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| Reopening Day and Work Programs DDS-ADDP Coordinating Council |
| **Discussion Guide Packet** |
| Assess Participant Readiness to Return to Day Services |

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| DDS/ADDP  7-2-2020 |

**Memorandum**

TO: DDS Day Service Provider Agencies

FROM: DDS/ADDP Re-Opening Coordinating Council

Date: July 2, 2020

Subject: Discussion Guide on Reopening

INTRODUCTION:

According to the EOHHS Day Reopening Guidance issued today, all day and work provider agencies are required to poll individuals, families, and guardians to gain an understanding of the short and long-term planning needs for supporting people in day and employment services. The DDS-ADDP Coordinating Council’s Service Delivery Model Subcommittee developed the following Discussion Guide to assist providers in these conversations while also acknowledging that provider agencies are at different points in determining the needs of the individuals, planning for reopening sites, re-engaging in a variety of service models (ISE, GSE and CBDS) and offering a menu of service delivery modalities. The Council also recognizes that individuals, family members, support staff, and agencies are in various places of readiness and comfort.

The Discussion Guide or a similar survey tool is a requirement for all providers to complete before reopening. It is expected that providers will integrate their findings from the Discussion Guide into communications/planning with DDS area offices. Results should inform planning for reopening program sites, engaging individuals in meaningful day supports, considering the variety of service delivery modalities to offer, and ensuring the health and safety of individuals and staff.

As providers gather information and start the planning process, the following areas should be considered:

* Health and safety of individuals and staff
* Individual choice and informed decision making
* Membership prioritization
* Steps taken by employer to protect workers
* Impact and implications if individuals work and do not work
* Level of support needed by individuals and how those can be provided (i.e. menu of services that will be offered)
* Availability of transportation
* Agency, department, local, state, and federal guidance and timelines

The following resources may be helpful during planning:

1. A Guide for Informed Decision–Making <https://covid19.communityinclusion.org/pdf/TO33_COVID_F.pdf>
2. Providing Quality Services Remotely and Online <https://covid19.communityinclusion.org/pdf/TO32_COVID_F.pdf>

**Discussion Guide**

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**A Resource for Providers to Assess Individuals and Families’**

**Readiness to Return to Day Services**

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**Provider Organization Name:**

**Individual Name:**

**What type of services were you participating in? (Please check all that apply)**

* Own job in the community (Individual Supported Employment)
* Group Supported Employment
* Community Based Day Supports (CBDS)
* Day Habilitation

**Comments:**

**Current Living Situation (Please check the answer that applies)**

* Live with my family
  + Are parent(s) employed and there is a need for supervision
* Live in Shared Living
  + Are shared living providers employed and there is a need for supervision
* Live on my own
* Live in an apartment with room-mates
* Live in a group residence
* Do you stay home alone for a period of time?
* Other?

**Comments:**

**Timeline for Returning to Services: (Please check the answer that applies)**

How soon would you be interested in returning to services when they open?

* Immediately (as soon the program reopens)
* I prefer to wait 1 -2 months after reopening to see how things go
* I will return later/not sure when
* I do not plan to return to day services or my job
* Unsure

**Comments:**

**Preference for Schedule: (Please check the answer that applies)**

* Go back to the way it was before (same hours and days)
* Less days but the same hours
* Less hours but the same days
* Less days and less hours
  + If less hours in a day- would your preference be for mornings or afternoons?
* Some days in person at the program site and some days virtually from home
* Only virtual services from home
* I would like a combination schedule
* Other?

**Comments:**

**Use/Availability of Technology for Remote/Virtual Supports: (Please check all that apply)**

* I will need device/technology purchased for me to participate in virtual supports (e.g. iPad, tablets etc.)
* I will need adaptive technology
* I need assistance with access to Wi-Fi (internet)
* I will need training on how to use technology
* I would need all of the above

**Comments:**

**Consideration/Interest in Different Service Delivery Approaches: (Please check all that apply)**

* Spend time at the program site/center
* Receive services in the community with small group of other participants
* Remote/virtual services in your home
* Some one-to-one services provided by staff in your home and/or to participate in in safe activities in the community
* I would like a combination of above services
* Other?

**Comments:**

**Use of Personal Protective Equipment (PPE): (Answer each of the questions below.)**

* Are you able to wear a mask for protection?
* Would you prefer to wear a face shield if available?
* Have you been wearing a mask during the COVID-19 crisis?
* Have you worn plastic or latex gloves during the COVID-19 crisis?
* Would you be able to tolerate wearing a mask for the entire time while you participate in day services or work at a job?
* Would you and your caregiver be willing to participate in a training prior to returning to the day program?

**Safety Practices: (Answer each of the questions below.)**

* Would you (or the individual you support) understand social distancing, which means staying 6 feet apart from other people?
* Have you (or the individual you support) been in a social setting (outside of your home with people you do not live with) and were able to stay 6 feet apart?
  + Yes, independently
  + Yes, with reminders (verbal cues)
  + No
* Are you (or the individual you support) willing to wash your hands frequently while attending day services or working at a job?
* Do you (the individual you support) require help with activities of daily living (ADLs)?
* Can you (the individual you support) tolerate being tested for COVID if necessary?

**Health Status: (Answer each of the questions below.)**

* Do you (or individual you support) have any other medical conditions that add additional risks in going back to day/employment services? *(Provide a listing of risk factors identified by CDC or leave open-ended)*
* Would you be willing to answer a series of health screening questions, which includes taking your temperature?

**Transportation Options: (Answer each of the questions below)**

* If transportation is not available, would you (or the individual you support) be able to attend employment or day services?
* Would you (or the individual you support) consider using Uber, Lyft, or taxi services to get to work or their day program?
* If you (or the individual you support) rode a van to the program or work site prior to COVID-19, are you willing to ride a van again if this is an option?
* Are you (the family or residential staff) able to provide transportation?
  + One way
  + Both ways
  + Do you have any specific needs or requests regarding drop off or pick up times?
* Other possibilities (Please explain)

**Comments:**

**What’s most important to you in making decisions about returning to services? (Check all that apply)**

* Health screening of participants
* Health screening for staff
* Deep cleaning of program locations
* Use of personal protective equipment
* Staffing levels/ratios
* Ongoing communication
* Other?

**Comments:**

**What is most important to you in making plans to return to services?**

**What are your concerns, if any, about returning to day services?**

**What do you need or want to know when plans are being made to return to services?**

**What’s the best way to communicate with you?**

* Phone
* Email
* Text
* Mail