DD Employment & Day Activity Outcomes Survey
7th Annual Statewide Survey
2018 Orientation
Quarter 1

Welcome

• 2018 Survey Liaison Veterans & Newbees

Your Guide
• Vicki Ferrara

Other Resources
• Bernice Panicci
• Mary Anne Pallack

• Coffee, Tea, Water
• Restrooms
Q 4 Survey
- 3599 surveys entered
- 80 % by due date (Feb 3)
- Last Agency clean up – Feb 15 (Goal was Feb 3)

TIPS----Contact Bernice
- Data Entered
- Confirm Data Correct

Q3 Update
Annual Agency Summary
- DOJ received report
- Agency received Q3 reports

2017 (Q1 vs Q4) Report Highlights
TRENDS POSITIVE!!!!

<table>
<thead>
<tr>
<th></th>
<th>2017 Q1 N=3232</th>
<th>2017 Q4 DRAFT N= 3177</th>
</tr>
</thead>
<tbody>
<tr>
<td>SE Services</td>
<td>639/19.3%</td>
<td>935/ 29.4%</td>
</tr>
<tr>
<td>Individual Employment</td>
<td>466/14.1%</td>
<td>555/17.4%</td>
</tr>
<tr>
<td>Self Employment</td>
<td>51/1.6%</td>
<td>47/  1.5%</td>
</tr>
<tr>
<td>PP Individual Employment</td>
<td>167/5.1%</td>
<td>123/3.9%</td>
</tr>
<tr>
<td>PP Group Employment</td>
<td>165/5%</td>
<td>151/4.7%</td>
</tr>
<tr>
<td>Facility based Work</td>
<td>189/5.7%</td>
<td>79/2.5%</td>
</tr>
<tr>
<td>CB Non work</td>
<td>2274/68.8%</td>
<td>2477/77.8%</td>
</tr>
<tr>
<td>FB non work</td>
<td>1693/ 51.2%</td>
<td>1492/46.9%</td>
</tr>
<tr>
<td>Home based non work</td>
<td>608/18.4%</td>
<td>546/17.2%</td>
</tr>
<tr>
<td>Program for the Elderly NW</td>
<td>262/10.3%</td>
<td>224/7.0%</td>
</tr>
</tbody>
</table>
Today You Will

- Receive DRAFT Survey Completion Material
- Understand Role
  - Survey Purpose
  - Primary Liaison & Agency Responsibility
- Understand Survey Scope & Data Collection
  - Survey Assignment
  - Survey Changes
  - Survey Preparation-Tools
  - Survey Questions and Responses
  - Data Entry

Packet & Materials

**PACKAGE**
- Orientation Power Point
- Survey Directions & Appendices
- Answer Sheet
- Data Tracking Form

**MATERIALS Forthcoming**
- Consumer ID's
- Confirmation Sheet
- Survey Liaison List
Survey Directions

- Total Questions = 65
- Appendices A-E
- Most will not answer all Q’s.
- Organized By Service Category

Data Collection Tools Answer Sheet 4 pages
We Continue to Advocate Decreasing Survey Frequency.
Survey Purpose

The purpose of this survey:
- Obtain a snapshot of employment and day activity for individuals with developmental disabilities
- A Primary data source for the DOJ Consent Decree
- Benchmarking for state
- Tool for program development for providers

Meet DOJ Criteria-
- Target populations
- Services
- Activities
- Tenure & Movement within segregated settings;
- DD Redesign Outcomes
- Continue Quality Indicators

Survey Coordinated by Sherlock Center in cooperation with BHDDH

SURVEY FAQ

Is the NCI Survey and the DD Survey the same thing?
NO - 2 different surveys

Is the DD Emp/Day Survey Participation Voluntary?
NO

Do we need to report on everyone that receives service?
YES - All BHDDH Consumers EVEN NEW PEOPLE

Qualified consumer?
BHDDH-DDD funded consumer started services with your Org. at any time during the quarter

Two Agencies Support a person - What should happen?
One Agency responsible for reporting data. The other forwards additional data.
SURVEY EVOLUTION
Quarterly

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

Experience continues to evolve survey.

Survey Feedback &

YOUR 2 Cents
- ID list Cleaning
- Agency Roll Out
- Agency Data Collection/Quality
- Data Entry-summary
- Data Cleaning
- Summary Data Report

- Staff Understand
- Definitions
- Survey time frame & data collection criteria
- Data Entry: Enter Survey only if you have all data
- Job Title: OTHER-double check list 😊/call Vicki
Survey Time Frames - 2018

<table>
<thead>
<tr>
<th>Survey Quarters</th>
<th>Survey 2wk Period</th>
<th>Data Entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1. January–March</td>
<td>MAR 18 to 31</td>
<td>April</td>
</tr>
<tr>
<td>Q2. April–June</td>
<td>JUN 10 to 23</td>
<td>July</td>
</tr>
<tr>
<td>Q3. July–September</td>
<td>SEP 19 to 22</td>
<td>October</td>
</tr>
<tr>
<td>Q4. October–December</td>
<td>DEC 2 to 15</td>
<td>January</td>
</tr>
</tbody>
</table>

Hoping to Decrease!

**Pop quiz**

- 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, What do you do?
- When doing “hours” data collection - what is the typical time frame? Employment, SE Services, CBNW
- Person discontinues services, what do you do?
Primary Liaison Responsibility

- Agency Lead for Survey Completion
- Contact for Agency Staff & Sherlock Center
- Determine Method for Data Collection and Data Entry
  - Train Your Staff. Provide and Review Survey Directions
  - Set expectation for accuracy & meet deadlines
  - Quality Control- review prior to data entry
  - FINISH ON TIME!
- Shared Consumers-
  - Communicate with other organization and/or SDS
  - Determine A Plan, method to share data & deadline.

What are you doing that is helping with shared consumers? Other provider? Self Directed?

Survey Assignment

Consumer ID List
From Q4 with additions from BHDDH
Agencies will Remove and add New

Survey ID-AZ1234
- Consumer Initials &
- Unique ID #

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 Bernice for an Agency code
Survey Assignment:
Change Form

2018 DD Day and Employment Service Outcomes Survey
Survey ID List and Directions for Updating

1. Please review the list. The list is based on data collected in the 2012 survey. In the last column check the box if the individual is no longer supported by your organization. Write in the name of the new provider if known.
2. This survey includes all individuals served by your organization as of September 30, 2013. Use the enclosed “New Consumer” form to identify individuals supported by your organization that are not on this list. A unique Survey ID (required for data entry) will be assigned to each individual.
3. Fax the edited list and the “New Consumer” form with a cover sheet to 401-456-0150, Attn: Mary Anne Palack, by October 15th. Please type or print clearly.

SHERLOCK CENTER
COUNT: 1

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>Name</th>
<th>Initials</th>
<th>DOB</th>
<th>Self-directed</th>
<th>No longer Supported</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCD4567</td>
<td>KATE SMITH</td>
<td>KS</td>
<td>9/1/1990</td>
<td>YES</td>
<td>PERSPECTIVES</td>
</tr>
</tbody>
</table>

Death, Moved out of State, Declined Services, Transferred to Another Agency -who Self Direction BHDDH Social Worker

Survey Assignment:
New Consumer

2014 DD Day and Employment Service Outcomes Survey

Any new Consumer list sent by your organization that are not on the Survey ID. Fax to 401-456-0150, Attn: Mary Anne Palack.

Anyone Transferred or New at any time in the Quarter
If new contact Bernice for ID; Transfer decide which agency will enter data
Survey Changes:

- **Annual Survey**
  - Expanded data in all Categories.
  - 2018 Revised: Merged Q4 with 2017 Annual reflecting on Feedback & Improving Response Quality

- **Service Categories**
  - Broke out categories – less data cleaning manipulation
  - Questions- time frames, clarifying instructions.
# Survey - Breakdown

## Annual Survey  total 65 Question

<table>
<thead>
<tr>
<th>Section / # Questions</th>
<th>Section / # Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid Activity</td>
<td>Non-Work Activity</td>
</tr>
<tr>
<td>Paid Activity - Section</td>
<td>Paid Activity - Section</td>
</tr>
<tr>
<td>Individual Employment</td>
<td>Individual Employment</td>
</tr>
<tr>
<td>Self Employment</td>
<td>Self Employment</td>
</tr>
<tr>
<td>Provider Paid Employment</td>
<td>Provider Paid Employment</td>
</tr>
<tr>
<td>Individual</td>
<td>Group</td>
</tr>
<tr>
<td>Community Based Non-Work Activity</td>
<td>DDD Facility Based Non-work Activity</td>
</tr>
<tr>
<td>Supported Employment Services</td>
<td>NON-DDD Facility Based non-work</td>
</tr>
<tr>
<td>Home-Based Non Work</td>
<td>Program for Elderly Non-work Activity</td>
</tr>
<tr>
<td>NONE of the above</td>
<td>NONE of the above</td>
</tr>
</tbody>
</table>

## Service Categories

1. **Service Categories**: Select **ALL** the service categories in which you were enrolled (whether or not you had any hours) and/or participated during the data collection period of March 18 to 31, 2018. *See Appendix A – Service Category Definitions*

   **Service Categories**: Check all that apply.
   - Supported Employment Services (Complete Sections 1 & 2)
   - Individual Employment (Employer Payroll) (Complete Sections 1 & 3)
   - Self-Employed (Complete Sections 1 & 4)
   - Provider Paid Individual Employment (Complete Sections 1 & 5)
   - Provider Paid Group Employment (Complete Sections 1 & 6)
   - Facility-based Work (Complete Sections 1 & 7)
   - Community-based Non-Work Activity (Complete Sections 1 & 8)
   - DDD Facility-based Non-Work Activity (Complete Sections 1 & 9)
   - Non-DDD Facility-based Non-Work Activity (Complete Sections 1 & 10)
   - Home-based Non-Work Activity (Complete Sections 1 & 11)
   - Elder Program Non-Work Activity (If no other service category is selected, stop here)
Service Category in a Quarter

- Select if the person in considered
  - enrolled/a participant in the service
  - whether or not they worked any hours

*Example*: FBW Data from Q1 and Q2

196 unique individuals were reported as participating in FBW.
- 139 participated in both survey quarters,
- 25 participated in Q1 only &
- 32 in Q2 only.

From the 32 only in Q2, many had tenure of a year or more.
Based on tenure they should have been in FBW in Q1

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Determining Service Category
Consider......

- What is the purpose of the Activity? Is it ....
  - Acquire information OR skill OR an activity to support
    - a vocational goal
    - Skill of independent living
    - Social Recreation, etc.
  - Working- earning wages
  - Personal Enrichment

- Where is the activity happening?
  - In Community, at Agency Facility, or Person’s Home

- What is the level of Integration?
  - Integrated=Mostly people with out disability or
  - Segregated= Mostly people with disability
Service Category Definitions
Supported Employment

SELECT WHEN.....
Participated/enrolled to CHOOSE, GET, KEEP and/or CHANGE individual, integrated employment.

Includes activities:
- Assessments – Skills/Preferences
- Discovery – Skills/Preferences
- Skills Training for an Occupation
- Job Search/Interviewing,
- Job Retention supports - short-term & long-term.
- Career change/Advancement

ONE or more of below
- Official Referral form to your agencies SE/Vocational services
- Referral accepted by ORS
- Participates in SE activity: discovery/vocational exploration activity; actively job seeking; receiving on/offsite job support

NOT
Just in ISP and/or Career Development Plan (CDP) Prevocational/Readiness Discovery/Interest Clubs Hobby Groups
Service 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)

Self Employment

Self-employment

- Business/micro enterprise is controlled and owned by the individual
- 100% of income to individual
- Likely to be guided by a business plan; and expect to pay taxes on earnings.

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 pay check
- Favor for a neighbors recycle bin
- Picking up cans for pocket $ 
- Occasional payment for a craft or activity
Service 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

Service Category Definition
Facility-Based Work

Enrolled and/or Participated in an agency facility based sheltered workshop Whether or not spent any hours.

- Paid by the provider agency.
- With a mission to employ people with disabilities.
  - Majority of employees have a disability.
  - The employer of record is the Provider.
  - Job-related supports and supervision are provided to all workers with disabilities.

Examples:
- Sheltered Workshop
- Agency operated Business where by most

Time spent in a facility performing unpaid activity is coded as Facility-based Non Work Activity.
Service Category Definition
Community-Based Non-Work Activity

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

- Outside of a persons home 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.

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

Service 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.
- 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 is often occurs in facilities referred to as Day Activity, Day Habilitation, and Medical Day Care programs.

These activities include but are not limited to one or more:
- Vocational preparation;
- Groups / Clubs
- Psychosocial skills development, activities of daily living
- Social Recreation
- Professional Therapies (e.g., occupational, physical, and speech therapies).
Service Category Definition
NON-DDD Facility-Based Non Work Activity

- Enrolled and/or Participating in Non Work Services or Activities that take place in a Non DD-provider facility based program.
- 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 is Adult Day Services or Medical Day Care programs.

These activities include but are not limited to one or more:
- Groups / Clubs
- Psychosocial skills development, activities of daily living
- Maybe vocational component
- Social Recreation
- Professional Therapies (e.g., occupational, physical, and speech therapies).

Service Category Definition
Home-Based Non Work Activity

- Enrolled or Participating in Non Work Services or Activities that take place in the person’s home or residential setting.

These activities include but are not limited to one or more:
- Activities of daily living
- Vocational preparation;
- Psychosocial skills development, Professional Therapies (e.g., occupational, physical, and speech therapies).
-- Social Recreation
Service 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

Service Category Definition
None of the Above

Person Not Currently Available/Receiving Services
- Was recently determined eligible or accepted into agency services.
- Hospitalized
- Nursing Home
- Moved out of state
- Declined Services
- Respite
Service Category Definition

None of the Above

Person Not Currently Available/Receiving Services
- Was recently determined eligible or accepted into agency services.
- Declined Services
- Hospitalized
- Nursing Home
- Moved out of state
- Respite
- Out of State Placement

Provide Reason
- Currently in HS/Under 22y.o.
- System capacity issue
- Not Available for services

Questions About Definitions
1. Supported Employment Services
2. Individual Employment
3. Self Employment
4. Provider Paid Employment Individual
5. Provider Paid Employment Group
6. Facility Based Paid Work
7. Community Based Non-Work Activity
8. DDD Facility Based Non-work Activity
9. NON-DDD Facility Based Non-work Activity
10. Home-Based Non Work Activity Program for Elderly Non-work Activity
NONE of the Above
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 Does Your Agency appear on the list? (Notify Vicki)
- Answer Sheets
  - All Questions Answer Sheet
  - 2 Week Data Collection Tool
Survey Begins

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

Did individual participate in employment/day activities between January 1 and March 31, 2018?
YES; No – Eligible, but NOT YET RECEIVING services;
No - Eligible, but NOT AVAILABLE for services

If No - Reasons: Pick 1

- High School/Under 22,
- Funding Issue/Awaiting
- Waiver Determination,
- Denied Waiver,
- New/Pending Services,
- Systems Capacity Issue,
- Transferring Agency,
- Extended Vacation/Absence,
- Declined/ Refused /Suspended Services,
- Closed/Discharged/terminated services,
- 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 Aid/RN services,
- Deceased

Survey Questions-Demographics

- Living Arrangement – (choose 1)
  - Own Home (individual has own residence/apt.)
  - Family Home/Apt. (Lives with Family)
  - Shared Living
  - Agency Owned/Operated (group home or apt)
    - RESIDENIAL PROVIDER (List Appendix D)
  - Institution/Nursing Home/Hospital
  - Homeless/Shelter
- Employment / Day Service Provider select all that apply
Survey Question Presentation
Category – all that apply

1. **Service Categories:** Select **ALL** the service categories in which you were enrolled (whether or not you had any hours) and/or participated during the data collection period of **March 18 to 31, 2018**

   **SEE APPENDIX A – SERVICE CATEGORY DEFINITIONS**

   - Supported Employment Services (Complete Sections 1 & 2)
   - Individual Employment (Employer Payroll) (Complete Sections 1 & 3)
   - Self-Employed (Complete Sections 1 & 4)
   - Provider Paid Individual Employment (Complete Sections 1 & 5)
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   - Non-DDD Facility-based Non-Work Activity (Complete Sections 1 & 10)
   - Home-based Non-Work Activity (Complete Sections 1 & 11)
   - Elder Program Non-Work Activity (If no other service category is selected, stop here)

End of survey for Elderly & None

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**Section 1: General Questions**

**Past 3 months (QUARTER) unless noted otherwise**

**2. Direct Instruction in Self Determination**

Formal class or group that teaches self determination skills. How to make informed decisions, act on and/or direct decisions.

**3. Referred or Started Supported Employment Services**

*Choose, Find, Keep Change/Advance a Job*

ONE or more (NOT JUST GOAL IN IEP)

- Official Referral form to your agencies SE/Voc. Services
- Referral accepted by ORS
- Formal or informal plans in place to start participating in discovery/vocational exploration activity, job search, etc.

**3a. If YES, Choose Referral Source**
Section 1: General Questions

4. **Written Career Development Plan On FILE**
   Plan may be ORS, RIDE, BHDDH or Other that meets criteria
   - skills, interests, strengths, abilities
   - services needed to obtain and maintain individualized, integrated employment, action steps.
   - Some times called a
     - Vocational or Career Profile
     - Person Centered Planning (MAP, PATH)
     - Employment/Career Plan
     - Personal Preferences Profile

4a. **Updated Past 12 months**  Y  or  N

Section 1: General Questions within Quarter

5. **Obtained Social Security Work Incentive Information**
   (Check all that apply)

6. **Received a Written Work Incentives Benefits Plan in QRT?**
   (TIP: HAVE COPY IN CLIENT RECORD)
   Met with and plan written by a Certified Work Incentive Counselor (Appendix E)

7. **Start a New Individual Job?**  Y  N
   (Hired on to employer payroll)

7a. **If Yes, How was Job Obtained**
Section 1 General Questions

8. Ended an Individual Job in past 3 mos.? Y N
   (employer payroll) – NOT Agency Paid

8a. If Yes, Reason Individual Job Ended?
   Look at list- Make it Fit

8b. If Yes, Job Length: select 1

9. ORS Status: None, Applied/Pending, Open Case
   Closure- Success w/in QRT
   Closure- Other w/in QRT

Section 1 General Questions

Sheltered Workshop Move

10. Did you move from a sheltered workshop (facility based work) to one of the following settings within the past year? Y or N

10a. If Yes, (select all that apply)
   - Another Sheltered workshop
   - Another Facility Based day program
   - Provider Paid Group Employment
   - Time limited work experience or other segregated setting.
   - No/Not Applicable (don’t answer 10b)

10b. If YES, Reason for move? Choose 1
Section 2: SE Service Category

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

Section 2: SE Services Activity

11. SE Activity
   - Career Planning
     - Activity to help plan choose, get, keep or change job/advancement
   - Short Term Voc Experience 30 days or less
     - Learning about job: maybe some skill development
     - Job Shadow, Job Trial, etc.
   - Long Term Voc Experience, More than 30 days
     - 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: SE Services

12. 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

13. Stipend Received

- Any payment for participation
- Cash, gift card, other

Job Title-
Individual or Provider Paid

- **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

ONET- let’s try one
- Breeds and Sells Dogs

Job Titles- List Condensed

**ALL Types**
- Trash/Refuse Recycle Material Collector
- Stock Clerk – sales floor or stock room
- Bagger and/or Carriage retrieval
- Delivery
- Food Preparation and/or Serving
- Furniture Refinisher Assembly
- Greeter
- Janitor, House Keeping
- Musician, Entertainer, DJ
- Office and Administrative support
- Online Merchant
- Polisher- all metals
- Vending Machine Box Servicer

**REVIEW LIST**
- Missing Job Title – CALL/email Vicki
An Industry is a group of companies that are related in terms of their primary business activity.

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

<table>
<thead>
<tr>
<th>Industry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Prep- RI Hospital; Brookdale Senior living</td>
</tr>
<tr>
<td>Food Prep – McDonald’s, Gregg’s, Corner Bakery</td>
</tr>
<tr>
<td>Food Prep – Sweenor’s Candy Dave’s prepared foods</td>
</tr>
<tr>
<td>Food Prep- Dave’s Market</td>
</tr>
<tr>
<td>Food Prep – Shartner Farm</td>
</tr>
</tbody>
</table>
Section 3: Individual Employment

14. a & b. Job Title – pick 1 job
15. Employer Type
16. Industry - Appendix C
   Choose based on Industry of Company
17. Onsite Support and
18. Off Site Support
   Frequency of Job Coaching
   NOT Transportation
19. Employer Consultation
   All that apply
20. Transportation to work
   • Most of the time
21. Length of Employment
22. Employer Benefits
22a. If Benefits Yes,
    All that apply
23. Hourly Wage
24. Total Hours Worked
    Round to nearest QRT hour

Section 3: Self Employment

25. Job Title – pick 1 job
   Other contact Vicki
26. Length of Employment - pick 1
27. Estimated income, either:
   - total for 2 week period
     (March 18 to 31, 2018)
   - OR 2 week average for the Quarter
28. Total Hours Worked
    Round to nearest QRT hour
29. Onsite Support - pick 1
### Section 5: Provider Paid Employment Individual

| 30. Job Title – 1 primary job |
| 31. Industry - Appendix C  |
| Choose based on Industry of Company |
| 32. Business Type |
| 33. Transportation to work |
| Most of the time |
| 34. Length of Employment |
| 35. On site Support |
| 36. Offsite Support |
| 37. Employer Consultation Type |
| 38. Benefits Offered |
| 38a. If yes, Benefits Received |
| 39. Hourly Wage (dollars. Cents) |
| 40. Total Hours Worked |
| Actual Hours, nearest QRT hour |

### Section 5: Provider Paid Employment Group

| 41. Job Title – 1 primary job |
| 42. Industry - Appendix C  |
| Choose based on Industry of Company |
| 43. Business Type pick 1 |
| 44. Number of Workers: pick 1 |
| 45. Transportation to work |
| Most of the time |
| 46. Length of Employment |
| 47. On site Support |
| 48. Offsite Support |
| 49. Benefits Offered |
| 49a. Benefits Received |
| 50. Hourly Wage (dollars. Cents) |
| 51. Total Hours Worked |
| Actual Hours, nearest QRT hour |
Section 7: Facility- Based Work (FBW)

52. Length of Employment
   If left FBW and returning, indicate length of time since returning.
   52a. If less than 12 mos.
       Status NEW or Returning
   52b. If Returning, REASON
       • terminated a CB Job
       • CBJ Job No longer exists
       • Terminated- behavior
       • Terminated – health

   • Agency unable to provide job support
     • Fiscal
     • Staff
   • Lack of Transportation
   • CPD Variance
   • Other: Write In

53. Gross Hourly Wage -before taxes, etc.
54. Total Hours Worked - Round to nearest QRT Hour

Section 8: Community Based Non-Work Activity (CBNW)

55. CBNW Hours By Activity:
    Total: Round to Nearest Hour
    • Arts and Leisure
    • Health and Fitness
    • Adult Education or Training
    • Soft Skills/Employment related
    • Activities of Daily Living
    • Volunteering
    • All Other

56. CBNW Setting:
    Select All That Apply
    • Public Venue
      • Store, Library, Park, etc
    • Member Based Organization
      • Enrolled and/or Fee
      • YMCA, Garden Club, Rotary,
    • School/Training Facility
      • Attending for personal enrichment
    • Business/Employer
### Section 8: Community Based Non-Work Activity (CBNW)

57. **CBNW Length of Time with current day provider**
   - Select period of time

57a. **CBNW Length of time 1 year or less**
   - Self
   - Family
   - School
   - Adult Service Provider
   - Office of Rehabilitation
   - BHDDH
   - Other

58 a. **CBNW Activity in directly resulting in Outcome**
   - a. Obtained Individual Employment (employer payroll) During Quarter, result of previous CBNW Y N
   - b. Community Membership Y N
     - Joined a Community Organization: signed-up, enrolled, membership
   - c. More people know me by name and participate in conversation with me where I spend time
     - Other than Staff and peers
     - Belonging, Social Capital
     - Hi Name, some conversation

### Section 9: DDD Facility Based Non-Work Activity (FBNW)

59. **FBNW Hours By Activity:**
   - Total: Round to Nearest Hour

60. **FBNW Length of Time with current day provider**
   - If exited/left FBW and returning, indicate length of time since returning.

60a. **FBNW Length of time 12 months or less**
   - Status
     - NEW
     - Returning

60b. **FBNW Reason Returning**
   - Select one
     - Loss/Change to community based job
     - Change in Health
     - Change in Behavior
     - Agency unable to provide support-work
     - Agency unable to provide support- non work
     - Lack of transportation
     - Variance
     - Other
Section 10: Non-DDD Facility Based Non-Work Activity (NDFBNW)

61. Non-DDD FBNW Hours
   Total: Round to Nearest Hour

62. Non-DDD FBNW Length of Time

63. Non-DDD Program/Organization Name

Section 11: Home Based Non-Work Activity (HBNW)

64. HBNW Hours
   Round to Nearest Hour

65. HBNW Length of time
   Select one

Survey Contact–change if needed
   Prefilled
   Agency Responsible
   Contact person if different with liaison
   Email if different
   Phone if different
Service Category?

Enrolled in FBW, spent no time?

Short term hospitalization?

I volunteer at a senior center?
Weekly I participate play bingo and have lunch at the senior center

CDP
Have a career profile with action steps? Y/N

CBNW-outcomes

employment
Y/N I’m in a chess club and one of the members helped me get an interview and I was hired this quarter?
Y/N 6 mos. a go I was hired at a local deli due to friend.

Membership
Y/N I’m get a monthly reminder for the sewing club date that I usually attend.
Y/N I paid a fee to join the senior center and attend monthly?

Y/N I get a newsletter about local activities?

Increased contact
Y/N I have been going to a local cafe and this quarter the waitress started calling me by name?
Y/N I have been going to the local gym for 3 years and every one knows me

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:
asurvey question & Other Job Title
Vicki Ferrara, vferrara@ric.edu or 456-8092.

For New Consumer ID & Online Survey technical issues:
Bernice Panicci bpanicci@ric.edu or 456-4773
Entering Surveys On-line:

Data Entry –

1. Enter Survey ID Code - prefilled (i.e. Survey ID, Agency Completing Survey, Consumer Initials, and Residential Provider)
3. Complete a survey click the “Submit” Button.
   IF you don’t SEE a Data Entry Summary, Your data is not complete.
4. Exiting or Entering Additional Survey:
   a. Entering additional surveys click “HERE” button
   b. Ending Data Entry Session, click “Exit Survey”.

Entering Surveys On-line:

SAVE and Continue Later:

   This feature is located at the top, middle of the screen.
   a. When clicked, an e-mail address request will display.
   b. Individual survey web link sent to e-mail address provided
      i. Minimize use of SAVE feature.
      ii. Before saving, answer all questions on the screen, move to next screen, before Clicking SAVE & Cont.
Quarterly Survey Summary Reports

- Q3 Statewide and Agency specific reports have been distributed.
- Q4 in Development

Thank you for your Time, Attention & Partnership in Facilitating The 2018 Annual Employment and Day Services Outcomes Survey

Questions Contact:

Vicki Ferrara, Sherlock Center on Disabilities
desk: 456-8092 or main line: 456-8072
vferrara@ric.edu

Online Survey Questions
Bernice Panicci bpanicci@ric.edu
456-4773