

DD
Employment
& Day Activity
Outcomes
Survey

2025 Bi-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 out loud
- Please limit distractions with your computer or phone

Reflections on the Previous Survey

2025 Annual Survey draft data

- 3024 surveys entered
 - 491 did not participate
 - 2533 participated

Data entry
accuracy
improved!!!

Updates

- DOJ received annual report
- Agency reports in process



2019 to 2025 *TRENDS*

	2019		2020		2022–Annual		2023–Annual		2025 – Annual	
	N= 3151		Pandemic N=2429		Pandemic N=2479		Pandemic N= 2399		N = 2533	
Supported Employment Services (SES)	1030	31.2%	608	25.0%	675	27.0%	568	23.7%	677	26.7%
Individual Employment	528	16.4%	410	16.9%	408	16.5%	478	20.0%	545	21.5%
Self-Employment	26	0.8%	9	0.4%	19	0.8%	18	.8%	17	0.7%
Provider Paid Individual Employment	122	3.8%	61	2.5%	56	2.3%	62	2.6%	69	2.7%
Provider Paid Group Employment	128	4.0%	91	3.7%	67	2.7%	61	2.5%	53	2.1%
Facility-Based Work	7	0.2%	0	0	0	0	0	0	0	0
Community-Based Non-Work	2545	79.1%	1763	72.6%	1869	75.5%	2148	89.5%	2323	91.7%
Facility-Based Non-Work	1206	37.5%	428	17.6%	395	15.9%	568	23.7%	587	23.2%
Home-Based Non-Work	510	15.9%	700	28.8%	816	32.9%	-	-	-	-
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	(4%)	86	

Note: No longer collecting data for Home-Based Non-Work (as of 2023)

Orientation Objectives

- Understand purpose of the survey data
- Receive draft survey documents
- Understand roles & responsibilities of primary liaison & agency
- Understand survey scope & data collection
 - 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



- Survey was 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 Bi-Annual Survey Directions, Questions & Guidance

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

Important Dates

- **August 1 to October 31, 2025** is the 3-month survey period.
- **September 28 to October 11, 2025** is the two-week **data collection period** for employment and non-work activities in the community or a facility-based program.
- **November 1 to November 30, 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. 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 quarter (.25) 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

2025 Bi-Annual DD Employment and Day Activity Outcomes Survey – Answer Sheet

Name: _____ DOB: _____ Survey ID: _____

DEMOGRAPHICS		
Living Arrangement: <input type="checkbox"/> Own Home/Apt <input type="checkbox"/> Family Home/Apt <input type="checkbox"/> Agency Owned/Operated <input type="checkbox"/> Shared Living Provider (SLA)	<input type="checkbox"/> Institution/Nursing Home/Hospital <input type="checkbox"/> Homeless/Shelter <input type="checkbox"/> Unknown <input type="checkbox"/> 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 Aug 1 - Oct 31, 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 Aug 1 - Oct 31, 2025. If not, stop here.

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

1. Activities participated Aug 1 - Oct 31:	
<input type="checkbox"/> Supported Employment Services (SES) - Section 2 <input type="checkbox"/> Individual Employment (IE) - Section 3 <input type="checkbox"/> Self-Employed (SE) - Section 4 <input type="checkbox"/> Provider Paid Individual Employment (PPI) - Section 5 <input type="checkbox"/> Provider Paid Group Employment (PPG) - Section 6	<input type="checkbox"/> Community-Based Non-Work (CBNW) - Section 7 <input type="checkbox"/> DDD Facility-Based Non-Work (FBNW) - Section 8 <input type="checkbox"/> Non-DDD Facility-Based Non-Work – no additional questions <input type="checkbox"/> Program for Elderly Persons Non-Work – no additional questions
2. Work Incentive Information Received Aug 1 - Oct 31 (check all that apply): <input type="checkbox"/> No information <input type="checkbox"/> Written materials <input type="checkbox"/> Information session <input type="checkbox"/> Individual counseling session <input type="checkbox"/> SSA website <input type="checkbox"/> Spoke w/SSA Rep <input type="checkbox"/> TTY Helpline <input type="checkbox"/> Benefits plan received <input type="checkbox"/> Benefits plan in process	
3. ORS Status Aug 1 - Oct 31: <input type="checkbox"/> Applied/Pending <input type="checkbox"/> Open Case <input type="checkbox"/> Closed/Success <input type="checkbox"/> Closed/Other <input type="checkbox"/> None	
4. Technology Owned: <input type="checkbox"/> None <input type="checkbox"/> Cell Phone <input type="checkbox"/> Computer/Laptop <input type="checkbox"/> Tablet <input type="checkbox"/> Smart Speaker <input type="checkbox"/> Smart Watch <input type="checkbox"/> Smart TV <input type="checkbox"/> Game Console <input type="checkbox"/> Portable Media Player <input type="checkbox"/> Wearable Fitness Tracker <input type="checkbox"/> Communication Aid <input type="checkbox"/> Medical Alert Device <input type="checkbox"/> Other: _____	

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

5. SES Referred/Started Aug 1 - Oct 31: <input type="checkbox"/> Yes <input type="checkbox"/> No	5a. SES Referral source: <input type="checkbox"/> Self/Family <input type="checkbox"/> School <input type="checkbox"/> Service Provider <input type="checkbox"/> ORS <input type="checkbox"/> BHDDH <input type="checkbox"/> Other: _____
6. SES Job Search Activities Aug 1 - Oct 31: <input type="checkbox"/> Employment/PCP meeting <input type="checkbox"/> Community map – Employ. Focus <input type="checkbox"/> Informational interview <input type="checkbox"/> Job Trial/Situational Assess/Internship	<input type="checkbox"/> List of Technology <input type="checkbox"/> Job Club/class <input type="checkbox"/> Written resume <input type="checkbox"/> Visual resume <input type="checkbox"/> Applied 1 or more jobs <input type="checkbox"/> Attended 1 or more interviews <input type="checkbox"/> None of the above
7. SES # Short-term Voc. Exp Aug 1 - Oct 31: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+	NOTE: Count each voc. experience only once even if taking place over multiple days.
8. SES # Long-term Voc. Exp Aug 1 - Oct 31: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
9. SES # businesses contacted to develop a vocational experience or job opportunity Aug 1 - Oct 31: _____ Count each business only once even if contacted multiple times in 3-month period.	
10. SES Typical Method of Support Aug 1 - Oct 31:	<input type="checkbox"/> In-Person Only <input type="checkbox"/> Combination of in-person and remote <input type="checkbox"/> Remote Only <input type="checkbox"/> No supports provided
11. SES Hours Sept 28 - Oct 11: (Round each activity to nearest 15 minutes) <input type="checkbox"/> Career planning <input type="checkbox"/> Short-term vocational experience <input type="checkbox"/> Job search with me <input type="checkbox"/> Post-secondary ed./Voc. training <input type="checkbox"/> Long-term vocational experience <input type="checkbox"/> Job search on my behalf <input type="checkbox"/> Job Coaching/Retention- Indiv. or Exp.	
12. Reason for No Hours: <input type="checkbox"/> Health Iss. <input type="checkbox"/> Planned Time Off <input type="checkbox"/> Refused/Cancelled <input type="checkbox"/> Lack of Supp <input type="checkbox"/> No sch services/supp <input type="checkbox"/> Other	
13. SES Settings: (for activities reported in Question 10.)	<input type="checkbox"/> DAYWORK/OneStop/DLT <input type="checkbox"/> School/Training <input type="checkbox"/> Business/Employer <input type="checkbox"/> DD Provider Organization <input type="checkbox"/> Public Venue <input type="checkbox"/> Home/Residence

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)

2025 Bi-Annual DD Employment and Day Activity Outcomes Survey – Answer Sheet

EMPLOYMENT DATA

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

14. IE STARTED Job (on employer payroll): <input type="checkbox"/> Yes <input type="checkbox"/> No 14a. If YES, how was job obtained: <input type="checkbox"/> Existing job <input type="checkbox"/> Customized job	
15. IE ENDED Job (on employer payroll): <input type="checkbox"/> Yes <input type="checkbox"/> No	
15a. If YES, Reason Job Ended (check one): <input type="checkbox"/> New job <input type="checkbox"/> Chose to leave/not a match <input type="checkbox"/> Laid off <input type="checkbox"/> Fired <input type="checkbox"/> Employer Closed/Relocated <input type="checkbox"/> Lack of job supports <input type="checkbox"/> Lack of transportation <input type="checkbox"/> Benefits/financial <input type="checkbox"/> Benefits/medical <input type="checkbox"/> Moved <input type="checkbox"/> Health issues <input type="checkbox"/> Other	
15b. If YES, Job Length: <input type="checkbox"/> < 1 month <input type="checkbox"/> 1 month > < 3 months <input type="checkbox"/> 3 month > < 6 mos. <input type="checkbox"/> 6 months > < 12 mos. <input type="checkbox"/> 1 yr > < 2 yrs <input type="checkbox"/> 2 yrs > < 5 yrs <input type="checkbox"/> 5 yrs > < 10 yrs <input type="checkbox"/> 10 yrs >	
16. Were you employed in an individual job from Sept 28 - Oct 11? <input type="checkbox"/> Yes (go to Q17) <input type="checkbox"/> 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.	26. IE Length of Employment: <input type="checkbox"/> < 1 mo. <input type="checkbox"/> 1 mo. > < 3 mos. <input type="checkbox"/> 3 mo. > < 6 mos. <input type="checkbox"/> 6 mo. > < 12 mos. <input type="checkbox"/> 1 yr > < 2 yrs <input type="checkbox"/> 2 yrs > < 5 yrs <input type="checkbox"/> 5 yrs > < 10 yrs <input type="checkbox"/> 10 yrs >
18. IE Employer Type (check one): <input type="checkbox"/> For-Profit <input type="checkbox"/> Non-Profit <input type="checkbox"/> DD Agency <input type="checkbox"/> Gov Agency	27. IE Benefits Received: <input type="checkbox"/> Employer-Offered Health Ins <input type="checkbox"/> Sick <input type="checkbox"/> Per Days <input type="checkbox"/> Vac Days <input type="checkbox"/> Retirement Plan <input type="checkbox"/> No benefits offered
19. IE Industry (Select from Appendix C): _____	28. IE Hourly Wage: _____ (min. wage is \$15.00)
20. IE Onsite Support: <input type="checkbox"/> None <input type="checkbox"/> Daily (100%) <input type="checkbox"/> Daily (some) <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	29. IE Work Hours Sept 28 - Oct 11: _____ (Round to nearest 15 min.)
21. IE Offsite Support: <input type="checkbox"/> None <input type="checkbox"/> Daily (100%) <input type="checkbox"/> Daily (some) <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	29a. IE Reason for No Hours: <input type="checkbox"/> Furlough <input type="checkbox"/> Planned Time Off <input type="checkbox"/> Sick Leave <input type="checkbox"/> Lack of Job Supports <input type="checkbox"/> Other
22. IE Method of Support: <input type="checkbox"/> In-Person Only <input type="checkbox"/> Remote Only <input type="checkbox"/> Combination	
23. IE Employer Consultation (check all that apply): <input type="checkbox"/> None <input type="checkbox"/> Face to Face <input type="checkbox"/> Remote	
24. Tech: <input type="checkbox"/> None <input type="checkbox"/> Cell Phone <input type="checkbox"/> Computer/laptop <input type="checkbox"/> Tablet <input type="checkbox"/> Smart Speaker <input type="checkbox"/> Smart Watch <input type="checkbox"/> Portable Media Player <input type="checkbox"/> Communication Aid <input type="checkbox"/> Other: _____	
25. IE Transportation: <input type="checkbox"/> On Own <input type="checkbox"/> Public Bus (RIPTA) <input type="checkbox"/> RIDE Paratransit <input type="checkbox"/> On Demand Services <input type="checkbox"/> Private Ambulance <input type="checkbox"/> Agency/Staff <input type="checkbox"/> Family/Friend <input type="checkbox"/> Co-worker/Carpool <input type="checkbox"/> NA (works at home)	

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

30. SE Title (Appendix B): _____	33. SE Method of Support Aug 1 - Oct 31: <input type="checkbox"/> In-Person Only <input type="checkbox"/> Remote Only <input type="checkbox"/> Combination
30a. If Other (write in): _____	34. Tech: <input type="checkbox"/> None <input type="checkbox"/> Cell Phone <input type="checkbox"/> Computer/Laptop <input type="checkbox"/> Tablet <input type="checkbox"/> Smart Speaker <input type="checkbox"/> Smart Watch <input type="checkbox"/> Portable Media Player <input type="checkbox"/> Communication Aid <input type="checkbox"/> Other: _____
If other, contact Vicki, vferrara@ric.edu , before entering online survey.	
31. SE Length of Employment: <input type="checkbox"/> < 1 mo. <input type="checkbox"/> 1 mo. > < 3 mos. <input type="checkbox"/> 3 mo. > < 6 mos. <input type="checkbox"/> 6 mo. > < 12 mos. <input type="checkbox"/> 1 yr > < 2 yrs <input type="checkbox"/> 2 yrs > < 5 yrs <input type="checkbox"/> 5 yrs > < 10 yrs <input type="checkbox"/> 10 yrs >	35. SE Resources: <input type="checkbox"/> None <input type="checkbox"/> SE Training <input type="checkbox"/> Support from Business Assoc/Group <input type="checkbox"/> SSA PASS Plan <input type="checkbox"/> ORS Funding <input type="checkbox"/> Other: _____
32. SE Onsite Support Aug 1 - Oct 31: <input type="checkbox"/> None <input type="checkbox"/> Daily (100%) <input type="checkbox"/> Daily (some) <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	36. SE Bi-Annual (12 mos) Gross Income: _____
	37. SE Work Hours: _____ (Round to nearest 15 min.)
	37a. SE Reason No Hours Sept 28 - Oct 11: <input type="checkbox"/> Commission-based <input type="checkbox"/> Seasonal <input type="checkbox"/> Planned Time Off <input type="checkbox"/> Health issues <input type="checkbox"/> Lack of Job Supports <input type="checkbox"/> 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

2-Week Data Collection 4 pages

2025 Bi-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 \$15.00

(IE) Individual Employment - (Section 3)

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

Work hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Total
Week 1: Sept 28								
Week 2: Oct 5								
Q 29a. Reason no hours: <input type="checkbox"/> Furlough <input type="checkbox"/> Planned Time Off <input type="checkbox"/> Sick Leave <input type="checkbox"/> Lack of Supports <input type="checkbox"/> Other								Total Actual IE Work Hours (Q29):

(SE) Self-Employed - (Section 4)

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

Work hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Total
Week 1: Sept 28								
Week 2: Oct 5								
Q 37a. Reason no hours: <input type="checkbox"/> Commission-Based <input type="checkbox"/> Seasonal <input type="checkbox"/> Health Issues <input type="checkbox"/> Planned Time Off <input type="checkbox"/> Lack of Supports <input type="checkbox"/> 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: Sept 28								
Week 2: Oct 5								
Q 50a. Reason no hours: <input type="checkbox"/> Furlough <input type="checkbox"/> Planned Time Off <input type="checkbox"/> Sick Leave <input type="checkbox"/> Lack of Supports <input type="checkbox"/> 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: Sept 28								
Week 2: Oct 5								
Q62a. Reason no hours: <input type="checkbox"/> Furlough <input type="checkbox"/> Planned Time Off <input type="checkbox"/> Sick Leave <input type="checkbox"/> Lack of Supports <input type="checkbox"/> 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)

2025 Bi-Annual DD Employment and Day Activity Outcomes Survey – 2 Week Data Collection Tool

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 – September 28							Week Two – October 5							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 agency supports

☐ No scheduled services or supports (e.g., monthly retention only) ☐ Other: _____

Q13. Setting:

☐ ~~netWORKri/OneStop~~ ☐ 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: Sept 28						
Week 2: Oct 5						
					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)

Upcoming Survey Time Frames

Survey Periods	Data Collection 2-Week Period	Data Entry 4-Week Period	Data Clean-up Deadline
2025 Bi-Annual Aug - Oct	Sept 28–Oct 11 <small>*Holiday – Oct 14</small>	November	Dec 15
2026 Annual (<i>Tentative</i>) Feb - April	April	May	June 15

FAQs

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

- No – These are 2 different surveys. Both are required 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 Consumer ID Assignments

Tasks

- ❑ Review Provider Consumer List
 - Based on changes provided to Sherlock Center last survey
 - Agencies will remove and add new consumers

- ❑ Submit New Consumer Request Form
 - New or missing consumers
 - Survey IDs are generated by Sherlock Center

- ❑ Check Survey Liaison List
 - Update changes for both Executive Director (EXD) and Liaison.

Survey Consumer ID Assignments

Reminders

- New or Transferred Consumers
 - New – Contact Allison for an agency code.
 - Transferred – Collaborate with the original agency to determine who will enter data.
- Survey ID
 - Consumer initials & unique ID #
 - Example: AZ1234
 - Used for online survey log-in
 - Generated by Sherlock Center

Confidentiality is essential

- Encrypt email and Password documents
- Data collection
- Data entry
- Reporting discrepancies

Survey Webpage

Link: www.rioutcomesurveys.info



The screenshot shows the website for the Paul V. Sherlock Center, which is part of the Division of Developmental Disabilities, Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH). The website has a blue header with a navigation menu. The 'Surveys' link is highlighted with a red box. The main content area features the title 'Employment and Day Activity Outcomes Survey' and a description of the survey. Below this, there is a section titled 'Resources for Agencies' with three links: 'Survey link', 'Forms and documents', and 'Survey Support'.

Paul V. Sherlock Center
On Disabilities / Rhode Island College

Surveys | News & Stories | Career Opportunities | Staff Directory

About Us | Services & Projects | Events, Education & Training | Resources

Employment and Day Activity Outcomes Survey

The Employment and Day Activity Outcomes Survey takes place twice a year. The survey gathers information on employment and community activities from individuals served by the Division of Developmental Disabilities, Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH).

Resources for Agencies

- Survey link
- Forms and documents
- Survey Support

Survey Assignment:

Provider Consumer List - Review

1. Removal of consumer

- Check to Remove from List – check box if applicable
- Reason for Change: 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 rioutcomesurveys.info under Resources → Agencies → Forms and documents

Return to Allison Wolfe by 9/5/2025 via:

- Email – secure/encrypted email with password protected attachment to awolfe@ric.edu
- Fax – with coversheet to 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 for new consumers

Return to Allison Wolfe by 9/5/2025 via:

- Email – secure/encrypted email with password protected attachment to awolfe@ric.edu
- Fax – with coversheet to 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 Bi-Annual DD Survey Liaison List

1. Update changes for both Executive Director (EXD) and Liaison.
 - Maximum of 2 liaisons per agency may be listed.
 - If adding a second contact, insert a new line below the existing 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.

<https://docs.google.com/spreadsheets/d/1wjgalgqiYInlj2rsAOifTT7bOcrkjO4/edit?gid=1047226141#gid=1047226141>

Survey Changes:

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

Did not participate

- Deceased added a Date if known
- Other - added comment

Removed comment from not participating

On your Consumer ID List: Not Participating in the Survey

Not Participating

- Only home-based activity
- Only Elder program
- Only Medicaid Day program (non BHDDH)
- Deceased during the survey period
- On leave or transferring services, etc.

SDS ONLY

If you realize early contact SC

If you realize during data entry, select unable to contact, comment SDS only

Section 1:

Activity Category in a Quarter

- Select activity if the person:
 - Participates in the activity as defined Appendix A (Activity Definitions)
 - Whether or not they have hours in the 2-week period
 - Expected to return to the activity category
 - Example: Consumer is CBNW and was sick for 2 months, including the 2-week period, and expected to return in the next 6 months.
 - Select CBNW, No hours, Health issue

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 the community, at agency facility, person's home, workplace, etc.

Level of integration?

- Integrated – mostly people without disabilities
- Segregated – mostly people with disabilities

Section 1: Participating in the Survey

Activity Categories and General Questions

Question: In which of the following activities did you participate between August 1 to October 31, 2025? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Supported Employment Services
<i>Complete Section 2</i> | <input type="checkbox"/> Facility-based non-work activity- DDD provider
<i>Complete Section 8</i> |
| <input type="checkbox"/> Individual Employment (Employer Payroll)
<i>Complete Section 3</i> | <input type="checkbox"/> Non-DDD facility-based activity (Medicaid funded)
<i>No additional data collected</i> |
| <input type="checkbox"/> Self-Employed
<i>Complete Section 4</i> | <input type="checkbox"/> Elder Program Non-Work Activity
<i>No additional data collected</i> |
| <input type="checkbox"/> Provider Paid Individual Employment
<i>Complete Section 5</i> | |
| <input type="checkbox"/> Provider Paid Group Employment
<i>Complete Section 6</i> | |
| <input type="checkbox"/> Community-based Non-Work Activity
<i>Complete Section 7</i> | |

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 individual 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 – 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 coaching and retention supports - short-term & long-term; on-site or off-site**
 - Career change/advancement counseling/support

SES and Job Coaching Hours

If received on or off-site job coaching, even if part of retention support:

Should have at least 1 of the following:

Employment: IE, SE, PP

OR

SES Vocational Exploration - Short Term or Long Term

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 job exploration, seeking, and job keeping activities:
 - Discovery/vocational exploration activity/career planning
 - Active job seeking – business outreach, job applications
 - Receiving on/off-site job support

Not just in

- ISP and/or Career Development Plan (CDP)
- Prevocational/Readiness
- 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

Activity Category Definitions

Self-Employment

- | Self-Employment | | Examples |
|--|---|---|
| <ul style="list-style-type: none">• Business or micro-enterprise is controlled and owned by the individual• 100% of income to individual and earn \$400 annual min. | <ul style="list-style-type: none">• Guided by a business plan• Expect to report earnings<ul style="list-style-type: none">▪ Taxes and entitlements | <ul style="list-style-type: none">▪ Consultant/instructor▪ Kiosk or shop owner▪ Online business▪ Service provider (beyond a hobby)<ul style="list-style-type: none">• DJ, artist, photographer, animal caretaker, etc. |

Not Self-Employment

- | | |
|--|--|
| <ul style="list-style-type: none">• Agency providing paycheck• Favor for a neighbor• Picking up cans for pocket change• Occasional payment for a craft or other service | <ul style="list-style-type: none">• 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 Non-Work 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 Non-Work 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.
- Continuous supports and supervision 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

- | | |
|---|---|
| <ul style="list-style-type: none">• Vocational preparation;• Groups / clubs• Psychosocial skills development• Activities of daily living | <ul style="list-style-type: none">• 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 <ul style="list-style-type: none"> Medically compromised Does not leave the house except for medical appointment 	<ul style="list-style-type: none"> At home Medical Appointments 	<p>No – did not participate in employment or day activity</p> <p>Reason: Solely community-support funding</p>
Destiny <ul style="list-style-type: none"> Mon/Wed/Fri - attends Generations 9 am – 3 pm Tues/Thurs – attends agency FBNW Mon-Friday – receives in-home supports for self-care 	<ul style="list-style-type: none"> Attends Generations Attends remote groups by FBNW In-home support 	<p>Yes – Participated in day services</p> <ul style="list-style-type: none"> Select Medicaid funded Day program (no additional info) Select FBNW to provide hours 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 or 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	<ul style="list-style-type: none">• No category- do not collect• Outside of survey timeframe (typically Mon-Fri)• Could include if using for SES discovery.

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

Common Issues

Quality Data/Answering Questions

- Using the back button to start a different survey
- Leaving incorrect data by:
 - Selecting an activity category
 - Providing data
 - Deselecting category
- Using information from the case record instead of confirming actual responses
- Counts too high, including activity beyond the definition
- SES Job Coaching Hrs and no employment of vocational experience
- Wrong wage or hours
- Including information from outside of quarter (Aug 1 – Oct 31) or 2-week data collection period (Sept 28- Oct 11)
- Not obtaining data from other programs, SDS
- Company industry based on job title instead of business purpose
- Not submitting the survey

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: auto-filled Initials: _____ Date of Birth: auto filled

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

☐ Yes, I participated in some employment and/or day activities in the community or at a DDD facility-based program between August 1 - October 31, 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 August 1 - October 31, 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 Date if known
- ☐ Other: 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 August 1 – October 31?

Check all that apply, whether you have hours to report or not for the two-week data period of September 28 to October 11, 2025.

See Appendix A – Activity Definitions

Section 1: Activity Categories and General Questions

1. In which of the following activities did you participate between August 1 to October 31, 2025?

Check all that apply, whether or not you have hours to report for the two-week data period of September 28 to October 11, 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.)**

End of survey for non-DD facility-based & elderly non-work only

Section 1: General Questions (Quarter)

2. Did you receive information on Social Security Work incentives between Aug 1 – Oct 31? *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 Benefits 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 August 1 - October 31, 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.*

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

Section 2: (SES)

Supported Employment Services

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

5. Were you referred to or did you start receiving Supported Employment Services between Aug 1 – Oct 31?

- ☐ Yes, I was referred to/started SES between Aug 1 – Oct 31
- ☐ No, I was enrolled in SES before Aug 1

5a. If yes, who referred you to Supported Employment Services?

5a. SES Referral Source:

- ☐ Self / family
- ☐ School
- ☐ Adult service provider
- ☐ Office of Rehabilitation Service (ORS)
- ☐ BHDDH
- ☐ Other: _____

Section 2: SE Services Activity (SES)

6. Which of the following job search activity did you participate in or complete between August 1 to October 31? *Select all that apply*

- ☐ I participated in an employment-focused, person-centered planning meeting (not ISP)
- ☐ I created a community map to help me learn about businesses near me
- ☐ I attended an informational interview, job shadow, or tour with an employer
- ☐ I completed a job trial, situational assessment, or internship with an employer
- ☐ I created a list of technology (e.g., mobile devices, smart speaker, apps, specialty device/communication) that i will use to get or keep a job
- ☐ I attended a job club/class (job search or job retention related)
- ☐ I created a written resume
- ☐ I created a visual resume (pictures or video)
- ☐ I applied for 1 or more jobs online or in-person
- ☐ I attended 1 or more job interview/s with an employer
- ☐ None of the above

Section 2: SE Services

7. How many short-term vocational experiences (<30 days) did you complete between August 1 - October 31?

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 August 1 - October 31?

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 August 1 - October 31?

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 September 28 - October 11?

➤ 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; 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

<u>Job Titles</u>	<u>Job Categories</u>
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. Painter's helper	8. Bagger and/or carriage retrieval
I. Bus aide	9. Vending machine box servicer
J. Sample server	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 August 1 - October 31?	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

<p>15. Did you end an individual job between August 1 - October 31, 2025</p>	<p>IE Job Ended:</p> <p><input type="checkbox"/> Yes, I ended an individual job hired on the employer's payroll.</p> <p><input type="checkbox"/> No, I did not end an individual job hired on the employer's payroll.</p>	
<p>15a. If yes, primary reason for the individual job ending?</p>	<p>IE Reason Job Ended: <i>Check one</i></p> <p><input type="checkbox"/> Hired into a new job</p> <p><input type="checkbox"/> Chose to leave job / not a match</p> <p><input type="checkbox"/> Laid off</p> <p><input type="checkbox"/> Fired / let go from job</p> <p><input type="checkbox"/> Employer Closed / Relocated</p> <p><input type="checkbox"/> Lack of available job supports</p> <p><input type="checkbox"/> Lack of transportation to job</p>	<p><input type="checkbox"/> Change or loss of benefits -financial</p> <p><input type="checkbox"/> Change or loss of benefits - medical</p> <p><input type="checkbox"/> Individual moved/changed address</p> <p><input type="checkbox"/> Health issues</p> <p><input type="checkbox"/> Other _____</p>
<p>15b. If yes, how long were you employed at the individual job that ended?</p>	<p>IE Job Length:</p> <p><input type="checkbox"/> < 1 month</p> <p><input type="checkbox"/> 1 month or >< than 3 mos.</p> <p><input type="checkbox"/> 3 mos. or >< than 6 mos.</p> <p><input type="checkbox"/> 6 mos. or >< than 12 mos.</p>	<p><input type="checkbox"/> 1 yr or >< than 2 yrs</p> <p><input type="checkbox"/> 2 yrs or >< than 5 yrs</p> <p><input type="checkbox"/> 5 yrs or >< than 10 yrs</p> <p><input type="checkbox"/> 10 yrs or ></p>

Section 3: Individual Employment

16. Were you employed from September 28 - October 11? ☐ 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 August 1 - October 31?

SE Resources: All that apply

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

Section 5: (PPI)

Provider Paid Employment – Individual

- 38. Job title – 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 September 28 - October 11.

- 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 – revised next slide

67b. Attendees – new next slide

Section 7: (CBNW)

Community Based Non-Work Activity

67a. Participants: *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. Attendees: *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)	# of Activities (Q67a)	Who Else Participated (Q67b) <i>Check all that apply</i>		Attendees (Q67c) <i>Check one</i>	
				Mostly PWD	Mostly the public
Art, leisure, recreation (e.g., show, dining, crafting class)	1 2 – 4 5 – 9 10 – 14 15+	<input type="checkbox"/> Only myself <input type="checkbox"/> 1+ family mbrs <input type="checkbox"/> 1+ staff <input type="checkbox"/> 1+ community 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			70

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

69a. FBNW – reason no hours

70. FBNW – length of time with current day provider

71. FBNW – method of support

Final Steps

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

Submit Survey

Common Issues

Quality Data Entry

- Online survey password is the consumer survey ID
- 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: November 1 - 30

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 awolfe@ric.edu
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.
 - Notify Allison once your edits are completed.
3. Survey process is now complete!

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 Bi-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

Part 1

- 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? Transferred or cew
- 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

Part 2

- 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

Part 3

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

Part 4

Pick whether or not participating and if participating 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