Welcome

- Survey Liaison
  Veterans & Newbees

Your Guide
- Vicki Ferrara

Other Resources
- Bernice Panicci
- Mary Anne Pallack
BIG

2020 Survey
- 3,217 surveys entered
- 95% by due date
- Agency clean up was the best Eval!

TIPS----Contact Bernice
- Data Entered
- Confirm Data Correct

2020 Update
Annual Agency Summary
- DOJ received report
- Agency received reports
  - Agency and Statewide

SURVEY FAQ

Is the NCI Survey and the DD Survey the same thing?
NO - 2 different surveys REQUIRED by the DOJ

Is the DD Emp/Day Survey Participation Voluntary? NO
Do we need to report on everyone that receives service?
YES - ALL BHDDH Consumers EVEN NEW PEOPLE

Qualified consumer?
BHDDH-DDD funded consumer started services with your Org. at any time during the quarter.

Two Agencies Support a person-What should happen?
One Agency responsible for reporting data. The other forwards additional data.
Today You Will

- Purpose of the Survey Data
- Receive DRAFT Survey Completion Material
- Understand Role
  - Survey Purpose
  - Primary Liaison & Agency Responsibility
- Understand Survey Scope & Data Collection
  - Survey Assignment
  - Survey Changes
  - Survey Preparation•Tools
  - Survey Questions and Responses
  - Data Entry

Survey Purpose

The purpose of this survey:
- Obtain a snapshot of employment and day activity for individuals with developmental disabilities
- A Primary data source for the DOJ Consent Decree
- Benchmarking for state
- Tool for program development for providers

Meet DOJ Criteria:
- Target populations
- Services
- Activities
- Tenure & Movement within segregated settings;
- DD Redesign Outcomes
- Continue Quality Indicators

Survey Coordinated by the Conversion Institute of the Sherlock Center in cooperation with BHDDH and the DOJ Court Monitor
### 2016 to 2020 TRENDS

<table>
<thead>
<tr>
<th>Category</th>
<th>2016</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>SE Services</td>
<td>639 19.3%</td>
<td>1030 31.2%</td>
<td>608 25.0%</td>
</tr>
<tr>
<td>Individual Employ</td>
<td>401 12.1%</td>
<td>528 16.4%</td>
<td>410 16.9%</td>
</tr>
<tr>
<td>Self Employment</td>
<td>65 2.0%</td>
<td>26 0.8%</td>
<td>9 4.0%</td>
</tr>
<tr>
<td>PP Individual Employ</td>
<td>168 5.1%</td>
<td>122 3.8%</td>
<td>61 2.5%</td>
</tr>
<tr>
<td>PP Group Employ</td>
<td>165 5.0%</td>
<td>128 4.0%</td>
<td>91 3.7%</td>
</tr>
<tr>
<td>Facility based Work</td>
<td>189 5.7%</td>
<td>7 0.2%</td>
<td>0 !!!!!</td>
</tr>
<tr>
<td>CB Non work</td>
<td>2274 68.8%</td>
<td>2545 79.1%</td>
<td>1763 72.6%</td>
</tr>
<tr>
<td>FB non work</td>
<td>1693 51.2%</td>
<td>1206 37.5%</td>
<td>428 17.6%</td>
</tr>
<tr>
<td>Home based non-wk HB NW only</td>
<td>495 15.0%</td>
<td>510 15.9%</td>
<td>700 28.8%</td>
</tr>
<tr>
<td>Program for the Elderly NW</td>
<td>56 1.7%</td>
<td>36 1.1%</td>
<td>16 .7%</td>
</tr>
</tbody>
</table>

#### Packet & Materials

**Packet**
- Orientation Power Point
- Survey Directions & Appendices
- Answer Sheet
- Data Tracking Form

**Materials Forthcoming**
- Final
- Instructions
- Survey Answer Sheet
- Data Collection Sheet
- Survey Liaison List
SURVEY EVOLUTION

From 4 to 2 times per year

Survey adapted to meet the requirements of the DOJ Consent Decree Data Reporting or Provider Feedback.

Revised for 2021 Court Monitor Reporting Requirements

Survey Time Frames-2021

<table>
<thead>
<tr>
<th>Survey Period</th>
<th>Collection 2wk Period</th>
<th>Data Entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>April - June</td>
<td>May 16-29</td>
<td>June 14 – July 16</td>
</tr>
</tbody>
</table>

Tentative Dates
Survey Directions

- Total Questions = 75
- Appendices A-F
- No One will answer all Q's.
- Organized By Activity Category

Data Collection Tools Answer Sheet 4 pages
Primary Liaison Responsibility

- Agency Lead for Survey Completion
- Contact for Agency Staff & Sherlock Center
- Determine Method for Data Collection and Data Entry
  - Train Your Staff. Provide and Review Survey Directions
    - Set expectation for accuracy & meet deadlines
  - Quality Control-
    - review prior to data entry;
    - contact Vicki w/ Job Title OTHER
  - FINISH ON TIME!

Shared Consumers-
- Communicate with other organization and/or SDS
- Determine A Plan method to share data & deadline.

Wondering: What are you doing that is helping with shared consumers? Other provider? Self Directed?
Survey Assignment

Consumer ID List
- Started From Changes provided to SC last survey
- Agencies will Remove and add New

Survey ID-AZ1234
- Consumer Initials &
- Unique ID #

Confidentiality
- Data Collection
- Data Entry
- Reporting Discrepancies

NEW Consumer
DURING THE SURVEY QUARTER

Transferred:
Decide with original agency who will enter data for this quarter.
NEW: Contact Bernice for an Agency code

Survey Assignment: Change Form

2021 DD Day and Employment Service Outcomes Survey
Survey ID List and Directions for Updating

1. Please review the list. The list is based on data collected in the 2012 survey. In the last column check the box if the individual is no longer supported by your organization. Write in the name of the new provider if known.
2. This survey includes all individuals served by your organization as of September 30, 2013. Use the enclosed "New Consumer" form to identify individuals supported by your organization that are not on this list. A unique Survey ID (required for data entry) will be assigned to each individual.
3. Fax the edited list and the "New Consumer" form with a cover sheet to 401-456-0150, Attn: Mary Anne Pallett, by October 15th. Please type or print clearly.

<table>
<thead>
<tr>
<th>SHERLOCK CENTER</th>
<th>COUNT: 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey ID</td>
<td>Name</td>
</tr>
<tr>
<td>SCD4567</td>
<td>KATE SMITH</td>
</tr>
</tbody>
</table>

Death
Moved out of State
Declined Services
Transferred to Another Agency
Self Directed Services Only
BHDDH Social Worker
Survey Assignment: New Consumer

Anyone transferred or new at any time in the Quarter
If new contact Bernice for ID; Transfer decide which agency will enter data

WWW.RIOUTCOMESURVEYS.INFO
Survey Changes:

General Changes
• Clarifying Focus of Definitions/Responses
• Questions
  • Removed Some
  • Added a few
  • Reordered
• A few more Job Titles
• All Categories
  • Living Arrangement
  • Method of Support
  • No Hours – Reason
• All Hours- Nearest Quarter Hour (.25 increments)
• Wages- Actual- $00.00

Category Specific
• General Questions -2
• More detail Questions
• SES: # of Short and Long term experiences; and Job Search Activities
• IE: Anyone that had IE in QRT selects category (start/end?) and Only those in 2 week period employed complete other questions
• CBNW: Group Size most of the time.

Day Employment Services Eligibility

Did the individual participate in employment or day activities between April 1 to June 30?

___ Yes
___ No - Eligible, but NOT YET RECEIVING services
___ No - Eligible, but NOT AVAILABLE for services

If a BHDDH consumer suspended services due to Covid and has not engaged in services during the quarter. Select NO - Eligible not available for services - select the appropriate reason. If the person engaged in activity/services remotely or in person select Yes and complete survey.

NOT YET RECEIVING SERVICES
• NEW DDD Consumer
• Has Applied/Accepted for Services
• Is showing up on BHDDH census but is not accessing for some reason
  • High school under 22, Funding Issue/awaiting Determination; Lack of Follow-Through; Solely Community Support funded/Respite

NOT AVAILABLE TO RECEIVE SERVICES
• On BHDDH Census
• Has Participated in Day Employment Services
• Stopped Participating
• Pandemic related Funding Issue; Capacity Issue—lack staff; Transferring Agencies Extended Absence; Health Issue Hospitalized; Out of state services; Deceased
ACTIVITY Categories
Each Section has related Questions

- Supported Employment Services (Complete Section 2)
- Individual Employment (Employer Payroll) (Complete Section 3)
- Self-Employed (Complete Section 4)
- Provider Paid Individual Employment (Complete Section 5)
- Provider Paid Group Employment (Complete Section 6)
- Community-based Non-Work Activity (Complete Section 7)
- Facility-based Non-Work Activity at a DDD provider agency (Complete Section 8)
- Facility-based Non-Work Activity at a non-DDD provider agency (Complete Section 9)
- Home-based Non-Work Activity (Complete Sections 10)
- Elder Program Non-Work Activity - Stop here if no other category is selected.

ACTIVITY Category in a Quarter
• Select if the person in considered
  • Participating in the Activity as defined in the survey
  • Whether or Not they have hours to report (2 wk period)
  • Include people that typically participate in the activity category but temporarily not engaged
  • Ex.
    • Typically engaged in individual employment; furloughed
    • Typically in FBNW - not attending due to Covid.
  • Do not include if person is not expected to return to the activity category
    • Ex no longer participating in FBNW, only doing CBNW going forward.

See clarifications next slide
ACTIVITY Category in a Quarter

CLARIFICATIONS

• **Residential client** suspended services with FBNW provider. Now receiving day support from the residential provider, Select Home-based services, report day service hours.

• **Activity FBNW** - select if on the census
  • *Attended in person* - record hours
  • *Attended groups virtually* - record 0 hours AND select category Home-based Non Work, under home-based record hours and method of support as remote services.

Determining ACTIVITY Category Consider......

• **What is the purpose of the Activity? Is it ....**
  • Acquire information OR skill OR an activity to support
  • Choosing, Getting or Keeping a Integrated Job
    • Skill of Independent living
    • Social Recreation etc.
  • Working- earning wages
  • Personal Enrichment

• **Where is the activity happening?**
  • In Community at Agency Facility, Person’s Home, Workplace

• **What is the level of Integration?**
  • Integrated=Mostly people with out disability or
  • Segregated= Mostly people with disability
ACTIVITY Category Definitions
Supported Employment Services

SELECT WHEN..... Integrated Employment is the focus.
Participated/enrolled to CHOOSE, GET, KEEP and/or CHANGE
Includes activities:
• Vocational Counseling  Individual Integrated employment
• Assessments – Skills/Preferences, PCP employment meeting
• Community Discovery- for employment
• Skills Training for an Occupation
• Job Search/Interviewing
• Job Retention supports - short-term & long-term.
• Career change/Advancement

Activity Category Definitions
Supported Employment

ONE or more of below
• Official Referral form to your agencies SE/Vocational services
• Referral accepted by ORS
• Participates in SE activity: discovery/vocational exploration activity; actively job seeking; receiving on/offsite job support

NOT
Just in ISP and/or Career Development Plan (CDP)
Prevocational/Readiness Discovery/Interest Clubs
Hobby Groups
Activity Category Definitions

Individual Employment

- Community-based
- Individual job
- Hired onto the Employer's payroll
- With or without job supports

Employer's Payroll
- Panera Bread- food preparation worker
- Town of NK – Recreation Worker
- Miriam Hospital-Equipment Technician
- Buttons And Bows-Childcare Worker

Not Employment
- Barter
- Under the Table
- Work Without $ (volunteering)

Self-employment

- Business/micro enterprise is controlled and owned by the individual
- 100% of income to individual and earn $400 annual min.
- Guided by a business plan;
- Expect to report earnings
- Taxes and Entitlements

Self-employed

- Consultant/Instructor
- Own a Kiosk/Shop
- Online Business
- Provide a Service (beyond a hobby)
- DJ Delivery Artist Digital Photos Animal Caretaker
- Micro Business – Eggs Jewelry

Self- employment would NOT include a business that is owned or operated by an organization or provider; or an individual's hobby a chore or a favor that results in receipt of payment.

NOT Self-Employment
- If agency providing paycheck
- Favor for a neighbors recycle bin
- Picking up cans for pocket $
- Occasional payment for a craft or activity
Activity Category Definition
Provider Paid Employment

- DD provider or organization/business/establishment with mission to employment people with disabilities.
- Paid by provider agency or provider sub-contractor
  - NISH/Ability One Contract
  - Agency owned/operated business
  - Affirmative Business
- Examples: Store Café Shredding Theater Laundry printing day care service cart etc.

<table>
<thead>
<tr>
<th>Individual</th>
<th>Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Community Integrated Job</td>
</tr>
<tr>
<td>• Integrated Setting</td>
<td>• 2 or more people</td>
</tr>
<tr>
<td>• Typical work environment</td>
<td>• Enclave mobile work crew</td>
</tr>
</tbody>
</table>

- Provider payroll

<table>
<thead>
<tr>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Landscaping Crew</td>
</tr>
<tr>
<td>Window Washing</td>
</tr>
<tr>
<td>Janitorial Crew</td>
</tr>
<tr>
<td>Temp Workers</td>
</tr>
<tr>
<td>Nursery/Flower Shop</td>
</tr>
<tr>
<td>Navy Base</td>
</tr>
</tbody>
</table>

Activity Category Definition
Community-Based Non-Work Activity

Enrolled and/or Participating in non-work services or activities that take place in a community setting.

- Outside of a person’s home and/or DD agency facility
- Where most people do not have a disability and
- The activity does not involve paid employment.
- This activity is often referred to as Community Integration or Community Participation.

Examples:
- Arts and Leisure
- Fitness
- Education Training
- Soft skills related to employment and vocational awareness
- ADL skills and/or Volunteering.
**Activity Category Definition**

**DDD Facility-Based Non-Work Activity**

- Enrolled and/or Participating in Non-Work Services or Activities that take place in a provider facility setting.
- Majority of participants have a disability and the activity does not involve paid employment.
- Continuous supports and supervision are provided to all participants with disabilities.
- This category often occurs in facilities referred to as Day Habilitation and Medical Day Care programs.
- If participated in Services remotely record 0 hours and also Select Homebased Non-Work.

<table>
<thead>
<tr>
<th>These activities include but are not limited to one or more:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Vocational preparation;</td>
<td>- Social Recreation</td>
</tr>
<tr>
<td>- Groups / Clubs</td>
<td>- Professional Therapies (e.g. occupational physical and speech therapies).</td>
</tr>
<tr>
<td>- Psychosocial skills development activities of daily living</td>
<td></td>
</tr>
</tbody>
</table>

**Activity Category Definition**

**NON-DDD Facility-Based Non-Work Activity**

- Enrolled and/or Participating in Non-Work Services or Activities that take place in a Non DD-provider facility based program.
- Majority of participants have a disability and the activity does not involve paid employment.
- Continuous supports and supervision are provided to all participants with disabilities.
- This category is Adult Day Services or Medical Day Care programs.

<table>
<thead>
<tr>
<th>These activities include but are not limited to one or more:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Groups / Clubs</td>
<td>- Social Recreation</td>
</tr>
<tr>
<td>- Psychosocial skills development activities of daily living</td>
<td>- Professional Therapies (e.g. occupational physical and speech therapies).</td>
</tr>
<tr>
<td>- Maybe vocational component</td>
<td></td>
</tr>
</tbody>
</table>
Activity Category Definition
Home-Based Non-Work Activity

- Enrolled or Participating in Non-Work Services or Activities that take place in the person's home or residential setting.
- DO NOT INCLUDE SES, CBNW temporarily being done from home do to Covid. Continue to report in related Activity Category - Setting: Virtual
- Do include typical homebased services AND Virtual Groups provided by FBNW programs.

These activities include but are not Limited to one or more:
- Activities of daily living
- Psychosocial skills development
- Professional Therapies (e.g. occupational physical and speech therapies).
- Social Recreation

Activity Category Definition
Program for the Elderly Non-work

- Enrolled in or Participating in non-work services or activities specifically designed for elderly.
- Primary focus of this service includes but is not limited to leisure recreation or other non-vocational activities.
- Elders with disabilities may be integrated with elders who do not have disabilities.
- Occasionally person with disability is not elderly.

Ex: Community Senior Center
Community Senior Program
DD Senior/Elder Program
Activity Definitions Questions

- Supported Employment Services
- Individual Employment
- Self-Employment
- Provider Paid Employment Individual
- Provider Paid Employment Group
- Facility Based Paid Work
- Community Based Non-Work Activity
- DDD Facility Based Non-work Activity
- NON-DDD Facility Based Non-work Activity
- Home-Based Non-Work Activity
- Program for Elderly Non-work Activity

Survey: Question Review

What you will NEED......

- Survey Directions
  - Questions (we will walk through each Question)
    - Q and A
  - Appendix
    - Appendix B Job Title (Review Missing title notify Vicki)
    - Appendix D Does Your Agency appear on the list? (Notify Vicki)
- Data Collection Tools
  - All Questions Answer Sheet
  - 2 Week Data Collection Tool
Survey Begins

Did individual participate in employment/day activities between April 1- June 30 2021? **YES** OR **NO**

- **Yes** - Eligible but NOT RECEIVING services
- **No** - Eligible but NOT AVAILABLE for services

If **No** - Reasons: Pick 1

- Pandemic related
- High School/Under 22
- Funding Issue/Awaiting
- Waiver Determination
- New/Pending Services
- Systems Capacity Issue (Lack Staff, Agency waitlist)
- Transferring Agency
- Extended Vacation/Absence
- Declined/Refused /Suspended Services
- Closed/Discharged/Terminated services
- Lack of Follow-thru by Family or Participant
- Health Issues
- Hospitalized/Nursing Home/Hospice/Assisted Living
- Services Provided Out of State
- Solely Community Support funding-Respite/Home Health Aid/RN services
- Deceased

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Survey Begins

**Survey ID** [Initials (LP) & Unique ID (1234)] - **Provided**

**Date of Birth** – **Provided** (Confirm Correct)

- **Living Arrangement** – (choose 1)
  - Own Home (individual has own residence/apt.)
  - Family Home/Apt. (Lives with Family)
  - Shared Living Arrangement Provider
  - Agency Owned/Operated (group home or apt)
    - Choose RESIDENTIAL PROVIDER (List Appendix D)
  - Institution/Nursing Home/Hospital
  - Homeless/Shelter

- **Employment / Day Service Provider** select all that apply

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Survey Question Participation Category – all that apply (QTR)

1. In which of the following activities did you participate between April 1 – June 30? Check all that apply, whether you have hours to report or not for the two-week data period of May 16 – 29, 2021. SEE APPENDIX A – ACTIVITY DEFINITIONS

- Supported Employment Services (Complete Section 2)
- Individual Employment (Employer Payroll) (Complete Section 3)
- Self-Employed (Complete Section 4)
- Provider Paid Individual Employment (Complete Section 5)
- Provider Paid Group Employment (Complete Section 6)
- Community-based Non-Work Activity (Complete Section 7)
- Facility-based Non-Work Activity at a DDD provider agency (Complete Section 8)
- Facility-based Non-Work Activity at a non-DDD provider agency (Complete Section 9)
- Home-based Non-Work Activity (Complete Sections 10)
- Elder Program Non-Work Activity - Stop here if no other category is selected.

End of survey for Elderly Non-Work Only

Section 1: General Questions (QTR)

2. Did you receive information on Social Security Work Incentives between April 1 – June 30? Check all that apply. Refers to receiving information to learn how earnings impact SSI SSDI and Health insurance (Medicaid, Medicare, Sherlock Plan.)

- No information received
- Provided written materials
- SC Overview of WI info; SSA Working While Disabled brochure; Benefit Counseling decision making tool; etc.
- Attended Work Incentive information session
- RIPIN SC Other
- Accessed Social Security Administration Website
- Spoke with a Social Security Administration Representative about Work Incentives
- Called Ticket to Work Helpline
- Attended an individual counseling session with a CWIC
- Written benefits plan in process by CWIC
- Written benefits Plan received from CWIC

A CWIC is a Certified Work Incentives Benefits Counselor. See APPENDIX E for a list of CWICs.
### Section 1: General Questions (QTR)

3. What best describes your status with the Office of Rehabilitation Services (ORS) between April 1 – June 30?

<table>
<thead>
<tr>
<th>Applied/Application pending</th>
<th>Closed-Success within 3-Month Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open Case (new or ongoing)</td>
<td>Closed-Other within 3-Month Period</td>
</tr>
<tr>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

### Section 2: (SES) Supported Employment Services

- Participation in Supported Employment Activity
- Requires Data Collection over 2 week period
- Survey Data TRACKING SHEET

4. Were you referred to or did you start receiving supported employment services between **April 1 – June 30? QRT**

<table>
<thead>
<tr>
<th>SES Referred / Started:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, I was referred to/started SES between April 1 – June 30</td>
</tr>
<tr>
<td>No, I was enrolled in SES before April 1, 2021</td>
</tr>
</tbody>
</table>

4a. If yes, who referred you to Supported Employment Services?

<table>
<thead>
<tr>
<th>SES Referral Source:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self / family</td>
</tr>
<tr>
<td>School</td>
</tr>
<tr>
<td>Adult Service Provider</td>
</tr>
<tr>
<td>Office of Rehabilitation Service (ORS)</td>
</tr>
<tr>
<td>BHDDH</td>
</tr>
<tr>
<td>Other: ____________________</td>
</tr>
</tbody>
</table>
## Section 2: SEServices Activity

5. How many HOURS (if any) did you participate in each of the following supported employment activities from **May 16-29**?

**Data Tracking Form**

### SE Activity HOURS (Round to 15 min)

- **Career Planning**
  - Activity to help plan choose get keep or change job/advancement (Counseling, PCP mt, Discovery, etc)

- **Short Term Vocational Experience** (30 days or less @ business)
  - Learning about job: maybe some skill development
  - Job Shadow, Job Trial, Internship, etc.

- **Long Term Vocational Experience** More than 30 days @ business
  - Job Trial, Situational Assessment, Internship, etc.

Tip: US DOL wage and hour compliance requires a work-based learning agreement.

- **Post Secondary Education or Training**
  - Activity to support job goal
  - Enrolled with Educational Institution or Skills Training Program.
  - Taking Classes or Degree Certificate

- **Job Search on own/with voc staff**
- **Job Search on my behalf** (voc staff with out consumer)
- **Job Coaching/Retention** (NOT TRANSPORTATION)

### 5 a. Reason No Hours

- Pandemic
- Health Issue
- Vacation
- Lack Supports
- Other

### 6. Setting: Where is Activity Taking Place?

- Select All that apply
  - netWORKki
  - Business/Employer
  - Public Venue (library etc.)
  - School/Training Facility
    - CCRI, RIC, MTTI, NE Tech
    - RI Foodbank, etc
  - DD Provider Organization
  - Home/Residence

7. Which of the following Job Search Activity did you participate in or complete between April 1 – June 30? *Select all that apply*

- Employment focused PCP meeting
- Community Map about businesses in my community
- Informational interview, job shadow or tour with an employer
- Job trial, situational assessment, or internship with an employer
- Job club/class (job search or job retention related)
- Written resume
- Visual resume (pictures or video)
- 1 or more jobs online or in-person
- 1 or more job interview/s with an employer
- None of the above
Section 2: SE Services

8. How many short-term vocational experiences (<30 days) did you complete between April 1 – June 30?

SES Short-term vocational experiences: __

9. How many long-term vocational experiences (>30 days) did you complete between April 1 – June 30?

SES Long-term vocational experiences: __

10. How is Supported Employment Services support typically provided?

SES Method of Support:
   ___ In-Person Only
   ___ Remote Only
   ___ Combination of in-person and remote
   ___ No supports provided

Job Title- Individual or Self-Employment or Provider Paid

- REVIEW LIST- APPENDIX B
  Missing Job Title – CALL/email Vicki

- Pick 1 job for a service category and report related data.
- Really try and choose from the JOB list provided
- "OTHER" Job Title (try not to use)

Before entering survey
CALL /Email Vicki

Look Up Potential Title on www.onetonline.org

- Trades ALL - painting, masonry, etc. HELPERS
- Trash/Refuse Collector Recycle
- Stock Clerk – sales floor or stock room
- Bagger and/or Carriage retrieval
- Delivery
- Food Preparation and/or Serving
- Pin Setter
- ALL Trades- Helper Assistants (Painter, welding, masonry)
- Automotive Technician-Oil, Tire, Helper
- Billing Cost and Rate Clerk
- Technology Support
- Social Media Specialist
### JOB TITLES Connect to list

<table>
<thead>
<tr>
<th>A. Cart Shagger</th>
<th>1. Teller</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Bottle Collector</td>
<td>2. Sales Person all types</td>
</tr>
<tr>
<td>C. Stocks Snacks</td>
<td>3. Bus Monitor or Aide</td>
</tr>
<tr>
<td>D. Clerk/Banking</td>
<td>4. Trades- ALL</td>
</tr>
<tr>
<td>E. Lunch Orders</td>
<td>5. Trash/Refuse Recycle Material</td>
</tr>
<tr>
<td>F. Personal Shopper</td>
<td>6. Office and Administrative support</td>
</tr>
<tr>
<td>G. Shredder</td>
<td>7. Demonstrators and Product Promoters</td>
</tr>
<tr>
<td>H. Painters Helper</td>
<td>8. Bagger and/or Carriage retrieval</td>
</tr>
<tr>
<td>I. Bus Monitor</td>
<td>9. Vending Machine Box Servicer</td>
</tr>
<tr>
<td>J. Sample Server</td>
<td>10. Delivery – all types</td>
</tr>
</tbody>
</table>

### Individual or Provider Paid

**Industry Appendix C**

An Industry is a group of companies that are related in terms of their primary business activity.

<table>
<thead>
<tr>
<th>Primary Company Activity</th>
<th>Industry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veterinarian Hospital or Engineering or Accounting etc.</td>
<td>Professional Scientific and Technical Service</td>
</tr>
<tr>
<td>Farming, Greenhouse, Fishing, Falling Trees</td>
<td>Agriculture Forestry Fishing Hunting</td>
</tr>
<tr>
<td>Pet Grooming/Care, Parking, Laundry, Religious Advocacy</td>
<td>Other Services</td>
</tr>
<tr>
<td>Sales of Merchandise; Auto Sales Big Box store, Boutique</td>
<td>Retail Trade</td>
</tr>
<tr>
<td>Day Care, Hospital, Nursing Home, Private Dentist/Doctor, Human Service Agency</td>
<td>Healthcare &amp; Social Assistance</td>
</tr>
</tbody>
</table>
Individual, Self Empl or Provider Paid
Industry Appendix C

An Industry is a group of companies that are related in terms of their primary business activity.

<table>
<thead>
<tr>
<th>Job/ Company</th>
<th>Industry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Prep- RI Hospital; Brookdale Senior living</td>
<td>Health Care &amp; Social Assistance</td>
</tr>
<tr>
<td>Food Prep – McDonald’s, Gregg’s, Local Bakery</td>
<td>Accommodation and Food Service</td>
</tr>
<tr>
<td>Food Prep – Sweenor’s Candy Dave’s prepared foods</td>
<td>Manufacturing</td>
</tr>
<tr>
<td>Food Prep- Dave’s Market</td>
<td>Retail</td>
</tr>
<tr>
<td>Food Prep – Briarwood Farms</td>
<td>Agriculture Forestry Fishing Hunting</td>
</tr>
</tbody>
</table>

Section 3: (IE) QRT Individual Employment

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Did you START a new individual Job between April 1 – June 30?</td>
<td>IE Started Job:</td>
</tr>
<tr>
<td></td>
<td>__ Yes, I started a new individual job hired onto the employer’s payroll</td>
</tr>
<tr>
<td></td>
<td>__ No, I did not start a new individual job hired onto the employer’s payroll.</td>
</tr>
<tr>
<td>11a. If yes, how was this new job obtained?</td>
<td>IE Job Obtained:</td>
</tr>
<tr>
<td></td>
<td>__ Hired into existing job</td>
</tr>
<tr>
<td></td>
<td>__ Hired into customized job (i.e., carved, created)</td>
</tr>
</tbody>
</table>
### Section 3: Individual Employment

**12. Did you END an individual job between 4/1 – 6/30?**

<table>
<thead>
<tr>
<th>IE Ended Job:</th>
<th>Check one.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, I ended an individual job hired on the employer’s payroll.</td>
<td>__</td>
</tr>
<tr>
<td>No, I did not end an individual job hired on the employer’s payroll.</td>
<td>__</td>
</tr>
</tbody>
</table>

**12a. If yes, primary reason for the individual job ending?**

<table>
<thead>
<tr>
<th>IE Reason Job Ended:</th>
<th>Check one.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hired into a new job</td>
<td>__</td>
</tr>
<tr>
<td>Chose to leave job / not a match</td>
<td>__</td>
</tr>
<tr>
<td>Chose to leave job / pandemic related</td>
<td>__</td>
</tr>
<tr>
<td>Laid off / Let go from job</td>
<td>__</td>
</tr>
<tr>
<td>Laid off / pandemic related</td>
<td>__</td>
</tr>
<tr>
<td>Employer Closed / Relocated</td>
<td>__</td>
</tr>
<tr>
<td>Lack of available job supports</td>
<td>__</td>
</tr>
<tr>
<td>Lack of available job supports / pandemic related</td>
<td>__</td>
</tr>
<tr>
<td>Lack of transportation to job</td>
<td>__</td>
</tr>
<tr>
<td>Change or loss of benefits - financial</td>
<td>__</td>
</tr>
<tr>
<td>Change or loss of benefits - medical</td>
<td>__</td>
</tr>
<tr>
<td>Individual moved/changed address</td>
<td>__</td>
</tr>
<tr>
<td>Health issues</td>
<td>__</td>
</tr>
<tr>
<td>Other</td>
<td>__</td>
</tr>
</tbody>
</table>

**12b. If yes, how long were you employed at the individual job that ended?**

| IE Job Length: | __ |__ |
|----------------|------------|
| < 1 month | __ |__ |
| 1 month or < 3 mos. | __ |__ |
| 3 mos. or < 6 mos. | __ |__ |
| 6 mos. or < 12 mos. | __ |__ |
| 1 yr or < 2 yrs | __ |__ |
| 2 yrs or < 5 yrs | __ |__ |
| 5 yrs or < 10 yrs | __ |__ |
| 10 yrs or > | __ |__ |

*SKIP IF NOT EMPLOYED IN IE JOB between MAY 16 to 29*

**13. Job Title – pick 1 job (OTHER)**

**14. Employer Type**

**15. Industry - Appendix C**

Choose based on Industry of Company

**16. Onsite Support**

Frequency of Job Coaching

NOT Transportation

**17. Off Site Support**

**18. Job Support Provided**

(In Person, Remote, Combination)

**19. Employer Consultation**

All that apply

**20. Transportation to work**

Most of the time

**21. Length of Employment**

**22. Benefits Received**

All that apply

**23. Hourly Wage**

**24. Total Hours Worked**

Round to nearest QRT hour

2 week data collection

**24a. Reason for NO Hours**
Section 4: Self Employment (SE)

25. Job Title – **pick 1 job**
   Other, contact Vicki
26. Length of Employment -
27. Onsite Support - pick 1
   **28. Job Support Typically Provided**
   In-person, Remote, Combination
29. See block to right
30. Estimated income either:
   - total for 2 week period
   - OR 2-week average for the QRT
31. Total Hours Worked
   Round to nearest QRT hour
31 a. Reason for No Hours

29. support your self-employed job
   between April 1 – June 30?

SE Resources: all that apply
   __ None
   __ Attended self-employment course or training (e.g., DD Council, SBA class).
   __ Received Support from a business association/group (e.g., SCORE, SBA, Social Enterprise Greenhouse, Chamber of Commerce)
   __ Approved SSA PASS Plan
   __ Funding from ORS for self-employment
   __ Other: __________

Section 5: PPI
Provider Paid Employment Individual

32. Job Title - Appendix B or Other
   1 primary job
33. **Industry - Appendix C**
   Choose based on Industry of Company
34. Business Type
35. Transportation to work
   Most of the time
36. Length of Employment

37. On site Support
38. Offsite Support
39. How is Job Support Provided
40. Employer Consultation Type
41. Benefits Offered
42. Hourly Wage *(dollars. Cents)*
43. Total Hours Worked
   **Actual Hours nearest QRT hour**
43a. Reason No Hours
Section 6: (PPG) Provider Paid Employment Group

44. a or b Job Title – 1 Primary job

45. Industry - Appendix C
   Choose based on Industry of Company

46. Business Type pick 1

47. Number of Workers: pick 1

48. Transportation to work
   Most of the time

49. Length of Employment

50. On site Support

51. Method of Support

52. Benefits Received

53. Hourly Wage (00.00)

54. Total Hours Worked
   Actual Hours nearest QRT hour

54b. Reason NO Hours

Section 7: (CBNW) Community Based Non-Work Activity

55. CBNW Hours By Activity:

   2 week data collection
   Total: Round to QRT Hour
   - Arts and Leisure
   - Health and Fitness
   - Adult Education or Training
   - Soft Skills/Employment related
   - Activities of Daily Living
   - Volunteering
   - All Other

56. Check the response that best describes how many other people from your day or residential services attended these activities with you.
   (Snap shot of group size)
   ___ Mostly attended on my own
   ___ Mostly attended with 1 or 2 other people from program
   ___ Mostly attended with 3 or more people from program

Ex: Are people going with small or large groups of people with IDD from their program/services.
Section 7: Community Based Non-Work Activity (CBNW)

57. CBNW Reason NO Hours

59. Method of Support

60. CBNW Length of Participation

60b. Less than 3 Mos referral source

58. CBNW Setting:
Select All That Apply

- Public Venue
  - Store Library Park etc
- Member Based Organization
  - Enrolled and/or Fee
  - YMCA Garden Club Rotary
- School/Training Facility
  - Attending for personal enrichment
- Business/Employer

Section 8: (FBNW) DDD Facility Based Non-Work Activity

61. FBNW Hours: Total Nearest QRT hr
In person - record hours
Virtual groups - report 0 hours and report hours under home based.

62. FBNW Reason NO Hours

63. FBNW Length of Time with current day provider
If exited/left FBW and returning indicate length of time since returning.

63a. FBNW Length of time 3 months or less
Status
NEW
Returning

63b. FBNW REASON RETURNING
Select one
- Loss/ Change to community based job
- Change in Health
- Change in Behavior
- Agency unable to provide support-work
- Agency unable to provide support- non work
- Lack of transportation
- Variance
- Other
### Section 9: Non-DDD Facility Based Non-Work Activity (NDFBNW)

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>64. Non-DDD FBNW Hours</td>
<td>2 week data tracking</td>
</tr>
<tr>
<td>Total: Round to Nearest QRT Hour</td>
<td></td>
</tr>
<tr>
<td>65: Reason For NO Hours</td>
<td></td>
</tr>
<tr>
<td>66. Non-DDD FBNW Length of Time</td>
<td></td>
</tr>
<tr>
<td>67. Non-DDD Program/Organization Name</td>
<td>SEE Appendix F or Other</td>
</tr>
</tbody>
</table>

### Section 10: (HBNW) Home Based Non-Work Activity

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>68. HBNW Hours</td>
<td>2 week data tracking</td>
</tr>
<tr>
<td>2 week data tracking</td>
<td></td>
</tr>
<tr>
<td>Round to Quarter Hour</td>
<td></td>
</tr>
<tr>
<td>Include Virtual Agency groups</td>
<td></td>
</tr>
<tr>
<td>69. HBNW Method of Support</td>
<td>In person, Remote, combo</td>
</tr>
<tr>
<td>Survey Contact—change if needed</td>
<td>Prefilled</td>
</tr>
<tr>
<td>• Agency Responsible</td>
<td></td>
</tr>
<tr>
<td>• Contact person if different with liaison</td>
<td></td>
</tr>
<tr>
<td>• Email if different</td>
<td></td>
</tr>
<tr>
<td>• Phone if different</td>
<td></td>
</tr>
<tr>
<td>70. Reason No Hours</td>
<td></td>
</tr>
<tr>
<td>71. HBNW Length participated</td>
<td></td>
</tr>
</tbody>
</table>
Entering Surveys On-line: 
June 14 – July 16

Data Entry –
1. Enter Survey ID Code - prefilled (i.e. Survey ID Agency Completing Survey Consumer Initials and Residential Provider)
3. **Complete a survey click the “Submit” Button.**
4. Exiting or Entering Additional Survey:
   a. Entering additional surveys click “HERE” button 
   b. Ending Data Entry Session click “Exit Survey”.

Survey Feedback & Questions

**Survey Feedback**
will be requested from primary liaisons and survey completers from survey “thank you page”.

**Questions**
If staff have questions about this survey please contact your agency liaison.

If you need guidance on answering:
a survey question & Other Job Title
Vicki Ferrara [vferara@ric.edu](mailto:vferara@ric.edu) or 456-8092.

For New Consumer ID & Online Survey technical issues:
Bernice Panicci [bpanicci@ric.edu](mailto:bpanicci@ric.edu) or 456-4773
Finalizing Survey Data

• Last Survey Entered – Email Bernice
  1. Review Data • Bernice will send you a excel file for your review and our questions
  2. Make edits to Online Individual survey record only.
  3. Notify Bernice data is confirmed once your edits are completed.

Questions Contact:
Vicki Ferrara Sherlock Center on Disabilities
desk: 456-8092 or main line: 456-8072
vferrara@ric.edu

Online Survey Questions
Bernice Panicci bpanicci@ric.edu
456-4773

for your Time Attention & Partnership in Facilitating
The 2021 Annual Employment and Day Services Outcomes Survey
DRAFT

Service Category?

1. Attends Generations T & W and Job M & F
2. Works out - m t w @ 9am
3. Cooking skills at group home? At Agency?
4. Not available for services during quarter?
5. Job Club at agency facility
6. Interviewing Workshop at netWORKri
7. 40 yo attends agency senior program?
   40 yo attends Generations type program?
8. Paid Situational Assessment?
10. Once a month your client washes and vacuums the neighbors car and receives $15.00. - What type of employment?

What’s the purpose of the Survey?
Responsibilities of the Survey liaison?
Your agency gets a NEW client during the quarter
What do you do? Transferred or New
You’re the Agency Data Primary- Your client gets SDS and services from another agency. What do you do?
Who do you contact for....
  • Survey Question/response clarification?
  • Online data entry issue?
You need “final” Survey Tools, What do you do?
When doing “hours” data collection - what is the typical time frame? Employment, SE Services, CBNW
Person discontinues services what do you do?
Service Category?

Short term hospitalization?

I volunteer at a senior center?

Weekly I play bingo and have lunch at the senior center