DD Employment & Day Activity Outcomes Survey

2017 ORIENTATION
QUARTER 3
JULY 1 – SEPTEMBER 30, 2017

Welcome

2017 Q3 Survey Liaison
Veterans & New-bees

Your Supports:
- Vicki Ferrara
  - survey questions,
  - issues with obtaining information from another organization.
- Bernice Panicci-
  - online data entry issue
  - requesting new consumer ID
- Mary Anne Pallack-back up

Silence Please

Water
Restrooms
Have I told you lately that I think You’re Swell?

2017 Q 2 Survey

3,537 surveys entered
92% by deadline
100% by wrap it up in a bow deadline!

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

2017 Q 2 Data Highlights

<table>
<thead>
<tr>
<th>Service Type</th>
<th>2017 Q1 N= 3551</th>
<th>2017 Q2 N= 3537</th>
</tr>
</thead>
<tbody>
<tr>
<td>SE Services</td>
<td>908/28.1%</td>
<td>908/28.1%</td>
</tr>
<tr>
<td>Individual Employment</td>
<td>453/14%</td>
<td>499/15.5%</td>
</tr>
<tr>
<td>Self Employment</td>
<td>51/1.6%</td>
<td>43/1.3%</td>
</tr>
<tr>
<td>PP Individual Employment</td>
<td>142/4.4%</td>
<td>140/4.3%</td>
</tr>
<tr>
<td>PP Group Employment</td>
<td>160/5%</td>
<td>177/5.5%</td>
</tr>
<tr>
<td>Facility based Work</td>
<td>142/4.4%</td>
<td>125/3.9%</td>
</tr>
<tr>
<td>CB Non work</td>
<td>2520/78.1%</td>
<td>2539/78.6%</td>
</tr>
<tr>
<td>DDD FB non work</td>
<td>1580/49%</td>
<td>1560/48.3%</td>
</tr>
<tr>
<td>NON-DDD FB non work</td>
<td>27/0.9%</td>
<td>136/1.1%</td>
</tr>
<tr>
<td>Home based non work</td>
<td>518/16.1%</td>
<td>575/17.8%</td>
</tr>
<tr>
<td>Program for the Elderly NW</td>
<td>230/7.1%</td>
<td>196/6.1</td>
</tr>
<tr>
<td>None of the above</td>
<td>329/9.3%</td>
<td>312/8.8%</td>
</tr>
</tbody>
</table>
Survey Feedback &

**YOUR 2 Cents**
- ID list Cleaning
- Agency Roll Out
- Agency Data Collection/Quality
- Data Entry
- Data Cleaning

Staff Understand
- Definitions
- Survey time frame & data collection criteria

Data Entry:
- Enter Survey only if you have all data.
- If you start a Record Request Edit link From Bernice

Job Title: OTHER-double check list 😊/call Vicki

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Today You Will

Receive Instruction
- Data collection tools

Understand Role
- Q4 Survey Purpose
- Primary Liaison & Agency Responsibility

Understand Q4 Survey Scope & Data Collection
- Survey Assignment
- Survey Changes
- Survey Preparation- Tools
- Survey Questions and Responses
- Data Entry
Packet & Materials

- **P**ACKET
- **D**RAFT
- **D**OCS

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

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**Things In Process**

- Consumer ID's
- Liaison Contact List
  - Confirm
  - BEFORE YOU LEAVE

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**Quarterly Survey Purpose**

**The purpose of this survey:**
- Obtain a snapshot of employment and day activity for individuals with developmental disabilities
- Snap shot of typical day service hours M-F
- ALL Employment
- A Primary data source for the DOJ Consent Decree

**Meet DOJ Criteria:**
- Target populations
- Services
- Activities
- Tenure & Movement within segregated settings;
- Also a few Quality Indicators

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*Survey Coordinated by Sherlock Center in cooperation with BHDDH*
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 FAQ

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 Time Frames-2017

<table>
<thead>
<tr>
<th>Survey Quarters</th>
<th>Survey 2wk Period</th>
<th>Data Entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2. April- June</td>
<td>JUN 11 to 24</td>
<td>July</td>
</tr>
<tr>
<td>Q3. July-September</td>
<td>SEP 17 to 30</td>
<td>October</td>
</tr>
<tr>
<td>Q4. October-December</td>
<td>DEC 3 to 16</td>
<td>January</td>
</tr>
</tbody>
</table>

Survey Changes:

Goal is **ALL Served** any time in Quarter.

- Opening survey Question – expanded NO reasons
- Provider list- Bridges is now Looking Upwards
- Individual Employment- clarification
- Non DDD Facility Based – expanded list
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.

Survey Assignment

Consumer ID List
Revised from Q2 data entry
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:

**Qtr 4 - 2016 DD Employment and Day Service Outcome Survey**

**Provider Consumer List - Review Copy**

<table>
<thead>
<tr>
<th>ACTION BASED ENTERPRISES INC</th>
<th>Count: 38</th>
</tr>
</thead>
</table>

This list includes individuals receiving employment and/or day services from your agency's day and residential programs. Please review this list for accuracy.

1. In the last column, check the box if the individual is no longer supported by your agency. Write in the new provider if known. If not known, write in the name of the BHDDH Social Worker if available.

2. Use the "New Consumer Form" to identify individuals currently receiving employment and/or day services from your organization that are not listed. A unique Survey ID (required for data entry) will be assigned to each individual.

3. Fax the edited "Provider Consumer List" and the "New Consumer Form" with a cover sheet to the Sherlock Center, Attention: Bernice Pankiti. FAX to 401-456-8150 by November 21, 2016.

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>Name</th>
<th>DOB</th>
<th>Self-Direction</th>
<th>Check If No longer Supported</th>
</tr>
</thead>
<tbody>
<tr>
<td>AA8777</td>
<td>ACORN, Alice</td>
<td>9/12/1990</td>
<td>Y</td>
<td></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

**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 Paulick.

- **Agency:**
- **Contact Person:**
- **Email:**
- **Date:**
- **Phone:**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Initial</th>
<th>Date of Birth</th>
<th>Using Self-Directed Supports</th>
<th>Prior Agency if known and applicable</th>
</tr>
</thead>
</table>

Anyone Transferred or New at any time in the Quarter

If new contact Bernice for ID; Transfer decide which agency will enter data

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**Sherlock Center on Disabilities @ RI College**
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?
Survey Directions

Total Questions = 39
Most will not answer all Q’s.
Organized By Service Category

Data Collection Tools

DIRECTIONS WITH APPENDICES
ANSWER SHEET 3 PAGES
DATA COLLECTION TOOL
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 **July 1 to Sept. 30, 2017** 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/Rec, 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 without 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
- CONSUMERS THAT ARE STAFF AND ON AGENCY PAYROLL

Employer’s Payroll
- WestBay – Receptionist
- Panera Bread - food preparation worker
- Town of NK – Recreation Worker
- Miriam Hospital - Equipment Technician
- Buttons And Bows - Childcare Worker

Not Employment

If provider pays an employer a subsidy
- Barter
- Under the Table
- Work Without $ (volunteering)
- Vocational Assessment/Experience
## Service Category Definitions
### 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

### Provider Paid Employment

- DD provider or organization/business/establishment with mission to employment people with disabilities.
- **Paid or Subsidized** by provider agency or provider sub-contractor
  - AGENCY that Provides Employer a Subsidy (on Employer Payroll)
  - 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

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 person’s 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.

<table>
<thead>
<tr>
<th>These activities include but are not limited to one or more:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Vocational preparation;</td>
</tr>
<tr>
<td>- Groups / Clubs</td>
</tr>
<tr>
<td>- Psychosocial skills development, activities of daily living</td>
</tr>
<tr>
<td>- Social Recreation</td>
</tr>
<tr>
<td>- Professional Therapies (e.g., occupational, physical, and speech therapies).</td>
</tr>
</tbody>
</table>

**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.

**Programs such as:** Cornerstone Adult Day Care, Cranston Adult Day Services, Elmwood Adult Day Care Healthcare, Generations, Living Well, PACE- Program of All Inclusive Care for the Elderly, Westerly Adult Day Center, Etc. Other

<table>
<thead>
<tr>
<th>These activities include but are not limited to one or more:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Groups / Clubs</td>
</tr>
<tr>
<td>- Psychosocial skills development, activities of daily living</td>
</tr>
<tr>
<td>- Maybe vocational component</td>
</tr>
<tr>
<td>- Social Recreation</td>
</tr>
<tr>
<td>- Professional Therapies (e.g., occupational, physical, and speech therapies).</td>
</tr>
</tbody>
</table>
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. (Typical Day Service hours)

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
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

When in Doubt
Make your Best Guess

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 Networkri
7. 40 yo attends agency senior 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?
Survey: Question Review

What you will NEED......

Survey Directions
- Questions (we will walk through each Question)
- Q and A
- Appendix
  - Appendix C 1 of 1 Job Title (Title’s added for Q2; Review, Missing title notify Vicki)
  - Appendix D Does Your Agency appear on the list? (Notify Vicki)

Answer Sheets
- All Questions Answer Sheet
- Facility /Community Answer Sheet

Survey Questions - Demographics

Survey ID  [Initials (LP)  & Unique ID (1234)] - Provided
Date of Birth – Provided (Confirm Correct)
Employment / Day Service Provider select all that apply
DEMOGRAPHICS: Survey ID: _______ Initials: _______ Date of Birth: _________

Did individual participate in employment/day activities between July 1 and September 30, 2017?
YES, No - Eligible, but NOT YET RECEIVING services, No - Eligible, but NOT AVAILABLE for services

If No - Reasons: (Pick 1)

- High School/Under 22, Awaiting Waiver Determination,
- New/Pending, Funding Issue/Awaiting Waiver Determination,
- Denied Waiver,
- Systems Change Capacity,
- Lack of Follow-thru by Family or Cons,
- Declined/Refused/Suspended Services,
- Extended Vacation/Absence,
- Health Issues,
- Hospitalized/Nursing Home/Hospice/Assisted Living,
- Respite Only,
- Respite/Solely Community Support Funding,
- Transferring Agency,
- Closed/Discharged/terminated services,
- Deceased

Living Arrangement: (check one)

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

Residential Provider: Answer only if Living Arrangement = "Agency Owned/Operated" OR "Shared Living"

Employment / Day Provider: (list all that apply)

SELECT PROVIDER/S FROM APPENDIX D.

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 July 1 to Sept. 30, 2017 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)
Section 1: General Questions

Past 3 months (QUARTER) unless noted otherwise

2. Referred or Started Supported Employment *Services past 3 mos.*

*Choose, Get, Keep, Change/Advance*

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.

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3a. Written Career Development Plan Status past 3 mos.:  

Y or N  Plan Identifies:
- skills, interests, strengths, abilities
- services needed to obtain and maintain individualized, integrated employment
- Some times called a
  - BHDDH or ORS Career Development Plan
  - Vocational or Career Profile
  - Person Centered Planning (MAP, PATH)
  - Employment/Career Plan
  - Personal Preferences Profile

*HAVE COPY in RECORD*

3b. Updated Past 12 months  Y or N
Section 1: General Questions, 3 mos.

4. Have you received information on Social Security Work Incentives? Obtained information to learn how earnings impact, SSI, SSDI, Medicaid.

5. Did you receive an Individual Work Incentives Benefits Plan written by a Certified Work Incentive Counselor (CWIC) within the Quarter?

6. Past 3 months, Start a New Individual Job? Y N
   (employer payroll)

6a. If Yes, How obtained? Existing position or Customized (Carved/Created) or Self Employed

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

7a. Job Length: How long employed?

8. Current status with ORS? Applied; Open Case; Closed Success in Q; Closed Other w/in Q; None

Section 2: SE Service Category

Participation in Supported Employment Activity
Requires Data Collection over 2 week period
- Survey Data TRACKING SHEET
For Each Activity Collect
- # SE HOURS
Section 2: SE Services Activity

9. SE Activity

Career Planning
- Activity to help plan choosing or getting job or career change/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 Prog.
- 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)

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
http://www.onetonline.org/

Breeds and Sells Dogs

Job Titles- List Condensed

ALL Types
- Trash/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
Section 3: Individual Employment

10a. Job Title – pick 1 job
-Any Cleaning/maintenance = Janitor Cleaner Housekeeping
- Clerk or Shredding = Office Administrative Support
- Moving anything from one place to another = Delivery
- Waste Management of any sort = Refuse Recycle

10b. OTHER Job Title: CALL VICKI

11. Length of Employment

12. Hourly Wage

13. Total ACTUAL Hours Worked

Section 4: Self Employment Income & Hours

14 Self Employment Job Title

14b. Other Job Title (Call Vicki Prior to entering online)

15. Length of Self Employment

16. Self Employment Income:
During the quarter, average income for a 2 week period.
- Option 1 – gather income earned during the designated 2 week period
- Option 2 - income earned over the quarter, estimate 2 week average.

17. Self Employment Hours:
Gather hours worked on their business during the designated 2 week period.
### Section 5 & 6: Provider Paid Employment

#### SECTION 5: PPE INDIVIDUAL

18. Job Title – 1 primary job  
19. Length of Employment  
20. Hourly Wage (dollars. cents)  
21. Total Hours Worked  
   *Actual Hours, nearest QRT hour*

#### SECTION 6: PPE GROUP

22. Job Title – 1 primary job  
23. Length of Employment  
24. Hourly Wage (dollars. cents)  
25. Total Hours Worked  
   *Actual Hours, nearest QRT hour*

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### Section 7: Facility-Based Work (FBW)

26. Length of Employment  
   *If left FBW and returning, indicate length of time since returning.*  
26a. If less than 3 mos.  
   *Status NEW or Returning*  
26b. If Returning, REASON  
   *terminated a Comm. Based Job*  
   *CBJ Job No longer exists*  
   *Terminated- behavior*  
   *Terminated – health*  

- Agency unable to provide job support  
  *Fiscal*  
  *Staff*  
  *Lack of Transportation*  
  *CDP Variance*  
  *Other: Write In*

   **2 week period**

27. Total Gross Wage — before taxes, etc.  
28. Total Hours Worked — Actual Hours
Section 8: Community Based Non-Work Activity (CBNW)

29. CBNW HOURS BY ACTIVITY:
- Total: Round to Nearest Hour
- Arts, Leisure & Recreation
- Health and Fitness
- Adult Education or Training
- Soft Skills/Employment related Activities of Daily Living
- Volunteering
- ALL Other

30. 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
  - soft skills/employment

31. CBNW LENGTH OF TIME WITH CURRENT DAY PROVIDER
Select period of time.
If left CBNW and returning, indicate length of time since returning.

31 A. CBNW REFERRAL SOURCE

32 a. b. & c. CBNW Activity directly resulting in Outcome [DURING the QUARTER]
- a. Obtained NEW Ind. Empl result of CBNW  Y  N
  - Hired in Individual Community Job
- b. NEW Community Membership  Y  N
  - Joined a NEW Community Organization: signed-up, enrolled, joined
- c. A New person knows 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)

33. FBNW HOURS BY ACTIVITY:
Total: Round to Nearest Hour

34. FBNW Length of Time with current day provider
If left FBW and returning, indicate length of time since returning.

34a. FBNW Length of time
3 months or less
Status
NEW
Returning

34 B. 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)

35. NON-DDD FBNW HOURS
Total: Round to Nearest Hour

36. Non-DDD FBNW Length of Time

37. NON-DDD PROGRAM/ORGANIZATION NAME
Programs such as: Cornerstone Adult Day Care, Cranston Adult Day Services, Elmwood Adult Day Care Healthcare, Generations, Living Well, PACE- Program of All Inclusive Care for the Elderly, Westerly Adult Day Center, Other
Section 11: Home Based Non-Work Activity (HBNW)

<table>
<thead>
<tr>
<th>38. HBNW HOURS</th>
<th>Survey Contact—change if needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Round to Nearest Hour</td>
<td>Prefilled</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>39. HBNW LENGTH OF TIME</th>
<th>Agency Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select one</td>
<td>Contact person if different with liaison</td>
</tr>
</tbody>
</table>

Survey Contact—change if needed
- Prefilled
- Agency Responsible
- Contact person if different with liaison
- Email if different
- Phone if different

CBNW - outcomes

<table>
<thead>
<tr>
<th>Service Category?</th>
<th>Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrolled in FBW, spent no time?</td>
<td>Y/N</td>
</tr>
<tr>
<td>Short term hospitalization?</td>
<td>Y/N</td>
</tr>
<tr>
<td>I volunteer at a senior center?</td>
<td>Y/N</td>
</tr>
<tr>
<td>Weekly I participate play bingo and have lunch at the senior center</td>
<td>Y/N</td>
</tr>
<tr>
<td>CDP</td>
<td></td>
</tr>
<tr>
<td>Have a career profile with action steps?</td>
<td>Y/N</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CBNW- outcomes</th>
<th>Membership</th>
</tr>
</thead>
<tbody>
<tr>
<td>I'm in a chess club and one of the members helped me get an interview and I was hired this quarter?</td>
<td>Y/N</td>
</tr>
<tr>
<td>I paid a fee to join the senior center and attend monthly?</td>
<td>Y/N</td>
</tr>
<tr>
<td>I get a newsletter about local activities?</td>
<td>Y/N</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CBNW- outcomes</th>
<th>Increased contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have been going to a local café and this quarter the waitress started calling me by name?</td>
<td>Y/N</td>
</tr>
<tr>
<td>I have been going to the local gym for 3 years and everyone knows me</td>
<td>Y/N</td>
</tr>
</tbody>
</table>
Entering Surveys On-line:

a. DEMO --- unlikely---

b. On-line survey opens October 2nd Noon. Deadline online submission October 31 (Happy Halloween!). (Issues call Vicki)

c. Agencies will have different strategies for entering survey data into the online survey.

Preparation

◦ Prior to entering on-line check Answer Sheets for accuracy
◦ Only Enter a Survey once ALL responses obtained.
◦ Access the survey through the RI Outcome Surveys Website Portal http://www.rioutcomesurveys.info/
◦ Located under the middle column titled DD Employment and Day Activity Outcome Survey, choose “Survey”
◦ Start each Data Entry Session from Web Portal

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”.

If you start a survey- REQUEST EDIT LINK from BERNICE
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.

Q2 Survey Summary Reports
Currently formatting Q 2 DOJ report
And then Statewide and Agency specific report

Q2 Data will presented compared to Q1 2017
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.
Vicki Ferrara, vferrara@ric.edu or 456-8092.

For Online Survey technical issues:
Bernice Panicci bpanicci@ric.edu or 456-4773

THANK YOU FOR YOUR TIME, ATTENTION & PARTNERSHIP IN FACILITATING THE 2017 Q3 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