

DD
Employment
& Day
Activity
Outcomes
Survey

2024 Annual Statewide Survey Orientation

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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

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2023 Bi-ANNUAL Survey

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



Update

- DOJ received Annual report
- Agency reports in process
- Agency and Statewide

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2019 to 2023 *TRENDS*

	2019 N= 3151		2020 Pandemic N=2429		2022–Annual Pandemic N=2479		2023–BI Annual Pandemic N= 2399	
SE Services	1030	31.2%	608	25%	675	27.%	595	24.8%
Individual Employ	528	16.4%	410	16.9%	408	16.5%	519	21.7%
Self Employment	26	0.8%	9	.4%	19	.8%	21	0.9%
PP Individual Employ	122	3.8%	61	2.5%	56	2.3%	58	2.4%
PP Group Employ	128	4.0%	91	3.7%	67	2.7%	43	1.8%
Facility based Work	7	0.2%	0	!!!!!!	0		0	
CB Non work	2545	79.1%	1763	72.6%	1869	75.5%	2165	90.3%
FB non work	1206	37.5%	428	17.6%	395	15.9%	526	21.9%
Home based non-wk HB NW only	510 104	15.9% 3.2%	700 231	28.8% 9.5%	816 175	32.9% 7.1%	No longer collecting	
Program for the Elderly NW/ only	36	1.1%	16	.7%	10	.4%	94	

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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

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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

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SURVEY EVOLUTION



2 times per year

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

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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

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DD Employment & Day Activity Outcomes Survey 2024 Bi-Annual Survey – Directions, Questions and Guidance

Survey Directions

- Total Questions = 71
- Appendices A-F
- **No One will answer all Q's.**
- Organized By Activity Category
 - Quarterly Questions
 - 2 Week Questions

Important Dates

- **February 1 to April 30, 2024** is the 3-month survey period.
- **April 14 to April 27, 2024** is the two-week **data collection period** for employment and non-work activities in the community or a facility-based program.
- **May 1 to May 31, 2024** 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:
 - o 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.
 - o 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.
 - o For the employment questions, include evening and weekend work hours.
 - o 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.
 - o 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.rioutcomesurveys.info>.
- A **Survey Answer Sheet** is available for your convenience when collecting data.
 - o The Survey Answer Sheet corresponds to the online data entry screens.
 - o You can download the sheet at www.rioutcomesurveys.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 "7"; 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.

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Data Collection Tools

Answer Sheet 5 pages

The image displays two pages of the survey answer sheet. The left page is titled '2024 Annual DD Employment and Day Activities Outcome Survey - Answer Sheet' and contains sections for 'DEMOGRAPHICS', 'SECTION 1: ACTIVITY CATEGORIES AND GENERAL QUESTIONS', and 'SECTION 2: BIRTH SUPPORTED EMPLOYMENT SERVICES'. The right page is titled '2024 Annual DD Employment and Day Activities Outcome Survey - Answer Sheet' and contains sections for 'EMPLOYMENT DATA' and 'SECTION 3: BIRTH SUPPORTED EMPLOYMENT SERVICES'. Both pages include various checkboxes, dropdown menus, and text input fields for data collection.

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Data Collection Tools

2 Week Data Collection
4 pages

2024 Bi Annual DD Employment and Day Activities Outcome Survey – 2 Week Data Collection Tool
Name: _____ Survey ID: _____

EMPLOYMENT DATA

When reporting time, round daily activity time and 2-week totals to the nearest 15 minutes. See Hours Key.
Minimum wage is \$14.00.

(D1) INDIVIDUAL EMPLOYMENT - (Section 3)

Title (Q17 & 17a): _____ Hourly Wage (Q24): _____

Work Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Total
Week 1: April 14								
Week 2: April 21								

Q 20a. Reason no hours: Furlough Planned Time off Sick Leave
 Lack of Supports Other

TOTAL ACTUAL IE WK
WK HRS (Q26):

(D1) SELF EMPLOYED - (Section 4)

Title (Q28 & 30a): _____ Est. Gross Income (Q34): _____

Work Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Total
Week 1: April 14								
Week 2: April 21								

Q 37a. Reason no hours: Contract-based Seasonal
 Health Issues Planned Time off Lack of Supports
 Other

TOTAL ACTUAL SELF EMPLOYED
WK HRS (Q37):

(D1) PROVIDER PAID INDIVIDUAL EMPLOYMENT - (Section 5)

Title (Q38 & 38a): _____ Hourly Wage (Q44): _____

Work Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Total
Week 1: April 14								
Week 2: April 21								

Q 41a. Reason no hours: Furlough Planned Time off Sick Leave
 Lack of Supports Other

TOTAL ACTUAL PPI
WK HRS (Q45):

(D1) PROVIDER PAID GROUP EMPLOYMENT - (Survey Section 6)

Title (Q51 & 51a): _____ Hourly Wage (Q61): _____

Work Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Total
Week 1: April 14								
Week 2: April 21								

Q62a. Reason no hours: Furlough Planned Time off Sick Leave
 Lack of Supports Other

TOTAL ACTUAL PPG
WK HRS (Q62):

Hours Key: 15 min = .25 30 min = .50 45 min = .75
Round work hours to nearest 15 minutes (i.e., 1.2 hours and 45 minutes = 1.75 hours)

2024 Bi Annual DD Employment and Day Activities Outcome Survey – 2 Week Data Collection Tool
Name: _____ Survey ID: _____

NON-WORK ACTIVITY DATA

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

(D2) SUPPORTED EMPLOYMENT SERVICES (Section 2)

Q11. Supported Employment Hours (Round to the nearest 15 minutes)

	Week One - April 14							Week Two - April 21							TOTAL HOURS
	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	
Career Training															
Post-sec. ed. training															
CT Voc. Experience															
CT Voc. Experience															
Job Search (w/ job)															
Job Search (w/ no job)															
Job Coaching/Rehabilitation															

Q12. Reason no hours: Health Issues Planned Time off Refused/Canceled Lack of Supports No Supports
 Other

Q13. Setting: DD Provider Home/Residence Business/Employer Public Venue School/Training

COMMUNITY BASED NON-WORK HOURS (Section 7)

See pages 3 & 4

DD FACILITY-BASED NON-WORK HOURS (Section 8)

Q20. FENW Non-Work Hours (Round total to the nearest 15 minutes)

	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Week 1: April 14						
Week 2: April 21						
						TOTAL (Q20):

Q 24a. Reason no hours: Health Issues Planned Time off Lack of Supports Other

Hours Key: 15 min = .25 30 min = .50 45 min = .75
Round work hours to nearest 15 minutes (i.e., 1.2 hours and 45 minutes = 1.75 hours)

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Survey Time Frames

2024 Schedule

Survey Periods	Collection 2wk Period	Data Entry 4 week Period	Data Clean up Deadline
Annual 2024 – Feb – April	April 14 - 27 (no holiday)	May	June 15
2024 Bi Annual - <i>Tentative</i> August - October	Oct 13-26	November	Dec 13

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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.

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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.

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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

Confidentiality

- Data Collection
- Data Entry
- Reporting Discrepancies

Survey ID-AZ1234

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

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

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Survey Assignment: **Due by March 28** List Change Form (New OR Missing)

2024 Annual DD Employment and Day Service Outcome Survey
Provider Consumer List - REVIEW

ACTION BASED ENTERPRISES INC Count: 53

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) to identify individuals currently receiving employment and/or day services from your agency that you want added to your list.

Return by 3/28 to Vanesa Hollands at vhollands@ric.edu or fax with a cover sheet to 401-456-8150.

Survey ID	Name	DOB	Self-Directed	Target Pop Mbr	Check to Remove from List	Reason for Change
AA8777			Yes	Yes	<input type="checkbox"/>	Write-in current DDO or DDD Caseworker if known.
MB8769			No	Yes	<input type="checkbox"/>	

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

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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).

Email to Vanessa Hollands at vhollands@ric.edu

Provider:		Contact Person:				
Email:		Phone:				
First Name	Last Name	Initials	Date of Birth (ex. 6/23/1995)	Using Self Directed Supports* (yes/no)	Prior Day Provider if Known	SURVEY ID (leave blank, to be assigned by Sherlock Center)

**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**

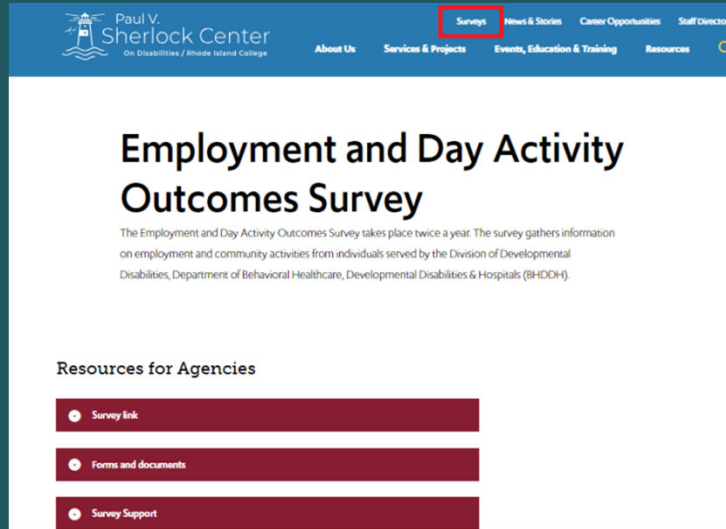
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Common Issues Quality Data Entry

- **Online Survey Password is the Consumer Survey ID**
- SES Job Coaching – Voc Experiences or Ind Employment
- 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

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WEB PAGE: WWW.RIOUTCOMESURVEYS.INFO



SURVEY CHANGES

DD EMPLOYMENT & DAY ACTIVITY (COMMUNITY AND FACILITY BASED)

- Added response to Tech questions: SMART TV
- Revised Self-Employment – Income to ANNUAL Income
- Added Questions to CBNW Activity exploring Inclusion and Integration

Appendix F

- Clarified Who are people participating with
- Added Number of Activities per Activity area

ACTIVITY Categories

Each Section has related Questions

Select Category based on individual consumer

1. In which of the following activities did you participate between February 1 to April 30, 2024?
Check all that apply, whether or not you have hours to report for the two-week data period of April 14 to April 27, 2024.

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)

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.

Prior SURVEY Category	NEW RESPONSE Did you participate in Employment and Day Activity:
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 is 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

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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

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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 February 1 to April 30, 2024?
Check all that apply, whether or not you have hours to report for the two-week data period of April 14 to April 27, 2024.

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

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ACTIVITY Category Definitions

Supported Employment 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

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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

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Activity Category Definitions

Individual Employment

- Community-based
- Individual job
- Hired onto the Employer's payroll
- With or without job supports
- **(Include people in retention support)**

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

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Activity Category Definitions

Self Employment

Self-employment	Self Employed
<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Consultant/Instructor Own a Kiosk/Shop Online Business Provide a Service (beyond a hobby) <ul style="list-style-type: none"> DJ, Delivery, Artist, Digital Photos, Animal Caretaker Micro Business – Eggs Jewelry
<p>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.</p>	<p>NOT Self-Employment</p> <ul style="list-style-type: none"> - If agency providing paycheck - Favor for a neighbors recycle bin - Picking up cans for pocket \$ - Occasional payment for a craft or activity

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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	Group						
<ul style="list-style-type: none"> Integrated Setting Typical work environment <ul style="list-style-type: none"> Provider payroll 	<ul style="list-style-type: none"> Community Integrated Job 2 or more people Enclave mobile work crew 						
<p>Examples:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Landscaping Crew</td> <td style="width: 50%;">Window Washing</td> </tr> <tr> <td>Janitorial Crew</td> <td>Temp Workers</td> </tr> <tr> <td>Nursery/Flower Shop</td> <td>Navy Base</td> </tr> </table>		Landscaping Crew	Window Washing	Janitorial Crew	Temp Workers	Nursery/Flower Shop	Navy Base
Landscaping Crew	Window Washing						
Janitorial Crew	Temp Workers						
Nursery/Flower Shop	Navy Base						

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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.

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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. (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;
- Groups / Clubs
- Psychosocial skills development activities of daily living
- Social Recreation
- Professional Therapies (e.g. occupational physical and speech therapies).

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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.*

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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**

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Activity Example

Scenario	Activity	Activity Category
Maurice- Medically compromised; Does not leave the house except for medical appointment	At home & Medical Appointments	No – Did not participate in Employment of Day Activity Reason Solely Community Support Funding
Destiny – Attends Generations M,W,F 9-3; T,Th attends agency FBNW Remote; M-F receives in home supports for self-care	Attend remote groups by FBNW	FBNW
	Attending Generations	Do not collect
	In home support	Do Not collect
Kelvin- Health Concerns; Receives in home support Daily	Home activity	No – Did not participate in Employment or Day supports Reason: Pandemic related

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Activity Example

- 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

Activity	Activity Category
PT Job	IE
Attends Agency Day Program in person and remote from home	FBNW
Day program goes to the Mall; Library	CBNW
In home support – cooking, budgeting, other ADL	N/A
Grocery store, bank,	CBNW
Volunteers	CBNW
Job Coaching and planning for new job	SE Services

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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

Activity	Category
Career Exploration	SES
Cooking @ Group Home	FBNW
Volunteers - M	CBNW
Volunteers -Su	1. No Category- Do not collect, Not survey timeframe Typically M-F 2. Or Include SES Discovery Observation

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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**

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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

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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 RESIDENCIAL PROVIDER (List Appendix D)
 - Institution/Nursing Home/Hospital
 - Homeless/Shelter
- **Employment / Day Service Provider** **select all that apply**

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Day Employment Services Begin

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 February 1 – April 30? 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 February 1 – April 30, 2024.

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 February 1 – April 30, 2024.

IF NO PROVIDE REASON: pick 1

<ul style="list-style-type: none"> <input type="checkbox"/> High school/under 22 <input type="checkbox"/> Funding issue/awaiting waiver determination <input type="checkbox"/> New/pending services <input type="checkbox"/> Systems capacity issue (e.g., on agency wait list/ lack of staff, no access to services) <input type="checkbox"/> Transferring agency <input type="checkbox"/> Extended vacation/absence <input type="checkbox"/> Temporarily declined/refused/suspended agency services <input type="checkbox"/> Lack of follow-thru by family or participant <input type="checkbox"/> Health issues 	<ul style="list-style-type: none"> <input type="checkbox"/> Hospitalized/nursing home/hospice/assisted living <input type="checkbox"/> Services provided out of state <input type="checkbox"/> Solely Community Support funding -respite/home health aide/RN services <input type="checkbox"/> Attending a Medicaid funded day program (e.g., Generations, Living Well, etc.) <input type="checkbox"/> Attending Elder Program only <input type="checkbox"/> In-home supports only (e.g., activities of daily living) <input type="checkbox"/> Closed/discharged/terminated BHDDH services <input type="checkbox"/> Deceased <input type="checkbox"/> Other: _____ <p>OPTIONAL COMMENT: _____</p>
---	---

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Common Issues/ Quality Data Answering Questions

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

OTHER ANSWER	RESPONSE on SURVEY
1. Left for shared living	A. System Capacity Issue
2. Not AVAILABLE	B. Solely Community Support Funding
3 NO OUTINGS DUE TO MEDICAL CONDITION	C. Health Issue
4. LANGUAGE BARRIER	D. Transferring Agency
5. STAFFING ISSUE/ No Support Available	E. Attending Medicaid Funded Day Program
6. NOT WORKING, doing some day activity	F. Call Vicki
7. ATTENDING NON DDD ADULT DAY PROGRAM	G. Participate in the survey
8. Went to different agency or SDS	F. Declined / Suspended /Refused Services
9. Only Community Support Funding	G. Closed/ Terminated
10. Moved out of State	F. In Home Supports Only

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Survey Question Participation Category – all that apply (QTR)

1. In which of the following activities did you participate between February 1 – April 30?

Check all that apply, whether you have hours to report or not for the two-week data period of April 14 to April 27, 2024.

SEE APPENDIX A – ACTIVITY DEFINITIONS

Section 1: Activity Categories and General Questions

1. **In which of the following activities did you participate between February 1 to April 30, 2024?**
Check all that apply, whether or not you have hours to report for the two-week data period of April 14 to April 27, 2024.

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*)

End of survey for Non DD FB & Elderly Non- Work Only

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Section 1: General Questions (QTR)

2. Did you receive information on Social Security

Work Incentives between Feb 1 - April 30? *Check all that apply.*

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

<input type="checkbox"/> No information received <input type="checkbox"/> Provided written materials SC Overview of WI info; SSA Working While Disabled brochure; Benefit Counseling decision making tool; etc. <input type="checkbox"/> Attended Work Incentive information session RIPIN SC Other <input type="checkbox"/> Accessed Social Security Administration Website	<input type="checkbox"/> Spoke with a Social Security Administration Representative about Work Incentives <input type="checkbox"/> Called Ticket to Work Helpline <input type="checkbox"/> Attended an individual counseling session with a CWIC <input type="checkbox"/> Written benefits plan in process by CWIC <input type="checkbox"/> Written benefits Plan received from CWIC <i>A CWIC is a Certified Work Incentives Benefits Counselor. See APPENDIX E for a list of CWICs.</i>
---	--

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Section 1: General Questions (QTR)

3. What best describes your status with the Office of Rehabilitation Services (ORS) between February 1 - April 30, 2024?

- None
 Applied/Application pending
 Open Case (new or ongoing)
 Closed-Success within 3-Month Period
 Closed-Other within 3-Month Period

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.

- | | |
|--|---|
| <input type="checkbox"/> Cell Phone
<input type="checkbox"/> Computer or Laptop
<input type="checkbox"/> Tablet (e.g., iPad, Amazon Fire)
<input type="checkbox"/> Smart Speaker (e.g., Amazon Echo or Google Nest)
<input type="checkbox"/> Smart Watch (e.g., Apple, Samsung Galaxy, Fitbit Sense)
<input checked="" type="checkbox"/> Smart TV | <input type="checkbox"/> Game Console (e.g., Xbox, PlayStation, Nintendo)
<input type="checkbox"/> Portable Media Player
<input type="checkbox"/> Wearable Fitness Tracker
<input type="checkbox"/> Communication Aid (e.g., Dynavox)
<input type="checkbox"/> Medical alert device (e.g., Fall Detector)
Other: _____
<input type="checkbox"/> None (I do not own any technology listed) |
|--|---|

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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 Feb 1 - April 30? 5a. SES Referred / Started:

- Yes, I was referred to/started SES between Feb 1 - April 30
 No, I was enrolled in SES before Feb 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: _____

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Section 2: SE Services Activity (SES)

6. Which of the following Job Search Activity did you participate in or complete between February 1 to April 30? **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

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Section 2: SE Services

<p>7. How many short-term vocational experiences (<30 days) did you complete between February 1 - April 30?</p>	<p>SES Number of ST vocational experiences: Response 1 through 5+ Examples: mock interview, job shadowing, brief situational assessment Count each vocational experience only once even if it takes place over multiple days.</p>
<p>8. How many long-term vocational experiences (>30 days) did you complete between February 1 - April 30?</p>	<p>SES Number of LT vocational experiences: Response 1 through 4 Examples: job trial, situational assessment, internship Count each vocational experience only once even if taking place over multiple days.</p>
<p>9. How many businesses were contacted on your behalf to develop a vocational experience or job opportunity between February 1 - April 30?</p>	<p>SES Number of Businesses contacted: _____ Count each business only once even if contacted multiple times in the 3-month period.</p>

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Section 2: SE Services

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

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Section 2: SE Services Activity (SES)

11. How many **HOURS** (if any) did you participate in each of the following supported employment activities from **April 14 – April 27?**
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)

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Section 2: SES

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

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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

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JOB TITLES Connect to list

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

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Individual or Provider Paid Industry Appendix C

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

Primary Company Activity	Industry
Veterinarian Hospital or Engineering or Accounting etc.	Professional Scientific and Technical Service
Farming, Greenhouse, Fishing, Falling Trees	Agriculture Forestry Fishing Hunting
Pet Grooming/Care, Parking, Laundry, Religious Advocacy	Other Services
Sales of Merchandise: Auto Sales Big Box store, Boutique	Retail Trade
Day Care, Hospital, Nursing Home, Private Dentist/Doctor, Human Service Agency	Healthcare & Social Assistance

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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.

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

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Section 3: (IE) QTR Individual Employment

Question	Response
14. Did you START a new individual Job between February 1 - April 30 ?	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)

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Section 3: Individual Employment

15. Did you END an individual job between 2/1-4/30?	IE Ended Job: <input type="checkbox"/> Yes, I ended an individual job hired on the employer’s payroll. <input type="checkbox"/> No, I did not end an individual job hired on the employer’s payroll.	
15a. If yes, primary reason for the individual job ending?	IE Reason Job Ended: <i>Check one</i> <input type="checkbox"/> Hired into a new job <input type="checkbox"/> Chose to leave job / not a match <input type="checkbox"/> Chose to leave job / retired <input type="checkbox"/> Laid off <input type="checkbox"/> Fired / Let go from job <input type="checkbox"/> Employer Closed / Relocated <input type="checkbox"/> Lack of available job supports	<input type="checkbox"/> Lack of transportation to job <input type="checkbox"/> Change or loss of benefits -financial <input type="checkbox"/> Change or loss of benefits - medical <input type="checkbox"/> Individual moved/changed address <input type="checkbox"/> Health issues <input type="checkbox"/> Other _____
15b. If yes, how long were you employed at the individual job that ended?	IE Job Length: <input type="checkbox"/> < 1 month <input type="checkbox"/> 1 month or >< than 3 mos. <input type="checkbox"/> 3 mos. or >< than 6 mos. <input type="checkbox"/> 6 mos. or >< than 12 mos.	<input type="checkbox"/> 1 yr or >< than 2 yrs <input type="checkbox"/> 2 yrs or >< than 5 yrs <input type="checkbox"/> 5 yrs or >< than 10 yrs <input type="checkbox"/> 10 yrs or >

Section 3: Individual Employment

16. Were you employed from April 14 – April 27? 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 \$14.00**
- 29. Total Hours Worked
Round to nearest QTR hour
2 week data collection
- 29a. Reason for NO Hours

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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. **REVISED ANNUAL Income**
(income past 12 months)
- 37. Total Hours Worked
Round to nearest QTR hour
- 37a. Reason for No Hours

35. Resource support your self-employed job between February 1 - April 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: _____

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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

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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

62

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

63. CBNW Length of Participation

64. Method of Support

65. **NEW** Technology Use

66. CBNW Hours

66a. CBNW reason no hours

68. 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**

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

Q 67 REVISED/NEW a., b.

For each type of community-based non-work activities that you participated in from April 14 - 27.

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.

- 67. Enter the number of hours for the two-week period
- 67 a **NEW** Enter # of Activities
- **67 b. REVISED** Participating with me next slide
- 64 c . Attending next slide

64

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

67 b. PARTICIPANTS:

REVISED: Who else participated in the activities

(Select all that apply for activities participated in for the two-week data period)

- Attended all activities on my own OR
- Attended some or all activities with someone else (select all that apply)
 - 1+ family mbrs 1+ staff 1+ community mbrs
 - 1 to 2 PWD 3 to 5 PWD More than 5 PWD

65

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

67 c. ATTENDEES: Select 1

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).

Examples NEXT 2 SLIDES

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

Activity Type	Hours (Q67)	# Activities (67a)	Who Else Participated (Q67b) Check all that apply		Attendees (Q67c) Check One	
					Mostly PWD	Mostly the public
Art, Leisure, Recreation (e.g., show, dining, crafting class)			<input type="checkbox"/> On my Own OR <input type="checkbox"/> Some or all with others (select apply) <input type="checkbox"/> 1+ family mbrs <input type="checkbox"/> 1+ staff <input type="checkbox"/> 1+ comm. mbrs	<input type="checkbox"/> 1 to 2 PWD <input type="checkbox"/> 3 to 5 PWD <input type="checkbox"/> More than 5 PWD		
Health & Fitness			Same as above			
Adult Education or Training (for personal enrichment)			Same as above			
Soft Skills / Employment Related			Same as above			
Activities of Daily Living			Same as above			
Volunteering			Same as above			
All Other			Same as above			

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

67 c. EXAMPLES:

Mostly People with Disabilities	Mostly the Public
Person attends an exercise class at the YMCA mostly attended by people with disabilities.	Person attends an exercise class at the YMCS mostly attended by people from the community.
Person attends a Job club at Network RI for people with disabilities.	Person attends an employment skills class at Network RI for all job seekers
Person attends a crafting class at a local yarn shop organized by a disability-focused agency.	Person attends a crafting class at a local yarn shop open to the public.
Person attends a luncheon at a local restaurant organized by a disability-focused agency.	Person has lunch at a local restaurant with a few people they know.

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

67 c. EXAMPLES Continued:

Mostly People with Disabilities	Mostly the Public
Person visits the local library to engage in activities organize by a program or a space set aside for a program.	Person visits the local library to access general resources or activities open to all patrons.
Person goes to a concert organized for people with disabilities (e.g., sensory sensitive)	Person goes to a local social club to listen to music.
Person participates in a sporting activity through Special Olympics.	Person participates in pickle ball through a town recreation program.
Person takes a hike with a group of people from their program.	Person takes a guided hike open to members of a local horticultural group.

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Section 8: (FBNW) DDD Facility Based Non-Work Activity In person or remote

68. **FBNW Hours:** Total Nearest QTR Hour

79. **FBNW Reason NO Hours**

70. **FBNW Length of Time with current day provider**

71. **FBNW Method of Support**

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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

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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

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Entering Surveys On-line: May 1 - 31

Data Entry – Start from RIOOUTCOMESURVEYS.INFO

1. Enter PASS WORD (Consumer SURVEY ID Ex. MG123)
2. CONFIRM SURVEY ID MATCHES DEMOGRAPHICS
3. Questions align with Directions and Answer Sheet. Choice of Employment and Day Activity Categories reveals related questions.
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”.

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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 or 456-8092

For New Consumer ID & Online Survey technical issues:
Vanessa Hollands 7456-8092

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Finalizing Survey Data

When you enter the Last Survey– Email Vanessa

1. Review Data- You will be sent an 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

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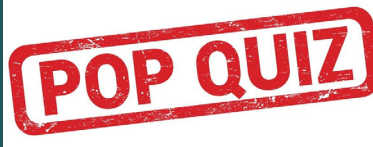
for your time, attention & partnership in facilitating the 2024 Annual Employment and Day Services Outcomes Survey

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

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- 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?

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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?

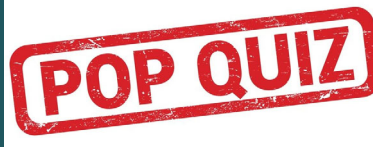
Y or N Attends medical appts. during the week?

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?

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WHAT ACTIVITY CATEGORY WOULD YOU CHOOSE?

- | | |
|---|--|
| <ol style="list-style-type: none"> 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 | <ol style="list-style-type: none"> 6. Interviewing Workshop at netWORKri 7. 40 year old attends agency senior program? 8. Paid Situational Assessment? 9. Creates Crafts- sells monthly at flea Market and on consignment. 10. Once a month your client washes and vacuums the neighbors car and receives \$15.00. - What type of employment? |
|---|--|

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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?

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