



DD Community Forum

The next DD Community Forum will be held
via Zoom on

Monday, November 16th

3:00 PM - 4:30 PM

Go to this link to register:

<http://www.tinyurl.com/NovDDCommunityForum>

If you need help to register call 877-532-5543.

You can also watch the forum at

[Facebook.com/AdvocatesinActionRI](https://www.facebook.com/AdvocatesinActionRI)



BHDDH Offices Closed on Veterans Day

BHDDH Offices will be closed on Wednesday, November 11 in honor of Veterans Day.

A sincere thank you for your service to all our veterans!



Integration For All: 3rd Virtual Town Hall

**Tuesday, November 17
5:00 to 6:30 pm via Zoom**

[Register here](#) for the last in the series of the Integration For All Virtual Town Hall meetings to discuss how other states have established, funded and implemented their Olmstead plans.

Panelists

- Roberta L. Rubin, Chief Counsel, Massachusetts Dept of Housing and Community Development
- Linn Torto, Executive Director, Massachusetts Interagency Council on Housing and Homelessness
- Shelley Madore, Director, Minnesota Olmstead Implementation Office
- Cissie Bolinger, Performance Plan Project Director, Oregon Health Authority



For too long in Rhode Island, people with serious mental illness; physical, intellectual and developmental disabilities; older adults and youth have been needlessly institutionalized or isolated. Many have been educated in segregated schools and classrooms, lost their children when they could parent, spent their days in day programs instead of being gainfully employed, or have been arrested and incarcerated for behavior related to their mental illness or cognitive disability, especially people of color. Others are homeless, continually cycling between emergency room departments, prison and shelters. In fact, Rhode Island's Homeless Management and Information System (RI-HMIS) reports that people with behavioral health and/or physical disabilities account for 63% of our homeless population.

What would an Olmstead Plan do for Rhode Islanders?

It would assess the strengths and weaknesses of our State's ability to meet the needs of populations at risk of institutionalization. It would set goals for the development of housing options and community supports. It would help the State to coordinate and secure services and resources. And it would compel the State to put permanent funding strategies in place.

Learn More and Get Involved at

<https://mhari.org/integration-for-all/>

Watch the previous Virtual Town Halls:

[Integration For All: Why RI Needs an Olmstead Plan](#)

[The Criminalization of Mental Illness](#)



RI Department of Health Issues New Guidance on Visitation

With cases of COVID-19 continuing to increase in Rhode Island, the Rhode Island Department of Health (RIDOH) is recommending that all hospitals, nursing homes, and assisted living communities restrict visitation for the next two weeks.

These recommendations are being made for two weeks as RIDOH continues to work with facilities to develop plans and other measures to ensure safe visitation for more vulnerable populations during this period with increased community spread of COVID-19.

In hospitals, RIDOH recommends no visitation, **except for people who are essential to a patient's care**. Examples of visitors who are essential to a patient's care are a support partner for someone in labor, and **a caregiver for someone with dementia or a developmental disability**. Visitors who are essential to a patient's care must be free of symptoms of COVID-19. Visits should only happen during specified blocks of time.

Below is the link the guidance, including access to a support person for patients with I/DD during a hospitalization. The full guidance document is attached at the end of this bulletin.

<https://health.ri.gov/publications/guidance/COVID-19-RI-Hospital-Visitation-Policy.pdf>

NASDDDS Joins Position Statement on Vaccine Allocation

NASDDDS, jointly with the American Academy of Developmental Medicine and Dentistry (AADMD), the American Network of Community Options and Resources (ANCOR), the National Association of Direct Support Professionals (NADSP), and the Developmental Disabilities Nurses Association (DDNA), has issued a position statement addressing the risks facing people with IDD during the pandemic and recommending how they should be included in the vaccine allocation framework expected to be adopted by the federal government.

The organizations recommend the following be included in the vaccine allocation framework:

- IDD should be explicitly included in the list of high-risk diagnoses that are used to determine if an individual is included in phase 1b (2 high risk diagnoses required) or phase 2 (1 high risk diagnosis required).
- Include additional pulmonary comorbidities in the list of high risk diagnoses: chronic or recurrent respiratory diseases from any cause, restrictive lung disease, and interstitial lung disease.
- Individuals who live in group homes or other congregate residential settings should be considered at equivalent risk to older adults who live in congregate settings and thus be included in phase one of vaccine allocation.
- All direct support professionals (DSP), including group home staff should be considered essential health care workers and should be included in Phase 1a of vaccine allocation, not Phase 2.

See the joint [COVID-19 Vaccine Statement](#).

"Let's Work!" Documentary

We are happy to wrap up the National Disability Employment Awareness Month with an incredible opportunity for you to watch "Let's Work!" online.

This is a documentary about 8 young people with intellectual and developmental disabilities and their experiences and successes in competitive integrated employment.

The documentary is available on YouTube at <https://youtu.be/Jgl-tfUkhsQ>.

There is also an audio described (AD) version at <https://youtu.be/rrU7YNm7Fqw>.



The documentary was funded by the California State Council on Developmental Disabilities (<https://scdd.ca.gov/>) through a Cycle 42 Program Development Grant. We'd like to thank California Transitional Alliance, Inclusion Films, and everyone involved in the project for an excellent partnership and for producing this documentary that will benefit and educate all of us for years to come.

Understanding Trauma to Support Your Family Member During COVID-19 – Spanish Session

Saturday, November 21, 2020

10:00 - 11:00 AM

This one-hour Zoom presentation will be presented in Spanish only.

[REGISTER HERE \[r20.rs6.net\]](https://r20.rs6.net)

Presenter: José Nicolás González Soler, M.Clinical Psychology

The session is designed for Spanish-speaking family caregivers of adults with disabilities to better understand trauma responses they and their loved ones may be experiencing during this time of COVID-19. This webinar will provide proactive strategies that may help maintain well-being for family caregivers and others in their home as we all settle into fall and winter routines that provide for safety while adding meaning to our lives.

OUTLINE:

1. Basics of trauma.
2. What trauma responses look like.
3. Prevention: setting up environments that are trauma sensitive.
4. Strategies to minimize the impact COVID related trauma on you and your loved ones.

Webinar questions: Contact Iraida Williams at iwilliams@ric.edu

For accommodation requests or registration questions, contact Elaine Sollecito.

Email: esollecito@ric.edu

Voice: 401-456-2764

TTY or Spanish via RI Relay: 711

Making Friends Using Person-Centered Practices

By Patrick Lane, HRS Person-Centered Thinking Mentor & Trainer

<https://hrsonline.com/making-friends-using-person-centered-practices/>

One of the best things about being a person is having friends.

Some of us have a lot and others have a few, but we all need friends. Yet so many of the people we support have lives marked with loneliness and isolation. Often anxiety, depression, overreactions, and even health risks are rooted in not having at least one or two good friends.

Along with helping people balance Important To with Important For and using common language instead of “disability-speak”, Person-Centeredness is about helping people with disabilities with the essential human need of building friendships. The question that follows seems to be: How do we do that? There is no textbook answer, but here is a good way to get started: simply list the steps you take in your life to make friends. After all, Person-Centeredness is just “human stuff” broken into smaller pieces so others can know where to help and in a way that is appreciated.



Helping people with disabilities works much the same as how you would like to be helped.

For me, I like to meet people with common interests. Once I'm in a setting with those folks, I may strike up a conversation with someone. If that goes well, I'll ask for their number. Later I'll text or call and plan a time to get together with my new friend and possibly others. The friendship may grow or fade, and it's likely that I'll connect with others and begin making more friends.

If someone were helping me, they would simply break those steps down and add support where needed. This could be done by arranging transportation, making purchases, helping me understand what is being communicated, or respecting the group's social norms. That being said, I wouldn't want the person helping me to take over or make my decisions, and I'd only want help where it's needed. If we differed on how that someone would help me, we'd keep negotiating until we found a way that worked.

The process of making friends will differ from person to person. Navigating this process will go hand-in-hand with properly gauging where help is needed and how much help to offer. This is worked out with some trial, error, and learning.

You should record what you learn in a Learning Log, so when someone else comes along to help later the same mistakes won't be repeated. You may find that you don't know what kind of people they prefer to be friends with. To resolve this, people who support should look at current or past relationships. Refer to their Relationship Map to see what personality traits are shared among those who are close to the person.

If we are willing to try, we can help people with disabilities escape loneliness, and isolation and the negative effects that follow. If we are willing to learn, we really can help make someone's life better because we helped them make real friends. And after all, one of the best things about being a person is having friends.

Silver Linings



Election Day Poll Workers



Malyssa and Stephanie share a home with Rhonda, their SLA provider. For many years, Rhonda has been working on Election Day at a local polling station, and this year, she got Malyssa and Stephanie interested in working at a polling site too. After completing a comprehensive online training program, they were both excited for the opportunity to participate in the electoral process while earning some extra money for holiday gifts for their friends and family. Malyssa and Stephanie greeted voters as they arrived to cast their ballots.

Malyssa also owns her own small business called “Professional Pooper Scooping by Malyssa” (you can find her on Facebook). Her company provides pet waste disposal services in her local community. Malyssa works very hard for her money and takes great pride in paying her bills.

5 Ways Working Helps Me Manage My Mental Health Conditions

From: <https://www.umassmed.edu/TransitionsACR/youth-voice/ya-blog-corner2/ways-working-helps-me-manage-my-mh-conditions/>

As someone with lived experience of a mental health condition and chronic illness, I can speak to the benefits of employment. Having a job is not only possible for those of us living with mental health conditions, it also can be a key component to our recovery. Here are five ways that my job has helped me manage my mental health condition and recovery.

1. Being employed has allowed me to develop an identity other than my mental health condition. I used to identify myself a “*client*” or “*patient*,” but now I see myself as a “*Research Assistant*.”
2. My job has given me a sense of meaning and purpose in my life. Therefore, I have the motivation and strength to consistently maintain, and even build upon, my mental health recovery.
3. Work provides a distraction from my racing thoughts, a symptom I previously had trouble managing.
4. I have gained confidence and self-esteem from my job, which I have been able to apply to other areas of my life.
5. Having a mental health condition and chronic illness strips me of control and stability at times. Luckily, I have been able to balance that out by holding a steady job with my current employer for the past eight years. This provides me with structure and consistency, which are both necessary for my personal recovery.

First Ever Double Magnificent Intergalactic MINIATURE Halloween Parade

Halloween was last week, but you can still have a front row seat to watch New York's Village Halloween Parade at <https://youtu.be/3bF7gv2Z0jA>.

Produced by New York's Village Halloween Parade, the first annual online MOVIE event is hosted by Basil Twist's famous Spider puppet, Zohra. This Parade features the puppet work of 30 artists from the history of New York's Village Halloween Parade.

Conceived during a time when other events were finding adaptations of their cancelled events due to Covid, this event is original, unique and stands on its own as an international (indeed, intergalactic: viz. aliens accepted) event of LARGE import, but miniature scale.

These small figures are made by Giants of the puppet world as well as doll makers and costumer designers.

Set against a background created by Broadway Set Designer and Painter, Richard Prouse these "avatars" are displayed against a moving "cranky" image of NYC. They walk past all of NYC's iconic buildings from the Statue of Liberty and the World Trade Center to the Apollo Theater and the Cloisters.

The Mini Parade features Grand Marshall, Pinocchio, along with live commentary by actor Donald Corren to a soundtrack of the On The Lam Band, the Original Halloween Parade band!

Bonus Features

See the puppets up close and in detail on Douglas Baz's Flickr page.

[GO TO PUPPET GALLERY](#)

See a video of the gorgeous backdrop designed by Richard Prouse with music by Photay

[WATCH ON YOUTUBE](#)



If you are experiencing a mental health crisis, BH Link is here for you

BH Link's mission is to ensure all Rhode Islanders experiencing mental health and substance use crises receive the appropriate services they need as quickly as possible in an environment that supports their recovery. Call 911 if there is risk of immediate danger. Visit the BH Link website at www.bhlink.org or for confidential support and to get connected to care:

CALL (401) 414-LINK (5465)

If under 18 CALL: (855) KID(543)-LINK(5465)

Visit the 24-HOUR/7-DAY TRIAGE CENTER at 975 Waterman Avenue, East Providence, RI

Stay Informed with Information on COVID-19

Rhode Island Department of Health COVID-19 Resources

Hotline (401) 222-8022 or 211 after hours;
Email RIDOH.COVID19Questions@health.ri.gov
Website <https://health.ri.gov/covid/>

Center for Disease Control COVID-19 Information

Website cdc.gov/coronavirus
Videos <https://www.cdc.gov/coronavirus/2019-ncov/communication/videos.html>
Includes a link to ASL videos

BHDDH Information on COVID-19's Impact on DD Services and the DD Community

Website bhddh.ri.gov/COVID

RI Parent Information Network (RIPIN)

Website <https://ripin.org/covid-19-resources/>
Call Center (401) 270-0101 or email callcenter@ripin.org

Advocates in Action – for videos and easy to read materials

Website <https://www.advocatesinaction.org/>
Website offers BrowseAloud, which will read the website to you

Sign Up for Our Email List

If you aren't receiving email updates and newsletters from BHDDH, you can sign up on our website. From the main BHDDH page at bhddh.ri.gov, select **What's New**, then go to bottom and click on **DD Community Newsletter**. The link to sign up for the BHDDH Newsletter is directly below the title, as shown in the picture at right.



DD Community Newsletter
SIGN UP FOR THE BHDDH NEWSLETTER

Contacting DD Staff

DDD has put extended hour phone coverage in place with a central business hour phone number and an on-call number for nights and weekends.

If you have a vital need, please call the numbers on the next page. If you have any general questions or concerns, please email them if you can, in order to try to leave the phone lines free for those who need to call. We will do our best to address your questions directly or through future newsletters.

401-462-3421

WEEKDAYS DURING BUSINESS HOURS FOR:

- VITAL, NON-MEDICAL SUPPORT NEEDS
- QUESTIONS ABOUT YOUR DD SERVICES

During business hours
(Monday-Friday 8:30-4:00),
for questions or support
(401) 462-3421
Para español, llame
(401) 462-3014

401-265-7461

AFTER HOURS ON WEEKDAYS FOR:

- VITAL, NON-MEDICAL SUPPORT NEEDS

For emerging or imminent care
related questions,
Mon - Fri 4pm-10pm and
weekends 8:30am-10pm
(401) 265-7461

401-265-7461

ON WEEKENDS FOR:

- VITAL, NON-MEDICAL SUPPORT NEEDS

Send general questions to the
AskDD email address. Please
do not email critical issues.
BHDDH.AskDD@bhddh.ri.gov

E-MAIL THE DIVISION

BHDDH.AskDD@BHDDH.RI.GOV

HELP US KEEP THE PHONE LINES OPEN FOR THOSE WHO ARE CALLING WITH A VITAL NEED!

WHEN POSSIBLE, PLEASE SEND AN E-MAIL FOR:

- NON-CRITICAL CONCERNS about Your Services and Supports
- GENERAL QUESTIONS about Your Services or the RI DD System

**FOR MEDICAL EMERGENCIES
CALL 911
RIGHT AWAY. DON'T WAIT!**

For medical or
healthcare related
emergencies, call
your Primary Care
Physician or 911

CONTACT YOUR DOCTOR

CALL FOR:

- ROUTINE Healthcare Questions
- NON-EMERGENCY Medical Care

FOLLOW YOUR DOCTOR'S ADVICE
DON'T go to their office
unless they tell you to!

Circles of Connections

Now more than ever, people are looking for ways to connect with each other. Join **The Arc Rhode Island** for a safe and easy way to do this with Circles of Connections!



If you're looking for:

1. New friends and an online circle of support
2. A way to learn new things
3. A listening ear, advice, or help navigating complicated systems
4. A way to make sure you are getting all the services and supports you or your family need
5. Advocacy skills to help you live the life you want

Circles of Connections is for you!

People with disabilities, parents and foster parents, siblings, other family members, and allies are all welcome. Participants will be matched based on shared interests and topics.

Groups can help you understand:

- ✓ Adult services
- ✓ Eligibility
- ✓ Transition services
- ✓ Family dynamics
- ✓ Mental health
- ✓ Special education eligibility and advocacy

“In our very first circle meeting Victoria and I began a friendship. We both have fiancé's and both of us have a small business.” - Kerri

“Being a Group Leader means I'm able to meet, hear, and make sure peoples voices are heard.” - DeAnne

How To Join

Signing up is easy. Simply fill out our membership form at ri.thearc.org/circlesofconnections and you will be placed in an online group of 5 – 6 people in your community. You will be led by a Group Leader who is there to encourage friendships, be a resource, and mentor your group.

Start building your Circle and join today!
ri.thearc.org/circlesofconnections



For people with intellectual
and developmental disabilities



Hospital Visitation Guidance Transitioning from Level 2 to Level 3 Updated and Effective November 2, 2020

Nicole Alexander-Scott, MD, MPH, Director of the Rhode Island Department of Health (RIDOH), is recommending that all healthcare facilities re-implement visitor restrictions.

Background

In March 2020, the Director released a *Healthcare Facilities Visitation Policy* in response to the increasing number of patients diagnosed with COVID-19 globally, the patients diagnosed in Rhode Island, and the ongoing influenza respiratory illness season.

The Visitor Policy Guidance for all healthcare facilities was based on a three-level approach to visitation restrictions. Each level becomes increasingly restrictive:

Level 1- Reduce visitation to protect vulnerable populations.

Level 2- Limit visitation hours.

Level 3- No visitation other than those essential to care and who are free of the exclusion criteria in Levels 1 and 2.

At that time, most facilities quickly implemented Level 3 processes and procedures.

In July 2020, because the number of cases of COVID-19 steadily declined, RIDOH transitioned facility visitation from Level 3 to Level 2. This relaxed visitor guidance balanced the desire for patient visitation with the need to protect patients, staff, providers, and visitors.

Unfortunately, in the last few weeks, COVID-19 cases and hospitalizations have been increasing, prompting the Director to re-issue her **strong recommendation that all healthcare facilities transition back to Level 3.**

This action, along with precautions already in place, following the 3 Ws (wear your mask, wash your hands, and watch your distance) and avoiding the 3 Is (situations that are informal, indoors, and inconsistent), can collectively reverse the current trajectory of COVID-19 disease in our state.

Special Circumstances

Special circumstances (end-of-life care, new serious diagnosis, pediatrics, patients with essential support person) may warrant case-by-case exceptions to these recommendations in an effort to meet the needs of patients and their families while maintaining the health and safety of healthcare workers and the general public.

It is important to understand that patients younger than 18 are expected to need a support person at all times, and appropriate accommodations should be considered.

When a support person is essential to the care of a patient with a disability, including patients who have altered mental status, communication barriers, or behavioral concerns (such as patients with intellectual and/or developmental disabilities, dementia, and/or behavioral health needs), accommodations for the patient should be made so that the patient can be accompanied by the support person. The support person can facilitate communication with hospital staff, accessibility, and equal access to treatment and/or the provision of informed consent in accordance with the civil rights of patients with disabilities. A support person may be a family member, guardian, community support provider, peer support specialist, or personal care attendant. In some

instances, there may be a need to permit the designation of two support people to ease the burden on any one individual support person.

Patients with a disability shall be allowed to use assistive technology (e.g., smart phones; tablets; and other communication devices, such as assistive technology and communication boards), to facilitate communication and ensure equal access.

Alternatives to In-person Visits

Visitors are allowed under the above special circumstances. These and other potential visitors are encouraged to use remote visitation via telephones, tablets, and computers to the extent possible. Hospitals may have these available for use by patients, and if so, patients should be told that these devices are available.

Senior leadership should be involved in the decision-making for any exception requests. If members of senior leadership have non-clinical questions related to the exception request, they should call RIDOH's Center for Facilities Regulation at 401-222-2566. For questions about the clinical elements of the exception, they should call RIDOH's COVID Unit at 401-222-8022 Monday through Friday 8:30 a.m. - 4:30 p.m. (after hours and on weekends: 401-276-8046).

These restrictions may change as more information becomes available during this evolving and dynamic COVID-19 response.

Effective November 2, 2020: Visitor Restriction Recommendation is Level 3.

Visitation Level 1: Reduce visitation to protect vulnerable populations.

Anyone who meets the conditions listed below are restricted from visiting staff or patients in the facility:

- Younger than 18
- Feeling sick or having any symptoms or risk factors for COVID-19 including, but not limited to:
 - Cough
 - Shortness of breath or difficulty breathing
 - Fever or chills
 - Muscle or body aches
 - Sore throat
 - Headache
 - Nausea or vomiting
 - Diarrhea
 - Runny nose or stuffy nose
 - Fatigue
 - Recent loss of taste or smell

Visitation Level 2: Limit visiting hours.

For healthy individuals, visiting hours are now limited to a single, three-hour block in the morning and in the evening.

Individuals in the categories below are prohibited from visiting at all:

- Younger than 18
- Feeling sick or having any symptoms or risk factors for COVID-19 including, but not limited to:
 - Cough
 - Shortness of breath
 - Fever or chills
 - Muscle or body aches
 - Sore throat
 - Headache
 - Nausea or vomiting
 - Diarrhea
 - Runny nose or stuffy nose
 - Fatigue
 - Recent loss of taste or smell

Visitation Level 3: No visitation allowed except for those essential to care and who are free of the exclusion criteria in Levels 1 and 2.

Caution: Individuals with underlying serious health conditions, although not strictly prohibited from visiting, may want to utilize an alternative mechanism to connect with the intended patient.