



External Program Review Committee (EPRC): Annual evaluation report [DRAFT]

Positive supports, Strategy 2C

January 2023

Disability Services Division

540 Cedar Street

St. Paul, MN 55101

(651) 508-2321

PositiveSupports@state.mn.us

<https://mn.gov/dhs/partners-and-providers/program-overviews/long-term-services-and-supports/positive-supports/extension-request/eprc.jsp>



For accessible formats of this information or assistance with additional equal access to human services, write to positive supports@state.mn.us or call (651) 431-4300.

Upon request, this material will be made available in an alternative format such as large print, Braille or audio recording.

Contents

External Program Review Committee (EPRC): Annual evaluation report [DRAFT]	1
Contents of this report	3
Acronyms used in this report	3
Actions taken in 2022 to reduce the use of restraint.....	3
Efforts made by committee members	3
Efforts made by license holders	4
Efforts made by DHS.....	4
Data on the use of restraint	4
Recommendations.....	5
Recommendations and activities from 2022.....	5
Recommendations for 2023	8

Contents of this report

The purpose of this report is to evaluate progress made by [245D](#) and [245A](#) license holders on their efforts to reduce the implementation of restraint used to prevent serious injury of people receiving services, due to self-injurious behaviors. This report includes recommendations for the EPRC and DHS on additional measures to be taken to support license holders in reducing the use of restraint.

For additional information about the EPRC, view [the committee's January 2022 annual evaluation report](#).

Acronyms used in this report

- BIRF: DHS form 5148: Behavioral Intervention Report Form
- DHS: Minnesota Department of Human Services
- EPRC: External Program Review Committee
- EUMR: Emergency Use of Manual Restraint
- FBA: Functional Behavior Assessment
- MNIT: Minnesota Information Technology Services
- PSTP: DHS form 6810: Positive Support Transition Plan

Actions taken in 2022 to reduce the use of restraint

Efforts made by committee members

The EPRC continued in 2022 to provide one on one technical assistance to license holders on their efforts to discontinue the use of restraint. Committee members reviewed FBAs, PSTPs, BIRFs, quarterly updates, medication administration records and other documents to evaluate how things were going for each individual. When the committee saw an area for improvement, they provided recommendations to the person's team. For example:

- A committee member noted in reviewing a person's documentation that a PRN medication was not given at the first sign of symptoms, and the staff member waited until the person engaged in self-injurious behavior. The committee member advised reviewing the prescription orders and giving the medication when symptoms first appear, before the person becomes at risk for serious injury.
- A person was displaying mental health symptoms so the committee member recommended further evaluation by a licensed health professional.
- A young adult was not allowed to use any type of technology that could be connected to the web due to past misuse of internet services, and became aggressive towards technology used by staff. The committee member reviewed with the provider the person's rights and gave alternative suggestions, such as using parental controls to block adult websites, providing access to preferred technology that does not require internet connection, supervised computer time, etc.

Committee members reviewed care plans and incident reports, and often followed up with teams at least monthly or quarterly for any person that needed a PSTP. To view when a PSTP is required, see the [PSTP Instructions, DHS form 6810B](#) under the section “What procedures or interventions require a PSTP?”

Efforts made by license holders

The committee noted that license holders seem to be more routinely using evidence-based positive support practices to support people. For example:

- Several providers helped people move when they were not getting along with their roommates or neighbors.
- Teams have explored sensory items, assistive technology and other tools to support individuals.
- Some teams have found success in using visual tools, electronic devices or other forms of communication to help people know what to expect and to give them a voice in their care.
- Many providers requested additional support from licensed health professionals, therapists, positive support providers, education professionals and other specialists when they were unsure about how to support an individual.

Efforts made by DHS

DHS staff took the following actions in 2022 to better support license holders in reducing the use of restraint:

- DHS and the EPRC collaborated to develop a new psychotropic medication manual for 245D licensed providers. The manual draft is currently with the Disability Services communications team for plain language editing, form development and webpage posting. The manual will be publically available in 2023.
- DHS and MNIT staff continued building a new BIRF system. The new system will have a variety of benefits, but will particularly help with reducing restraint by auto-generating data for license holders from their incident reports. For example, license holders will have a dashboard specific to each user that notes when, where and with whom incidents occur, so they can develop positive support strategies specific to those times, locations and staff.
- DHS staff started compiling an inventory of resources currently available for license holders, and will have the EPRC review those resources in 2023 to look for areas of improvement.
- DHS staff on the Community Capacity and Positive Supports Team met with staff who provide enrollment trainings, and discussed ways to better support new license holders. Work was started on an onboarding document for intervention service providers to help them learn about resources and their responsibilities.

Data on the use of restraint

Use of both mechanical and emergency manual restraint continued to trend downwards. As of December 2022:

- Less than 50 people needed a PSTP, which was down from more than 200 people when the EPRC was first created in 2017.
- 6 people had temporary approval from the commissioner for use of mechanical restraint to prevent serious injury from self-injurious behavior. This was down from 28 people in 2014. For additional data on past years, view [the committee's January 2022 annual evaluation report](#).

Recommendations

Recommendations and activities from 2022

The committee reviewed monthly their annual recommendations and discussed if there are any additional steps that could be taken by the committee or others to achieve recommended goals. Here is what the committee noted in 2022 meetings for the committee's five goals:

2022 Goal 1: Technology to support communication

The committee would like to see Technology for Home or similar services available to more people, particularly all people who need additional support with communicating. While technology devices alone can be very helpful to some people, for others, use of technology requires ongoing training, follow up and a hands-on approach to determine the right type. Creativity, flexibility and trying different things has been helpful to teams.

- DHS provided monthly updates to lead agencies, as well as a variety of trainings and resources for multiple audiences on this topic in 2022. For example, one of the monthly announcements to lead agencies gave instructions on how to help people who speak English as a second language access technology. The monthly announcements will be developed into a webpage in 2023.
- All of the people on the committee's mechanical restraint monitoring list were offered this service. However, not all the teams felt the service met the person's individual needs.
- DHS partnered with MN-NEAT to co-host several webinars on this topic ([MN-NEAT: Ask the Expert Webinars](#)).
- Some of the legislative proposals drafted in 2022 for the 2023 session focus on expanding access to assistive technology.

2022 Goal 2: Increased access to telehealth and remote supports

The committee would like to see increased access to telehealth and remote supports, as well as training and assistance when needed to address barriers to or knowledge gaps for using these types of supports. It may be helpful to providers to explore creative ways of using telehealth, particularly in relation to staffing shortages. Use of remote supports might lessen the need for in-person staff, and might help retain staff that would like the option to occasionally work from home. People should be given opportunities to try these supports before making a decision, and teams should collect data during that time to see what does and does not work. Some people prefer more independence and engage in fewer interfering behaviors when given opportunities to be independent.

- In the [June direct support professional \(DSP\) eList announcement](#), DHS shared information about remote supports for that audience as part of a workforce strategy.
- DHS has a webpage on [remote support guidelines](#).
- DHS received a question about barriers to offering positive support services remotely. Information was provided by the DHS Disability Waiver Team:
 - The Centers for Medicare and Medicaid Services (CMS) required Minnesota to include within remote support policy that remote support cannot replace in-person support provided as a core service function. However, there are ways to meet the requirement and be flexible when developing support plans with people.
 - The only services with additional requirements to deliver remote support, such as having in-person support occurring weekly, is [individual community living supports \(ICLS\)](#) and the three [individualized home supports \(IHS\)](#) service options. For the IHS service options, it is stated that the in-person support must be scheduled weekly, not that it must occur. That is intentional to allow for flexibility when in-person support does not occur or is not needed weekly. ICLS uses similar language. All other services with remote support allowed must follow the general requirements as outlined on the [remote support policy page](#).
- DHS sent an eList to lead agencies with tips on how to address remote support and assistive technology liability concerns with providers, after that was indicated as an area of concern by stakeholders.
- DHS policy staff worked on a remote service option to be available for adult day services starting July 1, 2023.

2022 Goal 3: Increase in-person or remote technical assistance

EPRC members will increase their in-person or remote technical assistance with service providers who are using restraint. When determining which approach to take, members will use the least intrusive and most valuable approach to the entire team.

- The committee reviewed DHS policy for in-person work on several occasions.
- The committee developed guidelines for in-person meetings and added those to the committee manuals.
- Committee members offered people and their teams a choice on visits, and followed providers' guidance.
- The committee kept in mind that for people who are medically fragile, bringing in Covid could be dangerous to them.
- Committee members also asked about housemates when doing visits because Covid could impact others in the house as well.
- Committee members called on the day of visits to check that everyone is still healthy and comfortable with the visit.
- The EPRC's mechanical restraint subcommittee offered in-person meetings with all the groups they are working with. The other subcommittee also offered this option to some of the providers they have been working with and have been conducting in-person observations as needed.
- Only some teams were interested in a visit. Others preferred remote meetings.

- EPRC members enjoyed visiting with people again in-person.

2022 Goal 4: Build capacity and skills of qualified professionals who write positive support plans

The committee recommends DHS do what is feasible to build capacity and ensure that qualified professionals are competent to develop and implement PSTPs and other relevant support documents.

- EPRC members routinely offer individual technical assistance to all teams who are required to write PSTPs. All PSTPs submitted to DHS are reviewed, and individual recommendations for improvement are provided as needed.
- DHS continues to explore options for translating materials. The high volume of materials, paired with relatively frequent updates to materials, and subsequent high costs are primary barriers.
- DHS offered a few group trainings on how to do PSTPs. However, none were recorded. DHS or the EPRC could do them again, record and post them on DirectCourse.
- The DHS Community Capacity and Positive Supports (CCPS) Team, in partnership with the EPRC will be working on an inventory of trainings by topic, to see where there might be training gaps on subjects like functional behavior assessments, rights restrictions, etc. In 2023, the CCPS Team will bring that list to the committee for review, to see what the committee recommends for adding to the inventory.
 - Since there is approximately a 40% annual turnover rate with direct support professionals, the CCPS Team will intentionally record trainings going forward so they are easily available to new workers.
 - With this project, DHS will be thinking about how to make the materials easily accessible to providers and well known.
 - The committee will make this project a reoccurring agenda item over the next year.
- DHS is looking at the possibility of merging crisis, positive support, and specialist services to make those services more available to a wider audience of people, to make them easier to understand, and to ensure providers implement necessary supports in crisis settings. DHS is also exploring funding issues with those services. A legislative proposal has been submitted for the 2023 session to request funding for this project.
- The committee took note of related trainings offered by external organizations.

2022 Goal 5: Examine barriers to successful implementation of positive behavior supports

The committee recommends that DHS look at existing studies, or conduct a study if needed, on barriers that prevent the development and successful implementation of effective positive behavior supports as they relate to positive support plans.

- Throughout 2022, the committee received monthly updates from DHS on efforts to address the direct care workforce shortage, since that was reported by license holders as a common barrier to implementing supports for cases followed by the EPRC.
- DHS continues to examine and collect data on barriers to implementation through the [Culture of Safety critical incident review](#) initiative.

- If the positive support, crisis and specialist services modernization proposal is approved by the legislature as written, it will provide funding for community outreach, including to underrepresented groups. Stakeholders will be asked about barriers to positive behavior supports and their recommendations for addressing those barriers. The proposal suggests exploring service capacity, streamlined training requirements, more consistency across intervention services, competitive rate structures, etc.
- The upcoming survey by the [University of Minnesota Institute on Community Integration](#) will also collect information on this topic.
- Based on feedback from Positive Support Service providers on barriers to their work, information about a free positive support training resource for direct care professionals was added to the [Community-Based Services Manual \(CBSM\) Positive Support Staff Levels page](#).

Recommendations for 2023

The committee recommends DHS and committee representatives work towards the following goals in 2023 to reduce the use of restraint:

2023 Goal 1: Provide resources and guidance for improving communication skills

The committee recommends expanding their 2022 goal related to communication. The new goal is to share existing or create new resources or materials for teams on how to support people with developing additional communication skills. The target audiences for this goal are service providers, lead agencies, direct care professionals and families because all members of the team have a role in supporting effective communication. Additional communication skills can be helpful in giving people greater control over their services and improving health outcomes. Many people who fall within the EPRC's purview, due to use of restraint by license holders, need support with developing additional communication skills.

2023 Goal 2: Simplify and organize online DHS materials and training resources related to positive supports or intervention services

There are many materials related to positive supports online, but the materials are scattered and numerous, and it can be unclear to service providers where to find information. There are also some gaps in the information. The committee recommends:

- Reviewing all DHS-owned positive support materials and related topics
- Organizing the materials by topic and grouping related materials in fewer locations to reduce search times
- Identifying the most helpful materials, and removing less helpful materials to reduce clutter
- Identifying gaps in resources, and developing new materials as needed to fill those gaps

The goal of this project is to provide clear and easily accessible guidance to providers so they have the tools and knowledge they need to support people using services with living their best lives.

2023 Goal 3: Explore ways to improve access to positive support services

Waitlists for positive support services continue to be long, often taking several months to start services. This can be a safety concern for people and their teams when the person is engaging in serious aggressive or self-injurious behaviors. The committee recommends DHS continue working towards increasing positive support service capacity.

2023 Goal 4: Support efforts to improve the direct care workforce shortage

While many people have quality positive support plans, it can take months or even years to find positive support specialists or other direct caregivers to implement the plans or to provide general care. Additionally, turnover in these positions is common. As noted for 2023 Goal 3, this can be a safety concern for people and their teams. The committee recommends DHS continuing to support efforts to address the direct care workforce shortage, particularly efforts to improve wages and benefits for workers that reflect the complexity and skill needed to do the job well.

2023 Goal 5: [Any additions?]