

External Program Review Committee (EPRC) minutes

Date of meeting: November 7, 2019

DSD liaison: Stacie Enders and Linda Wolford

Type: Whole committee

Location: Elmer L. Andersen Human Services Building, Room 2222, 540 Cedar St., St. Paul 55101. Most members of the committee, however, participated through an online video conference line.

Attendees: Mike Boston, Kim Frost, Dan Baker, Lindsay Nash, Stephanie Schaefer, Liz Harri, Jodi Greenstein, Laura Daire, Stacy Danov, Melanie Eidsmoe, Mary Piggott

Not present: Barbara White and Danielle Bishop

Agenda items

- **Vote:** Those in favor of approving the October 2019 meeting minutes:
 - Mike Boston: yes
 - Kim Frost: yes
 - Dan Baker: yes
 - Lindsay Nash: abstain
 - Stephanie Schaefer: yes
 - Liz Harri: yes
 - Jodi Greenstein: yes
 - Laura Daire: abstain
 - Stacy Danov: yes
 - Melanie Eidsmoe: abstain
 - Mary Piggott: yes
- The existing PSR 100 assessment only contains one question related to functional behavior assessments.
 - **Vote:** To recommend to DHS that the PSR 100 assessment be updated with competency-based measures for creating functional behavior assessments:
 - Mike Boston: yes
 - Kim Frost: yes
 - Dan Baker: yes
 - Lindsay Nash: yes
 - Stephanie Schaefer: yes
 - Liz Harri: yes
 - Jodi Greenstein: yes
 - Laura Daire: yes
 - Stacy Danov: yes
 - Melanie Eidsmoe: yes
 - Mary Piggott: yes
- The committee continued their discussion about 911 incident data:

- Review of barriers for people with IDD diagnoses in receiving crisis services: Lindsay called crisis providers to get a sample of barriers for receiving services. While she did not get a chance to call everyone, the sample size she called is likely sufficient. This is what she learned:
 - Mobile crisis services will respond to anyone regardless of diagnoses.
 - Stabilization or short-term in patient crisis services: all the respondents said that when a person is a high risk of self harm or unable to complete activities of daily living, they likely will not serve the person because it is a group setting. They recommended going to the emergency room instead. However, emergency rooms often say behavior problems are not their problem.
- [Person Centered Incident Matrix Manual](#) from St. Louis County:
 - This form was created because law enforcement was looking for a different way to handle calls.
 - It was developed with input from providers, licensing, law enforcement, crisis services, and hospitals.
 - The most effective strategy has been the availability of mobile crisis services and relationships with law enforcement, crisis units, and hospitals.
 - There was a nice focus on psychological wellbeing in the matrix.
- In the Duluth area, increased awareness of Birch Tree mobile crisis services has reduced 911 calls dramatically.
- The number of tools available to providers might be overwhelming.
- Of the 911 BIRFs reviewed, there was not an indication of relationships with crisis services. A large part of the solution for reducing those incidents might be a matter of reaching out and making teams aware of existing regional resources.
- All counties have a crisis line but not all counties have mobile crisis units.
- Most 911 BIRFs report a dual diagnosis of mental illness and intellectual or developmental disability.
- DHS representatives at the meeting agreed to reach out to providers/case managers listed on frequent 911 BIRFs to offer resources and see what they need help with.
- Liz and Lindsay will continue to gather stakeholder feedback to see if additional measures are needed.
- Updates to share
 - The new [Behavior Intervention Reporting Form \(BIRF\), DHS-5148](#), is moving along with developing a secure login portal.
 - The Positive Support Transition Plan documents will need to be publically posted again after additional changes to the instructions and form.
 - Several committee members that work for private organizations have been testing the fidelity checklist tools with their teams, and they provided an update on what is working/not working about the tools.
 - The completed tools gave good information on how staff are running care plans, their mind frame, and if they understand.
 - Some staff were hesitant to do more paperwork but the tools are optional. Some staff really liked the forms.
 - Some reported that the forms were helpful and effective.
 - They gave providers the ability to think critically about the situation.
 - The post intervention checklist needs date and name questions.
 - The committee is ready to publish.
 - We will share on the DHS Positive Supports webpage, send an eList announcement, and recommend when doing case consultation.
 - We will make sure the forms state that the tools are optional, not required.
 - The Requests for Approval subcommittee did more visiting with people and teams, and there is a good chance one provider will no longer need approval soon.

- The EUMR subcommittee also did some visiting with people and teams. The visits were eye opening and fun. It was good to get a picture of how things work at the home. It helps members to think about what things could be helpful to the person. It seems to be helpful to providers too.
- What is going well? What should we change? What have we learned?
 - We love the collaboration. It seems like everyone is positively focused, including the providers we work with. We are seeing much more collaboration which is awesome.
- At the next meeting the committee will continue working on the topics listed above. New topics are also welcome and should be shared with the committee coordinator.