DDS Employment and Day Services Provider Reopening Plans
Best Practices

Prior to the reopening of DDS Employment and Day programs, providers were asked to engage in a comprehensive process to create agency specific reopening plans within the context of guidance provided by DDS. These plans were submitted to DDS for review, discussion and agreement with the providers. Providers presented how they propose to reopen services while maintaining the health and safety of the individuals they support and the staff that support them. Utilizing a person-centered approach, providers developed thoughtful, creative plans that provide flexibility over an array of service delivery options to adapt to a new way of business.

The intent of this document is to capture and share several of the innovative approaches developed by providers. Below are some highlights:

FACILITIES

Social distancing protocols in addition to site improvements help protect the safety of all:
- Installation of automatic doors
- Multi stall bathrooms have been designated into single stall rooms
- Entrance and egress areas accessed
- Installation of video doorbell technology, for contact tracking purposes.
- Providers have established non-congregant Day Program areas to accommodate social distancing, through purchasing tents to provide additional space to adhere to social distancing

Protocols for disinfecting and cleaning include practices such as:
- Prior to reopening, entire buildings have been disinfected using an electrostatic sprayer
- Supply of disinfectant wipes at every common area
- Protocols to ensure the practice of objects being wiped down after every use
- Hiring of professional cleaning service to clean and disinfect the restrooms, common areas and office area nightly
- Consistent and extra attention to high touch surfaces,
- Use of OZONE generators typically used in hospitals to kill viruses and bacteria.
- The use an electrostatic machine as a preventative to the virus and for sanitizing purposes.
- Equipping each location with an "infection protection" station. An assigned employee is positioned at this station to screen individuals upon entry. Each employee is equipped with a camera capable electronic tablet.
- Providers have purchased a Biomist system to provide quick sanitization of high touch, high use areas.
- Facility modifications include touchless faucets, paper towel dispensers, soap dispensers and hand sanitizer at all entrances to reduce cross-contamination.
- Electronic IR traffic counters installed at all entrances to ensure building capacity compliance at all times.

- Room fogger with high level disinfectant to be used in all buildings at the end of each day, twice daily in vehicles.

To limit and reduce risk of COVID-19 exposure, providers have implemented processes for staff and individuals that include:
- Signage posted on all entrance doors and throughout buildings indicating:
  - safety measures
  - identifying an entrance or exit
  - marker for assigned groups to enter and exit
- Distance markers to help guide participants and staff for social distancing
- Designated quarantine areas for anyone exhibiting symptoms of COVID-19
- Contactless garbage cans
- Maintaining a stockpile of PPE
- Built in break times for people (individuals and staff) who cannot tolerate wearing a mask for extended periods of time
- Designated break areas for individuals and staff who cannot tolerate PPE for extended periods of time
- Identifying specific areas for individuals who are unable utilize PPE at any time
- Refrigerators, water coolers and coffee makers may not be used. Staff and individuals instructed to bring their own coolers for lunch and snacks.
- Installed an additional ramp and parking so that 4 different entrances can be used for entering and exiting the building.

SCHEDULING

Providers have utilized creative ways to maintain safety precautions while providing in-person support within the appropriate capacity levels. Best practices include:
- Developing an abbreviated 4-hour schedule for individuals supported
- Staff remain on 8-hour shifts and devote non-programming time to cleaning
- Implementing staggered times for programming to limit the risk of cross exposure to individuals
- Moving to non-traditional hours of service and development of schedules to support groups into AM and PM times and weekend hours.
- Stagger start dates, utilizing a variety of approaches including split shifts during the day, staggering drop off and pick up times as best as possible, p/t schedules during the week
- Identify staff who can work alternate hours after determining if evening and weekends may work for families.

HEALTH AND SAFETY

Health and safety were of the highest priority when reviewing reopening plans. Providers' plans included strategic and methodical processes to mitigate exposure. Some best practice examples include:

- Use of PPE
- Comprehensive screening system for COVID-19 that includes but is not limited to regular symptom checks, taking temperatures upon entering and exiting.
- Recording all screenings in a spreadsheet for contact tracing purposes.
- Staff working with individuals who may be resistant or unable to use face masks, would be provided with a higher level of PPE and face masks, including a surgical mask with a fabric mask, face shield or goggles.
- Purchasing reusable isolation gowns and established a laundering contract with a linen service to ensure sanitation and the availability of gowns.
- Purchasing a Keri System that allows contact tracing. Staff & individual's will be required to swipe their badge every time they enter and exit the building.
- Each employee and person they support has received two masks each with instructions on how to wear, clean & care for them in both English and Spanish.
- Appoint of a Health and Safety Officer with responsibility to enforce compliance with health & safety guidelines as well as a designated Compliance Officer / Facilities Manager responsible for the compliance of the facility.

WORKFORCE

Providers have experienced many challenges with workforce related issues during COVID-19. Best practices include:
- Training of staff on health and safety protocols
- Increased staffing ratios
- Training on COVID-19 and Universal Precautions, OSHA health and safety guidelines
- Processes on how to respond if someone (individuals or staff) are experiencing COVID-19 symptoms
- Addressing staffing childcare needs or care of a family member
- Prioritizing support for individuals living with their families whose family members are essential employees, need to work, or cannot continue to provide support.
- Maintaining a pool of staff prepared to be deployed should staffing levels fall below needed ratios.
- Creation and implementation of mandatory all-staff training which reviews CDC guidelines and the agency's guidelines and protocols for reopening Manual.

TECHNOLOGY AND EQUIPMENT

As part of the guidance provided by DDS, providers were asked to think about how to continue to refine and further embed virtual services in their delivery system and to capture the innovation that has been fostered throughout the pandemic. Providers embraced this recommendation and have carefully thought through virtual supports into their plans. Many providers are positioned to continue providing virtual support along with in-person supports and have incorporated this flexibility into their service delivery system. Virtual support options include development of social media platforms to share news, content, calendar of events and virtual programming. For

more information please view the DDS Innovation and Creativity document outlining many of these platforms and provider initiatives. Some best practice examples include:

- Investing in virtual services, purchasing Chromebooks, iPads, Smart Boards, and Convertible Chromebook laptops for individuals.
- Creating a technology committee which meets weekly to discuss technical issues, practices, and the ongoing need for technology.
- Taking advantage of the video call engine Zoom, while keeping the essence of person-centered planning and supporting individuals to facilitate and lead the Zoom call meetings and discussions.
- Use of this virtual technology and equipment expands virtual/online services, manages service needs and increases programming involvement. Virtual services will continue as a service model enhancement after the pandemic response has concluded.
- Providers have utilized a YouTube channel where people they support can create content around safety, community etc.
- Providers have created curriculums to keep connected to the community, utilizing Seesaw, a remote learning website, to complete individuals' goals around further education.
- Encouraging program participants to create a Google email account so they can access Google classroom, Google duo videos sessions, etc.
- Providers have created their own social media platform through which it shares news, content, calendar of events and virtual programming.

TRANSPORTATION

Transportation has been a challenging aspect of reopening plan because of the restricted space and limited options for alternatives. DDS continues to work with the Department of Transportation on best practices. Providers continued to think creatively about how to maintain transportation services. Some best practice examples include:

- Intensive cleaning and disinfecting of vehicles
- Social distancing and limiting the number of passengers in vans
- Screening of passengers
- Developed protocols for individuals being transported by their family, including screening precautions
- Vehicle modifications include sneeze guards, and driver barriers
- Staffing on vehicles mandated to wear face masks
- Increase number of trips to limited people in van at one time
- Transporting people who live together
- Providers are no longer using a hub and transporting people from home directly to their job
- Transportation being managed in a combination of cooperative efforts with group homes, family homes, staff vehicles, ADA and corporate fleet vehicles.

INNOVATION OF SERVICES

Provider reopening plans include innovative and creative new programs to provide individuals with services that still meet the definitions within Appendix K. The programs consist of ongoing virtual programs that include activities focusing on cultural competency, the arts, social/emotional health, movement, employment skills, life skills and recreation. Several providers have secured alternative funding so they can provide individuals with the technology they need to access services. Support for those that live in family homes, through provided in-home services are continuously promoted to ensure continuity of service for individuals.

Best practice examples include:

- Delivering activity kits to individuals at home and then working through the task through remote learning.
- Utilizing a telehealth platform called "Adaptive". This platform is designed to virtually expose individuals to exploring jobs, group chats, communication, individualized goals, and the measurement of progress towards those goals.
- Zoom "chat n chills" for individuals to stay in contact with other participants and promote social learning remotely.
- Utilizing a virtual employment training service called " Job Club". Individuals will learn about employment skills and being working while in the community.
- Taking advantage of outdoor learning and providing job skills training and practice in an outdoor setting.
- Utilizing a platform called "Interview Stream" which allows staff to customize interview questions for any type of job and record individual answers for review and feedback. Individuals can view past videos to monitor their growth and progression.
- Utilizing "LifePath" and "Virtual Job Tours" service platforms, which allow participants to self-assess and match their skills and attributes to various jobs for exploration.
- Micro-programing will be used at satellite locations to limit exposure and ease contact tracing. Through this, an agency will identify 'safe partners" to invite small groups together. Through micro programming, agencies may become more individualized and focus on a smaller group of interests.
- Implementing a full calendar of virtual programs that include activities focusing on cultural competency, the arts, social/emotional health, movement, employment skills, life skills and recreation.
- Purchasing "Surface Hub" which will allow individuals to participate in on-site programming from remote locations.

COMMUNICATION

Provider plans include various methods to communicate with individuals and the DDS Case Manager, as the plans were developed to be person centered and meet the person's needs. Plans illustrate the use of various social media platforms, and technology for sharing information and virtual services, including self-advocacy groups.

Best practice examples include:

- creating a remote site communication page. This page will be accessible for case managers, residential providers, individuals and family/guardians. The information posted will provide regular updates on virtual programming, the re-opening phases and any other virtual based information. Individuals will sign a consent form to join the online community and set-up an account.
- Providers can connect with individuals to relay important communication by using an alert system called "One Call". This system utilizes text and serves as an engine to contact families and staff.
- Utilizing a communication system called "Blackboard". This system keeps all stakeholders connected with up-to-date information from the agency.
- Providers hold virtual "coffee and conversation" events with individuals to chat about their well-being and receive feedback on re-opening plans. These chats also serve as an important opportunity for social interaction.
- Utilizing existing safety committees to break down each subset of the re-opening plan. The committees included managers, staff members, individuals, guardians, and DDS case management. Data obtained during this process contributed to the formation of the provider's plan.