“Back to Different” in Day Programs
Creating Sensible and Sustainable Solutions for DD Day Programs During the Transition Between
Closure and Back to Normal Due to COVID 19
May 2020

It is widely agreed that there will be no “flick of the switch” back to normal from the pandemic. Normal will arrive in fits and starts during which time daily life will continue to include social distancing, masks and thermometers. One of the lessons we have all learned in this pandemic is that lack of preparation results in delayed mobilization. If there are service aspects that can be impacted, it is better to be proactive than reactive.

ABCD believes sensible and sustainable solutions that are tailored to the situation at hand must be implemented for our day programs during the transition period. Categories for consideration include:

• **Round Table.** Establish a work group of DD and agency staff experts in the area of day programs charged to arrive at a workable interim plan. Neither is singularly sufficient to craft a plan that will promote health and safety, continue to prepare individuals to be successful, independent and included, and ensure that the planning, structure and funding are in place.

• **Testing.** The more testing, diagnostic and antibody, the more reliable will be decisions on how to open in a way that accurately reflects risk. By way of example, this information would enable the determination of who and how many may be safely transported in a van; who and how many may safely participate in day program activities in a certain sized room; and whether hours need to be extended to accommodate all participants. This information will also increase staff’s willingness to return to work.

• **Studies.** Combined with testing, studies to analyze the prevalence and deadliness of COVID 19 infection in people with developmental disabilities would help develop rules for social distancing and reopening that are tailored to the situation at hand.

• **Regulations.** Together DOH and NJHA have successfully developed and employed a hierarchy of regulations for hospitals based on the level of emergency/intensity the hospital is experiencing. As with New Jersey’s hospitals, current regulations should be reviewed and may need to be relaxed to protect health and safety while not at odds with the new reality.
• Programs. Unless there are more options for how to maintain distance, day program capacity will be reduced. Consideration should be made to allow for flexibility where individuals would develop a service plan based on a menu of services provided by the agency to include but not be limited to staggered days, after hours, weekends, tele-practice/program, non-traditional settings like “Day Program without Walls,” and in-home.

• Financial. Consider mirroring the model implemented by DOE for schools where providers are paid their full rate not based on the number of hours, but on services/classes provided per individual service plan.

Now is the time to envision the possibilities. We must not leave our day programs to have to figure this out on their own. As we have all learned in the last months, self-sufficiency is a non-solution.