# NCI Adult Family Survey State Outcomes

North Carolina Report

## 2015-16 Data





## **Table of Contents**

| What is NCI?   | 1  |
|--|----|
| What is the NCI Adult Family Survey?   | 1  |
| How were people selected to participate?   | 2  |
| Limitations of the data  | 3  |
| What is contained in this report?  | 3  |
| What is contained in this report? 3   Results: Demographics of Family Member 4   GRAPH 1. MORE THAN ONE PERSON LIVING IN THE HOME HAS ID/DD 5   GRAPH 2. FAMILY MEMBER'S AGE 5   GRAPH 3. FAMILY MEMBER'S GENDER 5   GRAPH 4. FAMILY MEMBER'S RACE AND ETHNICITY 5   GRAPH 5. FAMILY MEMBER'S DISABILITIES 6   GRAPH 6. FAMILY MEMBER'S DISABILITIES (CONTINUED) 6 |    |
| GRAPH 1. MORE THAN ONE PERSON LIVING IN THE HOME HAS ID/DD   | 5  |
| GRAPH 2. FAMILY MEMBER'S AGE   | 5  |
| GRAPH 3. FAMILY MEMBER'S GENDER  | 5  |
| GRAPH 4. FAMILY MEMBER'S RACE AND ETHNICITY  | 5  |
| GRAPH 5. FAMILY MEMBER'S DISABILITIES  | 6  |
| GRAPH 6. FAMILY MEMBER'S DISABILITIES (CONTINUED)  | 6  |
| GRAPH 7. FAMILY MEMBER'S HEALTH CONDITIONS   | 6  |
| GRAPH 8. FAMILY MEMBER'S HEALTH CONDITIONS (CONTINUED  |    |
| GRAPH 9. FAMILY MEMBER'S PREFERRED MEANS OF COMMUNICATION  | 7  |
| GRAPH 10. LEVEL OF GUARDIANSHIP OR CONSERVATORSHIP OF FAMILY MEMBER  | 7  |
| GRAPH 11. GUARDIAN OR CONSERVATOR RELATIONSHIP TO FAMILY MEMBER  | 7  |
| GRAPH 12. FAMILY MEMBER'S HIGHEST LEVEL OF EDUCATION   | 7  |
| GRAPH 13. FAMILY MEMBER'S TYPICAL DAY ACTIVITIES – PAID INDIVIDUAL JOB   |    |
| GRAPH 14. FAMILY MEMBER'S TYPICAL DAY ACTIVITIES – PAID SMALL GROUP JOB  |    |
| GRAPH 15. FAMILY MEMBER'S TYPICAL DAY ACTIVITIES – PAID FACILITY-BASED ACTIVITY  |    |
| GRAPH 16. FAMILY MEMBER'S TYPICAL DAY ACTIVITIES – UNPAID ACTIVITY IN THE COMMUNITY  |    |
| GRAPH 17. FAMILY MEMBER'S TYPICAL DAY ACTIVITIES – UNPAID ACTIVITY IN A FACILITY BASED SETTING   | 9  |
| GRAPH 18. FAMILY MEMBER'S TYPICAL DAY ACTIVITIES – SCHOOL  | 9  |
| GRAPH 19. FAMILY MEMBER'S TYPICAL DAY ACTIVITIES – STAYS AT HOME   | 9  |
| GRAPH 20. FAMILY MEMBER'S TYPICAL DAY ACTIVITIES – OTHER   | 9  |
| GRAPH 21. FAMILY MEMBER'S SUPPORT NEEDS FOR SELF-INJURIOUS, DISRUPTIVE, AND/OR DESTRUCTIVE BEHAVIORS   | 10 |

|   | National Core Indicators™                  |
|---|--|
| GRAPH 22. FAMILY MEMBER'S LEVEL OF HELP NEEDED WITH PERSONAL CARE ACTIVITIES  |  |
| GRAPH 23. FAMILY MEMBER'S NEED FOR HELP WITH OTHER DAILY ACTIVITIES   |  |
| esults: Demographics of Respondent  |  |
| GRAPH 24. RESPONDENT'S AGE  |  |
| GRAPH 25. RESPONDENT'S HEALTH   |  |
| GRAPH 26. RESPONDENT'S RELATIONSHIP TO FAMILY MEMBER  |  |
| GRAPH 27. RESPONDENT OR OTHER FAMILY MEMBER PROVIDES PAID SUPPORT TO FAMILY MEMBER                                    |  |
| GRAPH 28. NUMBER OF ADULTS IN HOUSEHOLD (NOT INCLUDING FAMILY MEMBER RECEIVING SERVICES)                              |  |
| GRAPH 29. NUMBER OF CHILDREN (YOUNGER THAN AGE 18) IN HOUSEHOLD   |  |
| GRAPH 30. RESPONDENT'S HIGHEST LEVEL OF EDUCATION   |  |
| GRAPH 31. TOTAL TAXABLE INCOME OF WAGE EARNERS IN THE HOUSEHOLD IN PAST YEAR  |  |
| GRAPH 32. RESIDENTIAL DESIGNATION (URBAN/SUBURBAN OR RURAL)   |  |
| ervices and Supports Received   |  |
| GRAPH 33. SERVICES AND SUPPORTS RECEIVED FROM IDD AGENCY  |  |
| GRAPH 34. ADDITIONAL SERVICES AND SUPPORTS RECEIVED (NOT FROM THE IDD AGENCY)   |  |
| nformation and Planning   |  |
| GRAPH 35. DO YOU GET ENOUGH INFORMATION TO HELP YOU PARTICIPATE IN PLANNING SERVICES FOR YOUR FAMILY                  | Y?18                                       |
| GRAPH 36. IS THE INFORMATION YOU RECEIVE EASY TO UNDERSTAND?  |  |
| GRAPH 37. DOES THE CASE MANAGER/SERVICE COORDINATOR RESPECT YOUR FAMILY'S CHOICES AND OPINIONS?                       |  |
| GRAPH 38. DO YOU GET ENOUGH INFORMATION ABOUT OTHER PUBLIC SERVICES FOR WHICH YOUR FAMILY IS ELIGIBL                  | .E?  |
| GRAPH 39. DO YOU NEED HELP PLANNING FOR YOUR FAMILY MEMBER'S FUTURE WITH RESPECT TO ANY OF THE FOLL                   | .0WING?19                                  |
| GRAPH 40. DO YOU NEED HELP PLANNING FOR YOUR FAMILY MEMBER'S FUTURE WITH RESPECT TO ANY OF THE FOLL                   | OWING? (CONTINUED)19                       |
| GRAPH 41. IF YOU ASKED FOR CRISIS OR EMERGENCY SERVICES DURING THE PAST YEAR, WERE SERVICES PROVIDED V                | VHEN NEEDED?19                             |
| GRAPH 42. DOES YOUR FAMILY MEMBER HAVE A SERVICE PLAN?  |  |
| GRAPH 43. DOES THE PLAN INCLUDE ALL THE SERVICES AND SUPPORTS YOUR FAMILY MEMBER NEEDS?                               |  |
| GRAPH 44. DOES YOUR FAMILY MEMBER RECEIVE ALL THE SERVICES LISTED IN THE PLAN?  |  |
| GRAPH 45. DID YOU OR ANOTHER FAMILY MEMBER HELP DEVELOP THE PLAN?   |  |
| GRAPH 46. DID YOUR FAMILY MEMBER HELP DEVELOP THE PLAN?   |  |
| GRAPH 47. DID YOU DISCUSS HOW TO HANDLE EMERGENCIES (SUCH AS A MEDICAL EMERGENCY OR A NATURAL DISAS PLANNING MEETING? |  |
| GRAPH 48. DO YOU FEEL PREPARED TO HANDLE THE NEEDS OF YOUR FAMILY MEMBER IN AN EMERGENCY SUCH AS A                    | MEDICAL EMERGENCY OR A NATURAL DISASTER?21 |

|     | National Core Indicat<br>GRAPH 49. IF YOUR FAMILY MEMBER TRANSITIONED OUT OF SCHOOL SERVICES DURING THE PAST YEAR, DID HE/SHE HAVE A TRANSITION PLAN?  |    |
|-----|--|----|
|     | GRAPH 50. DOES YOUR FAMILY MEMBER HAVE ENOUGH SUPPORTS (FOR EXAMPLE, SUPPORT WORKERS, COMMUNITY RESOURCES) TO WORK OR VOLUNTEER IN THE COMMUNITY?  |    |
| Acc | ess and Delivery   | 22 |
|     | GRAPH 51. ARE YOU OR YOUR FAMILY MEMBER ABLE TO CONTACT YOUR FAMILY MEMBER'S SUPPORT WORKERS WHEN YOU WANT TO?   | 23 |
|     | GRAPH 52. ARE YOU OR YOUR FAMILY MEMBER ABLE TO CONTACT HIS/HER CASE MANAGER/SERVICE COORDINATOR WHEN YOU WANT TO?   | 23 |
|     | GRAPH 53. DO SUPPORT WORKERS COME AND LEAVE WHEN THEY ARE SUPPOSED TO?   | 23 |
|     | GRAPH 54. DO SERVICES AND SUPPORTS CHANGE WHEN YOUR FAMILY'S NEEDS CHANGE?   | 23 |
|     | GRAPH 55. DO SUPPORT WORKERS SPEAK TO YOU IN A WAY THAT YOU UNDERSTAND?  | 24 |
|     | GRAPH 56. ARE SERVICES DELIVERED IN A WAY THAT IS RESPECTFUL OF YOUR FAMILY'S CULTURE?   | 24 |
|     | GRAPH 57. IF YOUR FAMILY MEMBER DOES NOT COMMUNICATE VERBALLY (FOR EXAMPLE, USES GESTURES OR SIGN LANGUAGE), ARE THERE SUPPORT WORKERS WHO<br>COMMUNICATE WITH HIM/HER?  |    |
|     | GRAPH 58. DO SUPPORT WORKERS HAVE THE RIGHT INFORMATION AND SKILLS TO MEET YOUR FAMILY'S NEEDS?  | 24 |
|     | GRAPH 59. DOES YOUR FAMILY MEMBER HAVE ACCESS TO THE SPECIAL EQUIPMENT OR ACCOMMODATIONS THAT S/HE NEEDS (FOR EXAMPLE, WHEELCHAIR, RAMP, COMMUNICATION BOARD)?   | 25 |
|     | GRAPH 60. CAN YOUR FAMILY MEMBER SEE HEALTH PROFESSIONALS WHEN NEEDED (FOR EXAMPLE, DOCTOR, DENTIST, PSYCHOLOGIST)?  | 25 |
|     | GRAPH 61. DOES YOUR FAMILY MEMBER'S PRIMARY CARE DOCTOR UNDERSTAND YOUR FAMILY MEMBER'S NEEDS RELATED TO HIS/HER DISABILITY?   | 25 |
|     | GRAPH 62. DO YOU HAVE ACCESS TO DENTAL SERVICES FOR YOUR FAMILY MEMBER?  | 25 |
|     | GRAPH 63. DOES YOUR FAMILY MEMBER'S DENTIST UNDERSTAND YOUR FAMILY MEMBER'S NEEDS RELATED TO HIS/HER DISABILITY?   | 26 |
|     | GRAPH 64. IF YOUR FAMILY MEMBER TAKES MEDICATIONS, DO YOU KNOW WHAT THEY'RE FOR?   | 26 |
|     | GRAPH 65. IF YOUR FAMILY MEMBER TAKES MEDICATIONS, DO YOU, YOUR FAMILY MEMBER OR SOMEONE ELSE IN YOUR FAMILY KNOW WHAT IS NEEDED TO SAFELY T<br>THE MEDICATIONS (WHEN IT SHOULD BE TAKEN, HOW MUCH TO TAKE, POTENTIAL SIDE EFFECTS)? |    |
|     | GRAPH 66. IF YOUR FAMILY MEMBER USES MENTAL HEALTH SERVICES, DOES THE MENTAL HEALTH PROFESSIONAL (FOR EXAMPLE, PSYCHOLOGIST, PSYCHIATRIST, COUNSELOR) UNDERSTAND YOUR FAMILY MEMBER'S NEEDS RELATED TO HIS/HER DISABILITY?           | 26 |
|     | GRAPH 67. IF YOU NEED RESPITE SERVICES, DO YOU HAVE ACCESS TO THEM?  | 27 |
|     | GRAPH 68. ARE YOU SATISFIED WITH THE QUALITY OF THE RESPITE SERVICES?  | 27 |
|     | GRAPH 69. DOES YOUR FAMILY GET THE SUPPORT NEEDED?   | 27 |
|     | GRAPH 70. WHAT ADDITIONAL SERVICES ARE NEEDED?   | 27 |
| Cho | bice, Decision Making and Control  | 28 |
|     | GRAPH 71. CAN YOUR FAMILY CHOOSE OR CHANGE THE AGENCY THAT PROVIDES YOUR FAMILY MEMBER'S SERVICES?   | 29 |
|     | GRAPH 72. CAN YOUR FAMILY CHOOSE OR CHANGE YOUR FAMILY MEMBER'S SUPPORT WORKERS?   | 29 |
|     | GRAPH 73. DOES YOUR FAMILY DIRECTLY MANAGE SUPPORT WORKERS (FOR EXAMPLE, HIRING AND DECIDING SCHEDULE)?  | 29 |
|     | GRAPH 74. DO SERVICE PROVIDERS FOR YOUR FAMILY MEMBER WORK TOGETHER TO PROVIDE SUPPORT?  | 29 |

| National Core Indicators™  |
|--|
| GRAPH 75. DID YOU, YOUR FAMILY MEMBER, OR SOMEONE ELSE IN YOUR FAMILY CHOOSE YOUR FAMILY MEMBER'S CASE MANAGER/SERVICE COORDINATOR?  |
| nvolvement in the Community  |
| GRAPH 76. DOES YOUR FAMILY MEMBER TAKE PART IN ACTIVITIES IN THE COMMUNITY (FOR EXAMPLE, GOING OUT TO A RESTAURANT, MOVIE, OR SPORTING EVENT)?32   |
| GRAPH 77. DOES YOUR FAMILY MEMBER HAVE FRIENDS OTHER THAN PAID SUPPORT WORKERS OR FAMILY?  |
| GRAPH 78. IN YOUR COMMUNITY, ARE THERE RESOURCES THAT YOUR FAMILY CAN USE THAT ARE NOT PROVIDED BY THE I/DD AGENCY?  |
| GRAPH 79. DOES YOUR FAMILY TAKE PART IN ANY FAMILY-TO-FAMILY NETWORKS IN YOUR COMMUNITY?   |
| Satisfaction   |
| GRAPH 80. OVERALL, ARE YOU SATISFIED WITH THE SERVICES AND SUPPORTS YOUR FAMILY MEMBER CURRENTLY RECEIVES?   |
| GRAPH 81. DO YOU KNOW HOW TO FILE A COMPLAINT OR GRIEVANCE ABOUT PROVIDER AGENCIES OR STAFF?   |
| GRAPH 82. IF A COMPLAINT OR GRIEVANCE WAS FILED OR RESOLVED IN THE PAST YEAR, ARE YOU SATISFIED WITH THE WAY IT WAS HANDLED AND RESOLVED?  |
| GRAPH 83. DO YOU KNOW HOW TO REPORT ABUSE OR NEGLECT RELATED TO YOUR FAMILY MEMBER?  |
| GRAPH 84. WITHIN THE PAST YEAR, WAS A REPORT OF ABUSE OR NEGLECT FILED ON BEHALF OF YOUR FAMILY MEMBER?  |
| Outcomes   |
| GRAPH 85. DO YOU FEEL THAT SERVICES AND SUPPORTS HAVE MADE A POSITIVE DIFFERENCE IN THE LIFE OF YOUR FAMILY?   |
| GRAPH 86. DO YOU FEEL THAT SERVICES AND SUPPORTS HAVE REDUCED YOUR FAMILY'S OUT-OF-POCKET EXPENSES FOR YOUR FAMILY MEMBER'S CARE?  |
| GRAPH 87. HAVE THE SERVICES OR SUPPORTS THAT YOU OR YOUR FAMILY MEMBER RECEIVED DURING THE PAST YEAR BEEN REDUCED, SUSPENDED, OR TERMINATED?37   |
| GRAPH 88. IF SERVICES OR SUPPORTS RECEIVED BY THE FAMILY WERE REDUCED, SUSPENDED OR TERMINATED DURING THE PAST YEAR, DID THE REDUCTION,<br>SUSPENSION, OR TERMINATION OF THESE SERVICES OR SUPPORTS AFFECT YOUR FAMILY OR YOUR FAMILY MEMBER NEGATIVELY? |
| GRAPH 89. HAVE THE SERVICES OR SUPPORTS THAT YOUR FAMILY MEMBER RECEIVED BEEN INCREASED IN THE PAST YEAR?  |
| GRAPH 90. ARE SERVICES AND SUPPORTS HELPING YOUR FAMILY MEMBER TO LIVE A GOOD LIFE?  |

## What is NCI?

The National Core Indicators (NCI) program is a voluntary effort by state developmental disability agencies to track their performance using a standardized set of consumer and family/guardian surveys with nationally validated measures. The effort is coordinated by the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and the Human Services Research Institute (HSRI).

NCI has developed more than 100 standard performance measures (or 'indicators') that states use to assess the outcomes of services for individuals and families, including outcomes in the areas of employment, rights, service planning, community inclusion, choice, health, and safety. In 2015-16 a total of 45 states, the District of Columbia and 22 sub-state entities were participating in NCI.

## What is the NCI Adult Family Survey?

The NCI Adult Family Survey is used to gather data on family outcomes. It is mailed to families who have an adult family member who lives in the family home and receives services from the state DD agency. The survey collects demographic information on both the individual receiving services and the person who fills out the survey (the 'respondent') as well as information on services and supports received. The survey is continually refined and tested to ensure that it is valid and reliable.

In 2015-16, a total of 5,716 Adult Family Surveys were completed across 15 states<sup>1</sup>. The survey contained six groupings of questions ("sub-domains") that probe specific areas of quality service provision: information and planning, access and delivery of services, choice and control, community connections, satisfaction, and outcomes (see Table 1 on the following page). Respondents also had the option of writing open-ended comments concerning their family's participation in the service system.

<sup>&</sup>lt;sup>1</sup> States that conducted the Adult Family Survey in 2015-16 were: AK, AZ, DC, FL, GA, HI, LA, MD, MS, NC, NH, OK, PA, VA, and WA.

#### Table 1. NCI Family Survey - Sub-Domains and Concern Statements

| Sub-Domain                        | Concern Statement  |
|-----------------------------------|--|
| Information and Planning          | Families/family members with disabilities have the information and support necessary to plan for their services and supports.                      |
| Access & Support Delivery         | Families/family members with disabilities get the services and supports they need.   |
| Choice, Decision Making & Control | Families/family members with disabilities determine the services<br>and supports they receive and the individuals or agencies who<br>provide them. |
| Involvement in the Community      | Family members with disabilities use integrated community services and participate in everyday community activities.                               |
| Satisfaction                      | Families/family members with disabilities receive adequate and satisfactory supports.  |
| Outcomes                          | Individual and family supports make a positive difference in the lives of families.  |

## How were people selected to participate?

States were asked to administer the survey to a random sample of at least 1,200 families, all of whom have an adult family member with a developmental disability who lives in the family home and receives at least one direct service or support other than service coordination.

All states mailed out a paper survey to families selected in their sample. A sample size of 1,200 was recommended with the expectation of a 40% return rate or greater (yielding 400 or more usable responses per state). However, most states decided to sample more than 1,000 families, expecting a lower response rate than 40%. A final sample size of 400 would guarantee a +/- 5% margin of error and a 95% confidence level when interpreting the results. Both the confidence level and margin of error used are widely accepted standards for reviewing results, regardless of population size. States with fewer than 1,000 potential respondent families were instructed to send

surveys to all eligible families. With response rates lower than expected, we included in our national reports those states that submitted fewer than 400 surveys up to a margin of error of no greater than +/- 7%.

### Limitations of the data

The NCI Adult Family Survey is a tool for assessing system-wide performance. It is not intended to be used to monitor individuals or providers. The NCI Statewide Average should not be interpreted as defining or providing a benchmark for "acceptable" levels of performance or satisfaction. Instead, it describes average levels of performance or satisfaction across the State; it is up to public managers, policy-makers, and other stakeholders to use the data to determine programmatic and policy-related priorities.

## What is contained in this report?

This report illustrates the 2015-16 NCI Adult Family Survey demographic and outcome results from North Carolina compared to the NCI Average (the average of all 15 state averages). All results are shown in chart form. States with fewer than 20 responses to a question were excluded from analysis for that question. The number of responses for each question by state and across NCI states are included in each chart. All state and national data results for this survey can be found online at

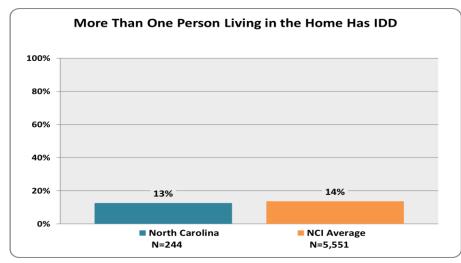
http://www.nationalcoreindicators.org/resources/reports/.

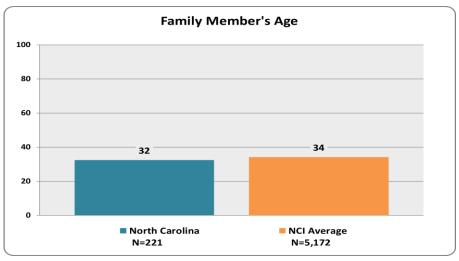
# **Results: Demographics of Family Member**

ILLUSTRATES THE DEMOGRAPHIC PROFILE OF FAMILY MEMBER ABOUT WHOM THE SURVEY WAS COMPLETED

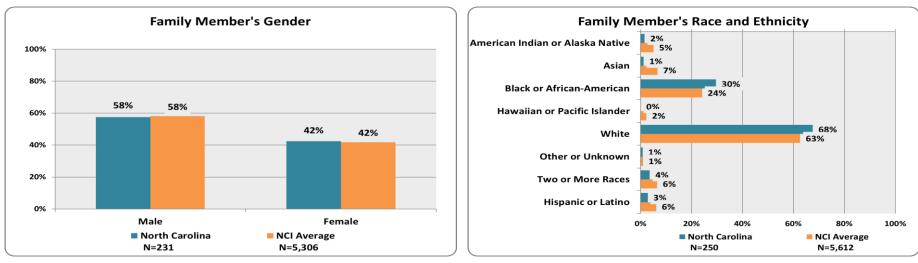
#### GRAPH 1.

GRAPH 2.



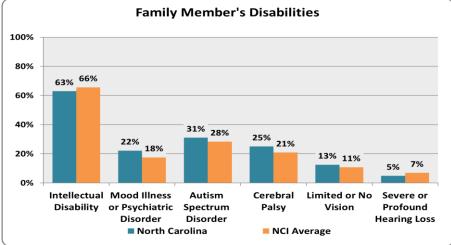




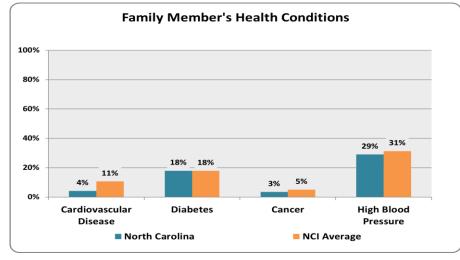


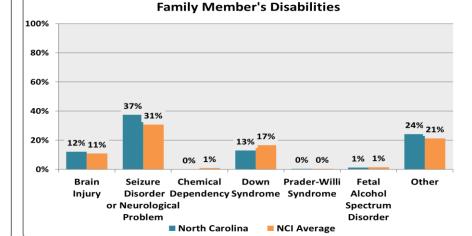
\*Race and Ethnicity groups are not mutually exclusive; two or more races category indicates the percentage of cases in which the respondent selected two or more races/ethnicities. The results from this column are not excluded from the results on specific race/ethnicities

#### GRAPH 5.\*

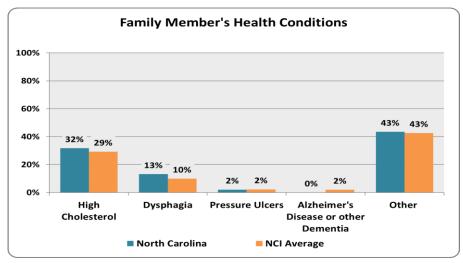












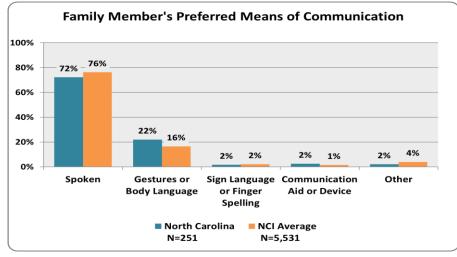
\*Disability categories from Chart 5 and Chart 6 are not mutually exclusive; N's are not displayed as they may vary by disability type

\*\*Health Conditions from Chart 7 and Chart 8 are not mutually exclusive; N's are not displayed as they may vary by disability type

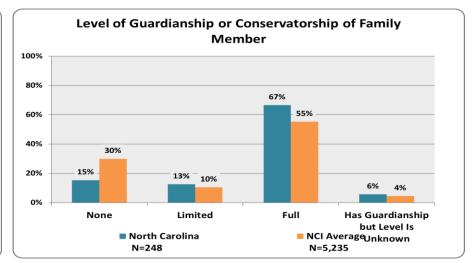
#### Adult Family Survey State Results: 2015-16 6

GRAPH 6.\*

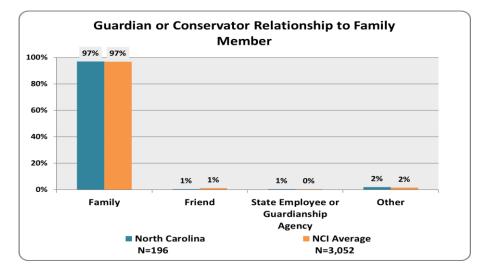
#### GRAPH 9.



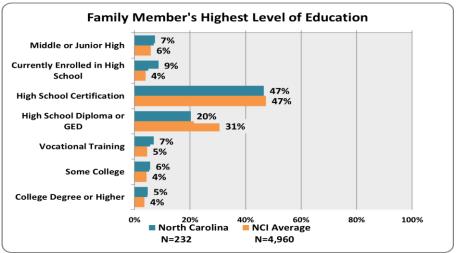
#### GRAPH 10.



#### GRAPH 11.

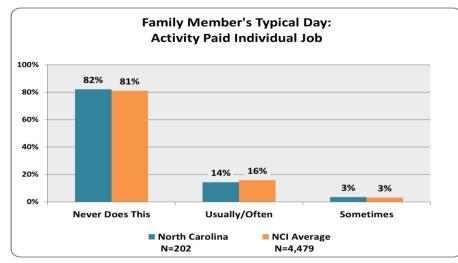


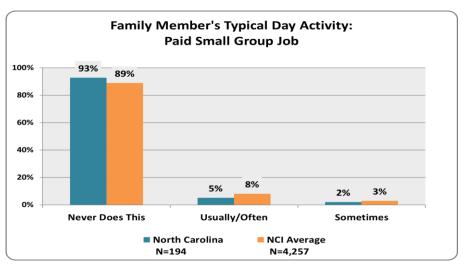
#### GRAPH 12.



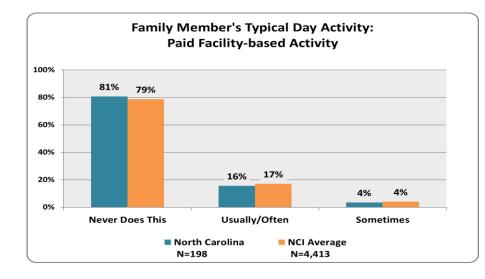
#### GRAPH 13.



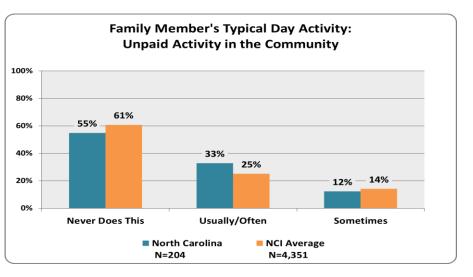




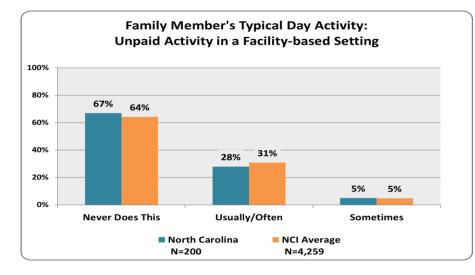
GRAPH 15.

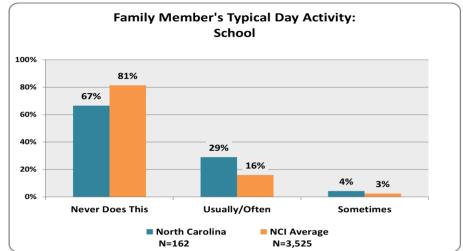




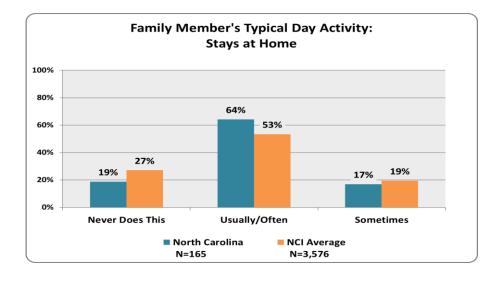


#### GRAPH 17.

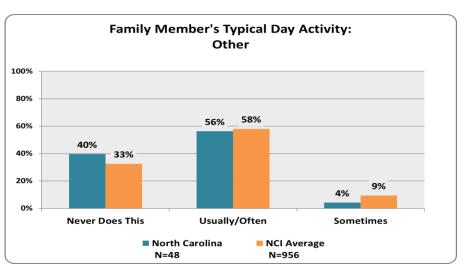




#### GRAPH 19.

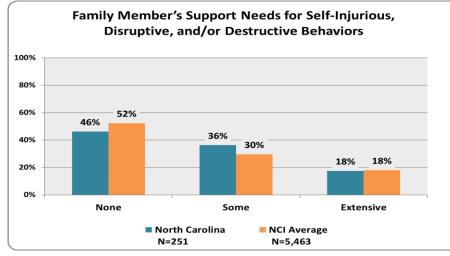


#### GRAPH 20.

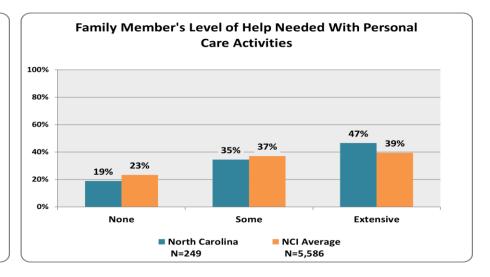


#### GRAPH 18.

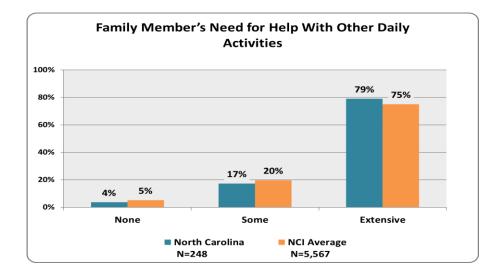
#### GRAPH 21.



#### GRAPH 22.



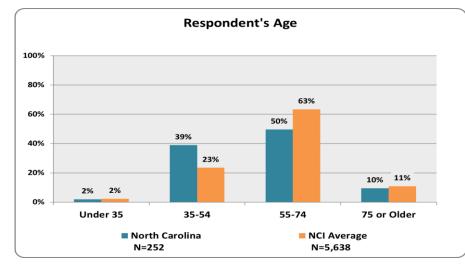
#### GRAPH 23.



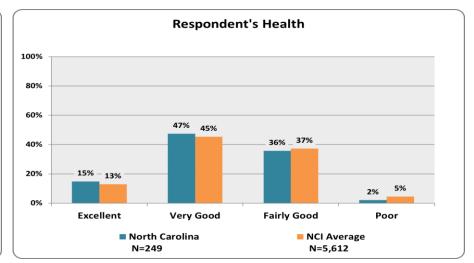
# **Results: Demographics of Respondent**

ILLUSTRATES THE DEMOGRAPHIC PROFILE OF THE SURVEY RESPONDENTS

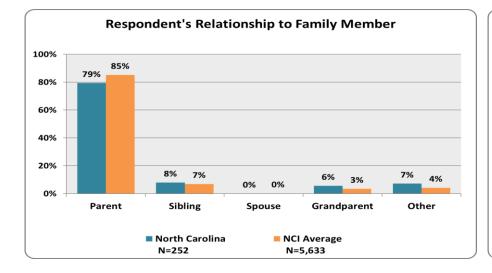
#### GRAPH 24.



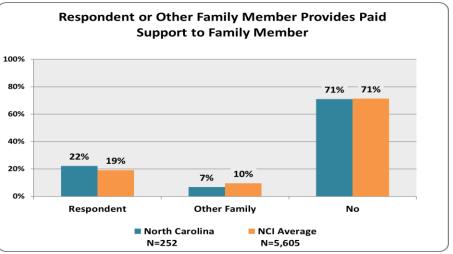
#### GRAPH 25.



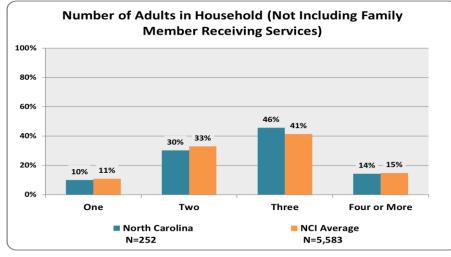
#### GRAPH 26.

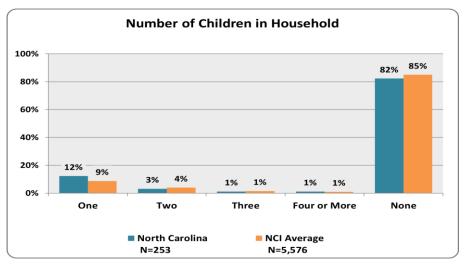


#### GRAPH 27.

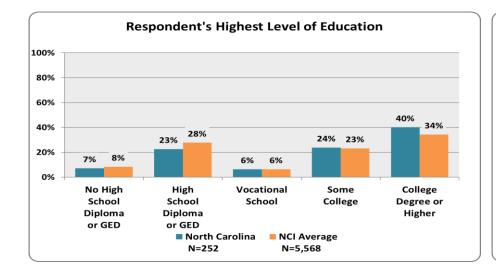


#### GRAPH 28.

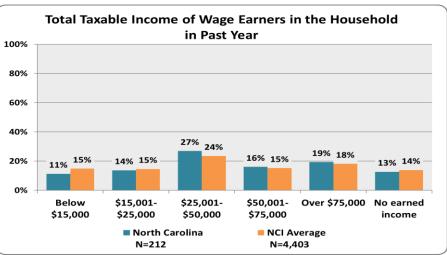




#### GRAPH 30.

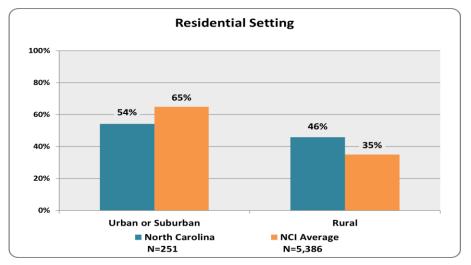


#### GRAPH 31.



#### GRAPH 29.

#### GRAPH 32.

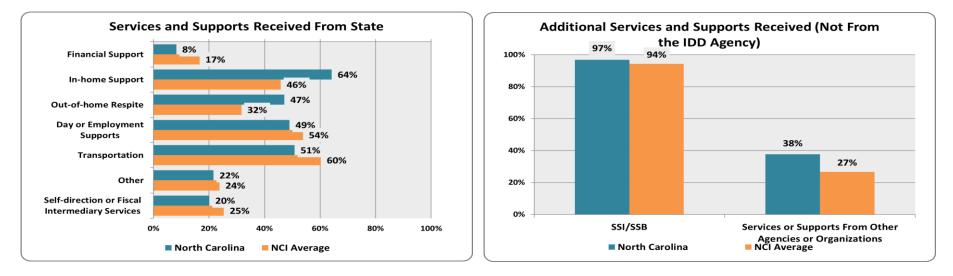


# **Services and Supports Received**

ILLUSTRATES THE SERVICES AND SUPPORTS RECEIVED BY FAMILY MEMBERS

#### GRAPH 33.\*

#### GRAPH 34.\*

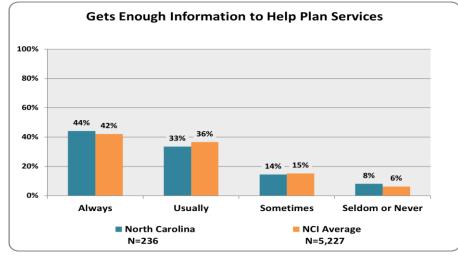


\*Categories are not mutually exclusive N's are not displayed as they may vary by service

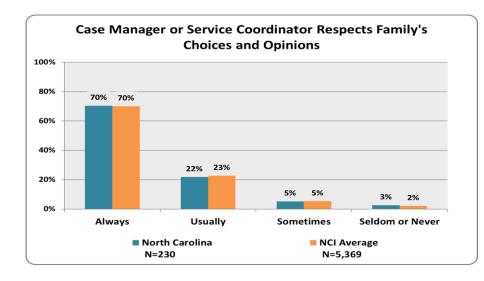
# **Information and Planning**

FAMILIES AND FAMILY MEMBERS WITH DISABILITIES HAVE THE INFORMATION AND SUPPORT NECESSARY TO PLAN FOR THEIR SERVICES AND SUPPORTS

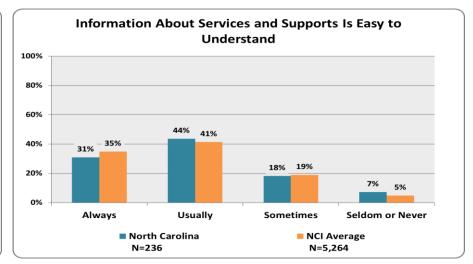
#### GRAPH 35.



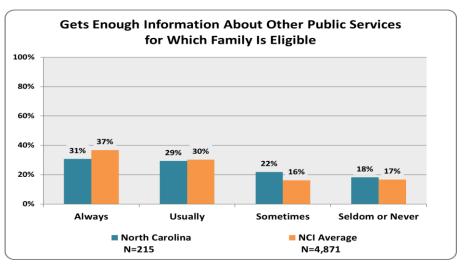
#### GRAPH 37.



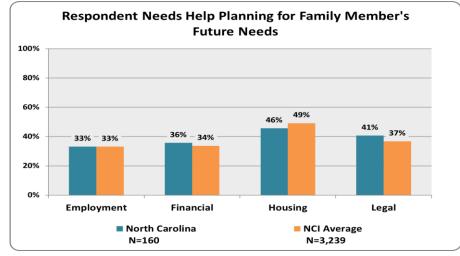
#### GRAPH 36.



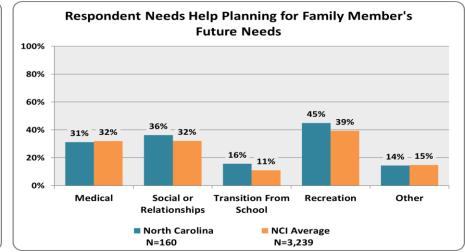
#### GRAPH 38.



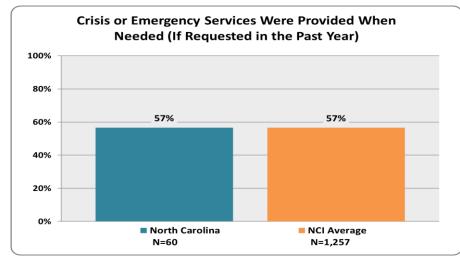
#### GRAPH 39.\*



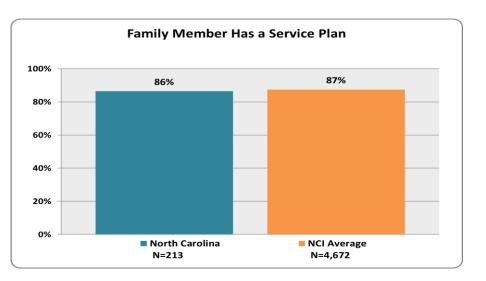
#### GRAPH 40. \*



#### GRAPH 41.

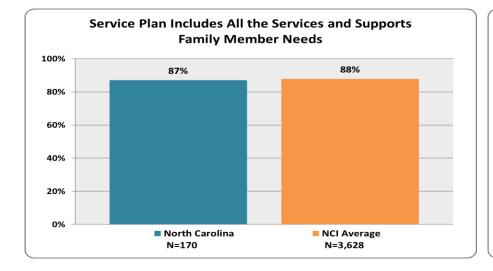


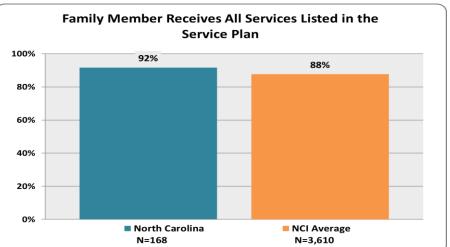
#### GRAPH 42.



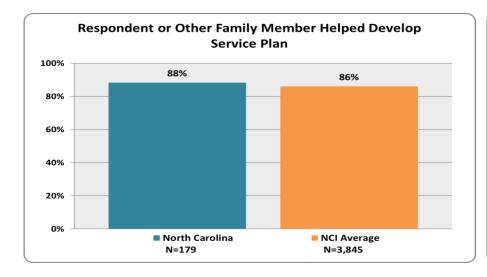
\*Categories are not mutually exclusive

#### GRAPH 43.

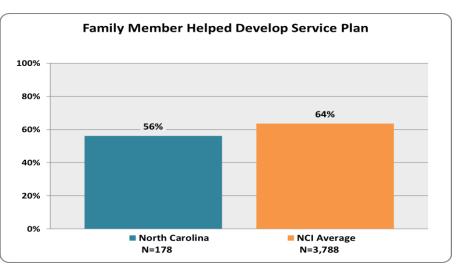




#### GRAPH 45.

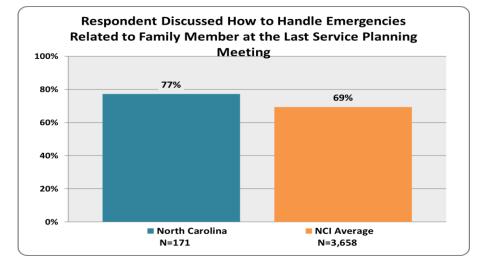


#### GRAPH 46.

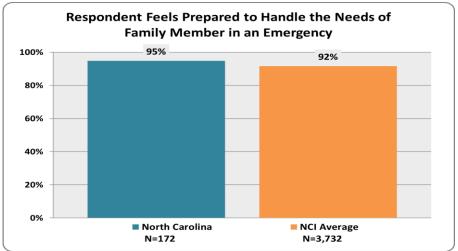


#### GRAPH 44.

#### GRAPH 47.

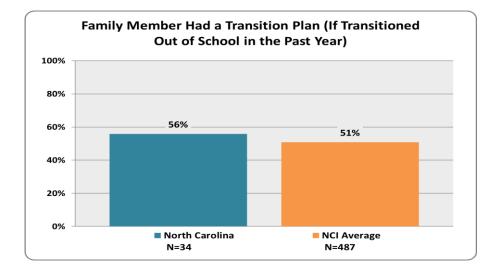


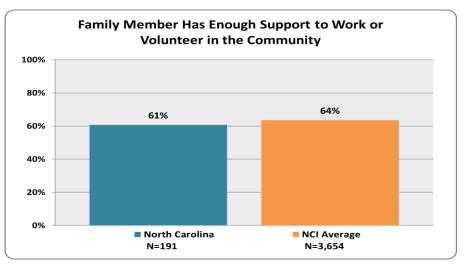
#### GRAPH 48.



#### GRAPH 49.



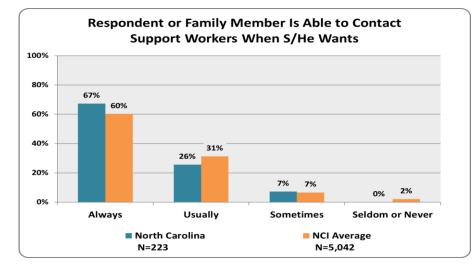




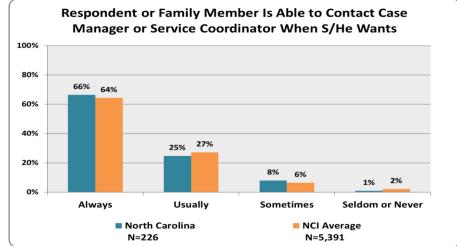
# **Access and Delivery**

FAMILIES AND FAMILY MEMBERS WITH DISABILITIES GET THE SERVICES AND SUPPORTS THEY NEED

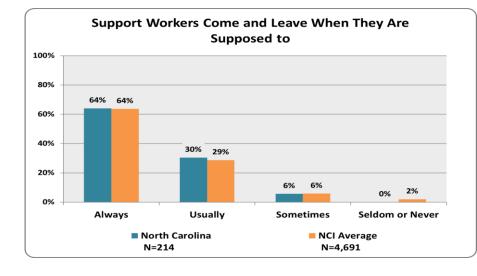
#### GRAPH 51.



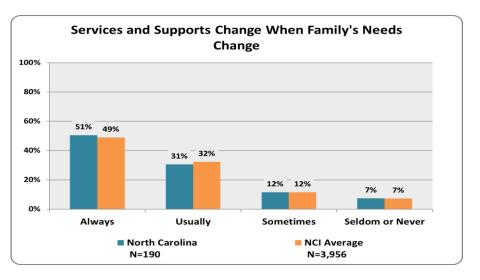
#### GRAPH 52.



#### GRAPH 53.

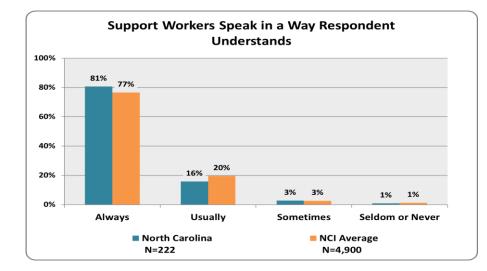


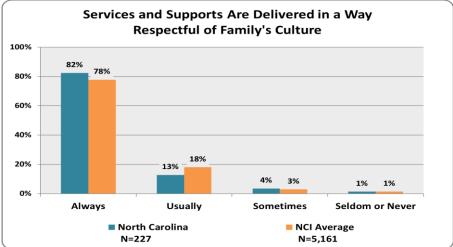
GRAPH 54.



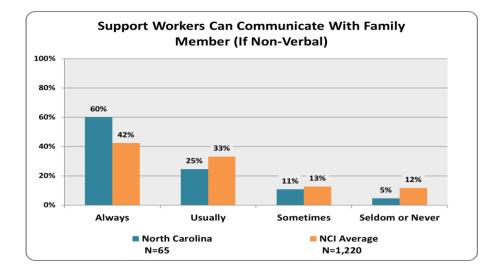
#### GRAPH 55.

#### GRAPH 56.

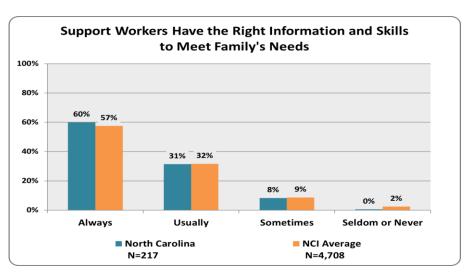




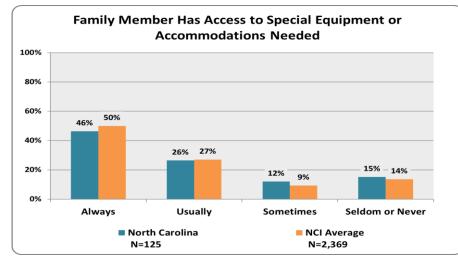
#### GRAPH 57.



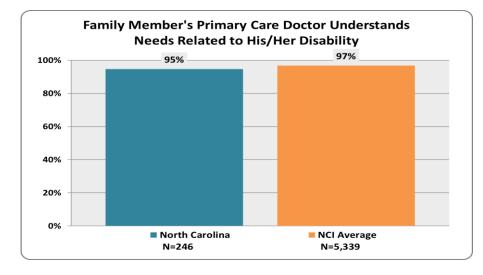
GRAPH 58.



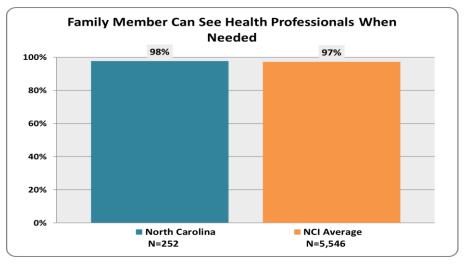
#### GRAPH 59.



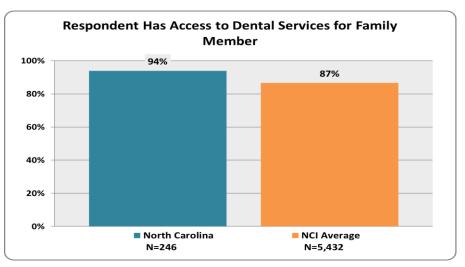
#### GRAPH 61.



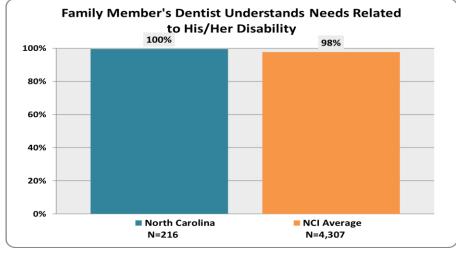
#### GRAPH 60.



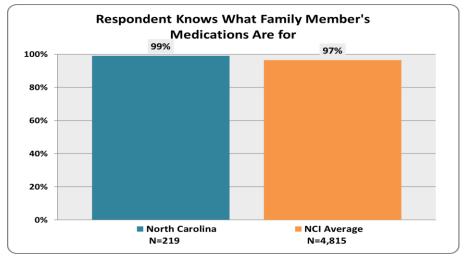
#### GRAPH 62.



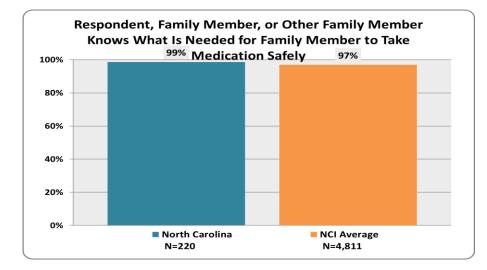
#### GRAPH 63.



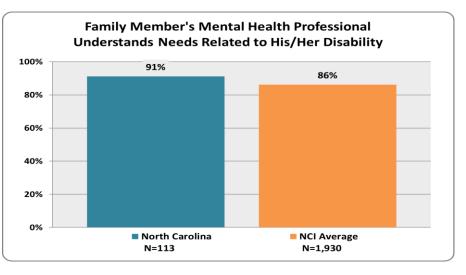
#### GRAPH 64.



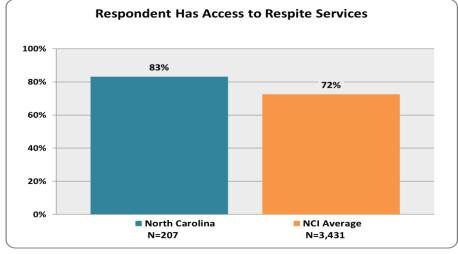
#### **GRAPH 65**



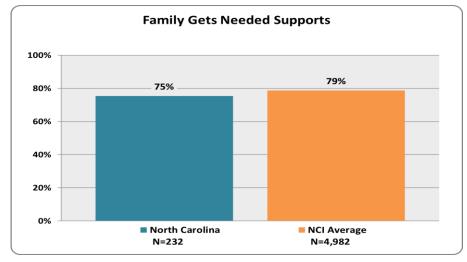




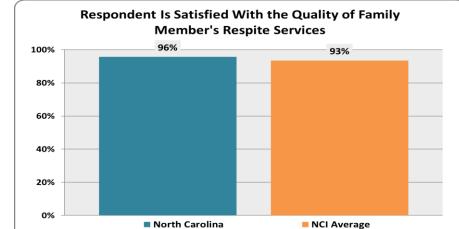
#### GRAPH 67.



#### GRAPH 69.



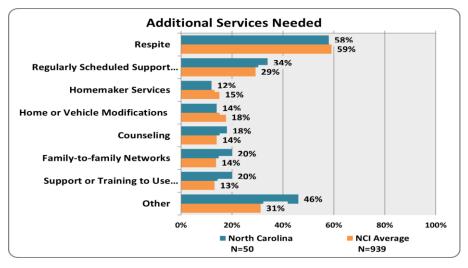
#### \*Categories are not mutually exclusive



N=162

#### GRAPH 68.

#### **GRAPH 70.\***

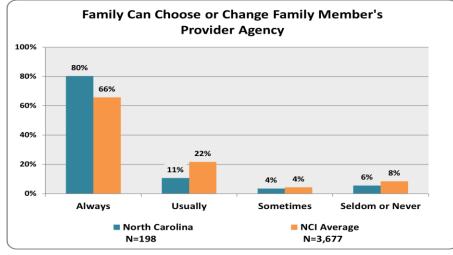


N=2,137

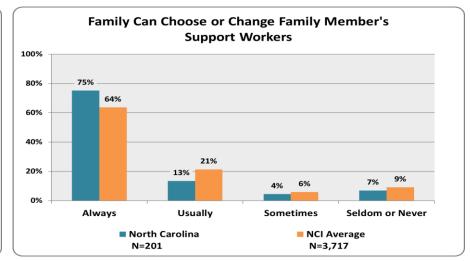
# **Choice, Decision Making and Control**

FAMILIES AND FAMILY MEMBERS WITH DISABILITIES DETERMINE THE SERVICES AND SUPPORTS THEY RECEIVE AND THE INDIVIDUALS OR AGENCIES WHO PROVIDE THEM

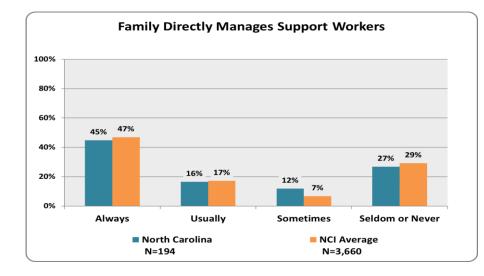
#### GRAPH 71.



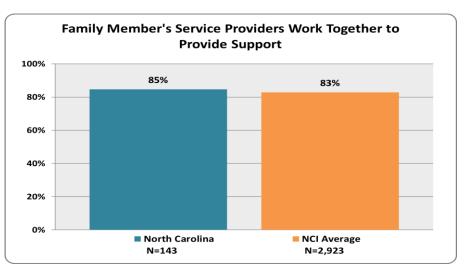
#### GRAPH 72.



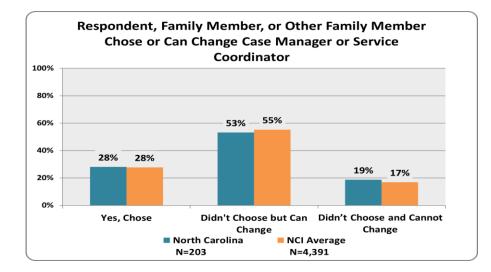
#### GRAPH 73.



#### GRAPH 74.

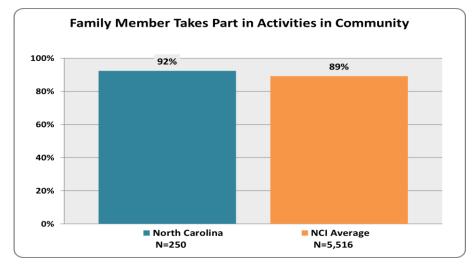


#### GRAPH 75.

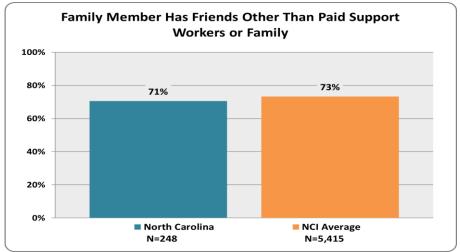


## **Involvement in the Community**

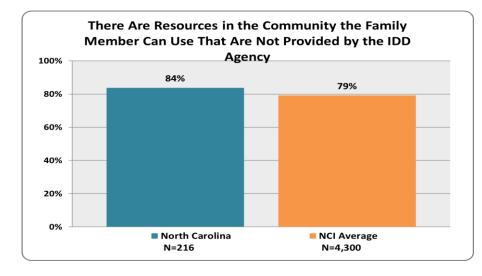
FAMILY MEMBERS WITH DISABILITIES USE INTEGRATED COMMUNITY SERVICES AND PARTICIPATE IN EVERYDAY COMMUNITY ACTIVITIES



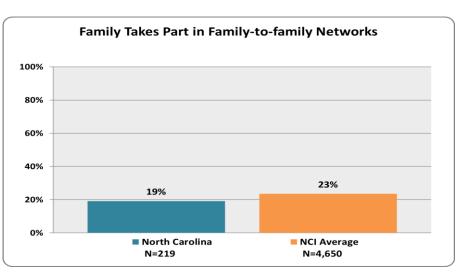
#### GRAPH 77.



#### GRAPH 78.



#### GRAPH 79.

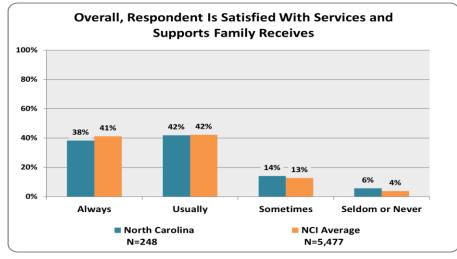


## **Satisfaction**

FAMILIES AND FAMILY MEMBERS WITH DISABILITIES RECEIVE ADEQUATE AND SATISFACTORY SUPPORTS

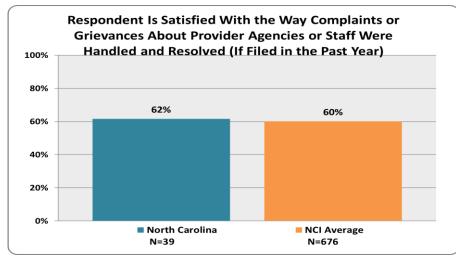
Adult Family Survey State Results: 2015-16 | 33

#### GRAPH 80.



# Respondent Knows How to File a Complaint or Grievance About Provider Agencies or Staff

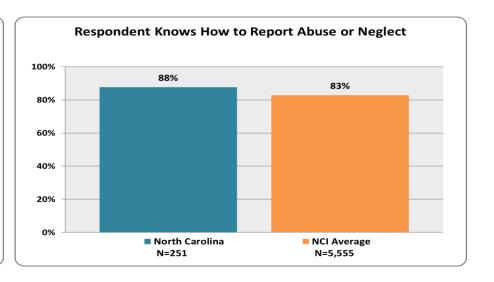
#### GRAPH 82.



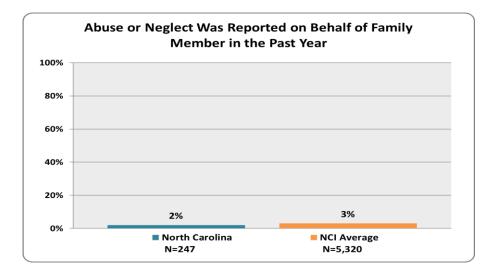
\*For this question, 'No' and Don't Know' responses were combined.

GRAPH 83.\*

**GRAPH 81.**\*



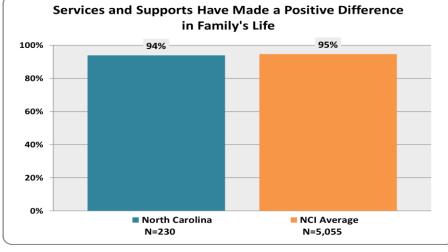
#### GRAPH 84.



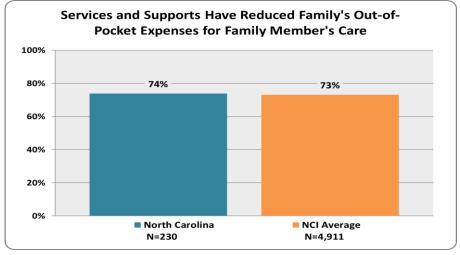
## **Outcomes**

INDIVIDUAL AND FAMILY SUPPORTS MAKE A POSITIVE DIFFERENCE IN THE LIVES OF FAMILIES

#### GRAPH 85.



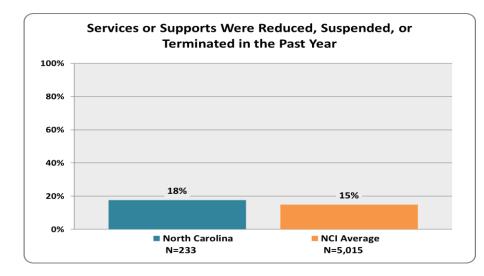
#### GRAPH 86.



GRAPH 87.







Service Reduction, Suspension, or Termination Affected the Family or the Family Member Negatively

#### GRAPH 89.

#### GRAPH 90.

