2023 Bi-Annual Statewide Survey Orientation

DD Employment & Day Activity Outcomes Survey
Welcome

• Survey Liaison
  Veterans, Novice & Newbees

Your Guide
• Vicki Ferrara

Other Resource
• Vanessa Hollands
• Mary Anne Pallack

Have Printed Documents

ZOOM

Mute
Video On

Ask questions in Chat or aloud/unmute

Please Limit Distractions computer/ phone
2023 ANNUAL Survey

- 3058 surveys entered
  - 659 did not participate
  - 2399 participated

YAY!!!!!
Data entry accuracy improved!

Update

- DOJ received Annual report
- Agency reports in process
  - Agency and Statewide
### 2019 to 2023 TRENDS

<table>
<thead>
<tr>
<th></th>
<th>2019 N= 3151</th>
<th>2020 Pandemic N=2429</th>
<th>2022–Annual Pandemic N=2479</th>
<th>2023–Annual Pandemic N= 2399</th>
</tr>
</thead>
<tbody>
<tr>
<td>SE Services</td>
<td>1030 31.2%</td>
<td>608 25%</td>
<td>675 27%</td>
<td><strong>568 23.7%</strong></td>
</tr>
<tr>
<td>Individual Employ</td>
<td>528 16.4%</td>
<td>410 16.9%</td>
<td>408 16.5%</td>
<td><strong>478 20%</strong></td>
</tr>
<tr>
<td>Self Employment</td>
<td>26 0.8%</td>
<td>9 .4%</td>
<td>19 .8%</td>
<td><strong>18 0.8%</strong></td>
</tr>
<tr>
<td>PP Individual Employ</td>
<td>122 3.8%</td>
<td>61 2.5%</td>
<td>56 2.3%</td>
<td><strong>62 2.6%</strong></td>
</tr>
<tr>
<td>PP Group Employ</td>
<td>128 4.0%</td>
<td>91 3.7%</td>
<td>67 2.7%</td>
<td><strong>61 2.5%</strong></td>
</tr>
<tr>
<td>Facility based Work</td>
<td>7 0.2%</td>
<td>0 !!!!!!!</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CB Non work</td>
<td>2545 79.1%</td>
<td>1763 72.6%</td>
<td>1869 75.5%</td>
<td><strong>2148 89.5%</strong></td>
</tr>
<tr>
<td>FB non work</td>
<td>1206 37.5%</td>
<td>428 17.6%</td>
<td>395 15.9%</td>
<td><strong>568 23.7%</strong></td>
</tr>
<tr>
<td>Home based non-wk</td>
<td>510 15.9%</td>
<td>700 28.8%</td>
<td>816 32.9%</td>
<td><strong>No longer collecting</strong></td>
</tr>
<tr>
<td>HB NW only</td>
<td>104 3.2%</td>
<td>231 9.5%</td>
<td>175 7.1%</td>
<td></td>
</tr>
<tr>
<td>Program for the Elderly NW/ only</td>
<td>36 1.1%</td>
<td>16 .7%</td>
<td>10 .4%</td>
<td>94</td>
</tr>
</tbody>
</table>
Orientation Objectives

- Understand Purpose of the Survey Data
- Receive DRAFT Survey Documents
- Understand Role
  - Primary Liaison & Agency Responsibility

- Understand Survey Scope & Data Collection
  - Survey Assignment
  - Survey Changes
  - Survey Preparation- Tools
  - Survey ACTIVITY DEFINITIONS, Questions and Responses
  - Quality Assurance
  - Data Entry
  - Data Confirmation
Survey Purpose

- Obtain a snapshot of Employment, Community and Facility based day activity for individuals eligible for BHDDH- DDD Services.
- A Primary data source for the DOJ Consent Decree
- Benchmarking for state
- Tool for program development for providers

Meet DOJ Criteria-
- Target populations
- Services & Supports
- Activities
- 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
SURVEY EVOLUTION

From 4 to 2 times per year

Survey continues to be adapted to meet the requirements of the DOJ Consent Decree Data Reporting or Provider Feedback.
Packet & Materials

PACKET DRAFT

- Orientation Power Point
- Survey Directions & Appendices
- Answer Sheet
- 2 week Data Tracking Form

MATERIALS Forthcoming

- Final
  - Instructions
  - Survey Answer Sheet
  - Data Collection Sheet
  - Survey Liaison List
Survey Directions

- Total Questions = 72
- Appendices A-F
- No One will answer all Q’s.
- Organized By Activity Category
  - Quarterly Questions
  - 2 Week Questions

DD Employment & Day Activity Outcomes Survey
2023 Annual Survey – Directions, Questions and Guidance

Important Dates

- August 1 to October 31, 2023 is the 3-month survey period.
- October 15 to October 28, 2023 is the two-week data collection period for employment and non-work activities in the community or a facility-based program.
- November 1 to November 30, 2023 is the data entry period.

Directions

- Complete one survey per person assigned to your organization.
- A Survey ID is assigned to each person. The Survey ID is the password to access the online data entry form. Contact your agency liaison if you do not have the Survey ID for an individual.
- Review the survey and directions in their entirety BEFORE completing the survey with the person.
- See the Appendices included with this packet for definitions and lists to help complete the survey with accuracy.
- Two-week employment and non-work activity data:
  - The activity data is a “snapshot” of the person’s employment and non-work activities in the community or a facility-based program, with or without support. It may not account for all activity experienced by the individual.
  - The data requested is related to time spent by the person participating in activities and is not related to billing and do not include transportation time to and from activities.
  - For the employment questions, include evening and weekend work hours.
  - Answer the non-work questions based on the person’s typical day service hours. For some, that may mean reporting hours for activities taking place in the late afternoon/evening and on weekends if the activity is related to day services.
  - When reporting hours of activity, round to nearest .25 (quarter) hour for all related questions. See the key provided on applicable pages.

Reminders

- Start or update survey at http://www.ricoutcomes-surveys.info.
- A Survey Answer Sheet is available for your convenience when collecting data.
  - The Survey Answer Sheet corresponds to the online data entry screens.
  - You can download the sheet at www.ricoutcomes-surveys.info.
- The survey password is the unique SURVEY ID listed on the Consumer Provider List.
- Some question responses in the online survey are prefilled with a “0”. Type over the “0” when entering data (i.e., correct entry “2”; incorrect entry “07”)
- If a job title is not listed in Appendix B: Job Title List, email Vicki Ferrara at vferra@ric.edu before select “Other” in the online survey.
## Answer Sheet

### 1. Activity participated Aug 1 - Oct 31:

<table>
<thead>
<tr>
<th>Supported Employment Services (SES)</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Employment (IE)</td>
<td>50</td>
</tr>
<tr>
<td>Self-Employed (SE)</td>
<td>0</td>
</tr>
<tr>
<td>Provider Paid Individual Employment (PJE)</td>
<td>0</td>
</tr>
</tbody>
</table>

### 2. Work Experience Information Received Aug 1 - Oct 31:

<table>
<thead>
<tr>
<th>Information session</th>
<th>Individual counseling session</th>
<th>SPIA site</th>
<th>TTPA website</th>
<th>Benefits plan in process</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

### 3. ORS Status Aug 1 - Oct 31:

- Applied/Referral: OpenCase
- Closed/Success: Closed/Other
- None

### 4. Technology Owner:

- None

### 5. SES Reference/Start Aug 1 - Oct 31:

<table>
<thead>
<tr>
<th>Referral source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self/Family/School/Service Provider/ORS/BD/Other</td>
</tr>
</tbody>
</table>

### 6. SES Job Search Activities:

<table>
<thead>
<tr>
<th>Aug 1 - Oct 31:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job search, training, etc.</td>
</tr>
<tr>
<td>Community-based, Nonprofit (CNN)</td>
</tr>
<tr>
<td>Provider/Paid Group Employment (PGP)</td>
</tr>
<tr>
<td>Individual Employment (IE)</td>
</tr>
<tr>
<td>Self-Employed (SE)</td>
</tr>
<tr>
<td>Provider/Paid Individual Employment (PJE)</td>
</tr>
</tbody>
</table>

### 7. SES Short-Term Voc Exp Aug 1 - Oct 31:

<table>
<thead>
<tr>
<th>Exp 1 - Oct 31:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6</td>
</tr>
</tbody>
</table>

### 8. SES Long-Term Voc Exp Aug 1 - Oct 31:

<table>
<thead>
<tr>
<th>Exp 1 - Oct 31:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3</td>
</tr>
</tbody>
</table>

### 9. SES Businesses Contacted to Develop a Vocational Experience or Job Opportunity Aug 1 - Oct 31:

- None

### 10. SES Typical Method of Support:

<table>
<thead>
<tr>
<th>Aug 1 - Oct 31:</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Person Only</td>
</tr>
<tr>
<td>Remote Only</td>
</tr>
</tbody>
</table>

### 11. SES Hours Oct 15 - Oct 28:

<table>
<thead>
<tr>
<th>Round each activity to nearest 15 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post secondary, vol. training</td>
</tr>
<tr>
<td>Long-term vocational experience</td>
</tr>
<tr>
<td>Jobs search with me</td>
</tr>
<tr>
<td>Jobs search at my behalf</td>
</tr>
<tr>
<td>Jobs Coaching/Retention (IQA)</td>
</tr>
</tbody>
</table>

### 12. Reason for No Hours:

- Health issues |
- Planned time off |
- Lack of support |

### 13. SES Settings (for activities reported in Question 13):

<table>
<thead>
<tr>
<th>Setting/Activity Category/Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community/Nonprofit/OTS</td>
</tr>
<tr>
<td>Business/Employer</td>
</tr>
<tr>
<td>Provider/Agency/Organization</td>
</tr>
<tr>
<td>Public Venue</td>
</tr>
</tbody>
</table>

### 14. IF Not Employed:

- Yes

### 15. IF Employment:

- Yes

### 16. IF Employment (Part-time or Full-time):

- Yes

### 17. IF Other (Write in):

- None

### 18. IF Employment Type (check one):

- Self-Employed |
- Provider/Paid Group Employment |
- Individual Employment |
- Supported Employment Services |
- Health Issues |
- Other

### 19. IF Hours:

- 40 hours or more |
- 20 hours to 39 hours |
- Less than 19 hours |

### 20. IF Health Issues:

- Personal leave/Pandemic |
- Other

### 21. IF Other (Write in):

- None

### 22. IF Employment:

- Yes

### 23. IF Employment Type (check one):

- Self-Employed |
- Provider/Paid Group Employment |
- Individual Employment |
- Supported Employment Services |
- Health Issues |
- Other

### 24. IF Hours:

- 40 hours or more |
- 20 hours to 39 hours |
- Less than 19 hours |

### 25. IF Health Issues:

- Personal leave/Pandemic |
- Other

### 26. IF Other (Write in):

- None

### 27. IF Employment:

- Yes

### 28. IF Employment Type (check one):

- Self-Employed |
- Provider/Paid Group Employment |
- Individual Employment |
- Supported Employment Services |
- Health Issues |
- Other

### 29. IF Hours:

- 40 hours or more |
- 20 hours to 39 hours |
- Less than 19 hours |

### 30. IF Health Issues:

- Personal leave/Pandemic |
- Other

### 31. IF Other (Write in):

- None

### 32. IF Employment:

- Yes

### 33. IF Employment Type (check one):

- Self-Employed |
- Provider/Paid Group Employment |
- Individual Employment |
- Supported Employment Services |
- Health Issues |
- Other

### 34. IF Hours:

- 40 hours or more |
- 20 hours to 39 hours |
- Less than 19 hours |

### 35. IF Health Issues:

- Personal leave/Pandemic |
- Other

### 36. IF Other (Write in):

- None

### 37. IF Employment:

- Yes

### 38. IF Employment Type (check one):

- Self-Employed |
- Provider/Paid Group Employment |
- Individual Employment |
- Supported Employment Services |
- Health Issues |
- Other

### 39. IF Hours:

- 40 hours or more |
- 20 hours to 39 hours |
- Less than 19 hours |

### 40. IF Health Issues:

- Personal leave/Pandemic |
- Other

### 41. IF Other (Write in):

- None
### Employment Data

When reporting time, round daily activity time and 2-week totals to the nearest 15 minutes. See Hours Key. Minimum wage is $11.00.

**Weekly Hours**

<table>
<thead>
<tr>
<th>Title (Q17 &amp; Q18)</th>
<th>Weekly Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

#### (E) Individual Employment (Section 3)

<table>
<thead>
<tr>
<th>Employed (Q30 &amp; Q30a)</th>
<th>Est. Gross Income (Q36)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### (F) Provider Paid Individual Employment (Section 3)

<table>
<thead>
<tr>
<th>Provider Paid (Q38a)</th>
<th>Provider Paid (Q38)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### (G) Provider Paid Group Employment (Survey Section 6)

<table>
<thead>
<tr>
<th>Provider Paid (Q51 &amp; Q51a)</th>
<th>Provider Paid (Q51)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Non-Work Activity Data

Round daily activity time and 2-week totals to the nearest 15 minutes. See Hours Key on page 1.

#### (H) Supported Employment Services (Section 2)

<table>
<thead>
<tr>
<th>Q11. Supported Employment Hours</th>
<th>Week One - Oct 15</th>
<th>Week Two - Oct 22</th>
<th>TOTAL (Q11)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mon</td>
<td>Tue</td>
<td>Wed</td>
</tr>
<tr>
<td>Career Planning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-School/Voc Training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voc. Experience</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job Search In/Out</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job Coaching/Retention</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### (C) Community-Based Non-Work Hours (Section 7)

**CBBN Hours** Round total to the nearest 15 minutes

<table>
<thead>
<tr>
<th>CBBN Hours</th>
<th>Week One - Oct 15</th>
<th>Week Two - Oct 12</th>
<th>TOTAL (Q23)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mon</td>
<td>Tue</td>
<td>Wed</td>
</tr>
<tr>
<td>Arts, Leisure &amp; Rec</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health &amp; Fitness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Ed or Training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activities of Daily Living</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volunteering</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### (D) DDD Facility-Based Non-Work Hours (Section 8)

**DDBN Hours**

<table>
<thead>
<tr>
<th>DDBN Hours</th>
<th>Week One - Oct 15</th>
<th>Week Two - Oct 22</th>
<th>TOTAL (Q70)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mon</td>
<td>Tue</td>
<td>Wed</td>
</tr>
</tbody>
</table>

#### Hours Key

- 15 min = .25
- 30 min = .50
- 45 min = .75
- Round work hour to nearest 15 minutes (i.e., 12 hours and 45 minutes = 12.75 hours).
## Survey Time Frames

### 2023 Schedule

<table>
<thead>
<tr>
<th>Survey Periods</th>
<th>Collection 2wk Period</th>
<th>Data Entry 4 week Period</th>
<th>Data Clean up Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bi Annual – August – October</td>
<td>Oct 15-28 (no holiday)</td>
<td>November</td>
<td>Dec 15</td>
</tr>
<tr>
<td>2024 Annual - <em>Tentative</em> February - April</td>
<td>April 14-27</td>
<td>May</td>
<td>June 15</td>
</tr>
</tbody>
</table>
Surveys FAQ

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

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 Organization at any time during the quarter.

**Two Agencies or Agency/Self Directed Support (SDS)-**

**What should happen?**
The Entity responsible for reporting data obtains information from other agency/SDS. Communicate in expectations.
Primary Liaison Responsibility

Important to collect data from Shared Consumers:
- Other Provider
- Self Directed

1. Agency Lead for Survey Completion
2. Contact for Agency Staff & Sherlock Center
3. Determine Method for Data Collection and Data Entry
   A. Train Your Staff.
      a) Provide and Review Survey Directions
      b) Review Question meaning and responses
      c) Set expectation for accuracy & meet deadlines
   B. Quality Control-
      a) Review prior to data entry;
      b) Contact Vicki w/ Job Title OTHER and questions

4. FINISH ON TIME!

Shared Consumers – GET/SHARE DATA
1. Communicate and OBTAIN Information from organization and/or SDS
2. Determine A Plan/Method to share data & deadline.
Survey Assignment

Consumer ID List
- Started From Changes provided to SC last survey
- Agencies will Remove and add New
- Confirm - Return by Fax or Secure/Encrypted email/Docs Password

Survey ID-AZ1234
- Consumer Initials &
- Unique ID #
- Used for Online Survey Login

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 Vicki for an Agency code
# 2023 Annual DD Employment and Day Service Outcome Survey

**Provider Consumer List - REVIEW**

**ACTION BASED ENTERPRISES INC**

Count: 56

This list includes individuals receiving employment and/or day services from your agency. In the case that an individual is supported by more than one agency, your agency is identified as the lead agency for purposes of the survey.

1. In the last column, check the box if the individual should be removed from your list. Provide a reason to help us to re-assign the survey (e.g., changed provider, self-directed only, deceased). Write in the current provider and/or BHDDH Caseworker if known.

2. Submit a "New Consumer Form" (available at [www.rioutcomesurvey.info](http://www.rioutcomesurvey.info)) to identify individuals currently receiving employment and/or day services from your agency that you want added to your list.

Return by 3/10/23 to Vicki Ferrara at vferrara@ric.edu or 401-456-8150 with a fax cover sheet.

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>Name</th>
<th>DOB</th>
<th>Self-Directed</th>
<th>Target Pop Mbr</th>
<th>Check to Remove from List</th>
<th>Reason for Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>AA8777</td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MB8769</td>
<td></td>
<td></td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Death**
**Moved out of State**
**Declined Services**
**Transferred to Another Agency - provide New Agency Name**

**Self Directed Services Only**
**Provide BHDDH Social Worker Name if known**
Survey Assignment:
List Change Form (New OR Missing)

**NEW CONSUMER FORM**

Please use this form to list consumers served by your organization that are not on your Provider List (i.e. receiving services at the time of completing this update).

**Provider:**

**Contact Person:**

**Email:**

**Phone:**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Initials</th>
<th>Date of Birth (ex. 6/23/1995)</th>
<th>Using Self Directed Supports* (yes/no)</th>
<th>Prior Agency if Known</th>
<th>SURVEY ID (leave blank, to be assigned by Sherlock Center)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Anyone Missing, or Transferred or New at any time in the Quarter
If new contact Vicki for ID; Transfer decide which agency will enter data.
WEB PAGE: RIOUTCOMESURVEYS.INFO
https://w3.ric.edu/sherlockcenter/rioutcomesurveys.html

Paul V. Sherlock Center on Disabilities at Rhode Island College

Sherlock Home

DD Employment and Day Activity Outcomes Survey

Below are survey links and resources for the 2023 Annual DD Employment and Day Activity Outcomes Survey. Report any issues with the survey to the Sherlock Center. Contact information is provided below for questions or support.

Agency Resources and Survey Link

AGENCY SURVEY LINK

The survey button above is for agencies entering surveys.

This link will open in May 1, 2023 and close on May 31, 2023.
A Survey ID is required to start or update a survey. If you need a Survey ID for a person supported by your agency, contact your agency liaison.

Survey Questions and Instructions 558 kb
Survey Answer Sheet 90 kb
Data Collection Tool 406 kb
Orientation PowerPoint Slides 1.6 MB
SURVEY CHANGES
DD EMPLOYMENT & DAY ACTIVITY (COMMUNITY AND FACILITY BASED)

- Revisions: Removed Responses Pandemic related
- Added response to Tech questions: First Alert/Guardian Activity/Fall Detection device
- Added Questions to CBNW Activity exploring Inclusion and Integration (Court Monitor request) Appendix F
  - Who are people participating with
  - Who is mostly attending the event

1. **Participants:** For each activity type, identify who else participated (e.g., person only, family members, staff, other people with disabilities, community members). Select all that apply for activities participated in for the two-week data period.

2. **Attendees:** For each activity type, identify if the activities were attended mostly by people with disabilities (e.g., activities organized and promoted for PWD) or mostly by the public (e.g. activities organized and open to the public). See examples below.
ACTIVITY Categories
Each Section has related Questions
Select Category based on individual consumer

1. **In which of the following activities did you participate between** August 1 to October 31, 2023? Check all that apply, whether or not you have hours to report for the two-week data period of October 15 to October 28, 2023.

**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 - DDD provider (**Complete Section 8**)
- Non-DDD Facility Based Activity (Medicaid funded) (**no additional data collected for this activity**)
- Elder Program Non-Work Activity (**no additional data collected for this activity**)

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No Longer collecting DATA when individual participates in **ONLY** one of the following Activity Categories:
- NON DDD Facility based Non- Work Activity- Generations, etc.
- Home Based Activity
- Elder Services
Survey Reminders:
3 ACTIVITY CATEGORIES Recording Differently
For those that DO NOT participate in any Employment OR Day Activity (Community Based or Facility Based) as defined by the Survey.

<table>
<thead>
<tr>
<th>Prior SURVEY Category</th>
<th>NEW RESPONSE Did you participate in Employment and Day Activity:</th>
</tr>
</thead>
</table>
| NON DDD Facility Based nonwork-Generations Living Well, Etc. | NO
Reason: Attending a Medicaid funded day program                  |
| Home Based Non Work Activity                   | NO
Reason: In-home Support Only (activities of daily living)         |
| Elder Program Non Work Activity (is still an activity category if also participating in employment and day activity) | NO
Reason: Attending Elder program Only                              |
ACTIVITY Category in a Quarter

Select ACTIVITY if the person in considered:

• Participating in the Activity as defined in activity definitions (Appendix A)

• Whether or not they have hours to report in the 2-week period.

• Only include a person if they are expected to return to the activity category
  • Ex. No longer participating in FBNW, only doing CBNW going forward. Select CBNW
  • Reason NO Hours - Pandemic response removed
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 Categories
Each Section has related Questions
Select Category based on individual consumer

Section 1: Activity Categories and General Questions

1. In which of the following activities did you participate between August 1 to October 31, 2023? Check all that apply, whether or not you have hours to report for the two-week data period of October 15 to October 28, 2023.

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- DDD provider (Complete Section 8)
- Non-DDD Facility Based Activity (Medicaid funded) (no additional data collected for this activity)
- Elder Program Non-Work Activity (no additional data collected for this activity)

The following activity only included if also participating in 1 or more employment or day activity.
- NON DDD Facility based Non- Work Activity- Generations, etc.
- Elder Services
SELECT WHEN..... Integrated Individual Employment/self employment is the focus.

Participated/enrolled to

CHOOSE, GET, KEEP and/or CHANGE a JOB

Includes activities:

- Vocational Counseling  Individual Integrated employment
- Developing a Career/Vocational Profile
- Assessments – Skills/Preferences, Employment focused PCP meeting
- Community Discovery/Mapping- for employment
- Skills Training for an Occupation
- Job Exploration – Info Interview, job shadow, workplace experiences, etc.
- Job Search/Interviewing – identifying potential employers, business outreach/engagement; job interview
- Job Retention supports - short-term & long-term; on site or offsite
- Career change/Advancement counseling/support
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 planned SE activity: discovery/vocational exploration activity; actively job seeking – business outreach, job applications; 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)
- Paid Situational Assessment/Work Trial
**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

**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

**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.

Individual
- Integrated Setting
- Typical work environment
  - Provider payroll

Group
- Community Integrated Job
- 2 or more people
- Enclave mobile work crew
Examples:
- Landscaping Crew
- Window Washing
- Janitorial Crew
- Temp Workers
- Nursery/Flower Shop
- Navy Base
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 in person or remotely.

- Outside of a person's home/yard/driveway 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.
- Community Activity that occurs as part of a Day or Residential Program record as CBNW-group- bowling, library, etc.
- Remote examples - Library hosted Zoom Book Club, Yoga studio host a zoom class.

Examples:

- Arts and Leisure
- Fitness
- Education Training

- Soft skills related to employment and vocational awareness

- ADL skills and/or
- Volunteering.
Enrolled and/or Participating in Non-Work Services or Activities that take place in a provider facility setting. (Agency Day Program, Group Home, or individual's home in participating remotely in Facility based Day Activity.)

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 Activity Day Habilitation** or Day Program.

Remote FBNW hosted ex: Zoom Movement class; Zoom Topical group

These activities include but are not limited to one or more:
- Vocational preparation;
- Social Recreation
- Groups / Clubs
- Professional Therapies (e.g. occupational physical and speech therapies)
- Psychosocial skills development activities of daily living
ACTIVITY Category in a Quarter

FBNW Definition Revised

• **Choose FBNW Activity**
  - Select if on the agency census for FBNW
  - Participating in person or remotely

• **Facility Based Non-Work** – *Location - segregated* (typically consumer and support staff)
  - agency day program facility or
  - residential group home
  - or individual's home if participating in FBNW run activity remotely.
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
   Adult day program Non DD
<table>
<thead>
<tr>
<th>Scenario</th>
<th>Activity</th>
<th>Activity Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maurice - Medically compromised; Does not leave the house except for medical appointment</td>
<td>At home &amp; Medical Appointments</td>
<td>No – Did not participate in Employment of Day Activity Reason Solely Community Support Funding</td>
</tr>
<tr>
<td>Destiny – Attends Generations M,W,F 9-3; T,Th attends agency FBNW Remote; M-F receives in home supports for self-care</td>
<td>Attend remote groups by FBNW Attending Generations In home support</td>
<td>FBNW Do not collect Do Not collect</td>
</tr>
<tr>
<td>Kelvin- Concerns with Covid; Receives in home support Daily</td>
<td>Home activity</td>
<td>No – Did not participate in Employment or Day supports Reason: Pandemic related</td>
</tr>
</tbody>
</table>
Cameron has a PT job T,W,S- 9-noon at Ace Manufacturing; He has job coach support and exploring changing jobs.

He receives in home support to learn cooking, cleaning and money management skills Th for 3 hours (1 hour go to grocery store or other errands)

Friday- he attends an Agency Day program 9-3, sometimes they leave the day program to go to the library, bowling or go to the mall. (Some times he attends Remotely)

He also volunteers on Monday’s without support

<table>
<thead>
<tr>
<th>Activity</th>
<th>Activity Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT Job</td>
<td>IE</td>
</tr>
<tr>
<td>Attends Agency Day Program in person and remote from home</td>
<td>FBNW</td>
</tr>
<tr>
<td>Day program goes to the Mall; Library</td>
<td>CBNW</td>
</tr>
<tr>
<td>In home support - cooking, budgeting, other ADL</td>
<td>N/A</td>
</tr>
<tr>
<td>Grocery store, bank,</td>
<td>CBNW</td>
</tr>
<tr>
<td>Volunteers</td>
<td>CBNW</td>
</tr>
<tr>
<td>Job Coaching and planning for new JOB</td>
<td>SE Services</td>
</tr>
</tbody>
</table>
Activity Example

- Jaden - Wants a job and employment staff are facilitating exploration assessment activities;
- Attends a cooking skills group weekly at a group home.
- Volunteers Monday 3 hours for personal enrichment
- Volunteers Sunday at church

<table>
<thead>
<tr>
<th>Activity</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Career Exploration</td>
<td>SES</td>
</tr>
<tr>
<td>Cooking @ Group Home</td>
<td>FBNW</td>
</tr>
<tr>
<td>Volunteers - M</td>
<td>CBNW</td>
</tr>
<tr>
<td>Volunteers - Su</td>
<td>1. No Category- Do not collect, Not survey timeframe Typically M-F 2. Or Include SES Discovery Observation</td>
</tr>
</tbody>
</table>
Activity Definitions Questions

- Supported Employment Services
- Individual Employment
- Self-Employment
- Provider Paid Employment Individual
- Provider Paid Employment Group
- Community Based Non-Work Activity
- DDD Facility Based Non-work Activity
- Only if participating in an above activity too
  - Non-DDD Facility Based Activity (Medicaid funded)
  - Elderly Non-work Activity

When in Doubt
Make your Best Guess
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
  • Data Collection Tools
  • All Questions Answer Sheet
  • 2 Week Data Collection Tool

TIP Online Survey
Number responses are prefilled with a “0”. Type over the “0” ex. Correct = 7 Incorrect = 07
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
SURVEY ID – AUTO FILLED; INITIALS; DATE of Birth – Auto Filled

Did you participate in employment or day activities in the community or a DDD facility-based program between August 1 - October 31? These activities may have been provided in-person or remotely.

**Yes**, I participated in some employment and/or day activities in the community or at a DDD facility-based program between August 1 to October 31, 2023.

**No**, I did not participate in employment and/or day activities in the community or at a DDD facility-based program for any period of time between August 1 to October 31, 2023.

**IF NO PROVIDE REASON:** pick 1

<table>
<thead>
<tr>
<th>Reason</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>High school/under 22</td>
<td>Hospitalized/nursing home/hospice/assisted living</td>
</tr>
<tr>
<td>Funding issue/awaiting waiver determination</td>
<td>Services provided out of state</td>
</tr>
<tr>
<td>New/pending services</td>
<td>Solely Community Support funding - respite/home health aide/RN services</td>
</tr>
<tr>
<td>Systems capacity issue (e.g., on agency wait list/ lack of staff, no access to services)</td>
<td>Attending a Medicaid funded day program (e.g., Generations, Living Well, etc.)</td>
</tr>
<tr>
<td>Transferring agency</td>
<td>Attending Elder Program only</td>
</tr>
<tr>
<td>Extended vacation/absence</td>
<td>In-home supports only (e.g., activities of daily living)</td>
</tr>
<tr>
<td>Temporarily declined/refused/suspended agency services</td>
<td>Closed/discharged/terminated BHDDH services</td>
</tr>
<tr>
<td>Lack of follow-thru by family or participant</td>
<td>Deceased</td>
</tr>
<tr>
<td>Health issues</td>
<td>Other: ______________________________</td>
</tr>
</tbody>
</table>

OPTIONAL COMMENT: ___________________________
### Common Issues/ Quality Data Answering Questions

- Selecting NO & responding “Other”, when response exists.

<table>
<thead>
<tr>
<th>OTHER ANSWER</th>
<th>RESPONSE on SURVEY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Left for shared living</td>
<td>A. System Capacity Issue</td>
</tr>
<tr>
<td>2. Not AVAILABLE</td>
<td>B. Solely Community Support Funding</td>
</tr>
<tr>
<td>3. NO OUTINGS DUE TO MEDICAL CONDITION</td>
<td>C. Health Issue</td>
</tr>
<tr>
<td>4. LANGUAGE BARRIER</td>
<td>D. Transferring Agency</td>
</tr>
<tr>
<td>5. STAFFING ISSUE/ No Support Available</td>
<td>E. Attending Medicaid Funded Day Program</td>
</tr>
<tr>
<td>6. NOT WORKING, doing some day activity</td>
<td>F. Call Vicki</td>
</tr>
<tr>
<td>7. ATTENDING NON DDD ADULT DAY PROGRAM</td>
<td>G. Participate in the survey</td>
</tr>
<tr>
<td>8. Went to different agency or SDS</td>
<td>F. Declined / Suspended /Refused Services</td>
</tr>
<tr>
<td>9. Only Community Support Funding</td>
<td>G. Closed/ Terminated</td>
</tr>
<tr>
<td>10. Moved out of State</td>
<td>F. In Home Supports Only</td>
</tr>
</tbody>
</table>
1. In which of the following activities did you participate between August 1 - October 31?
Check all that apply, whether you have hours to report or not for the two-week data period of October 15 – October 28, 2023

SEE APPENDIX A – ACTIVITY DEFINITIONS

Section 1: Activity Categories and General Questions

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___ 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- DDD provider (Complete Section 8)
___ Non-DDD Facility Based Activity (Medicaid funded) (no additional data collected for this activity)
___ Elder Program Non-Work Activity (no additional data collected for this activity)
2. Did you receive information on Social Security Work Incentives between **August 1 - October 31**? *Check all that apply.*

*Refers to receiving information to learn how earnings impact SSI, SSDI, and Health insurance (Medicaid, Medicare, Sherlock Plan.)*

<table>
<thead>
<tr>
<th>No information received</th>
<th>Spoke with a Social Security Administration Representative about Work Incentives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provided written materials</td>
<td>Called Ticket to Work Helpline</td>
</tr>
<tr>
<td>SC Overview of WI info; SSA Working While Disabled brochure; Benefit Counseling decision making tool; etc.</td>
<td>Attended an individual counseling session with a CWIC</td>
</tr>
<tr>
<td>Attended Work Incentive information session</td>
<td>Written benefits plan in process by CWIC</td>
</tr>
<tr>
<td>RIPIN SC Other</td>
<td>Written benefits Plan received from CWIC</td>
</tr>
<tr>
<td>Accessed Social Security Administration Website</td>
<td>A CWIC is a Certified Work Incentives Benefits Counselor. See APPENDIX E for a list of CWICs.</td>
</tr>
</tbody>
</table>
### Section 1: General Questions (QTR)

3. What best describes your status with the Office of Rehabilitation Services (ORS) between August 1 to October 31, 2023?

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

4. Which of the following technology devices do you own (e.g., a device that is yours and that you do not need to give back)? Check all that apply.

<table>
<thead>
<tr>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>__ Cell Phone</td>
</tr>
<tr>
<td>__ Computer or Laptop</td>
</tr>
<tr>
<td>__ Tablet (e.g., iPad, Amazon Fire)</td>
</tr>
<tr>
<td>__ Smart Speaker (e.g., Amazon Echo or Google Nest)</td>
</tr>
<tr>
<td>__ Smart Watch (e.g., Apple, Samsung Galaxy, Fitbit Sense)</td>
</tr>
<tr>
<td>__ Game Console (e.g., Xbox, PlayStation, Nintendo)</td>
</tr>
<tr>
<td>__ Portable Media Player</td>
</tr>
<tr>
<td>__ Wearable Fitness Tracker</td>
</tr>
<tr>
<td>__ Communication Aid (e.g., Dynavox)</td>
</tr>
<tr>
<td>__ Other: __________________________</td>
</tr>
<tr>
<td>__ None (I do not own any technology listed)</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

5. Were you referred to or did you start receiving supported employment services between Aug 1 - Oct 31?  
   5a. SES Referred / Started: 
   __ Yes, I was referred to/started SES between Aug 1 - Oct 31 
   __ No, I was enrolled in SES before Aug 1

5a. If yes, who referred you to Supported Employment Services?  
   5a. SES Referral Source: 
   __ Self / family 
   __ School 
   __ Adult Service Provider 
   __ Office of Rehabilitation Service (ORS) 
   __ BHDDH 
   __ Other: _____________________________
Section 2: SE Services Activity (SES)

6. Which of the following Job Search Activity did you participate in or complete between August 1 - October 31?  **Select all that apply**

- I participated in an Employment-focused, person-centered planning meeting (not ISP)
- I created a Community Map to help me learn about businesses near me
- I attended an informational interview, job shadow, or tour with an employer
- I completed a job trial, situational assessment, or internship with an employer
- I created a list of technology (e.g., mobile devices, smart speaker, apps, specialty device/communication) that I will use to get or keep a job
- I attended a job club/class (job search or job retention related)
- I created a written resume
- I created a visual resume (pictures or video)
- I applied for 1 or more jobs online or in-person
- I attended 1 or more job interview/s with an employer
- None of the above
<table>
<thead>
<tr>
<th>Question</th>
<th>SES Number of</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. How many short-term vocational experiences (&lt;30 days) did you complete between August 1 - October 31?</td>
<td><strong>ST</strong> vocational experiences:</td>
<td>Response 1 through 5+</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Examples: mock interview, job shadowing, brief situational assessment</td>
</tr>
<tr>
<td>8. How many long-term vocational experiences (&gt;30 days) did you complete between August 1 - October 31?</td>
<td><strong>LT</strong> vocational experiences:</td>
<td>Response 1 through 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Examples: job trial, situational assessment, internship</td>
</tr>
<tr>
<td>9. How many businesses were contacted on your behalf to develop a vocational experience or job opportunity between August 1 - October 31?</td>
<td>SES Number of Businesses contacted:</td>
<td>____</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Count each business only once even if contacted multiple times in the 3-month period.</td>
</tr>
</tbody>
</table>
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
Section 2: SE Services Activity (SES)

11. How many HOURS (if any) did you participate in each of the following supported employment activities from **Oct 15 - Oct 28**? Data Tracking Form (Round to .25)

- Career Planning
  - Activity to help plan choose get keep or change job/advancement (Counseling, Empl. 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.

- 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)
12. Reason No Hours
- Health Issue
- Vacation
- Lack Supports
- Other

13. Setting: Where is Activity Taking Place?
- Select all that apply:
  - netWORKri
  - Business/Employer
  - Public Venue *(library etc.)*
  - School/Training Facility
    - CCRI, RIC, MTTI, NE Tech
    - RI Foodbank, etc.
  - DD Provider Organization
  - Home/Residence
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
- Assistant Manager
JOB TITLES Connect to list

A. Cart Shagger
B. Bottle Collector
C. Stocks Snacks
D. Clerk/Banking
E. Lunch Orders
F. Personal Shopper
G. Shredder
H. Painters Helper
I. Bus Aide
J. Sample Server

1. Teller
2. Sales Person all types
3. Bus Monitor or Aide
4. Trades - ALL
5. Trash/Refuse Recycle Material
6. Office and Administrative support
7. Demonstrators and Product Promoters
8. Bagger and/or Carriage retrieval
9. Vending Machine Box Servicer
10. Delivery – all types
### 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</td>
<td>Retail Trade</td>
</tr>
<tr>
<td>Big Box store, Boutique</td>
<td></td>
</tr>
<tr>
<td>Day Care, Hospital, Nursing Home, Private Dentist/Doctor,</td>
<td>Healthcare &amp; Social Assistance</td>
</tr>
<tr>
<td>Human Service Agency</td>
<td></td>
</tr>
</tbody>
</table>
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) QTR**  
**Individual Employment**

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
</table>
| **14. Did you START a new individual Job between August 1 - October 31?** | **IE Started Job:**  
___ Yes, I started a new individual job hired onto the employer’s payroll  
___ No, I did not start a new individual job hired onto the employer’s payroll. |
| **14a. If yes, how was this new job obtained?** | **IE Job Obtained:**  
___ Hired into existing job  
___ Hired into customized job (i.e., carved, created) |
### Section 3: Individual Employment

<table>
<thead>
<tr>
<th>15. Did you <strong>END</strong> an individual job between 8/1-10/31?</th>
<th><strong>IE Ended Job:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>__</strong> Yes, I ended an individual job hired on the employer’s payroll.</td>
<td><strong>__</strong> No, I did not end an individual job hired on the employer’s payroll.</td>
</tr>
</tbody>
</table>

**15a. If yes, primary reason for the individual job ending?**

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

**15b. If yes, how long were you employed at the individual job that ended?**

| **IE Job Length:** | **__** 1 yr or << than 2 yrs |
|-------------------|_________________|
| __ < 1 month      | __ 2 yrs or << than 5 yrs |
| __ 1 month or << than 3 mos. | __ 5 yrs or << than 10 yrs |
| __ 3 mos. or << than 6 mos. | __ 10 yrs or > |
Section 3: Individual Employment

16. Were you employed from October 15 - October 28?  __ Yes  __ No
If Yes, Continue to Question 17

17. Job Title – pick 1 job (OTHER)

18. Employer Type

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

20. Onsite Support
   Frequency of Job Coaching
   NOT Transportation

21. Off Site Support

22. How Job Support Provided
   (In Person, Remote, Combination)

23. Type Employer Consultation
   All that apply

24. What technology do you use to support your job? (Check all that apply)
   This is technology that you own, or your employer provides to help you to learning, do or keep your job (e.g., a check list on your cell phone, device that reads text or helps you to communicate, smart speaker that reminds you when to catch your ride to work). It is not equipment used to complete your job (e.g., cash register, copy machine, inventory scanner).

   __ None    __ Cell Phone
   __ Computer or Laptop
   __ Tablet (e.g., iPad, Amazon Fire)
   __ Smart Speaker (e.g., Amazon Echo, Google Nest)
   __ Smart Watch __ Portable Media Player
   __ Communication Aid (e.g., Dynavox)
   __ Other (list):

  ___________________________________

Do not list equipment used to complete your job (e.g., cash register, copy machine, inventory scanner).
Section 3: Individual Employment

25. Transportation to work
   Most of the time

26. Length of Employment

27. Benefits Received
   All that apply

28. Hourly Wage  **MINIMUM WAGE $13.00**

29. Total Hours Worked
   Round to nearest QTR hour
   **2 week data collection**

29a. Reason for NO Hours
Section 4: Self Employment (SE)

30. Job Title – pick 1 job
   Other: Contact Vicki
31. Length of Employment
32. Onsite Support – pick 1
33. Job Support Typically Provided
   In-person, Remote, Combination
34. NEW Response - Technology Use
35. See block to right
36. Estimated income either:
   - total for 2 week period
   - OR 2-week average for the QTR
37. Total Hours Worked
   Round to nearest QTR hour
37a. Reason for No Hours

35. Resource support your self-employed job between August 1 - October 31?

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

38. Job Title - Appendix B or Other 1 primary job
39. Industry - Appendix C
   Choose based on Industry of Company
40. Business Type
41. Transportation to work Most of the time
42. Length of Employment
43. On site Support
44. Offsite Support
45. How is Job Support Provided
46. Employer Consultation Type
47. NEW Response: Technology Use
48. Benefits Offered
49. Hourly Wage (Dollars. Cents)
50. Total Hours Worked
   Actual Hours nearest QTR hour
50a. Reason No Hours
Section 6: (PPG) Provider Paid Employment Group

51. a or b  Job Title – 1 Primary job
52. Industry- Appendix C
   Choose based on Industry of Company
53. Business Type pick 1
54. Number of Workers: *pick 1*
55. Transportation to work
   Most of the time
56. Length of Employment

57. On site Support
58. Method of Support
59. NEW Technology USE
60. Benefits Received
61. Hourly Wage (00.00)
62. Total Hours Worked
   Actual Hours nearest QTR hour
62a. Reason NO Hours
Section 7: (CBNW)
Community Based Non-Work Activity

Q 63 REVISED/NEW a., b.
For each type of community-based non-work activities that you participated in from Oct 15 – 28.

Answer the non-work questions based on the person’s typical day services. For some, that may mean reporting hours for activities occurring in the late afternoon/ evening and on weekends if the activity is related to day services. Do not include transportation to and from activity.

• 63. Enter the number of hours for the two-week period
• 63 a. REVISED next slide
• 64 b. NEW next slide
Section 7: (CBNW) Community Based Non-Work Activity

63 a. PARTICIPANTS:
REVISED: Who else participated in the activities (Select all that apply for activities participated in for the two-week data period):
- Only myself
- 1+ family mbrs
- 1+ staff
- 1+ community mbrs
- 1 to 2 PWD
- 3 to 5 PWD
- More than 5 PWD

63 b. ATTENDEES: Select 1
NEW: For each activity type, identify if the activities were attended:
- Mostly by people with disabilities (e.g., activities organized and promoted for PWD)
- Mostly by the public (e.g. activities organized and open to the public).

Examples NEXT 2 SLIDES
### Section 7: (CBNW) Community Based Non-Work Activity

<table>
<thead>
<tr>
<th>Activity Type</th>
<th>Hours (Q63)</th>
<th>Who Else Participated (Q63a) Check all that apply</th>
<th>Attendees (Q63b) Check One</th>
</tr>
</thead>
<tbody>
<tr>
<td>Art, Leisure, Recreation (e.g., show, dining, crafting class)</td>
<td></td>
<td>_ Only myself_  _ 1+ family mbrs_  _ 1+ staff_  _ 1+ community mbrs_</td>
<td>_ 1 to 2 PWD_  _ 3 to 5 PWD_  _ More than 5 PWD_</td>
</tr>
<tr>
<td>Health &amp; Fitness</td>
<td></td>
<td>Same as above</td>
<td></td>
</tr>
<tr>
<td>Adult Education or Training (for personal enrichment)</td>
<td></td>
<td>Same as above</td>
<td></td>
</tr>
<tr>
<td>Soft Skills / Employment Related</td>
<td></td>
<td>Same as above</td>
<td></td>
</tr>
<tr>
<td>Activities of Daily Living</td>
<td></td>
<td>Same as above</td>
<td></td>
</tr>
<tr>
<td>Volunteering</td>
<td></td>
<td>Same as above</td>
<td></td>
</tr>
<tr>
<td>All Other</td>
<td></td>
<td>Same as above</td>
<td></td>
</tr>
</tbody>
</table>
## Section 7: (CBNW) Community Based Non-Work Activity

### 63 b. EXAMPLES:

<table>
<thead>
<tr>
<th>Mostly People with Disabilities</th>
<th>Mostly the Public</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person attends an exercise class at the YMCA mostly attended by people with disabilities.</td>
<td>Person attends an exercise class at the YMCS mostly attended by people from the community.</td>
</tr>
<tr>
<td>Person attends a Job club at Network RI for people with disabilities.</td>
<td>Person attends an employment skills class at Network RI for all job seekers.</td>
</tr>
<tr>
<td>Person attends a crafting class at a local yarn shop organized by a disability-focused agency.</td>
<td>Person attends a crafting class at a local yarn shop open to the public.</td>
</tr>
<tr>
<td>Person attends a luncheon at a local restaurant organized by a disability-focused agency.</td>
<td>Person has lunch at a local restaurant with a few people they know.</td>
</tr>
</tbody>
</table>
### Section 7: (CBNW)
Community Based Non-Work Activity

63 b. EXAMPLES Continued:

<table>
<thead>
<tr>
<th>Mostly People with Disabilities</th>
<th>Mostly the Public</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person visits the local library to engage in activities organized by a program or a space set aside for a program.</td>
<td>Person visits the local library to access general resources or activities open to all patrons.</td>
</tr>
<tr>
<td>Person goes to a concert organized for people with disabilities (e.g., sensory sensitive)</td>
<td>Person goes to a local social club to listen to music.</td>
</tr>
<tr>
<td>Person participates in a sporting activity through Special Olympics.</td>
<td>Person participates in pickleball through a town recreation program.</td>
</tr>
<tr>
<td>Person takes a hike with a group of people from their program.</td>
<td>Person takes a guided hike open to members of a local horticultural group.</td>
</tr>
</tbody>
</table>
Section 7: (CBNW) Community Based Non-Work Activity

64. CBNW Settings:
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**

65. CBNW Reason NO Hours
66. Method of Support
67. Technology Use Responses
68. CBNW Length of Participation
Section 8: (FBNW) DDD Facility Based Non-Work Activity In person or remote

69. **FBNW Hours**: Total Nearest QTR Hour
70. **FBNW Reason NO Hours**
71. **FBNW Length of Time with current day provider**
72. **FBNW Method of Support**
Common Issues/Quality Data Answering Questions

- Selecting a category providing data and then deselecting category (leaving data)
- Using information from case record vs confirming actual
- Wrong Wage or Hours
- Including info outside of 3 mos. or 2 week survey period
- Not obtaining data from other program or SDS
- Company Industry based on job title vs. Business purpose
Survey Contact – change if needed

Prefilled
• Agency Responsible
• Contact person if different with liaison
• Email if different
• Phone if different

Quality- Review Responses
Survey responses match the Survey ID
Selected categories have responses
Other enter after feedback from Vicki
Numbers are accurate
    Hours don’t have an extra “0” Wage

SUBMIT Survey
Common Issues
Quality Data Entry

- **Online Survey Password is the Consumer Survey ID**
- Leaving the “0” in a number response “07” - Correct is 7
- Providing Hours vs Count
- Starting a survey then entering a different Survey ID
- Not “Submitting” the survey – remains Partial
- Entering Other Job Title without contacting Vicki first
Entering Surveys On-line: November 1-30

Data Entry – Start from RIOOUTCOMESURVEYS.INFO

1. Enter PASS WORD (Consumer SURVEY ID Ex. MG123)
2. CONFIRM SURVEY ID MATCHES DEMOGRAPHICS
4. NOTE if there is a change in who is entering the survey.
5. Complete a survey, click the “Submit” Button.
6. Exiting or Entering Additional Survey:
   a. Entering additional surveys click “HERE” button
   b. Ending Data Entry Session click “Exit Survey”.

72
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 [vferrara@ric.edu](mailto:vferrara@ric.edu) or 456-8092

For New Consumer ID & Online Survey technical issues:
Vicki Ferrara [vferrara@ric.edu](mailto:vferrara@ric.edu) or 456-8092
Finalizing Survey Data

When you enter the Last Survey—Email Vanessa

1. **Review Data**- You will be sent and excel file for your review and our questions. Review for anomalies - # extra “0”

2. **Make edits to Online Individual survey record only**. (Do NOT edit the excel spread sheet)

3. **Notify Vanessa once your edits are completed.**

4. **Survey process Complete!**

Sherlock Center finalizes data and Creates reports

1. Consent Decree Monitor report
2. Statewide report
3. Agency report
for your time, attention & partnership in facilitating the 2023 Bi-Annual Employment and Day Services Outcomes Survey

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

Vanessa Hollands: 456-8072  vhollands@ric.edu

Back up Contact: mpallack@ric.edu
• 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. Where do you get them?
• When doing “hours” data collection - what is the typical time frame? Employment, SE Services, CBNW
• Person discontinues services during the survey period what do you do?
Collect Hours?

Y or N  Collect hours for CBNW data if client goes out to the movies at 7pm?

Y or N  Works Saturday nights 10 pm to 2 am with no supports?

Y or No  Receives in home support?

Y or N  Attends medical appts. during the week?

Y or N  You select a service category if the person is considered enrolled even if they spent no hours in the program

Service Category

- Survey Participation:
  - What is the criteria to select Yes?
  - What is the criteria to select No?

- What is the criteria for Supported Employment Services?

- What is the criteria for Self-Employment?

- What is criteria for Community Based Non Work?
WHAT ACTIVITY CATEGORY WOULD YOU CHOOSE?

1. Attends Living Well Center T & W and Job M & F, ADL support at home Thursday
2. Works out - M, T, W @ 9am
3. Cooking skills class at group home? At Agency? Zoom Session?
4. Not available for services during quarter?
5. Job Club at agency facility
6. Interviewing Workshop at netWORKri
7. 40 year old attends agency senior 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?
Pick the Service Category for each activity?

1. Homebased – ADL support only
2. Short term hospitalization
3. Volunteers at a senior center?
4. Play bingo and have lunch at the senior center?