

External Program Review Committee (EPRC) agenda

Date of meeting: 2-4 p.m. Oct. 3, 2019

DSD liaison: Stacie Enders

Type: Whole committee

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

Common acronyms used by the committee

We ask committee members to avoid the use of acronyms. Here are common acronyms:

- RA or Request: DHS form 6810D: Request for Authorization of the Emergency use of Procedures
- FBA: Functional behavior assessment
- PSTP: DHS form 6810: Positive Support Transition Plan
- DHS: Minnesota Department of Human Services
- DSD: Disability Services Division
- EUMR: Emergency use of manual restraint
- BIRF: DHS form 5148: Behavioral Intervention Report Form
- IRP: Interim Review Panel (Predecessor to the EPRC)
- CABC: Context, antecedent, behavior, consequence
- PS Manual: DHS form 6810C: Guidelines for Positive Supports in DHS-Licensed Settings
- MDH: Minnesota Department of Health
- CCM: County case manager
- HCBS: Home and community-based services

Agenda items

- Technology
 - We will dedicate the first few minutes to addressing any connectivity issues.
- Public comments
 - We encourage public participants to share their thoughts and ask questions about committee activities at the beginning of each meeting. The committee will continue on to the next agenda item when either 1) 30 minutes have passed or 2) when there are no additional comments or questions, whichever comes first.
- General reminders
 - Before speaking, please state your name.
 - Committee members are expected to:
 - Read the minutes, agenda and supporting documents before each meeting
 - Participate in ideas and conversations, as well as pause to allow others to share input
 - Commit to spending the whole meeting time present and not engage in other activities during the meeting
 - Be on time.

- Vote
 - The committee will discuss the minutes from September and vote.
- Discussion
 - The committee will talk about phase-out plans and positive support transition plans.
 - The committee will continue its discussion about 911 incident data, which will include discussing the possible development of a provider toolkit. Some examples of tools that could go in the kit include:
 - Premise form from St. Louis County
 - Person Centered Incident Matrix Manual from St. Louis County
 - Communication form from Interact
 - Examples of person-centered profiles
 - Unique treatment plan example
 - Safety contract sample
 - Not feeling well guidance document
 - Links to other existing resources, such as the [Jensen Settlement webpage](#)
 - Contact information for crisis services by region
 - Brief overview of service options that might be helpful, such as [Positive Support Services](#)
- Updates to share
 - Progress toward developing a new [Behavior Intervention Reporting Form \(BIRF\), DHS-5148](#)
 - Update on the new Positive Support Transition Plan documents, DHS forms 6810/6810A/6810B/6810C/6810G
 - Requests for Approval subcommittee update
 - EUMR subcommittee update
- Other
 - Committee members will have the opportunity to share information and discuss.
 - What is going well? What should we change? What have we learned?
- Closing
 - The committee will list action steps and topics that members would like to discuss for the next meeting.

External Program Review Committee (EPRC) minutes

Date of meeting: Sept. 5, 2019

DSD liaison: Stacie Enders

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.

Committee members

Present: Dan Baker, Lindsay Nash, Laura Daire, Stephanie Schaefer, Jodi Greenstein, Kim Frost, Michael Boston, Stacy Danov, Mary Piggott, Danielle Bishop

Absent: Melanie Eidsmoe, Barbara White

Agenda items

1. The committee will add the following to the subcommittee manual on reviewing requests for approval:
 - a. Providers who make requests to the subcommittee must be afforded due process. Minn. R. 9544.0130 requires that the subcommittee “base its recommendation upon the documentation provided in accordance with Minnesota Statutes, section 245D.06, subdivision 8, paragraph (c).” Additional information shared with committee members should be done so with the provider’s knowledge and participation. Committee members should avoid discussing one provider with other service providers or external groups/people without giving the provider an opportunity to respond to the outside information. For example, an employee that was recently fired by a provider may email a committee member to complain about that provider, and it may or may not be true.

If a complaint is shared with a committee member, they should notify the coordinator within one week’s time and should not share that information with the rest of the committee. The committee coordinator will route the complaint to other DHS representatives as needed, depending on the nature of the report. If the complaint is closely tied to committee recommendations for a person receiving services, the committee member may individually share the complaint with the provider and request more information, but the information from the provider must be used as the basis for the subcommittee’s recommendation (as opposed to basing the recommendation on the complaint).
2. Vote: Those in favor of approving the August 2019 meeting minutes
 - a. Dan Baker: yes
 - b. Michael Boston: yes
 - c. Lindsay Nash: yes
 - d. Laura Daire: yes
 - e. Kim Frost: yes
 - f. Mary Piggott: abstain
 - g. Stacy Danov: yes
 - h. Jodi Greenstein: yes
 - i. Stephanie Schaefer: yes
 - j. Danielle Bishop: not present for the vote

3. Updates
 - a. The [Behavior Intervention Reporting Form \(BIRF\), DHS-5148 \(PDF\)](#), is back on track and ready again for committee member testing. The project received a timeline expansion and is aiming to be ready by June 2020.
 - b. The new positive support transition plan documents, DHS forms 6810/6810A/6810B/6810C/6810G, are also back on track with 6810 and 6810A almost ready for publication. The other documents will be based on 6810, so those will come next. A webinar about the documents might be helpful to some providers. We could also include the fidelity checklist tools in the presentation. Laura, Stacy and Liz are willing to host the webinar.
4. Information about 911 incident data was provided by Lindsay Nash and Liz Harri.
 - a. Crisis services are underutilized and some disability service providers have been turned away. Liz will research why that is happening and the criteria for those services. If people had access to more crisis services, they might call 911 less often.
 - b. A small number of people account for most of the 911 BIRFs – 16 people.
 - c. Many of the BIRFs DHS receives don't actually need to be submitted.
 - d. We need to look into tools that we can share with providers.
 - e. What systems can be put into place so these folks do not feel like they have to escape? Networking or home modifications might be helpful.
 - f. Liz will collect more information for the October meeting.
 - g. Optional crisis tools and resources will be shared at the October meeting.
5. The committee will continue working to develop optional fidelity (consistency with plan implementation) checklists. The plan going forward is:
 - a. Laura and Liz will do further editing
 - b. Mike, Laura and Lindsay will do some testing at their workplace
 - c. After testing, will bring back drafts to the committee for additional (possibly final) review
 - d. Stacie will format
 - e. DHS Communications will formalize the documents
 - f. Publication:
 - i. Post on the DHS Positive Supports webpage for optional use
 - ii. Send an eList to announce the availability of the new documents
 - iii. Offer a webinar for service providers that includes information on the new PSTP documents
 - iv. Committee members can recommend these resources to providers they are supporting
6. What is going well? What should we change? What have we learned?
 - g. Thank you to Liz, Laura and Lindsay for their contributions to this meeting
7. At the October meeting, the committee will discuss:
 - a. BIRF
 - b. PSTP
 - c. Fidelity checklists
 - d. 911 data

PERSON'S Safety Plan

My one and only job is to keep myself safe!

It is my responsibility to keep myself safe. Sometimes I might need to have support if things get tough. This sheet explains how I want others to help keep me safe. If I want to change anything, I will schedule a meeting to sit down and discuss changes.

Before I am unsafe:

- I will share with staff if something made me upset
 - I can show staff a text message, or have them listen to a voicemail
- I will be willing to let staff help me
 - PERSON would like to approach staff if she needs to talk about something
 - If staff notice something, approach PERSON privately and say, "I've noticed ____, do you want to talk?"
- I will ask for help when I call mom
 - I can go in the office to talk with mom on speakerphone with staff
 - PERSON will let STAFF PERSON know which staff she feels comfortable with
- Find a way to review one positive each day
 - Gratitude is my strength!
 - I will write down something that went good each day

How staff can help:

- When PERSON first wakes up in the morning she either is happy, tired/groggy, or upset from the night before
 - Check in with PERSON if you notice she's not doing well, otherwise PERSON will try to say something.
 - If PERSON says I'm not good, she might walk away - let her walk away and give her space until she comes back
 - When PERSON comes back she is usually willing to talk it through
 - Check in the same way after work if you notice anything

When I am about to be unsafe:

- I can call FAMILY or FRIEND
- I can pull out my toolbox
- I will tell staff I'm in "yellow"
- I forget everything when I feel this upset
 - I may need someone to hand me the toolbox
- I can go to my room to listen to music
- When it is a disagreement with mom:
 - When I am talking with mom, I have a hard time sorting out what is said from my feelings about it
 - I will get someone else involved to help me communicate with mom

- I am in control of accepting help!
 - I can try to go to staff or accept their help
 - I can go to staff right away or wait until I calm down

How staff can help:

- If PERSON says that she is in “yellow” staff will offer help
- Bringing PERSON her toolbox (don’t ask, just hand it to her)
 - Her toolbox is under her c-pap machine
- Not using words to support her (she doesn’t like talking when she is upset)
 - Make help available just by being present!
- Put a picture of her guinea pigs in front of her
- Put something in front of her that might make her happy
- If PERSON is in her room let her listen to her music, and give her space
 - Once her music is turned down, knock on her door and ask how she is doing

After I am unsafe:

- If things go well, PERSON can let team members know!
 - We want to know what PERSON used and what worked!
 - If PERSON was able to turn things around, that is great!
 - This would be initiated by PERSON
- PERSON will review what worked and what didn’t work with a staff that she trusts after using this plan. After PERSON is unsafe:
 - PERSON will rate on a scale of 1-10 how safe she was able to keep herself; 1 is very unsafe, 10 is completely safe
 - Develop an action plan if anything needs to change after PERSON is unsafe

Unique Treatment Plan

Person: PERSON PERSON

Residential Provider: PROVIDER

Prior to the appointment

1. Please explain any procedures in detail to the guardian before the appointment for consent.

During the appointment

1. When explaining procedures to PERSON for assent, keep the language short and simple. Avoid unnecessary questions. Reassure him that he will be OK.
2. PERSON has a diagnosis of autism. Often he does not communicate literally what he means, especially when it comes to describing his own feelings. Please defer to his staff or guardian when they are explaining what his behaviors mean and what PERSON might need in the moment. Signs that PERSON is upset or nervous might be misinterpreted as a psychiatric emergency.

Signs that PERSON is upset or nervous:

What PERSON says	What PERSON means
PERSON might say that he needs to be “locked up” or be admitted to a psych ward.	He feels unsafe, is scared or nervous.
PERSON might say that he is going to have a certain behavior or break something.	He might be mad or feel like you are not listening.
PERSON might say that he is going to go to heaven or talk about other people’s medical procedures.	PERSON is nervous and unsure of what is going to happen. He is trying to reassure himself by remembering that other people are OK after going to the doctor.
PERSON might threaten to harm himself or make other threats that would end the appointment.	PERSON is letting you know that he needs a break. You might have confused or scared him. Do not continue talking to him to calm him down. Defer to staff.

3. PERSON has two PROVIDER staff with him 24 hours a day. PERSON’s staff are highly trained and are aware of the signs that PERSON might be in danger, and when he might be trying to say something.
 4. Limit any instructions to one- to two-step directions. PERSON might become anxious if he is given too much information to process.
 5. Treatment and follow-up instructions should be given to a caretaker in writing so that the team can follow up on recommendations, as PERSON might not reliably report.
1. **Order of contact:**
 - a. PROVIDER staff at PERSON’s home:
 - b. Residential lead
 - c. Guardian
 - d. PROVIDER emergency contact

The undersigned concur with this plan.

PERSON: _____

Legal Rep: _____

Case Manager: _____

Primary Care Physician: _____

Prescribing Psychiatrist: _____

Emergency Department Administrator: _____

Emergency Department Physician: _____

Emergency Department RN: _____

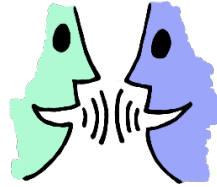
I am feeling sick



or hurt

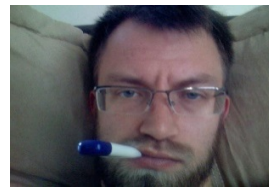


Tell staff



Staff will:

Take your temperature



Check your skin



Ask you about pain



If it is not an emergency, staff will call the nurse and the nurse will give the staff instructions



Staff will call 911 if it is an emergency or take you to the hospital

