Community Inclusion

In times of COVID

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| Best Practices |
| 1. Support to wear PPE and practice safety measures in accordance with state and local guidelines |
| 2. Engagement of someone’s support network to assist client in continuing to receive services |
| * Residential * DDA/Case Resource Manager * Family * Friends / Natural Supports * DDA Regional Employment Specialist |
| 3. Adapting services to multiple formats/engage how and where a client is currently able to receive services |
| * Remote/virtual meetings using video calls- if a client needs access to technology to engage in remote supports, a request can be made to their DDA Case Manager * Socially distant appointments wherever is currently accessible to the client * “Window” visits (with goal related action items) * Dropping discovery activities at home, coaching through completion remotely or via phone, or supporting caregivers/families to assist with the activity and reporting back * Virtually observing activities and routines a client engages in at home * Practicing goal-related skills in safe community locations * Creating tools, assessments, and visuals, and mailing them with follow-up support |
| 4. Supporting people to maintain connection to natural supports in the community |
| * Facilitate video calls with natural supports * Coordinate activities related to shared interests that can be done via video call * Support letter exchanges * Support development of new relationships if client goals have changed or previous network is unavailable |
| 5. Video and visual supports to understand change and transition |
| * Understanding changes that have happened and what changes are coming * Seeing what the community looks like now to prepare for eventual return * Safety strategies to support safety in the community * Create a “return-to-work” or “re-entry” plan to identify strategies needed for a successful transition * Share videos, articles, and info graphs with clients and explain/answer questions to promote understanding and give context |
| 6. Connecting with groups a client was previously engaged with in a virtual format |
| * Coordinate with group to schedule video calls to connect with client * Go to site and take photos of site or group members to share with the client |
| 7. Completing discovery activities and assessments |
| * Spend time learning about new interests that could help the client connect to the community * Create and deliver discovery “tool kits” or “binders” with various discovery assessments that can be completed via video call or at home with support * Collaborate with home supports to identify discovery and interest activities that could be completed at home with support, such as reviewing videos of interest or taking online tours |
| 8. Focus on building skills that will support the person when they return to community activities |
| * Practice and maintain hard skills that were needed prior to COVID, such as volunteer tasks or greeting people * Create activities to build important skills related to client goals, such as learning names of familiar people or signing into a volunteer shift * Focus on building skills that can help the person be more independent when they return to their previous activities |
| 9. Clear documentation that connects services to client goals |
| * Documentation should include enough detail to demonstrate intentionality and purpose: “we walked through the client’s neighborhood to identify nearby locations they are interested in visiting once they reopen” vs. “we went for a walk.” * While each client’s needs and services look different, documentation should reflect efforts to continue engaging in services and moving forward. * Describe how current adapted services are still connected to client’s overall goal: “sent recipe for client to bake at home *to help maintain skills needed to engage in baking club and practice measuring ingredients.*” |
| Challenges and Strategies |
| 1. Client lives with a residential provider who is unable to help the client access remote supports |
| * Team problem solving: What are the barriers? * Ensure the Case Manager is part of the conversation. If additional support is needed, loop in County DD representatives and the DDA Regional Employment Specialist. * Respond to specific barriers: secure technology, create tools for learning how to use the tech, work around scheduling conflicts. * Brainstorm to identify strategies that will best work for the team, such as alternative meeting formats. * Work with Residential provider to support client in home discovery activities and then report back to the CI specialist. |
| 2. Client is unable to engage in community based or face-to-face services until “x” (vaccine is available, phase 4, etc.) |
| * Remote services, distance service * Visually illustrate safety precautions taking place in the community * Look for ways to engage with previous activities in remote ways * Create and deliver toolkits that can be used to practice and maintain skills * Engage the client in researching community activities through screen sharing or by filming community locations and reviewing with the client |
| 3. Client does not use language to communicate and remote supports are challenging |
| * Work with the team to find a champion who can support the client in receiving remote services * Prepare the client prior to remote meetings to help them be more engaged: send materials ahead of time; create a visual schedule of the meeting; send instructions so practice can occur * Adapt your mode of service delivery - deliver materials; discovery activities/assessments printed; meet through sliding glass door * Support client to learn alternate communication method: sign language; deliver picture cards to the residence, create activities around learning how to utilize them, and implement use during support sessions |
| 4. My client doesn’t want to use technology to receive support |
| * Start small and simple * Build support tools to help people who are unfamiliar learn to use the technology * Offer “low tech” options to connect, such as delivery and pick-up of assessment activities, socially distant meetings, or phone check-ins * If a client would not like to receive services during this time, connect with their DDA Case Manager to determine appropriate next steps |
| Pitfalls |
| 1. Just “staying in touch” |
| * Services should go beyond just calling a client to say “hello.” While services may start this way, additional efforts to offer services related to client goals should be documented. These services could occur with or on behalf of a client. |
| 2. Holding pattern because previous activities were not available, but no transition to goals that are appropriate in the meantime |
| * Updates about status of prior activities are appropriate, but continued support toward client goals should be provided as well. If client goals are not applicable or relevant during this period of time they should be updated. |
| 3. Perpetual research without client engagement |
| * Research to improve client services and identify community groups and locations are billable activities, and these should also be accompanied by updates to the client, efforts to engage the client in the process, and documentation that demonstrates intentional pattern and progress. |
| 4. Specialized recreation |
| * Support to participate in segregated activities and/or specialized activities will not be reimbursed. Cl services should focus on support to participate in typical and integrated activities, events and organizations in the individual’s neighborhood or local community in ways similar to others of same age. |
| Resources |
| * <https://www.dshs.wa.gov/dda/county-best-practices> * <https://covid19.communityinclusion.org/> * [DDA COVID Information](https://www.dshs.wa.gov/dda/consumers-and-families/dda-coronavirus-information) * [Plain Language COVID-19 Information (PDF)](https://selfadvocacyinfo.org/wp-content/uploads/2020/03/Plain-Language-Information-on-Coronavirus.pdf?fbclid=IwAR0SBnGM9UIwBfcK23PxG1HPqk8GxDBGZnrLML2oP6_WizfNuOpDrkMZfEs) * [Plain Language COVID-19 Prevention (PDF)](https://www.arcnj.org/file_download/023bc726-7f41-40a5-a62f-1af20c8d9983) * [Washington State’s Phased Approach](https://www.governor.wa.gov/news-media/chart-washingtons-phased-approach) * [Safe Start Recommendations and Requirements](https://www.governor.wa.gov/sites/default/files/LTC%20Safe%20Start%20CCRSS.pdf) (Certified Community Residential Services and Supports) * [CDC Symptoms of COVID-19](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2Fsymptoms.html) * YouTube: training videos and resources * Volunteermatch.com * DDA case manager: assistive technology **needed to access remote services** |
| Training (Wise on-demand library) |
| * Community Inclusion 101 #1: Washington State DDA/Community Inclusion * Community Inclusion 101 #2: Breaking Interests Down: Being Expansive Rather than Restrictive * Community Inclusion 101 #3: Communication: About Them, Around Them, For Them * Community Inclusion 101 #4: Triple “M”: Ways to Move Past Movie, Mall, McDonald’s * Community Inclusion 101 #5: Barriers: Recognizing the Barriers and Diving Deep into Individual’s Skills * Community Inclusion 101 #6: Goals: Building Effective Goals from the Skills Up! * Uncovering Hidden Talents: Community Inclusion * Community Inclusion Panel * Community Inclusion: Short-Term Efforts for Long-Term Gains * Dig Deep: Discovery for Creating Customized Opportunities |
| Online Communities |
| * Facebook groups * Meetup.com * Local community and senior centers- activities transitioned online * Libraries * Parks and Rec Departments * What were you doing prior, and does it exist online now? |
| Success Stories from Providers |
| Prior to COVID, we were volunteering at the YMCA, but lost all contact during the stay-at-home order. For months, we called and would usually get a hold of no one. When we did reach someone, it was the client’s mom, who was not interested in her son engaging in virtual activities or receiving remote supports. Our program manager got involved and we convinced the family to hold a phone meeting, during which our point of contact transitioned to dad. This fresh perspective helped us start gaining traction for restarting services, starting with the hope of just dropping library books off on the doorstep. We now meet weekly in their neighborhood park to complete discovery activities and continue to learn about interests we had no idea of before the pandemic.  We support a client who does not use words for language and also does not have a successful strategy for communication. He started with us during the lockdown in April. CI staff used the lockdown time to get to know the client though interviews with his support people, then started Zoom calls in which she observed him interacting with staff and things in his home. The only thing his caregivers said he liked was a bumble ball, so CI staff got one for herself and showed him to establish a connection. Once he started to interact and follow what she did on the video, things started to open up and she was allowed to do in-home visits. She brought different activities each week to see how he reacted. When she brought some painting supplies, he immediately came over and grabbed her hand to participate. He did not want to stop the activities and eventually started stamping the paint himself. Within a month they were able to explore other things and found he can sort and put things in different baskets with support and really enjoyed this. His residential providers were surprised by how much he interacted with her as he had never done this with them. She has discovered how he learns, how he communicates his likes and dislikes, and how some "behaviors" she was told about are his way of learning and exploring. We now plan to take this information learned during discovery to help the client get connected to other community members with shared interests.  One of our individuals loves Legos and would build giant structures around his home with them. During one of our team collaboration calls this was brought up and we found a few adult Lego groups. One was currently not meeting or doing anything due to the restrictions but the other one, SEALUG, was meeting virtually. We were able to get the client signed up with them and he has started attending meetings and sharing pictures of his creations with the group.  We support a CI client who we had connected to a motorcycle group prior to the lock down and the group presented him with a full membership and a club jacket. During the lockdown, all meeting stopped and due to him being in a long-term care facility he was not able to go out. The CI staff would bring her computer so he could visit with the members and then eventually they started doing drive byes and coming one at a time to visit through the door with him. |

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