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

• The existing PSR 100 assessment only contains one question related to functional behavior assessments.
  o 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.