DD Community Forum
Thursday, July 1
3:00 PM – 5:00 PM
on Zoom

Register here:
www.tinyurl.com/JulyDDForum
Hosted by Advocates in Action.

Please submit any questions you have about this event to:
MichelleWhite@AdvocatesInAction.org

Agenda
- Welcoming – DD Director Kevin Savage
- Introduction of BHDDH Director Richard Charest
- Updates
  - COVID
  - Consent Decree
  - Budget
  - Employment
  - Conflict-Free Case Management
  - Self-Direct Changes
  - Transition to Adult Services
  - Housing
- Community Questions

Happy Independence Day!

BHDDH will be closed on Monday, July 5th in observance of Independence Day.

Have a safe and happy 4th of July!
COVID IISPs

For all ISPs with start dates of 8/1/2021 or later, the COVID IISP will no longer be accepted.

If you cannot complete an ISP on time due to an active COVID case or the need to quarantine, please contact Anne LeClerc (Anne.LeClerc@bhddh.ri.gov), Brenda Duhamel (Brenda.Duhamel@bhddh.ri.gov), or Heather Mincey (Heather.Mincey@bhddh.ri.gov) to discuss options.

The original instructions stated that the COVID IISP would expire 90 days after the end of the RI Executive Order 20-02 establishing a state of emergency due to COVID-19. The Executive Order is currently in effect until July 9, 2021.

Due to the length of the state of emergency, now nearly 18 months, we are revising our guidance on the end date of the COVID IISPs. The existing COVID IISPs have been approved for one year, just like regular ISPs. A new plan is required by Medicaid every 365 days, so one year is the longest any plan can be in effect.

While the COVID IISPs can remain in effect for each individual’s full plan year, we strongly recommend that goals and budgets be reviewed and updated as needed. Please remember that the COVID IISP included an assertion that the individual’s goals from the prior plan are still valid. If the goals have changed, a goal needs to be removed, a new goal has been identified, or the budget is being revised, then that will need to be documented. There are two ways to document changes:

1. A new ISP can be done at any time during the plan year.
2. An ISP Amendment may be done listing any changes to the original plan, and can be submitted with a revised Purchase Order.

Both a new ISP or an Amendment will be valid for the remainder of the individual’s plan year.

Bipartisan Policy Center Describes Policy Options for Expanding Medicaid HCBS

The Bipartisan Policy Center has released a brief white paper presenting policy options for the expansion of Medicaid Home and Community Based Services (HCBS). The paper summarizes the results of a private roundtable discussion with experts held by BPC in May of 2021, supplemented by individual interviews. Experts included state-level policymakers, consumer advocates, plans, and providers. The paper discusses the key challenges and opportunities identified by experts in expanding Medicaid HCBS, and outlines options for congressional consideration. The Paper is available at https://bipartisanpolicy.org/report/medicaid-home-community/.
Advocates in Action RI
Rhode Island’s 2021 Statewide Self-Advocacy Conference

On June 24 and 25, Advocates in Action RI hosted the 25th (but first virtual!) Rhode Island Statewide Self-Advocacy Conference, "Hot Topics and Cool Ideas". Advocates in Action would like to extend a BIG thank you to all who attended, all the wonderful workshop presenters, all those who worked so hard to make the Conference happen, and the generosity of previous sponsors and support from the RI Department of BHDDH. Everyone's contribution made the Conference a huge success!

Check out the conference page at https://www.advocatesinaction.org/2021Conference.php. It will be a hub of information and resources shared during the Conference. This web page will be updated frequently throughout the next week or two, so keep checking back! Look for some of these highlights:

- See original artwork from Leah Keith, done in collaboration with those who attended her workshop.

- Hear an original song written by Mark Cutler with the help of the Leadership Series Class of 2021, as well as a song written with the help of those who attended his Friday afternoon workshop.

- Watch recordings of the workshops, and get the PowerPoint presentations and other information shared during the sessions.

- Watch the introductory remarks from BHDDH DD Director Kevin Savage.

- Watch the informative COVID update from Dr. Jim McDonald, Medical Director from RI Department of Health.

Community Appreciation Award

At the conference, Advocates in Action presented the very first Community Appreciation Award to Tina Spears!

Tina is the Executive Director at the Community Provider Network of RI (CPNRI). She's also one of the primary people who is responsible for making sure that members of the RI DD Community received the COVID-19 vaccine as a priority group. So when we tell you that Tina is "a real life saver", we really mean it!
**Bill to Update SSI Eligibility Standards Introduced in House**

The Supplemental Security Income (SSI) Restoration Act would enhance the SSI program by updating the general income disregard to $123 per month, adjusting the earned income disregard to $399 per month, and increasing the resource limits to $10,000 for an individual and $20,000 for a couple. In addition, the SSI Restoration Act would repeal SSI’s in-kind support and maintenance provisions as well as penalties for resource transfers, marriage, and state tax credits. To read the bill or track its progress, go to [https://www.congress.gov/bill/117th-congress/house-bill/3763](https://www.congress.gov/bill/117th-congress/house-bill/3763).

**Freddie Mac to Issue $230 Million for I/DD Housing**

Freddie Mac Multifamily has announced that it will soon issue $230 million in Social Bonds to support 1,267 rental homes across 39 states and the District of Columbia for individuals with intellectual and developmental disabilities. The proceeds from these bonds will help address the significant shortage of community-based homes critical to the “deinstitutionalization” of care for individuals with disabilities. The properties will provide 4,462 beds, approximately 90% being affordable to people with very low incomes making 50% of the area median income.

The funds raised by the Social Bonds will be used to finance affordable housing directly by Freddie Mac or through social impact banks. All projects funded by the bonds are expected to provide affordable housing and to help promote economic opportunities for residents and their communities. Learn more about Freddie Mac’s Social Bonds at [https://mf.freddiemac.com/investors/impact-bonds.html#social-bonds](https://mf.freddiemac.com/investors/impact-bonds.html#social-bonds).

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**Individuals with mental health, intellectual, or developmental disabilities deserve equal housing opportunities.**

Housing discrimination against individuals with mental health, intellectual, or developmental disabilities is illegal. If you believe you have experienced housing discrimination, contact HUD to file a complaint.

Visit [www.hud.gov/fairhousing](http://www.hud.gov/fairhousing) or call the National Discrimination Hotline at 1-800-669-9777 or 1-800-877-8339 (Fed. Relay).
FCC Seeks Comment on Proposed Text-to-988 Rules

The Federal Communications Commission (FCC) recently released a Further Notice of Proposed Rulemaking (FNPRM) inviting public comment on proposed text-to-988 rules.

The FCC designated 988 as the 3-digit number for the National Suicide Prevention Lifeline (Lifeline). Callers can currently reach the Lifeline at 1-800-273-8255 (TALK). Starting July 16, 2022, phone services providers will be required to direct all 988 voice calls to the Lifeline.

This FNPRM asks several questions about text-to-988 for individuals with disabilities, including:

- How important is texting for individuals with disabilities as a way to reach the Lifeline?
- Would newer texting solutions such as real-time text (RTT) make texting to 988 more accessible for individuals with disabilities?
- Should covered text providers be required to send automatic bounce-back messages where text-to-988 service is unavailable?
- When should covered text providers be required to support text-to-988?

Interested parties may file comments by accessing the Electronic Comment Filing System at https://www.fcc.gov/ecfs/filings. All filings must reference WC Docket No. 18-336.

People with disabilities who need assistance to file comments online may request assistance by email to FCC504@fcc.gov.

**Comment Deadline: July 12, 2021**

**Reply Comment Deadline: August 10, 2021**

General information about 988 and the National Suicide Prevention Lifeline is available at https://www.fcc.gov/suicide-prevention-hotline. For further information, please contact Emily Caditz, Competition Policy Division, Wireline Competition Bureau, at (202) 418-2268 or Emily.Caditz@fcc.gov. Individuals who use videophones and are fluent in American Sign Language (ASL) may call the FCC’s ASL Consumer Support Line at (844) 432-2275 (videophone).
Keep Talking About Mental Health

May was Mental Health Awareness Month, but just because May is over does not mean that the conversation around mental health should be over too. 1 in 5 people will experience a mental health condition in their lifetime, but everyone has mental health. Continuing the conversation will help to normalize mental healthcare and end the stigma.

If you missed the kickoff event or any of the workshops offered throughout May, you can still view them on the MHARI YouTube Channel. Learn more about the Intersection of Race, Culture and Mental Health or listen to Patrick Tigue, RI’s Health Insurance Commissioner, discuss taking action to end mental health discrimination in health insurance.

WATCH THE KICKOFF EVENT

Laurie-Marie Pisciotta, Executive Director of the Mental Health Association of Rhode Island
Barbara Morse, Anchor and Health Check Reporter for WJAR
Senator Sheldon Whitehouse, 2021 Mental Health Hero of the Year
Barbara Morse interviews Senator Sheldon Whitehouse, 2021 Mental Health Hero of the Year
Senator Jack Reed
Congressman Jim Langevin
Congressman David Cicilline
Hon. J. Clement Cicilline, President, Board of Directors of MHARI

WATCH THE MAY WORKSHOPS

The Intersection of Culture, Race, and Mental Health
Can We Talk Webinar
Taking Action to End Mental Health Discrimination in Health Insurance
On Being Safe, Seen and Heard: Significance of Safe Places of Healing for BIPOC w/Eating Disorders
Accessing Coverage for Mental Healthcare: Know Your Rights!
Unprecedented Opportunities
to Achieve the Promise of Olmstead

The Acting Administrator of the Administration on Community Living (ACL), Alison Barkoff, released the following blog post on June 22, 2021 discussing the significance of the Omstead ruling and the importance of expanding the HCBS system following the COVID-19 pandemic.

On June 22, 1999, the U.S. Supreme Court issued its ruling in *Olmstead v L.C.*, making clear that people with disabilities have a civil right under the Americans with Disabilities Act to live and fully participate in their communities.

In the opinion explaining that decision, the Supreme Court described the harms caused when people with disabilities are denied that right. First, it devalues and stigmatizes disabled people. The Supreme Court stated that it “perpetuates unwarranted assumptions that persons so isolated are incapable of or unworthy of participating in community life.” Second, it deprives people of many things that are important in life. The Court noted that confinement in an institution “severely diminishes the everyday life activities of individuals, including family relations, social contacts, work options, economic independence, educational advancement, and cultural enrichment.”

I have been advocating for the full inclusion of people with disabilities for most of my life and have been involved in *Olmstead* enforcement activities across the country throughout my career. Although the Supreme Court’s words were written more than 20 years ago, they still ring true. I have seen first-hand the changes in the lives of people when they are given the opportunity – and the supports they need – to live the lives they want in the community. And I have seen how much richer our communities are when everyone is part of them.

We now have an entire generation that was born since the *Olmstead* decision; a generation that has always had the right to live, work and participate in their community. But rights are not always realities. Twenty-two years after the Supreme Court’s ruling, there are still far too many people who could – and want to – live in the community, but who are instead living in institutional settings because of a lack of access to the home and community-based services (HCBS) they need in order to do so.

The COVID-19 pandemic has laid bare the fact that institutionalization of people with disabilities is not only a civil rights issue but also literally a matter of life and death. More than one-third of COVID deaths were in nursing homes and other institutions (and disproportionately institutions that predominantly serve people of color). We lost nearly 200,000 wives, husbands, sisters, brothers, and friends in those institutions, and we know many of them were there because they lacked access to HCBS.

COVID-19 has created a national urgency to expand and strengthen our HCBS system, and we have already begun to see progress. For example:

- The American Rescue Plan included an unprecedented investment in states’ HCBS systems, providing a total of $12.7 billion through an increased federal match that can be used to transition people out of institutions, divert admissions, and serve people on waiting lists. This offers an important opportunity for disability and aging stakeholders to engage with their states on priorities for this funding.

- Congress recently reauthorized and expanded eligibility for the Money Follows the Person program, which helps transition people out of nursing homes and other institutions back to their community, as we described in a recent policy brief. ACL is working with our federal partners at the Centers for Medicare & Medicaid Services (CMS) as they expand the program.
• ACL, CMS and the U.S. Department of Housing and Urban Development are collaborating to address one of the biggest barriers to community living: the lack of accessible, affordable integrated housing. We are partnering to connect housing resources to people who are leaving, or at risk of entering, institutions. This collaboration involves strengthening partnerships between state Medicaid and disability agencies, public housing authorities, and the disability and aging networks. This partnership is more important now than ever, as new housing resources have become available through the American Rescue Plan and other COVID-19 funding packages.

• Perhaps the most significant of all new possibilities is President Biden’s commitment to strengthen the caregiving infrastructure, including his proposal for an additional $400 billion for HCBS through the American Jobs Plan. This is a once-in-a-generation opportunity to strengthen and expand HCBS and move closer to making the promise of Olmstead a reality.

Each day at ACL, we work to ensure that all people with disabilities and older adults have the opportunity to live, work and fully participate in their communities. Today, as we celebrate the Supreme Court’s Olmstead decision and all we have achieved over the last 22 years, we also recognize — and recommit to — the work that still must be done. We are looking forward to working with people with disabilities, their families, and our networks and partners to seize the unprecedented opportunities before us and to finally realize the true promise of Olmstead.

Thriving in a New Normal: Redefining the Future for Older Adults with I/DD

The Third Age Committee of New York State is hosting a three-part webinar series on aging with intellectual and developmental disabilities (I/DD). Each webinar is intended to cover a different topic area to help support people with I/DD as they age.

The cost to attend is $10 per webinar, or $25 for all webinars. Please reach out to NYSThirdAgeCommittee@gmail.com with any questions about the webinars.

Webinar 1: Back to the Future: Ways to Move Forward by Understanding Our Past
- Featuring Kathleen M. Bishop, PhD, Consultant, NTG
- This webinar was held on Tuesday, June 29, 2021 from 12:00 p.m. to 1:15 p.m. ET.

Webinar 2: Medical Decision-Making for Adults with I/DD: How Ethics Can Help
- Featuring Jeanne Kerwin, PhD, Advocacy Officer, International Association for Hospice and Palliative Care, and Jane Boyle, Family Member
- This webinar will be held on Thursday, July 8, 2021 from 12:00 p.m. to 1:15 p.m. ET.
- Click here [r20.rs6.net] to register.

Webinar 3: Support of People With I/DD During the Last Season of Their Life
- Featuring Ruth Benjamin, RN, Director of Nursing, Heritage Christian Services, Inc.
- This webinar will be held on Thursday, August 12, 2021 from 12:00 p.m. to 1:15 p.m. ET.
- Click here [r20.rs6.net] to register.
This month’s theme is all about resilience and understanding how we can build skills that will help us bounce back. We can’t always predict or control what life throws at us, but we can build a range of skills and nurture our resources to help us respond flexibly, effectively.

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The Same Thing Project

The Same Thing Project is a songwriting workshop for people from all walks of life.

Musicians, artists, retired folks, people with disabilities, blue and white collar workers and others participate every week in writing a song.

The Same Thing Project provides a place where you don’t have to be skilled at a musical instrument in order to be musical. The goal is to have a place where someone can be part of a creative community that is open, non judgmental, and encouraging.

The group’s belief is that the world is a better place when people can express themselves in an imaginative way. A society is measured by how much it nurtures its arts and culture. People appreciate the arts more when they themselves take part in creating it (whatever that might be). People are never too old or young to learn something new or to write a song. You can see that spark of inspiration go on in young kids, retired newspaper writers, and the father and son who take lessons so that they can play guitars together. People who take part in The Same Thing Project know the feeling of being in the midst of the creative process. Others in the community are invited to experience it themselves.

The Same Thing Project meets every Tuesday morning, 10:00 AM at The Artists Exchange 82 Rolfe Square Cranston, RI and it’s free and open to everyone!

The same thing project
walks of life collaborations

What happens when you put artists, musicians, folks with developmental disabilities, blue and white collar workers, young and old together and try to write a song? The Same Thing Project provides a beautiful answer. You get tunes that are pithy, sometimes poignant, sometimes funny but always beautiful. Here is a collection of ten songs written by the people who take part in The Same Thing Project called “Walks of Life Collaborations”. They run the gamut, from trying to find the experiences and feelings that people share (Common Ground) to being caught in a love that is terrifying (Scary Love). There are songs about the warmth and safety found in wherever you call home (Home). You’ll find stories about saying goodbye, at least for now (We’re Leaving) and songs about longing to find, “Someone to Love”. These songs are perfect the way they are, with all their humanity and imperfections. Who knows, maybe you’ll write a song with The Same Thing Project sometime. Thanks for listening!
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
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 by clicking the link at left or on our website. Go to https://bhddh.ri.gov/developmentaldisabilities/events/newsandupdates/ to see past quarterly newsletters and issues of DD News.

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

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

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

For medical or healthcare related emergencies, call your Primary Care Physician or 911
DRRI Seeks Individuals Who May be Entitled to Compensatory Education

Have you received a Notice from the RI Department of Education that you may be entitled to compensatory educational services?

Under federal law, students with disabilities are entitled to special education through their 22nd birthday. A recent lawsuit, *K.L. v. Rhode Island Council on Elementary and Secondary Education*, found that Rhode Island Public Schools had violated the law by terminating educational services for students when they turned 21 years old.

In some cases, individuals did not receive a regular high school diploma because their education was terminated prematurely (if you received a certificate, this is not a regular high school diploma).

The decision in the lawsuit requires [r20.rs6.net] that the RI Department of Education correct this mistake and send a Notice [r20.rs6.net] to the individuals who did not receive the education they were entitled to so that they may now receive compensatory education.

Together with Attorneys Sonja Deyoe and Jason Kim, DRRI represents the class members in this case.
Call us!

DRRI is here to talk to you if you received a notice from the RI Department of Education about whether you may be due services under this class action lawsuit.

You may be entitled to compensatory education if you meet the following 3 conditions:

1. You had an Individualized Education Program (“IEP”) prepared by one of the public schools in Rhode Island;
2. Between February 10, 2012 and July 1, 2019, you had your eligibility for services under the IEP terminated before you reached the age of 22; and
3. You did not graduate with a regular high school diploma.

DRRI is your advocate! If you received a notice and meet the above 3 conditions, please call us.*

*If you exited from any public school in the State of Rhode Island prior to turning 22 years of age for any reason other than termination of services by the school district, you are not a member of this Class and this Notice does not apply to you.

contact@drri.org
www.drri.org [r20.rs6.net]
(401) 831-3150

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*Information contained in this email is for informational purposes only and does not constitute legal advice; neither the information contained in this email nor the use thereof by a site visitor creates a contract or an attorney-client relationship; and there is no promise or warranty as to the accuracy, completeness, adequacy, timeliness, or relevance of the information contained in this email or on any site accessible through a hyperlink in this email (including comments/forwards by third parties).
Direct support professionals (DSPs) provide an array of critical supports making it possible for people with intellectual and developmental disabilities (IDD) to live, work, and thrive in their communities. The pandemic has affected this work in many ways. This survey, completed by 581 DSPs from Rhode Island, gathered information about the experiences of DSPs intended to inform efforts to prepare for future waves of the pandemic.

**WAGES**

DSPs reported on their wages before the pandemic and on whether they received extra pay for pandemic-related risks. Many received extra pay, although states and businesses had varying levels of access to additional dollars to compensate essential workers.

- 83% feel their work is appreciated by their organization
- 97% were classified as essential workers

**Mean hourly wage for DSPs before pandemic**

$15.02 (this wage is higher than expected or typical based on previous studies [NCI, 2020])

- 49% received COVID-19 augmentation or bonus pay
- 51% didn’t receive COVID-19 augmentation or bonus pay
- Of those receiving extra pay:
  - 51% a lump sum bonus
  - 5% $0.01-$1.00 per hour
  - 15% $1.01-$2.00 per hour
  - 24% $2.01-$3.00 per hour
  - 5% more than $3.01 per hour
  - 5% didn’t receive COVID-19 augmentation or bonus pay

**SCHEDULES AND STAFFING**

DSPs were asked to report on how the pandemic affected the number of hours they worked, where and when they worked, and how their role may have shifted.

- 51% work more hours per week
- 19% work the same hours per week
- 10% work less hours per week
- 42% work different shifts
- 27% work in different settings
- 44% additional responsibilities/different roles
- 6% furloughed/laid off/unemployed/facility closed
- 11% working remotely/telehealth now
- 3% lived in residence

The locations in which I work have been adequately staffed 56%

If staff where I work display symptoms of COVID-19, they are guaranteed paid time off 50%
SAFETY MEASURES

DSPs were asked to report on the kinds of personal protective equipment (PPE) provided by their employer, whether they had adequate training in using PPE, and other safety measures that were taken.

- **81% gloves**
- **26% purchased fabric face masks**
- **31% goggles/safety eyewear**
- **72% disposable or paper face masks**
- **42% medical-grade face masks (N95)**
- **13% homemade face masks**
- **47% face shields**
- **2% neck gaiters**
- **41% gowns**

I have had an adequate supply of PPE to keep myself and the people that I supervise safe: **82%**

I participated in a training on how to safely use PPE: **74%**

I have had resources about COVID-19 available to me: **92%**

REASONS FOR LEAVING DSP POSITION

The pandemic affected many aspects of peoples’ lives and their ability to work. DSPs reported on reasons that they or their co-workers were no longer working in direct support.

- **testing positive for COVID-19**: **20%**
- **quarantine due to COVID-19 exposure**: **24%**
- **fear of becoming infected**: **21%**
- **childcare issues [e.g. daycare closed]**: **24%**
- **fear of infecting others**: **10%**
- **family reasons [e.g. caring for someone with health issues, homeschooling children]**: **24%**

SOCIAL DISTANCING

DSPs were asked to gauge how well the people they supported were following social distancing measures.

DSP perceptions of social distancing practices of people supported:

- **25% excellent**
- **31% good**
- **14% poor**
- **30% fair**

We have had the space and ability to practice social distancing: **67%**

I have had information to offer to the people to whom I provide support that was conducive to their learning styles: **80%**
IMPACT OF ISOLATION ON PEOPLE SUPPORTED

Many people experienced social isolation during the COVID-19 pandemic. DSPs were asked about the consequences of increased isolation on the people they supported.

- difficulty addressing dietary issues: 18%
- difficulty addressing pain management: 7%
- other health issues: 13%
- decreased exercise: 62%
- missed going out into the community: 85%
- increased behavior issues: 59%
- increased mood swings and/or depression: 59%
- more anxiety: 66%
- boredom: 77%
- loneliness: 52%
- academic concerns: 7%

DEMOGRAPHICS, ROLE, AND SETTING

DSPs self-reported demographic information and the primary setting where they worked.

- American Indian/Native American: 3%
- Asian: 1%
- Black/African American: 11%
- White: 79%
- Another race: 3%
- Two or more races: 2%
- Hispanic: 8%

- 78% female
- Average age: 43 years
- 4% other
- 75% agency/facility sites
- 16% family/individual homes
- 5% community employment

(45% of DSPs reported working in more than one setting)

Please contact Jerry Smith with questions at smith495@umn.edu. View the full report at z.umn.edu/dsp-covid19.

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Providing Support During the COVID-19 Pandemic:
Direct Support Professionals Survey, 12-Month Follow Up

Over the past 12 months, direct support professionals have experienced high risks of infection, financial hardship, and exhaustion. Many have become ill and lost loved ones. The voices of DSPs matter, now more than ever. Show them you care about their wellbeing by passing along this confidential survey. The University of Minnesota’s Institute on Community Integration, in partnership with the National Alliance for Direct Support Professionals, developed this survey to understand the impact of the COVID-19 pandemic on direct support professionals and identify the most effective ways to protect DSPs and the people they support. Please visit z.umn.edu/dsp-covid19-survey to complete the survey.

Please forward this survey to the direct support professionals that you employ, including paid family members. Their answers will be anonymous. National and state-specific results from the survey will be shared widely in September 2021. Two similar surveys of DSPs were conducted by ICI and NADSP and each was completed by more than 9,000 DSPs. Those results are available here. The new survey is for both DSPs who completed the earlier survey and those who did not.

About the RTC-CL and NADSP

The Research and Training Center on Community Living for Persons with intellectual and Developmental Disabilities (RTC-CL) has operated at the University of Minnesota’s Institute on Community Integration since 1976. During this time, it has made many substantial contributions that have positively affected the field and the lives of people with disabilities by developing effective, research-based interventions and creating new knowledge that has influenced practices and policies for increasing community living and participation for people with disabilities. The RTC-CL is funded by the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR), U.S. Department of Health and Human Services.

In 1996, the National Alliance for Direct Support Professional’s ideological founder, John F. Kennedy Jr., wrote “Quality is defined at the point of interaction between the staff member and the individual with a disability.” Given this, NADSP's mission is to enhance the quality of support provided to people with disabilities through the provision of products, services, and certifications which elevate the status of direct support workers, improve practice standards, promote systems reform and, most importantly, advance the knowledge, skills, and values of direct support workers. For more information, please visit www.nadsp.org.