

DD
Employment
& Day
Activity
Outcomes
Survey

2024 Bi-Annual Statewide Survey Orientation

Welcome

- Survey Liaison
Veterans, Novice & Newbees

Your Guide

- Vicki Ferrara

Other Resource

- Vanessa Hollands
- Mary Anne Pallack

Have Printed Documents

ZOOM

Mute

Video On

Ask questions in Chat or
aloud/unmute

Please Limit Distractions
computer/ phone

2024 ANNUAL Survey

- 3140 surveys entered
 - 618 did not participate
 - 2399 participated

Update

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

YAY!!!!!!

Data entry accuracy
continues to improved!



2019 to 2024 *TRENDS*

	2019 N= 3151		2022–Annual Pandemic N=2479		2023–Annual Pandemic N= 2399		2024–Annual N= 2522	
SE Services	1030	31.2%	675	27.%	568	23.7%	588	23.3%
Individual Employ	528	16.4%	408	16.5%	478	20%	499	19.8%
Self Employment	26	0.8%	19	.8%	18	0.8%	19	0.8%
PP Individual Employ	122	3.8%	56	2.3%	62	2.6%	74	2.9%
PP Group Employ	128	4.0%	67	2.7%	61	2.5%	53	2.1%
Facility based Work	7	0.2%	0		0		0	
CB Non work	2545	79.1%	1869	75.5%	2148	89.5%	2312	91.7%
FB non work	1206	37.5%	395	15.9%	568	23.7%	585	23.2%
Non DDD Facility Based non Work (medicaid funded)					89	13.5%	92	15% of non participating 21 .8% participating
Program for the Elderly NW/ only	36	1.1%	10	.4%	94	14.3% non participating 64 2.7% participating	87	14.1% non participating 71 2.8% participating

Orientation Objectives

- Understand Purpose of the Survey Data
- Receive DRAFT Survey Documents
- Understand Role
 - Primary Liaison & Agency Responsibility
- Understand Survey Scope & Data Collection
 - Survey Assignment
 - Survey Changes
 - Survey Preparation- Tools
 - **Survey ACTIVITY DEFINITIONS, Questions and Responses**
 - Quality Assurance
 - Data Entry
 - Data Confirmation

Survey Purpose

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

Meet DOJ Criteria-

- ◎ ***Target populations***
- ◎ ***Services & Supports***
- ◎ ***Activities***
- ◎ ***DD Redesign Outcomes***
- ◎ ***Continue Quality Indicators***

Survey Coordinated by the Conversion Institute of the Sherlock Center in cooperation with BHDDH and the DOJ Court Monitor

SURVEY EVOLUTION



From 4 to 2 times per year

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

Packet & Materials

PACKET DRAFT

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

MATERIALS Forthcoming

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

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

Survey Directions

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

Important Dates

- **August 1 - October 31, 2024** is the 3-month survey period.
- **September 29 - October 12, 2024** 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, 2024** is the data entry period.

Directions

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

Reminders

- Start or update survey at www.rioutcomesurveys.info
- A **Survey Answer Sheet** is available for your convenience when collecting data.
 - The survey answer sheet corresponds to the online data entry screens.
 - You can download the sheet at www.rioutcomesurveys.info.
- The survey password is the unique SURVEY ID listed on the Consumer Provider List.
- Some question responses in the online survey are prefilled with a "0". Type over the "0" when entering data (i.e., correct entry "7"; incorrect entry "07")
- If a job title is not listed in Appendix B: Job Title List, email Vicki Ferrara at vferrara@ric.edu before selecting "Other" in the online survey.

Data Collection Tools

Answer Sheet

5 pages

2024 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, 2024:
 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, 2024. 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"/> TTW 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 Dev 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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+	Count each voc. experience only once
8. SES # Long-term Voc. Exp Aug 1 - Oct 31: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	even if taking place over multiple days.
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 29 - Oct 12: (Round each activity to nearest 15 minutes)	
<input type="checkbox"/> Career planning <input type="checkbox"/> Post-secondary ed./Voc. training	<input type="checkbox"/> Short-term vocational experience <input type="checkbox"/> Long-term vocational experience
<input type="checkbox"/> Job search with me <input type="checkbox"/> Job search on my behalf <input type="checkbox"/> Job Coaching/Retention- job , or exp	
12. Reason for No Hours: <input type="checkbox"/> Health Issues <input type="checkbox"/> Planned Time Off <input type="checkbox"/> Refused/Cancelled <input type="checkbox"/> Lack of Supports <input type="checkbox"/> No supports <input type="checkbox"/> Other	
13. SES Settings: (for activities reported in Question 10.)	<input type="checkbox"/> DD WORKS/Direct/DLT <input type="checkbox"/> Business/Employer <input type="checkbox"/> Public Venue <input type="checkbox"/> School/Training <input type="checkbox"/> DD Provider Organization <input type="checkbox"/> Home/Residence

2024 Bi-Annual DD Employment and Day Activity Outcomes Survey – Answer Sheet
 Name: _____ DOB: _____ 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): <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 Chose to leave/not a match <input type="checkbox"/> Laid off/general <input type="checkbox"/> Fired <input type="checkbox"/> Employer Closed/Relocated <input type="checkbox"/> Lack of job supports/general <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 29 - Oct 12? <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 mos > < 6 mos <input type="checkbox"/> 6 mos > < 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 14.00)
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 29 - Oct 12: _____ (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 Other: _____	
25. IE Transportation: <input type="checkbox"/> On Own <input type="checkbox"/> Public Bus (RiPTA) <input type="checkbox"/> RIDE Bus <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): _____ If other, contact Vicki, vferrara@ric.edu, before entering survey.	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: _____
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 mos > < 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 Annual (12 mos) Gross Income: _____ 37. SE Work Hours: _____ (Round to nearest 15 min.)
	37a. SE Reason No Hours Sept 29 - Oct 12: <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

2024 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 \$14.00

(IE) Individual Employment - (Section 3)

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

Work hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Total
Week 1: Sept 29								
Week 2: Oct 6								
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): _____ Annual Gross Income (Q36): _____

Work hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Total
Week 1: Sept 29								
Week 2: Oct 6								
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 29								
Week 2: Oct 6								
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 29								
Week 2: Oct 6								
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)

2024 Bi-Annual DD Employment and Day Activity Outcomes Survey – 2 Week Data Collection Tool
Name: _____ Survey ID: _____

Non-Work Activity Data

Round daily activity time and 2-week totals to the nearest 15 minutes. See hours key below.

(SES) Supported Employment Services (Section 2)

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

	Week One – Sept 29							Week Two – Oct 6							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 for job															
Job search behalf of job															
Job coaching/retention															

Q12. Reason no hours:

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

Q13. Setting: getWORKi/OnStop/DLT Business/employer Public venue School/training
 DD provider Home/residence

Community-Based Non-Work Hours (Section 7)

See pages 3 & 4

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

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

	Monday	Tuesday	Wednesday	Thursday	Friday	Totals
Week 1: Sept 29						
Week 2: Oct 6						
						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)

Surveys FAQ

Is the NCI Survey and the DD Survey the same thing?

NO- 2 different surveys REQUIRED by the DOJ

Do we need to report on everyone that receives service?

**YES-All BHDDH Consumers (22 years of age as of 8/1/2002),
EVEN NEW PEOPLE**

Qualified Consumer?

*BHDDH-DDD funded consumer
started services with your Organization at any time during the
quarter.*

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

What should happen?

The Entity responsible for reporting data obtains information from other agency/SDS. Communicate in expectations.

Survey Time Frames

2024 Schedule

Survey Periods	Collection 2wk Period	Data Entry 4 week Period	Data Clean up Deadline
Bi-Annual 2024 – August-October	Sept 29 – Oct 12 (no holiday)	November	Dec 13
2025 Annual - <i>Tentative</i> February - April	April 13-26	May	June 13

Primary Liaison Responsibility

Important to collect data from Shared Consumers:

- Other Provider
- Self Directed

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

Shared Consumers – GET/SHARE DATA

1. Communicate and OBTAIN Information from organization and/or SDS
2. Determine A Plan/Method to share data & deadline.

Survey Assignment

Consumer ID List

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

Survey ID-AZ1234

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

Confidentiality

- Data Collection
- Data Entry
- Reporting Discrepancies

NEW Consumer
DURING THE SURVEY QUARTER

Transferred:

Decide with original agency who will enter data for this quarter.

NEW: Contact Vicki for an Agency code

Survey Assignment: Due by September 12 List Change Form (New OR Missing)

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

ACCESSPOINT RI

Count: 104

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

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

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

Return by 9/12/24 to Vanessa Hollands at vhollands@ric.edu or fax with a cover sheet to 401-456-8150.

Survey ID	Name	DOB	Self-Directed	Check to Remove from List	Reason for Change (write clearly)
PA8429			No	<input type="checkbox"/>	
	Death				Self Directed Services Only
	Moved out of State				
	Declined Services				Provide BHDDH Social Worker Name
	Transferred to Another Agency - provide New Agency Name				if known

WEB PAGE: WWW.RIOUTCOMESURVEYS.INFO



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).

SURVEY CHANGES last time

DD EMPLOYMENT & DAY ACTIVITY (COMMUNITY AND FACILITY BASED)

- Eligible must be 22 before 8/1/2002
- Questions to CBNW Activity exploring Inclusion and Integration (Court Monitor request) Appendix F
 - Total # of times participating in Activities - 2 crafts, 2 library, 1 birdwatching club. **Total = 5**
- 13. SES Setting - American Job Center (formerly netWORKri)
- IE, PPI, PPG, Activity: Employer consultation - none - In Person – remote
- 66a. CBNW reason no hours – Refused/canceled activities
- Job Titles: Therapist Other- all types (Reiki, Art)

ACTIVITY Categories

Each Section has related Questions

Select Category based on individual consumer

1. **In which of the following activities did you participate between August 1 to October 31, 2024?**

Check all that apply, whether or not you have hours to report for the two-week data period of *September 29 to October 12, 2024*.

See Appendix A – Activity Definitions

- Supported Employment Services (**Complete Section 2**)
- Individual Employment (Employer Payroll) (**Complete Section 3**)
- Self-Employed (**Complete Section 4**)
- Provider Paid Individual Employment (**Complete Section 5**)
- Provider Paid Group Employment (**Complete Section 6**)
- Community-based Non-Work Activity (**Complete Section 7**)
- Facility-Based Non-Work Activity- DDD provider (**Complete Section 8**)
- Non-DDD Facility Based Activity (Medicaid funded) (***no additional data collected for this activity***)
- Elder Program Non-Work Activity (***no additional data collected for this activity***)

Survey Reminders:

3 ACTIVITY CATEGORIES Recording Differently

For those that DO NOT participate in any

Employment OR Day Activity (Community Based or Facility Based) as defined by the Survey.

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

ACTIVITY Category in a Quarter

Select ACTIVITY if the person is considered:

- Participating in the Activity as defined in activity definitions (Appendix A)
- Whether or not they have hours to report in the 2-week period.
- Only include a person if they are expected to return to the activity category
 - Ex. No longer participating in FBNW, only doing CBNW going forward. Select CBNW
 - Reason NO Hours - Pandemic response removed

Determining ACTIVITY Category

Consider.....

What is the purpose of the Activity? Is it

- Acquire information OR skill OR an activity to support
- Choosing, Getting or Keeping a Integrated Job
 - Skill of Independent living
 - Social Recreation etc.
- Working- earning wages
- Personal Enrichment

Where is the activity happening?

- In Community at Agency Facility, Person's Home, Workplace

What is the level of Integration?

- Integrated= Mostly people with out disability or
- Segregated= Mostly people with disability

ACTIVITY Categories

Each Section has related Questions

Select Category based on individual consumer

Section 1: Activity Categories and General Questions

1. **In which of the following activities did you participate between August 1 to October 31, 2024?**
Check all that apply, whether or not you have hours to report for the two-week data period of *September 29 - October 12, 2024.*

See Appendix A – Activity Definitions

- Supported Employment Services (**Complete Section 2**)
- Individual Employment (Employer Payroll) (**Complete Section 3**)
- Self-Employed (**Complete Section 4**)
- Provider Paid Individual Employment (**Complete Section 5**)
- Provider Paid Group Employment (**Complete Section 6**)
- Community-based Non-Work Activity (**Complete Section 7**)
- Facility-Based Non-Work Activity- DDD provider (**Complete Section 8**)
- Non-DDD Facility Based Activity (Medicaid funded) (*no additional data collected for this activity*)
- Elder Program Non-Work Activity (*no additional data collected for this activity*)

The following activity only included if also participating in 1 or more employment or day activity.

- NON DDD Facility based Non- Work Activity- Generations, etc.
- Elder Services

Survey: Question Review

What you will NEED.....

- Survey Directions
 - Questions (we will walk through each Question)
 - Q and A
 - Appendix
 - Appendix B Job Title (Review, Missing title notify Vicki)
 - Appendix D
 - Data Collection Tools
- All Questions Answer Sheet
- 2 Week Data Collection Tool

TIP Online Survey

Number responses are prefilled with a “0”. Type over the “0” ex. Correct = 7 Incorrect = 07

Survey Begins

**Survey ID [Initials (LP) & Unique ID (1234)] - Provided
Date of Birth – Provided (Confirm Correct)**

- **Living Arrangement – (choose 1)**
 - **Own Home (individual has own residence/apt.)**
 - **Family Home/Apt. (Lives with Family)**
 - **Shared Living Arrangement Provider**
 - **Agency Owned/Operated (group home or apt)**
 - **Choose RESIDENTIAL PROVIDER (List Appendix D)**
- **Institution/Nursing Home/Hospital**
- **Homeless/Shelter**

- **Employment / Day Service Provider select all that apply**

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, 2024.

No, I did not participate in employment and/or day activities in the community or at a DDD facility-based program for any period of time between August 1 – October 31, 2024.

IF NO PROVIDE REASON: pick 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 Program (e.g., to/from an Agency/SDS/SLA/Other)
- Extended vacation/absence
- Declined/refused/suspended agency services (temporary)
- Lack of follow-thru 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 only (e.g., Generations, Living Well, etc.)
- Attending Elder Program only
- In-home supports only (e.g., activities of daily living)

- Closed/discharged/terminated BHDDH services
- Deceased
- Other: _____

Comments (optional): _____

Common Issues/ Quality Data Answering Questions

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

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

Survey Question Participation Category – all that apply (QTR)

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 29 to October 12, 2024.

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, 2024?**
Check all that apply, whether or not you have hours to report for the two-week data period of *September 29 - October 12, 2024.*

See Appendix A – Activity Definitions

- Supported Employment Services (**Complete Section 2**)
- Individual Employment (Employer Payroll) (**Complete Section 3**)
- Self-Employed (**Complete Section 4**)
- Provider Paid Individual Employment (**Complete Section 5**)
- Provider Paid Group Employment (**Complete Section 6**)
- Community-based Non-Work Activity (**Complete Section 7**)
- Facility-Based Non-Work Activity- DDD provider (**Complete Section 8**)
- Non-DDD Facility Based Activity (Medicaid funded) (*no additional data collected for this activity*)
- Elder Program Non-Work Activity (*no additional data collected for this activity*)

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

Section 1: General Questions (QTR)

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 Social Security Administration 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 (QTR)

3. What best describes your status with the Office of Rehabilitation Services (ORS) between August 1 - October 31, 2024?

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

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

- | | |
|--|--|
| <input type="checkbox"/> Cell Phone | <input type="checkbox"/> 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"/> Medical alert device (e.g., medication reminders, fall detection, emergency help) |
| <input type="checkbox"/> Smart TV | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> None (I do not own any technology listed) |

Section 2: (SES) (QRT) Supported Employment Services

- Participation in Supported Employment Activity
- Requires Data Collection over 2 week period
 - Survey Data TRACKING SHEET

5. Were you referred to or did you start receiving supported employment services between Aug 1 - Oct 31? 5a. SES Referred / Started:

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

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

5a. SES Referral Source:

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

Section 2: SE Services Activity (SES) QRT

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 QRT

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: _____
Count each business only once even if contacted multiple times in the 3-month period.

Section 2: SE Services QRT

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 **Sept 29 – Oct 12?**
Data Tracking Form (Round to .25)

- Career Planning
 - Activity to help plan choose get keep or change job/advancement (Counseling, Empl. PCP mt, Discovery, etc.)
- Short Term Vocational Experience (30 days or less @ business)
 - Learning about job: maybe some skill development
 - Job Shadow, Job Trial, Internship, etc.
- Long Term Vocational Experience More than 30 days @ business
 - Job Trial, Situational Assessment, Internship, etc.
- Post Secondary Education or Training
 - Activity to support job goal
 - Enrolled with Educational Institution or Skills Training Program.
 - Taking Classes or Degree Certificate
- Job Search on own/with voc staff
- Job Search on my behalf (voc staff with out consumer)
- Job Coaching/Retention
(NOT TRANSPORTATION)

Section 2: SES

12. Reason No Hours

- Health Issue
- Vacation
- Lack Supports
- Other

13. Setting: Where is Activity Taking Place?

- Select all that apply:
 - netWORKri
 - Business/Employer
 - Public Venue (library etc.)
 - School/Training Facility
 - CCRI, RIC, MTTI, NE Tech
 - RI Foodbank, etc.
 - DD Provider Organization
 - Home/Residence

Job Title- Individual or Self-Employment or Provider Paid

- **REVIEW LIST- APPENDIX B**

Missing Job Title – call/email Vicki

- Pick 1 job for a service category and report related data.
- Really try and choose from the JOB list provided
- “OTHER” Job Title (try not to use)

**Before entering survey -
Call/Email Vicki**

Look Up Potential Title on
www.onetonline.org

- Trades ALL – painting, masonry, etc. HELPERS
- Trash/Refuse Collector
Recycle
- Stock Clerk – sales floor or stock room
- Bagger and/or Carriage retrieval
- Delivery
- Food Preparation and/or Serving
- Assistant Manager

JOB TITLES Connect to list

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

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, Self Empl or Provider Paid Industry Appendix C

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

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

Section 3: (IE) QTR Individual Employment

Question	Response
14. Did you START a new individual Job between August 1 - October 31 ?	IE Started Job: ___ Yes, I started a new individual job hired onto the employer's payroll ___ No, I did not start a new individual job hired onto the employer's payroll.
14a.If yes , how was this new job obtained?	IE Job Obtained: ___ Hired into existing job ___ Hired into customized job (i.e., carved, created)

Section 3: Individual Employment QRT

15. Did you **END** an individual job between **8/1-10/31**?

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

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

IE Ended Job:

- 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.

IE Reason Job Ended: Check one

- Hired into a new job
- Chose to leave job / not a match
- Chose to leave job / retired
- Laid off / general
- Fired / let go from job
- Employer Closed / relocated

IE Job Length:

- < 1 month
- 1 month or >< than 3 mos.
- 3 mos. or >< than 6 mos.
- 6 mos. or >< than 12 mos.

- Lack of available job supports
- Lack of transportation to job
- Change or loss of benefits - financial
- Change or loss of benefits - medical
- Individual moved/changed address
- Health issues
- Other _____

- 1 yr or >< than 2 yrs
- 2 yrs or >< than 5 yrs
- 5 yrs or >< than 10 yrs
- 10 yrs or >

Section 3: Individual Employment

16. Were you employed from Sept 29 – Oct 12? Yes No

If Yes, Continue to Question 17

17. Job Title – pick 1 job (OTHER)

18. Employer Type

19. Industry- Appendix C

Choose based on Industry of
Company

20. Onsite Support

Frequency of Job Coaching

NOT Transportation

21. Off Site Support

22. How Job Support Provided

(In Person, Remote, Combination)

23. Type Employer Consultation

All that apply

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

None Cell Phone

Computer or Laptop

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

Smart Speaker (e.g., Amazon Echo, Google Nest)

Smart Watch Portable Media Player

Communication Aid (e.g., Dynavox)

Other (list):

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

Section 3: Individual Employment

25. Transportation to work

Most of the time

26. Length of Employment

27. Benefits Received

All that apply

28. Hourly Wage **MINIMUM WAGE \$14.00**

29. Total Hours Worked

Round to nearest QTR hour

2 week data collection

29a. Reason for NO Hours

Section 4: Self Employment (SE)

30. Job Title – pick 1 job

Other: Contact Vicki

31. Length of Employment

32. Onsite Support – pick 1

33. Job Support Typically Provided

In-person, Remote, Combination

34. NEW Response - Technology Use

35. See block to right

36. NEW Response: Gross Annual Income

12 mos period

37. Total Hours Worked

Round to nearest QTR hour

37a. Reason for No Hours

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

SE Resources: All that apply

None

Attended self-employment course or training (e.g., DD Council, SBA class).

Received Support from a business association/group (e.g., SCORE, SBA, Social Enterprise Greenhouse, Chamber of Commerce)

Approved SSA PASS Plan

Funding from ORS for self-employment

Other: _____

Section 5: (PPI) Provider Paid Employment Individual

- 38. Job Title -Appendix B or
Other 1 primary job
- 39. Industry- Appendix C
Choose based on Industry of
Company
- 40. Business Type
- 41. Transportation to work
Most of the time
- 42. Length of Employment

- 43. On site Support
- 44. Offsite Support
- 45. How is Job Support Provided
- 46. Employer Consultation Type
- 47. **NEW Response:** Technology Use
- 48. Benefits Offered
- 49. Hourly Wage (Dollars. Cents)
- 50. Total Hours Worked
Actual Hours nearest QTR hour
- 50a. Reason No Hours

Section 6: (PPG) Provider Paid Employment Group

51. a or b Job Title – 1 Primary job

52. Industry- Appendix C

Choose based on Industry of
Company

53. Business Type pick 1

54. Number of Workers: *pick 1*

55. Transportation to work

Most of the time

56. Length of Employment

57. On site Support

58. Method of Support

59. NEW Technology USE

60. Benefits Received

61. Hourly Wage (00.00)

62. Total Hours Worked

Actual Hours nearest QTR
hour

62a. Reason NO Hours

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

<p>63. How long have you participated in community-based non-work activity with your current provider?</p>	<p>63.CBNW length:</p> <p><input type="checkbox"/> < 3 mos.</p> <p><input type="checkbox"/> 3 mos. Or > < than 6 mos.</p> <p><input type="checkbox"/> 6 mos. Or > < than 12mos.</p> <p><input type="checkbox"/> 1 yr or > < than 3 yrs</p>	<p><input type="checkbox"/> 3 yrs or > < than 5 yrs</p> <p><input type="checkbox"/> 5 yrs or > < than 10 yrs</p> <p><input type="checkbox"/> 10 yrs or > < than 15 yrs</p> <p><input type="checkbox"/> 15 yrs or ></p>
<p>64. How was CBNW support provided between Aug 1 - Oct 31?</p>	<p>64. CBNW method of support:</p> <p><input type="checkbox"/> In-person only</p> <p><input type="checkbox"/> Remote only</p> <p><input type="checkbox"/> Combination of in-person and remote</p> <p><input type="checkbox"/> No support provided</p>	

Section 7: (CBNW)

Community Based Non-Work Activity

65. What technology do you use to support your community activities?

This is technology that helps you to participate more independently in the community (e.g., app on your cell phone to sign up for yoga, device that reads text or helps you to communicate, smart speaker that reminds you of a scheduled activity)

65. CBNW technology: Check all that apply.

- 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

66. Did you participate in community-based activities from Sept 29 - Oct 12?	66. CBNW hours: __ Yes __ No
66a. If you participated in no hours of community-based activity from Sept 29 - Oct 12, what was the primary reason?	66a. CBNW reason no hours: __ Health issues __ Planned time off (e.g., vacation) __ Lack of supports __ Refused / cancelled activities __ Other

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

Q 67 For each type of community-based non-work activities that you participated in from Sept 29 – Oct 12.

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 the activity.

67a. # of times participating in Activities. Example: If you went bowling 2 times, to a movie 1 time & ceramics class 2 times the total number of activities = 5.

- 67. Enter the number of hours for the two-week period
- **67 a. # times participating in activities**
- 67 b. Who else Participated with you
- 67 c. Who attend with you

Section 7: (CBNW)

Community Based Non-Work Activity

Activity	Hours Sept 29 - Oct 12 (Q67)	# of times Participat ing in Activities (Q67a)	Who else participated with you (Q67b) Check all that apply	Who attended Check One (Q67c)	
				Mostly PWD	Mostly the public
Art, leisure, recreation (e.g., movies, dining out, sightseein g, crafting class)			<input type="checkbox"/> I attended all activities on my own <input type="checkbox"/> I attended some or all activities with other people. Who else participated with you (check all that apply): <input type="checkbox"/> 1+ family members <input type="checkbox"/> 1+ staff <input type="checkbox"/> 1+ community members (neighbor, co-worker) <input type="checkbox"/> 1 to 2 PWD <input type="checkbox"/> 3 to 5 PWD <input type="checkbox"/> More than 5 PWD		

- Health and Fitness
- Adult Education and Training
- Soft Skills/Employment related
- Activities of Daily Living
(OUTSIDE THE HOME)
- Volunteering
- Other

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

67 c. EXAMPLES:

Mostly People with Disabilities	Mostly the Public
Person attends an exercise class at the YMCA mostly attended by people with disabilities.	Person attends an exercise class at the 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 American Job Center 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

67 c. EXAMPLES Continued:

Mostly People with Disabilities	Mostly the Public
Person visits the local library to engage in activities organized 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
- **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 QTR Hour

69a. **FBNW Reason NO Hours**

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

71. **FBNW Method of Support**

Common Issues/Quality Data

Answering Questions

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

Entering Surveys On-line: November 1 - 30

Data Entry – Start from RIOUTCOMESURVEYS.INFO

1. Enter PASS WORD (Consumer SURVEY ID Ex. MG123)
2. CONFIRM SURVEY ID MATCHES DEMOGRAPHICS
3. Questions align with Directions and Answer Sheet. Choice of Employment and Day Activity Categories reveals related questions.
4. **NOTE** if there is a change in who is entering the survey.
5. **Complete a survey, click the “Submit” Button.**
6. Exiting or Entering Additional Survey:
 - a. Entering additional surveys click “HERE” button
 - b. Ending Data Entry Session click “Exit Survey”.



Survey Contact – change if needed

Prefilled

- **Agency Responsible**
- **Contact person if different with liaison**
- **Email if different**
- **Phone if different**

Quality- Review Responses

Survey responses match the Survey ID

Selected categories have responses

Other enter after feedback from Vicki

Numbers are accurate

Hours don't have an extra "0" Wage

SUBMIT Survey

Common Issues

Quality Data Entry

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

Educate your staff to understand the questions/ responses and process

Survey Feedback & Questions

Survey Feedback will be requested from primary liaisons and survey completers from survey “Thank You page”.

Questions

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

If you need guidance on answering a survey question &

Other Job Title:

Vicki Ferrara vferrara@ric.edu or 456-8092

For New Consumer ID & Online Survey technical issues:

Vanessa Hollands vhollands@ric.edu or 456-8072

Finalizing Survey Data

When you enter the Last Survey– Email Vanessa

1. Review Data- You will be sent an excel file for your review and our questions. Review for anomalies - # extra “0” or missing data
2. Make edits to Online Individual survey record only. (Do NOT edit the excel spread sheet)
3. Notify Vanessa once your edits are completed.
4. Survey Process Complete!

Sherlock Center finalizes data and Creates reports

1. Consent Decree Monitor report
2. Statewide report
3. Agency report

REVIEW OF ACTIVITY CATEGORIES

Each Section has related Questions

Select Category based on individual consumer

1. **In which of the following activities did you participate between August 1 to October 31, 2024?**

Check all that apply, whether or not you have hours to report for the two-week data period of *September 29 to October 12, 2024*.

See Appendix A – Activity Definitions

- Supported Employment Services (**Complete Section 2**)
- Individual Employment (Employer Payroll) (**Complete Section 3**)
- Self-Employed (**Complete Section 4**)
- Provider Paid Individual Employment (**Complete Section 5**)
- Provider Paid Group Employment (**Complete Section 6**)
- Community-based Non-Work Activity (**Complete Section 7**)
- Facility-Based Non-Work Activity- DDD provider (**Complete Section 8**)
- Non-DDD Facility Based Activity (Medicaid funded) (***no additional data collected for this activity***)
- Elder Program Non-Work Activity (***no additional data collected for this activity***)

ACTIVITY Category Definitions

Supported Employment Services

SELECT WHEN..... Integrated Individual Employment/ self employment is the focus.

Participated/enrolled to

CHOOSE, GET, KEEP and/or CHANGE a JOB

Includes activities:

- Vocational Counseling Individual Integrated employment
- Developing a Career /Vocational Profile
- Assessments – *Skills/Preferences, Employment focused PCP meeting*
- Community Discovery/Mapping- for employment
- Skills Training for an Occupation
- Job Exploration – Info Interview, job shadow, workplace experiences, etc.
- Job Search/Interviewing – identifying potential employers, business outreach/engagement; job interview
- Job Retention supports - short-term & long-term; on site or offsite
- Career change/Advancement counseling/support

Activity Category Definitions

Supported Employment

ONE or more of below:

- Official Referral form to your agencies SE/Vocational services
- Referral accepted by ORS
- Participates in planned SE activity: discovery/vocational exploration activity; actively job seeking – business outreach, job applications; receiving on/offsite job support

NOT

Just in ISP and/or Career Development Plan (CDP)
Prevocational/Readiness
Discovery/Interest Clubs
Hobby Groups

Activity Category Definitions

Individual Employment

- Community-based
- Individual job
- Hired onto the Employer's payroll
- With or without job supports

Employer's Payroll

- Panera Bread- food preparation worker
- Town of NK – Recreation Worker
- Miriam Hospital-Equipment Technician
- Buttons And Bows-Childcare Worker

Not Employment

Barter Under the Table Work Without \$ (volunteering)
Paid Situational Assessment/Work Trial

Activity Category Definitions

Self Employment

Self-employment

- Business/micro enterprise is controlled **and owned by the individual**
- 100% of income to individual and earn \$400 annual min.
- Guided by a business plan;
- Expect to report earnings
Taxes and Entitlements

Self-employment would NOT include a business that is owned or operated by an organization or provider; or an individual's hobby a chore or a favor that results in receipt of payment.

Self Employed

- Consultant/Instructor
- Own a Kiosk/Shop
- Online Business
- Provide a Service (beyond a hobby)
 - DJ, Delivery, Artist, Digital Photos, Animal Caretaker
- Micro Business – Eggs Jewelry

NOT Self-Employment

- If agency providing paycheck
- Favor for a neighbors recycle bin
- Picking up cans for pocket \$
- Occasional payment for a craft or activity

Activity Category Definition

Provider Paid Employment

- DD provider or organization/business/establishment with mission to employment people with disabilities.
- Paid by provider agency or provider sub-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 Crew	Temp Workers
Nursery/Flower Shop	Navy Base

Activity Category Definition

Community-Based Non-Work Activity

Enrolled and/or Participating in non-work services or activities that take place in a community setting in person or remotely.

- ⦿ Outside of a person's home/yard/driveway and/or DD agency facility
- ⦿ Where most people do not have a disability and
- ⦿ The activity does not involve paid employment.
- ⦿ This activity is often referred to as Community Integration or Community Participation.
- ⦿ Community Activity that occurs as part of a Day or Residential Program record as CBNW-group- bowling, library, etc.
- ⦿ Remote examples - Library hosted Zoom Book Club, Yoga studio host a zoom class.

Examples:

- Arts and Leisure
- Fitness
- Education Training
- Soft skills related to employment and vocational awareness
- ADL skills and/or
- Volunteering.

Activity Category Definition

DDD Facility-Based Non-Work Activity

- ⦿ Enrolled and/or Participating in Non-Work Services or Activities that take place in a provider facility setting. (Agency Day Program, Group Home, or individual's home in participating remotely in Facility based Day Activity .)
- ⦿ **Majority of participants have a disability, and the activity does not involve paid employment.**
- ⦿ Continuous supports and supervision are provided to all participants with disabilities.
- ⦿ This category often occurs in facilities referred to as Day Activity Day Habilitation or Day Program
- ⦿ Remote FBNW hosted ex: Zoom Movement class; Zoom Topical group

These activities include but are not limited to one or more:

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

ACTIVITY Category in a Quarter

FBNW Definition Revised

- ***Choose FBNW Activity***
 - *Select if on the agency census for FBNW*
 - *Participating in person or remotely*
- ***Facility Based Non-Work – Location - segregated (typically consumer and support staff)***
 - *agency day program facility or*
 - *residential group home*
 - *or individual's home if participating in FBNW run activity remotely.*

Activity Category Definition

Program for the Elderly Non-work

- Enrolled in or Participating in non-work services or activities specifically designed for elderly.
- Primary focus of this service includes but is not limited to leisure recreation or other non-vocational activities.
- Elders with disabilities may be integrated with elders who do not have disabilities.
- Occasionally person with disability is not elderly.

**Ex: Community Senior Center
Community Senior Program
DD Senior/Elder Program
Adult day program Non DD**

Activity Example

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

Activity Example

- Cameron has a PT job T,W,S- 9-noon at Ace Manufacturing; He has job coach support and exploring changing jobs.
- He receives in home support to learn cooking, cleaning and money management skills Th for 3 hours (1 hour go to grocery store or other errands)
- Friday- he attends an Agency Day program 9-3, sometimes they leave the day program to go to the library, bowling or go to the mall. (Some times he attends Remotely)
- He also volunteers on Monday's without support

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

Activity Example

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

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

Activity Definitions Questions

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



**When in
Doubt
Make your
Best Guess**



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

Questions Contact:

Sherlock Center on Disabilities

Vicki Ferrara: 456-8092 or vferrara@ric.edu

Vanessa Hollands: 456-8072 vhollands@ric.edu

Back up Contact: mpallack@ric.edu

POP QUIZ

- What's the purpose of the Survey?
- Responsibilities of the Survey liaison?
- Your agency gets a NEW client during the quarter
What do you do? Transferred or New
- You're the Agency Data Primary-Your client gets SDS and services from another agency. What do you do?
- Who do you contact for....
 - Survey Question/response clarification?
 - Online data entry issue?
- You need "final" Survey Tools, Where do you get them?
- When doing "hours" data collection - what is the typical time frame? Employment, SE Services, CBNW
- Person discontinues services during the survey period what do you do?

POP QUIZ

Collect Hours?

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

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

Y or No Receives in home support?

Y or N Attends medical appts. during the week?

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

Service Category

- Survey Participation:
 - What is the criteria to select Yes ?
 - What is the criteria to select No?
- What is the criteria for Supported Employment Services?
- What is the criteria for Self-Employment?
- What is criteria for Community Based Non Work?

POP QUIZ

WHAT ACTIVITY CATEGORY WOULD YOU CHOOSE?

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

POP QUIZ

Pick the Service Category for each activity?

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

Response Key: Common Issues/ Quality Data Answering Questions

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

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