

External Program Review Committee (EPRC) minutes

Date of meeting: July 2, 2020

DSD liaison: Stacie Enders and Linda Wolford

Type: Whole committee

Location: Remote only due to the COVID-19 health pandemic

Attendees: Stephanie Schaefer, Kim Frost, Jodi Greenstein, Mike Boston, Dan Baker, Tatiana Kerestesh, Laura Daire, Stacy Danov, Melanie Eidsmoe, Liz Harri

Not present: Mary Piggott, Lindsay Nash, Danielle Bishop

Agenda items

Public comments

There were no public comments during this meeting.

Vote

Those in favor of approving the June 2020 meeting minutes:

- Stacy Danov: yes
- Liz Harri: yes
- Dan Baker: yes
- Kim Frost: yes
- Laura Daire: yes
- Mike Boston: yes
- Jodi Greenstein: yes
- Stephanie Schaefer: abstain
- Tatiana Kerestesh: yes
- Melanie Eidsmoe: yes

Updates to share

- Workforce shortage
 - The [Direct Care/Support Workforce Initiative webpage](#) is currently under review to be updated with new information.
 - People who are direct support professionals are now allowed to accompany people to the hospital and get paid for it.
 - The workforce shortage workgroup is meeting again in July to work on a variety of issues.
 - The Minnesota legislature is still considering a temporary wage increase for personal care aides (PCAs).
 - The employee recruitment and retention toolkit will be published any day now.
- The quality of life questionnaire reviewed by the committee in June will be reviewed by people receiving services and family members, through the Virtual Insight Panel (VIP), before publication.
- The Requests for Approval Subcommittee has seen evidence of a relationship between challenging behavior and people not being able to do things important to them because of Covid-19.

- Community Support Services (CSS) and the Center for Start Services from New Hampshire has also seen this trend.
- Some people are displaying fewer behaviors during this time.
- There has been an increase in suicidality for some people.
- [ARRM](#) reported that many people are feeling bored at home and depressed.
- DHS is offering several presentations on balancing rights and safety during Covid-19.
- The Emergency Use of Manual Restraint (EUMR) Subcommittee will now be offering Technology for Home services to a limited number of people with long histories of EUMR Behavior Intervention Report Forms (BIRFs).

Behavior Intervention Report Form (BIRF) data

- The increasing trend for 911 BIRFs continues to hold true after removing reports that were submitted in error (e.g. incidents where the person called 911 on their own).
- Service suspensions and termination are also trending upwards.
- Committee members could possibly start asking providers if they are considering termination when following up on BIRFs, to be proactive.
- The Culture of Safety project is looking at service terminations and systemic issues, and ways to get ahead of terminations.
- Liz has looked at the number of BIRFs and terminations and found that an increase in BIRFs does not necessarily result in a termination. She also found that the frequency of 911 calls does not correlate to suspensions and terminations.
- DHS continues to search for strategies/methods to get ahead of these.
- DHS has noticed an underutilization and lack of availability in some regions of intervention services such as [positive support](#), [crisis respite](#), and [specialist](#) services. Information about these services was recently shared at a conference with board certified behavior analysts who might be interested in becoming providers. Similar information will be shared across the state later this year.
- DHS has been looking at the process for becoming licensed, to see if there are ways to simplify or speed up the process.

Discussion related to Covid-19

- The committee discussed problems related to Covid-19 and the [Positive Supports Rule, Minn. R. 9544](#). Some people are struggling with being socially disconnected. Strategies we can share with providers include:
 - Rather than banning visitors, have designated places for visits where people can sit apart, there is good air flow with an open window or filtration system, and it is easy to sanitize after each visit.
 - Ask families not to hug during visits.
 - Try to keep a normal routine and keep people engaged so they are not bored.
 - Ask people to wear masks.
 - Some homes may need to limit indoor visits unless medically necessary, but outdoor visits can still be encouraged.
 - Take the temperature of visitors, staff and residents before having visits indoors. While some people will not show symptoms, this could help prevent infection from those who do show symptoms.
 - Try doing virtual visits. Funding is available through multiple services. All providers need to do is involve the case manager, and that person will coordinate things to ensure the person has the necessary technology.
 - Have a visit through the window.
- One of the new [innovation grant](#) categories is “building and strengthening family-to-family connections.”
- Some restrictions have been lifted.
- Everyone is struggling with missing family and friends.