has help choosing what to buy or has set limits		39%	37%
Can you choose/change case manager/service coordinator (CM/SC)?			
No*		14%	10%
Yes	90%	86%	90%



Service Coordinator

Service Coordinator			
Have you met your case manager/service coordinator (CM/SC)?			
No*		7%	9%
Yes	93%	89%	87%
Maybe*		3%	3%
Does your CM/SC ask what you want?			
No*		6%	6%
Yes	84%	86%	87%
Sometimes*		8%	8%
Did you take part in your last service planning meeting?			
No*		5%	4%
Yes	99%	94%	96%
Had option but chose not to		0%	0%
At the service planning meeting, did you know what was being talked about?			
No*		8%	7%
Yes	84%	78%	76%
In-between*		14%	17%
Did the service planning meeting include the people you wanted to be there?			
No*		4%	4%
Yes	93%	93%	92%
In-between*		3%	4%
Were you able to choose the services that you get as part of your service plan?			
No*		7%	5%
Yes	76%	76%	78%
Had some input		17%	17%



Service Coordinator

Are you able to contact your CM/SC when you want to?			
No*		8%	5%
Yes	84%	85%	87%
Sometimes*		7%	8%
Do your staff come and leave when they're supposed to?			
No*		2%	2%
Yes	93%	92%	91%
Maybe, not sure*		6%	8%
At your service planning meeting, did you talk about learning new things?			
No*		12%	16%
Yes		78%	75%
In-between*		9%	9%
Do you remember what is in your service plan?			
No*		31%	35%
Yes		46%	39%
Maybe*		23%	25%
Does your service plan include things that are important to you?			
No*		1%	1%
Yes		89%	92%
Maybe*		10%	7%
If you want to change something about your services, do you know whom to ask?			
No*		14%	10%
Yes		77%	81%
Maybe*		9%	9%



California Questions

CA Questions			
Are there staff (or a family member) at your home where you live who speak your preferred language?			
No*		7%	6%
Yes	92%	92%	92%
Sometimes*		1%	2%
Are there staff at your day program or work program who speak your preferred language?			
No*		1%	1%
Yes	96%	96%	97%
Sometimes*		2%	2%
If volunteers, do you volunteer at your day or work program?			
No*		46%	54%
Yes		54%	46%
Do you have access to the technology you need to engage in activities?			
Yes, I have internet		85%	81%
Yes, I have a smart phone		61%	55%
Yes, I have a computer/tablet/other electronic device		68%	64%
No, I do not have a computer/tablet/other electronic device*		8%	11%
What is the best way for you to receive information from the regional center?			
Phone landline		30%	35%
Phone call (cell phone)		50%	50%
Text Message		18%	16%
Email		35%	27%
Information posted on the regional center website		1%	1%
Facebook post		1%	0%
Instagram post		0%	0%
Twitter post		0%	0%
WhatsApp message		0%	0%
Direct mail		39%	46%
Other		11%	16%
Do your staff support you in a way that is respectful to your culture?			
No*		1%	1%
Yes	96%	97%	95%
Sometimes or some staff*		2%	3%
language?			
No*		9%	5%
Yes	92%	91%	95%
If you participate in religious or spiritual practice (either in person or online), did you choose the religious service or spiritual practice?			
No*		23%	18%
Yes		77%	82%



COVID

COVID Questions			
Have you heard of COVID-19?			
No*		4%	4%
Yes		94%	95%
Maybe*		1%	1%
During COVID time, did any of these happen?			
Moved or changed where live		4%	8%
Changes in in-home supports		12%	16%
Stopped going to in-person day program workshop or other unpaid day/community activity*		58%	49%
Went fewer hours to day program, workshop or other unpaid day/community activity*		18%	18%
Stopped working at paid community job*		11%	14%
Worked fewer hours at paid community job*		4%	5%
See family/friends (who don't live with person) less often or stop seeing in person*		69%	64%
Go into community less often or stop going*		87%	83%
Stop going to school in person*		12%	5%
Other (Note: Interpret this response with caution since the response was a fill in the blank.)		15%	14%
None of the above		2%	5%
During COVID time, have there been any changes that you liked?			
I liked talking with friends and family more		28%	28%
I started a new activity that I liked or did activities I enjoy more often		18%	20%
The amount of support I get changed, and I like it		5%	5%
I liked staying home more		35%	33%
I liked the new service(s) I started getting		5%	3%
I liked using technology more		37%	38%
Other		38%	32%
Since COVID time started, have you been more worried, scared, anxious or sad than before?			
No, I haven't felt more worried, scared or sad than before		60%	58%
Yes, I've felt more worried, scared or sad than before*		40%	42%
Do you want help to feel less worried, scared, anxious or sad?			
No I don't want help, or don't want more help than I am already getting		77%	79%
Yes, I want help and do not currently get any help*		12%	11%
Yes, I currently get some help but I want more help*		11%	10%
Is there a computer, tablet (iPad or similar) or smartphone that you can use in your home?			
No*		7%	10%
Yes		91%	88%
Sometimes*		2%	3%



COVID

How does your internet work at home?			
The internet rarely or never works, the connection is bad, or I do not have internet in my home*		1%	3%
The internet always works and the connection is good		81%	79%
The internet sometimes works and the connection is sometimes good*		17%	18%
Since COVID time started, have you talked to your friends and family as much as you want?			
No*		17%	19%
Yes		65%	66%
Some friends and family as much as I want, some not enough*		18%	15%
Since COVID time started, have you talked to your case manager/service coordinator enough?			
No*		18%	17%
Yes		76%	77%
Sometimes, there are times I wanted to talk more*		7%	6%
Have you ever talked to your case manager/service coordinator using video conference or telehealth like Skype, Zoom or FaceTime?			
No*		51%	57%
Yes		49%	43%
Think about talking to your case manager/service coordinator with video conference or telehealth. Did you like it?			
No*		9%	9%
Yes		71%	65%
In-between*		20%	26%
Have you ever talked to any health professionals using video conference/telehealth like Skype, Zoom or FaceTime?			
No*		53%	55%
Yes		47%	45%
Think about talking to health professionals with video conference or telehealth. Did you like it?			
No*		12%	10%
Yes		64%	59%
In-between*		24%	30%
Since the start of COVID time, did you do any of the following services using video conference technology like Skype, Zoom or FaceTime?			
Job coaching, job skills, other employment related activity		12%	7%
Social groups organized by day program		49%	30%
Exercise or physical activity		27%	15%
Life skills (cooking, other self-care)		20%	18%
Other		33%	49%



COVID

If you did any services over video conference or telehealth, did you like doing services over video conference or telehealth?			
No*		19%	27%
Yes		59%	45%
In-between*		21%	28%
Do you need more help or reminders to wash your hands regularly during the day?			
I don't need more help/reminders to do this		51%	51%
I need more help/reminders to do this*		49%	49%
Do you need more help or reminders to wear a mask when you go outside or to places where other people are?			
I don't need more help/reminders to do this		54%	56%
I need more help/reminders to do this*		46%	44%
Is there always a clean mask for you to use when you want or need one?			
No*		1%	2%
Yes always		98%	97%
Sometimes*		1%	1%
Do you need more help or reminders to stay far enough away from people when you're out in the community so germs don't spread?			
I don't need more help/reminders to do this		50%	54%
I need more help/reminders to do this*		50%	46%
Since COVID time started, have your staff used personal protective equipment (PPE)?			
No, no staff, never*		6%	4%
Yes, all staff always		87%	85%
Some staff or sometimes*		4%	6%
They used to, but don't anymore*		3%	5%
Since COVID time started, have there been times when you didn't have the help you needed?			
No*		87%	87%
Yes, often*		6%	7%
Yes, sometimes*		7%	7%
Did you get to choose your new daily schedule?			
Person made the choice		42%	42%
Person had help making the choice		32%	29%
Someone else chose*		26%	30%

