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

Please Silence Cell Phones
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>Category</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

**Packet**
- 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

**Survey Quarter** is January 1 to March 31, 2018.
- The employment and non-work data collection period (hours, wages, etc.) is March 18 to 31, 2018.
- Complete 1 survey per individual assigned. Each individual has a unique Survey ID which is also the password to access the online data entry form. Contact your agency liaison if you do not have a Survey ID for an assigned individual.
- Review the survey and directions in their entirety BEFORE completing with the individual. There are several Appendices referenced within the directions that include definitions and lists to complete the survey with accuracy.
- The data collected provides a “snap shot” of the individual’s activities over a 2-week period. Data provided will not account for all activity. The data requested is not related to billing or to the level of support provided.
  - Answer the employment data questions based on the individual’s typical work schedule, including evening and weekend work hours.
  - Answer the non-work data questions based on the individual’s typical day of service (Monday – Friday). For some that may mean reporting activities occurring in the late afternoon/evening.
- It is recommended that you record your answers on the Survey Answer Sheet provided. The Survey Answer Sheet corresponds closely to the online data entry screens. [www.noutcomesveys.info](http://www.noutcomesveys.info)

**Demographics**

Survey ID: ____________  Initials: ________  Date of Birth: ____________

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: High School/Under 22, Funding Issue/Awaiting Waiver Determination, Denied Waiver, New/Funding Services, Systems Capacity Issue, Transferring Agency, Extended Vacation/Absences, 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, Décédé

**Living Arrangement (check one)**

- Own Home/Apartment
- Family Home/Apartment
- Agency Owned/Operated
- Shared Living
- Institution/Nursing Home/Hospital

**Residential Provider:**

- [ ] Answer only if Living Arrangement = “Agency Owned/Operated” OR “Shared Living”
- [ ] SELECT A PROVIDER FROM APPENDIX D.

**Employment / Day Provider:**

- [ ] (select all that apply)
- [ ] SELECT PROVIDER/S FROM APPENDIX D.

### Service Categories

- **Supported Employment Services** (Complete Sections 1 & 2)
- Individual Employment (Employer Payroll) (Complete Sections 1 & 5)
- 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)
## Data Collection Tools - 2 Week Data Collection

### Quarter 4 2017 DD Employment and Day Activities Outcome Survey – Data Collection Tool

#### Name:

**EMPLOYMENT DATA**

<table>
<thead>
<tr>
<th>Title (Q10a &amp; b):</th>
<th>Hourly Wage (Q12):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Hours</td>
<td></td>
</tr>
<tr>
<td>Week 1: Dec 3</td>
<td></td>
</tr>
<tr>
<td>Week 2: Dec 10</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL ACTUAL WK HRS (Q13):**

### SELF EMPLOYMENT (SE) - (Survey Section 4)

<table>
<thead>
<tr>
<th>Title (Q14a &amp; b):</th>
<th>Est. Gross Income (Q16):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Hours</td>
<td></td>
</tr>
<tr>
<td>Week 1: Dec 3</td>
<td></td>
</tr>
<tr>
<td>Week 2: Dec 10</td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL ACTUAL SELF-EMPLOYED WK HRS (Q17):**

### PROVIDER PAID INDIVIDUAL EMPLOYMENT (PPI) - (Survey Section 5)

<table>
<thead>
<tr>
<th>Title (Q18a &amp; b):</th>
<th>Hourly Wage (Q20):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Hours</td>
<td></td>
</tr>
<tr>
<td>Week 1: Dec 3</td>
<td></td>
</tr>
<tr>
<td>Week 2: Dec 10</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL ACTUAL WK HRS (Q21):**

### PROVIDER PAID GROUP EMPLOYMENT (PPI) - (Survey Section 6)

<table>
<thead>
<tr>
<th>Title (Q22a &amp; b):</th>
<th>Hourly Wage (Q24):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Hours</td>
<td></td>
</tr>
<tr>
<td>Week 1: Dec 3</td>
<td></td>
</tr>
<tr>
<td>Week 2: Dec 10</td>
<td></td>
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</tr>
</tbody>
</table>

**TOTAL ACTUAL WK HRS (Q25):**

### FACILITY-BASED WORK (FBW) - (Survey Section 7)

<table>
<thead>
<tr>
<th>Week 1 Gross Wages:</th>
<th>Week 2 Gross Wages:</th>
<th>Total Gross Wages (Q27):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 1: Dec 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 2: Dec 10</td>
<td></td>
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</tr>
</tbody>
</table>

**TOTAL ACTUAL HOURS (Q28):**

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### NON-WORK ACTIVITY DATA

**SUPPORTED EMPLOYMENT (SE) HOURS** - (Survey Section 2) Round to the nearest whole hour

<table>
<thead>
<tr>
<th></th>
<th>Week One – Dec 3</th>
<th>Week Two – Dec 10</th>
<th>TOTALS (Q9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mon</td>
<td>Tue</td>
<td>Wed</td>
</tr>
<tr>
<td>Career Planning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IT Vac Experience</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postsec ed / voca</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job Search by/w indy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job Coaching/Retention</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COMMUNITY-BASED NON-WORK (CBNW) HOURS** - (Survey Section 8) Round to the nearest whole hour

<table>
<thead>
<tr>
<th></th>
<th>Week One – Dec 3</th>
<th>Week Two – Dec 10</th>
<th>TOTALS (Q28)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mon</td>
<td>Tue</td>
<td>Wed</td>
</tr>
<tr>
<td>Arts, Leisure &amp; Rec</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health &amp; Fitness</td>
<td></td>
<td></td>
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<tr>
<td>Adult Ed or Training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soft Skills/Emoji Related</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activities of Daily Living</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volunteering</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CBNW Setting:** (If applicable (Q30)) Pub Venue Member-based Dis. Sch/Training Fac. Bus/Employer

**ODD FACILITY-BASED NON-WORK (ODFBNW) HOURS** - (Survey Section 9) Round to the nearest whole hour

<table>
<thead>
<tr>
<th></th>
<th>Week One – Dec 3</th>
<th>Week Two – Dec 10</th>
<th>TOTALS (Q33)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mon</td>
<td>Tue</td>
<td>Wed</td>
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<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Nond CD/DD FACILITY-BASED NON-WORK (NDFBNW) HOURS** - (Survey Section 10) Round to the nearest whole hour

<table>
<thead>
<tr>
<th></th>
<th>Week One – Dec 3</th>
<th>Week Two – Dec 10</th>
<th>TOTALS (Q35)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mon</td>
<td>Tue</td>
<td>Wed</td>
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<tr>
<td></td>
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<td></td>
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</tbody>
</table>

**HOME-BASED NON-WORK (HBNW) HOURS** - (Survey Section 11) Round to the nearest whole hour

<table>
<thead>
<tr>
<th></th>
<th>Week One – Dec 3</th>
<th>Week Two – Dec 10</th>
<th>TOTALS (Q38)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mon</td>
<td>Tue</td>
<td>Wed</td>
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<tr>
<td></td>
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</tr>
</tbody>
</table>
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
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 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!*
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**

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**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 401-456-8150, Attn: Mary Anne Pallack, by October 15th. Please type or print clearly.

**SHERLOCK CENTER**

<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

2016 DD Day and Employment Service Outcomes Survey

NEW CONSUMER FORM

Please use this form to list consumers served by your organization that are not on the Survey ID list. Fax to 401-456-8150, Attn: Mary Anne Pallack

Agency: __________________________ Date: __________________________
Contact Person: __________________________ Email: __________________________ Phone: __________________________

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Initials</th>
<th>Date of Birth ex. 6/23/1995</th>
<th>Using Self-Directed Supports* (yes/no)</th>
<th>Prior Agency if known and applicable</th>
<th>SURVEY ID (leave blank, to be assigned by Sherlock Center)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Anyone Transferred or New at any time in the Quarter
If new contact Bernice for ID; Transfer decide which agency will enter data
### RI Outcome Surveys

<table>
<thead>
<tr>
<th>MH Employment Outcomes Survey</th>
<th>DD Outcomes Survey</th>
<th>Adult Quality of Life Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>MH CSP Employment Survey Link</td>
<td>DD Employment and Day Activity Survey Link</td>
<td>Quality of Life Survey Link</td>
</tr>
<tr>
<td>Instructions 28.5 kb</td>
<td>Instructions 558 kb</td>
<td>Quality of Life Survey Log</td>
</tr>
<tr>
<td>Answer Sheet 26.5 kb</td>
<td>Employment &amp; Day Activity Answer Sheet 90 kb</td>
<td></td>
</tr>
<tr>
<td>Facility-based and Day Activity Answer Sheet Only</td>
<td>Answer Sheet 83 kb</td>
<td></td>
</tr>
<tr>
<td>Survey Support</td>
<td>Survey Support</td>
<td>Survey Support</td>
</tr>
<tr>
<td>Agency Support 18.5 kb</td>
<td>Agency Support 18.5 kb</td>
<td>Quality of Life Survey - Print Copy 26 kb</td>
</tr>
<tr>
<td>Orientation Materials 3.4 MB</td>
<td>Orientation Materials 3.5 MB</td>
<td>Activity Log - Print Copy 36 kb</td>
</tr>
<tr>
<td>Employment and Day Categories - Decision Tree 96 kb</td>
<td>New Consumer Survey 351 kb</td>
<td></td>
</tr>
</tbody>
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### Reports

| 2014 Statewide Data Narrative Brief 415 kb | 2013 Statewide Data Narrative Brief 2.0 MB |
| 2013 Statewide Data Narrative Brief 1.5 MB | 2012 Statewide Data Narrative Brief 989 kb |
| 2012 Statewide Data Narrative Brief 625 kb | DD Youth Report 530 kb |
| 2011 Statewide Data Narrative Brief 444 kb | 2011 Statewide Data Narrative Brief 610 kb |
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><strong>Paid Activity</strong></td>
<td><strong>Non-Work Activity</strong></td>
</tr>
<tr>
<td><strong>Section / # Questions</strong></td>
<td><strong>Section / # Questions</strong></td>
</tr>
<tr>
<td>Individual Employment  11</td>
<td>Supported Employment Services  3</td>
</tr>
<tr>
<td>Self Employment  5</td>
<td>Community Based Non-Work Activity  6</td>
</tr>
<tr>
<td>Provider Paid Employment Individual  12</td>
<td>DDD Facility Based Non-work Activity  2</td>
</tr>
<tr>
<td>Provider Paid Employment Group  11</td>
<td>NON-DDD Facility Based non-work  3</td>
</tr>
<tr>
<td>Facility Based Work  4</td>
<td>Home-Based Non Work  1</td>
</tr>
<tr>
<td></td>
<td>Program for Elderly Non-work Activity  0</td>
</tr>
<tr>
<td></td>
<td>NONE of the above  1</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
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
Service Category Definitions

Supported Employment

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

<table>
<thead>
<tr>
<th>Barter</th>
<th>Under the Table</th>
<th>Work Without $ (volunteering)</th>
</tr>
</thead>
</table>
### Service Category Definitions

#### Self Employment

<table>
<thead>
<tr>
<th>Self-employment</th>
<th>Self Employed</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Business/micro enterprise is controlled and owned by the individual</td>
<td>• Consultant/Instructor</td>
</tr>
<tr>
<td>• 100% of income to individual</td>
<td>• Own a Kiosk/Shop</td>
</tr>
<tr>
<td>• Likely to be guided by a business plan; and expect to pay taxes on earnings.</td>
<td>• Online Business</td>
</tr>
<tr>
<td></td>
<td>• Provide a Service (beyond a hobby</td>
</tr>
<tr>
<td></td>
<td>• DJ, Delivery, Artist, Digital Photos, Animal Caretaker</td>
</tr>
<tr>
<td></td>
<td>• Micro Business – Eggs, Jewelry</td>
</tr>
</tbody>
</table>

**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.

**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
**Collect Hours?**
Y or N Collect hours for CBNW data if clt. Goes out to the movies with friend at 7pm?

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

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?**

1. Attends Generations T & W and Job M & F
2. Works out - m,t,w@9am
3. Cooking skills at group home? At Agency?
4. Not available for services during quarter?
5. Job Club at agency facility
6. Interviewing WorkShop Network
7. 40 yo attends agency senior program?
   40 yo attends Generations type program?
8. Paid Situational Assessment?
10. Once a month your client washes and vacuums the neighbors car and receives $15.00. - What type of employment?

---

**Service Category**

- What is the criteria for **Supported Employment Services**?
- What is the criteria for **Self Employment**?
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

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)

End of survey for Elderly & None
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

10 a. 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)

10 b. 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,</td>
<td>Healthcare &amp; Social Assistance</td>
</tr>
<tr>
<td>Human Service Agency</td>
<td></td>
</tr>
</tbody>
</table>
An Industry is a group of companies that are related in terms of their primary business activity.

<table>
<thead>
<tr>
<th>Industry</th>
<th>Industry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Prep- RI Hospital; Brookdale Senior living</td>
<td>Health Care &amp; Social Assistance</td>
</tr>
<tr>
<td>Food Prep – McDonald’s, Gregg’s, Corner Bakery</td>
<td>Accommodation and Food Service</td>
</tr>
<tr>
<td>Food Prep – Sweenor’s Candy Dave’s prepared foods</td>
<td>Manufacturing</td>
</tr>
<tr>
<td>Food Prep- Dave’s Market</td>
<td>Retail</td>
</tr>
<tr>
<td>Food Prep – Shartner Farm</td>
<td>Agriculture, Forestry, Fishing, Hunting</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: Y  N
22a. If Benefits Yes,
    All that apply
23. Hourly Wage
24. Total Hours Worked
    Round to nearest QRT hour
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. Off site Support
37. Employer Consultation Type
38. Benefits Offered
   38a. If yes, Benefits Received
39. Hourly Wage (dollars. Cents)
36. 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\n  - 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. b. & c. 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)

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>61.</td>
<td><strong>Non-DDD FBNW Hours</strong></td>
</tr>
<tr>
<td></td>
<td>Total: Round to <strong>Nearest</strong> Hour</td>
</tr>
<tr>
<td>62.</td>
<td><strong>Non-DDD FBNW Length of Time</strong></td>
</tr>
<tr>
<td>63.</td>
<td><strong>Non-DDD Program/Organization Name</strong></td>
</tr>
</tbody>
</table>
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. ago 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 café and this quarter the waitress started calling me by name?
Y/N I have been going to the local gym for 3 years and everyone 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:
a survey 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”.

69
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
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