

From Data to Action - Practical Use of the National Core Indicators

A Brief Guide for Service Coordinators, QA Staff — and Families

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Missed Opportunities

Every state that participates in the National Core Indicators - Intellectual and Developmental Disabilities program (NCI-IDD) collects a standardized set of survey results - and in most of those states, that data sits in public reports and dashboards that go largely unread. That's a missed opportunity.

NCI data isn't just a compliance exercise; it's one of the few tools that lets a service coordinator, a QA reviewer, or a family compare how their state or regional system is doing against the national average, against other states, and against its own performance last cycle. Here's what the data covers, where to find it nationally and in California, and how to use it - with two real examples - to spot gaps and push for change.

What NCI Measures

NCI-IDD is a joint project of the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and the Human Services Research Institute (HSRI). States join voluntarily; as of the current cycle, 48 states and the District of Columbia participate. A few states, including California, have also written participation into their own state law. The data comes from several separate surveys:

- **The In-Person Survey (IPS)** is an interview-based survey, conducted face-to-face or by secure video, with adults (18 and over) receiving at least one paid service beyond case management. Cadence and sample size vary by state - California, for example, runs it every other year across all 21 regional centers.
- **The Adult Family Survey (AFS)** is mailed or offered online to families of adults with I/DD living in the family home.
- **The Family/Guardian Survey (FGS)** goes to families or guardians of adults with I/DD living outside the family home.

- **The Child Family Survey (CFS)** goes to families of children under 18 living in the family home.
- **The State of the Workforce Survey** (formerly the Staff Stability Survey) is an online survey of provider agencies on direct support wages, benefits, and turnover, reported only in aggregate, never at the individual provider level.

Nationally, these surveys generate roughly 100 outcome and performance measures, organized under broad domains that NCI-IDD itself uses: Individual Outcomes, Health, Welfare and Rights, System Performance, Family Outcomes, and Staff Stability and Competency. In January 2022, the National Quality Forum formally endorsed 14 NCI-IDD measures after a multi-year scientific and public review - a sign of how seriously the measures are taken nationally as quality indicators. States and individual agencies often regroup these same survey questions into their own dashboard categories for public reporting, so don't be surprised if your state's website uses different domain names than the national framework; California's own approach is described below.

Where to Find the Data, Nationally

The national project site, idd.nationalcoreindicators.org, publishes current and past reports under "Survey Reports & Insights" and a searchable "Report Library," plus a public Chart Generator at nationalcoreindicators.org/charts that lets you build your own state-to-state or multi-year comparisons without downloading a PDF. Not every state publishes an easy public dashboard the way California does; some release only PDF state reports. Check your own state's developmental disabilities agency site, or NCI-IDD's own participating-states page, to see what's public where you are.

California Spotlight

California is one of the relatively few states to have written NCI participation into state law - Welfare and Institutions Code Section 4571, in effect since 2010 - and it also runs one of the more developed public dashboard systems of any participating state. DDS publishes two levels of dashboards at dds.ca.gov/rc/nci: the Domain Dashboards, showing how each of California's 21 regional centers scored overall and on each of five categories the state uses to group its results - Access, Choice, Community Participation, Information & Planning, and Satisfaction - and the Comprehensive Dashboards, which break results down question-by-question. Many individual regional centers (Harbor, Golden Gate, Orange County, San Diego, Eastern Los Angeles, and others) also post their own NCI results directly on their websites, sometimes with local narrative context the statewide dashboard doesn't include. California law also requires

each regional center to present its NCI results at a public governing-board meeting once a year (Welfare and Institutions Code Section 4571(h)).

How Service Coordinators and QA Staff, in Any State, Can Spot Gaps

- **Start at your own state or regional level.** Pull up your jurisdiction's most recent NCI report or dashboard and compare your numbers to the national NCI-IDD average shown in the same report. A measure sitting well outside that range - above or below - is a signal, not a verdict; the next step is finding out why.
- **Drill into the specific questions, not just the headline rate.** National and state reports typically break a general measure, like employment, into several sub-tables covering type of job, hours, wages, whether a job is a stated goal, and whether skills training is available - so a weak overall number can usually be traced to one specific, addressable driver.
- **Use the residence-type breakout where it's reported.** Several NCI tables split results by where someone lives - institutional setting, licensed group home, own home or apartment, parent's or relative's home, or host/foster home - which can reveal that an overall average is hiding a much bigger gap for one specific living situation.
- **Track it across cycles, not just one year.** Survey cadence and sample size vary by state, so a single low score can be statistical noise. Look at two or three cycles, where available, before concluding a measure reflects a real, ongoing practice gap.
- **Cross-check individual results against family survey results.** The Adult Family Survey, Family/Guardian Survey, or Child Family Survey sometimes tell a different story than the In-Person Survey on the same topic. A gap between what individuals report and what families report about the same service area is itself worth investigating.
- **Disaggregate by demographic factors where your state reports that level of detail.** Language, ethnicity, age, and disability type can all mask sharp disparities behind a single statewide average. California's Access & Equity initiative exists specifically because of this pattern.

Turning Findings to Action

Every state that runs an approved Medicaid home- and community-based services (HCBS) waiver is required by CMS to maintain a Quality Improvement Strategy - informally, "Appendix

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H" of the waiver application - built around an ongoing cycle of discovery, remediation, and improvement. NCI data is one of the standard inputs states and provider networks feed into that federally required cycle, which means raising an NCI-documented gap through your agency's or state's existing HCBS quality improvement process is never optional busywork; it's the process the state is already required to run.

- **Bring specific findings, not just "our NCI scores,"** to internal QA or CQI committees, provider monitoring reviews, and your state's HCBS quality improvement strategy discussions. "7 percent versus a 14 percent national average on choice of case manager" is actionable in a way a general summary isn't.
- **Use documented gaps to prioritize provider monitoring and training** rather than spreading QA effort evenly across every measure.
- **Use your state's formal public comment or advisory structure.** In California, state law requires each regional center to present NCI results at a public governing-board meeting once a year (Welfare and Institutions Code Section 4571(h)), and gives providers a voice through the regional center's Vendor Advisory Committee (Welfare and Institutions Code Section 4622(i)). Other states have their own equivalent bodies - state DD councils, state quality councils, provider associations - so find out what yours is.
- **Close the loop.** Treat each new survey release as a chance to check whether the intervention you made after the last one actually moved the number.

Individuals and Families Can Use This Data Too

You don't need a QA title to use NCI data. Before an IPP or person-centered planning meeting, it's worth checking your own state's most recent NCI report - through the national Chart Generator at nationalcoreindicators.org/charts, or your state DD agency's own site - to see how your state or region is doing on choice, community participation, or employment. If your state or region scores noticeably below the national average on something like "choice of where I live" or "chose my own case manager," that's a specific, fair question to bring into your own planning meeting: what is the system doing about this, and what does it mean for you or your family member specifically?

In California specifically, families can go directly to dds.ca.gov/rc/nci and look up their own regional center's Domain Dashboard before a meeting - the same domains the Lanterman Act's IPP process is supposed to guarantee.

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Remember, NCI results are anonymous and aggregated - a low score for your state or regional center doesn't describe your individual situation, and a high one doesn't guarantee yours is a good outcome. But the measures themselves are a useful checklist: if you've never been asked whether you got to choose your support staff or your daily activities, that's exactly what NCI measures - and exactly the kind of question worth asking your service coordinator directly, survey or no survey.

Sources

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[CA DDS, NCI Domain Dashboards](#)

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[NCI-IDD, Participating States](#)

[NCI-IDD, How We Gather Data](#)

[National Core Indicators, Indicators \(domains and subdomains\)](#)

[National Core Indicators, Chart Generator](#)

[NCI-IDD, 2023-24 National Report: Employment \(PDF\)](#)

[CA DDS, Child Family Survey 2023-24 Regional Center Report - Far Northern Regional Center \(PDF\)](#)

[CMS, Application for a Section 1915\(c\) HCBS Waiver \(Quality Improvement Strategy / Appendix H\)](#)

[California Welfare and Institutions Code Section 4571 \(FindLaw\)](#)

[Regional Center of Orange County, Vendor Advisory Committee overview](#)