

DD  
Employment  
& Day Activity  
Outcomes  
Survey

2025 Bi-Annual  
Statewide Survey  
Orientation

1

## 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

2

## 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



3

## 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%	<b>677</b>	<b>26.7%</b>
Individual Employment	528	16.4%	410	16.9%	408	16.5%	478	20.0%	<b>545</b>	<b>21.5%</b>
Self-Employment	26	0.8%	9	0.4%	19	0.8%	18	.8%	<b>17</b>	<b>0.7%</b>
Provider Paid Individual Employment	122	3.8%	61	2.5%	56	2.3%	62	2.6%	<b>69</b>	<b>2.7%</b>
Provider Paid Group Employment	128	4.0%	91	3.7%	67	2.7%	61	2.5%	<b>53</b>	<b>2.1%</b>
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%	<b>2323</b>	<b>91.7%</b>
Facility-Based Non-Work	1206	37.5%	428	17.6%	395	15.9%	568	23.7%	<b>587</b>	<b>23.2%</b>
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%)	<b>86</b>	

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

4

## Orientation Objectives

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- 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

5

## Survey Purpose

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- 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***

6

## Survey Evolution

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- 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.

7

## Packet & Materials

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**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

8

## Documents & Forms – Instructions

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- 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

9

### 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](http://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](http://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](mailto: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](mailto:vferrara@ric.edu), 401-456-8092.

10

## 2025 Bi-Annual Survey Directions, Questions & Guidance

# Data Collection Tools

Answer Sheet  
5 pages

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

Name: \_\_\_\_\_ Survey ID: \_\_\_\_\_

**DEMOGRAPHICS**

Living Arrangement:  Institution/Training  Residential Provider:  N/A (Select from Appendix D)  
 Own Home/Apt  Home/Hospital  Family Home/Share  Non-Residential  
 Agency Owned/Operated  Unknown  Employment/Day Provider:  N/A (Select from Appendix D)  
 Shared Living Provider (SLP)  Not applicable (e.g., deceased)

Participated in employment or day activities in the community or a DDD facility-based program Aug 1 - Oct 31, 2023:  
 Yes  No  If no, Reason (see list in instruction): \_\_\_\_\_ Comment (Optional): \_\_\_\_\_

Continue to Section 1 of the person participated in day or employment activities between Aug 1 - Oct 31, 2023. If not, skip here.

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

1. Activities participated Aug 1 - Oct 31:  
 Supported Employment Services (SES) - Section 2  Community-Based Non-work (CBNW) - Section 7  
 Individual Employment (IE) - Section 3  DDD Facility-Based Non-work (FBNW) - Section 8  
 Self-Employed (SE) - Section 4  Non-DDD Facility-Based Non-work - no additional questions  
 Provider Paid Individual Employment (PPI) - Section 5  Program for Elderly Persons Non-work - no additional questions  
 Provider Paid Group Employment (PPG) - Section 6

2. Work incentive information Received Aug 1 - Oct 31 (check off that apply):  
 Information session  Individual counseling session  No information  Written materials  
 TV/Helpline  Benefits plan received  SSA website  Spoke w/SSA Rep

3. SES Referral Started Aug 1 - Oct 31:  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 Device  
 Other: \_\_\_\_\_

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

5. SES Referral Started Aug 1 - Oct 31:  Yes  No  
 Q5a. SES Referral source:  Self/Family  School  Service Provider  
 OIG  Section  Other

6. SES Job Search Activities Aug 1 - Oct 31:  
 Employment/PCP meeting  List of Technology  Applied 1 or more jobs  
 Community map - Employ Focus  Job Clubs  attended 1 or more interviews  
 Informational Interview  Written resume  None of the above  
 Job Trial/Situational Assessment/Internship  Visual resume

7. SES Short-term Voc. Exp Aug 1 - Oct 31:  0  1  2  3  4  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:  0  1  2  3  4

9. SES a business 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:  In-Person Only  Combination of in-person and remote  
 Remote Only  No supports provided

11. SES Hours Sept 28 - Oct 11: (Round each activity to nearest 15 minutes)  
 Career training  Job search with me  Job search on my behalf  
 Post-secondary ed./voc. training  Long-term vocational experience  Job coaching/retention (only if exp.)

12. Reason for No Hours:  Health  Planned Time Off  Sickness/Cancelled  Lack of supp.  Not on services/topp  Other

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

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 - Answer Sheet

Name: \_\_\_\_\_ Survey ID: \_\_\_\_\_

**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) Yes  No  14a. If YES, how was job obtained:  Existing job  Customized job

15. IE ENDED Job (on employer payroll) Yes  No   
 15a. If YES, Reason job ended (check one):  New job  Chose to leave/had a match  Laid off  Fired  
 Employer Closed/Relocated  Lack of job supports  Lack of transportation  Benefits/financial  Benefits/medical  
 Moved  Health issues  Other

15b. If YES, Job Length:  < 1 month  1 month < 3 months  3 months < 6 mos.  6 months < 12 mos.  
 1 yr < 5 yrs  2 yrs < 5 yrs  3 yrs < 5 yrs  4 yrs >

16. Were you employed in an individual job from Sept 28 - Oct 11? Yes (go to Q17)  No (skip to Section 4)

17. IE Title (Appendix E): \_\_\_\_\_  
 17a. If Other (write in): \_\_\_\_\_

18. IE Employer Type (check one):  Non-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 off that apply):  None  Face to Face  Remote

24. Tech:  None  Cell Phone  Computer/Laptop  Tablet  Smart Speaker  Smart Watch  Portable Media Player  Communication Aid  
 Smart Watch  Portable Media Player  Communication Aid

25. IE Transportation:  On Own  Public Bus (BRTA)  RIDE Paratransit  
 On Demand (eSigs)  Private Ambulance  Agency/Staff  Family/Friend  
 Co-worker/Carpool  N/A (works at home)

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

27. IE Benefits Received:  Employer-offered health ins.  Sick Per Day  Vac Days  Retirement Plan  No benefits offered

28. IE Hourly Wage: \_\_\_\_\_ (Min. wage is \$12.00)

29. IE Work Hours Sept 28 - Oct 11: \_\_\_\_\_ (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 E): \_\_\_\_\_  
 30a. If Other (write in): \_\_\_\_\_

31. SE Method of Support Aug 1 - Oct 31:  In-Person Only  Remote Only  Combination

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

33. SE Resources:  None  SE Training  
 Support from Business Assoc/Group  SSA PASS Plan  
 OIG Funding  Other

34. SE Gross Income:  < 1 mo.  1 mo < 3 mos.  3 mos < 6 mos.  6 mos < 12 mos.  1 yr < 2 yrs  2 yrs < 5 yrs  3 yrs < 10 yrs  10 yrs >

35. SE Work Hours: \_\_\_\_\_ (Round to nearest 15 min.)

35a. SE Reason for No Hours Sept 28 - Oct 11:  None  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

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 \$12.00

**(IE) Individual Employment - (Section 3)**

Title (Q17 & 17a): \_\_\_\_\_ Hourly wage (Q26): \_\_\_\_\_

Work hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Total
Week 1: Sept 28								
Week 2: Oct 5								

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): \_\_\_\_\_ Bi-Annual Gross Income (Q34): \_\_\_\_\_

Work hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Total
Week 1: Sept 28								
Week 2: Oct 5								

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: Sept 28								
Week 2: Oct 5								

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: Sept 28								
Week 2: Oct 5								

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)

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																
Train on ed/eq/training																
ST voc. experience																
IT voc. experience																
Job search by/w/ org																
Job search by/w/ public																
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:  RES/WORK/OnSite/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. FBW Non-Work Hours. Round total to the nearest 15 minutes.

Week 1: Sept 28	Monday	Tuesday	Wednesday	Thursday	Friday	Totals
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

13

## 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.

14

## 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

15

## 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.

•16



# 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

•17

# Survey Webpage

Link: [www.rioutcomesurveys.info](http://www.rioutcomesurveys.info)

The screenshot shows the Paul V. Sherlock Center website. The header includes the center's name and logo, along with navigation links: Surveys, News & Stories, Career Opportunities, Staff Directory, About Us, Services & Projects, Events, Education & Training, and Resources. The main content area features the title 'Employment and Day Activity Outcomes Survey' and a brief description: '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)'. Below this, there is a section titled 'Resources for Agencies' with three links: Survey link, Forms and documents, and Survey Support.

18

## 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](http://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](mailto:awolfe@ric.edu)
- Fax – with coversheet to 401-456-8150

19

## 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](mailto: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.

20

## Survey Assignment: Check Survey Liaison List

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### 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/1wjgalgqiYInIj2rsAOifTT7bOcrkJO4/edit?gid=1047226141#gid=1047226141>

21

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

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### Did not participate

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

Removed comment from not participating

22

## 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

23

## Section 1: Activity Category in a Quarter

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➤ 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

24

## Section 1: Determining Activity Category

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When determining the activity category, consider the following:

**Purpose of the activity**

- Acquire information, skill, or an activity to support
- Choosing, getting or keeping an 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

25

## Section 1: Participating in the Survey Activity Categories and General Questions

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

26

## Supported Employment Services

### Activity Category Definitions

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➤ 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

27

## 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

28

## Supported Employment

### Activity Category Definitions

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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

29

## Individual Employment

### Activity Category Definitions

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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

30

Self-Employment		Activity Category Definitions
<b>Self-Employment</b>		
<ul style="list-style-type: none"> <li>• Business or micro-enterprise is controlled and owned by the individual</li> <li>• 100% of income to individual and earn \$400 annual min.</li> </ul>	<ul style="list-style-type: none"> <li>• Guided by a business plan</li> <li>• Expect to report earnings                             <ul style="list-style-type: none"> <li>▪ Taxes and entitlements</li> </ul> </li> </ul>	<p style="text-align: center;"><u>Examples</u></p> <ul style="list-style-type: none"> <li>▪ Consultant/instructor</li> <li>▪ Kiosk or shop owner</li> <li>▪ Online business</li> <li>▪ Service provider (beyond a hobby)                             <ul style="list-style-type: none"> <li>• DJ, artist, photographer, animal caretaker, etc.</li> </ul> </li> </ul>
<b>Not Self-Employment</b>		
<ul style="list-style-type: none"> <li>• Agency providing paycheck</li> <li>• Favor for a neighbor</li> <li>• Picking up cans for pocket change</li> <li>• Occasional payment for a craft or other service</li> <li>• Business that is owned and operated by an organization or provider</li> </ul>		
31		

Provider-Paid Employment		Activity Category Definitions
<ul style="list-style-type: none"> <li>• DD provider or organization/business/establishment with mission to employment people with disabilities.</li> <li>• Paid by provider agency or provider sub-contactor                             <ul style="list-style-type: none"> <li>• NISH/Ability One contract</li> <li>• Agency owned/operated business</li> <li>• Affirmative business                                     <ul style="list-style-type: none"> <li>• Examples: Store, café, shredding, theater, laundry, printing, day care service, cart, etc.</li> </ul> </li> </ul> </li> </ul>		
<p style="text-align: center;"><b>Individual</b></p> <ul style="list-style-type: none"> <li>• Integrated setting</li> <li>• Typical work environment</li> <li>• Provider payroll</li> </ul>	<p style="text-align: center;"><b>Group</b></p> <ul style="list-style-type: none"> <li>• Community integrated job</li> <li>• 2 or more people</li> <li>• Enclave mobile work crew                             <ul style="list-style-type: none"> <li>• Examples: Landscaping crew, window washing, janitorial staff, temporary workers, nursery or flower shop, etc.</li> </ul> </li> </ul>	
32		



## 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:	<ul style="list-style-type: none"> <li>• Arts and leisure</li> <li>• Fitness</li> <li>• Education training</li> </ul>	<ul style="list-style-type: none"> <li>• Soft skills – employment &amp; vocational training</li> <li>• ADL skills (outside the home)</li> <li>• Volunteering</li> </ul>
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33

## 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

<b>Examples</b>	<ul style="list-style-type: none"> <li>• Vocational preparation;</li> <li>• Groups / clubs</li> <li>• Psychosocial skills development</li> <li>• Activities of daily living</li> </ul>	<ul style="list-style-type: none"> <li>• Social recreation</li> <li>• Professional therapies (e.g. occupational physical and speech therapies).</li> </ul>
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34

## 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.

35

## 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)

36

## Activity Examples

Scenario	Activity	Activity Category
Maurice <ul style="list-style-type: none"> <li>Medically compromised</li> <li>Does not leave the house except for medical appointment</li> </ul>	<ul style="list-style-type: none"> <li>At home</li> <li>Medical Appointments</li> </ul>	No – did not participate in employment or day activity Reason: Solely community-support funding
Destiny <ul style="list-style-type: none"> <li>Mon/Wed/Fri - attends Generations 9 am – 3 pm</li> <li>Tues/Thurs – attends agency FBNW</li> <li>Mon-Friday – receives in-home supports for self-care</li> </ul>	<ul style="list-style-type: none"> <li>Attends Generations</li> <li>Attends remote groups by FBNW</li> <li>In-home support</li> </ul>	Yes – Participated in day services <ul style="list-style-type: none"> <li>Select Medicaid funded Day program (no additional info)</li> <li>Select FBNW to provide hours</li> <li>Do not collect</li> </ul>

37

## 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

38

## 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"> <li>• No category- do not collect</li> <li>• Outside of survey timeframe (typically Mon-Fri)</li> <li>• Could include if using for SES discovery.</li> </ul>

39

## 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

40

## Survey Question Review

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### 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

41

## Common Issues Quality Data/Answering Questions

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- 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

42

## Survey Begins

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- 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)

43

## Day Employment Services Begin

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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)*

44

## Day Employment Services (continued)

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

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

45

## 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

46

## 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

47

## 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.)

- |  |  |
|--|--|
| <input type="checkbox"/> No information received   | <input type="checkbox"/> Spoke with a SSA representative about work incentives |
| <input type="checkbox"/> Provided written materials SC overview of WI info; SSA Working While Disabled brochure; benefit counseling decision making tool; etc. | <input type="checkbox"/> Called Ticket to Work helpline                        |
| <input type="checkbox"/> Attended Work incentive information session RIPIN SC Other  | <input type="checkbox"/> Attended an individual counseling session with a CWIC |
| <input type="checkbox"/> Accessed Social Security Administration Website   | <input type="checkbox"/> Written benefits plan in process by CWIC              |
|  | <input type="checkbox"/> Written benefits Plan received from CWIC              |

*A CWIC is a Certified Work incentives Benefits Counselor. See Appendix E for a list of CWICs.*

48



## 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)

49

## 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: \_\_\_\_\_

50

## 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

51

## Section 2: SE Services

<p>7. How many short-term vocational experiences (&lt;30 days) did you complete between August 1 - October 31?</p>	<p>SES Number of ST vocational experiences: Response 1 through 5+</p> <p>Examples: mock interview, job shadowing, brief situational assessment</p> <p><i>Count each vocational experience only once even if it takes place over multiple days.</i></p>
<p>8. How many long-term vocational experiences (&gt;30 days) did you complete between August 1 - October 31?</p>	<p>SES Number of LT vocational experiences: Response 1 through 4</p> <p>Examples: job trial, situational assessment, internship</p> <p><i>Count each vocational experience only once even if taking place over multiple days.</i></p>
<p>9. How many businesses were contacted on your behalf to develop a vocational experience or job opportunity between August 1 - October 31?</p>	<p>SES Number of Businesses contacted: _____</p> <p><i>NEW: Numbers to select from</i></p> <p><i>Count each business only once even if contacted multiple times in the 3-month period.</i></p>

52

## Section 2: SE Services

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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

53

## Section 2: SE Services Activity (SES)

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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

54

## Section 2: SES

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### 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

55

## Job Title - Individual, Self-Employment or Provider Paid

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- 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](http://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

56

## 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

57

## 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

58

## 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

59

## 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)

60

## Section 3: Individual Employment

15. Did you end an individual job between August 1 - October 31, 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*
- |   |  |
|---|--|
| <input type="checkbox"/> Hired into a new job             | <input type="checkbox"/> Change or loss of benefits -financial |
| <input type="checkbox"/> Chose to leave job / not a match | <input type="checkbox"/> Change or loss of benefits - medical  |
| <input type="checkbox"/> Laid off                         | <input type="checkbox"/> Individual moved/changed address      |
| <input type="checkbox"/> Fired / let go from job          | <input type="checkbox"/> Health issues                         |
| <input type="checkbox"/> Employer Closed / Relocated      | <input type="checkbox"/> Other _____                           |
| <input type="checkbox"/> Lack of available job supports   |  |
| <input type="checkbox"/> Lack of transportation to job    |  |
- 15b. If yes, how long were you employed at the individual job that ended?
- IE Job Length:
- |  |  |
|--|--|
| <input type="checkbox"/> < 1 month                 | <input type="checkbox"/> 1 yr or >> than 2 yrs   |
| <input type="checkbox"/> 1 month or >> than 3 mos. | <input type="checkbox"/> 2 yrs or >> than 5 yrs  |
| <input type="checkbox"/> 3 mos. or >> than 6 mos.  | <input type="checkbox"/> 5 yrs or >> than 10 yrs |
| <input type="checkbox"/> 6 mos. or >> than 12 mos. | <input type="checkbox"/> 10 yrs or >             |

61

## 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).*

62

## 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)

63

## 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: \_\_\_\_\_

64



## Section 5: (PPI) Provider Paid Employment – Individual

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- |   |   |
|---|---|
| <p>38. Job title – use one from Appendix B or “Other”</p> <p>39. Industry – Appendix C</p> <ul style="list-style-type: none"> <li>• Choose based on industry of company</li> </ul> <p>40. Business type</p> <p>41. Typical method of transportation to work</p> <p>42. Length of employment</p> | <p>43. On-site support</p> <p>44. Offsite support</p> <p>45. How is job support provided</p> <p>46. Employer consultation type</p> <p>47. <u>New</u> response: Technology use</p> <p>48. Benefits offered</p> <p>49. Hourly wage (\$Dollars. Cents)</p> <p>50. Total hours worked (round to nearest quarter hour)</p> <p>50a. If the response is “no hours” provide the reason.</p> |
|---|---|

65

## Section 6: (PPG) Provider Paid Employment Group

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- |  |   |
|--|---|
| <p>51. Title of PPG job</p> <p>52. Industry – Appendix C</p> <ul style="list-style-type: none"> <li>• Choose based on industry of company</li> </ul> <p>53. Business type – pick one</p> <p>54. Number of workers – pick one</p> <p>55. Typical method of transportation to work</p> <p>56. Length of employment</p> | <p>57. On-site support</p> <p>58. Method of support</p> <p>59. New technology use</p> <p>60. Benefits received</p> <p>61. Hourly wage (00.00)</p> <p>62. Total hours worked</p> <ul style="list-style-type: none"> <li>• Round actual hours to closest quarter hour</li> </ul> <p>62a. If no hours worked, provide reason</p> |
|--|---|

66

## 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)

67

## 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

68

## 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

69

## 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 to 2 PWD <input type="checkbox"/> 1+ family mbrs <input type="checkbox"/> 3 to 5 PWD <input type="checkbox"/> 1+ staff <input type="checkbox"/> More than <input type="checkbox"/> 1+ community mbrs <input type="checkbox"/> 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.

71

## 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.

72

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

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### 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



73

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

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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

74

## 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**

75

## 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

76

## Entering Surveys Online: November 1 - 30

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Start from [www.rioutcomesurveys.info](http://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"

77

## Survey Feedback & Questions

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

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

78

## Finalizing Survey Data

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When you enter the last survey

1. Notify Allison Wolfe via email at [awolfe@ric.edu](mailto: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!

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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

79

# 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](mailto:vferrara@ric.edu)

Allison Wolfe: 456-4773 or [awolfe@ric.edu](mailto:awolfe@ric.edu)

Back up Contact: [mpallack@ric.edu](mailto:mpallack@ric.edu)

80



# 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?

81

# Pop Quiz

## Part 2

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Collect Hours? (Yes or No)</li> <li>• Client goes out to the movies at 7pm?</li> <li>•</li> <li>• Works Saturday nights from 10 pm to 2 am with no supports?</li> <li>•</li> <li>• Receives in home support?</li> <li>• Attends medical appointments during the week?</li> <li>• You select a service category if the person is considered enrolled even if they spent no hours in the program.</li> </ul> | <ul style="list-style-type: none"> <li>• Service Category</li> <li>• Survey Participation:           <ul style="list-style-type: none"> <li>• What is the criteria to select Yes?</li> <li>• What is the criteria to select No?</li> </ul> </li> <li>• What is the criteria for Supported Employment Services?</li> <li>• What is the criteria for Self-Employment?</li> <li>• What is the criteria for Community-Based Non-Work?</li> </ul> |
|---|--|

82

## Pop Quiz

### Part 3

What activity category would you choose?

- |  |   |
|--|---|
| <ol style="list-style-type: none"> <li>1. Attends Living Well Center on Tues &amp; Wed. Job – Mon &amp; Fri. ADL support at home – Thurs</li> <li>2. Works out - Mon, Tues, Wed @ 9 am</li> <li>3. Cooking skills class             <ul style="list-style-type: none"> <li>▪ At group home?</li> <li>▪ At agency?</li> <li>▪ Zoom session?</li> </ul> </li> <li>4. Not available for services during quarter?</li> <li>5. Job club at agency facility</li> </ol> | <ol style="list-style-type: none"> <li>6. Interviewing Workshop at American Job Center (formerly netWORKri)</li> <li>7. 40-year old attends agency senior program?</li> <li>8. Paid situational assessment?</li> <li>9. Creates crafts – sells monthly at flea market and on consignment.</li> <li>10. Once a month your client washes and vacuums the neighbors car and receives \$15.00. - What type of employment would this be considered?</li> </ol> |
|--|---|

83

## 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

84