DD Employment & Day Activity Outcomes Survey

2025 Annual Statewide Survey Orientation

Welcome Survey Liaisons
Veterans, Novices & Newcomers

Introductions

- Vicki Ferrara
  - Coordinator, Access to integrated Employment
  - Your guide
- Other Resources
  - Allison Wolfe
  - Mary Anne Pallack

Reminders

- Have printed documents ready
- If using Zoom
  - Mute yourself
  - Turn video on
- If you have questions
  - Type in chat
  - Unmute yourself and ask outloud
- Please limit distractions with your computer or phone

Reflecting on Last Survey

2024 Bi-Annual Survey

- 3041 surveys entered
  - 573 did not participate
  - 2468 participated

Updates

- DOJ received annual report
- Agency reports in process
  - Agency and statewide

Data entry accuracy improved!!!

Thank you!

2019 to 2024 *TRENDS*

	2019 N= 3151		2020 Pandemic N=2429		2022–Annual Pandemic N=2479		2023–Annual Pandemic N= 2399		2025 – Bi-Annual N = 2468	
Supported Employment Services (SES)	1030	31.2%	608	25.0%	675	27.0%	568	23.7%	**634**	**25.7%**
Individual Employment	528	16.4%	410	16.9%	408	16.5%	478	20.0%	**492**	**19.9%**
Self-Employment	26	0.8%	9	0.4%	19	0.8%	18	0.8%	**14**	**0.6%**
Provider Paid Individual Employment	122	3.8%	61	2.5%	56	2.3%	62	2.6%	**75**	**3.0%**
Provider Paid Group Employment	128	4.0%	91	3.7%	67	2.7%	61	2.5%	**52**	**2.1%**
Facility-Based Work	7	0.2%	0		0		0		0	
Community-Based Non-Work	2545	79.1%	1763	72.6%	1869	75.5%	2148	89.5%	**2268**	**91.9%**
Facility-Based Non-Work	1206	37.5%	428	17.6%	395	15.9%	568	23.7%	**546**	**22.1%**
Home-Based Non-Work	510	15.9%	700	28.8%	816	32.9%	No longer collecting		No longer collecting	
Home-Based Non-Work Activity Only	104	3.2%	231	9.5%	175	7.1%				
Program for the Elderly Non-Work Only	36	1.1%	16	0.7%	10	0.4%	94	(%?)	**94**	**16.4%**

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Orientation Objectives

- Understand <u>purpose</u> of the survey data
- Receive <u>draft</u> survey documents
- Understand <u>roles & responsibilities</u> of primary liaison & agency

- Understand <u>survey scope & data collection</u>
  - Survey assignment
  - Survey changes
  - Survey preparation & tools
  - Survey activity – definitions, questions & responses
  - Quality assurance
  - Data entry
  - Data confirmation

Survey Purpose

- Obtain a snapshot of day activity for individuals eligible for BHDDH- DDD Services.
  - Employment, Community and Facility-based

- Primary data source for the DOJ Consent Decree

- Benchmark for state

- Program development tool 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

DISCLAIMER

➢ Previously conducted 4 times per year but has changed 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

Documents forthcoming

Materials (Draft)

- Orientation PowerPoint
- Survey directions & appendices
- Answer sheet
- 2-week data tracking form

Materials (Final)

- Instructions
- Survey answer sheet
- Data collection sheet
- Survey liaison list

Documents & Forms – Instructions

- Directions, Questions & Guidance

- Survey Questions Guide
    - 71 total questions
    - 8 sections

- Appendices
    - A-F
    - Provides additional clarity for activities, job types, etc. to answer the survey questions

2025 Annual Survey Directions, Questions & Guidance

DD Employment & Day Activity Outcomes Survey
2025 Annual Survey – Directions, Questions and Guidance

Important Dates

- **February 1 to April 30, 2025** is the 3-month survey period.
- **April 13 to April 26, 2025** 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, 2025** 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, also 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 www.rioutcomesurveys.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.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 vferrara@ric.edu before selecting "Other" in the online survey.

If you have questions about how to answer a question or complete the survey contact your agency DD survey liaison or Vicki Ferrara, vferrara@ric.edu, 401-456-8092.

Data Collection Tools

Answer Sheet
5 pages

Name: DOB: Survey ID:

DEMOGRAPHICS

Living Arrangement:
__ Own Home/Apt
__ Family Home/Apt
__ Agency Owned/Operated
__ Shared Living Provider (SLA)

__ Institution/Nursing Home/Hospital
__ Homeless/Shelter
__ Unknown
__ Not applicable (e.g., deceased)

Residential Provider: (__) NA
_____ (Select from Appendix D)

Employment/Day Provider: (__) NA (Select from Appendix D)
_____

__ Participated in employment or day activities in the community or a DDD facility-based program Feb 1 - April 30, 2025:
__ Yes   __ No   If No, Reason (see list in instructions): _____ Comment (Optional): _____

Continue to Section 1 if the person participated in day or employment activities between Feb 1 - April 30, 2025. If not, stop here.

SECTION 1: ACTIVITY CATEGORIES AND GENERAL QUESTIONS (Complete the corresponding section for each activity selected.)

1. Activities participated Feb 1 - April 30:

__ Supported Employment Services (SES) - Section 2
__ Individual Employment (IE) - Section 3
__ Self-Employed (SE) - Section 4
__ Provider Paid Individual Employment (PPI) - Section 5

__ Provider Paid Group Employment (PPG) - Section 6
__ Community-based Non-work (CBNW) - Section 7
__ DDD Facility-based Non-work (FBNW) - Section 8
__ Non DDD Facility-based Non-Work– no additional questions
__ Program for Elderly Persons Non-work – no additional questions

2. Work Incentive Information Received Feb 1 - April 30 *(check all that apply):* __ No information __ Written materials
__ Information session __ Individual counseling session __ SSA website __ Spoke w/SSA Rep
__ TTW Helpline __ Benefits plan received __ Benefits plan in process

3. ORS Status Feb 1 - April 30: __ Applied/Pending __ Open Case __ Closed/Success __ Closed/Other __ None

4. Technology Owned: __ None __ Cell Phone __ Computer/laptop __ Tablet __ Smart Speaker __ Smart Watch __ Smart TV
__ Game Console __ Portable Media Player __ Wearable Fitness Tracker __ Communication Aid __ Medical Alert Dev
Other: _____

SECTION 2: (SES) SUPPORTED EMPLOYMENT SERVICES (If you did not check "SES" in Q1, SKIP to Section 3.)

5. SES Referred/Started Feb 1-April 30: __ Yes __ No	5a. SES Referral source: __ Self/Family __ School __ Service Provider __ ORS __ BHDDH __ Other: _____	
6. SES Job Search Activities Feb 1 - April 30: __ Employment/PCP meeting __ Community map – Employ. Focus __ Informational interview	__ Job Trial/Situational Assess/Internship __ List of Technology __ Job Club/class __ Written resume	__ Visual resume __ Applied 1 or more jobs __ Attended 1 or more interviews __ None of the above

7. SES # Short-term Voc. Exp Feb 1 - April 30: __1 __2 __3 __4 __5+   *Count each voc. experience only once even if taking place over multiple days.*
8. SES #Long-term Voc. Exp Feb 1 - April 30: __1 __2 __3 __4

9. SES # businesses contacted to develop a vocational experience or job opportunity Feb 1 - April 30: _____
Count each business only once even if contacted multiple times in 3-month period.

10. SES Typical Method of Support Feb 1 - April 30:	__ In-Person Only __ Remote Only	__ Combination of in-person and remote __ No supports provided

11. SES Hours April 13 - April 26: *(Round each activity to nearest 15 minutes)*

___ Career planning ___ Post-secondary ed./Voc. training	__ Short-term vocational experience __ Long-term vocational experience	__ Job search with me __ Job search on my behalf __ Job Coaching/Retention-Indiv. or exp

12. Reason for No Hours: __ Health Issues __ Planned Time Off __ Refused/Cancelled __ Lack of Supports __ No supports __ Other

13. SES Settings: (for activities reported in Question 10.)	__ netWORKri/OneStop/DLT __ Business/Employer __ Public Venue	__ School/Training __ DD Provider Organization __ Home/Residence

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Name: DOB: Survey ID:

Hours Key: 15 min. = .25   30 min = .50   45 min = .75
Round hours to nearest 15 minutes (i.e., 12 hours and 40 minutes = 12.75 hours)

EMPLOYMENT DATA

SECTION 3: (IE) INDIVIDUAL EMPLOYMENT (If you did not check IE in Q1, SKIP to Section 4.)

14. IE STARTED Job *(an employer payroll):* __ Yes __ No **14a.** *If YES, how was job obtained:* __ Existing job __ Customized job

15. IE ENDED Job *(an employer payroll):* __ Yes __ No

15a. *If YES, Reason Job Ended (check one):* __ New job __ Chose to leave/not a match __ Laid off/general __ Fired __ Employer Closed/Relocated __ Lack of job supports/general __ Lack of transportation __ Benefits/financial __ Benefits/medical __ Moved __ Health issues __ Other

15b. *If YES, Job Length:* ___ < 1 month ___ 1 month > < 3 months ___ 3 month > < 6 mos. ___ 6 months > < 12 mos. ___ 1 yr > <2 yrs ___ 2 yrs > < 5 yrs ___ 5 yrs > < 10 yrs ___ 10 yrs >

16. Were you employed in an individual job from April 13 - April 26? __ Yes (go to Q17) __ No (Skip to Section 4)

17. IE Title *(Appendix B):* _____
  17a. *If Other (write in):* _____
  If other, contact Vicki, vferrara@ric.edu, before entering online survey.

18. IE Employer Type *(check one):* __ For-Profit __ Non-Profit __ DD Agency __ Gov Agency

19. IE Industry *(Select from Appendix C):* _____

20. IE Onsite Support: __ None __ Daily (100%) __ Daily (some) __ Weekly __ Monthly

21. IE Offsite Support: __ None __ Daily (100%) __ Daily (some) __ Weekly __ Monthly

22. IE Method of Support: __ In-Person Only __ Remote Only __ Combination

23. IE Employer Consultation *(check all that apply):* __ None __ Face to Face __ Remote

24. Tech: __ None __ Cell Phone __ Computer/laptop __ Tablet __ Smart Speaker __ Smart Watch __ Portable Media Player __ Communication Aid __ Other: _____

25. IE Transportation: __ On Own __ Public Bus (RIPTA) __ RIDE Bus __ On Demand Services __ Private Ambulance __ Agency/Staff __ Family/Friend __ Co-worker/Carpool __ NA (works at home)

26. IE Length of Employment:
__ < 1 mo __ 1 mo > < 3 mos
__ 3 mo > < 6mos __ 6 mo > < 12mos
__ 1 yr > < 2 yrs __ 2 yrs > < 5 yrs
__ 5 yrs > < 10 yrs __ 10 yrs >

27. IE Benefits Received:
__ Employer-Offered Health Ins __ Sick
__ Per Days __ Vac Days
__ Retirement Plan
__ No benefits offered

28. IE Hourly Wage: _____ (min. wage is 14.00)

29. IE Work Hours April 13 - April 26:
_____ (Round to nearest 15 min.)

29a. IE Reason for No Hours:
__ Furlough __ Planned Time Off
__ Sick Leave __ Lack of Job Supports
__ Other

SECTION 4: (SE) SELF-EMPLOYED (If you did not check SE in Q1, SKIP to Section 5.)

30. SE Title *(Appendix B):* _____
30a. *If Other (write in):* _____
If other, contact Vicki, vferrara@ric.edu, before entering survey.

31. SE Length of Employment: __ < 1 mo
__ 1 mo > < 3 mos __ 3 mo > < 6 mos
__ 6 mo > < 12 mos __ 1 yr > < 2 yrs
__ 2 yrs > < 5 yrs __ 5 yrs > < 10 yrs __ 10 yrs >

32. SE Onsite Support Feb 1 - April 30: __ None __ Daily (100%) __ Daily (some) __ Weekly __ Monthly

33. SE Method of Support Feb 1 - April 30:
__ In-Person Only __ Remote Only __ Combination

34. Tech: __ None __ Cell Phone __ Computer/Laptop __ Tablet __ Smart Speaker __ Smart Watch __ Portable Media Player __ Communication Aid __ Other: _____

35. SE Resources: __ None __ SE Training __ Support from Business Assoc/Group __ SSA PASS Plan __ ORS Funding __ Other: _____

36. SE Annual (12 mos) Gross Income: _____

37. SE Work Hours: _____ (Round to nearest 15 min.)

37a. SE Reason No Hours April 13 - April 26:
__ Commission-based __ Seasonal __ Planned Time Off __ Health Issues __ Lack of Job Supports __ Other

Hours Key: 15 min = .25   30 min = .50   45 min = .75
Round work hour to nearest 15 minutes (i.e., 12 hours and 40 minutes = 12.75 hours)

Data Collection Tools

Page 1

2025 Annual DD Employment and Day Activity Outcomes 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 below.
Minimum wage is $14.00

(IE) Individual Employment - (Section 3)

Title (Q17 & 17a): _____ Hourly wage (Q28): _____

Work hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Total
Week 1: April 13								
Week 2: April 20								

Q. 29a. Reason no hours: __ Furlough __ Planned Time Off __Sick Leave
__ Lack of Supports __ Other

Total Actual IE Work Hours (Q29):

(SE) Self-Employed - (Section 4)

Title (Q30 & 30a): _____ Annual Gross Income (Q36): _____

Work hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Total
Week 1: April 13								
Week 2: April 20								

Q 37a. Reason no hours: ___ Commission-Based ___ Seasonal
___ Health Issues ___ Planned Time Off ___ Lack of Supports
___ Other

Total Actual Self-Employed Work Hours Q37:

(PPI) Provider Paid Individual Employment - (Section 5)

Title (Q38 & 38a): _____ Hourly Wage (Q49): _____

Work hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Total
Week 1: April 13								
Week 2: April 20								

Q 50a. Reason no hours: __ Furlough __ Planned Time Off __Sick Leave
Lack of Supports __ Other

Total Actual PPI Work Hours (Q50):

(PPG) 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 13								
Week 2: April 20								

Q62a. Reason no hours: __ Furlough __ Planned Time Off __Sick Leave
__ Lack of Supports __ Other

Total Actual PPG Work Hours (Q62):

Hours key: 15 min. = .25   30 min = .50   45 min = .75
Round work hour to nearest 15 minutes (i.e., 12 hours and 40 minutes = 12.75 hours)

Page 2

2025 Annual DD Employment and Day Activity Outcomes 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 below.

(SES) Supported Employment Services (Section 2)

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

	Week One – April 13							Week Two – April 20							Total (Q11)
	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	
Career planning															
Post-sec ed/voc training															
ST voc. experience															
LT voc. experience															
Job search by/w indiv.															
Job search behalf indiv.															
Job coaching/retention															

Q12. Reason no hours:

___ Health issues ___ Planned time off ___ Refused/cancelled ___ Lack of supports ___ No supports ___ Other

Q13. Setting:

___ netWORKri/OneStop/DLT ___ Business/employer ___ Public venue ___ School/training
___ DD provider ___ Home/residence

Community-Based Non-Work Hours (Section 7)

See pages 3 & 4

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

Q69. FBNW Non-Work Hours. Round total to the nearest 15 minutes.

	Monday	Tuesday	Wednesday	Thursday	Friday	Totals
Week 1: April 13						
Week 2: April 20						
				Total (Q69)		

Q 69a. 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 hour to nearest 15 minutes (i.e., 12 hours and 40 minutes = 12.75 hours)

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2025 Survey Time Frames

Survey Periods	Data Collection 2-Week Period	Data Entry 4-Week Period	Data Clean-up Deadline
2025 Annual Feb – April	April 13-26	May	June 15
2025 Bi-Annual (*Tentative*) Aug - Oct	Sept 28–Oct 11 *Holiday – Oct 14	November	Dec 15

FAQs

Are the NCI Survey and the DD Employment Survey the same?

- No – These are 2 different surveys. Both are <u>required</u> by the DOJ.

Do we need to report on everyone that receives service?

- Yes – Report all BHDDH consumers age 22 as of the beginning of the quarter.

What is a qualified consumer?

- If the BHDDH-DDD funded consumer started services with your organization at any time during the quarter, they would be a qualified consumer.

What if there is a consumer with two agencies or agency & self-directed support (SDS)?

- The entity responsible for reporting data should obtain the information from the other agency/SDS. Both entities should communicate with each other about expectations.

Primary Liaison Responsibility

- Agency lead for survey completion
- Contact between agency staff and Sherlock Center
- Determine method for data collection and data entry
- Training staff
  - Provide and review survey directions
  - Review question meaning and responses
  - Set expectations for accuracy
  - Meet deadlines

- Quality control
  - Review responses prior to data entry
  - Contact Vicki with any questions
- Cooperate with other organizations if there are shared consumers
  - Communicate and obtain information from the other organization and/or SDS
  - Determine a plan or method to share data
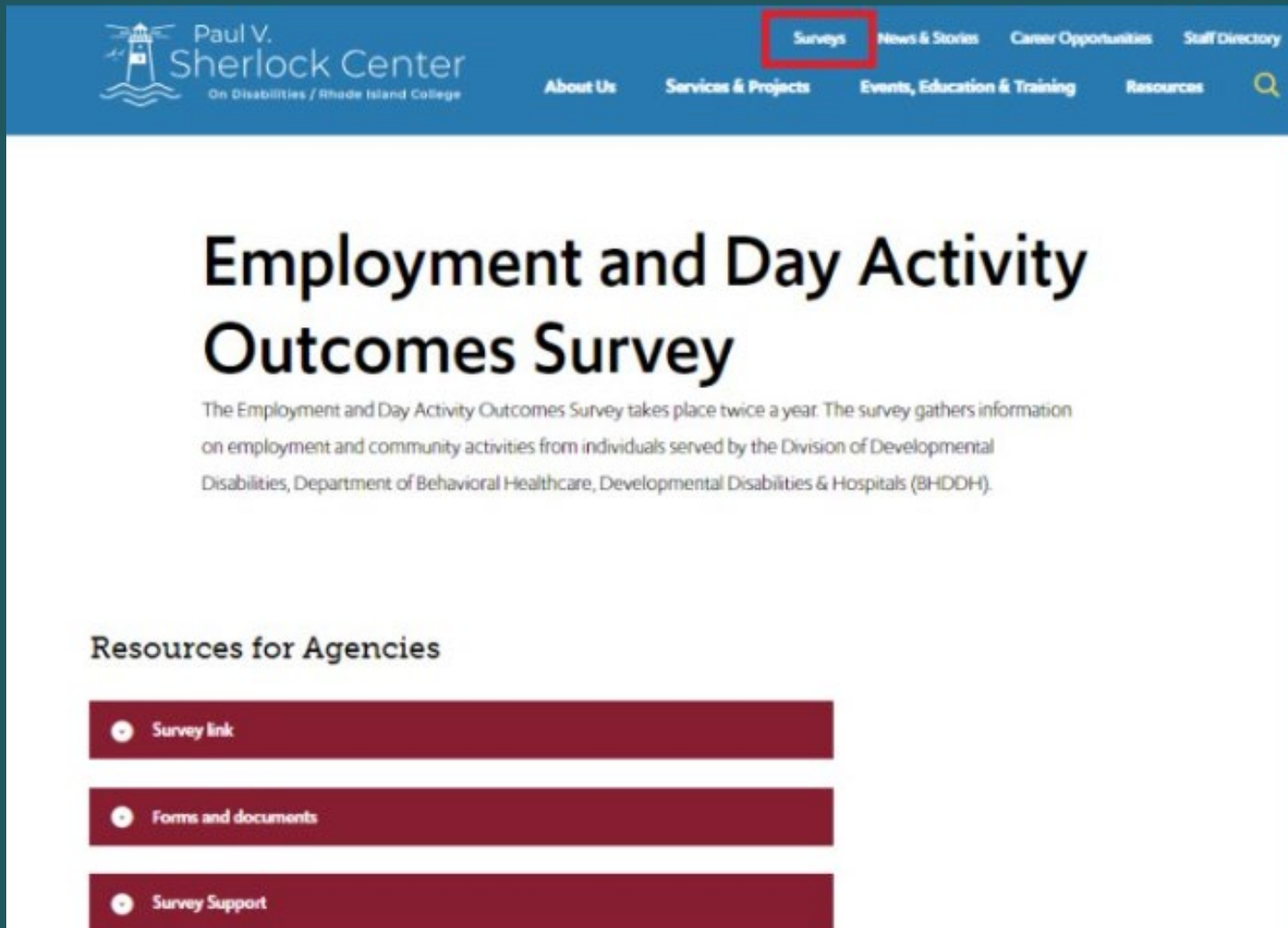 - Set a deadline for sharing data

Survey Assignments

Tasks

- Review <u>Provider Consumer List</u>
  - Based on changes provided to Sherlock Center last survey
  - Agencies will remove and add new consumers
- Submit <u>New Consumer Request Forn</u>
  - For new or missing consumers
  - Survey IDs generated by Sherlock Center
- Check <u>Survey Liaison List</u>
  - Update changes for both Executive Director (EXD) and Liaison.

Reminders

- New or Transferred Consumers
  - New – Contact Vicki for an agency code.
  - Transferred – Collaborate with original agency to determine who will enter data.
- Survey ID- created by Sherlock Center
  - Consumer initials & unique ID #
    - Example: AZ1234
  - Used for online survey log-in
- Confidentiality
  - Data collection
  - Data entry
  - Reporting discrepancies

Survey Webpage

Link: www.rioutcomesurveys.info

Survey Assignment:
Provider Consumer List - Review

1. Removal of consumer
   - <u>Check to Remove from List</u> – check box if applicable
   - <u>Reason for Change</u>: provide a reason for the change.
     - Possible reasons: Death, moved out of state, declined services, transferred to another agency (provide new agency name if known), using self-directed services only (provide BHDDH social worker name if known)
2. New consumer
   - Submit "New Consumer Request Form" to add consumer to list
   - The form can be found at <u>rioutcomesurveys.info</u> under Resources – Agencies → Forms and documents

Return to Allison Wolfe by March 24, 2025 via:
- Email – secure/encrypted email with password protected attachment at <u>awolfe@ric.edu</u>
- Fax – with coversheet at 401-456-8150

Survey Assignment: New Consumer Request Form

- Intended for new or missing consumers
- If there is a missing or transferred consumer at any point in the quarter – contact Allison for survey ID
  - Transferred consumers – decide which agency will enter data
- Sherlock Center will generate the survey ID

Return to Allison Wolfe by DATE via:

- Email – secure/encrypted email with password protected attachment at awolfe@ric.edu
- Fax – with coversheet at 401-456-8150

Reminder	Encrypt or password protect any documents sent by email. Encrypting the email itself will not encrypt the attachments.

Survey Assignment:
Check Survey Liaison List

2025 Annual DD Survey Liaison List

1. Update changes for both Executive Director (EXD) and Liaison.
   - You may list up to 2 liaisons per agency.
   - insert a new line if adding a 2nd contact.
   - Liaisons will receive weekly email updates and be a point of contact for survey questions.

2. Confirm review of information
   - Column A – Enter your initials to confirm that your information was reviewed
   - Column B – Enter an 'X' if an edit was made
   - Column M- Enter the name of the person to be uploaded as the contact that we prefill within the online survey.

Survey Changes:
DD Employment & Day Activity (Community and Facility-Based)

- Very few changes
- Employment questions
  - How do you usually get to work?
  - Response clarified: RIDE ADA Paratransit
- CBNW – Question 67 – number of activities response
  - No longer write-in numbers
  - Range of numbers to select

Section 7: (CBNW) Community-based Non-work Activity (If you did not check CBNW in Q1, skip to Section 8.)					
67. Activity Type	Hours (Q67)	# of Activities (Q67a)		Who Else Participated (Q67b) Check all that apply	Attendees (Q67c) Check one
Art, Leisure, Recreation (e.g., show, dining, crafting class)		__ 1 __ 2 – 4 __ 5 – 9 __ 10 – 14 __ 15+		__ I attended all activities on my own __ I attended some or all activities with other people (check all that apply): _ 1 to 2 PWD _ 1+ family mbrs _ 3 to 5 PWD _ 1+ staff _ More than 5 PWD _ 1+ community mbrs	__ Mostly people with disabilities __Mostly the public or community

Survey Reminder: Activity Categories

Prior Survey Category:	New Response for: "Did you participate in employment and day activity?"
Non-DDD facility-based non-work- Generations Living Well, Etc.	Answer: No. Reason: Attending a Medicaid-funded day program
Home-based non-work activity	Answer: No Reason: In-home support only (activities of daily living)
Elder program non-work activity	Answer: No Reason: Attending elder program only

Section 1:
Activity Category in a Quarter

Select activity if the person:

- Participates in the activity as defined Appendix A (Activity Definitions)

- Has hours to report in the 2-week period

- Expected to return to the activity category
  - Example: Consumer is no longer participating in FBNW, only doing CBNW going forward.
    - Select CBNW
    - Reason: No hours.
      - Note: pandemic response has been removed.

Section 1:
Determining Activity Category

When determining the activity category, consider the following:

Purpose of the activity
- Acquire information, skill, or an activity to support
- Choosing, getting or keeping a integrated job
- Skill of independent living
- Social recreation
- Working – earning wages
- Personal enrichment

Location of the activity
- In community at agency facility, person's home, workplace, etc.

Level of integration?
- Integrated – mostly people without disability
- Segregated – mostly people with disability

Section 1:
Activity Categories and General Questions

Question: In which of the following activities did you participate between February 1 to April 30, 2025? (Check all that apply)

__ 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
__ Elder Program Non-Work Activity
   No additional data collected

Reminder:
- Check all that apply – even if there are no hours to report for the two-week data period
- Each answer has related questions to answer later on
- Select category based on individual consumer

Supported Employment Services
Activity Category Definitions

Select if:

- Integrated <u>individual</u> employment/self-employment is the focus.
- Consumer 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 – <u>for employment</u>
    - 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

Supported Employment

Activity Category Definitions

One or more of below:

- Official referral form to your agency's self-employment/vocational services

- Referral accepted by ORS

- Participates in planned self-employment activity:
  - Discovery/vocational exploration activity
  - Active 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

Individual Employment
Activity Category Definitions

Employment

- Community-based
- Individual job
- Hired onto the employer's payroll
  - Panera Bread – food preparation worker
  - Town of North Kingstown – recreation worker
  - Miriam Hospital – equipment technician
  - Button and Bows – childcare worker
- With or without job supports

Not Employment
- Bartering
- Paid under the table
- Work without payment/volunteering
- Paid situation assessment or work trial

Self-Employment

Self-Employment

		Examples
• Business or 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	▪ Consultant/instructor ▪ Kiosk or shop owner ▪ Online business ▪ Service provider (beyond a hobby) • DJ, artist, photographer, animal caretaker, etc.

Not Self-Employment

• Agency providing paycheck • Favor for a neighbor • Picking up cans for pocket change • Occasional payment for a craft or other service	• Business that is owned and operated by an organization or provider

Provider-Paid Employment
Activity Category Definitions

- DD provider or organization/business/establishment with mission to employment people with disabilities.
- Paid by provider agency or provider sub-contactor
  - 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 staff, temporary workers, nursery or flower shop, etc.

Community-Based <u>Non-Work</u> Activity
Activity Category Definition

If the consumer is 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

- Most people do not have a disability

- Activity does not involve paid employment.

- Activity is often referred to as community integration or comm. participation.

- Community activity that occurs as part of a day or residential program record as CBNW-group; bowling, library, etc.

- Remote examples: Zoom meetings – book club hosted by a library or a yoga class hosted by a yoga studio

Examples:	• Arts and leisure • Fitness • Education training	•Soft skills – employment & vocational training • ADL skills (outside the home) • Volunteering

DDD Facility-Based <u>Non-Work</u> Activity
Activity Category Definition

- 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

- Activity does not involve paid employment.

- <u>Continuous supports and supervision</u> provided to all participants with disabilities.

- Typically occur in facilities for: Day activity day habilitation or day program
- Remote FBNW hosted ex: Zoom Movement class; Zoom Topical group

Examples	• Vocational preparation; • Groups / clubs • Psychosocial skills development • Activities of daily living	• Social recreation • Professional therapies (e.g. occupational physical and speech therapies).

Activity Category in a Quarter

❖ Facility-Based Non-Work (FBNW) definition revised

- Choose FBNW activity
  - On agency census for FBNW
  - Participating in-person or remotely

- Facility Based Non-Work – separated by location (typically consumer and support staff)
  - Agency day program facility
  - Residential group home
  - Individual's home if participating in FBNW-run activity remotely.

Program for the Elderly Non-Work
Activity Category Definitions

- 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.
  - Community senior program
  - Community senior center
  - DD senior/elder program
  - Adult day program (non-DD)

Activity Examples

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 or day activity Reason: Solely community-support funding
Destiny • Mon/Wed/Fri - attends Generations 9 am – 3 pm • Tues/Thurs – attends agency FBNW remotely • Mon-Friday – receives in-home supports for self-care	• Attends Generations • Attends remote groups by FBNW • In-home support	Yes – Participated in day services • Participation-Do not collect • FBNW • Do not collect

Activity Example

Cameron

- Part-time job – Ace Manufacturing – Tues/Wed/Sat – 9 am – 12 pm
- Has job coach support and exploring changing jobs.
- Receives in-home support
  - Learn cooking, cleaning and money management skills
  - Thurs – 3 hours (includes 1 hour to go to grocery store or other errands)
- Attends agency day program
  - Friday 9 am-3 pm
  - Sometimes they leave the day program to go to the library, bowling or go to the mall.
  - Sometimes he attends remotely
- Volunteers on Mondays without support

Activity	Activity Category
Part-time Job-employer payroll	IE
Job coaching and planning for new job	SE Services
In-home support – cooking, budgeting, other ADL	N/A Do not collect
Goes to Stores, bank, Town Hall	CBNW
Attends agency day program in-person and remote from home	FBNW
Day program goes to the mall; library	CBNW
Volunteers	CBNW

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
  - Sunday – at church

Activity	Category
Career exploration	SES
Cooking at group home	FBNW
Volunteers – Mon	CBNW
Volunteers –Sun	• No category- do not collect • Not survey timeframe typically Mon-Fri • Or include SES discovery observation

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:

  - Non-DDD Facility Based Activity (Medicaid Funded)

  - Elderly Non-Work Activity

When in doubt – make your best guess

Survey Question Review

You will need:

- Survey Directions
  - Questions
  - Q and A
- Appendices
  - Appendix B – job title (review – if missing, notify Vicki)
  - Appendix D
- Data collection tools
  - 2-week data collection tool
  - Answer sheet – with all questions

<u>Reminder</u>
When entering survey responses online – watch for numbers
- Number responses are prefilled with a "0".
- Replace the "0" with the correct number instead of entering it after
- Example: Correct = 7 | Incorrect = 07

Survey Begins

- Survey ID - Consumer initials (LP) & unique ID # (1234) – provided by Sherlock Center
- Date of birth – provided by Sherlock Center (Verify if correct)
- Living arrangement – (choose 1)
  - Own home – individual has own residence/apt.
  - Family home/apartment – lives with family
  - Shared living arrangement provider
  - Agency owned/operated (group home or apt)
    - Choose residential provider (list in Appendix D)
  - Institution/nursing home/hospital
  - Homeless/shelter
- Employment/day service provider – (select all that apply)

Day Employment Services Begin

Survey ID: <u>auto-filled</u>   Initials: <u>_____</u>   Date of Birth: <u>auto filled</u>

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, 2025.

- __ 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, 2025.

(continued next slide)

Day Employment Services (continued)

If answer is no, provide reason: *(choose 1)*

__ High school/under 22
__ Funding issue/awaiting waiver determination
__ New/pending services
__ Systems capacity issue (e.g., on agency wait list/ lack of staff, no access to services)
__ Transferring agency
__ Extended vacation/absence
__ Temporarily declined/refused/suspended agency services
__ Lack of follow-through by family or participant
__ Health issues
__ Hospitalized/nursing home/hospice/assisted living
__ Services provided out of state
__ Solely community support funding – respite/home health aide/RN services

__ Attending a Medicaid-funded day program (e.g., Generations, Living Well, etc.)
__ Attending elder program only
__ In-home supports only (e.g., activities of daily living)
__ Closed/discharged/terminated BHDDH services
__ Deceased
__ Other: _____

Optional comment :

_____

_____

Common Issues
Quality Data and 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

Survey Question Participation Category (Quarter)

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, 2025.
   <u>*See Appendix A – Activity Definitions*</u>

Section 1: Activity Categories and General Questions

1. **In which of the following activities did you participate between** February 1 to April 30, 2025?
Check all that apply, whether or not you have hours to report for the two-week data period of *April 13 to April 26, 2025*.

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)*

<u>End of survey for non-DD facility-based & elderly non-work only</u>

Section 1: General Questions (Quarter)

2. Did you receive information on Social Security
Work incentives between <u>Feb 1 - April 30</u>? *Check all that apply.*

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

___ No information received ___ Provided written materials SC overview of WI info; SSA Working While Disabled brochure; benefit counseling decision making tool; etc. ___ Attended Work incentive information session RIPIN SC Other ___ Accessed Social Security Administration Website	___ Spoke with a SSA representative about work incentives ___ Called Ticket to Work helpline ___ Attended an individual counseling session with a CWIC ___ Written benefits plan in process by CWIC ___ Written benefits Plan received from CWIC *A CWIC is a Certified Work incentives <u>Benefits</u> Counselor. See Appendix E for a list of CWICs.*

Section 1: General Questions (Quarter)

3. What best describes your status with the Office of Rehabilitation Services (ORS) between February 1 - April 30, 2025?

__ 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.*

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

Section 2:   (SES) Supported Employment Services

- Participation in supported employment activity
- Requires <u>data collection over 2-week period</u>
  - Survey data tracking sheet

5. Were you referred to or did you start receiving Supported Employment Services between Feb 1 - April 30?

___   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: _____

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

Section 2: SE Services

7. How many short-term vocational experiences (<30 days) did you complete between February 1 - April 30?	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.*
8. How many long-term vocational experiences (>30 days) did you complete between February 1 - April 30?	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.*
9. How many businesses were contacted on your behalf to develop a vocational experience or job opportunity between February 1 - April 30?	SES Number of Businesses contacted: _____ *NEW: Numbers to select from* *Count each business only once even if contacted multiple times in the 3-month period.*

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

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 13 – April 26? 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 at business)
  - Learning about job: maybe some skill development
  - Job shadow, job trial, internship, etc.

- Long Term Vocational Experience (more than 30 days at 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 vocational staff

- Job search on my behalf (vocational staff without consumer)

- Job coaching/retention

Section 2: SES

12. Reason for no hours

- Health issue
- Vacation
- Lack of supports
- Other

13. Setting: Where is activity taking place?

- Select all that apply:
  - American Job Center (formerly netWORKri)
  - Business/employer
  - Public venue (e.g.; library)
  - School/training facility
    - CCRI, RIC, MTTI, NE Tech
    - RI Food Bank, etc.
  - DD provider organization
  - Home/residence

Job Title - Individual, Self-Employment or Provider Paid

- Review job list- Appendix B
- Missing job title – call/email Vicki
- Pick 1 job for a service category and report related data.
- Choose from provided job list
- Only use "Other" for job title if absolutely necessary
  - Before entering "Other" on survey – call or email Vicki

Look up potential title on www.onetonline.org

- Trades (all) – painting, masonry, etc.
- 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 job title in column on left to job category in column on right

Job Titles

A. Cart shagger

B. Bottle collector

C. Stocks snacks

D. Clerk/banking

E. Lunch orders

F. Personal shopper

G. Shredder

H. Painter's helper

I. Bus aide

J. Sample server

Job Categories

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.

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

Individual 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

Section 3: Individual Employment (IE) (Quarter)

Question	Response
14. Did you START a new individual job between February 1 - April 30?	IE - Job Started __ 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

15. Did you end an individual job between February 1 – April 30, 2025	IE Job Ended: __ Yes, I ended an individual job hired on the employer's payroll. __ 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: *Check one* __ Hired into a new job __ Chose to leave job / not a match __ Laid off __ Fired / let go from job __ Employer Closed / Relocated __ Lack of available job supports __ Lack of transportation to job	__ Change or loss of benefits -financial __ Change or loss of benefits - medical __ Individual moved/changed address __ Health issues __ Other _____
15b. If yes, how long were you employed at the individual job that ended?	IE Job Length: __ < 1 month __ 1 month or >< than 3 mos. __ 3 mos. or >< than 6 mos. __ 6 mos. or >< than 12 mos.	__ 1 yr or >< than 2 yrs __ 2 yrs or >< than 5 yrs __ 5 yrs or >< than 10 yrs __ 10 yrs or >

Section 3: Individual Employment

16. Were you employed from April 13 – April 26? __ 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. Typical method of transportation to work

26. Length of employment

27. Benefits received
    - Check all that apply

28. Hourly wage for individual job (minimum wage is $15.00.)

29. Total hours worked
    - Round to nearest quarter hour
    - During 2-week data collection

29a. If no hours worked, provide reason

Hours key:
15 min = .25
30 min = .50
45 min = .75

Round hours to nearest 15 minutes (i.e., 12 hours and 40 minutes = 12.75 hours)

Section 4: Self Employment (SE)

30. Job title – pick 1 job
    - If answer is "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. What is your gross annual (12 month) income?
37. Total hours worked
    - Round to nearest quarter hour
37a. If no hours worked, provide reason

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: _____

Section 5: (PPI) Provider Paid Employment – Individual

38. Job title – use one from Appendix B or "Other"

39. Industry – Appendix C
   • Choose based on industry of company

40. Business type

41. Typical method of transportation to work

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 (round to nearest quarter hour)

   50a. If the response is "no hours" provide the reason.

Section 6: (PPG) Provider Paid Employment Group

51. Title of PPG job

52. Industry – Appendix C
   • Choose based on industry of company

53. Business type – pick one

54. Number of workers – pick one

55. Typical method of transportation to work

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
   • Round actual hours to closest quarter hour

62a. If no hours worked, provide reason

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

63. Length of participation CBNW

64. Method of support provided (in person, remote, combo, no support)

65. See right column →

66. Did you participate in community activity in 2 week period? Y /N

66a. If you participated in 0 hours in 2 week period, what is the primary reason? Possible answers: Health issues, planned time off (e.g., vacation), lack of supports, other

65. What technology is used to help you participate in support community activities?

__ None

__ Cell phone

__ Computer or laptop

__ Tablet (e.g., iPad, Amazon Fire)

__ Smart speaker (e.g., Amazon Echo or Google Nest)

__ Smart watch

__ Portable media player

__ Wearable fitness tracker

__ Communication aid (e.g., Dynavox)

__ Other (list)

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

Online

Select each type of community-based non-work activities that you participated in from April 13 - 26.

- 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
    67a. Participants – <u>revised</u> next slide
    67b. Attendees – <u>new</u> next slide

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

67a. <u>Participants</u>: *Select all that apply for 2-week data period*
Who else participated in the activities

_ Only myself _ 1+ family mbrs   _ 1+ staff   _ 1+ community mbrs

_ 1 to 2 PWD   _ 3 to 5 PWD   _ More than 5 PWD

67 b. <u>Attendees</u>:   *Select one*
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

Activity Type	Hours (Q67)	Who Else Participated (Q67a) *Check all that apply*		Attendees (Q67b) *Check one*	
				Mostly PWD	Mostly the public
Art, leisure, recreation (e.g., show, dining, crafting class)	*1* *2 – 4* *5 – 9* *10 – 14* *15+*	_ Only myself _ 1+ family mbrs _ 1+ staff _ 1+ community mbrs	_ 1 to 2 PWD _ 3 to 5 PWD _ 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

63b. 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 YMCA 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.

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

63 b. 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.

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

68. CBNW Settings:

Select All That Apply

- Public Venue
  - Store, library, park etc.
- Member-based organization
  - Enrolled and/or fee
  - YMCA, garden club, rotary, etc.
- School/training facility
  - Attending for personal enrichment
- Business/employer

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

69. FBNW hours – total nearest quarter hour

69 a. FBNW – reason no hours

70. FBNW – length of time with current day provider

71. FBNW – method of support

Common Issues
Quality Data/Answering Questions

➢ Leaving data by:
- Selecting a category
- Providing data
- Deselecting category

➢ Using information from case record instead of confirming actual responses

➢ Counts to high, Including activity beyond definition

➢ Wrong wage or hours

➢ Including information from outside of quarter (Feb 1 – April 30) or 2-week data collection period (April 13 – 26)

➢ Not obtaining data from other program or SDS

➢ Company industry based on job title instead of business purpose

Survey Contact

Prefilled: *(Make changes as needed)*

- Agency responsible
- Contact person - if different than liaison
- Email - if different
- Phone - if different
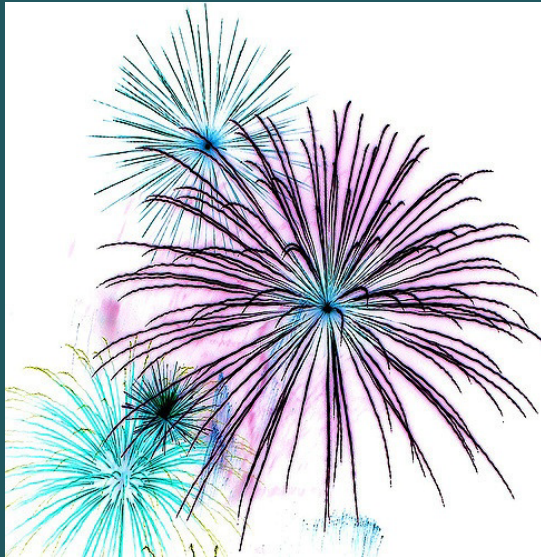
Review Responses

Verify :

- Survey responses match the Survey ID
- Selected categories have responses
- If using "Other" as a job title – only 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 – incorrect

  ▪ 7 – correct

➢ Providing hours vs count

➢ Starting a survey then entering a different survey ID

➢ Not submitting the survey – status remains as Partial

➢ Entering "Other" as job title without contacting Vicki first

Entering Surveys Online:
May 1 - 31

Start from www.rioutcomesurveys.info

1. Enter password (Consumer survey ID Ex. MG123)
2. Confirm survey ID matches demographics
3. Questions align with directions and answer sheet.
    ▪ When answers to employment and day activity categories are selected, related questions will be revealed
4. Make note if person entering survey changes
5. To complete a survey, click the "Submit" button.
6. If entering additional survey or exiting survey:

   A. Entering additional surveys – click "here" button

   B. Ending data entry session – click "exit survey"

Survey Feedback & Questions

Survey Feedback

Will be requested from primary liaisons and survey completers from survey "Thank You page".

Questions

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

Additional Assistance

If you need guidance on answering a survey question & "Other" job title:

      Contact Vicki Ferrara at vferrara@ric.edu or 456-8092

For new consumer ID & online survey technical issues:
      Contact Allison Wolfe at awolfe@ric.edu or 456-4773

Finalizing Survey Data

When you enter the last survey

1. Notify Allison Wolfe via email at <u>awolfe@ric.edu</u>

2. If edits are needed
    - Allison will notify you of changes that need to be made
    - Make changes to individual survey record only. Do not edit the Excel spreadsheet; the information will not carry over.

3. Notify Allison once your edits are completed.

4. Survey process is now complete!

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Sherlock Center finalizes data and creates reports
1. Consent Decree Monitor report
2. Statewide report
3. Agency report

For more in-depth

THANK YOU

for your time, attention &

partnership in facilitating

the 2025 Annual Employment and

Day Services Outcomes Survey

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

Allison Wolfe: 456-4773 or awolfe@ric.edu

Back up Contact: mpallack@ric.edu

Pop Quiz

- What's the purpose of the survey?

- What are the responsibilities of the survey liaison?

- Your agency gets a new client during the quarter
  What do you do? <u>Transferred</u> or <u>cew</u>

- You're the primary data person for your agency. Your client receives SDS and other 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.

- If a consumer discontinues services during the survey period, what do you do?

Pop Quiz

- Collect Hours? (Yes or No)
- Client goes out to the movies at 7pm?
-
- Works Saturday nights from 10 pm to 2 am with no supports?
-
- Receives in home support?

- Attends medical appointments during the week?

- 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 the criteria for Community-Based Non-Work?

Pop Quiz

What activity category would you choose?

1. Attends Living Well Center on Tues & Wed. Job – Mon & Fri. ADL support at home – Thurs

2. Works out - Mon, Tues, Wed @ 9 am

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 American Job Center (formerly 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 would this be considered?

Pop Quiz

Pick the service category for each activity?

- Homebased – ADL support only
- Short term hospitalization
- Volunteers at a senior center?
- Play bingo and have lunch at the senior center?