

Jensen Settlement Agreement Comprehensive Plan of Action (CPA)

March 2019 Summary Report



Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Table of Contents

Introduction	7
Background	7
I. DHS Internal Compliance Oversight Structure.....	8
Quality Assurance and Disability Compliance Services.....	8
Jensen/Olmstead Quality Assurance and Compliance Office (JOQACO).....	8
Quality Assurance and Disability Compliance (QADC) Services	8
Independent Compliance Oversight and Verification Process	9
DHS Internal Compliance Structure	10
Quality Assurance Leadership Team (QALT)	10
External Program Review Committee (EPRC)	11
Jensen Internal Reviewer	12
Independent Subject Matter Experts	13
II. Class Member Updates.....	14
A. Class Member Summary	14
i. Class Member Names.....	14
ii. Class Members who have died since December 2011.....	14
iii. Class Members whose Whereabouts are Unknown	15
B. Impact Analysis for Class Members Living in Minnesota.....	16
i. Case Manager Data Request Process	16
ii. Class Member Names.....	17
iii. Class Member Residences from December 2011 through 2018	17
iv. Day Programs or Employment Programs from December 2011 through December 2018	18
v. Investigation Memorandums with Summary of Incidents and Findings from December 2011 through December 2018.....	18
vi. Arrest Records, Summary of Charges, and Current Disposition from December 2011 through 2018.....	19
vii. Class Members Placed at Anoka or MSH-St. Peter from December 2011 through December 2018	19
viii. Class Member Behavior Intervention Reporting Forms from December 2011 through December 2018.....	19
ix. Interventions Employed by Successful Life Project.....	20
x. Summary of Person-Centered Planning or Transition Plan	21
xi. Person's Current Placement and any Concerns	24
xii. Other Information about Class Members Relevant to the Settlement Agreement	25
III. Evaluation Criteria Updates.....	25
A. ECs Subject to Semi-Annual or Annual Reporting	27
A.1 ECs Subject to Semi-Annual Reporting	27
Evaluation Criteria 2	27
Evaluation Criteria 3	34
Evaluation Criteria 39	37
Evaluation Criteria 41	41
Evaluation Criteria 47	44
Evaluation Criteria 48	45
Evaluation Criteria 49	52
Evaluation Criteria 50	54

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Evaluation Criteria 51	58
Evaluation Criteria 52	63
Evaluation Criteria 53	67
Evaluation Criteria 64	68
Evaluation Criteria 67	69
Evaluation Criteria 68	77
Evaluation Criteria 69	83
Evaluation Criteria 70	85
Evaluation Criteria 71	88
Evaluation Criteria 72	90
Evaluation Criteria 73	92
Evaluation Criteria 74	94
Evaluation Criteria 75	96
Evaluation Criteria 76	98
Evaluation Criteria 77	99
Evaluation Criteria 78	100
Evaluation Criteria 79	101
Evaluation Criteria 93	102
Evaluation Criteria 98	108
Evaluation Criteria 103	123
A.2 ECs Subject to Annual Reporting	124
Evaluation Criteria 1:	124
Evaluation Criteria 4:	134
Evaluation Criteria 38	136
Evaluation Criteria 45	139
Evaluation Criteria 46	140
Evaluation Criteria 54	140
Evaluation Criteria 55	143
Evaluation Criteria 56	146
Evaluation Criteria 57	148

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Evaluation Criteria 58	149
Evaluation Criteria 59	151
Evaluation Criteria 60	153
Evaluation Criteria 61	155
Evaluation Criteria 62	156
Evaluation Criteria 65	156
Evaluation Criteria 66	159
Evaluation Criteria 80	161
Evaluation Criteria 81	162
Evaluation Criteria 83	163
Evaluation Criteria 84	164
Evaluation Criteria 89	164
Evaluation Criteria 90	166
Evaluation Criteria 91	171
Evaluation Criteria 92	172
Evaluation Criteria 94	173
Evaluation Criteria 96	174
Evaluation Criteria 100	175
Evaluation Criteria 101	176
B. ECs Subject to Exceptional Reporting	177
Evaluation Criteria 5	178
Evaluation Criteria 6	179
Evaluation Criteria 7	181
Evaluation Criteria 8	182
Evaluation Criteria 9	183
Evaluation Criteria 10	184
Evaluation Criteria 11	185
Evaluation Criteria 12	187
Evaluation Criteria 13	188
Evaluation Criteria 14	189

Jensen Settlement Agreement Comprehensive Plan of Action
 March 2019 Summary Report

Evaluation Criteria 22	190
Evaluation Criteria 23	192
Evaluation Criteria 24	193
Evaluation Criteria 25	194
Evaluation Criteria 28	196
Evaluation Criteria 29	197
Evaluation Criteria 30	198
Evaluation Criteria 32	199
Evaluation Criteria 33	200
Evaluation Criteria 35	201
Evaluation Criteria 36	202
Evaluation Criteria 40	203
Evaluation Criteria 82	204
C. ECs Not Included in the February 22, 2016 Order	206
Evaluation Criteria 15	207
Evaluation Criteria 16	208
Evaluation Criteria 17	209
Evaluation Criteria 18	209
Evaluation Criteria 19	210
Evaluation Criteria 20	211
Evaluation Criteria 21	212
Evaluation Criteria 26	212
Evaluation Criteria 27	213
Evaluation Criteria 31	214
Evaluation Criteria 34	215
Evaluation Criteria 37	216
Evaluation Criteria 42	217
Evaluation Criteria 43	218
Evaluation Criteria 44	218
Evaluation Criteria 63	218

Jensen Settlement Agreement Comprehensive Plan of Action
 March 2019 Summary Report

Evaluation Criteria 86	219
Evaluation Criteria 87	220
Evaluation Criteria 88	220
Evaluation Criteria 95	222
Evaluation Criteria 99	222
Evaluation Criteria 102	224
Evaluation Criteria 104	224

Listing of Tables

Table 1: Degree person-centered-planning or transition plan meets the elements in JSA and CPA	22
Table 2: Monthly Summary of DHS 3654 Forms Completed.....	39
Table 3: Jensen Internal Reviewer Training.....	42
Table 4: Minnesota Life Bridge Person-Centered Thinking/Training Facilitator – 2018 Professional Development Activities	56
Table 5: Minnesota Life Bridge Person-Centered Thinking/Training Facilitator – 2018 PCT trainings.....	57
Table 6: CSS Collaborative Meeting.....	91
Table 7: Status of Therapeutic Follow-up Group Members	110
Table 8: Living Arrangements of TFU Members Receiving State-Funded Services	110
Table 9: Successful Life Project Behavior Analyst Supports and Services	114
Table 10: Successful Life Project Nursing Supports and Services	114
Table 11: Living Arrangements of Persons Receiving Successful Life Project Supports	116
Table 12: Successful Life Project Provider Training Sessions during the Reporting Period	120
Table 13: Community Activities Engaged in (E) or Discussed but Declined (D)—September 2018	127
Table 14: Individualizing/Personalizing Areas of the Home	128
Table 15: 2016, 2017 and 2018 Person-Centered Plan Life Area Reviews	131
Table 16: CSSP/CSSP-A Reviews	132
Table 17: 2018 Emergency Use of Manual Restraint (EUMR) Related Incidents	137
Table 18: Minnesota Life Bridge Training Opportunities	141

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Introduction

Background

The Jensen Settlement Agreement (JSA) (Doc. No. 136-1) is the result of a lawsuit filed against the Minnesota Department of Human Services (Department) in 2009, which alleged that residents of the former Minnesota Extended Treatment Options (METO) program were unlawfully and unconstitutionally secluded and restrained. The Jensen Settlement Agreement (JSA) allowed the Department and the Plaintiffs to resolve the claims in a mutually agreeable manner. The Comprehensive Plan of Action (CPA) (Doc. No. 283) is the implementation plan for the JSA. (See Doc. No. 284 at 2.)

The Department created this report in response to the Court's January 4, 2019, Order (Order) (Doc. No. 707), which requires Defendants to submit one Summary Report adhering to the specifications described in the Order in lieu of the Jensen Settlement Agreement Comprehensive Plan of Action Semi-Annual and Annual Compliance Reports that were due on February 28, 2019, and March 31, 2019, respectively.

The Summary Report includes the following three sections and follows the format set out in the Order:

- I. DHS Internal Compliance Oversight Structure
- II. Class Member¹ Updates
- III. Evaluation Criteria Updates

For Section III (Evaluation Criteria Updates), Quality Assurance and Disability Compliance Services (QADC Services) developed content from information submitted and verified by parties identified as being responsible for Evaluation Criteria. The Responsible Party for each Evaluation Criteria is identified by title.

QADC Services completed additional verification and analysis of the information submitted by the Responsible Parties. QADC Services' compliance monitoring and verification process is explained in more detail below. The update for each Evaluation Criteria in this report includes a description of the verification efforts specific to that Evaluation Criteria.

¹ Class Members are defined as, "All individuals who were subjected to the use of any aversive or deprivation procedures, including restraints or seclusion while a resident at the Minnesota Extended Treatment Options Program at any time(s) from July 1, 1997 through May 1, 2011. Settlement Class or Class Member does not include any individual who has properly and effectively requested exclusion from the Settlement Class." (Doc. No. 136-1 at 23.)

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

In accordance with the Order, each Evaluation Criteria update also includes an assessment as to whether each Evaluation Criteria has been met (Doc. No. 707 at 12).

I. DHS Internal Compliance Oversight Structure

Quality Assurance and Disability Compliance Services

As required by the Comprehensive Plan of Action, the Department established the Jensen Implementation Office in 2014 to manage and coordinate the CPA. While the primary responsibilities of the Jensen Implementation Office have continued to include management and coordination of the Jensen Settlement Agreement and CPA obligations, over the past four years, the responsibilities of the Jensen Implementation Office have evolved. The Jensen Internal Reviewer is part of the Jensen Implementation Office.

Jensen/Olmstead Quality Assurance and Compliance Office (JOQACO)

In 2016, the Jensen Implementation Office moved to the Department's Compliance Office and was renamed the Jensen/Olmstead Quality Assurance and Compliance Office (JOQACO). (See Doc. No. 589 at 5.) The organizational and name changes for JOQACO were accompanied by a shift in focus from implementation and coordination to quality assurance and compliance monitoring and measurement. Consistent with this new focus, JOQACO developed enhanced verification protocols and expanded the Jensen Internal Reviewer responsibilities.

Quality Assurance and Disability Compliance (QADC) Services

In August 2018, the Jensen/Olmstead Quality Assurance and Compliance Office was renamed Quality Assurance and Disability Compliance (QADC) Services to better reflect its involvement with compliance and quality assurance activities that are additional to its obligations under the Jensen Settlement Agreement. QADC Services is built on the successes of the Jensen Implementation Office and JOQACO and include the following:

- Completing special reviews and reports in a variety of settings;
- Conducting assessment and data analysis of positive supports efforts to identify positive supports compliance trends, gaps, opportunities for improvement, risks, and future needs;
- Assisting the Department's Compliance Office with conducting compliance and audit readiness activities to provide assurances that federal and state positive supports regulations and requirements are being met;
- Providing model demonstrations and training on positive support implementation, data collection, wellness, and other related topics;
- Participating in Root Cause Analyses;
- Providing technical assistance on designing individualized supports around likely areas of behavioral risk including substance abuse; and
- Developing informational resources on evidence-based practices in positive supports.

Jensen Settlement Agreement Comprehensive Plan of Action
 March 2019 Summary Report

QADC Services staff includes both administrative staff and the Successful Life Project.² QADC Services administrative staff includes four full-time professionals and one full-time support staff, as required by the CPA. (See Doc. No. 283 at 1.) The full-time professionals include a director, analyst, data analyst and the Jensen Internal Reviewer. In June 2016, the Department assigned an attorney to the office as well.

The Successful Life Project became part of JOQACO in April 2016. (See Doc. No. 589 at 58.) Successful Life Project staff currently includes the Successful Life Project supervisor, board-certified behavior analysts, a registered nurse and a licensed social worker.³ The Jensen Internal Reviewer provides clinical oversight of Successful Life Project board-certified behavior analysts.

Independent Compliance Oversight and Verification Process

In previous reports (e.g., Doc. Nos. 589, 614-1, 621, 643, 676, 683 and 700), the Jensen Olmstead Quality Assurance and Compliance Office (JOQACO) reported on the development of a multi-approach process to continuously monitor compliance with the JSA and CPA, address identified areas for improvement, and verify information submitted to JOQACO and reported to the Court. JOQACO began to implement these compliance monitoring and verification activities in preparation for the August 2016 Semi-Annual Report (Doc. No. 589).

QADC Services continues to use this process, now fully developed, implemented and exercised independently within the Department, in preparation for all subsequent reports, including this report. Under this process, program areas conduct their own monitoring activities and verification of compliance with the JSA and CPA. QADC Services then coordinates and oversees these compliance efforts by receiving regular compliance updates from the program areas, which include an explanation of the program area's compliance verification and monitoring efforts; reviewing the updates for compliance concerns and issues that require additional follow-up; and conducting independent compliance and verification reviews.⁴ QADC Services' independent compliance and verification reviews include the following activities:

² The Successful Life Project provides consultation, services and supports to the persons in the Jensen Settlement Therapeutic Follow-up Group and their teams to help prevent re-institutionalization and other transfers to settings that are more restrictive and to maintain the most integrated setting.

³ The Successful Life Project Social Worker holds a Master of Social Work (MSW) and has over 10 years experience supporting people with development disabilities, chemical dependency issues, mental health challenges, and housing and employment needs. She started work on February 19, 2019.

⁴ A review of the Olmstead Implementation Office's verification protocols shows that QADC Services' independent compliance and verification protocols provide several additional layers of verification.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

- On-site compliance reviews involving client interviews,⁵ observation, and document reviews;
- Interview of staff and external parties (e.g., case managers, providers, and family members or guardians) for a random sample of clients to evaluate programs and services that do not operate out of a single site—such as mobile support services provided by Community Support Services; and
- Review of key documents, treatment records and data from the programs areas. This includes review of program area policies, client person-centered plans (referred to at Minnesota Life Bridge as “Person Centered Descriptions/Plans”) and transition plans (referred to at Minnesota Life Bridge as “Transition Summary and Plan”), case notes, training records and curricula, databases and required notifications.

The Successful Life Project has developed a consultation model for effectively providing services and reducing incidents. The consultation model is needs-based and ensures individuals receive supports at the appropriate tier and level of support, which has improved the ability to focus efforts where needed.

Through QADC Services’ independent oversight and verification system, the Department is identifying and addressing issues before they become compliance concerns. While this process is fully developed and implemented, QADC Services continues to monitor for necessary refinements, including the frequency and content of updates for specific Evaluation Criteria (EC) from program areas to QADC Services. The compliance monitoring and verification efforts conducted by program areas and QADC Services, as well as the information obtained through these efforts, are explained in more detail in the status updates for the relevant ECs.

DHS Internal Compliance Structure

In the Gap Report dated February 2, 2016, the Department detailed DHS’s internal structure to oversee compliance with the Jensen Settlement Agreement (Doc. No. 531 at 5-7). Since the Gap Report, the Department’s internal structure to oversee compliance with the JSA has been refined, as explained in Department Compliance Reports issued after the Gap Report (Doc. Nos. 553-1, 589, 614-1, 621, 643, 676, 683 and 700). The various components included in the DHS Internal Compliance Structure are described below.

Quality Assurance Leadership Team (QALT)

In 2015, the Department drafted a Performance Management and Quality Improvement Framework for People with Disabilities to provide an agency-wide structure to monitor the quality of programs and services provided to people with disabilities. The Department’s Quality Assurance Leadership Team began meeting in January 2016. The purpose of the Quality Assurance Leadership Team is to

⁵ To assure compliance with applicable regulations and Department policies regarding interaction with clients, JOQACO, as previously reported, worked with the Department’s Institutional Review Board to obtain authorization and develop a protocol for interviewing Minnesota Life Bridge residents. (See Doc. No. 614-1 at 6, n.3.)

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

create a structure for divisions from across the Department to work together to achieve quality outcomes for people with disabilities. The Quality Assurance Leadership Team provides DHS with an oversight body to monitor the quality of the programs and services provided to people with disabilities and to examine the mechanisms by which these programs and services are delivered. The Quality Assurance Leadership Team is not a goal or requirement of the Jensen Settlement Agreement or Comprehensive Plan of Action.

The Quality Assurance Leadership Team continues to operate as described in previous reports, meeting on a monthly basis to monitor the quality of programs and services provided to people with disabilities across the Department. (See, e.g., Doc. No. 589 at 11-12; Doc. No. 553-1 at 5-6; and Doc. No. 700 at 9.) In late 2018 and early 2019, and given the growing administration interest in systemizing sustainable quality work, the Quality Assurance Leadership Team initiated an updated process for identifying priorities. Staff will conduct annual qualitative interviews with each administration and any other identified key groups to gather feedback and input for calendar year priorities.

Effective January 31, 2019, the Department's new Commissioner began sponsorship of an updated 2019 charter reflecting the new administration and refined annual review process.

External Program Review Committee (EPRC)

The Positive Supports Rule mandated the formation of an External Program Review Committee (Minn. Rule, part 9544.0130). The Department's fully implemented External Program Review Committee monitors the implementation of the Positive Supports Rule and is responsible for reviewing reports of emergency use of manual restraint and providing guidance to license-holders about their response to the emergency use of manual restraint and requests for emergency use of procedures, including mechanical restraints. To become a part of the committee, members must be experts on the use of positive support strategies as alternatives to the use of restrictive interventions. Current committee members hold a wide range of credentials and include several mental health professionals as defined in Minn. Stat. § 245.462, several licensed health professionals as defined in Minn. Stat. § 245D.02, subdivision 14, and a representative from the Department of Health.

The entire committee meets on a monthly basis to discuss any public business the committee might have. These meetings cover a range of topics, but one example of their work is the development of checklists that providers can use to evaluate the quality of Positive Support Transition Plans and functional behavior assessments.

A subcommittee of the External Program Review Committee meets on a monthly basis to review progress and challenges of reducing the emergency use of manual restraint. Committee members review Behavior Intervention Reporting Forms, Positive Support Transition Plans, and other documents for people who have been manually restrained four or more times in the last six months (not including people who are receiving equivalent support from other DHS teams, such as the Successful Life Project and Community Support Services). When committee members see areas for improvement in a person's plan, they follow up with expanded support teams to provide guidance.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Committee members also travel statewide to meet in person with support teams and service recipients as needed. Over the past year, the frequency of emergency use of manual restraint with the people the subcommittee has been monitoring has decreased. This data reflects many successes with improving supports, as well as some deaths and service terminations.

Another External Program Review Committee subcommittee meets on a monthly basis to review requests for emergency use of procedures and make a recommendation to the commissioner to approve or deny. Requests include:

- Emergency use of prohibited procedures that have been part of an approved positive support transition plan when necessary to protect a person from imminent risk of serious injury as defined in Minn. Stat. § 245.91, subd. 6, due to self-injurious behavior and makes recommendations to approve or deny provider requests to utilize emergency procedures including mechanical restraints beyond the 11-month phase out period established by Minn. Stat. § 245D; and
- Use of a prohibited procedure that is not specifically permitted by Minnesota Rules, part 9544.0050, or specifically prohibited by Minnesota Rules, part 9544.0060.

The External Program Review Committee includes in their review the criteria established in Minnesota Rules, part 9544.0130. The commissioner's delegate reviews the recommendations and grants or denies approval for emergency use of procedures on a case-by-case basis. The length of approval ranges from 60 days to one year. As a part of its review of requests, the External Program Review Committee evaluates progress and provides guidance to providers to support reduction efforts. The External Program Review Committee also conducts in-person meetings with every provider that receives approval, including the service recipient and expanded care team when they are willing to meet with committee members.

As of December 31, 2018, 11 individuals had approvals for the emergency use of procedures. Approved procedures include the use of seat belt restraints, which support individuals in having access to community activities, in accordance with the Olmstead decision. Additional procedures include limited restraints designed to address imminent risk of substantial harm including death. The External Program Review Committee requires ongoing data submissions and provider reduction efforts. Approvals often contain recommendations and conditions targeting reduction efforts. Additional information on the External Program Review Committee is available on the Department's website.⁶

Jensen Internal Reviewer

The current Jensen Internal Reviewer joined the Department on December 1, 2015. In addition to specific responsibilities outlined in the Jensen Settlement Agreement and Comprehensive Plan of

⁶ External Program Review Committee webpage: <https://mn.gov/dhs/partners-and-providers/program-overviews/long-term-services-and-supports/positive-supports/extension-request/eprc.jsp>

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Action, the Jensen Internal Reviewer provides independent and objective assurance, advisory, and investigative services to the Department to improve the organization's operation. Areas of emphasis include ensuring:

- Positive supports used where appropriate;
- Positive supports consistent with professionally-accepted best practices;
- Different intervention methodologies utilized under the positive supports framework;
- Internal review and evaluation of applicable program areas responsible for compliance with the Jensen Settlement Agreement and reporting to the United States District Court;
- Advice and guidance related to positive supports goals and strategies as set forth in Minnesota's Olmstead Plan; and
- Promotion of innovation in the delivery of positive supports.

The Jensen Internal Reviewer also provides clinical direction to the Department in the design, development and monitoring of improved delivery systems and clinical processes to change current treatment programs in alignment with the goals and requirements of the Positive Supports Rule, positive behavior supports, person centered culture, related rules/policies/practices, and best practices.

As requested by Quality Assurance and Disability Compliance Services, Senior Counsel, or the DHS Senior Leadership Team, the Jensen Internal Reviewer also completes special reviews and reports on class members, non-class members affected by the Jensen Settlement or other people with intellectual and developmental disabilities and other disabilities receiving services from the Department.

Independent Subject Matter Experts

In July 2016, the Department identified eight Subject Matter Experts (SMEs) to assist the Department in bringing significant improvements to the care and treatment of persons with developmental disabilities, as outlined in the Jensen Settlement Agreement (Doc. No. 589 at 10–11; Doc. No. 614-1 at 6; Doc. No. 622 at 6; Doc. No. 643 at 6). Identification of the need for an Independent Subject Matter Expert review can be generated from internal or external sources: internally, by request of the Commissioner, Compliance Office, Department-wide Quality Assurance Leadership Team, Jensen Internal Reviewer, or QADC Services; and externally, by request of parties, including Plaintiffs' Class Counsel and the Consultants (Doc. No. 614-1 at 6-7).

In December 2016, JOQACO (now QADC Services) initiated the procedure for an Independent Subject Matter Expert review related to the requirement in EC 90 for integrated vocational options. (See, Doc. No. 621 at 56; Doc. No. 643 at 6.) The Independent Subject Matter Expert developed recommendations to guide Minnesota Life Bridge in providing integrated vocational options to residents in a more coordinated and systematic manner. JOQACO (now QADC Services) received the Independent Subject Matter Expert's final report and recommendations in June 2017. With guidance from JOQACO (now QADC Services) and the Jensen Internal Reviewer, Minnesota Life Bridge has implemented the Independent Subject Matter Expert's recommendations (Doc. No. 683 at 48–49).

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

II. Class Member Updates

A. Class Member Summary

i. Class Member Names

The original group of Jensen Class Members⁷ included 312 people. See Attachment 1 for the names of these 312 people. Of the original 312 class members, 37 class members are deceased. See Attachment 2.

ii. Class Members who have died since December 2011

Twenty-three class members have died since December 2011. See Attachment 3 for the name, date of death and cause of death⁸ for these 23 class members. QADC Services was able to verify the cause of death for all but two individuals [REDACTED]

QADC Services obtained information on the death of Jensen Class Members through multiple sources including:

1. Phone calls, emails and surveys with case managers or county staff;
2. Medicaid Management Information System (MMIS) and MAXIS;⁹
3. Call Log documentation completed during Successful Life Project Initial Assessment (Phase I);
4. DHS Investigator Reports utilizing Thompson Reuters CLEAR investigation software;¹⁰
5. U.S. Find a Grave Index;¹¹ and
6. MN Department of Corrections Offender Locator.¹²

⁷ Class Members are defined as, "All individuals who were subjected to the use of any aversive or deprivation procedures, including restraints or seclusion while a resident at the Minnesota Extended Treatment Options Program at any time(s) from July 1, 1997 through May 1, 2011. Settlement Class or Class Member does not include any individual who has properly and effectively requested exclusion from the Settlement Class." (Doc. No. 136-1 at 23.)

⁸ Attachment 3 directly references cause of death information as noted in the Department of Health Office of Vital Records documentation, which contains outmoded and offensive terms. The Minnesota Department of Human Services supports the use of "People First" language. Although outmoded and offensive terms as received from outside data sources may be found within this report, the Department does not endorse these terms.

⁹ County financial workers use the MMIS and MAXIS systems to document eligibility for state and federal funded services.

¹⁰ Thompson Reuters CLEAR is a research platform to search public and proprietary records to assist in locating individuals. The Department utilized CLEAR in 11/2014, 11/2017 and 1/2018 to assist in locating Jensen Class Members.

¹¹ U.S. Find a Grave Index website: <https://search.ancestry.com/search/db.aspx?dbid=60525>

¹² MN DOC Offender Locator website: <https://coms.doc.state.mn.us/publicviewer>

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

QADC Services worked with the Minnesota Department of Health Office of Vital Records¹³ to verify and/or supplement information received from the above-listed sources on the death of these 23 people. The Office of Vital Records maintains birth and death records for the state of Minnesota. Deaths have been registered electronically since 1997.

iii. Class Members whose Whereabouts are Unknown

As of December 31, 2018, QADC Services identified 12 Jensen Class Members whose whereabouts are unknown. See Attachment 4 for the name, last known address, date and source of last known address, and date when Medical Assistance ended for these 12 Jensen Class Members. Based on last known addresses that are five or fewer years old, eight Jensen Class Members may be living out of state.

QADC Services obtained information on the whereabouts of Jensen Class Members through multiple sources including:

1. Phone calls, emails and surveys with case managers or county staff;
2. MMIS and MAXIS;
3. Call Log documentation completed during Successful Life Project Initial Assessment (Phase I);
4. DHS Investigator Reports utilizing Thompson Reuters CLEAR investigation software; and
5. MN Department of Corrections Offender Locator.

¹³ MDH Office of Vital Records website: <http://www.health.state.mn.us/divs/chs/osr/>

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

B. Impact Analysis for Class Members Living in Minnesota

This section provides an Impact Analysis for each Jensen Class Member. The Impact Analyses include the information required by the Court in section 2.B. of its January 4, 2019 Order (Doc. No. 707).¹⁴ The Impact Analyses also include the required documents such as investigative memorandums and arrest records for the class members (Doc. No. 707 at 8).

This section describes the data and processes used to compile the individual Impact Analyses. The Analyses themselves are attached to this report as Attachment 5.

i. Case Manager Data Request Process

The January 4, 2019 Order (Doc. No. 707) requires detailed information on class members. Lead agency case managers typically have the most accurate and current information on class members. To obtain that information, QADC Services requested data from case managers of class members for the Impact Analyses. The request gave instructions on how to return responses and requested documents securely, and provided email and phone contact information for QADC Services and the Successful Life Project (SLP) for case managers to use as a resource in responding to the request.

Not all class members have a current case manager.¹⁵ For class members who do not have a current case manager, QADC Services reviewed data from DHS' Medicaid Management Information System (MMIS) to attempt to locate additional information on the class member. If a person did not have an identified current case manager, this is stated in their Impact Analysis in the "Current placement and concerns" section.

Not all case managers responded to the request. QADC Services sent follow-up emails requesting a response from non-responders on February 6, 2019 and February 14, 2019. By March 13, 2019, 220 out of a total of 242 identified case managers had responded to the request.¹⁶

Data Limitations. While case managers have the best information on class members, collecting this information relies on the accuracy and completeness of the reporting of case managers in the survey. Furthermore, counties may no longer have material that has been disposed of in accordance with

¹⁴ Portions of the information required by the January 4, 2019 Order is information that is not required under the Jensen Settlement Agreement or Comprehensive Plan of Action, nor has been reported on historically, and as such some components of the required information do not conform to the requirements of the Jensen Settlement Agreement or Comprehensive Plan of Action.

¹⁵ Fifty-six class members did not have an identified case manager. Reasons why a person does not have a current case manager include: the person is deceased; the person is in prison; the person does not want to receive or has refused case management services; or the person does not live in Minnesota.

¹⁶ QADC Services reviewed MMIS data for an additional 29 class members whose case managers did not respond to the survey as of March 1, 2019.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

their applicable record retention schedules. Similarly, lead agencies input data into MMIS and that relies on the accuracy of their representations. Additionally, MMIS information may be out of date if a lead agency has not updated the information. Finally, MMIS will not capture information on class members who have not received state-funded services.

ii. Class Member Names

Information on class member name is taken from the data developed for section 2.A. of this report. An Impact Analysis was created for 298 Jensen class members, which includes all class members identified in section 2A but excludes the 14 individuals who died prior to December 2011.

iii. Class Member Residences from December 2011 through 2018

Information on class member residences from 2011-2018 was gathered through the data request sent to case managers of class members. For residence, the request asked case managers what type of residence it was. Responses included, for example: crisis home, adult foster care, supported living services, family foster care, family home, own home, homeless, ICF-DD, skilled nursing facility, state operated facility, and unknown.

For class members who do not have a case manager and class members whose case manager did not respond to the request, QADC Services searched MMIS for additional residence information. This search included deceased individuals and individuals with no identified case manager, as well as an additional 29 for whom the case manager did not reply to the request by March 1, 2019.

Additionally, if an individual resides at Minnesota Life Bridge, Minnesota Security Hospital, or the Minnesota Sex Offender Program, their Impact Analysis is supplemented with available information from the records of these Direct Care and Treatment files.

Data Limitations. The data limitations of the case manager data request described above apply.

For the data from MMIS, there are additional limitations. MMIS data does not contain a range of time that a person lived at an address; sometimes only a mailing address is available; MMIS only contains information on individuals receiving Medicaid.

To verify the data reported to QADC Services by case managers, QADC Services drew a random sample of nine¹⁷ class members and compared those individuals' paid claims records in MMIS. For three individuals, MMIS contained addresses that were not reported by case managers. For seven individuals, the case manager survey contained addresses that were not in MMIS. For two individuals, MMIS and the case manager data contained the same information.

¹⁷ This constituted 5% of the total responses as of the day the sample was drawn (February 15, 2019).

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

iv. Day Programs or Employment Programs from December 2011 through December 2018

QADC Services used the data requests to case managers described to collect information on class members' participation in day programs or employment programs. QADC Services also asked case managers whether the program was an integrated vocational option.¹⁸

For class members who do not have a case manager, QADC Services reviewed MMIS data to determine if any day program or employment program provider had submitted claims for services provided to the person. Additionally, if an individual resides at Minnesota Life Bridge, Minnesota Security Hospital, or the Minnesota Sex Offender Program, their Impact Analysis is supplemented with available information from the records of these Direct Care and Treatment files.

Data Limitations. The data limitations of the case manager data request described above apply.

MMIS data is limited to those individuals who are or have received state Medicaid services and omits persons served by private alternatives or who are not receiving any services. To verify the data reported to QADC Services by case managers, QADC Services drew a random sample of nine class members and compared those individuals' paid claims records in MMIS. For four individuals, the case manager data contained more day programs than MMIS. For five individuals, the day program information was the same in MMIS as the information provided by case managers.

v. Investigation Memorandums with Summary of Incidents and Findings from December 2011 through December 2018

Beginning in January 2015, the Jensen Implementation Office (now QADC Services) received and retained copies of all investigation memorandum involving class members. These are included in Attachment 5 to this report, in accordance with the Order of the Court (Doc. No. 707 at 8). Prior to January 2015, any investigation memorandum related to a class member was retained by the DHS Office of the Inspector General (OIG) in accordance with the applicable retention schedule.¹⁹ OIG retained four investigation memorandum from before 2015 in accordance with its retention

¹⁸ EC 90.

¹⁹ The retention guidelines are outlined in Minn. Stat. § 626.557, subd. 12b and are as follows: Data from reports not investigated – three years; Data from reports determined to be false – three years from final disposition; Data from reports determined to be inconclusive – four years from final disposition; Data from reports determined to be substantiated – seven years from final disposition (or final action if there was an appeal).

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

schedules, which are included in Attachment 5 to this report. QADC Services located one other investigation memorandum in its records from 2014 and it is included in Attachment 5 as well.

Data Limitations. DHS could not obtain records of investigation memorandum from before 2015 that were purged in accordance with applicable retention schedules.

vi. Arrest Records, Summary of Charges, and Current Disposition from December 2011 through 2018

QADC Services requested arrest records, charges and current disposition information from case managers through the data request described above. QADC Services also searched for criminal charges and disposition in the Minnesota Court Information System (MNCIS). Information from these sources and arrest records received are included in Attachment 5 to this report, in accordance with the Order of the Court (Doc. No. 707 at 8).

Additionally, if an individual resides at Minnesota Life Bridge, Minnesota Security Hospital, or the Minnesota Sex Offender Program, their impact analysis is supplemented with available information from the records of these Direct Care and Treatment files.

Data Limitations. In accordance with the Court's January 4, 2019 Order, QADC Services searched for data from December 2011 through 2018. (Doc. No. 707 at 8.) Class members may have had arrests or criminal charges prior to December 2011 and those are not reflected in this data. The data limitations of the case manager data request described above apply. While case files may contain some arrest, charge or court records, they are not necessarily complete and may be missing documents. Case managers are not required to compile and keep arrest or charge records. MNCIS does not contain arrest records.

vii. Class Members Placed at Anoka or MSH-St. Peter from December 2011 through December 2018

QADC Services collected information from the Department's Direct Care and Treatment administration on class member admissions to Anoka Metro Regional Treatment Center and the Minnesota Security Hospital – St. Peter. Also noted in each Impact Analysis is whether the commitment type was Mentally Ill and Dangerous to the Public (MI&D), Mentally Ill (MI), Chemically Dependent (CD), and/or Developmentally Disabled (DD). If a person had a predatory offender registration requirement, that is also noted. If only a start date is listed for a commitment, QADC Services was unable to locate the duration of the commitment.

viii. Class Member Behavior Intervention Reporting Forms from December 2011 through December 2018

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

QADC Services collected information on the total number of Behavior Intervention Reporting Forms (BIRFs) and restrictive procedures used from its BIRF Response Table which is a database of all the data from completed BIRFs. QADC Services pulled all BIRFs and types of restrictive procedures used with class members on January 22, 2019.

Data Limitations. The Department implemented a pilot for BIRF data collection in July 2013. By law, BIRF reporting became mandatory in January 2014. Thus, the data on BIRFs only goes back to July 2013. Additionally, BIRF data relies on the accuracy of the reporting of the provider completing the form.

ix. Interventions Employed by Successful Life Project

Direct Care and Treatment developed the Successful Life Project (SLP) in 2014 and initially focused on the completion of initial assessments for Therapeutic Follow-up Group members.²⁰ In March 2015, SLP continued to focus on the priority list for scheduling contacts and assessments for the second phase of evaluations. Starting in August 2016, SLP expanded its services and ability to report on services provided to individual Therapeutic Follow-up Group members. For the Impact Analyses, QADC Services compiled information of SLP services provided to class members by reviewing data from past CPA Compliance Reports to determine what services SLP had provided since October 2015. The services as referenced in the Impact Analyses use the following codes:

- **FBA:** Functional Behavioral Assessment. An assessment of interfering behaviors that:
 - Operationally defines the behavior targeted for elimination or reduction;
 - Identifies the situations in which the target behaviors are likely to occur and not occur; and
 - Generates a testable hypothesis of why the behavior occurs
- **PBSP:** Positive Behavior Support Plan. This is the development of a plan to help all caregivers provide the same behavior support on a consistent basis. It is based on the functional behavior assessment and includes person-centered practices (e.g., understanding the strengths, preferences and interests of the person).
- **PBS-SET:** Positive Behavior Support System Evaluation Tool. This is a tool to guide technical assistance and supports for Jensen class members. The PBS-SET was developed to evaluate service delivery within the framework of person-centered practices and positive behavior supports.
- **PCP:** Person Centered Plan. This is the development of a person-centered plan.
- **TA/Consultation:** Technical Assistance/Consultation.

²⁰ The Therapeutic Follow-up Group includes class members and clients discharged from Minnesota Extended Treatment Options from May 1, 2011 to June 20, 2011, and persons who received treatment at MSHS-Cambridge between July 1, 2011 and August 20, 2014.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

- **Other:** Behavior Intervention Report Forms submitted to DHS, completion of an Effective Environmental Checklist, follow-up phone calls, help to develop health-related protocols, and help to set up health care consultation or health-related supports in the community.
- **Initial Assessment:** First SLP contact with class member, designed to assess class members for which services would be helpful and prioritize service needs. If a person received an initial assessment and no follow-up services, then the person either refused further services or SLP determined that further services were not needed at that time.

Data Limitations. Prior to October 2015, SLP records were limited to initial assessment data. After October 2015, SLP records were maintained in a format that contained more specific detail on services provided. Some services in addition to the initial assessment may have been provided prior to October 2015, but those services would not be reflected in the SLP records.

x. Summary of Person-Centered Planning or Transition Plan

The Comprehensive Plan of Action applies a “best efforts” requirement for compliance with the person-centered elements of that document for individuals residing at Minnesota Life Bridge (MLB). (See ECs 47-52 and Doc. No. 707 at 9.) The Jensen Settlement Agreement contains a goal “to extend the application of the provisions in [the JSA] to all state operated locations” (Doc. No. 136-1 at 3). No provision applies the person-centered elements contained in the JSA and CPA to plans of individuals residing at non-state-operated settings. The Department notes that the Court’s January 4, 2019 Order requiring the Department to evaluate whether class members’ person-centered planning “meets the criteria listed in the Agreement and Comprehensive Plan of Action” exceeds the scope of the person-centered planning requirements of the JSA and CPA by applying them to individuals residing outside MLB.

Nonetheless, in response to the Court’s Order, the Department requested and obtained person-centered planning documents and transition plans for class members residing at MLB, at state-operated settings other than MLB, and at non-state-operated settings. The state-operated settings class members currently reside at other than MLB are the Minnesota Security Hospital (MSH), the Minnesota Sex Offender Program (MSOP) and Minnesota State Operated Community Services (MSOCS) homes.²¹

QADC Services collected information on person-centered planning documents or transition plans primarily from case managers through the case manager data request. The Department also collected person-centered planning documents for class members residing at state-operated settings from the state-operated setting directly. To determine the degree to which the person-centered-planning or transition plan meets the elements in the Jensen Settlement Agreement and

²¹ As of February 7, 2019, there were 41 class members residing in state-operated settings including MLB. There are no class members currently residing at Anoka Metro Regional Treatment Center.

**Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report**

Comprehensive Plan of Action, the Jensen Internal Reviewer created a list of the elements appearing in those two documents, including elements from Evaluation Criteria 48-52. The elements and relevant citations to the JSA and CPA are as follows:

Table 1: Degree person-centered-planning or transition plan meets the elements in JSA and CPA

Element	Source
Plan facilitates identification of person's specific interests	JSA p. 13 EC 50, 50.8, 51.1
Plan facilitates identification of person's goals	JSA p. 13 EC 50, 50.8, 51.1
Plan facilitates identification of person's vision for the future	JSA p. 13 EC 50, 50.8, 51.1
Plan facilitates identification of person's likes	JSA p. 13 EC 50, 50.8, 51.1
Plan facilitates identification of person's dislikes	JSA p. 13 EC 50, 50.8, 51.1
Plan facilitates identification of person's abilities and strengths	JSA p. 13 EC 50, 50.8, 51.1
Plan facilitates identification of person's support needs	JSA p. 13 EC 50, 50.8, 51.1
Plan facilitates identification of person's preferred activities	JSA p. 13 EC 50, 50.8, 51.1
Plan facilitates identification of areas in which person wants to learn and grow	JSA p. 13 EC 50, 50.8, 51.1
Plan facilitates identification of person's relationships to strengthen	JSA p. 13 EC 50, 50.8, 51.1
Plan facilitates identification of person's competencies to learn	JSA p. 13 EC 50, 50.8, 51.1
Plan facilitates community life	JSA p. 56
Plan addresses home	EC 1.1, 52.1, 53.3, 53.4
Plan addresses work	EC 1.1, 52.1, 53.3, 53.4
Plan addresses transportation	EC 1.1, 52.1, 53.3, 53.4
Plan addresses lifelong learning and education	EC 1.1, 52.1, 53.3, 53.4
Plan addresses healthcare and healthy living	EC 1.1, 52.1, 53.3, 53.4
Plan addresses community and civic engagement	EC 1.1, 52.1, 53.3, 53.4
Plan addresses must haves	EC 1.1, 52.1, 53.3, 53.4
Plan includes an understanding and analysis of life experiences	JSA p. 13 EC 50.6

**Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report**

Element	Source
Person is involved in authorship of Plan	JSA p.56 EC 49, 49.1, 50.1, 50.8, 51.1
Those who know the person best are involved in authorship of Plan	JSA p.56 EC 49, 49.1, 50.1, 50.8, 51.1
Person has leadership role in authorship of Plan	JSA p.56 EC 49, 49.1, 50.1, 50.8, 51.1
Person's representatives and family are involved in authorship of Plan	JSA p.56 EC 49, 49.1, 50.1, 50.8, 51.1

The Jensen Internal Reviewer then reviewed the person's most recent person-centered planning documents or transition plan and any applicable supplemental information provided. If the case manager returned multiple planning documents that are currently in effect, all were reviewed. In the Impact Analyses, an element is noted "yes" if it meets the element; "no" if it does not meet the element; and "unable to determine" if there was insufficient information from the planning documents whether an element was met.

The Jensen Internal Reviewer validated his scoring by scoring a sample of reviews with an SLP staff member, and then reviewing his scores for a separate sample for 14 subjective criteria with the director of QADC Services and an SLP staff member and found 100% inter-rater reliability.

Although not required by the Jensen Settlement Agreement, the Court's January 4, 2019 Order required DHS to evaluate person-centered planning for class members in non-state-operated settings (Doc. No. 707 at 8). QADC Services selected a random sample of 20 person-centered planning documents received for class members in non-state-operated settings.²² For those person-centered planning documents, an average of 78.3% of the standards were present. The three standards with the lowest level of compliance in this sample were: Plan addresses lifelong learning and education (50%), Plan includes an understanding and analysis of life experiences (50%), and Plan addresses transportation (55%). Additionally, the standards regarding authorship and involvement in plan design were frequently not met (75% of the samples plans failed to meet at least one of the four standards addressing this area, but that was due to many plans not including a listing of participants, their roles, or a description of the process used in developing the plan).

For the state-operated settings, planning documents for all class members were reviewed. If there were missing standards, QADC Services contacted the residential service provider and requested additional information to determine if missing standards from the initial documentation were, in fact, met and documented elsewhere. For all class members at state-operated settings, 100% of the standards for person-centered planning were met.

²² To draw their random sample, QADC Services used Random.org (<https://www.random.org/>) to generate random numbers and correlated those to row numbers on a spreadsheet of individuals.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Data Limitations. QADC Services was unable to obtain person-centered planning or transition plans for 79 class members, which includes 22 deceased class members and 12 who do not have identified case managers.

xi. Person's Current Placement and any Concerns

QADC Services collected information on the person's current placement from the case manager data request. DHS distinguished "placement" from "residence" as a short-term non-permanent setting – for example, if the class member was staying at a hospital, or in jail, as opposed to their residence. QADC Services also collected information from case managers on any concerns about the class member's current placement. QADC Services also collected information on concerns by reviewing the person's most recent MnCHOICES²³ assessment and any Long-term Services and Supports (LTSS) Improvement Tool Evaluations²⁴ the person had completed. MnCHOICES assessments contain a series of questions about the person's current residence and have fields for the assessor to put in narrative notes that could describe if the assessor has any concerns about the individual's current residence. Two separate LTSS tool surveys allow the person to provide feedback to the Department on the quality of their current service plan and/or current residential services provider. Depending on a person's feedback, these tools may reveal concerns about the individual's residence or placement. Finally, the Department reviewed Successful Life Project records and records from Minnesota Life Bridge, Minnesota Sex Offender Program, and Minnesota Security Hospital for concerns around a class member's placement.

If information received responsive to this item created an ambiguity or otherwise required clarification, SLP contacted the case manager for the class member to request further information and offer services where appropriate.

Data Limitations. The data limitations of the case manager data request described above apply. Case managers have the best information on a person's current placement, but it could be out of date or changed from the time they submitted the data request to the date of this report. Not all class members have completed or need to complete the MnCHOICES assessment. Not all class members have completed or need to complete an LTSS tool for their service plan or residential provider. Finally, class members who do not currently receive Home and Community Based Services may not

²³ MnCHOICES is a web-based application tool for conducting and creating person-centered assessments and support plans. It helps people with long-term or chronic-care needs make decisions about their care. MnCHOICES includes two electronic tools: Assessment and Support Plan. Additional information on the MnCHOICES assessment can be found at http://www.dhs.state.mn.us/dhs16_176044#

²⁴ The LTSS tool is way to gather feedback from people who receive services about their experience with long-term services and supports in Minnesota. For more information, see <https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/long-term-services-and-supports/mnchoices/ltss-tool-faq.jsp>

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

have gone through the assessment process or completed an LTSS tool since these tools have been implemented.

xii. Other Information about Class Members Relevant to the Settlement Agreement

QADC Services collected other relevant information and success stories from case managers through the case manager data request as well as reviewing its own past reports and Successful Life Project records.

III. Evaluation Criteria Updates

The Comprehensive Plan of Action (CPA) includes three parts.

- Part I covers elements of the Settlement Agreement and the closure and replacement of the MSHS-Cambridge facility with community services.
- Part II covers the Rule 40 Modernization plan.
- Part III covers the Olmstead Plan.

The Comprehensive Plan of Action includes Evaluation Criteria (ECs) organized according to the relevant sections of the JSA. The quality of life outcomes expected to be achieved for class members are described in the CPA. "The ECs set forth the outcomes to be achieved and are enforceable." (Doc. No. 283 at 1.) Through meeting the requirements of each Evaluation Criteria, the Department has implemented the structure that was intended by the parties to be the mechanism by which Jensen class members' lives would be improved.

Some ECs have accompanying Actions. "The Actions are not enforceable requirements." (Doc. No. 283 at 1.) However, "Compliance with an EC will be deemed to have been achieved if the EC's Actions are taken." (Id.) The Department may also "undertake alternate actions to achieve satisfaction of the EC." (Id.)

Attachment 6 is a table listing the ECs in numerical order with their page number in this report.

Part I ECs

Settlement Agreement Section IV. METO Closure (EC 1-4)

Settlement Agreement Section V. Prohibited Techniques

- Settlement Agreement Section V.A. Prohibited Techniques – Restraints (EC 5-7)
- Settlement Agreement Section V.B. Prohibited Techniques – Policy (EC 8-10)
- Settlement Agreement Section V.C. Prohibited Techniques – Seclusion and Time Out (EC 11-12)
- Settlement Agreement Section V.D. Prohibited Techniques – Chemical Restraint (EC 13-14)
- Settlement Agreement Section V.E. Prohibited Techniques – 3rd Party Expert (EC 15-21)

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

- Settlement Agreement Section V.F. Prohibited Techniques – Medical Officer Review (EC 22-24)
- Settlement Agreement Section V.G. Prohibited Techniques – Zero Tolerance for Abuse and Neglect (EC 25-27)

Settlement Agreement Section VI. Restraint Reporting

- Settlement Agreement Section VI.A. Restraint Reporting & MGMT – Form 31032 (EC 28-30)
- Settlement Agreement Section VI.B. Restraint Reporting & MGMT – Notifications (EC 31-37)
- Settlement Agreement Section VI.C. Restraint Responses Are Not To Replace Other Incident Reporting, Investigation, Analysis & Follow-Up (EC 38)

Settlement Agreement Section VII. Restraint Review

- Settlement Agreement Section VII.B. Restraint Review – Internal Reviewer (EC 39-41)
- Settlement Agreement Section VII.B. Restraint Review – External Reviewer (EC 42-44)

External Entity and Plaintiffs' Access (EC 45-46)

Settlement Agreement Section VIII. Transition Planning (EC 47-53)

Settlement Agreement Section IX. Other Practices at the Facility

- Settlement Agreement Section IX.A. Other Practices at the Facility – Staff Training (EC 54-57)
- Settlement Agreement Section IX.B. Other Practices at the Facility – Hours of Training (EC 58)
- Settlement Agreement Section IX.C. Other Practices at the Facility – Visitor Policy (EC 59-61)
- Settlement Agreement Section IX.D. Other Practices at the Facility – No Inconsistent Publicity (EC 62-64)
- Settlement Agreement Section IX.E. Other Practices at the Facility – Posting Requirements (EC 65-66)

Settlement Agreement Section X. System Wide Improvements

- Settlement Agreement Section X.A. System Wide Improvements – Expansion of Community Support Services (EC 67-78)
- Settlement Agreement Section X.B. System Wide Improvements – Olmstead Plan (EC 79)
- Settlement Agreement Section X.C. System Wide Improvements – Rule 40 Modernization (EC 80)
- Settlement Agreement Section X.D. System Wide Improvements – Minnesota Security Hospital (EC 81 – 84)
- Settlement Agreement Section X.E. System Wide Improvements – Anoka Metro Regional Treatment Center (EC 85)
- Settlement Agreement Section X.F. System Wide Improvements – Language (EC 86-87)

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Closure of MSHS-Cambridge and Replacement with Community Homes and Services (EC 88-96)²⁵

Therapeutic Follow-up of Class members and Clients Discharges from METO/MSHS-Cambridge (EC 98)

Part II ECs

Modernization of Rule 40 (EC 99-104)

Part III (no ECs)

Olmstead Plan

A. ECs Subject to Semi-Annual or Annual Reporting

Evaluation Criteria subject to semi-annual reporting includes ECs 2, 3, 39, 41, 47, 48, 49, 50, 51, 52, 53, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, and 103. (Doc. No. 545.) The reporting period used in this report for these ECs is July 1, 2018 to December 31, 2018.

Evaluation Criteria subject to annual reporting includes ECs 1, 4, 38, 45, 46, 54, 55, 56, 57, 58, 59, 60, 61, 62, 64, 65, 66, 80, 81, 83, 84, 89, 90, 91, 92, 93, 94, 96, 98, 100 and 101. (Doc. No. 545.) The reporting period used in this report for these ECs is January 1, 2018 to December 31, 2018.

Many of the ECs subject to Semi-Annual or Annual Reporting apply only to the Facility.²⁶ These are ECs 1, 2, 3, 4, 38, 41, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 64, 65, 66, 89, 90, 91, 92 and 94.

A.1 ECs Subject to Semi-Annual Reporting

Evaluation Criteria 2

²⁵ There is no EC 97. (Doc. No. 283 at 30.)

²⁶ The CPA defines "Facility" as MSHS-Cambridge, the MSOCS East Central home, and the treatment homes established under the CPA. (Doc. No. 283 at 2.) MSHS-Cambridge was closed on August 29, 2014 (Doc. Nos. 342 and 531). In 2016, following lengthy discussions between the Department and the Court Monitor, it was concluded that MSOCS East Central was no longer functioning as a treatment home and should not be included in "Facility" for purposes of the CPA. The Department ceased reporting EC compliance with respect to MSOCS East Central as of July 1, 2016 (See Doc. Nos. 614-1, 643, 676, 683 and 700). Since approximately 2014, MSOCS East Central has been and remains an adult foster care home. Minnesota Life Bridge homes are the successor treatment homes established under the CPA and are the current "Facility."

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Facilities utilize person-centered planning principles and positive behavioral supports consistent with applicable best practices including, but not limited to the Association of Positive Behavior Supports, Standards of Practice for Positive Behavior Supports.

Responsible Party: Minnesota Life Bridge Manager

Current Status

EC 2 has been met.

Consistent with the requirements of EC 2, the Minnesota Life Bridge treatment homes²⁷ utilize person-centered planning principles and positive behavioral supports at all stages of a resident's treatment program. Utilization of person-centered planning principles and positive behavioral supports starts with the support team's development of the resident's Person Centered Description,²⁸ and is further guided by development of the resident's Functional Behavior Assessment, Coordinated Service Support Plan Addendum (CSSP-A) and Positive Behavior Support Plan. The relationships between these documents and the processes by which Minnesota Life Bridge develops these documents are described in previous updates for EC 2 (Doc. Nos. 614-1, 643, 676 and 700) and with the following updates for this reporting period:

- All three persons [REDACTED] admitted to Minnesota Life Bridge during this reporting period had an initial Person Centered Description – Picture of a Life and Action Planning completed within 30 days of admission;
- Ten of the 10 persons served at a Minnesota Life Bridge treatment home during this reporting period had a Person Centered Description – Picture of a Life and Action Planning, Coordinated Services and Supports Plan - Addendum (CSSP-A), Support Plan, Functional Behavior Assessment and a Positive Behavior Support Plan; and
- Ten of the 10 persons served for at least thirty consecutive days at a Minnesota Life Bridge treatment home during this reporting period had their Person Centered Description – Picture of a Life and Action Planning updated on at least a monthly basis after the initial team meeting.

²⁷ As of the end of this reporting period, and in conformity with ECs 88 and 95, Minnesota Life Bridge continues to operate the following treatment homes: Stratton Lake, Broberg's Lake and Donnelly. Donnelly is the newest Minnesota Life Bridge Home and became licensed and operational for Minnesota Life Bridge on August 15, 2018. As reported previously, the two Eagle Pointe treatment homes transitioned to MSOCS; one home was re-licensed on July 30, 2018 and the other home was re-licensed on August 15, 2018. This move had the effect of increasing Minnesota Life Bridge's licensed capacity by one bed and decreasing the total number of homes to three.

²⁸ Also referred to by Minnesota Life Bridge as the individual's "Person Centered Description – Picture of a Life and Action Planning."

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

The following are examples of how Minnesota Life Bridge staff use person-centered principles and positive behavior supports, reflected in residents' key documents, to support residents on a daily basis. Minnesota Life Bridge provided these examples in response to QADC Services' request for a sample of residents during one month from this reporting period (September 2018):

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Verification

[REDACTED]

The Responsible Party verified the information submitted to QADC Services for EC 2 through review of Minnesota Life Bridge Residents' Person Centered Description – Picture of a Life and Action Planning, person-centered planning meeting minutes, and Functional Behavior Assessment documents. The Responsible Party assured that QADC Services has ongoing access to these documents.

During this reporting period, QADC Services monitored and verified the use of person-centered planning principles and positive behavior supports at Minnesota Life Bridge treatment homes, consistent with EC 2, in multiple ways. First, the Jensen Internal Reviewer monitored the use of positive behavior support strategies and consistency with applicable best practices on an ongoing basis through review of support strategies used by Minnesota Life Bridge in response to occurrences of challenging behavior. This included the Jensen Internal Reviewer's participation in regularly scheduled weekly calls with Minnesota Life Bridge to review progress on improvement of positive supports for treatment home residents. If the weekly phone call does not occur, the Jensen Internal Reviewer speaks directly with the Minnesota Life Bridge Clinical Coordinator, as needed, to assure regular contact. For more information about the activities of the Jensen Internal Reviewer, see the status updates for ECs 39 and 41.

The second method used by QADC Services to monitor compliance with and to verify information reported for EC 2 was review of each treatment home resident's Person Centered Description – Picture of a Life and Action Planning, Functional Behavior Assessment, Positive Behavior Support Plan, Coordinated Services and Supports Plan - Addendum (CSSP-A) and other related documents, such as the minutes of residents' monthly team meetings. Through review of these documents, QADC Services verified the information reported in the status update for EC 2 regarding the existence of and updates to residents' key planning and support documents. QADC Services verified team involvement in the planning process through review of the minutes of the individual's monthly meeting, which includes the monthly updating of the Person Centered Description – Picture of a Life and Action Planning.

The third method used by QADC Services to monitor compliance with and to verify information reported for EC 2 was to conduct on-site visits at the Minnesota Life Bridge treatment homes. During

[REDACTED]

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

this reporting period, QADC Services staff conducted 14 on-site visits to Broberg's Lake, Stratton Lake and Donnelly. During these visits, QADC Services staff interviewed residents, when available and willing to be interviewed, as well as Minnesota Life Bridge staff. QADC Services staff also looked over the physical plant for any concerns. Prior to on-site visits, QADC Services staff review each resident's Person Centered Description – Picture of a Life and Action Planning. QADC Services is respectful to persons who do not want to meet or engage with new people.

During this reporting period, QADC Services conducted the following 14 announced visits:

- **Broberg's Lake (5):** 7/17/2018; 8/21/2018; 9/18/2018; 10/16/2018 and 12/14/2018;
- **Stratton Lake (5):** 7/17/2018; 8/21/2018; 9/18/2018; 10/16/2018 and 12/14/2018;
- **Donnelly (4):** 8/15/2018; 10/3/2018; 11/7/2018 and 12/4/2018; and
- **Eagle Pointe:** No visits.³¹

The following is information that QADC Services gathered during the on-site visits, that reflects implementation of person-centered planning principles and positive behavior supports:

Broberg's Lake:

[REDACTED]

[REDACTED]

[REDACTED]

³¹ [REDACTED] Minnesota Life Bridge asked that QADC Services not visit in July due to planned community activities and transitioning the Eagle Pointe homes from Minnesota Life Bridge to Minnesota State Operated Community Services.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

[REDACTED]

[REDACTED]

Stratton Lake:

[REDACTED]

[REDACTED]

Donnelly:

[REDACTED]

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

[REDACTED]

[REDACTED]

[REDACTED]

During this reporting period, the Jensen Internal Reviewer also made five separate on-site visits to the Minnesota Life Bridge treatment homes to interview three residents. For more information about these review activities and the Jensen Internal Reviewer's findings, refer to the "Clinical Case Review"³² sections of the following Jensen Internal Reviewer Monthly Reports:³³

- [REDACTED] December 2018 Jensen Internal Reviewer Monthly Report (distributed to the Court on January 15, 2019 page 3);
- [REDACTED] November 2018 Jensen Internal Reviewer Monthly Report (distributed to the Court on December 17, 2018, page 3);

³² Previously, the Jensen Internal Reviewer Monthly Reports included a section entitled "Rhythm of the Day" to assess the degree to which the lives of people supported at Minnesota Life Bridge included culturally typical rhythms and activities. Content included efforts to improve day programming, efforts to provide meaningful work, and efforts to increase access to preferred recreation. As of November 2018, the Rhythm of the Day section of the Jensen Internal Reviewer Monthly Report changed its title and focus to a Clinical Case Review. The Jensen Internal Reviewer selects one person in conjunction with Minnesota Life Bridge and conduct a review using the Case Formulation Model. The structure of the Case Formulation is consistent with the National Association of Dual Diagnosis (Intellectual or Developmental Disability and Mental Illness) Clinical Benchmarks, and continues the assessment of the degree to which Minnesota Life Bridge provides a therapeutic environment.

³³ Jensen Internal Reviewer Monthly Reports document the Jensen Internal Reviewer's oversight and consultation regarding Minnesota Life Bridge operations and are submitted to the Court each month.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

- [REDACTED] December 2018 Jensen Internal Reviewer Monthly Report (distributed to the Court on January 15, 2019 page 3);
- [REDACTED] November 2018 Jensen Internal Reviewer Monthly Report (distributed to the Court on December 17, 2018, page 3); and
- [REDACTED] December 2018 Jensen Internal Reviewer Monthly Report (distributed to the Court on January 15, 2019 page 3).

Summary Assessment

The Department has met EC 2 by completing all Actions accompanying EC 2. The Department has provided specific data above and in previous reports documenting completion of Actions 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8 and 2.9 (See Doc. Nos. 328, 342, 531, 589, 614-1, 643, 676 and 700, and Jensen Internal Reviewer Monthly Reports).

Evaluation Criteria 3

Facilities serve only "Minnesotans who have developmental disabilities and exhibit severe behaviors which present a risk to public safety."

Responsible Party: Minnesota Life Bridge Manager

Current Status

EC 3 has been met.

The EC 3 requirement that Minnesota Life Bridge treatment homes admit only "Minnesotans who have developmental disabilities and exhibit severe behaviors which present a risk to public safety" became Minnesota Life Bridge policy and practice in late 2013. During this reporting period, Minnesota Life Bridge used the following process to determine whether persons referred to Minnesota Life Bridge met the criteria in EC 3:

1. To determine whether a person meets the first admission criterion—being a person with a developmental disability—the Minnesota Life Bridge Transition Coordinator reviews professional assessments and/or court documents to determine if the person has been diagnosed with a developmental disability.
2. To determine whether a person meets the second admission criterion—exhibiting severe behaviors which present a risk to public safety—the Minnesota Life Bridge Transition Coordinator looks for documented history of the following behaviors:
 - Assault or aggression toward others;
 - Extreme property destruction creating a likelihood of harm to others;
 - Sexual aggression or behavior that targets others;
 - Theft of motor vehicles;

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

- Fire setting; or
- Other behavior(s) that presents a risk to the safety of others.

Prior to the final admission decision, the Minnesota Life Bridge Manager reviews the determination of the Transition Coordinator for meeting both required criteria. If there are discrepancies in the referral documentation or insufficient information to make a determination as to whether the person meets the admission criteria, the Minnesota Life Bridge Transition Coordinator seeks additional information from the person's case manager to resolve the discrepancy. If necessary, in situations where there is insufficient information to make a determination as to whether the person meets the admission criteria, the Department's Community Based Services Short-Term Residential Program Manager, in collaboration with the Minnesota Life Bridge Transition Coordinator and Minnesota Life Bridge Manager, will review admission materials and make a determination.

During this reporting period, Minnesota Life Bridge admitted three people to a Minnesota Life Bridge treatment home; Minnesota Life Bridge determined that each of the three persons admitted to a treatment home during the reporting period met the EC 3 criteria for admission.

Verification

The Jensen Internal Reviewer reviewed each Minnesota Life Bridge admission for consistency with the EC 3 criteria and reported on these reviews in the Jensen Internal Reviewer Monthly Reports. The Jensen Internal Reviewer evaluated:

- [REDACTED] September 2018 Jensen Internal Reviewer Monthly Report (distributed to the Court on October 15, 2018, pages 4-5);
- [REDACTED] October 2018 Jensen Internal Reviewer Monthly Report (distributed to the Court on November 15, 2018, pages 4); and
- [REDACTED] October 2018 Jensen Internal Reviewer Monthly Report (distributed to the Court on November 15, 2018, pages 4-5).

Based on review of referral documentation, the Jensen Internal Reviewer determined that all the individuals listed above are persons with developmental disabilities who exhibited severe behaviors that present a risk to public safety—consistent with the requirements of EC 3.

In the June 2018 Jensen Internal Reviewer Monthly Report (distributed to the Court on July 16, 2018, pg. 8), the Jensen Internal Reviewer stated, [REDACTED]

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Summary Assessment

The Department has met EC 3 by completing all Actions accompanying EC 3. The Department has provided specific data above and in previous reports documenting completion of Actions 3.1 (See Doc. Nos. 299, 531, 589, 614-1, 643, 676 and 700, and Jensen Internal Reviewer Monthly Reports).³⁴

Evaluation Criteria 39

In consultation with the Court Monitor during the duration of the Court's jurisdiction, DHS designates one employee as Internal Reviewer whose duties include a focus on monitoring the use of, and on elimination of restraints.

Responsible Party: QADC Services Director

Current Status

EC 39 has been met.

Consistent with EC 39, and without objection by the Court Monitor, Plaintiffs' Class Counsel or the Court Consultants, the Department designated Dr. Dan Baker as the Jensen Internal Reviewer. Dr. Baker has been in this role since December 1, 2015. Also consistent with EC 39, the Jensen Internal Reviewer's duties include a focus on monitoring the use and elimination of restraints at the Minnesota Life Bridge treatment homes.

Following each incident of Emergency Use of Manual Restraint (EUMR), 911 call, or use of *pro re nata* (PRN) medication³⁵ at the request of the client, Minnesota Life Bridge internal procedures require Minnesota Life Bridge clinical staff to prepare a set of recommendations for improved positive supports to reduce the risk of recurrence of the challenging behavior that led to the incident. The Jensen Internal Reviewer then verifies that these recommendations are consistent with best practices and likely to be effective. The Jensen Internal Reviewer provides feedback to pertinent staff through Minnesota Life Bridge's procedures as appropriate and monitors progress toward completing these recommendations.

³⁴ During the July 1, 2016 to December 31, 2016 reporting period, both the Minnesota Life Bridge Transition Coordinator and Clinical Coordinator who participate in the intake process left their positions. During this period, the Minnesota Life Bridge Manager, with oversight by the Department's Community Based Services Short-Term Residential Program Manager, determined whether a person met admission criterion. The Jensen Internal Reviewer reviewed each Minnesota Life Bridge admission for consistency with the EC 3 criteria (See Doc. No. 614-1). Minnesota Life Bridge subsequently filled both positions.

³⁵ *Pro re nata* is a Latin phrase meaning in the circumstances or as the circumstance arises. It is commonly used in medicine to mean as needed or as the situation arises.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

The Jensen Internal Reviewer also reports monthly on Minnesota Life Bridge's efforts to respond to incidents in the Jensen Internal Reviewer Monthly Report. For a summary of the process by which the Jensen Internal Reviewer monitors the use and elimination of restraint, as well as the use of PRN medication at the request of the client and 911 calls at the Minnesota Life Bridge treatment homes, see the status update for EC 39 in the Department's February 2017 Semi-Annual Report (Doc. No. 614-1).

Through weekly calls with Minnesota Life Bridge, the Jensen Internal Reviewer also provides ongoing guidance in the improvement of positive supports at the treatment homes and acts as a source of information and referral. During this reporting period, the Jensen Internal Reviewer provided additional guidance to Minnesota Life Bridge staff about the following topics:

- | | |
|--|---|
| • Balancing "important to" and "important for" | • Mental illness signs among people with intellectual or developmental disabilities |
| • Best practices in reward system use | • Mental rumination |
| • Best practices in staff training and team development | • Multi-modal assessment |
| • Biopsychosocial model to understand challenging behavior | • Naturalistic instruction |
| • Coaching appropriate behavior | • Occupying time wisely |
| • Data collection | • Positive supports strategies |
| • Employment supports | • Promoting independent living |
| • Fetal Alcohol Spectrum Disorder behavioral phenotype | • Sexual health |
| • Gender identity issues | • Sleep hygiene |
| • Incident review | • Social skills |
| • Indirect coaching | • Support implications for escape-motivated behavior related to mental health disorders |
| • Medication side effects (resident-specific focus) | • Sustainability strategies |
| | • Understanding diagnoses |

During this reporting period, Minnesota Life Bridge reported 50 incidents involving PRN at the request of the client, a 911 call, and/or EUMR or a combination of two or more of these types of interventions. Minnesota Life Bridge is required to report incidents involving the use of such emergency behavioral interventions through completion and submission of the DHS 3654 Form. Table 2 presents a summary of these incidents.

**Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report**

Table 2: Monthly Summary of DHS 3654 Forms Completed

Month	Location	PRN	911 Call	PRN & 911 Call	EUMR	EUMR & PRN	EUMR & 911 Call	EUMR & PRN & 911 Call
July 2018	Stratton Lake							
	Broberg's Lake		2					
	Eagle Pointe ³⁶	1						
August 2018	Stratton Lake							
	Broberg's Lake		1					
	Donnelly ³⁷	1						
	Eagle Pointe	1						
September 2018	Stratton Lake							
	Broberg's Lake		2					
	Donnelly	2						
October 2018	Stratton Lake							
	Broberg's Lake		2					
	Donnelly	2						
November 2018	Stratton Lake							
	Broberg's Lake		4					
	Donnelly	8		1	4	1		
December 2018	Stratton Lake							
	Broberg's Lake				1		1	
	Donnelly	12	1			3		
TOTALS		27	12	1	5	4	1	0

In the August 2018 Semi-Annual Report (Doc. No. 700 at 17), the Department reported that during the reporting period, Minnesota Life Bridge reported 12 incidents involving PRN at the request of the client, a 911 call, and/or Emergency Use of Manual Restraint (EUMR). This was a significant change from the previous reporting period when there were 77 incidents involving PRN at the request of the client, a 911 call, Emergency Use of Manual Restraint (EUMR), or a combination of two or more of these types of interventions. While the 50 incidents reported this reporting period is a marked

³⁶ As of the end of this reporting period, and in conformity with ECs 88 and 95, Minnesota Life Bridge continues to operate the following treatment homes: Stratton Lake, Broberg's Lake and Donnelly. Donnelly is the newest Minnesota Life Bridge Home and became licensed and operational for Minnesota Life Bridge on August 15, 2018. As reported previously, the two Eagle Pointe treatment homes transitioned to MSOCS; one home was re-licensed on July 30, 2018 and the other home was re-licensed on August 15, 2018. This move had the effect of increasing Minnesota Life Bridge's licensed capacity by one bed and decreasing the total number of homes to three.

³⁷ Ibid.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

increase over the previous reporting period, 21 incidents involved one person [REDACTED] who Minnesota Life Bridge admitted in October 2018 and 15 incidents were for PRNs at the request of one client [REDACTED]

The Jensen Internal Reviewer notes that during this reporting period, the frequency of challenging behavior among the residents of Minnesota Life Bridge has increased, as compared to the previous reporting period (January 1 to June 30, 2018) due to admission of individuals presenting high rates of challenging behavior, notably individuals within the federally-defined transition age range.³⁸ Prior to admission to Minnesota Life Bridge, these individuals all engaged in high rates of challenging behavior, and the Jensen Internal Reviewer has provided a significant degree of technical assistance regarding these individuals.

Verification

The Jensen Internal Reviewer was personally involved in the activities reported for this EC. Additionally, as part of QADC Services' internal quality assurance and compliance verification processes, QADC Services maintained a database to track all emergency behavioral interventions for persons served at Minnesota Life Bridge reported in DHS 3654 forms and other incident notifications and reporting forms. QADC Services compared Minnesota Life Bridge incidents tracked in its database against the incident database maintained by Minnesota Life Bridge and reviewed the contents of the reports for consistency, completeness, and issues that required follow-up. QADC Services also maintained copies of the Jensen Internal Reviewer Monthly Reports, which report the Jensen Internal Reviewer's activities regarding follow-up to incidents. QADC Services reconciled the data reported in this section with the DHS 3654 forms and other incident reports filed during the reporting period, the information in QADC Services' database and the Jensen Internal Reviewer Monthly Reports.

The Jensen Internal Reviewer monitors, on an ongoing basis, the timeliness and quality of Minnesota Life Bridge incident reviews. During this reporting period, the Jensen Internal Reviewer completed a random sample³⁹ review of 10 of the 50 incidents submitted. Of the 10 incidents reviewed, Minnesota Life Bridge did not complete the review of one incident within the timeline. For that incident, the fifth workday was on a Friday, and the review was submitted the following Monday. No concerns were noted in the timeliness of Minnesota Life Bridge incident reviews, as the evident pattern is completion of the reviews within the identified time period and the only review which did not meet the time period was completed on the following business day. The Jensen Internal Reviewer

³⁸ According to the Workforce Innovation and Opportunity Act [29 U.S.C. Sec. 705(42)], (A) In general, Youth with a Disability means an individual with a disability who: (i) is not younger than 14 years of age; and (ii) is not older than 24 years of age.

³⁹ To draw the random sample, the Jensen Internal Reviewer used Random.org (<https://www.random.org/>) to generate random numbers and correlated those to row numbers on a spreadsheet of individuals.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

shared the finding of this random sample with Minnesota Life Bridge with a reminder to be mindful of meeting the time period for reviews when the due date falls on a Friday.

For follow-up on previously identified opportunities for improvement (Doc. No. 700 at 17), see EC 22.

Summary Assessment

The Department has met EC 39 by designating one employee as the Jensen Internal Reviewer whose duties include a focus on monitoring the use of and elimination of restraints. The Court Monitor was consulted prior to the Jensen Internal Reviewer's appointment. The Department has provided specific data above and in previous reports documenting completion of EC 39 (See Doc. Nos. 299, 531, 589, 614-1, 643, 676 and 700, and Jensen Internal Reviewer Monthly Reports).

Evaluation Criteria 41

The Internal Reviewer will consult with staff present and directly involved with each restraint to address: 1) Why/how de-escalation strategies and less restrictive interventions failed to abate the threat of harm; 2) What additional behavioral support strategies may assist the individual; 3) Systemic and individual issues raised by the use of restraint; and 4) the Internal Reviewer will also review Olmstead or other issues arising from or related to, admissions, discharges and other separations from the facility.

Responsible Party: QADC Services Director

Current Status

EC 41 has been met.

EC 41 directs the Jensen Internal Reviewer to consult with staff involved with incidents of restraint at the Minnesota Life Bridge treatment homes to address why less restrictive interventions or de-escalation strategies failed, what additional behavioral support strategies may assist the person, and systemic or individual issues raised by the use of restraints. This consultation and review occurs through the process described in the status update for EC 39 in the February 2017 Semi-Annual Report (Doc. No. 614-1).

Following each incident of Emergency Use of Manual Restraint (EUMR), 911 call, or use of *pro re nata* (PRN) medication at the request of the client, Minnesota Life Bridge internal procedures require Minnesota Life Bridge clinical staff present or involved in the use of restraint, 911 calls or use of PRN medication to prepare a set of recommendations for improved positive supports to reduce the risk of recurrence of the challenging behavior that led to the incident. The Jensen Internal Reviewer then verifies that these recommendations are consistent with best practices and likely to be effective. The Jensen Internal Reviewer provides feedback to pertinent staff through Minnesota Life Bridge's procedures as appropriate and monitors progress toward completing these recommendations.

**Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report**

The Jensen Internal Reviewer also reports monthly on Minnesota Life Bridge's efforts to respond to incidents in the *Jensen Internal Reviewer Monthly Report*. For a summary of the process by which the Jensen Internal Reviewer monitors the use and elimination of restraint, as well as the use of PRN medication at the request of the client and 911 calls at the Minnesota Life Bridge treatment homes, see the status update for EC 39 in the Department's February 2017 Semi-Annual Report (Doc. No. 614-1).

Through regularly scheduled weekly calls with Minnesota Life Bridge, the Jensen Internal Reviewer consults with staff regarding restraint use and provides ongoing guidance in the improvement of positive supports at the treatment homes and acts as a source of information and referral. If the weekly phone call does not occur, the Jensen Internal Reviewer speaks directly with the Minnesota Life Bridge Clinical Coordinator, as needed, to assure regular contact.

EC 41 also directs the Jensen Internal Reviewer to review Olmstead or other issues arising from or related to admissions, discharges and other separations from the Facility. During this reporting period, the Jensen Internal Reviewer reviewed each Minnesota Life Bridge admission and discharge and included this review in the Jensen Internal Reviewer Monthly Report with a summary of the implications of that admission or discharge for Minnesota's Olmstead vision. The Jensen Internal Reviewer's review of admissions also includes an assessment of whether the person meets the criteria for admission to Minnesota Life Bridge set out in EC 3. For more information about these assessments, see the Verification section for EC 3.

During this reporting period, the Jensen Internal Reviewer also provided training to internal and external audiences, including providers, counties and health plans, on a variety of topics relevant to the support of Minnesota Life Bridge residents and Jensen Therapeutic Follow-up Group members.⁴⁰ The training sessions that the Jensen Internal Reviewer provided during the reporting period are summarized in Table 3.

Table 3: Jensen Internal Reviewer Training

Date	Topic	Audience
9/19/2018	Positive Psychology	External: Intellectual or Developmental Disability providers, mental health providers
9/26/2018	Person-Centered Supports	Internal and External: MN Gathering for Person-centered Practices - Providers, clinicians, and governmental agencies
10 4/2018	Identity development for persons with Intellectual or Developmental Disabilities	Internal: Direct Care and Treatment Community Based Support Leadership Day

⁴⁰ The Therapeutic Follow-up Group includes class members and clients discharged from Minnesota Extended Treatment Options from May 1, 2011 to June 20, 2011, and persons who received treatment at MSHS-Cambridge between July 1, 2011 and August 20, 2014.

**Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report**

Date	Topic	Audience
10/16/2018	Positive Supports	Internal: Community Behavior Health Hospitals
11/2/2018	Population Health Management	Internal and External: NADD Annual Conference. Attendees included providers, clinicians, family members and governmental agencies from North America including the Department.
11/20/2018	Positive Supports	Internal: Community Behavior Health Hospitals
11/27/2018	Positive Supports and Wellness	Internal: Minnesota State Operated Community Services (MSOCS)
12/18/2018	Positive Supports	Internal: Community Behavior Health Hospitals
12/21/2018	Identity development for persons with Intellectual or Developmental Disabilities	Internal: Community Support Services and MSOCS

The Jensen Internal Reviewer is also an active participant in the following Department work groups and committees:

- DHS Disability Services Division/Direct Care and Treatment Positive Behavior Support Project Core/Steering Team
- External Program Review Committee
- Minnesota Association of Positive Behavior Support
- Person-Centered Work Group
- Positive Behavior Support Leadership Group⁴¹
- Positive Supports Gathering Planning Committee
- Quality Assurance Leadership Team
- Research Focus Group
- Root Cause Analysis Team
- Training Outcome Evaluation Team

Through these training and committee activities, the Jensen Internal Reviewer has sought to increase relevant clinical expertise in the community and foster positive relationships with the services and providers that provide support to Minnesotans with developmental disabilities—including Therapeutic Follow-up Group members and current or former Minnesota Life Bridge residents.

Verification

⁴¹ Positive Behavior Support Leadership Group includes members from DHS as well as external members such as the University of Minnesota, Minnesota State Mankato, Minnesota Department of Education, Minnesota Department of Corrections and private providers.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

The Jensen Internal Reviewer was personally involved in the activities reported for this EC. See also the Verification section for EC 39.

Summary Assessment

The Department has met EC 41 by completing all Actions accompanying EC 41. The Department has provided specific data above and in previous reports documenting completion of Actions 41.1 (See Doc. Nos. 342, 531, 589, 614-1, 643, 676 and 700 and the Jensen Internal Reviewer Monthly Reports).

Evaluation Criteria 47

The State undertakes best efforts to ensure that each resident is served in the most integrated setting appropriate to meet such person's individualized needs, including home or community settings. Each individual currently living at the Facility, and all individuals admitted, will be assisted to move towards more integrated community settings. These settings are highly individualized and maximize the opportunity for social and physical integration, given each person's legal standing. In every situation, opportunities to move to a living situation with more freedom, and which is more typical, will be pursued.

Responsible Party: Minnesota Life Bridge Manager

Current Status

EC 47 has been met.

EC 47 relates to whether the Department has engaged in best efforts to ensure that residents of the Minnesota Life Bridge treatment homes are served in the most integrated setting appropriate to meet their individual needs and that each resident is assisted to move toward more integrated and individualized community settings.

Minnesota Life Bridge serves residents in community-based treatment homes. As described in more detail in this report under EC 2 and EC 50, each treatment home resident receives person-centered supports in these community-based settings while they plan, with the assistance of their support teams and Minnesota Life Bridge, for transition to the most integrated setting appropriate to their needs and legal status. Minnesota Life Bridge begins the person-centered and transition planning processes upon admission to the treatment homes and these processes continue throughout the person's stay at these sites. The person-centered and transition planning processes not only guide the provision of supports while the person is at Minnesota Life Bridge, but also inform Minnesota Life Bridge's efforts to assist the person in moving toward more integrated community settings. More detailed information about the person-centered and transition-planning processes at Minnesota Life Bridge and Minnesota Life Bridge's efforts to pursue the appropriate discharge of residents to the most integrated setting that is consistent with the person's needs and preferences are provided in the status updates in this report for EC 2 and ECs 48-53.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Verification

Refer to the Verification sections for EC 2 and ECs 48-53.

Summary Assessment

The Department has demonstrated best efforts⁴² in its implementation of EC 47. Further, the Department has met EC 47 by completing all Actions accompanying EC 47. The Department has provided specific data above and in previous reports documenting completion of Action 47.2^{43, 44} (See Doc. Nos. 342, 531, 572, 589, 614-1, 643, 676 and 700).

Evaluation Criteria 48

The State actively pursues the appropriate discharge of residents and provided them with adequate and appropriate transition plans, protections, supports, and services consistent with such person's individualized needs, in the most integrated setting and to which the individual does not object.

Responsible Party: Minnesota Life Bridge Manager

Current Status

EC 48 has been met.

EC 48 relates to the Department's active pursuit of appropriate discharge for residents of the Minnesota Life Bridge treatment homes, in accordance with the *Olmstead* decision. The process of transition planning starts upon admission and is central to the pursuit of appropriate discharge, informing the steps taken to identify and explore potential providers, homes and communities, as well as to determine the services, supports, and protections necessary to facilitate a successful transition. In other words, transition planning is critical to defining what an appropriate discharge in accordance with the *Olmstead* decision looks like for each person and to make sure that the needs and preferences of the person are at the center of the discharge process. For a more detailed

⁴² See Doc. No. 707 at 9.

⁴³ The CPA does not contain an Action 47.1.

⁴⁴ Four Minnesota Life Bridge residents have transitioned to settings that are more restrictive: [REDACTED]

[REDACTED]

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

description of the transition planning process at Minnesota Life Bridge, see the status update for EC 48 in the February 2017 Semi-Annual Report (Doc. No. 614-1).

During this reporting period, 10 of the 10 persons served for at least thirty consecutive days at Minnesota Life Bridge treatment homes had transition plans that staff updated on a monthly basis. For additional information, see EC 2 and EC 50.

During this reporting period, Minnesota Life Bridge's efforts to pursue the appropriate discharge of residents resulted in the transition of two people [REDACTED] to community-based homes. Minnesota Life Bridge facilitated the discharge of these residents through adequate and appropriate transition plans, protections, supports and services consistent with their individualized needs in accordance with EC. One person [REDACTED] eloped from Minnesota Life Bridge in October and was discharged in December 2018.

[REDACTED]

[REDACTED]

[REDACTED]

⁴⁵ As of the end of this reporting period, and in conformity with ECs 88 and 95, Minnesota Life Bridge continues to operate the following treatment homes: Stratton Lake, Broberg's Lake and Donnelly. [REDACTED]

[REDACTED]

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report



Efforts and progress toward discharge for other treatment home residents

For the other seven residents [REDACTED] served at Minnesota Life Bridge treatment homes during this reporting period, Minnesota Life Bridge actively worked with each person and their team to pursue appropriate discharge through the transition planning process. As of the end of this reporting period, three residents [REDACTED] have future providers identified. Minnesota Life Bridge staff are working with these residents and their teams to develop their transition plans further. The following is a summary of the progress toward appropriate discharge for the seven residents not discharged from Minnesota Life Bridge as of the end of this reporting period:





Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

[REDACTED]

Length of Time to Discharge

In previous reports, the Department has addressed the length of time to discharge for Minnesota Life Bridge treatment home residents. The intent of these discussions was to illustrate the Department's active pursuit of appropriate discharge notwithstanding challenges posed by residents' backgrounds (*e.g.*, criminal history), factors impacting stabilization (*e.g.*, need for medication adjustment or management), the availability of community providers able or willing to serve individuals with challenging behaviors, or the time required to develop a new site when an existing setting would not serve the individual's needs.

It should be emphasized that while Minnesota Life Bridge is intended to be a temporary provider, no provision of the JSA or CPA sets a timeframe within which a treatment home resident must be discharged. (See generally, Doc. Nos. 136-1, 283.) To the contrary, the CPA requires pursuit of appropriate discharge—a standard that focuses on discharging an individual when the individual's clinical and other circumstances support transition and the individual's needs can be met in a more integrated setting. (See Doc. No. 283 at 15.)

Verification

The Responsible Party verified information submitted to QADC Services by reviewing person-centered planning and transition planning documentation, progress reports, minutes of monthly team meetings for residents and 45-day post-discharge reviews for people transitioned out of Minnesota Life Bridge.

[REDACTED]

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

QADC Services reviewed the supporting documentation submitted by the Responsible Party to verify the information reported, including:

- The existence of a Transition Summary and Plan for each Minnesota Life Bridge treatment home resident;
- The timeliness of the Transition Summary and Plans;
- The number and timing of discharges;
- The circumstances surrounding discharges (see the Verification sections for ECs 48 - 53); and
- The summaries of progress toward discharge for all other residents (see the Verification sections for EC 2 and ECs 48 - 53).

Additionally, the Jensen Internal Reviewer reviewed all discharges from Minnesota Life Bridge and reported on these reviews in the Jensen Internal Reviewer Monthly Reports. During this reporting period, the Jensen Internal Reviewer evaluated the transition plans for the following residents:

- [REDACTED] July 2018 Jensen Internal Reviewer Monthly Report (distributed to the Court on August 15, 2018, pages 4-5).
- [REDACTED] October 2018 Jensen Internal Reviewer Monthly Report (distributed to the Court on November 15, 2018, page 5); and
- [REDACTED] December 2018 Jensen Internal Reviewer Monthly Report (distributed to the Court on January 15, 2019, page 4).

For information related to discharge planning obtained from on-site visits to Minnesota Life Bridge treatment homes, refer to the Verification section for EC 2.

Follow-up Regarding Discharges

To further verify that Minnesota Life Bridge pursued the appropriate discharge of residents through transition planning for each of the two people who transitioned from Minnesota Life Bridge treatment homes to community homes and the one person who eloped from Minnesota Life Bridge during this reporting period, QADC Services followed up with the Minnesota Life Bridge facility supervisor, the case manager, the guardian and/or family members and the new residential provider of each person, as well as CSS and Successful Life Project as appropriate.

QADC Services utilized a standardized interview protocol which asked: (1) as part of the transition planning process, was the Minnesota Life Bridge Transition Plan developed for the person useful?; (2) has the transition plan been used in the creation of supports in the person's new home?; and (3) are things identified as "important to" the person in the transition summary reflected in what is being delivered to the person?

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

For the two people [REDACTED] who transitioned during this reporting period to community-based homes and for the person [REDACTED] who eloped from Minnesota Life Bridge QADC Services received responses from Minnesota Life Bridge site supervisors as well as three case managers, two providers, two CSS staff, and two guardians and/or family members. Overall, comments regarding the Minnesota Life Bridge transition planning process were positive.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

[REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]

Summary Assessment

The Department has demonstrated best efforts⁵⁴ in its implementation of EC 48. Further, the Department has met EC 48 by completing all Actions accompanying EC 48. The Department has provided specific data above and in previous reports documenting completion of Actions 48.1 and 48.2 (See Doc. Nos. 328, 342, 440, 531, 572, 589, 614-1, 643, 676 and 700, and Jensen Internal Reviewer Monthly Reports).

Evaluation Criteria 49

Each resident, the resident's legal representative and/or family to the extent permitted by law, has been permitted to be involved in the team evaluation, decision making, and planning process to the greatest extent practicable, using whatever communication method he or she (or they) prefer.

Responsible Party: Minnesota Life Bridge Manager

Current Status

EC 49 has been met.

EC 49 applies to the Minnesota Life Bridge treatment homes and relates to the involvement of the resident and the resident's legal representative and/or family in the person-centered and transition planning processes. Consistent with Actions 49.1 and 49.2, 13 of 13 persons served at Minnesota Life Bridge treatment homes during the reporting period had Person Centered Description – Picture of a

⁵⁴ See Doc. No. 707 at 9.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Life and Action Planning and Transition Summary Plans that Minnesota Life Bridge developed through the participation of the person, with the assistance of the Minnesota Life Bridge Person-Centered Thinking/Training Facilitator and the person's support team.

Consistent with Action 49.1, Minnesota Life Bridge encourages and facilitates the involvement not only of the person, but also of the person's legal representative and/or family (as permitted by law and desired by the person) in the planning and decision-making process. Minnesota Life Bridge does this through formal invites sent either by email or mail or when setting up the next monthly meeting when concluding a meeting.

During this reporting period, two Minnesota Life Bridge residents [REDACTED] chose not to include family members in their decision-making and planning process:

- [REDACTED]
- [REDACTED]

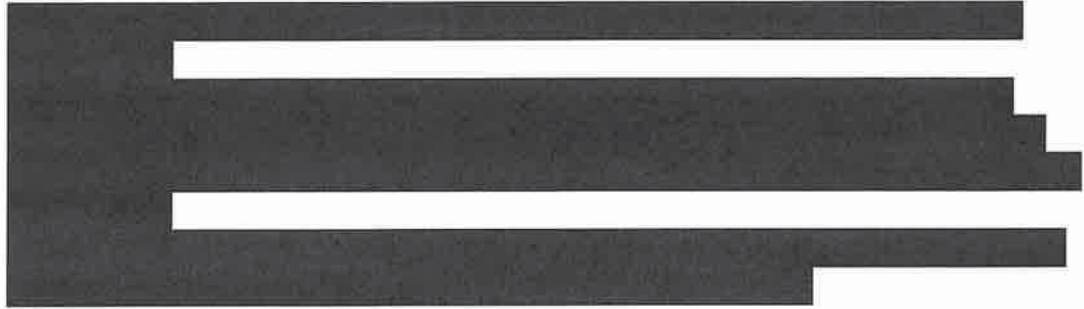
Minnesota Life Bridge continues to extend planning meeting invitations to all interested parties as desired by each resident and accommodates participation by scheduling meetings around the schedules of family members and guardians.

[REDACTED]

The following are examples of how Minnesota Life Bridge facilitated participation of family members and/or guardians during this reporting period:

- [REDACTED]
- [REDACTED]

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report



Verification

The Responsible Party verified information submitted to QADC Services regarding EC 49 by reviewing the Monthly Progress Review Meeting minutes for residents of the Minnesota Life Bridge treatment homes.

QADC Services compared the information submitted by the Responsible Party with resident meeting notes, and verified consistency between the information reported and the supporting documentation.

Summary Assessment

The Department has demonstrated best efforts⁵⁵ in its implementation of EC 49. Further, the Department has met EC 49 by completing all Actions accompanying EC 49. The Department has provided specific data above and in previous reports documenting completion of Actions 49.1 and 49.2 (See Doc. Nos. 299, 531, 572, 589, 614-1, 643, 676 and 700).

Evaluation Criteria 50

To foster each resident's self-determination and independence, the State uses person-centered planning principles at each stage of the process to facilitate the identification of the resident's specific interests, goals, likes and dislikes, abilities and strengths, as well as support needs.

Responsible Party: Minnesota Life Bridge Manager

Current Status

EC 50 has been met.

EC 50 requires the Department to use person-centered planning principles at each stage of the transition planning process for residents of Minnesota Life Bridge treatment homes, which Minnesota

⁵⁵ See Doc. No. 707 at 9.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Life Bridge fully implements. As explained in more detail in the status updates for EC 2 in this report and in the February 2017 Semi-Annual Report (Doc. No. 614-1), August 2017 Semi-Annual Report (Doc. No. 643), February 2018 Semi-Annual Report (Doc. No. 676) and August 2018 Semi-Annual Report (Doc. No. 700), this process begins with the development of a Person Centered Description – Picture of a Life and Action Planning. Each Person Centered Description is as individual as the person is and various person-centered tools are available and used by the Minnesota Life Bridge Person-Centered Thinking/Training Facilitator. Tools used are professionally accepted and selected based on their relative strengths given the unique needs of each individual, and include:

- Picture of a Life and Action Planning;
- PATH (Planning Alternative Tomorrow with Hope); and
- MAPS (Making Action Plans).

During this reporting period:

- Ten of the 10 persons served at Minnesota Life Bridge treatment homes engaged with the Minnesota Life Bridge Person-Centered Thinking/Training Facilitator to contribute to their Person Centered Description – Picture of a Life and Action Planning;
- Ten of the 10 persons served at Minnesota Life Bridge treatment homes had a Person Centered Description developed through participation in Person Centered Description – Picture of a Life and Action Planning, PATH or MAPS; and
- Ten of the 10 persons served for at least thirty consecutive days at a Minnesota Life Bridge treatment home during this reporting period had their Person Centered Description – Picture of a Life and Action Planning and Transition Summary and Plan updated on a monthly basis after the initial team meeting.

The Minnesota Life Bridge Person-Centered Thinking/Training Facilitator's training plan includes professional development activity hours over the minimum requirement of 25 hours annually, consistent with Action 50.5. See Table 4 for a listing of professional development activities that the Minnesota Life Bridge Person-Centered Thinking/Training Facilitator has participated in during this reporting period.

**Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report**

Table 4: Minnesota Life Bridge Person-Centered Thinking/Training Facilitator – 2018 Professional Development Activities

Professional Development Activity	Trainer	Date (s)	Hours
PCT 1:1 Mentorship	A. Amado	1/9/18; 4/10/18	2.5
PCT 1:1 Mentorship	B. Gadbois	8/1/18; 8/27/18; 10/16/18; 11/19/18	7.0
PCT 2 Day - Observation	L. Trabake	5/30 - 5/31/18	14
PCT 2 Day - Curriculum Orientation	B. Gadbois	6/7/18	6
Portland PCT Gathering	M. Steinbruck	7/22-7/25/18	19
MN PCT Gathering	M. Steinbruck, R. Freeman, S. Schifsky, G. Petrie and A. Maki	11/25-11/26/18	12
St. Louis County Conference	J. May	10/11 - 10/12/18	12
PCT Community of Practice ⁵⁶	B. Gadbois	1/8/18, 4/9/18, 5/11/18, 7/9/18, 10/8/18	10
PCP Method Sessions ⁵⁷	B. Gadbois	1/8/18, 4/9/18, 5/14/18, 8/13/18	8
PCP Method Sessions	B. Gadbois	1/15/18 - 1/17/18	18
PCT Coaches & Leaders MLB Group ⁵⁸	S. Sjostedt	3/15/2018	4
PCT Coaches & Leaders MLB Group	T. Buckingham	6/21/18	4
PCT Coaches & Leaders MLB Group	S. Sjostedt	9/20/18	4
PCT Coaches & Leaders MLB Group	S. Sjostedt, T. Sorenson	12/20/18	4
CSS PC Learning Circles ⁵⁹	R. Walske-Zuchora	3/19/18, 7/31/18, 9/6/18	6
Total Hours			130.5

⁵⁶ Monthly meeting with other person centered planners. Discussion of barriers and ideas in effective plan facilitation.

⁵⁷ Person-Centered Planning Method Sessions is a workshop designed to help facilitators promote person-centered practices, including PATH and MAPS, in their programs and for the people supported.

⁵⁸ Person Centered Thinking (PCT) Coaches & Leaders Minnesota Life Bridge Group is a workshop designed to help Minnesota Life Bridge and Crisis home staff promote person-centered practices.

⁵⁹ Sharing person-centered ideas, tools, working with IDT, etc.

**Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report**

During this reporting period, the Minnesota Life Bridge Person-Centered Thinking/Training Facilitator also provided 200 hours of Person-Centered Thinking (PCT) training. (See Table 5.)

Table 5: Minnesota Life Bridge Person-Centered Thinking/Training Facilitator – 2018 PCT trainings

Trainings Conducted	Date	Audience	Hours
PCT - Level One Changes	4/11/18	MLB	6
PCT - Level One Changes	4/18/18	MLB	6
PCT - Level One Changes	10/17/18	MLB	6
PCT - Level One Changes	10/24/18	MLB	6
PCT – Choice	6/13/18	MLB	6
PCT – Choice	6/27/18	MLB	6
PCT – Choice	12/5/18	MLB	6
PCT – Choice	12/12/18	MLB	6
PCT - Principle elements	8/8/18	MLB	6
PCT - Principle elements	8/22/2018	MLB	6
PCT 2 - Day workshop -Anoka	1/22-23/2018	MSOCS	12
PCT 2 - Day workshop - Baxter	11/28-29/18	MSOCS	16
PBS 2 Day	3/9 & 3/16/18	MLB and MSOCS	16
PBS 2 Day	6/15 & 6/22/18	MLB and MSOCS	16
PBS 2 Day	7/20 & 7/21/18	MLB and MSOCS	16
PBS 2 Day	8/24 & 8/31/18	MLB and MSOCS	16
PBS 2 Day	9/14 & 9/21/18	MLB and MSOCS	16
PBS 2 Day	9/28/18	MLB and MSOCS	8
PBS 2 Day	12/7 & 12/14/18	MLB and MSOCS	8
Post Crisis	4/24/18	MLB	4
Post Crisis	6/26/18	MLB	4
Post Crisis	8/28/18	MLB	4
Post Crisis	12/18/18	MLB	4
		Total Hours	200

Verification

The Responsible Party verified the information submitted to QADC Services for EC 50 through review of Minnesota Life Bridge treatment home residents' Person Centered Description – Picture of a Life and Action Planning and Transition Plans. The Responsible Party also verified the Minnesota Life Bridge Person-Centered Thinking/Training Facilitator's qualifications and professional development activities through documentation, including the Facilitator's training transcript, resume, and certification of training in person-centered planning.

QADC Services reviewed the supporting documentation submitted by the responsible party to verify the Minnesota Life Bridge Person-Centered Thinking/Training Facilitator's qualifications and ongoing professional development activities. This included the Minnesota Life Bridge Person-Centered Thinking/Training Facilitator's certificates from trainings and training transcript. The Jensen Internal

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Reviewer and QADC Services also reviewed the Minnesota Life Bridge Person-Centered Thinking/Training Facilitator's training plan to ensure that, consistent with Action 50.5, the plan includes a minimum of 25 hours per year of educational activities - formal and informal - focused on person-centered planning.

See the Verification section for EC 2 for additional detail about QADC Services' verification efforts related to person-centered planning at Minnesota Life Bridge treatment homes and the Verification section for EC 48 for additional detail about QADC Services' verification efforts related to transition planning at Minnesota Life Bridge treatment homes.

Summary Assessment

The Department has demonstrated best efforts⁶⁰ in its implementation of EC 50. Further, the Department has met EC 50 by completing all Actions accompanying EC 50. The Department has provided specific data above and in previous reports documenting completion of Actions 50.1, 50.2, 50.3, 50.4, 50.5, 50.6, 50.7 and 50.8 (See Doc. Nos. 342, 440, 531, 572, 589, 614-1, 643, 676 and 700).

Evaluation Criteria 51

Each resident has been given the opportunity to express a choice regarding preferred activities that contribute to a quality life.

Responsible Party: Minnesota Life Bridge Manager

Current Status

EC 51 has been met.

EC 51 requires that Minnesota Life Bridge treatment homes provide each resident with the opportunity to express choice regarding preferred activities that contribute to a quality life. Minnesota Life Bridge staff ensure that each treatment home resident has the opportunity to plan and fill their day with preferred activities that are important to and for them through a process that is highly individualized. Staff engage with each resident on a regular basis—typically daily—to discuss their choices and plans for activities. Minnesota Life Bridge frequently modifies these activity plans based on the preference of the individual. Minnesota Life Bridge staff also try to accommodate activities that residents spontaneously choose, wherever logistically possible.

The information in Minnesota Life Bridge Residents' Person Centered Description – Picture of a Life and Action Planning, in combination with staffs' daily experience and conversation with residents, informs how staff provide support to residents in selecting and planning their preferred activities.

⁶⁰ See Doc. No. 707 at 9.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Staff offer suggestions for activities based on a resident's expressed preferences and goals and look for ways for residents to expand their horizons with community activities.

Minnesota Life Bridge staff use individual Monthly Activity Data Sheets to track activities that staff discuss with each person and in which the person chooses to participate. The Minnesota Life Bridge Manager and Community Residential Supervisors review the data sheets and compare these to residents' Person Centered Description – Picture of a Life and Action Planning to ensure that activities are individualized and consistent with residents' expressed preferences. Activities patterns are also considered in responses to challenging behavior, which are inspected by the Jensen Internal Reviewer and detailed in Monthly Reports.

The following are examples of how Minnesota Life Bridge provided residents with daily opportunities to express a choice regarding preferred activities during this reporting period. Minnesota Life Bridge provided these examples in response to QADC Services' request for information regarding preferred activities of clients from across the three treatment homes, for a randomly selected week each month during the reporting period. During this reporting period, all ten Minnesota Life Bridge residents were included in minimally one random sample. For the week of: December 16 – December 22, 2018:

[REDACTED]

[REDACTED]

[REDACTED]

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

[REDACTED]	[REDACTED]
[REDACTED]	
[REDACTED]	[REDACTED]

Vocational/Employment Activities

During this reporting period, Minnesota Life Bridge's Skills Development Specialist engaged Minnesota Life Bridge residents in activities related to integrated vocational options including informational interviews, job shadow opportunities, job trials, job-seeking activities, intake with Vocational Rehabilitation Services and competitive integrated employment.⁶¹ As of the end of the reporting period, of the seven residents [REDACTED]

[REDACTED]

⁶¹ The DHS Community-Based Services Manual defines competitive employment as employment in which the employee is compensated at or above the minimum wage and is employed on a full-time or part-time basis in an integrated and competitive labor market.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

1 [REDACTED] 2 [REDACTED]
All three residents discharged by Minnesota Life Bridge before the end of the reporting period [REDACTED]
[REDACTED] also participated in employment-related activities. Information regarding their participation follows:

[REDACTED]

[REDACTED]

[REDACTED]

Verification

The Responsible Party verified information submitted to QADC Services by reviewing resident Person-Centered Descriptions, minutes of monthly team meetings, daily or weekly resident schedules and resident progress reports. The Responsible Party also spoke with Minnesota Life Bridge lead staff and site supervisors regarding the process by which treatment home residents make choices and engage in planning regarding preferred activities.

⁶² It is important to note that the number of people in each stage of employment changes from month to month, based on census and employment status.

[REDACTED]

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

QADC Services and the Jensen Internal Reviewer's on-site visits to Minnesota Life Bridge provided verification that Minnesota Life Bridge provides residents the opportunity to express choice regarding preferred activities that contribute to of quality life. Refer to the Verification section for EC 2 for further information on on-site visits.

During this reporting period, the Jensen Internal Reviewer made five separate on-site visits to the Minnesota Life Bridge treatment homes to interview residents and their direct support staff, and to observe interactions between the resident and staff. During these visits, the Jensen Internal Reviewer observed that each of the three residents supports and daily activities were consistent with and guided by their preferences and the balance of what is important "to a person" and what is important "for a person." For more information about these review activities and the Jensen Internal Reviewer's findings, refer to the "Clinical Case Review" sections⁶⁴ of the following Jensen Internal Reviewer Monthly Reports:

- [REDACTED] December 2018 Jensen Internal Reviewer Monthly Report (distributed to the Court on January 15, 2019 page 3);
- [REDACTED] November 2018 Jensen Internal Reviewer Monthly Report (distributed to the Court on December 17, 2018, page 3);
- [REDACTED] December 2018 Jensen Internal Reviewer Monthly Report (distributed to the Court on January 15, 2019 page 3);
- [REDACTED] November 2018 Jensen Internal Reviewer Monthly Report (distributed to the Court on December 17, 2018, page 3); and
- [REDACTED] December 2018 Jensen Internal Reviewer Monthly Report (distributed to the Court on January 15, 2019 page 3).

Summary Assessment

The Department has demonstrated best efforts⁶⁵ in its implementation of EC 51. Further, the Department has met EC 51 by completing all Actions accompanying EC 51. The Department has provided specific data above and in previous reports documenting completion of Actions 51.1 and

⁶⁴ Previously, the Jensen Internal Reviewer Monthly Reports included a section entitled "Rhythm of the Day" to assess the degree to which the lives of people supported at Minnesota Life Bridge included culturally typical rhythms and activities. Content included efforts to improve day programming, efforts to provide meaningful work, and efforts to increase access to preferred recreation. As of November 2018, this section changed title and focus to Clinical Case Review. The Jensen Internal Reviewer and Minnesota Life Bridge will select residents experiencing challenges and conduct reviews using the Case Formulation Model. The structure of the Case Formulation Model is consistent with the National Association of Dual Diagnosis Clinical Benchmarks for persons with intellectual or developmental disability and mental illness and continues the assessment of the degree to which Minnesota Life Bridge is providing a therapeutic environment.

⁶⁵ See Doc. No. 707 at 9.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

51.2 (See Doc. Nos. 328, 531, 572, 589, 614-1, 643, 676 and 700, and the Jensen Internal Reviewer Monthly Reports).

Evaluation Criteria 52

It is the State's goal that all residents be served in integrated community settings and services with adequate protections, supports and other necessary resources which are identified as available by service coordination. If an existing setting or service is not identified or available, - will be utilized to create the appropriate setting or service using an individualized service design process.

Responsible Party: Minnesota Life Bridge Manager

Current Status

EC 52 has been met.

EC 52 sets out the goal that all residents of Minnesota Life Bridge treatment homes “be served in integrated community settings and services with adequate protections, supports, and other necessary resources” and that “best efforts will be utilized to create the appropriate setting or service” through an individualized process if an existing setting or service is not identified or available. (Doc. No. 283 at 17.) This goal and the Department’s best efforts to create the appropriate setting or service are evident in Minnesota Life Bridge’s person-centered approach to transition planning. Minnesota Life Bridge efforts helps residents:

- Identify a future living situation that meets their needs and preferences;
- Identify, through a continuous transition planning process, how the person’s needs and preferences will be met by the services and setting where the person will be transitioning; and
- Identify supports provided during transition.

As explained in previous sections (e.g., status updates for EC 2, EC 50), Minnesota Life Bridge uses person-centered planning principles throughout the transition planning process to identify what is important to and for the person.

The information from the Person Centered Description – Picture of a Life and Action Planning directly informs residents’ Transition Plans, which highlight what is important to and for the person and explain how the future setting or service, as well as the supports provided during transition, can meet the person’s identified needs and preferences. The elements addressed by the Transition Plan include but are not limited to: location; elements that contribute to a good day for the person; recreation; family, friends and relationships; characteristics of housemates; characteristics of people who support the person best; behavioral supports; medical and dietary supports; and transition/continuum of support needs.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

With respect to the last of these categories, the Transition Plan format requires that each of the considerations listed in Action 52.5 be addressed. As previously explained, an initial draft of the Transition Plan is to be created within 30 days of admission to a Minnesota Life Bridge treatment home. The Transition Plan is further developed and finalized after the team agrees on a new living situation. Minnesota Life Bridge ensures best efforts are made to work with providers to create a setting for each person with adequate protections, supports and other necessary resources, which are identified in the Transition Summary and Plan. Additionally, Minnesota Life Bridge, Successful Life Project and Community Supports Services are available to provide support and technical assistance after the person is discharged from Minnesota Life Bridge.

During this reporting period, Minnesota Life Bridge's efforts to pursue the appropriate discharge of residents resulted in the transition of two people to community-based homes:⁶⁶

[REDACTED]

[REDACTED]

[REDACTED]

⁶⁷ As of the end of this reporting period, and in conformity with ECs 88 and 95, Minnesota Life Bridge continues to operate the following treatment homes: Stratton Lake, Broberg's Lake and Donnelly.

[REDACTED]

[REDACTED]

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

For additional information about how Minnesota Life Bridge assisted treatment home residents during this reporting period to identify future living situations that meet their preferences in the most

[REDACTED]

[REDACTED]

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

integrated setting possible, and to plan for transition to these situations, see the status update for EC 48.

Verification

The Responsible Party verified information submitted to QADC Services for EC 52 by reviewing treatment home residents' Transition Plans and Person Centered Description – Picture of a Life and Action Planning.

QADC Services verified the information submitted by the Responsible Party by reviewing treatment home residents' Transition Plans and Person Centered Description – Picture of a Life and Action Planning. Additionally, the Jensen Internal Reviewer evaluated all discharges from Minnesota Life Bridge and reported on these reviews in the Jensen Internal Reviewer Monthly Reports.

Additionally, the Jensen Internal Reviewer reviewed all discharges from Minnesota Life Bridge and reported on these reviews in the Jensen Internal Reviewer Monthly Reports. During this reporting period, the Jensen Internal Reviewer evaluated:

- [REDACTED] July 2018 Jensen Internal Reviewer Monthly Report (distributed to the Court on August 15, 2018, pages 4-5).
- [REDACTED] October 2018 Jensen Internal Reviewer Monthly Report (distributed to the Court on November 15, 2018, page 5); and
- [REDACTED] December 2018 Jensen Internal Reviewer Monthly Report (distributed to the Court on January 15, 2019, page 4).

For more information about QADC Services' verification efforts relating to transition planning and discharges, see the Verification section for EC 48.

Summary Assessment

The Department has demonstrated best efforts⁷¹ in its implementation of EC 52. Further, the Department has met EC 52 by completing all Actions accompanying EC 52. The Department has provided specific data above and in previous reports documenting completion of Actions 52.1, 52.2, 52.3, 52.4, 52.5 and 52.6 (See Doc. Nos. 328, 342, 387, 531, 572, 589, 614-1, 643, 676 and 700, and Jensen Internal Reviewer Monthly Reports).

⁷¹ See Doc. No. 707 at 9.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Evaluation Criteria 53

The provisions under this Transition Planning Section have been implemented in accord with the Olmstead decision.

Responsible Party: Minnesota Life Bridge Manager

Current Status

EC 53 has been met.

Consistent with EC 53, Minnesota Life Bridge continues to implement person-centered transition planning and provide treatment home residents with opportunities to receive services in integrated settings, in accord with the *Olmstead* decision, to the extent possible based on reasonable assessments by treatment professionals that community placement is appropriate accounting for the person's particular clinical and other circumstances and according to the preferences of the person. Minnesota Life Bridge, by its overall design, is a temporary treatment program meant to help residents move into more integrated settings at the appropriate time. Persons served at Minnesota Life Bridge treatment homes are highly involved in developing their Person-Centered Descriptions and Transition Plans. If, after being provided with the information necessary to make an informed choice, a person chooses a segregated service, Minnesota Life Bridge documents this choice in the person's record. Persons and their support teams are encouraged to make an informed choice of future providers and Minnesota Life Bridge consistently encourages transition to integrated and more independent settings. Post transition, Minnesota Life Bridge staff are available for continued staff training and staff shadowing at the request of the new provider, consultation and participation in the 45-day review.

During this reporting period, two of the three residents [REDACTED] discharged from a Minnesota Life Bridge treatment home transitioned to services in a more integrated setting. [REDACTED]

[REDACTED]

Minnesota Life Bridge works with treatment home residents and their teams to develop Person Centered Description – Picture of a Life and Action Planning and Transition Plans that address multiple areas of engagement, including community and civic life, relationships, career, home and personal interests. As discussed in the status updates for EC 2 and ECs 48-52, the Person Centered Description directly informs the services and supports Minnesota Life Bridge provides to residents while they are living in the treatment homes and directly informs the transition planning process. These services and supports are monitored in a variety of ways, including through residents' monthly team meetings, resident progress reports, the transition planning process, the Jensen Internal

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Reviewer's assessment of follow-up to incidents involving EUMR, 911 calls, or use of PRN medication at the request of the client, and the Jensen Internal Reviewer's Rhythm of the Day⁷² assessments.

Verification

See the Verification sections for EC 2 and ECs 48-52.

Summary Assessment

The Department has met EC 53 by completing all Actions accompanying EC 53. The Department has provided specific data above and in previous reports documenting completion of Actions 53.1, 53.2, 53.3 and 53.4 (See Doc. Nos. 342, 531, 589, 614-1, 643, 676 and 700).

Evaluation Criteria 64

The Facility has a mission consistent with the Settlement Agreement and this Comprehensive Plan of Action.

Responsible Party: Minnesota Life Bridge Manager

Current Status

EC 64 has been met.

The mission of Minnesota Life Bridge can be described by the phrase "Successful Transition to a Successful Life," consistent with the JSA and CPA. Consistent with EC 3, Minnesota Life Bridge serves Minnesotans who have a developmental disability and exhibit severe behavior that presents a risk to public safety. Minnesota Life Bridge treatment homes are intended to provide temporary residential services, lasting no longer than necessary to stabilize the person's behavioral crises and facilitate successful transition to a living situation of their choosing. The amount of time necessary to stabilize a person will vary depending on the person's clinical circumstances. Consistent with the JSA and CPA, Minnesota Life Bridge also requires the use of positive behavior supports and person-centered planning approaches and prohibits the use of mechanical restraint, prone restraint, chemical restraint, seclusion and time out, and all other aversive or deprivation practices. The Department

⁷² As of November 2018, the Rhythm of the Day Assessments section of the Jensen Internal Reviewer Monthly Report changed its title and focus to a Clinical Case Review. The Jensen Internal Reviewer selects one person in conjunction with Minnesota Life Bridge and conducts a review using the Case Formulation Model. The structure of the Case Formulation is consistent with the National Association of Dual Diagnosis Clinical Benchmarks for persons with intellectual or developmental disability and mental illness and continues the assessment of the degree to which Minnesota Life Bridge provides a therapeutic environment.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

describes these principles in its Minnesota Life Bridge Bulletin (Bulletin 18-76-02)⁷³, policies, and its page in the Community Based Services Manual.⁷⁴ The Bulletin and the Community-Based Services Manual⁷⁵ are publicly available on the Department's website.

For more detail about admissions to Minnesota Life Bridge treatment homes, use of person-centered principles and positive behavior supports at Minnesota Life Bridge treatment homes, and Minnesota Life Bridge's pursuit of the appropriate discharge of treatment home residents, see the status updates in this report for ECs 2-3 and ECs 47-53.

Verification

See Verification Sections for ECs 2-3 and ECs 47-53.

Summary Assessment

The Department has met EC 64 by developing a mission for Minnesota Life Bridge consistent with the JSA and the CPA. The Department has provided specific data above and in previous reports documenting completion of EC 64 (See Doc. Nos. 299, 531, 589, 614-1, 643, 676 and 700).

Evaluation Criteria 67

The expansion of community services under this provision allows for the provision of assessment, triage, and care coordination to assure persons with developmental disabilities receive the appropriate level of care at the right time, in the right place, and in the most integrated setting in accordance with the U.S. Supreme Court decision in Olmstead v. L.C. , 527 U.S. 582 (1999).

Responsible Party: Community Supports Services Director

Current Status

EC 67 has been met.

EC 67 acknowledges the expansion of community services to allow for the provision of assessment, triage, and care coordination in an effort to assure persons with developmental disabilities receive

⁷³ Minnesota Life Bridge Bulletin, DHS Bulletin No. 18-76-02: <http://www.dhs.state.mn.us/main/dhs-307196> - Replacing Minnesota Life Bridge Bulletin, DHS Bulletin No. 16-76-02.

⁷⁴ The Community-Based Services Manual is a resource for lead agencies who administer home and community-based services that support older Minnesotans and people with disabilities.

⁷⁵ Community-Based Services Manual webpage on Minnesota Life Bridge: http://www.dhs.state.mn.us/main/dhs16_195872.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

the appropriate level of care at the right time, in the right place, and in the most integrated setting. (Doc. No. 283 at 23.) With nine mobile teams, each team minimally including 2 members, and 24 office locations⁷⁶ around the state, Community Support Services (CSS) has expanded its community services and provides assessment, triage, and care coordination to persons with developmental disabilities on a statewide basis. This allows persons and their teams to receive support from Community Support Services where the person is in the most integrated setting possible.

During this reporting period, CSS Mobile Teams provided statewide assessment, triage and care coordination to 173 people with developmental disabilities.⁷⁷ Information on Long-Term Monitoring services from Community Support Services is addressed in the status updates for ECs 68 and 69 in this report.

CSS provided information on 10 people randomly selected by QADC services from the 173 people with developmental disabilities who received “standard” (meaning not long-term monitoring) supports from Community Support Services mobile teams during this reporting period.⁷⁸ The following is a summary of the information obtained from CSS lead workers, supplemented by case notes, for the 10 people in the random sample for this EC.⁷⁹



⁷⁶ The 24 office locations included regional offices in Anoka, Cambridge, Faribault, Maplewood, Moorhead, Vadnais Heights and Willmar, as well as home offices scattered throughout the state. On June 11, 2018, the CSS Metro Mobile started up at Vadnais Heights and the Maplewood location closed on July 16, 2018.

⁷⁷ This number does not include persons who only received long-term monitoring services from CSS (see ECs 68 and 69) during the reporting period. This number does include persons who received Standard Supports from CSS during the reporting period and during the reporting period subsequently moved to the long-term monitoring group.

⁷⁸ To monitor CSS Standard Supports, QADC Services pulled a random sample from the list of people who received Standard Supports from CSS between July 1 and December 31, 2018. QADC Services alphabetized and numbered the list of people who received Standard Supports from CSS during the relevant time period. QADC Services then used Random.org (<https://www.random.org/>) to generate 10 random numbers based on the total number of people who received Standard Supports from CSS during the reporting period and QADC Services then matched the numbers generated to the alphabetized list of names.

⁷⁹ The following summaries include references to events and supports that occurred outside this reporting period.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

[REDACTED]

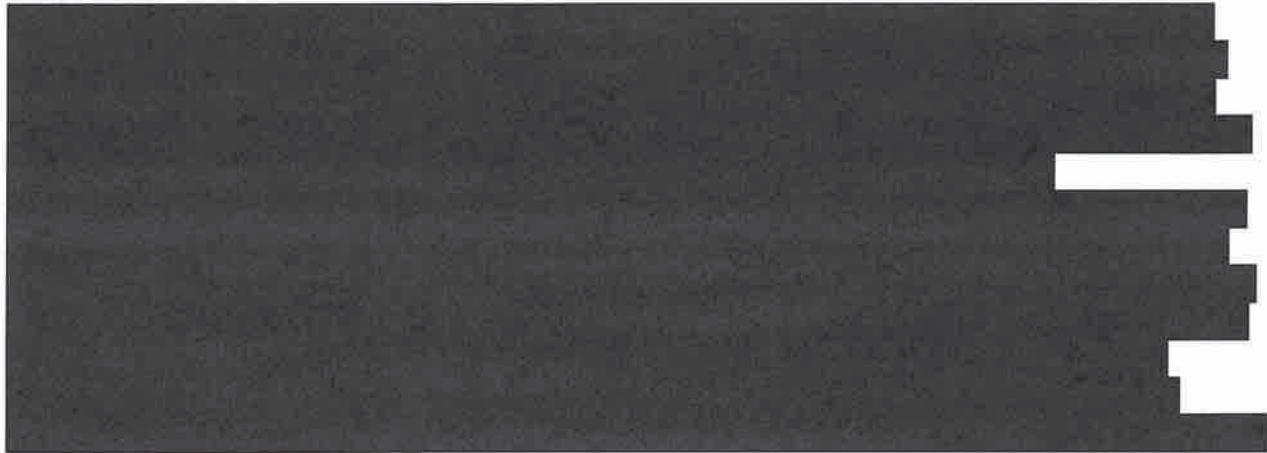
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report



These are just some examples of how CSS supports persons with developmental disabilities and their community support networks to assure that the person receives the appropriate level of care at the right time, in the right place and in the most integrated setting possible. For additional information about the services provided by CSS to these 10 people, refer to the Verification section below, which includes information from follow-up with case managers, providers and/or guardians.

Diversion Meetings

Consistent with Actions 67.4, 67.5, and 67.7, the Department provides on-going efforts to divert persons from institutionalization or placement in more restrictive settings through weekly diversion meetings. Minnesota Life Bridge facilitates the weekly diversion meetings, which involve representation from multiple areas of the Department including CSS, Community-Based Services, Direct Care and Treatment Central Pre-Admission, Minnesota State Operated Community Services, QADC Services and the Successful Life Project. These meetings consider all persons with developmental disabilities known to be at risk of losing their living situation, as well as residents of Minnesota Life Bridge treatment homes. Weekly diversion meetings include person-centered development strategies as well as consideration of existing community vacancies and challenges posed by a person's history and current mental health. This involves reviewing any proposed admissions to more restrictive settings and considering all possible diversion strategies; reviewing status of transition planning for all individuals living at Minnesota Life Bridge treatment homes; and incorporating an active, individualized planning or development focus in these transition discussions.

These efforts and discussions are summarized in the Diversion Meeting minutes, which include updates on the current status of diversion efforts and next steps for these efforts, with detail about what is to be addressed, who is assigned to follow through, when resolution is expected for the item and escalation of the issue as appropriate to upper management, if any. Minnesota Life Bridge sends the Diversion Meeting minutes to QADC Services, and QADC Services distributes the minutes to the Consultants and the Attorney General's Office, as well as selected internal DHS staff.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

QADC Services and the Successful Life Project monitors the Diversion Meeting minutes and follows up on issues raised as appropriate, and escalates significant issues to the QADC Services Director.

Examples of QADC Services and Successful Life Project follow-up during this reporting period include:

- Following up with county case managers and the Minnesota Life Bridge Transition Coordinator for clarification regarding specific issues or barriers identified in the meeting minutes;
- Speaking with Minnesota Life Bridge staff during on-site visits about challenges or concerns affecting transition planning;
- Providing direction to participants in the Diversion Meetings about who they could contact to address or escalate an identified issue or concern; and
- Providing clinical consultation and technical assistance to develop behavioral supports for individuals followed by the Diversion Meetings and to ensure consensus on placement needs.

Verification

To verify accuracy of the data reported to QADC Services regarding the persons with developmental disabilities served by CSS during the reporting period, CSS drew a random sample of five percent of the total number of persons who received CSS Standard Supports during this reporting period.⁸¹ For the randomly selected sample cases, CSS reviewed supporting documentation, including case notes and reports, to confirm services that CSS provided. CSS also verified case opening and closure dates in the CSS data system.

In the August 2018 Semi-Annual Report (Doc. No.700 at 49) the Department reported that CSS was changing the way CSS makes program assignments in CareManager to separate the referral process from actual clinical services. Effective July 1, 2018, CSS started to use the clinical start date instead of the referral date to determine who was receiving services during the reporting period. This change was necessary because several people were included in the previous data when CSS closed out the referral before CSS provided services. Using the clinical date will assure that the people included in the data received clinical services. With the exception of using the clinical start date, the QADC Services data analyst confirmed with the CSS data analyst that the documented process CSS used to pull data from its database did not change from the last reporting period, and continues to provide QADC Services with information needed to monitor and to report on the supports provided by CSS.

In the August 2017 Semi-Annual Report (Doc. No. 643 at 46), February 2018 Semi-Annual Report (Doc. No. 676 at 42) and August 2018 Semi-Annual Report (Doc. No. 700 at 49), the Department reported issues regarding two regional teams that were not correctly coding people with

⁸¹ To draw their random sample, CSS used Random.org (<https://www.random.org/>) to generate random numbers and correlated those to row numbers on a spreadsheet of individuals.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

developmental disabilities in CSS' database. CSS has added new staff to the process and is providing additional training. Since the last report, CSS is reporting improvement in the process with the regional teams. CSS reported that they have completed all retroactive changes and are closely reviewing lists prior to finalizing data. CSS and QADC Services will continue to monitor this issue.

CSS submitted data showing 173 individuals received Standard Supports from CSS during this reporting period. During the review by CSS and QADC Services, it was discovered that CSS retroactively coded 15 people as receiving Standard Supports during this reporting period that should have been reported in the August 2018 Semi-Annual Report (Doc. No. 700 at 49). Two of the individuals should also have been included in the data submitted in the February 2018 Semi-Annual Report (Doc. No. 676 at 42). Six individuals were retroactively closed and should have been reported in the August 2018 Semi-Annual Report (Doc. No. 700 at 49). The data reported in this report reflects these updates, and QADC Services continues to monitor the timeliness of CSS data entry.

To obtain additional information about how CSS mobile team supports are being used to assure that persons with developmental disabilities receive the appropriate level of care at the right time, in the right place, and in the most integrated setting possible, QADC Services reviewed case notes and contacted CSS lead workers for the random sample of 10 people with developmental disabilities who received Standard Supports from CSS Mobile Teams during the reporting period. This information is summarized in the status update for EC 67.

To verify the information provided by CSS lead workers for the 10 people in the random sample who received Standard Supports during the reporting period, and to obtain additional detail about how the supports have impacted these people and their teams, QADC Services staff contacted case managers, providers and family members or guardians (where available).

QADC Services utilized a standardized interview protocol that asked: (1) why the person was referred to CSS for services?; (2) what services and supports were provided by CSS to the person and their community support network?; and (3) if and how the services provided supported the person to remain in and/or become more involved in the community.

For the 10 people in the random sample who received CSS Standard Supports during the reporting period, QADC Services received responses from 10 case managers, eight providers and six guardians or family members. Information provided by respondents regarding the reason(s) for referral and services provided by CSS were generally consistent with the information contained in the case notes or reported during the interviews with CSS staff. Most respondents reported that the services CSS provided had a positive impact on the person's behavior and their involvement in the community. The focus for CSS for a number of individuals included an increase in aggressive behaviors, health issues, staff training and transition planning.

QADC Services did not contact one person because their guardian preferred that the provider respond to questions since the provider has had more contact with CSS.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

The following are some quotes from the responses received by QADC Services:

- [REDACTED]
- [REDACTED]
- "This is my first experience working with CSS. It has been a very positive experience and one that I feel has been beneficial to the whole team. The CSS worker is very helpful and very responsive."
- [REDACTED]
- [REDACTED]
- "They [CSS] are amazing, patient, and very persistent/devoted to figuring "it" out - whatever "it" is for each individual."

With respect to the information reported in the status update for EC 67 regarding diversion meetings, QADC Services received, reviewed and distributed the Diversion Meeting minutes. QADC Services also reviewed email records and notes regarding follow-up conducted by QADC Services staff on issues requiring clarification or escalation that were raised by the Diversion Meeting minutes.

Summary Assessment

The Department has demonstrated best efforts⁸² in its implementation of EC 67. Further, the Department has met EC 67 by completing all Actions accompanying EC 67. The Department has provided specific data above and in previous reports documenting completion of Actions 67.1, 67.2, 67.3, 67.4, 67.5, 67.6, 67.7 and 67.8 (See Doc. Nos. 328, 342, 361, 531, 572, 589, 614-1, 643, 676 and 700).

⁸² See Doc. No. 707 at 9.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Evaluation Criteria 68

The Department identifies, and provides long-term monitoring of, individuals with clinical and situational complexities in order to help avert crisis reactions, provide strategies for service entry changing needs, and to prevent multiple transfers within the system.

Responsible Party: Community Supports Services Director

Current Status

EC 68 has been met.

EC 68 sets a goal that the Department engages in best efforts⁸³ to identify and provide long-term monitoring of individuals with clinical and situational complexities in order to help avert crisis reactions, provide strategies for service entry changing needs, and to prevent multiple transfers within the system. (Doc. No. 283 at 24.)

During this reporting period, CSS provided Long-Term Monitoring (CSS refers to this as “extended supports”) to 85 people with developmental disabilities and clinical and situational complexities. During this reporting period, CSS closed seven Long-Term Monitoring cases and opened six new ones.

Through its Long-Term Monitoring activities, CSS works to help avert crisis reactions by:

- Providing strategies for service entry changing needs and preventing multiple transfers within the system by monitoring and promoting the implementation of support plans;
- Collaborating with support networks to adjust support strategies;
- Training the person’s support network to recognize changing needs; and
- Facilitating access to the right supports in the right place at the right time.

For an overview of CSS’ Long-Term Monitoring process, refer to the status update for EC 68 in the Department’s February 2017 Semi-Annual Report (Doc. No. 614-1).

As of the end of the reporting period, of the 85 persons receiving Long-Term Monitoring during this reporting period:

- 50 people (59%) were assigned to Category One;
- 20 people (23%) were assigned to Category Two; and

⁸³ The CPA states that ECs 68-75 are goals that are subject to a “best efforts” standard. (Doc. No. 283 at 2.) This is based on the statement in the JSA that its long-term monitoring, crisis management, and training provisions under “System Wide Improvements” represent the Department’s goals and objectives and do not constitute requirements. (Doc. No. 136-1 at X.A.1.)

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

- 15 people (18%) were assigned to Category Three.⁸⁴

CSS provided information on 10 people randomly selected by QADC Services from the 85 people who were in the Long-Term Monitoring group (Extended Supports) during this reporting period.⁸⁵ The following is a summary of the information obtained from CSS lead workers, supplemented by case notes, for the 10 people in the random sample for this EC:⁸⁶

[REDACTED]

[REDACTED]

[REDACTED]

⁸⁴ Persons assigned to Category Three are in situations that require extensive CSS support; persons assigned to Category Two have a support network that demonstrates the capacity to effectively address issues with moderate CSS support; and persons assigned to Category One have a support network that demonstrates effective implementation of strategies to address the person's changing needs with little or no CSS support. For additional information about these service level categories, refer to the status update for EC 68 in the February 2017 Semi-Annual Report (Doc No. 614-1).

⁸⁵ To monitor CSS Long-Term Monitoring services, QADC Services pulled a random sample from the list of people who received long-term monitoring services from CSS between July 1 and December 31, 2018. QADC Services alphabetized and numbered the list of people who received Long-Term Monitoring services from CSS during the relevant time period. QADC Services then used Random.org (<https://www.random.org/>) to generate 10 random numbers based on the total number of people who received supports from CSS during the reporting period. QADC Services then matched the numbers generated to the alphabetized list of names.

⁸⁶ The following summaries include references to events and supports that occurred outside this reporting period.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

As of the end of this reporting period, for all ten individuals, CSS Long-Term Monitoring remains in place.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

The Department convened a State Quality Council in 2012 in accordance with Action 68.1 to improve the quality of services provided to people with disabilities. The Minnesota State Quality Council and Regional Quality Councils support a system of quality assurance and improvement of services for people with disabilities. Additional information on the Minnesota State Quality Council and the Regional Quality Councils is available on the Department's web site.⁸⁷

Verification

To verify accuracy of the data reported to QADC Services regarding the persons with developmental disabilities receiving Long-Term Monitoring during the reporting period, CSS drew a random sample of five percent of the total number of persons who received Long-Term Monitoring during this reporting period.⁸⁸ For the randomly selected sample cases, CSS reviewed supporting documentation, including case notes and reports, to confirm documented services that were provided. CSS also verified case opening and closure dates in the CSS data system.

In the August 2018 Semi-Annual Report (Doc. No. 700 at 57) the Department reported that CSS was changing the way CSS makes program assignments in CareManager to separate the referral process from actual clinical services. Effective July 1, 2018, CSS started to use the clinical start date instead of the referral date to determine who was receiving services during the reporting period. This change was necessary because several people were included in the previous data when CSS closed out the referral before CSS provided services. Using the clinical date will assure that the people included in the data received clinical services. With the exception of using the clinical start date, the QADC Services data analyst confirmed with the CSS data analyst that the documented process CSS used to pull data from its database did not change from the last reporting period, and continues to provide QADC Services with information needed to monitor and to report on the supports provided by CSS.

In the August 2017 Semi-Annual Report (Doc. No. 643 at 54), February 2018 Semi-Annual Report (Doc. No. 676 at 49) and August 2018 Semi-Annual Report (Doc. No. 700 at 57), the Department reported issues regarding two regional teams that were not correctly coding people with developmental disabilities in CSS' database. CSS has added new staff to the process and is providing additional training. Since the last report, CSS is reporting improvement in the process with the regional teams. CSS reported that they have completed all retroactive changes and are closely reviewing lists prior to finalizing data. CSS and QADC Services will continue to monitor this issue.

CSS submitted data for 85 people receiving Long-Term Monitoring during this reporting period. During the review by CSS and QADC Services, it was discovered that CSS retroactively coded two

⁸⁷ Minnesota State Quality Council web page is located at: <https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/long-term-services-and-supports/state-quality-council/>

⁸⁸ To draw their random sample, CSS used Random.org (<https://www.random.org/>) to generate random numbers and correlated those to row numbers on a spreadsheet of individuals.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

people as receiving Long-Term Monitoring during this reporting period and two people who were closed retroactively that should have been reported on in the August 2018 Semi-Annual Report (Doc. No. 700 at 57). The data reported in this report reflects this update and QADC Services continues to monitor the timeliness of CSS data entry.

To obtain additional information about how CSS Long-Term Monitoring is being used to help avert crisis reactions, provide strategies for service entry changing needs, and prevent multiple transfers within the system, QADC Services reviewed case notes and followed up with CSS lead workers for the random sample of 10 of the 85 people who received Long-Term Monitoring from CSS during the reporting period. This information is summarized in the status update for EC 68 above.

To verify the information provided by CSS case workers for people in the Long-Term Monitoring random sample, and to obtain additional detail about how these supports have helped these people and their teams, QADC Services staff followed up with case managers, providers and family members or guardians (where available).

QADC Services utilized a standardized interview protocol that asked: (1) why the person was referred to CSS for services?; (2) what services and supports were provided to the person and their community support network?; (3) if and how the services provided by CSS supported the person to remain in and/or become more involved in the community?; and (4) how they feel the receipt of long-term monitoring has benefited the person?

For the 10 people in the random sample who received CSS Long-Term Monitoring during the reporting period, QADC Services received responses from 10 case managers, seven providers and five guardians or family members. Information provided by respondents regarding services provided by CSS was generally consistent with information reflected in the case notes or reported during the interviews with CSS staff. Although several providers and case managers did not fully understand the difference between CSS Standard Supports and Long-Term Monitoring (Extended Supports), common reasons provided for CSS involvement included complex medical or significant behavioral issues and previous failed placements.

QADC Services did not contact two guardians for the following reasons:

- One case manager was also the person's guardian, so was already included.

■

[REDACTED]

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

The following are a few quotes QADC Services received from respondents:

- [REDACTED]
- “[CSS Extended Supports] provided more stability for residence, more affirmation on how to handle things for him/her.”
- [REDACTED]
- “I have worked with CSS in the northwest area with several people served. They have always been professional and prompt with their services. In most cases, we were able to provide more positive supports for the person served with CSS support.”
- “I do not think he/she would have had a successful placement without the support of CSS.”

Summary Assessment

The Department has demonstrated best efforts⁸⁹ in its implementation of EC 68. Further, the Department has met EC 68 by completing alternate actions to achieve satisfaction of the EC.⁹⁰ The alternate actions include identifying individuals with clinical and situational complexities across the State and providing long-term monitoring to them. The long-term monitoring and data collection helps to avert crises, provide support and strategies to address changing needs and prevent multiple transfers within the system. The Department has provided specific data above and in previous reports (See Doc. Nos. 531, 572, 589, 614-1, 643, 676 and 700).

Evaluation Criteria 69

Approximately seventy-five (75) individuals are targeted for long term monitoring.

Responsible Party: Community Supports Services Director

⁸⁹ See Doc. No. 707 at 9.

⁹⁰ Doc. No. 283 at 1.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Current Status

EC 69 has been met.

EC 69 sets a goal that the Department engages in best efforts⁹¹ to target “approximately seventy-five (75) individuals” for Long-Term Monitoring. (Doc. No. 283 at 24.) Action 69.1 indicates that these individuals are to be identified from the population of people “who have been served by CSS.”

As discussed in this report’s status update for EC 68, CSS provided Long-Term Monitoring to 85 people with clinical and situational complexities during this reporting period. This number is fluid and impacted by how many people CSS identifies by as appropriate candidates for Long-Term Monitoring, how many of these many people (or their legal representatives) consent to receive Long-Term Monitoring services and how many people CSS discontinues from Long-Term Monitoring.

As explained in the status update for EC 68 in the Department’s February 2017 Semi-Annual Report (Doc. No. 614-1 at 51), CSS reviews all persons with developmental disabilities referred to CSS to determine based upon the factors listed in Action 69.3 whether they would benefit from Long-Term Monitoring. The status update for EC 68 in the February 2017 Semi-Annual Report (Doc. No. 614-1 at 52-53) also describes the reasons why people are discontinued from Long-Term Monitoring—either the person is no longer accessible by CSS or the person’s situation and the effectiveness of their support network has changed to a degree that Long-Term Monitoring is no longer needed or beneficial. The latter determination is based on consideration of the factors specified on page 53 of the February 2017 Semi-Annual Report (Doc. No. 614-1).

Verification

To obtain additional information about how CSS utilizes Long-Term Monitoring to help avert crisis reactions, provide strategies for service entry changing needs, and prevent multiple transfers within the system, QADC Services reviewed case notes and followed up with CSS lead workers, case managers, and providers from a random sample of the 85 people who were in the Long-Term Monitoring group during this reporting period. For a summary of the information that QADC Services obtained regarding the services provided to persons in this random sample, see the status update for EC 68 in this report.

For additional information, see the Verification section for EC 68.

⁹¹ The CPA states that ECs 68-75 are goals that are subject to a “best efforts” standard. (Doc. No. 283 at 2.) This is based on the statement in the JSA that its long-term monitoring, crisis management, and training provisions under “System Wide Improvements” represent the Department’s goals and objectives and do not constitute requirements. (Doc. No. 136-1 at X.A.1.)

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Summary Assessment

The Department has demonstrated best efforts⁹² in its implementation of EC 69. Further, the Department has met EC 69 by completing all Actions accompanying EC 69. The Department has provided specific data above and in previous reports documenting completion of Actions 69.1, 69.2 and 69.3 (See Doc. Nos. 328, 531, 572, 589, 614-1, 643, 676 and 700).

Evaluation Criteria 70

CSS mobile wrap-around response teams are located across the state for proactive response to maintain living arrangements.

Responsible Party: Community Supports Services Director

Current Status

EC 70 has been met.

EC 70 sets a goal that the Department engage in best efforts⁹³ to have CSS mobile wrap-around response teams located across the state for “proactive response to maintain living arrangements.” Consistent with Action 70.1. CSS maintained nine mobile wrap-around response teams (“mobile teams”) at 24 office locations across the state during this reporting period.⁹⁴

CSS Mobile Teams promote positive supports and build collaborative support networks to help persons with complex behavioral challenges maintain living arrangements. To prevent and resolve behavioral crises, CSS Mobile Teams provide outreach services, including the following:

- Augmentative staff supports;
- Assessment;
- Consultation;
- Engagement and coordination with community resources; and
- Training.

⁹² See Doc. No. 707 at 9.

⁹³ The CPA states that ECs 68-75 are goals that are subject to a “best efforts” standard. (Doc. No. 283 at 2.) This is based on the statement in the JSA that its long-term monitoring, crisis management, and training provisions under “System Wide Improvements” represent the Department’s goals and objectives and do not constitute requirements. (Doc. No. 136-1 at X.A.1.)

⁹⁴ The 24 office locations included regional offices in Anoka, Cambridge, Faribault, Maplewood, Moorhead, Vadnais Heights and Willmar, as well as home offices scattered throughout the state. On June 11, 2018, the CSS Metro Mobile started up at Vadnais Heights and the Maplewood location closed on July 16, 2018.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

CSS staffs each mobile team with at least two people experienced and trained in behavior analysis, social work, psychology, nursing and/or organization development and training. During this reporting period, the nine teams minimally included two members. When CSS mobile supports are engaged, at least one member of the mobile team provides outreach services, in consultation with other mobile team members. To build collaborative support networks around persons supported CSS Mobile Teams work in coordination with the person's team and community resources to prevent or resolve behavioral crises. For more information about the supports provided by CSS Mobile Teams, see the status updates for ECs 67-69 in this report.

CSS Mobile Teams receive administrative and managerial support from the CSS Director, the Southern and Northern Regional Managers, two Office Coordinators, Direct Care and Treatment Information Technology Specialists and the Direct Care and Treatment Training and Development Specialist. Consistent with Action 70.2, the administrative and managerial supports provided by these individuals facilitate data collection and central data management related to CSS mobile team activities.

During this reporting period, CSS sent out consumer satisfaction surveys to persons who received mobile team supports from CSS, their legal representatives, if applicable, and county case managers. CSS received responses from three persons receiving services, seven legal representatives and seven case managers.

As part of their survey process, CSS maintains a Client and Customer Concern Log, which tracks concerns and CSS responses to concerns. Two respondents identified concerns during this reporting period. CSS followed up with both survey respondents to gather information to understand more fully their identified concerns. Concerns expressed by the two respondents included:

1. Survey respondent (Legal Representative) was told by the CSS clinician that provider staff was not listening to suggestions and that it would be better to move out. The legal representative stated concerns that "CSS got involved too late" (for learning new skills and helping the person served); "we have been asking for years to get help from CSS"; and "too late to reverse the problems." The CSS Regional Manager contacted the legal representative, and it appeared that the residential provider was under new ownership when CSS was getting involved. The legal representative indicated when the new provider threatened to demit [REDACTED]; the social worker pursued getting CSS involved. Additionally, the legal representative indicated that turnover was occurring with the residential provider and administrative staff, and was frustrated "with the state for not providing a way for provider staff to receive higher wages for their work with the disabled." The legal representative indicated [REDACTED] is doing well now, living in a different setting with higher staff ratios, and he/she seems to feel safer and has more access to things/activities he/she likes.
2. Survey respondent (Guardian/Parent) stated that CSS provided good ideas but there was little to no follow through from staff at worksite. The CSS Mobile manager contacted the CSS clinician to get context. The clinician reported there was little motivation from the team

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

members, though the staff seemed open to suggestions during onsite visits and followed through with some things that she helped them develop or modify. CSS left message for the guardian on 2/6/2018. CSS spoke with the guardian on 2/18/2019.⁹⁵

Verification

The Responsible Party reviewed the list of CSS office locations and updated the list, where needed, to reflect changes during this reporting period. The Responsible Party also reviewed the CSS staff directory, which CSS updated during this reporting period, and crosschecked the directory against the CSS Contacts on the CSS SharePoint site, which is updated routinely as staff changes occur.

CSS documents concerns identified in consumer surveys and CSS' responses to these concerns in CSS' Client and Customer Concern Response Log, which CSS provided to QADC Services. QADC Services reviewed the following documents submitted by CSS to confirm that these documents supported the information provided by CSS and to obtain additional information, where needed:

- CSS staff directory, which includes lists of the nine CSS Mobile Teams and their staff;
- List of CSS office locations; and
- CSS Client and Customer Concern Response Log; and spreadsheets documenting responses to CSS Consumer Satisfaction Surveys from clients, case managers and legal representatives during the reporting period.

In reviewing the two responses to consumer satisfaction surveys received during the reporting period, QADC Services reviewed comments from the two respondents who had identified concerns and CSS' documentation of the specific follow-up actions taken. Information provided by respondents regarding services provided by CSS was generally consistent with information reflected in the case notes or reported during the interviews with CSS staff.

Summary Assessment

The Department has demonstrated best efforts⁹⁶ in its implementation of EC 70. Further, the Department has met EC 70 by completing all Actions accompanying EC 70. The Department has provided specific data above and in previous reports documenting completion of Actions 70.1, 70.2 and 70.3 (See Doc. Nos. 299, 328, 342, 361, 531, 572, 589, 614-1, 643, 676 and 700).

⁹⁵ The guardian said an effective plan had been developed prior to CSS involvement, but that it was helpful to have it confirmed by what the CSS clinician found. The guardian also shared that lack of training and consistency at his/her workplace continues to be an issue. The guardian stated that [REDACTED] appreciated the call.

⁹⁶ See Doc. No. 707 at 9.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Evaluation Criteria 71

CSS arranges a crisis intervention within three (3) hours from the time the parent or legal guardian authorizes CSS' involvement.

Responsible Party: Community Supports Services Director

Current Status

EC 71 has been met.

EC 71 sets a goal that CSS engage in best efforts⁹⁷ to arrange a crisis intervention within three hours from the time the parent or legal guardian authorizes CSS' involvement, which is the time that CSS receives written consent from the parent or legal guardian. According to Department policy, a written consent, which includes a consent for release of information, is necessary for CSS to obtain protected health information about the person from the person's providers. The signed consent starts the three-hour window for crisis intervention.

During this reporting period, two of the 87 referrals met crisis criteria.⁹⁸ CSS defines crisis criteria as a behavioral crisis that puts the person at risk of losing their current living situation. In one of the two cases, CSS staff documented their initial response occurring in 107 minutes and in the second case their initial response occurred 60 minutes after receiving signed consents for services. In both cases, CSS arranged a crisis intervention within three hours from the time the parent or legal guardian authorized CSS' involvement (with an average crisis-intervention response time for the two referrals that met crisis criteria during this reporting period of 83.5 minutes).

During CSS meetings with the Metro Crisis Coordination Program (MCCP) and with lead agencies,⁹⁹ CSS continues to urge stakeholders to contact CSS as early as possible when concerns arise and states that CSS triages referrals based on identified urgency to preserve community living whenever safely possible.

⁹⁷ The CPA states that ECs 68-75 are goals that are subject to a "best efforts" standard. (Doc. No. 283 at 2.) This is based on the statement in the JSA that its long-term monitoring, crisis management, and training provisions under "System Wide Improvements" represent the Department's goals and objectives and do not constitute requirements. (Doc. No. 136-1 at X.A.1.)

⁹⁸ Those referrals that did not meet crisis criteria still resulted in CSS opening cases to provide supports.

⁹⁹ Lead agencies include counties, tribes and managed care organizations.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Verification

To verify that each referral reported for this Evaluation Criteria was for a person with a developmental disability, CSS crosschecked referral information against documentation in CSS' data system. To verify if the referral met crisis criteria, CSS crosschecked information from CSS' SharePoint database against progress notes from the CSS Progress Tracking System. Case leads were contacted as needed with any questions for clarification.

QADC Services reviewed the supporting documentation submitted by CSS, including the list of referrals for persons with developmental disabilities and progress notes from the CSS Progress Tracking System and verified response time. QADC Services also cross-referenced all CSS referrals received during this reporting period for persons with developmental disabilities against the list of persons in crisis entered into the Department's Single Point of Entry,¹⁰⁰ which uses the same criteria for crisis as CSS—a behavioral crisis that puts the person at risk of losing their current living situation. QADC Services' review identified that both referrals were entered in the Single Point of Entry.

In the February 2017 Semi-Annual Compliance Report (Doc. No. 614-1), QADC Services noted CSS' progress toward a central referral process. In the August 2018 Semi-Annual Compliance Report (Doc. No. 700), QADC Services provided an update that the Department launched full implementation of the Universal Referral form and related referral processes on April 1, 2018.¹⁰¹ The Department has continued to evaluate processes to make enhancements and further increase efficiencies in this process in accordance with Action 71.2. During this reporting period, the Department has streamlined both the technical and human components of the process including:

- Implementing SharePoint workflows for referral documentation to decrease clinician time setting up and organizing client e-files and freeing up more time for direct clinical activities; and
- Piloting a referral disposition consultation process to strengthen and streamline decision-making regarding referral dispositions in especially complex referral situations. This involves at least one CSS Manager (and CSS Director as needed), care coordinator and relevant CSS mobile team staff, for review of the referral and CSS service options to make disposition decisions for the right support, at the right time, in the right place.

¹⁰⁰ The Department's Single Point of Entry is a system that coordinates crisis resolution responses for individuals with developmental disabilities. Crisis is defined as a behavioral crisis that puts the individual at risk of losing their current living situation.

¹⁰¹ Additional information on the referral process for Community-Based Services (CBS) crisis and residential services can be found in the Community-Based Services Manual (CBSM): http://www.dhs.state.mn.us/main/dhs16_143031#

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Summary Assessment

The Department has demonstrated best efforts¹⁰² in its implementation of EC 71. Further, the Department has met EC 71 by completing all Actions accompanying EC 71. The Department has provided specific data above and in previous reports documenting completion of Actions 71.1 and 71.2 (See Doc. Nos. 299, 531, 572, 589, 614-1, 643, 676 and 700).

Evaluation Criteria 72

CSS partners with Community Crisis Intervention Services to maximize support, complement strengths, and avoid duplication.

Responsible Party: Community Supports Services Director

Current Status

EC 72 has been met.

EC 72 sets a goal that CSS engage in best efforts¹⁰³ to partner with Community Crisis Intervention Services to maximize support, complement strengths, and avoid duplication. CSS engages in ongoing collaboration with the Metro Crisis Coordination Program (MCCP), meeting at least quarterly. During this reporting period, CSS participated in meetings with the MCCP and other partners. See Table 6 for meeting dates and topics discussed.

¹⁰² See Doc. No. 707 at 9.

¹⁰³ The CPA states that ECs 68-75 are goals that are subject to a “best efforts” standard. (Doc. No. 283 at 2.) This is based on the statement in the JSA that its long-term monitoring, crisis management, and training provisions under “System Wide Improvements” represent the Department’s goals and objectives and do not constitute requirements. (Doc. No. 136-1 at X.A.1.)

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Table 6: CSS Collaborative Meeting

Date	Meeting	Topics	Present
8/2/2018	MCCP & CSS Collaboration Meeting	MCCP Referrals, Case presentation	MCCP and CSS
8/22/2018	Region 6 Regional Meeting	Crisis Response	CSS, DSD, Region 6 counties ¹⁰⁴
8/28/2018	Crisis Respite Admission Issues	What does the data tell us? What problems are we seeing?	MCCP, CSS and DSD
11/16/2018	MCCP & CSS Collaboration	Referrals, NADD Conference and certification, Law Panel, resources and case review	MCCP and CSS

CSS continues to provide services to persons when lead agencies do not have funding available. During this reporting period, no requests for unfunded services have been made.

Verification

The Responsible Party reviewed supporting documentation, including agenda and minutes for meetings between CSS and MCCP (held August 2, 2018, and November 11, 2018) and August 28, 2018 agenda for the meeting with Region 6 counties. The Responsible Party personally participated in three of these meetings (held August 22, 2018, August 28, 2018, and November 16, 2018).

QADC Services reviewed the documentation submitted by the Responsible Party, including minutes, agenda, emails and/or sign-in sheets from the meetings between CSS and the MCCP and for the meeting with Region 6 counties. CSS presented the August 22, 2018 Crisis Response presentation for the Region 6 counties, in conjunction with a regularly scheduled regional meeting. QADC Services also contacted the Disability Services Division, the host of the August 28, 2018 meeting, and confirmed meeting participants.

Summary Assessment

The Department has demonstrated best efforts¹⁰⁵ in its implementation of EC 72. Further, the Department has met EC 72 by completing all Actions accompanying EC 72. The Department has provided specific data above and in previous reports documenting completion of Actions 72.1, 72.2 and 72.3 (See Doc. Nos. 299, 328, 342, 531, 572, 589, 614-1, 643, 676 and 700).

¹⁰⁴ Region 6 counties include Big Stone, Chippewa, Kandiyohi, McLeod, Meeker and Renville counties.

¹⁰⁵ See Doc. No. 707 at 9.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Evaluation Criteria 73

CSS provides augmentative training, mentoring and coaching.

Responsible Party: Community Supports Services Director

Current Status

EC 73 has been met.

EC 73 sets a goal that CSS engage in best efforts¹⁰⁶ to provide augmentative training, mentoring and coaching. During this reporting period, CSS provided 36 augmentative training sessions to 347 members of individuals' community support networks including internal CSS staff.

These training sessions covered a variety of topic categories related to support of persons with developmental disabilities including the following:

1. Behavior Technical & Assessment

- Case Formulation
- Principles of Reinforcement
- Schizophrenia
- Supporting [specific individual]

2. General Support

- | | |
|--|---|
| • Bipolar Disorder | • Persons Mentally Ill and Dangerous to the Public (MI&D) |
| • Borderline Personality/Dialectical Behavior Therapy (DBT) Skills | • Positive Behavior Supports |
| • Clinical Guidance | • Sensory Information and Sensory Processing |
| • Functional Behavior Assessments | • Supporting [specific individuals] |
| • General Mental Illness Education | • Staff Training [home specific] |
| • General Support Techniques | |
| • Motivational Interviewing | |

3. Person Centeredness

- Motivational Interviewing

¹⁰⁶ The CPA states that ECs 68-75 are goals that are subject to a "best efforts" standard. (Doc. No. 283 at 2.) This is based on the statement in the JSA that its long-term monitoring, crisis management, and training provisions under "System Wide Improvements" represent the Department's goals and objectives and do not constitute requirements. (Doc. No. 136-1 at X.A.1.)

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

4. Health

- Orientation to Nursing and Occupational Therapy
- Pharmacy Consult

5. Diagnosis strategies

- Autism Spectrum Disorder and Positive Behavior Supports
- Personality Disorders

6. Technical

- Computer Competencies
- Introduction to Avatar¹⁰⁷
- CareManager User Training

CSS provided training sessions statewide to staff from private community providers, staff providing support at community-based state-operated homes, mobile mental health crisis teams, persons from lead agencies and internal CSS staff supporting people with developmental disabilities. CSS asked training participants to complete a training satisfaction survey. Of the 331 survey respondents, 98% agreed with the statements: I would recommend this training to others; and, the training was useful/valuable.

CSS also mentors and coaches support networks for persons with developmental disabilities by providing the services described in the status updates for ECs 67-69.

CSS continues to review and update its training curricula to ensure consistency with best practices. The CSS Training Committee includes the CSS Director and three CSS Managers, one of whom is a NADD-CC credentialed behavioral psychologist, and all of whom have extensive training and experience in person-centered organizational leadership.

During this reporting period, CSS continued its efforts toward standardizing a common Positive Behavior Supports (PBS) training curriculum to align with the Minnesota Life Bridge classroom training, with materials tailored to mobile team needs. CSS is working with Minnesota State Operated Community Services, Successful Life Project and Minnesota Intensive Therapeutic Homes in collaboration with DHS Learning and Development to develop a training curriculum designed to provide a total of 24 hours of PBS training. Small workgroups composed of representatives of each of these business areas have submitted drafts of the outlined training to another group tasked with assembling all the pieces.¹⁰⁸ The anticipated date to complete a draft of the training is March 2019.

¹⁰⁷ Avatar is an electronic health record.

¹⁰⁸ The PBS workgroups completed this task in January 2019.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Once the small workgroup finishes the draft of the training, with DHS Learning and Development's assistance, trainers will be identified and a rollout date set for the new PBS training curriculum.

CSS Mobile Teams receive administrative and managerial support from the CSS Director, the Southern and Northern CSS Regional Managers, two Office Coordinators, Direct Care and Treatment Information Technology Specialists, and the Direct Care and Treatment Training and Development Specialist. The administrative and managerial support provided by these individuals is sufficient to allow CSS to track and analyze the training coaching, and mentoring services provided by CSS.

Verification

The Responsible Party generated the information reported in this status update for augmentative training sessions by reviewing the CSS Program Evaluation database, which contains data on all training sessions provided by CSS staff.

A CSS Office and Administrative Specialist maintains the CSS Program Evaluation database. The Responsible Party reviews training documentation after the Office and Administrative Specialist enters the information into the database.

QADC Services reviewed CSS' list of training sessions completed during this reporting period, which identify lead trainer, date, location, audience, and number of people trained at each augmentative training session. QADC Services also reviewed the responses from training evaluations completed by training participants.

Summary Assessment

The Department has demonstrated best efforts¹⁰⁹ in its implementation of EC 73. Further, the Department has met EC 73 by completing all Actions accompanying EC 73. The Department has provided specific data above and in previous reports documenting completion of Actions 73.1, 73.2 and 73.3 (See Doc. Nos. 342, 531, 589, 614-1, 643, 676 and 700).

Evaluation Criteria 74

CSS provides staff at community based facilities and homes with state of the art training encompassing person-centered thinking, multi-modal assessment, positive behavior supports, consultation and facilitator skills, and creative thinking.

Responsible Party: Community Supports Services Director

¹⁰⁹ See Doc. No. 707 at 9.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Current Status

EC 74 has been met.

EC 74 sets a goal that CSS engage in best efforts¹¹⁰ to provide staff at community-based facilities and homes with state of the art training encompassing specified skills. During this reporting period, CSS provided 21 augmentative training sessions to 296 members of community support networks, as explained in the status update for EC 73. These training sessions addressed the skills listed in EC 74 as indicated by the topics covered, including:

1. Behavior Technical & Assessment

- Supporting [specific individual]

2. General Support

- | | |
|---|---|
| • Bipolar Disorder | • General Support Techniques |
| • Borderline Personality/
Dialectical Behavior Therapy
(DBT) Skills | • Motivational Interviewing |
| • Data Collection & Therapeutic
Intervention(specific individuals) | • Persons Mentally Ill and
Dangerous to the Public
(MI&D) |
| • Clinical Guidance | • Positive Behavior Supports |
| • Functional Behavior
Assessments | • Sensory Information and
Sensory Processing |
| • General Mental Illness Education | • Supporting [specific individual] |
| | • Staff Training [home specific] |

3. Person Centeredness

- Motivational Interviewing

4. Health

- Pharmacy Consult

5. Diagnosis strategies

- Autism Spectrum Disorder and Positive Behavior Supports

As explained in the status update for EC 73, CSS continues to review and update its training curricula to ensure consistency with best practices. The CSS Training Committee includes the CSS Director and

¹¹⁰ The CPA states that ECs 68-75 are goals that are subject to a “best efforts” standard. (Doc. No. 283 at 2.) This is based on the statement in the JSA that its long-term monitoring, crisis management, and training provisions under “System Wide Improvements” represent the Department’s goals and objectives and do not constitute requirements. (Doc. No. 136-1 at X.A.1.)

Jensen Settlement Agreement Comprehensive Plan of Action
 March 2019 Summary Report

three CSS Managers, one of whom is a NADD-CC-credentialed behavioral psychologist, and all of whom have extensive training and experience in person-centered organizational leadership.

During this reporting period, CSS continued its efforts towards standardizing a common Positive Behavior Supports (PBS) training curriculum to align with the Minnesota Life Bridge classroom training, with materials tailored to mobile team needs. CSS is working with Minnesota State Operated Community Services, Successful Life Project, and Minnesota Intensive Therapeutic Homes in collaboration with DHS Learning and Development to develop a training curriculum designed to provide a total of 24 hours of PBS training. Small workgroups composed of representatives of each of these business areas have submitted drafts of the outlined training to a group tasked with assembling all the pieces.¹¹¹ The anticipated date to complete a draft of the training is March 2019. Once the small workgroup finishes the draft of the training, and with DHS Learning and Development's assistance, trainers will be identified and a rollout date set for the new PBS training curriculum.

Verification

For an explanation of verification activities regarding the services provided under this Evaluation Criteria and EC 73, refer to the Verification section for EC 73.

Summary Assessment

The Department has demonstrated best efforts¹¹² in its implementation of EC 74. Further, the Department has met EC 74 by completing all Actions accompanying EC 74. The Department has provided specific data above and in previous reports documenting completion of Actions 74.1, 74.2 and 74.3 (See Doc. Nos. 342, 531, 589, 614-1, 643, 676 and 700).

Evaluation Criteria 75

CSS' mentoring and coaching as methodologies are targeted to prepare for increased community capacity to support individuals in their community.

Responsible Party: Community Supports Services Director

Current Status

EC 75 has been met.

¹¹¹ The group completed this task in January 2019.

¹¹² See Doc. No. 707 at 9.

Jensen Settlement Agreement Comprehensive Plan of Action
 March 2019 Summary Report

EC 75 sets a goal that CSS engage in best efforts¹¹³ to target its mentoring and coaching methodologies to increase community capacity to support individuals in their community. CSS targets its mentoring and coaching to increase community capacity to support individuals in their communities by providing augmentative training sessions to members of community support networks. During this reporting period, CSS provided 21 augmentative training sessions to 296 members of community support networks, including private community providers, staff providing support at community-based state-operated homes, and staff from lead agencies. As illustrated by the example topics listed in the status updates for ECs 73 and 74, CSS targeted these sessions to increase community capacity by training people to provide effective supports in community settings. CSS also mentored and coached members of individual persons' support networks to increase their capacity for supporting the person in the community through the services described in the status updates for ECs 67-69.

In accordance with Action 75.2, CSS clinicians track indicators of risk for movement to less integrated settings¹¹⁴ throughout their case work and summarize them in quarterly case reports. Clinicians use these indicators to inform development of interventions and support strategies with individuals' support networks to help mitigate these risks and prevent moves to less integrated settings whenever safely possible.

To ensure timely and complete data collection, data entry and data analysis, CSS provides additional administrative, data and managerial support as needed.

Verification

For an explanation of verification activities regarding services discussed in this report's status updates for ECs 67-69, refer to the Verification sections for those ECs. As part of these verification activities, QADC Services reviews case notes and speaks with treating clinicians to identify how interventions and support strategies were developed. For an explanation of verification activities relating to the augmentative training sessions discussed in this report's status updates for ECs 73 and 74, refer to the Verification sections for those ECs.

¹¹³ The CPA states that ECs 68-75 are goals that are subject to a "best efforts" standard. (Doc. No. 283 at 2.) This is based on the statement in the JSA that its long-term monitoring, crisis management, and training provisions under "System Wide Improvements" represent the Department's goals and objectives and do not constitute requirements. (Doc. No. 136-1 at X.A.1.)

¹¹⁴ Indicators of risk for movement to less integrated settings include but are not limited to frequency of behaviors dangerous to self or others, frequency of interactions with the criminal justice system, sudden increases in usage of psychotropic medications, multiple hospitalizations or transfers within the system, serious reported incidents, repeated failed placements, or other challenges identified in previous monitoring or interventions and cost of placement.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Summary Assessment

The Department has demonstrated best efforts¹¹⁵ in its implementation of EC 75. Further, the Department has met EC 75 by completing all Actions accompanying EC 75. The Department has provided specific data above and in previous reports documenting completion of Actions 75.1, 75.2 and 75.3 (See Doc. Nos. 328, 342, 531, 589, 614-1, 643, 676 and 700).

Evaluation Criteria 76

An additional fourteen (14) full time equivalent positions were added between February 2011 and June 30, 2011, configured as follows: Two (2) Behavior Analyst 3 positions; One (1) Community Senior Specialist 3; (2) Behavior Analyst 1; Five (5) Social Worker Specialist positions; and Five (5) Behavior Management Assistants.

Responsible Party: Community Supports Services Director

Current Status

EC 76 has been met.

CSS continues to maintain the positions specified in EC 76.

During this reporting period, CSS had two vacancies that they worked with DHS Human Resources on advertising and hiring:

1. A Behavioral Analyst 3 position vacancy, created due to a staff resignation. CSS made an offer on September 4, 2018 and the candidate started on October 7, 2018.
 - The Behavioral Analyst had one active case at the time of his/her resignation, which CSS assigned to another clinician.
2. A Social Work Specialist vacancy created by a promotion. CSS reposted the position and offered the position to a qualified candidate.¹¹⁶
 - The Social Worker Specialist maintained his/her same caseload in his/her new position as caseloads always take priority.

¹¹⁵ See Doc. No. 707 at 9.

¹¹⁶ The Social Work Specialist candidate started work on January 23, 2019.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Verification

QADC Services reviewed the supporting documentation submitted by the Responsible Party, including the CSS Hiring Tracking Spreadsheet and confirmed that these documents support the information reported.

Summary Assessment

The Department has demonstrated best efforts¹¹⁷ in its implementation of EC 76. Further, the Department has met EC 76 by completing all Actions accompanying EC 76. The Department has provided specific data above and in previous reports documenting completion of Actions 76.1, 76.2 and 76.3 (See Doc. Nos. 299, 531, 589, 614-1, 643, 676 and 700).

Evaluation Criteria 77

None of the identified positions are vacant.

Responsible Party: Community Supports Services Director

Current Status

EC 77 has been met.

During this reporting period, CSS had and filled two vacancies. For more information, see the current status update for EC 76.

Verification

See the Verification section for EC 76.

Summary Assessment

The Department has demonstrated best efforts¹¹⁸ in its implementation of EC 77. Further, the Department has met EC 77 by completing all Actions accompanying EC 77. The Department has provided specific data above and in previous reports documenting completion of Action 77.1 (See Doc. Nos. 299, 531, 589, 614-1, 643, 676 and 700).

¹¹⁷ See Doc. No. 707 at 9.

¹¹⁸ See Doc. No. 707 at 9.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Evaluation Criteria 78

Staff conducting the Functional Behavioral Assessment or writing or reviewing Behavior Plans shall do so under the supervision of a Behavior Analyst who has the requisite educational background, experience, and credentials recognized by national associations such as the Association of Professional Behavior Analysts. Any supervisor will co-sign the plan and will be responsible for the plan and its implementation.

Responsible Party: Community Supports Services Director

Current Status

EC 78 has been met.

CSS has a team of six CSS behavior analysts, each of whom has credentials recognized by national associations, to conduct Functional Behavior Assessments and write or review behavior plans. The supervisor of this team attained the NADD Clinical Certification credential, as reported in the August 2016 Semi-Annual Report (Doc. No. 589 at 51). The other five behavior analysts are Board Certified Behavior Analysts, which is a credential granted by the national Behavior Analyst Certification Board.

CSS completed three functional behavior assessments during this reporting period and had three functional behavior assessment in development as of the end of the reporting period. All three of the completed functional behavior assessments were developed by one of the six nationally credentialed behavior analysts.

Verification

QADC Services has reviewed the NADD Clinical Certification credential for the team's supervisor and has a copy of this certification, as well as the supervisor's resume, on file. The supervisor is listed on the NADD-CC website.¹¹⁹

The Responsible Party reviewed the resumes of the other five behavior analysts and verified their status as Board-Certified Behavior Analysts through the Behavior Analyst Certification Board (BACB) Certificant Registry website.¹²⁰ QADC Services also reviewed the resumes and other supporting documentation submitted by the Responsible Party for these five behavior analysts. QADC Services has also verified that these staff are listed as Board-Certified Behavior Analysts on the Behavior Analyst Certification Board Certificant Registry website.

¹¹⁹ Listing of NADD Certified Clinicians:

<http://thenadd.org/products/accreditation-and-certification-programs/nadd-certified-clinicians/>

¹²⁰ Behavior Analyst Certification Board (BACB) Certificant Registry: <http://info.bacb.com/o.php?page=100155>

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Summary Assessment

The Department has met EC 78 by creating a team of nationally credentialed behavior analysts with the requisite educational background and experience to conduct Functional Behavior Assessments and write or review behavior plans, and by having those plans co-signed by a supervisor. The Department has provided specific data above and in previous reports documenting completion of EC 78 (See Doc. Nos. 328, 342, 531, 572, 589, 614-1, 643, 676 and 700).

Evaluation Criteria 79

The State and the Department developed a proposed Olmstead Plan, and will implement the Plan in accordance with the Court's orders. The Plan will be comprehensive and will use measurable goals to increase the number of people with disabilities receiving services that best meet their individual needs and in the "Most Integrated Setting," and which is consistent and in accord with the U.S. Supreme Court's decision in Olmstead v. L.C., 527 U.S. 581 (1999). The Olmstead Plan is addressed in Part 3 of this Comprehensive Plan of Action.

Responsible Party: Director of Compliance, Olmstead Implementation Office

Current Status

EC 79 has been met.

A comprehensive Minnesota Olmstead Plan was developed and implemented in accordance with the Court's order and contains measurable goals consistent with the *Olmstead* decision. The Minnesota Olmstead Plan is monitored by a Sub-Cabinet formed by the Governor's Executive Order.

During this reporting period, July 1 through December 31, 2018, the following reports were completed and approved by the Subcabinet, and filed with the Court within the specified timelines:

- August 27, 2018 Quarterly Report on Olmstead Plan Measurable Goals;
- November 26, 2018 Quarterly Report on Olmstead Plan Measurable Goals; and
- December 24, 2018 Annual Report on Olmstead Plan Implementation (including proposed modifications to the Plan).

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Verification

QADC Services has verified that the two Quarterly Reports and Annual Report referenced above were filed with the Court and can be found on the Minnesota's Olmstead Plan website.¹²¹

Summary Assessment

The Department has met EC 79 by developing and implementing a comprehensive Olmstead Plan with measurable goals consistent with the *Olmstead* decision. The Department has provided specific data above and in previous reports documenting completion of EC 79 (See Doc. Nos. 531, 589, 614-1, 643, 676 and 700).

Evaluation Criteria 93

DHS will provide augmentative service supports, consultation, mobile teams, and training to those supporting the person. DHS will create stronger diversion supports through appropriate staffing and comprehensive data analysis.

Responsible Party: Community Supports Services Director

Current Status

EC 93 has been met.

EC 93 requires the Department to provide augmentative service supports, consultation, mobile teams and training to those supporting the person. EC 93 also requires that the Department create stronger diversion supports through appropriate staffing and comprehensive data analysis. The first section of this status update addresses the augmentative service supports, consultation, mobile teams and training component of EC 93. The second section of this status update addresses the staffing and data analysis component of EC 93.

Augmentative Service Supports, Consultation, Mobile Teams and Training

Consistent with EC 93, CSS Mobile Teams provide augmentative service supports, consultation, mobile teams and training to those supporting the person. As described in the status update for EC 70 in this report and in the current Minnesota Life Bridge Bulletin,¹²² CSS Mobile Teams promote positive supports and build collaborative support networks to strengthen the integrated community living of persons with complex behavioral challenges. To prevent and resolve behavioral crises, which

¹²¹ Minnesota's Olmstead Plan website:

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=opc_home

¹²² Minnesota Life Bridge Bulletin, DHS Bulletin No.18-76-02: <http://www.dhs.state.mn.us/dhs-307196>

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

can interfere with a person's ability to maintain the most integrated setting possible, CSS Mobile Teams provide outreach services including:

- Augmentative staffing supports;
- Assessment;
- Consultation;
- Engagement and coordination with community resources; and
- Training.

CSS Mobile Teams are located across the state to promote regional responsiveness. Each mobile team includes at least two staff with experience and training in behavior analysis, social work, psychology, nursing and/or organization development and training. During this reporting period, each team minimally included two members. When CSS mobile supports are engaged, at least one member of the mobile team provides outreach services, in consultation with other mobile team members.

During this reporting period, CSS Mobile Teams provided "Standard Supports" (meaning services other than long-term monitoring) to 13 people and their support networks, and Long-Term Monitoring to 9 people with situational and behavioral complexities and their support networks.¹²³ Additionally, CSS provided 36 augmentative training sessions to 347 members of individuals' community support networks including internal CSS staff. For more information about these services, refer to the status updates for ECs 67-69 and ECs 73-75.

In an effort to avoid redundancy, and in recognition that EC 93 comes under a section of the CPA about closing the Cambridge facility and replacing it with community homes and services, the discussion in this section focuses on mobile supports provided to persons who have a connection to the Facilities, such as persons:

- Referred to Minnesota Life Bridge during the reporting period; and
- Admitted to or transitioning out of Minnesota Life Bridge during the reporting period.

During this reporting period, CSS provided mobile team supports to 21 people.

Of the nine people [REDACTED] admitted to and/or transitioning out of Minnesota Life Bridge, CSS provided consultation, training, Long-Term Monitoring or augmentative

¹²³ One person, [REDACTED], was open to Standard Supports on 11/21/2017 and open to Long-Term Monitoring on 11/21/18 and is included on both lists.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

staffing supports to five of these people [REDACTED] and their support networks during their placement with Minnesota Life Bridge.

The other 16 people were referred to Minnesota Life Bridge for services during this reporting period but were not admitted. For these 16 people and their support teams, CSS provided consultation, training, engagement and coordination with community resources, and/or long-term monitoring services as they navigated the challenges that led to a referral to Minnesota Life Bridge. Of the 16 people not admitted to Minnesota Life Bridge:

- **Six people** [REDACTED] started receiving Standard Supports from CSS during the reporting period;
- **Six people** [REDACTED] were already receiving Standard Supports from CSS;
- **One person** [REDACTED] started receiving Long-Term Monitoring during this reporting period; and
- **Three people** [REDACTED] were already receiving Long-Term Monitoring from CSS.

CSS provided information on five people randomly selected from the list of 21 people referred to or at Minnesota Life Bridge during this reporting period who received supports from CSS.¹²⁵ The following is a summary of the information obtained from CSS lead workers for these five people:¹²⁶

[REDACTED]

[REDACTED]

¹²⁵ To monitor CSS support services, QADC Services pulled a random sample from the list of people who received support services from CSS between July 1 and December 31, 2018. QADC Services alphabetized and numbered the list of people who received support services from CSS during the relevant time period. QADC Services used Random.org (<https://www.random.org/>) to generate five random numbers based on the total number of people who received supports from CSS during this reporting period. QADC Services then matched the numbers generated to the alphabetized list of names.

¹²⁶ The following summaries include references to events and supports that occurred outside this reporting period.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Appropriate Staffing and Comprehensive Data Analysis for Diversion Supports

As explained in the status updates for ECs 76-78 in this report, CSS maintains appropriate staffing through continued efforts to ensure that the positions specified in EC 76 are filled. Additionally, other entities in the Department also provide diversion supports. For example, Successful Life Project provides therapeutic follow-up to Jensen Class Members and people who received services at Minnesota Specialty Hospital System (MSHS)-Cambridge to prevent re-institutionalization and transfers to settings that are more restrictive, and to maintain the most integrated setting.¹²⁸ When

[REDACTED]

¹²⁸ Refer to the status update for EC 98 for additional detail about the services and supports provided by Successful Life Project.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

their purview overlaps, CSS and Successful Life Project coordinate efforts to determine which entity is best suited to provide the person and their team with needed supports.

Both CSS and Successful Life Project are connected with the Department's Single Point of Entry system. The Single Point of Entry system coordinates crisis resolution responses for individuals with developmental disabilities.¹²⁹ More specifically, the Single Point of Entry coordinates responses from across the Department, including Disability Services, Chemical and Mental Health, and Direct Care and Treatment Divisions, which includes CSS, to individuals' case managers. Representatives from each of these divisions as well as Successful Life Project staff the Department's Single Point of Entry Triage Team. Triage team members have complementary expertise in resolving clinical and systems barriers to successful, integrated community living for individuals with disabilities.

After reviewing the initial referral, the Department's Single Point of Entry Triage Team may recommend one or more of the following actions:

- Engaging CSS mobile supports to assist in resolving the behavioral crisis in the individual's current home;
- Referring the person to a crisis home for short-term crisis respite and support;
- Engaging other community supports to assist with resolving the behavioral crisis;
- Consulting with Department policy division staff to help address service system-related barriers to effectively support the individual in their current home; or
- Proceeding with a full referral for admission to Minnesota Life Bridge.

The Department is also in the process of strengthening diversion supports through comprehensive data analysis of the Single Point of Entry¹³⁰ system. With the successful launch of the Universal Referral form (see EC 71), as part of Direct Care and Treatment's on-going process improvements, Minnesota Life Bridge and Community Supports Services continue to review opportunities for improvement related to the existing referral process. During this reporting period, the Department has streamlined both the technical and human components of the referral process including:

- Implementing SharePoint workflows for referral documentation to decrease clinician time setting up and organizing client e-files and freeing up more time for direct clinical activities; and
- Piloting a referral disposition consultation process to strengthen and streamline decision-making regarding referral dispositions in especially complex referral situations. This involves at least one CSS Manager (and CSS Director as needed), care

¹²⁹ Crisis is defined as a behavioral crisis that puts the individual at risk of losing their current living situation.

¹³⁰ The Department's Single Point of Entry is a system that coordinates crisis resolution responses for individuals with developmental disabilities. Crisis is defined as a behavioral crisis that puts the individual at risk of losing their current living situation.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

coordinator and relevant CSS mobile team staff, for review of the referral and CSS service options to make disposition decisions for the right support, at the right time, in the right place.

Verification

To verify accuracy of the finalized list of individuals awaiting transition to Minnesota Life Bridge who are receiving CSS mobile services, CSS drew a random sample of 10 people of the total number of persons who received CSS Mobile Supports during this reporting period.¹³¹ For the randomly selected sample cases, CSS reviewed supporting documentation, including case notes and reports. CSS verified case opening and closure dates in the CSS data system.

In the August 2018 Semi-Annual Report (Doc. No. 700 at 76), the Department reported that CSS was changing the way CSS makes program assignments in CareManager to separate the referral process from actual clinical services. Effective July 1, 2018, CSS started to use the clinical start date instead of the referral date to determine who was receiving services during the reporting period. This change was necessary because several people were included in the previous data when CSS closed out the referral before CSS provided services. Using the clinical date will assure that the people included in the data received clinical services. With the exception of using the clinical start date, the QADC Services data analyst confirmed with the CSS data analyst that the documented process CSS used to pull data from its database did not change from the last reporting period, and continues to provide QADC Services with information needed to monitor and to report on the supports provided by CSS.

In the August 2017 Semi-Annual Report (Doc. No. 643 at 73), February 2018 Semi-Annual Report (Doc. No. 676 at 69) and August 2018 Semi-Annual Report (Doc. No. 700 at 76) the Department reported issues regarding two regional teams that were not correctly coding people with developmental disabilities in CSS' database. CSS has added new staff to the process and is providing additional training. Since the last report, CSS is reporting improvement in the process with the regional teams. CSS reported that they have completed all retroactive changes and are closely reviewing lists prior to finalizing data. CSS and QADC Services will continue to monitor this issue.

To obtain additional information about how CSS Mobile Teams provided augmentative service supports, consultation, mobile teams, and training to those supporting the person during the reporting period, QADC Services reviewed case notes and contacted CSS lead workers for a random sample of the 21 people who were referred to or at Minnesota Life Bridge and received CSS supports during this reporting period. This information is summarized above in the status update for EC 93.

To verify the information provided by CSS lead workers for the five people in the random sample and to obtain additional detail about how CSS supports have impacted these people and their teams,

¹³¹ To draw their random sample, CSS used Random.org (<https://www.random.org/>) to generate random numbers and correlated those to row numbers on a spreadsheet of individuals.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

QADC Services staff contacted case managers, providers and family members or guardians (where available).

In conducting these interviews, QADC Services utilized a standardized interview protocol that asked: (1) why was the person referred to CSS for services?; (2) what services and supports were provided by CSS to the person and to the people who support the person?; (3) if and how the services provided to the person helped the person remain in or become more involved in the community?

For the five people in the random sample whose information is summarized above in the status update for EC 93, QADC Services received responses from five CSS leads, four case managers, one provider and one family/guardian.

- "I think this has been a beneficial service for [Client name]. I am worried how [Client name] will do once these services stop since CSS is now working on phasing out."
- "CSS is very involved and forms relationships with the individuals they work with, along with the providers. If the techniques vary from the providers, CSS still attempts to discuss the differences and values a good working relationship."
- "[CSS staff] provided the "It's About Me" PCP template. [Client name] does not believe he has any disabilities. Some of the pictures in the template are pictures of people with obvious disabilities. [CSS staff] changed out all those pics with pics of [Client name]."
- "[CSS Staff] just closed his/her case on 2/8/2019. It is about the staff/team owning responsibility for their actions and responses to [Client name]. Now communications and relationships are good, so [CSS Staff] is not needed to lead these meetings."

Summary Assessment

The Department has met EC 93 by providing augmentative service supports, consultation, mobile teams and training to those supporting the person, as well as creating stronger diversion supports through appropriate staffing and comprehensive data analysis. The Department has provided specific data above and in previous reports documenting completion of EC 93 (See Doc. Nos. 342, 531, 589, 614-1, 643, 676 and 700).

Evaluation Criteria 98

DHS will maintain therapeutic follow-up of Class Members, and clients discharged from METO/MSHS-Cambridge since May 1, 2011, by professional staff to provide a safety network, as needed, to help prevent re-institutionalization and other transfers to more restrictive settings, and to maintain the most integrated setting for those individuals.

Responsible Party: QADC Services Director

Current Status

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

EC 98 has been met.

EC 98 requires therapeutic follow-up of Jensen Class Members and people previously served at Minnesota Specialty Health System (MSHS)-Cambridge (collectively referred to here as the “Therapeutic Follow-up Group”) by professional staff to prevent re-institutionalization and other transfers to more restrictive settings, and to maintain the most integrated setting for those individuals.

The Department created Successful Life Project to help prevent re-institutionalization and other transfers to settings that are more restrictive, and to maintain the most integrated setting for persons in the Therapeutic Follow-up Group by providing consultation, services and supports to the person and their team. The services that Successful Life Project provides to help prevent re-institutionalization and maintain the most integrated setting—which include helping the person’s care providers to use person-centered positive behavior supports and to address health or medication needs—are services that can, by extension, improve overall quality of life. Successful Life Project targets its mentoring and coaching to increase community capacity to support Therapeutic Follow-up Group members in their communities.

Should a petition for civil commitment be initiated, however, Minn. Stat. chap. 253B, governing civil commitments, does not give the Department of Human Services authority to be involved as it is not a party to such proceedings.¹³² The Department also does not have authority over a court’s decision to order a person confined pending commitment proceedings.

The Successful Life Project structure, services and support levels are described in the status update for EC 98 in the Department’s August 2017 Semi-Annual Report (Doc. No. 643 at 81-96), with the following updates for this reporting period.

The consultation model developed by Successful Life Project and implemented in 2017 includes both proactive support tools that begin by addressing general supports and moving into individualized supports as needed, and streamlined documentation and processes. Since the implementation of this consultation model, for persons included in the Therapeutic Follow-up Group, there has been a steady:

- Decrease in Behavioral Incident Report Forms (BIRFS), including but not limited to 911 calls, Emergency Use of Manual Restraint (EUMR), and use of emergency medication (PRN); and
- Increase in the number of persons who no longer require individualized consultation from Successful Life Project. No longer needing individualized consultation is an

¹³² See also *In re Thomas*, No. C6-95-735, 1995 WL 465611, *1, *2 (Minn. App. Aug. 8, 1995) (unpublished); *In re Bowers*, 456 N.W.2d 734, 736-37 (Minn. App. 1990).

**Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report**

indicator of an improved quality of life and suggests that the team has the tools that they need to independently support the person in the Therapeutic Follow-up Group.

Therapeutic Follow-up Group Status

As part of its on-going monitoring of the Therapeutic Follow-up Group, QADC Services regularly runs reports from the database used to manage Jensen-related information on the status of Therapeutic Follow-up Group members. The overall status of Therapeutic Follow-up Group members as of the end of this reporting period is summarized in Table 7.

Of the 305 living Therapeutic Follow-up Group members, 276 were known to be in Minnesota and receiving state-funded services as of the end of the reporting period. Of these 276 individuals, about 88% (242/276) were living in community-based settings through corporate foster care, in their own home, or in the home of a family member or friend. This is an increase of one percent as compared to the previous reporting period (See Doc. No. 700 at 82).

Table 7: Status of Therapeutic Follow-up Group Members

Status	Number
Original TFU members	343
TFU members known deceased	38
TFU members believed living	305
TFU members currently in jail/prison in Minnesota	5
TFU members whose whereabouts are unknown	13 ¹³³

Table 8 summarizes the living situations of the Therapeutic Follow-up Group members known to be in Minnesota and receiving state-funded services as of the end of the reporting period.

Table 8: Living Arrangements of TFU Members Receiving State-Funded Services

¹³³ The number of Therapeutic Follow-up Group members whose whereabouts are unknown decreased from 27 to 13 people as compared to the previous reporting period (see Doc. No. 700 at EC 98). Of the 14 people located, ten are currently receiving state-funded services and QADC Services verified their addresses were in MMIS, MAXIS, CareManager and CLEAR; two are not receiving state-funded services but had recent address updates with their counties; one is not receiving state-funded services but QADC Services was able to verify their address in MMIS, MAXIS, CareManager; and CLEAR; and one is in prison according to the Minnesota Department of Correction Offender Locator website.

**Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report**

Living Arrangement	Number	%
Corporate Foster Care¹³⁴	214	77.5%
Home - Own	19	6.9%
Home - Family/Friend	9	3.3%
State Operated Facility¹³⁵	10	3.6%
Skilled Nursing Facility	1	0.4%
Unknown	11¹³⁶	4.0%
ICF/DD	3	1.1%
Crisis Home	6	2.2%
Board and Care	1	0.4%
Board and Lodge	1	0.4%
Other	1	0.4%
TOTAL	276	

As reported in the February 2018 Semi-Annual Compliance Report (Doc. No. 676 at 75), as part of QADC Services/Successful Life Project's on-going efforts to support Therapeutic Follow-up Group members, QADC Services worked with an investigator to attempt to locate Therapeutic Follow-up Group members whose location was unknown. The investigator was able to locate a last known address for all but two Therapeutic Follow-up Group members.¹³⁷ During the January 1 to June 30, 2018 reporting period, QADC Services searched through available DHS databases including MMIS and MAXIS,¹³⁸ and worked with county financial workers and case managers, in an attempt to locate the 27 Therapeutic Follow-up Group members whose location was unknown. Through these efforts, QADC Services found verifiable addresses for nine people who are eligible for therapeutic follow-up but were not currently receiving case management services. QADC Services also found an additional verifiable address after the end of the reporting period.

In June 2018, QADC Services and Successful Life Project sent letters to these nine Therapeutic Follow-up Group members. QADC Services and Successful Life Project sent an additional letter in July 2018.

¹³⁴ Includes Minnesota State Operated Community Services (MSOCS) Corporate Foster Care homes.

¹³⁵ State Operated Facilities include the Minnesota Security Hospital, Minnesota Sex Offender Program and Minnesota Life Bridge.

¹³⁶ For nine of the 11 individuals, QADC Services was able to verify a valid address using information available in the Department's databases including MMIS and MAXIS but were unable to verify living arrangement type. For the other two individuals, QADC Services are continuing to verify the current address and living arrangement type.

¹³⁷ The date of the last known address varies from a few years old to more than 10 years old.

¹³⁸ County financial workers use the MMIS and MAXIS systems to document people eligible for state and federal funded services.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

The letters invited the recipients to contact the Successful Life Project to talk about available supports. QADC Services and Successful Life Project also included information regarding the Disability Hub and Successful Life Project. QADC Services and Successful Life Project did not receive any responses but did receive two letters back as undeliverable.

Through ongoing efforts during this reporting period, QADC Services and Successful Life Project were able to verify addresses for five additional people and obtain a current address for one of the people whose letter was returned as undeliverable. QADC Services and Successful Life Project will send letters to reach out to these Therapeutic Follow-up Group members to discuss Successful Life Project services.

Preventing Re-Institutionalization and Transfers to More Restrictive Settings

On an ongoing basis, Successful Life Project proactively monitors the Therapeutic Follow-up Group population in a variety of ways to determine if a Therapeutic Follow-up Group member is in need of supports to help prevent re-institutionalization and other transfers to settings that are more restrictive. This monitoring includes:

- Review of Behavior Intervention Report Forms and other incident notifications related to behavioral interventions;
- Identification of Therapeutic Follow-up Group members entered into the Department's Single Point of Entry System;¹³⁹
- Review of Licensing investigation reports;
- Review of reports that QADC Services or Successful Life Project may receive from the Office of the Ombudsman for Mental Health and Developmental Disabilities;
- Review of 245D Services Termination Notices; and
- Ongoing contact with case managers and/or providers of Therapeutic Follow-up Group members.

The goal of this monitoring is to identify Therapeutic Follow-up Group members who are experiencing challenges before these difficulties reach the level at which care providers consider transferring the person to a more restrictive setting.

The therapeutic follow-up provided by Successful Life Project involves a range of supports from brief consultation to intensive, individualized supports. The needs of the person and the ability of the person's team to support the person effectively, as well as their desire for Successful Life Project assistance, dictate the level and type of Successful Life Project involvement.

¹³⁹ The Department's Single Point of Entry is a system that coordinates crisis resolution responses for individuals with developmental disabilities. Crisis is defined as a behavioral crisis that puts the individual at risk of losing their current living situation.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

During this reporting period, 51 members of the Therapeutic Follow-up Group received individualized Successful Life Project services or supports. During this reporting period, the Successful Life Project nurse provided individualized nursing supports to 12 of these 51 Therapeutic Follow-up Group members.

To provide people and their teams with the appropriate level of support, Successful Life Project groups Therapeutic Follow-up Group members based on the level of support needed. Persons receiving “priority level” support have a potential loss of their current living situation due to challenging behaviors and/or the presence of significant risk factors. Persons receiving “secondary level” support present challenging behaviors, but their placement is not threatened. Successful Life Project assigns persons not receiving primary or secondary level support to the “proactive” group. For more information about support levels, see the Department’s February 2017 Semi-Annual Compliance Report (Doc. No. 614-1 at 78).

Of the 51 members of the Therapeutic Follow-up Group that received individualized Successful Life Project services or supports during the reporting period, three members received priority level support, 31 members received secondary level support and 27 members received individualized proactive level support.¹⁴⁰ During this reporting period, 10 members of the Therapeutic Follow-up Group moved between different support levels:

- Three people moved from secondary to proactive;
- Six people moved from proactive to secondary; and
- One person moved from proactive to priority.

See Tables 9 and 10 for a breakdown of instances of individualized supports and services provided by Successful Life Project staff during this reporting period.

The Department notifies Successful Life Project when a Behavior Intervention Report Form or 245D Services Termination Notice is completed for a Therapeutic Follow-up Group member. When notified of either occurrence, the Successful Life Project Supervisor contacts the person’s case manager to discuss support that Successful Life Project can provide. During this reporting period, the Successful Life Project Supervisor followed-up on 16 BIRFs and three 245D Service Termination Notices for persons who did not receive direct support from Successful Life Project and are not reflected in Table 9. Because of the follow-up provided by the Successful Life Project Supervisor during this reporting period, the Successful Life Project has provided direct support for four people who did not previously receive Successful Life Project support.

¹⁴⁰ Persons who changed to a different support level during the reporting period are counted in more than one category.

**Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report**

Table 9: Successful Life Project Behavior Analyst Supports and Services

Successful Life Project Behavior Analyst Supports and Services	Instances
Consultation	13
Functional Behavioral Analysis	4
Positive Behavior Support Plan	12
Positive Behavior Support System Evaluation Tool (PBS SET) ¹⁴¹	5
Person-Centered Plan	8
Individual Proactive Level Consultation ¹⁴²	0
Technical Assistance/Consultation	31
Training	4
Other ¹⁴³	12
TOTAL	89

Table 10: Successful Life Project Nursing Supports and Services

Successful Life Project Nursing Supports and Services	Instances
Consultation	3
Health Assessment	0
Health Education	0
Medication Review	1
Technical Assistance/Consultation	9
Other ¹⁴⁴	3
TOTAL	16

¹⁴¹ The PBS SET (Positive Behavior Support System Evaluation Tool) is a tool used by the Successful Life Project team to guide technical assistance and support for Jensen class members. The PBS SET was developed to evaluate service delivery within the framework of person-centered practices and positive behavior support. The PBS SET was based on the Positive Environment Checklist originally developed by the Rehabilitation Research and Training Center on Positive Behavior Supports.

¹⁴² "Individual Proactive level consultation" is a consultation phone call or a single in-person meeting.

¹⁴³ Successful Life Project Behavior Analyst "Other" activities include follow-up on Behavior Intervention Report Forms (BIRFs) submitted to DHS, completion of an Effective Environmental Checklist and follow-up phone calls for persons in the priority or secondary support group.

¹⁴⁴ Successful Life Project Nursing "Other" activities include helping the person's team to develop health-related protocols and to set up health care consultations or health-related supports in the community.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

People who received individual supports from Successful Life Project during the reporting period were in various living situations over the reporting period (See Table 11).

During this reporting period, five members of the Therapeutic Follow-up Group who received individualized Successful Life Project supports moved to a more integrated setting:

- Two people [REDACTED] transitioned from a crisis home to a corporate foster care;
- Two people [REDACTED] transitioned from the hospital to corporate foster care; and
- One person [REDACTED] transitioned¹⁴⁵ from Minnesota Life Bridge to an unknown location in the community (See EC 48).

During this reporting period, two members of the Therapeutic Follow-up Group who received individual Successful Life Project supports moved to a less integrated setting:

- One person [REDACTED] transitioned from corporate foster care to a state operated facility (Minnesota Security Hospital); and
- One person [REDACTED] transitioned from corporate foster care to a crisis home.

[REDACTED]

[REDACTED]

[REDACTED]

**Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report**

Table 11: Living Arrangements of Persons Receiving Successful Life Project Supports

Living Arrangement	Total - Beginning of Reporting Period	Total – End of Reporting Period	Change
Corporate Foster Care	37	39	+2
Family Foster Care	1	1	0
Crisis Home	2	1	-1
Home-Own	5	5	0
Hospital	2	0	-2
ICF-DD	1	1	0
Jail-Detention Center	1	1	0
Skilled Nursing Facility	1	1	0
State Operated Facility ¹⁴⁶	1	1	0
Unknown	0	1	+1
TOTAL	51	51	

Successful Life Project provided information on 10 people randomly selected by QADC Services from the 51 Therapeutic Follow-up Group members who received individualized supports from Successful Life Project during the reporting period.¹⁴⁷ The following is a summary of the information obtained from Successful Life Project staff, supplemented by information from Successful Life Project case notes, for each of the 10 people in the random sample.¹⁴⁸

¹⁴⁶ State Operated Facilities include the Minnesota Security Hospital, Minnesota Sex Offender Program, and Minnesota Life Bridge

¹⁴⁷ To monitor Successful Life Project supports, QADC Services pulled a random sample from the list of people who received individual supports from Successful Life Project between July 1 and December 31, 2018. QADC Services alphabetized and numbered the list of people who received supports from Successful Life Project during the relevant time period. QADC Services used Random.org (<https://www.random.org/>) to generate 10 random numbers based on the total number of people who received supports from Successful Life Project during the reporting period and QADC Services then matched the numbers generated to the alphabetized list of names.

¹⁴⁸ The following summaries include references to events and supports that occurred outside this reporting period.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

[REDACTED]

[REDACTED]

[REDACTED]

Population-Level Supports Provided

Proactive supports also include population-level support strategies, such as providing training or sharing information on topics and best practices that are generally relevant to persons in the Therapeutic Follow-up Group. During this reporting period, Successful Life Project staff provided six training sessions to providers and lead agencies supporting Therapeutic Follow-up Group members. These sessions educated providers and lead agency staff about Successful Life Project's services as

¹⁵⁰ The 245D Licensing Help Desk is a resource available to Home and Community-Based Services - 245D providers who have questions regarding licensing standards of 245D services. Additional information can be found on the Department's web site at <https://mn.gov/dhs/partners-and-providers/licensing/hcbs-245d/>.

**Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report**

well as provided training on topics relevant to effective support of Therapeutic Follow-up Group members in community settings. For a list of these trainings, see Table 12.

Table 12: Successful Life Project Provider Training Sessions during the Reporting Period

Date	Topic(s)	Audience	No. of Attendees
9/21/2018	Neuropsychology	Direct care staff	6
10/11/2018	Why Punishment Doesn't Work- A clinical perspective	St. Louis County Health and Human Service Conference: Case managers, Social workers	Approx. 130
10/25/2018	Behavior Intervention Plan Training	Direct care staff	3
10/25/2018	Introduction to Positive Behavior Supports	Direct care staff	24
10/30/2018	Effective Environment Checklist Training	Direct care staff	7
11/13/2018	Calming Techniques and Recording the Data	Direct care staff	13

Consumer Satisfaction Surveys

As previously reported, QADC Services and Successful Life Project sends out consumer satisfaction surveys to Therapeutic Follow-up Group members who receive Successful Life Project services and supports and who move to a different level of support (See Doc Nos. 614-1 at 78, 643 at 81, and 676 at 75).

In August 2018, QADC Services and Successful Life Project sent out consumer satisfaction surveys to 26 case managers, 30 guardians/family members and 20 providers of 34 Therapeutic Follow-up Group members who received priority or secondary Successful Life Project services from January 1 to June 20, 2018. QADC Services also sent consumer satisfaction surveys to 34 Therapeutic Follow-up Group members who are their own guardians and to Therapeutic Follow-up Group members with guardians. No guardian objected to their ward receiving the survey. QADC Services and Successful Life Project sent the surveys to Therapeutic Follow-up Group members via US mail included and a self-addressed stamped envelope.

In response to the surveys sent, Successful Life Project received 41 responses from the following:

- 8 Therapeutic Follow-up Group members
- 14 County case managers
- 10 Guardians
- 7 Providers
- 2 Family members

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

When Therapeutic Follow-up Group members were asked to respond to the following statements: (1) My life is better since SLP helped me; (2) The SLP staff member(s): Knew my needs; (3) The SLP staff member(s): Knew about how to help me; (4) The SLP staff member(s): Answered my questions and my team's questions; and (5) The SLP staff member(s): Said things in a way I could understand:

- Eight of the eight (100%) Therapeutic Follow-up Group members responded either yes/somewhat/a little to the first two statements; and
- Seven of the eight (83%) Therapeutic Follow-up Group members responded either yes/somewhat/a little to the last three statement

When county case managers, guardians, providers and family members were asked if Successful Life Project (1) helped the person to make significant progress, and (2) helped to improve the person's overall quality of life, 94% of respondents strongly agreed or agreed. In response to concerns raised in the survey, QADC Services followed up with 16 respondents. QADC Services was successful in contacting 13 case managers, guardians, family members and providers who stated that Successful Life Project has helped the team and the individual make significant progress and the individual's quality of life has improved from the services Successful Life Project provides. Many respondents of the survey stated that Successful Life Project has been a great resource to help the team to work through difficult situations. When asked how Successful Life Project can improve, many respondents stated that Successful Life Project needs more staff to lessen caseloads.

In January 2019, QADC Services and Successful Life Project sent out consumer satisfaction surveys to 10 case managers, 9 guardians/family members and 9 providers of 10 Therapeutic Follow-up Group members who changed level of supports, provided by Successful Life Project. July 1, 2018-December 31, 2018.¹⁵¹

Verification

Because Successful Life Project is part of QADC Services and receives clinical supervision from the Jensen Internal Reviewer, the QADC Services Director and Jensen Internal Reviewer both have personal knowledge of the structure of Successful Life Project and the way it provides services.

To obtain additional information about the supports provided by Successful Life Project during the reporting period, QADC Services/Successful Life Project Supervisor reviewed case notes and

¹⁵¹ In February 2018, QADC Services sent consumer satisfaction surveys to 10 Therapeutic Follow-up Group members who are their own guardians and to Therapeutic Follow-up Group members with guardians. No guardian objected to their ward receiving the survey.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

interviewed the assigned Successful Life Project behavior analyst and/or the Successful Life Project nurse for the 10 people included in the Successful Life Project random sample. This information is summarized in the status update for EC 98.

To verify the information provided by Successful Life Project staff about the supports summarized above, and to obtain additional detail about how these supports have helped people and their teams, QADC Services contacted case managers, providers and family members or guardians (where available). QADC Services did not contact five persons for the following reasons:

- No contact information available;
- The case manager or residential providers who had worked with Successful Life Project were no longer involved; and
- The case manager was acting as guardian and so was already included.

QADC Services utilized a standardized interview protocol that asked the following questions: (1) why Successful Life Project became involved in providing supports to the person?; (2) what services and supports were provided by Successful Life Project?; and (3) if and how the services provided supported the person to remain in and/or become more involved in the community?

For the 10 people in the random sample who received Successful Life Project supports during this reporting period, QADC Services received responses from 10 case managers, five providers and six guardians or family members. The information QADC Services received from case managers, providers and guardians/family members was generally consistent with what the Successful Life Project behavior analysts and/or nurse reported to QADC Services and what QADC Services obtained from case notes. The following are responses received from case managers, providers and guardians/family members regarding the experience of working with Successful Life Project:

- "Assisting staff in training and understanding who [Client Name] really is does support [Client Name] and hugely impacts [Client Name]'s ability to remain safe, continue to participate in community activities, live in a least restrictive setting building trust and working towards independence on [his/her] terms."
- "Willingness to listen and provide suggestions, look into and make contact with other resources, going out of their way to get to know [Client Name] and respond to [his/her] needs."
- "[Successful Life Project staff] has been outstanding. [Successful Life Project staff] has been key in finding things that could upset [Client Name]. [REDACTED]"
- "SLP has had many discussions with [Client Name] about what is important to [him/her] and for him/her during this reporting period. SLP has all of this documented

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

and will use the information given when assisting [him/her] to move into a new home.”

- “The support provided to staff [by Successful Life Project] has been reassuring and much needed. Staff are more comfortable taking [Client Name] into the community and [he/she’s] been broadening his/her options of places to explore and things to try.”

While completing a verification call, a guardian shared that she no longer wanted to be [REDACTED] guardian and the county stated that she needed to find a new guardian. Successful Life Project provided resources to the guardian about guardianship options that are available.

Summary Assessment

The Department has met EC 98 by having professional staff provide therapeutic follow-up to members of the Therapeutic Follow-up Group to help prevent reinstitutionalization or transfers to more restrictive settings and to help maintain the most integrated setting for members. The Department has provided specific data above and in previous reports documenting completion of EC 98 (See Doc. Nos. 531, 572, 589, 614-1, 643, 676 and 700).

Evaluation Criteria 103

Within thirty (30) days of the promulgation of the Adopted Rule, Plaintiffs' Class Counsel, the Court Monitor, the Ombudsman for Mental Health and Developmental Disabilities, or the Executive Director of the Governor's Council on Developmental Disabilities may suggest to the Department of Human Services and/or to the Olmstead Implementation Office that there are elements in the Rule 40 Advisory Committee Recommendations on Best Practices and Modernization of Rule 40 (Final Version - July 2013) which have not been addressed, or have not adequately or properly been addressed in the Adopted Rule. In that event, those elements shall be considered within the process for modifications of the Olmstead Plan. The State shall address these suggestions through Olmstead Plan sub-cabinet and the Olmstead Implementation Office. Unresolved issues may be presented to the Court for resolution by any of the above, and will be resolved by the Court.

Responsible Party: DHS Deputy Senior Counsel

Current Status

EC 103 has been met.

The Department, the Office of Ombudsman for Mental Health and Developmental Disabilities, and the Governor’s Council on Developmental Disabilities met from summer 2016 through November 2017 to discuss elements of the Rule 40 Advisory Committee recommendations that may not be adequately or properly addressed by the Positive Supports Rule. The group reviewed the recommendations of the Rule 40 Advisory Committee and the efforts of the Department. Early in its work, the group determined that none of the elements which remained under discussion would be

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

the subject of a proposed amendment to the measurable goals of the Minnesota Olmstead Plan. Of the 47 elements of the Rule 40 Advisory Committee recommendations under discussion, the group agreed that 43 are complete. The group agreed to suspend future meetings unless and until more discussion of the recommendations is needed. In December 2018, the Ombudsman for Mental Health and Developmental Disabilities requested a meeting to discuss two issues that were not directly related the recommendations of the Rule 40 Advisory Committee. The Department proposed instead to convene a more appropriate group to discuss the topics. To date, there has been no request for further discussion. To date, no unresolved issues have been presented to the court for resolution. From the Department's perspective, the Rule 40 Advisory Committee recommendations have been addressed and nothing further is required under this EC.

Verification

The Responsible Party was personally involved in the events reported in the status update for this EC.

Summary Assessment

The Department has met EC 103 by convening a workgroup to address elements of the Rule 40 Advisory Committee Recommendations not adequately or properly addressed by the Positive Supports Rule. By consensus, no such issues were presented to the Olmstead Subcabinet and were instead addressed by the Department. No unresolved issues have been presented to the Court. The Department has provided specific data above and in previous reports documenting completion of EC 103 (See Doc. Nos. 531, 614-1, 643, 676 and 700).

A.2 ECs Subject to Annual Reporting

Evaluation Criteria 1:

The Facilities will comply with Olmstead v. L.C. The Facilities are and will remain licensed to serve people with developmental disabilities. The Facility will eliminate unnecessary segregation of individuals with developmental disabilities. People will be served in the most integrated [sic] setting to which they do not object. Each individual's program will include multiple opportunities on an ongoing basis to engage with: (1) citizens in the community, (2) regular community settings, (3) participating in valued activities (4) as members of the community. These community activities will be highly individualized, drawn from the person-centered planning processes, and developed alongside the individual.

Responsible Party: Minnesota Life Bridge Manager

Current Status

EC 1 has been met.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

EC 1 requires that the Minnesota Life Bridge treatment homes¹⁵² remain licensed to serve people with developmental disabilities. During this reporting period, all Minnesota Life Bridge treatment homes were licensed to serve people with developmental disabilities. For additional information about licensure, see the status update for EC 94 in this report.

EC 1 also requires that the Minnesota Life Bridge treatment homes comply with the *Olmstead v. L.C.* decision—eliminating unnecessary segregation of persons with developmental disabilities and serving persons in the most integrated setting appropriate to their needs to which they do not object. Consistent with this requirement, Minnesota Life Bridge serves persons with developmental disabilities who exhibit severe behaviors that present a risk to public safety (EC 3; see, e.g., Doc. Nos. 643, 676 and 700, and the status update for EC 3 in this report) in homes located in integrated community settings. Minnesota Life Bridge treatment homes are intended to provide temporary residential services, lasting no longer than necessary to stabilize the person's behavioral crises and facilitate successful transition to a living situation of their choosing. The amount of time necessary to stabilize a person will vary depending on the person's clinical circumstances.¹⁵³

Through the person-centered and transition planning processes and use of positive behavior supports, residents of Minnesota Life Bridge treatment homes are assisted and prepared to move toward more integrated living situations. During this reporting period, Minnesota Life Bridge treatment homes served 16 people—seven people who Minnesota Life Bridge admitted prior to this reporting period and three people who were admitted during this reporting period. Minnesota Life Bridge discharged three of these 16 people during this reporting period.

For more information about the person-centered and transition planning processes at Minnesota Life Bridge treatment homes, the use of positive behavior supports at these homes, the discharges that occurred during this reporting period and efforts and progress toward discharge for treatment home residents who were not discharged during this reporting period, see the status updates for ECs 2 and 47-53, in the August 2017 Semi-Annual Report (Doc. No. 643), February 2018 Semi-Annual Report (Doc. No. 676), August 2018 Semi-Annual Report (Doc. No. 700) and the status updates for ECs 2 and 47-53 in this report).

¹⁵² As of the end of this reporting period, and in conformity with ECs 88 and 95, Minnesota Life Bridge continues to operate the following treatment homes: Stratton Lake, Broberg's Lake and Donnelly. Donnelly is the newest Minnesota Life Bridge Home and became licensed and operational for Minnesota Life Bridge on August 15, 2018. As reported previously, the two Eagle Pointe treatment homes transitioned to MSOCS; one home was re-licensed on July 30, 2018 and the other home was re-licensed on August 15, 2018. This move had the effect of increasing Minnesota Life Bridge's licensed capacity by one bed and decreasing the total number of homes to three.

¹⁵³ The Department describes these principles in the Minnesota Life Bridge Bulletin (Bulletin # 18-76-02). The Bulletin is publicly available on the Department's website: <http://www.dhs.state.mn.us/dhs-307196>

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

EC 1 requires that each treatment home resident's program include multiple opportunities on an ongoing basis to engage in community activities—activities that are highly individualized, drawn from person-centered planning processes, and developed alongside the person. As previously reported, the Minnesota Life Bridge treatment homes individualize residents' treatment programs by utilizing person-centered planning principles at each stage of the process—beginning with the development of each resident's Person Centered Description – Picture of a Life and Action Planning, which is the type of person-centered plan used at Minnesota Life Bridge. (See e.g., Doc. Nos. 614-1, 643, 676 and 700.)

During this reporting period, Minnesota Life Bridge served 16 people in a treatment home. Sixteen of the 16 people served had individualized Person Centered Description – Picture of a Life and Action Planning completed. Sixteen of the 16 completed Person-Centered Descriptions addressed residents' community engagement.

Person-centered planning is an ongoing process requiring regular updates to ensure continued applicability and reflect the person's progress toward meeting goals or deciding on new goals. During this reporting period, 16 of the 16 persons served at Minnesota Life Bridge treatment homes who had a completed individualized Person Centered Description – Picture of a Life and Action Planning had the plan updated on a monthly basis. The person and their support team, which includes the person's guardian/legal representative, family member(s), and case manager, contribute to updates during monthly team meetings. The information in residents' Person Centered Description – Picture of a Life and Action Planning, in combination with staff's daily experience and conversation with residents, inform how staff support treatment home residents in selecting, planning, and engaging in community activities.

As previously reported, during this reporting period, Minnesota Life Bridge staff ensured that each treatment home resident had the opportunity to plan and fill their day with preferred activities that are important to and for them through a process that is highly individualized. Staff engaged with each resident on a regular basis—typically daily—to discuss their choices and plan for activities (Doc. Nos. 643, 676 and 700). In the status update for EC 51 in the February and August 2017 Semi-Annual Reports and the February and August 2018 Semi-Annual Reports, the Department provided additional information about this process, including examples of individualized community activities that were developed alongside the resident (See Doc. Nos. 614-1, 643, 676 and 700).

For this report, QADC Services selected six of the seven residents served at Minnesota Life Bridge treatment homes¹⁵⁴ during September 2018 and requested information for individualized community activities planned with and engaged in by these six residents. With each resident, Minnesota Life Bridge discussed, planned, and facilitated activities in the community based on individual

¹⁵⁴ QADC Services selected two people from each of the three Minnesota Life Bridge Treatment homes - Broberg's Lake, Stratton Lake and Donnelly. The one person not included in Table 13 (J5) participated in 10 community activities during the month including work.

Although shopping continues to be a preferred activity with 29 events during the month of September, Minnesota Life Bridge residents also participated in 51 physical activities that included sports-related activities, walks, visits to the park, gym/YMCA, fishing and Changing Gaits Horse Farm.

Table 13: Community Activities Engaged in (E) or Discussed but Declined (D)—September 2018

Page 127 of 225

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Individualizing/Personalizing Areas of the Home

Consistent with Action 1.2, Minnesota Life Bridge staff also support people to make choices on the interior setting of the homes. For example, Minnesota Life Bridge staff assist residents with painting their bedrooms, selecting new linens and reorganizing furniture. Residents can also bring personal items to individualize their living areas.

To determine how Minnesota Life Bridge staff supported specific residents in personalizing the interior setting of their homes during this reporting period, QADC Services selected a sample of eight people across the homes that included two people each from the Broberg's, Donnelly and Stratton Lake homes and two people from the two Eagle Point homes. QADC Services requested that Minnesota Life Bridge describe how staff supported each person in individualizing or personalizing areas of the home. This information is summarized in Table 14.

Table 14: Individualizing/Personalizing Areas of the Home

Resident	Facility	Individualizing/Personalizing ¹⁵⁵
■	■	[REDACTED]
■	■	[REDACTED]
■	■	[REDACTED]
■	■	[REDACTED]

¹⁵⁵ Some of the individualizing/personalizing reported here occurred prior to this reporting period.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Resident	Facility	Individualizing/Personalizing ¹⁵⁵
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

Given the purpose of Minnesota Life Bridge and the limited amount of space available at Minnesota Life Bridge sites, Minnesota Life Bridge residents do not have a choice of housemates.

Verification

Licensure

With respect to the information reported in the status update for EC 1 regarding licensure, see the Verification Section in this report for EC 94.

Most Integrated Setting/Eliminating Unnecessary Segregation

With respect to the information reported in the status update for EC 1 regarding elimination of unnecessary segregation and serving persons in the most integrated setting appropriate to their needs, QADC Services and the Jensen Internal Reviewer conducted verification and compliance monitoring activities. Through these activities, QADC Services and the Jensen Internal Reviewer confirmed that: (1) Minnesota Life Bridge treatment homes serve only persons with developmental disabilities who exhibit severe behaviors that present a risk to public safety, consistent with EC 3; (2) that Minnesota Life Bridge's efforts to stabilize treatment home residents' behavioral crises utilize positive behavior supports and are informed by person- centered planning; and (3) that Minnesota Life Bridge, through the transition planning process, is assisting and preparing residents to move toward more integrated living situations consistent with their needs and preferences.

The Department previously reported these verification activities as follows:

1. Verification activities relating to admission of persons with developmental disabilities who present a risk to public safety: Doc. No. 643 at 15, Doc. No. 676 at 14, Doc. No. 700 at 15 and

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

EC 3 in this report. See also, the Jensen Internal Reviewer Monthly Reports for March 2018 (distributed to the Court April 13, 2018, page 6-7); April 2018 (distributed to the Court May 15, 2018, page 3-4); May 2018 (distributed to the Court June 15, 2017, page 3-4); June 2018 (distributed to the Court July 16, 2018, page 7-10); September 2018 (distributed to the Court October 15, 2018, page 4-5); and October 2018 (distributed to the Court November 15, 2018, page 3-5);

2. Verification and compliance monitoring activities relating to use of positive behavior supports and person-centered planning principles: Doc. No. 553-1 at 7, Doc. No. 621 at 8, and Doc. No. 683 at 7. See also, the Jensen Internal Reviewer Monthly Reports from 2018; and
3. Verification and compliance monitoring activities relating to the Transition Planning process, discharges, and efforts and progress toward discharge: Verification Sections for ECs 47-53, Doc. Nos. 643, 676 and 700. See also the following Jensen Internal Reviewer Monthly Reports for review of discharges during this reporting period: January 2018 (distributed to the Court February 15, 2018, pages 3-4); February 2018 (distributed to the Court March 15, 2013, pages 3-4); March 2018 (distributed to the Court April 13, 2018, page 7-8); April 2018 (distributed to the Court May 15, 2018, page 4); May 2018 (distributed to the Court June 15, 2017, page 4-5); July 2018 (distributed to the Court August 15, 2018, page 4-5); October 2018 (distributed to the Court November 15, 2018, page 5); and December 2018 (distributed to the Court January 15, 2019, page 4).

Through on-site visits to the five Minnesota Life Bridge treatment homes¹⁵⁶ during the annual reporting period, QADC Services and the Jensen Internal Reviewer also verified the locations of the treatment homes in integrated community settings.

Opportunities to Engage in Community Activities

QADC Services used multiple methods to verify the information reported in the status update for EC 1 regarding residents' opportunities to, on an ongoing basis, engage in community activities that are highly individualized, drawn from the person-centered planning process, and developed alongside the person. In preparation for this report, QADC Services requested Minnesota Life Bridge's activity tracking documents for one month during the annual reporting period (September 2018) for six of the seven Minnesota Life Bridge residents served at the treatment homes during that month. QADC Services confirmed that the information reported in the status update for EC 1 regarding the

¹⁵⁶ As of the end of this reporting period, and in conformity with ECs 88 and 95, Minnesota Life Bridge continues to operate the following treatment homes: Stratton Lake, Broberg's Lake and Donnelly. Donnelly is the newest Minnesota Life Bridge Home and became licensed and operational for Minnesota Life Bridge on August 15, 2018. As reported previously, the two Eagle Pointe treatment homes transitioned to MSOCS; one home was re-licensed on July 30, 2018 and the other home was re-licensed on August 15, 2018. This move had the effect of increasing Minnesota Life Bridge's licensed capacity by one bed and decreasing the total number of homes to three.

**Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report**

September 2018 community activities of these treatment home residents is supported by the activity tracking documentation submitted by Minnesota Life Bridge. The degree of individualizing of activities is also detailed in the Jensen Internal Reviewer's Clinical Case Review¹⁵⁷ assessments included in the Jensen Internal Reviewer Monthly Reports.

The Jensen Internal Reviewer and QADC Services analyst also reviewed the ten Minnesota Life Bridge residents' completed Person Centered Description – Picture of a Life and Action Planning to determine whether these documents expressly provided guidance to care providers regarding community engagement and related life areas (see list in Action 1.1). The Jensen Internal Reviewer and QADC Services also compared these findings to similar reviews of 2017 and 2017 Plans (Doc. No. 683 at 14). See Table 15.

Table 15: 2016, 2017 and 2018 Person-Centered Plan Life Area Reviews

Life Area					
Year	Community/ Civic Engagement	Home, and Health Care/Health Living	Work	Life-long Learning/ Education	Transportation
2016	12/12 (100%)	12/12 (100%)	10/12 (83 %)	5/12 (42%)	8/12 (67%)
2017	13/13 (100%)	13/13 (100%)	11/13 (85%)	12/13 (92%)	12/13 (92%)
2018	15/15 (100%)	15/15 (100%)	15/15 (100%)	15/15 (100%)	15/15 (100%)

The Jensen Internal Reviewer and QADC Services analyst also reviewed Coordinated Services and Support Plans (CSSP) and Coordinated Services and Support Plan Addenda (CSSP-A) for residents of Minnesota Life Bridge treatment homes. Of the 16 people served at Minnesota Life Bridge treatment homes during this reporting period, 16 people had their CSSP/CSSP-A completed. The Jensen Internal Reviewer and QADC Services analyst reviewed the 16 completed CSSP/CSSP-As to determine whether these documents addressed life areas related to community engagement (see list in Action 1.1). See Also Table 16.

¹⁵⁷ Previously, the Jensen Internal Reviewer Monthly Reports included a section entitled "Rhythm of the Day to assess the degree to which the lives of people supported at Minnesota Life Bridge included culturally typical rhythms and activities. As of November 2018, this section changed title and focus to Clinical Case Review.

**Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report**

The Jensen Internal Reviewer and QADC Services analyst observed that Minnesota Life Bridge reflected all Life areas Community/Civic Engagement, Home, and Health Care/Health Living, Work, Life-long Learning/ Education and Transportation in all 16 plans.

Table 16: CSSP/CSSP-A Reviews

Year	Life Area				
	Community/ Civic Engagement	Home, and Health Care/Health Living	Work	Life-long Learning/ Education	Transportation
2017	13/13 (100%)	13/13 (100%)	5/13 (28%)	8/13 (61%)	13/13 (100%)
2018	16/16 (100%)	16/16 (100%)	16/16 (100%)	16/16 (100%)	16/16 (100%)

The Jensen Internal Reviewer noted that the significant improvement in the areas of Work and Life-long learning and Education in both the Person Centered Description – Picture of a Life and Action Planning and CSSP/CSSP-As is a result of the focus Minnesota Life Bridge and the Skills Development Specialist has place on these areas (See EC 90).

Follow-up to Previous Report

The Department previously reported in the March 2017 Annual Report that “[T]he Jensen Internal Reviewer has identified areas for improvement related to issues of employment and better use of residents’ free time. This area for performance improvement relates to EC 90 . . .” (Doc. No. 621 at 17). The Department also highlighted employment as an area for improvement in the March 2017 Status Update for EC 1 (Doc. No. 621). With guidance from QADC Services and the Jensen Internal Reviewer, Minnesota Life Bridge has implemented the Independent Subject Matter Expert’s recommendations and has significantly increased the provision of integrated vocational activities to Minnesota Life Bridge residents in 2018. (See EC 90 of this report.) As detailed in the Jensen Internal Reviewer’s Monthly Reports, this increase is due in part to the efforts of Minnesota Life Bridge’s Skills Development Specialist. (See also EC 90 of this report.) Notably, as of the end of December 2018, Minnesota Life Bridge assisted the seven current residents to achieve the following outcomes related to integrated vocational options:

- Two individuals are participating in competitive integrated employment;
- Three individuals are actively seeking competitive integrated employment;
- Two individuals are planning or preparing for competitive integrated employment.

On-Site Visits

QADC Services and the Jensen Internal Reviewer also conducted compliance monitoring and verification through on-site visits. During the annual reporting period, QADC Services conducted the following 25 announced visits:

Jensen Settlement Agreement Comprehensive Plan of Action
 March 2019 Summary Report

- **Broberg's Lake (9)** : 1/16/2018; 3/20/2018, 4/17/2018; 6/19/2018; 7/17/2018; 8/21/2018; 9/18/2018; 10/16/2018 and 12/14/2018;
- **Eagle Pointe (3)**: 1/8/2018; 3/7/2018 7, and 4/5/2018;
- **Donnelly (4)** 8/15/2018; 10/3/2018; 11/7/2018 and 12/4/2018; and
- **Stratton Lake (9)**: 1/16/2018; 3/20/2018, 4/17/2018; 6/19/2018; 7/17/2018; 8/21/2018; 9/18/2018; 10/16/2018 and 12/14/2018.

These visits allowed for additional verification that Minnesota Life Bridge provided residents with person-centered treatment that includes opportunities on an ongoing basis to engage in community activities that are planned alongside the person. During these visits, QADC Services staff interviewed residents, when available and willing to be interviewed, as well as Minnesota Life Bridge staff. QADC Services staff also looked over the physical plant for any concerns. Prior to on-site visits, QADC Services staff review each resident's Person Centered Description – Picture of a Life and Action Planning and QADC Services is respectful to persons who do not want to meet or engage with new people. For additional information about these site visits, see the Verification section for EC 2 in this report or EC 2 in Doc. No. 700.

During this reporting period, the Jensen Internal Reviewer also made seven separate on-site visits to the Minnesota Life Bridge treatment homes to interview five residents [REDACTED] and their direct support staff and to observe interactions between the resident and staff. During these visits, the Jensen Internal Reviewer observed that each of the residents' supports and daily activities were generally consistent with and guided by their preferences and that staff interactions with the person were consistent with generally accepted best practices in direct support.

For more information about these review activities and the Jensen Internal Reviewer's findings, refer to the "Rhythm of the Day"¹⁵⁹ sections of the following Jensen Internal Reviewer Monthly Reports:

- [REDACTED] March 2018 Jensen Internal Reviewer Monthly Report (distributed to the Court on April 16, 2018, pages 2-5); and
- [REDACTED] December 2018 Jensen Internal Reviewer Monthly Report (distributed to the Court on January 15, 2019 page 3);
- [REDACTED] June 2018 Jensen Internal Reviewer Monthly Report (distributed to the Court on July 16, 2018, pages 2-6).

¹⁵⁹ As of November 2018, the Rhythm of the Day section of the Jensen Internal Reviewer Monthly Report changed its title and focus to a Clinical Case Review. The Jensen Internal Reviewer selects one person in conjunction with Minnesota Life Bridge and conduct a review using the Case Formulation Model. The structure of the Case Formulation is consistent with the National Association of Dual Diagnosis (Intellectual or Developmental Disability and Mental Illness) Clinical Benchmarks, and continues the assessment of the degree to which Minnesota Life Bridge provides a therapeutic environment.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

- [REDACTED] November 2018 Jensen Internal Reviewer Monthly Report (distributed to the Court on December 17, 2018, page 3);
- [REDACTED] December 2018 Jensen Internal Reviewer Monthly Report (distributed to the Court on January 15, 2019 page 3);
- [REDACTED] November 2018 Jensen Internal Reviewer Monthly Report (distributed to the Court on December 17, 2018, page 3); and
- [REDACTED] December 2018 Jensen Internal Reviewer Monthly Report (distributed to the Court on January 15, 2019, page 3).

Summary Assessment

The Department has met EC 1 by completing all Actions accompanying EC 1. The Department has provided specific data above and in previous reports documenting completion of Actions 1.1 and 1.2 (See Doc. Nos. 342, 531, 553-1, 621 and 683, and Jensen Internal Reviewer Monthly Reports).

Evaluation Criteria 4:

Facilities notify legal representatives of residents and/or family to the extent permitted by law, at least annually, of their opportunity to comment in writing, by e-mail, and in person, on the operation of the Facility.

Responsible Party: Minnesota Life Bridge Manager

Current Status

EC 4 has been met.

EC 4 requires that Minnesota Life Bridge notify legal representatives and/or family of treatment home residents at least annually of their opportunity to comment on the operation of the treatment homes.

Upon admission to Minnesota Life Bridge, all treatment home residents and their legal representatives and/or family, as permitted by law, are provided with Rights Notices documents explaining residents' rights. These documents apprise residents, their legal representatives, and/or family about their ability to comment on the operation of the facility through Minnesota Life Bridge's grievance process, by contacting the Ombudsman for Mental Health and Developmental Disabilities (office address, phone number, and e-mail address), or by contacting the Department's Licensing Division (address and phone number). The admission packet provided to residents and their legal representatives and/or family also includes the contact information—names and phone numbers—for the treatment home.

If a person stays at Minnesota Life Bridge for more than a year, staff review the Rights Notices and grievance policy at the annual team meeting with the person, their legal representative and family, if they choose to attend the meeting. Minnesota Life Bridge sends the Annual Notification Letter at

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

the time of the resident's annual meeting, if the resident has not been discharged. For more information about the Rights Notices and grievance policy, see the status updates for ECs 65-66 in this report.

Minnesota Life Bridge sends out consumer satisfaction surveys to treatment homes residents, their legal representatives and case managers. Consumer satisfaction surveys are triggered by a person's one-year anniversary of admission to Minnesota Life Bridge and by discharge from Minnesota Life Bridge, and are sent electronically to a person's support team. Minnesota Life Bridge continues to implement the process it began implementing in May 2017 See Doc. No. 683 at 18)

During this reporting period, the Minnesota Life Bridge Manager reviewed updated survey information and survey responses monthly, and, if indicated, the Minnesota Life Bridge Manager and the site's Community Residential Supervisor addressed any concerns raised. During this reporting period there were no concerns noted by the survey respondents in surveys returned to Minnesota Life Bridge.

Verification

QADC Services verified the content of the Rights Notices and grievance policy by reviewing copies of these documents. QADC Services also reviewed copies of the forms signed by residents and their legal representatives to acknowledge receipt of the Rights Notices and grievance policy.

QADC Services confirmed through this review that Minnesota Life Bridge had signed acknowledgments on file for the 16 persons served at Minnesota Life Bridge treatment homes during the reporting period and that these forms had been signed within the last year (either during admission or during an annual review of the Rights Notices and grievance policy).

Of the 16 persons who were served at Minnesota Life Bridge treatment homes during this reporting period, QADC Services confirmed, through interviews with Minnesota Life Bridge staff and through review of returned surveys, that Minnesota Life Bridge offered a consumer satisfaction survey to the five people [REDACTED] who had a one-year anniversary of admission to Minnesota Life Bridge and to seven of the nine people [REDACTED] who were discharged from Minnesota Life Bridge during this reporting period.¹⁶⁰

¹⁶⁰ Minnesota Life Bridge did not send surveys to two people [REDACTED] who transitioned from Minnesota Life Bridge this reporting period. [REDACTED]

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

As part of its verification process, QADC Services reviews Minnesota Life Bridge's satisfaction survey summary.¹⁶¹ QADC Services did not identify any actionable concerns the satisfaction survey summary.¹⁶²

Summary Assessment

The Department has met EC 4 by completing all Actions accompanying EC 4. The Department has provided specific data above and in previous reports documenting completion of Actions 4.1 and 4.2 (See Doc. Nos. 342, 531, 553-1, 621 and 683).

Evaluation Criteria 38

Other reports, investigations, analyses and follow up were made in each case of restraint use.

Responsible Party: Minnesota Life Bridge Manager

Current Status

EC 38 has been met.

EC 38 requires that other reports, investigations, analyses, and follow up were made in each case of restraint use at the Minnesota Life Bridge treatment homes. Minnesota Life Bridge staff report on each incident of EUMR in multiple ways, including the DHS 3654 Notification Form, the DHS 3653 Individual Incident Report Review Form and the EUMR Review Form.

During this reporting period, there were 13 incidents involving emergency use of manual restraint (EUMR). These incidents are listed below in Table 17 below.

¹⁶¹ The Minnesota Life Bridge satisfaction survey summary lists by month the following: surveys sent out (type and recipient), surveys returned, issues identified, and follow-up actions taken.

¹⁶² Issues identified by two Minnesota Life Bridge residents included: I don't like the rules; Too far away from St Paul; and Wanted only one staff present.

**Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report**

Table 17: 2018 Emergency Use of Manual Restraint (EUMR) Related Incidents

	EUMR	EUMR & PRN¹⁶³	EUMR & 911 Call¹⁶⁴	EUMR & PRN & 911 Call	TOTALS
Jan. 2018					
Feb. 2018					
March 2018	1				1
April 2018	1				1
May 2018	1				1
June 2018					
July 2018					
Aug. 2018					
Sept. 2018					
Oct. 2018					
Nov. 2018	4	1			5
Dec. 2018	1	3	1		5
TOTALS	8	4	1		13

During this reporting period, following each incident of EUMR, Minnesota Life Bridge clinical staff analyzed the incident and prepared a set of recommendations for improving positive supports to reduce the risk of recurrence of the challenging behavior that led to the incident of EUMR. Minnesota Life Bridge sent the Internal Review form, which includes this set of recommendations, to the Jensen Internal Reviewer. The Jensen Internal Reviewer then verified that these recommendations were consistent with best practices and likely to be effective. The Jensen Internal Reviewer provided feedback to Minnesota Life Bridge as appropriate and monitored progress toward completing the recommendations provided in response to each incident of EUMR. The Jensen Internal Reviewer reported monthly on Minnesota Life Bridge's efforts to respond to behavioral incidents—including use of EUMR—in the Jensen Internal Reviewer Monthly Reports. During this reporting period, the Jensen Internal Reviewer Monthly Reports were sent to the Court, the Consultants, Plaintiffs' Class

¹⁶³ Administration of a PRN is at the request of the client. The Jensen Internal Reviewer reviewed all incidents of PRN use at Minnesota Life Bridge during this reporting period and confirmed that PRN use was not forced or coerced, and conforms with applicable Evaluation Criteria and individual PRN protocols..

¹⁶⁴ As previously reported for EC 39 (e.g., Doc. No. 643, Doc. No. 676 and Doc. No. 700), the Jensen Internal Reviewer monitors and follows up on 911 calls at the Minnesota Life Bridge treatment homes. In reviewing all 911 calls at Minnesota Life Bridge treatment homes during this reporting period, the Jensen Internal Reviewer found no evidence of inappropriate use of 911 calls by Minnesota Life Bridge staff. The Jensen Internal Reviewer observed that, in accordance with professionally accepted standards of practice, all 911 calls made by Minnesota Life Bridge staff during this reporting period were made under circumstances when staff reasonably believed that emergency assistance was necessary for the safety of residents and/or staff.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Counsel, and the Court Monitor, as required by the Court's March 18, 2016 Order (Doc. No. 551 at 24-25).

The Jensen Internal Reviewer also conducted weekly phone calls with the Minnesota Life Bridge clinical coordinator, information coordinator, community residential supervisors and behavior analysts during this reporting period to discuss behavioral incidents—including incidents that led to EUMR—and review Minnesota Life Bridge's efforts to complete the recommendations developed in response to incidents of EUMR. The Jensen Internal Reviewer instituted this call to verify that Minnesota Life Bridge was making steady progress toward completing the recommendations and preventing future incidents of EUMR. The information coordinator facilitated the weekly calls and maintained a spreadsheet that tracked Minnesota Life Bridge's progress toward completing the recommendations for incident follow-up. The Jensen Internal Reviewer provided this spreadsheet as an attachment to each Jensen Internal Reviewer Monthly Report.

During this reporting period, QADC Services received all reports of EUMR use and other emergency behavioral interventions at Minnesota Life Bridge treatment homes—including DHS-3653 Incident Report forms and DHS-3654 Notification forms—and reviewed these reports to determine whether additional notifications, investigation, follow-up, or analysis was needed. Additionally, the Jensen Internal Reviewer received and reviewed Behavioral Intervention Report Forms relating to Minnesota Life Bridge residents. As necessary, QADC Services followed up on incident notifications with Minnesota Life Bridge management and clinical staff, the Jensen Internal Reviewer, the Department's Compliance Office, the Office of Ombudsman for Mental Health and Developmental Disabilities, or other appropriate entities.¹⁶⁵

Verification

QADC Services staff and the Jensen Internal Reviewer were able to confirm the information reported in this EC regarding the process for reports, investigations, follow-up and analysis of incidents of restraint use because QADC Services and the Jensen Internal Reviewer received copies of the relevant incident notifications and reports and were personally involved in the review and follow-up activities described. QADC Services also reviewed the Jensen Internal Reviewer Monthly Reports from this reporting period, which summarize the Jensen Internal Reviewer's activities regarding follow-up to incidents. To confirm the number of incidents of EUMR during this reporting period and that staff made appropriate reports for each incident, the Minnesota Life Bridge manager and QADC Services reviewed all DHS 3654 Notification Forms and DHS 3653 Incident Report Forms completed during this reporting period for incidents of EUMR.

¹⁶⁵ Examples of how QADC Services followed up on incident notifications include: (a) directing improved clinical support (for many people as noted in the monthly reports) and (b) directing consultation with health practitioners, including psychiatrists (e.g., G1).

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

As previously reported in the August 2017 Semi-Annual Report (Doc. No. 643 at 20), through QADC Services' ongoing review of DHS 3654 forms and other notifications regarding emergency behavioral interventions at Minnesota Life Bridge, QADC Services identified four incidents of EUMR in which staff did not contact the on-call physician within 30 minutes after initiation of EUMR. QADC Services followed up with Minnesota Life Bridge regarding these incidents; these were all incidents of extremely high intensity, and in one case, the Community Residential Supervisor waited until leaving the site before making the call so the resident would not hear it.

The Jensen Internal Reviewer has observed that the reviews and recommendations completed by Minnesota Life Bridge Clinical Coordinator have been timely and of high quality—notably including interventions that include skill development for Minnesota Life Bridge residents.

Summary Assessment

The Department has met EC 38 by completing all Actions accompanying EC 38. The Department has provided specific data above and in previous reports documenting completion of Actions 38.1, 38.2, 38.3, 38.4, 38.5 and 38.6 (See Doc. Nos. 328, 360, 531, 553-1, 621 and 683, and Jensen Internal Reviewer Monthly Reports).

Evaluation Criteria 45

The following have access to the Facility and its records: The Office of Ombudsman for Mental Health and Developmental Disabilities, The Disability Law Center, and Plaintiffs' Class Counsel.

Responsible Party: Minnesota Life Bridge Manager

Current Status

EC 45 has been met.

EC 45 requires that specified entities and persons have access to the Minnesota Life Bridge treatment homes and their records. During this reporting period, there were no limits on access to Minnesota Life Bridge and its records for the Office of Ombudsman for Mental Health and Developmental Disabilities, the Disability Law Center, and Plaintiffs' Class Counsel.

Verification

During this reporting period, QADC Services did not receive any requests for access or concerns regarding access to Minnesota Life Bridge and its records from the Office of Ombudsman for Mental Health and Developmental Disabilities, the Disability Law Center, or Plaintiffs' Class Counsel. QADC Services confirmed with the Minnesota Life Bridge Manager and the Community Support Services Program Manager that neither had received any requests for access or concerns related to access to Minnesota Life Bridge treatment homes or records during this reporting period.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Summary Assessment

The Department has met EC 45 by completing all Actions accompanying EC 45. The Department has provided specific data above and in previous reports documenting completion of Action 45.1 (See Doc. Nos. 299, 531, 553-1, 621 and 683).

Evaluation Criteria 46

The following exercised their access authority: The Office of Ombudsman for Mental Health and Developmental Disabilities, The Disability Law Center, and Plaintiffs' Counsel.

Responsible Party: Minnesota Life Bridge Manager

Current Status

EC 46 has been met.

EC 46 requires that specified entities and persons exercised their access authority to the Minnesota Life Bridge treatment homes and their records. During this reporting period, the Department imposed no limits on access to the treatment homes and their records for the Office of Ombudsman for Mental Health and Developmental Disabilities, the Disability Law Center, and Plaintiffs' Class Counsel. The decision to exercise access authority lies with these persons and entities—not the Department. None of these persons or entities exercised their access authority during this reporting period.

Verification

QADCS Services confirmed with the Minnesota Life Bridge manager that none of the entities or persons listed in EC 46 exercised their access authority to the Minnesota Life Bridge treatment homes or records during this reporting period.

Summary Assessment

The Department has met EC 46 by completing all Actions accompanying EC 46. The Department has provided specific data above and in previous reports documenting completion of Action 46.1 (See Doc. Nos. 299, 531, 553-1, 621 and 683).

Evaluation Criteria 54

Facility treatment staff received training in positive behavioral supports, person-centered approaches, therapeutic interventions, personal safety techniques, crisis intervention and post crisis evaluation.

Responsible Party: Minnesota Life Bridge Manager

**Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report**

Current Status

EC 54 has been met.

EC 54 requires that Minnesota Life Bridge treatment home staff receive training in the following topics: positive behavioral supports, person-centered approaches, therapeutic interventions, personal safety techniques, crisis intervention and post-crisis evaluation. For Minnesota Life Bridge treatment home staff, the training areas identified in EC 54 are included in the following trainings that are part of Minnesota Life Bridge's established staff training program:

1. Positive Behavioral Supports (12 hours for existing employees and 24 hours for new employees);
2. Person Centered Training (12 hours for existing employees and 16 hours for new employees);
3. Effective and Safe Engagement (EASE) 2.0 Assess & Plan and Skills Demonstration (16 hours), which covers therapeutic interventions and personal safety techniques;
4. Minnesota Life Bridge Therapeutic Interventions and Emergency Use of Personal Safety Techniques (TI/PST)/EASE Procedure (one hour), which also addresses therapeutic interventions and personal safety techniques; and
5. Crisis Intervention/Post Crisis Intervention and Assessment (four hours).¹⁶⁶

To ensure that Minnesota Life Bridge staff have received and will continue to receive training on the topics identified in EC 54, Minnesota Life Bridge has and will continue to monitor staff attendance at training sessions for the listed topics. Minnesota Life Bridge scheduled training for both new and existing employees throughout the training year to ensure all staff receive the required hours in each area. See Table 18 below.

Table 18: Minnesota Life Bridge Training Opportunities

Training	New Employees	Existing Employees
Positive Behavioral Supports	Offered quarterly	Offered on an ongoing basis, to individual employees at specific programs
Two-day Person Centered Training	Offered throughout the year at locations across the state	Not typical for current employees to repeat every year.
PCT – Classes: 1. Level One Changes 2. Choice	N/A	Developed for current employees to maintain/ improve skills

¹⁶⁶ The Minnesota Life Bridge staff-training program also includes an hour of training on Medically Monitored Restraint, a topic not listed in EC 54 but included in Actions 54.1 and 54.2.

**Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report**

Training	New Employees	Existing Employees
EASE 2.0 Assess & Plan and Skills Demonstration	Offered monthly	Four hours of EASE 2.0 trainings are offered monthly
EASE Core Module 1 & 2 – Day 1 EASE Core Module 3 & 4 – Day 2	Offered at various locations during new employee process	N/A
Therapeutic Interventions and Emergency Use of Personal Safety Techniques (TI/PST)/EASE Procedure Training	Offered within the first month of hire	Offered once or twice a year, during regular staff meetings
Crisis Intervention/Post Crisis Intervention and Assessment	Offered within the first 2 months of hire Scheduled every other month	Offered on an on-going basis for site annual renewal or by individual needs Current employees will attend scheduled class or possible all staff training will be arranged at site.

As previously reported (Doc. No. 553-1 at 13), the Department uses the Department's web-based Learning Management System, Pathlore, to record and track completion of training by Minnesota Life Bridge treatment home staff.

Because the Minnesota Life Bridge staff training year runs March 12 to March 11, based on the date upon which the CPA was approved,¹⁶⁷ this reporting period encompasses the end of the previous training year (March 12, 2017-March 11, 2018) and the beginning of the current training year (March 12, 2018-March 11, 2019).

For additional information on staff training completion, see the status updates in this report for ECs 56 and EC 58.

Verification

As explained in the status update for this EC, information about Minnesota Life Bridge staff training completion is maintained in the Department's web-based Learning Management System, Pathlore. During this reporting period, the Department's Direct Care and Treatment Learning and Development Division reviewed and entered information about Minnesota Life Bridge staff training completion, including staff competency results, into Pathlore for each of the training areas listed in EC 54.

On October 13, 2017, Minnesota Life Bridge initiated a new process, for submission of the training participant list. Minnesota Life Bridge training participant lists are submitted to the Minnesota Life Bridge Office and Administration Specialist for review. If corrections are

¹⁶⁷ The CPA was approved March 12, 2014. (Doc. Nos. 283, 284.)

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

needed, the training participant list is returned to the supervisor of the site location for corrections to ensure that the hours are accurately reflected. Once the training participant list is verified for accuracy, it is submitted to Direct Care and Treatment Learning and Development electronically. Direct Care and Treatment Learning and Development staff ensure that training hours are updated in Pathlore.

The Minnesota Life Bridge Manager and Community Residential Supervisors (CRS) review the training progress of new and current employees on required training on a monthly basis at the Minnesota Life Bridge supervisor meeting. The Minnesota Life Bridge Manager and CRS run individual Pathlore transcripts if questions arise regarding individual employees. The Minnesota Life Bridge Manager and CRS also review progress of returning employees who have been on a leave of absence as well as reviewing a report from DHS Human Resources showing staff changes.

Since early 2016, the QADC Services data analyst has received, on a monthly basis, reports from Pathlore regarding Minnesota Life Bridge staff training. The QADC Services data analyst uses the monthly reports to track the status of training completion by Minnesota Life Bridge staff and shares this information with Minnesota Life Bridge administration. During this reporting period, for several months, the QADC Services data analyst did not receive the Pathlore Reports timely. The report timeliness was impacted by staff changes caused by a recent Direct Care and Treatment Learning and Development staff retirement. Minnesota Life Bridge was also having difficulty getting timely responses from the Department's Pathlore Administrator.

QADC Services will continue to work with Minnesota Life Bridge, the Department's Pathlore Administrator and DHS Human Resources on the timeliness of the reports and to identify and correct any discrepancies in the training data maintained in Pathlore.

The QADC Services data analyst continues to track the hours for staff on a leave of absence and will carry forward missing hours, if any, into the next training year.

Summary Assessment

The Department has met EC 54 by completing all Actions accompanying EC 54. The Department has provided specific data above and in previous reports documenting completion of Actions 54.1, 54.2 and 54.3 (See Doc. Nos. 328, 342, 531, 553-1, 572, 589, 621 and 683).

Evaluation Criteria 55

Facility staff training is consistent with applicable best practices, including but not limited to the Association of Positive Behavior Supports, Standards of Practice for Positive Behavior Supports (<http://apbs.org>). Staff training programs will be competency-based with staff demonstrating current competency in both knowledge and skills.

Responsible Party: Minnesota Life Bridge Manager

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Current Status

EC 55 has been met.

EC 55 requires that Minnesota Life Bridge treatment home staff training be consistent with applicable best practices and be competency-based. Consistent with EC 55, Minnesota Life Bridge staff received training that is consistent with applicable best practices and is competency-based. Each course in the Minnesota Life Bridge staff-training curriculum has a competency component. The developers of the training determine how competency will be evaluated for each training. In some trainings, written competencies are required as an indicator of understanding the concepts or information provided. Other trainings require demonstration of skills to show competency.

The developers of the training and/or presenters of the training in each area forward any changes or modifications to the training to the Minnesota Life Bridge Manager. The Minnesota Life Bridge Manager forwards these changes to the Jensen Internal Reviewer for review. Each course in the Minnesota Life Bridge staff-training curriculum is reviewed at least every three years and updated for consistency with best practices as follows:

Effective and Safe Engagement (EASE): The EASE Instructor Team updated the EASE Curriculum in 2018. The Jensen Internal Reviewer reviewed the materials thoroughly and they continue to meet applicable standards. The EASE Instructor team compares and contrasts the EASE training curriculum with similar learning programs on an ongoing basis. Ongoing research on crisis management, behavioral interventions and de-escalation strategies influences changes made to the curriculum.

Positive Behavioral Supports (PBS): Members of the Department's PBS Leadership group, update curriculum materials as needed. The PBS Leadership group members are linked with national associations providing guidance on best practices for PBS. Minnesota Life Bridge has a significant presence within the PBS Leadership group. The Department's Direct Care and Treatment division formed Communities of Practice for PBS in 2016, which support the spread of best practices in PBS training across the Department—including at Minnesota Life Bridge.

A variety of factors drives curriculum development for this training module, including relevant state statutes and Department policies, as well as an effort to promote consistent training on positive behavior supports across the Department. Subject matter experts (Minnesota Life Bridge supervisors and CSS clinicians) update this module as needed. Participation in licensing reviews and review of incidents of EUMR has informed the curriculum. During this reporting period, the subject matter experts forwarded modifications to the Jensen Internal Reviewer for review of best practices; the Jensen Internal Reviewer found the curriculum continued to meet best practices standards.

Person Centered Training (PCT): The Learning Community on Person Centered Practices develops PCT training materials. The Learning Community exists to identify and promulgate best practices in person-centered planning. Department trainers coordinate within the state and at an annual

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

statewide gathering of PCT practitioners to learn about curriculum updates and effective training methods. Additionally, the Lead PCT Instructor receives ongoing mentoring in PCT and Person-Centered Planning from a nationally recognized expert. The PCT Instructor team develops Minnesota Life Bridge PCT coaches. In 2018, based upon input from the Jensen Internal Reviewer, the Learning Community on Person Centered Practices revised the Person Centered Thinking training to include discussion of diversity.

Crisis Intervention/Post Crisis Intervention and Assessment: Department behavioral health practitioners developed the original Crisis Intervention/Post Crisis Intervention and Assessment curriculum. Current Minnesota Life Bridge trainers review and make any needed revisions to aid in delivery of the training. Minnesota Life Bridge trainers consult with a subject matter expert in the Department's Learning and Development Division, who is active within the crisis response community in Minnesota and researches best practices internationally, for curriculum adjustments as appropriate. During this reporting period, the subject matter experts involved with the Crisis Intervention/Post Crisis Intervention and Assessment curriculum made no modifications to the curriculum.

Medically Monitoring Restraint: The Minnesota Life Bridge/Community Based Services RN Consultant developed the curriculum for this training and reviews it annually. The RN Consultant made curriculum content changes in 2016 based on recommendations of the Jensen Internal Reviewer (see Doc. No. 572 at 12) and comments regarding trauma-informed care. In October 2017, the RN Consultant forwarded changes to the Medically Monitoring Restraint curriculum to the Jensen Internal Reviewer for review of best practices. The Jensen Internal Reviewer determined that the curriculum continued to meet best practices standards. (See Doc. No. 683 at 27) During this reporting period, the RN Consultant made no modifications to the Medically Monitoring Restraint curriculum.

Verification

QADC Services reviewed the information provided in the status update for EC 55 regarding curriculum development and updates obtained from the Minnesota Life Bridge Manager and the Department's Training and Development Supervisor.

During this reporting period, the Jensen Internal Reviewer assessed all components of Minnesota Life Bridge's staff training curriculum (Effective and Safe Engagement, Positive Behavior Supports, Person Centered Thinking (PCT), Crisis/Post Crisis Intervention and Assessment, and Medically Monitored Restraint (MMR) for compliance with the requirements of EC 55—that training be competency-based and consistent with applicable best practices, including those from the Association for Positive Behavior Supports.¹⁶⁸

¹⁶⁸ APBS Standards of Practice website: <http://www.apbs.org/standards-of-practice.html>

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

All five of these curricula were revised during this reporting period: (1) Effective and Safe Engagement; (2) Positive Behavior Supports; (3) Person-Centered Thinking; and (4) Crisis/Post Crisis Intervention and Assessment and (5) Medically Monitoring Restraint. The Jensen Internal Reviewer found that these trainings met applicable best practices. The Jensen Internal Reviewer previously recommended that culturally diverse examples be included in the Person Centered Thinking Training, and has verified that cultural diversity is covered in Person Centered Thinking training provided by the Department.

Summary Assessment

The Department has met EC 55 by completing all Actions accompanying EC 55. The Department has provided specific data above and in previous reports documenting completion of Actions 55.1, 55.2, 55.3, 55.4 and 55.5 (See Doc. Nos. 328, 342, 360, 531, 553-1, 572, 589, 621 and 683).

Evaluation Criteria 56

Facility staff receive the specified number of hours of training: Therapeutic interventions (8 hours); Personal safety techniques (8 hours); Medically monitoring restraint (1 hour).

Responsible Party: Minnesota Life Bridge Manager

Current Status

EC 56 has been met.

EC 56 requires that Minnesota Life Bridge treatment home staff receive the specified hours of training in Therapeutic Interventions, Personal Safety Techniques, and Medically Monitoring Restraint. During this reporting period Minnesota Life Bridge provided this training to staff as follows: Therapeutic Interventions and Personal Safety Techniques covered by the EASE training (16 hours) and the Minnesota Life Bridge Therapeutic Interventions and Emergency Use of Personal Safety Techniques (TI/PST)/EASE Procedure training (one hour) and Medically Monitored Restraint (one hour) as a separate course. For additional information regarding the curricula for these courses, see the status update in this report for EC 55.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

As of the end of this reporting period, the 2018-2019 annual training period is in progress. As of December 31, 2018, for the 53 active¹⁶⁹ Minnesota Life Bridge treatment home staff¹⁷⁰ (21 new staff and 32 existing staff):

- 85% (45/53) had completed the required 16 hours of Effective and Safe Engagement (EASE) 2.0 Assess & Plan and Skills Demonstration annual training;
- 91% (48/53) had completed the required one hour of Minnesota Life Bridge Therapeutic Interventions and Emergency Use of Personal Safety Techniques (TI/PST)/EASE Procedure annual training; and
- 94% (50/53) had completed the required one hour of Medically Monitored Restraint annual training.

Minnesota Life Bridge is conducting a number of staff trainings between January 1, 2019, and the end of their training year on March 11, 2019. QADC Services is monitoring staff attendance at trainings to ensure compliance with the EC 56 training requirements by the end of the training year.¹⁷¹

Verification

As explained in the status update for EC 54, information about Minnesota Life Bridge staff training completion is maintained in the Department's web-based Learning Management System, Pathlore. During this reporting period, the Department's Direct Care and Treatment Learning and Development Division reviewed and entered information about Minnesota Life Bridge staff training completion, including staff competency results, into Pathlore for each of the training areas listed in EC 56.

On October 13, 2017, Minnesota Life Bridge initiated a new process, for submission of the training participant list. Minnesota Life Bridge training participant lists are submitted to the Minnesota Life

¹⁶⁹ For the purpose of these percentages, "active staff" includes all existing and new staff, even if not yet assigned to provide direct support services. "Active staff" excludes staff who were on a leave of absence as of December 31, 2018, or who, as of December 31, 2018 had left employment with Minnesota Life Bridge.

¹⁷⁰ Treatment home staff includes all new and existing staff of Minnesota Life Bridge treatment homes including direct support professionals, clinical staff (i.e., behavior analysts) and administrative staff (i.e., community residential supervisors).

¹⁷¹ As of the end of the 2018/2019 training year (March 11, 2019), except for one staff who is currently on a leave of absence, all new and existing active Minnesota Life Bridge treatment home staff have completed the required hours of annual training for EASE, Minnesota Life Bridge Therapeutic Interventions and Emergency Use of Personal Safety Techniques (TI/PST)/EASE Procedure, and Medically Monitored Restraint. QADC Services will continue to monitor Minnesota Life Bridge training to ensure that all training is completed in a timely fashion.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Bridge Office and Administration Specialist for review. If corrections are needed, the training participant list is returned to the supervisor of the site location for corrections to ensure that the hours are accurately reflected. Once the training participant list is verified for accuracy, it is submitted to Direct Care and Treatment Learning and Development electronically. Direct Care and Treatment Learning and Development staff ensure that training hours are updated in Pathlore.

Since early 2016, the QADC Services data analyst has received, on a monthly basis, reports from Pathlore regarding Minnesota Life Bridge staff training. The QADC Services data analyst uses the monthly reports to track the status of training completion by Minnesota Life Bridge staff and shares this information with Minnesota Life Bridge administration. During this reporting period, for several months, the QADC Services data analyst did not receive the Pathlore Reports timely. The report timeliness was impacted by staff changes caused by a recent Direct Care and Treatment Learning and Development staff retirement. Minnesota Life Bridge was also having difficulty getting timely responses from the Department's Pathlore Administrator.

QADC Services will continue to work with Minnesota Life Bridge, the Department's Pathlore Administrator and DHS Human Resources on the timeliness of the reports and to identify and correct any discrepancies in the training data maintained in Pathlore.

The QADC Services data analyst continues to track the hours for staff on a leave of absence and will carry forward missing hours, if any, into the next training year.

Summary Assessment

The Department has met EC 56 by completing all Actions accompanying EC 56. The Department has provided specific data above and in previous reports documenting completion of Actions 56.1, 56.2, 56.3 and 56.4 (See Doc. Nos. 328, 531, 553-1, 572, 589, 621 and 683).

Evaluation Criteria 57

For each instance of restraint, all Facility staff involved in imposing restraint received all the training in Therapeutic Interventions, Personal Safety Techniques, and Medically Monitoring Restraint.

Responsible Party: Minnesota Life Bridge Manager

Current Status

EC 57 has been met.

EC 57 requires that, in each instance of restraint at the Minnesota Life Bridge treatment homes, all staff involved in imposing restraint received training in the specified areas. To ensure that all staff involved in incidents of emergency use of manual restraint (EUMR) received training in the areas required by EC 57, Minnesota Life Bridge does not assign staff to direct support services until they

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

have completed training on Therapeutic Interventions, Personal Safety Techniques and Medically Monitored Restraint. The first two of these topics—Therapeutic Interventions and Personal Safety Techniques—are covered by Effective and Safe Engagement (EASE) training while Medically Monitored Restraint is a separate course.

During this reporting period, there were 13 instances of EUMR (See EC 38, Table 17). All staff involved in these incidents had received the EASE and Medically Monitored Restraint training courses, which cover the topics required by EC 57.

Verification

The QADC Services data analyst reviewed Pathlore reports during this reporting period, to verify that all new Minnesota Life Bridge treatment home staff received the training specified in EC 57 and that all existing treatment home staff were current on these trainings.

Additionally, the QADC Services data analyst verified, through review of training data in Pathlore, that all staff involved in each of the 13 incidents of EUMR that occurred during the reporting period had completed training on Therapeutic Interventions, Personal Safety Techniques and Medically Monitored Restraint prior to involvement in the incident of EUMR. All staff newly hired during the reporting period involved in imposing restraint received all of the required training on these topics prior to the incident of EUMR. All existing staff members were current on the training for these topics as of the date of their involvement in the incident of EUMR.

Summary Assessment

The Department has met EC 57 by completing all Actions accompanying EC 57. The Department has provided specific data above and in previous reports documenting completion of Action 57.1 (See Doc. Nos. 328, 531, 553-1, 572, 589, 621 and 683).

Evaluation Criteria 58

Facility staff receive the specified number of hours of training: Person-centered planning and positive behavior supports (with at least sixteen (16) hours on person-centered thinking / planning): a total 40 hours; Post Crisis Evaluation and Assessment (4 hours).

Responsible Party: Minnesota Life Bridge Manager

Current Status

EC 58 has been met.

EC 58 requires that Minnesota Life Bridge treatment home staff receive the specified hours of training in Person-Centered Thinking/Planning, Positive Behavior Supports and Post Crisis Evaluation and Assessment. These topics are covered by the following training courses: Person-Centered Thinking (12 hours for existing employees and 16 hours for new employees); Positive Behavior

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Supports (12 hours for existing employees and 24 hours for new employees); and Crisis Intervention/Post Crisis Intervention and Assessment (four hours).

As of the end of this reporting period, the 2018/2019 annual training period was in progress. As of December 31, 2018, for the 53 active¹⁷² Minnesota Life Bridge treatment home staff¹⁷³ (includes 21 new staff and 32 existing staff):

- 85% (45/53) had completed the required hours of Person Centered Thinking annual training;
- 70% (37/53) had completed the required hours of Crisis Intervention/Post Crisis Intervention and Assessment annual training; and
- 87% (46/53) had completed the required hours of Positive Behavioral Supports training.

Minnesota Life Bridge is conducting a number of staff trainings between January 1, 2019, and the end of their training year on March 11, 2019. QADC Services is monitoring staff attendance at trainings to ensure compliance with the training requirements by the end of the training year.¹⁷⁴

Verification

As explained in the status update for EC 54, information about Minnesota Life Bridge staff training completion is maintained in the Department's web-based Learning Management System, Pathlore. During this reporting period, the Department's Direct Care and Treatment Learning and Development Division reviewed and entered information about Minnesota Life Bridge staff training completion, including staff competency results, into Pathlore for each of the training areas listed in EC 58.

¹⁷² For the purpose of these percentages, "active staff" includes existing and new staff, even if not yet assigned to provide direct support services. "Active staff" excludes staff who were on a leave of absence as of December 31, 2018, or who, as of December 31, 2018 had left employment with Minnesota Life Bridge.

¹⁷³ Treatment home staff includes all new and existing staff of Minnesota Life Bridge treatment homes including direct support professionals, clinical staff (i.e., behavior analysts) and administrative staff (i.e., community residential supervisors).

¹⁷⁴ As of the end of the 2018/2019 training year (March 11, 2019), except for one staff who is currently on a leave of absence, all new and existing active Minnesota Life Bridge treatment home staff have completed the required hours of annual training for EASE, Minnesota Life Bridge Therapeutic Interventions and Emergency Use of Personal Safety Techniques (TI/PST)/EASE Procedure, and Medically Monitored Restraint. QADC Services will continue to monitor Minnesota Life Bridge training to ensure that all training is completed in a timely fashion.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

On October 13, 2017, Minnesota Life Bridge initiated a new process, for submission of the training participant list. Minnesota Life Bridge training participant lists are submitted to the Minnesota Life Bridge Office and Administration Specialist for review. If corrections are needed, the training participant list is returned to the supervisor of the site location for corrections to ensure that the hours are accurately reflected. Once the training participant list is verified for accuracy, it is submitted to Direct Care and Treatment Learning and Development electronically. The Direct Care and Treatment Learning and Development staff ensure that training hours are updated in Pathlore.

The Minnesota Life Bridge Manager and Community Residential Supervisor (CRS) review the training progress of new and current employees on required training on a monthly basis at the Minnesota Life Bridge supervisor meeting. The Minnesota Life Bridge Manager and CRS run individual Pathlore transcripts if questions arise regarding individual employees. The Minnesota Life Bridge Manager and CRS also review progress of returning employees who have been on a leave of absence as well as reviewing a report from DHS Human Resources showing staff changes.

Since early 2016, the QADC Services data analyst has received, on a monthly basis, reports from Pathlore regarding Minnesota Life Bridge staff training. The QADC Services data analyst uses the monthly reports to track the status of training completion by Minnesota Life Bridge staff and shares this information with Minnesota Life Bridge administration. During this reporting period, for several months, the QADC Services data analyst did not receive the Pathlore Reports on time. The report timeliness was impacted by staff changes caused by a recent Direct Care and Treatment Learning and Development staff retirement.

QADC Services will continue to work with Minnesota Life Bridge, the Department's Pathlore Administrator and DHS Human Resources on the timeliness of the reports and to identify and correct any discrepancies in the training data maintained in Pathlore.

The QADC Services data analyst continues to track the hours for staff on a leave of absence and will carry forward missing hours, if any, into the next training year.

Summary Assessment

The Department has met EC 58 by ensuring that Minnesota Life Bridge staff receive the training required by EC 58. The Department has provided specific data above and in previous reports documenting completion of EC 58 (See Doc. Nos. 328, 531, 553-1, 589, 621 and 683).

Evaluation Criteria 59

Residents are permitted unscheduled and scheduled visits with immediate family and/or guardians, at reasonable hours, unless the Interdisciplinary Team (IDT) reasonably determines the visit is contraindicated.

Responsible Party: Minnesota Life Bridge Manager

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Current Status

EC 59 has been met.

EC 59 requires that Minnesota Life Bridge treatment home residents be permitted unscheduled and scheduled visits with immediate family and/or guardians, unless reasonably determined to be contraindicated by the interdisciplinary team. Consistent with EC 59, all Minnesota Life Bridge treatment homes allow scheduled and unscheduled visits in accordance with the preferences of residents. The supervisor at each site ensures adherence to this expectation. The applicable Minnesota Life Bridge written policy (Minnesota Life Bridge Procedure #15899 - Involvement with Family, Legally Authorized Representatives and Friends) specifically addresses the need for family, friends and legal representatives to have mutual unrestricted access to the person, consistent with the requirements of ECs 59-61. Minnesota Life Bridge informs persons served, family members, county case managers, and legally authorized representatives about this policy and provides a copy of this policy at admission and intake.

During this reporting period, 15 of the 16 people served at Minnesota Life Bridge treatment homes were permitted visits with family, guardians, and friends whenever they wanted. [REDACTED]

Minnesota Life Bridge encourages home visits or visits with the people important to each resident. Treatment home supervisors work with residents and their support teams to determine what visits are important to the person and to work with staff to facilitate these social opportunities. In addition to on-site visits, during this reporting period, Minnesota Life Bridge staff assisted with coordinating off-site visits with family and friends for 15 of the 16 residents. [REDACTED]

Many Minnesota Life Bridge residents self-initiate scheduling visits with their family. To help residents visit with family, staff provide transportation and other support. [REDACTED]

Verification

The Jensen Internal Reviewer reviewed the applicable Minnesota Life Bridge policy—Minnesota Life Bridge Procedure #15899 - Involvement with Family, Legally Authorized Representatives and Friends— and determined that it complies with the requirements of EC 59. The Minnesota Life

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Bridge Community Residential Supervisors confirmed with the Jensen Internal Reviewer that with the exception of W1, there are no persons restricted from visiting the treatment homes and that, during this reporting period, no concerns were reported to Minnesota Life Bridge regarding the ability of residents to visit freely with family, guardians, or friends. QADC Services also received no reports of concerns regarding the ability of Minnesota Life Bridge residents to visit freely with family, guardians, or friends during this reporting period.

[REDACTED]

Summary Assessment

The Department has met EC 59 by completing all Actions accompanying EC 59. The Department has provided specific data above and in previous reports documenting completion of Action 59.1 (See Doc. Nos. 299, 531, 553-1, 621 and 683).

Evaluation Criteria 60

Visitors are allowed full and unrestricted access to the resident's living areas, including kitchen, living room, social and common areas, bedroom and bathrooms, consistent with all residents' rights to privacy.

Responsible Party: Minnesota Life Bridge Manager

Current Status

EC 60 has been met.

EC 60 requires that visitors of Minnesota Life Bridge treatment home residents be allowed full and unrestricted access to the resident's living areas, consistent with all residents' rights to privacy. All Minnesota Life Bridge treatment homes allow scheduled and unscheduled visits in accordance with the preferences of residents. The supervisor at each site ensures adherence to this expectation. The applicable Minnesota Life Bridge written policy (Minnesota Life Bridge Procedure #15899 -

[REDACTED]

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Involvement with Family, Legally Authorized Representatives and Friends) specifically addresses the need for family, friends and legal representatives to have mutual unrestricted access to the person, consistent with the requirements of ECs 59-61. Minnesota Life Bridge informs persons served, family members, county case managers, and legally authorized representatives about this policy and provides a copy of this policy at admission and intake.

All individuals admitted to Minnesota Life Bridge have their rights of privacy intact, unless a rights restriction is necessary for the health and safety of the individual or others. If court documents dictate a restriction, each individual situation is evaluated to determine the action and if Minnesota Life Bridge should pursue a Minn. Stat. § 245D.04 rights restriction. If the person's team determines there should be reasonable limitations on privacy in any of the resident's living areas, and considering any concerns documented in the person's Individual Abuse Prevention Plan, Minnesota Life Bridge works within the requirements of Minn. Stat. § 245D.04 and follows requirements for approval and continuation of any restrictions in place for restricting visitor access.

During this reporting period, visitors of the 16 people¹⁷⁷ served at Minnesota Life Bridge treatment homes had no limits on access to living areas, with attention paid to all residents' rights to privacy.

Verification

The Jensen Internal Reviewer reviewed the applicable Minnesota Life Bridge policy—Minnesota Life Bridge Procedure #15899 - Involvement with Family, Legally Authorized Representatives and Friends— and determined that it complies with the requirements of EC 60. The Minnesota Life Bridge Community Residential Supervisors confirmed with the Jensen Internal Reviewer that there are no persons restricted from visiting the living areas of the treatment homes. During this reporting period, no concerns were reported to Minnesota Life Bridge regarding the ability of residents to visit freely with family, guardians, or friends. QADC Services also received no reports of concerns regarding the ability of Minnesota Life Bridge residents to visit freely with family, guardians, or friends during this reporting period.

Summary Assessment

The Department has met EC 60 by completing all Actions accompanying EC 60. The Department has provided specific data above and in previous reports documenting completion of Action 60.1 (See Doc. Nos. 299, 531, 553-1, 621 and 683).



Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Evaluation Criteria 61

Residents are allowed to visit with immediate family members and/or guardians in private without staff supervision, unless the IDT reasonably determines this is contraindicated.

Responsible Party: Minnesota Life Bridge Manager

Current Status

EC 61 has been met.

EC 61 requires that Minnesota Life Bridge treatment home residents be allowed to visit with immediate family members and/or guardians in private without staff supervision. All Minnesota Life Bridge treatment homes allow scheduled and unscheduled visits in accordance with the preferences of residents. The supervisor at each site ensures adherence to this expectation. The applicable Minnesota Life Bridge written policy (Minnesota Life Bridge Procedure #15899 - Involvement with Family, Legally Authorized Representatives and Friends) specifically addresses the need for family, friends and legal representatives to have mutual unrestricted access to the person, consistent with the requirements of ECs 59-61. Minnesota Life Bridge informs persons served, family members, county case managers, and legally authorized representatives about this policy and provides a copy of this policy at admission and intake.

In the event that unsupervised visits with immediate family members and/or guardians are contraindicated, Minnesota Life Bridge documents the concern in the person's relevant documents. These documents include but are not limited to the Individual Abuse and Prevention Plan and the Coordinated Services and Supports Plan Addendum (CSSP - A). Minnesota Life Bridge follows Minn. Stat. § 245D.04 requirements for approval and continuation of any restrictions of visitors.

During this reporting period, the 16 people served at Minnesota Life Bridge treatment homes were permitted visits with family, guardians, and friends in private without staff supervision.¹⁷⁸ There were no residents for whom unsupervised visits with immediate family members and/or guardians were contraindicated.

Verification

The Jensen Internal Reviewer reviewed the applicable Minnesota Life Bridge policy—Minnesota Life Bridge Procedure #15899 - Involvement with Family, Legally Authorized Representatives and

[REDACTED]

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Friends—and determined that it complies with the requirements of EC 61. The Minnesota Life Bridge Community Residential Supervisors confirmed with the Jensen Internal Reviewer that residents are permitted visits in private without staff supervision. During this reporting period, no concerns were reported to Minnesota Life Bridge regarding the ability of residents to visit freely with family, guardians, or friends. QADC Services also received no reports of concerns regarding the ability of Minnesota Life Bridge residents to visit freely with family, guardians, or friends during this reporting period.

Summary Assessment

The Department has met EC 61 by completing all Actions accompanying EC 61. The Department has provided specific data above and in previous reports documenting completion of Action 61.1 (See Doc. Nos. 299, 531, 553-1, 621 and 683).

Evaluation Criteria 62

There is no marketing, recruitment of clients, or publicity targeted to prospective residents at the Facility.

Responsible Party: Minnesota Life Bridge Manager

Current Status

EC 62 has been met.

The Department does not engage in any marketing, recruitment of clients, or publicity targeted to prospective residents of the Minnesota Life Bridge treatment homes.

Verification

QADC Services verified with Minnesota Life Bridge management that Minnesota Life Bridge does not engage in marketing, recruitment of clients, or publicity targeted to prospective treatment home residents.

Summary Assessment

The Department has met EC 62 by ensuring that there is no marketing, recruitment of clients or publicity targeted to prospective residents of Minnesota Life Bridge staff. The Department has provided specific data above and in previous reports documenting completion of EC 62 (See Doc. Nos. 299, 531, 553-1, 621 and 683).

Evaluation Criteria 65

The Facility posts a Patient / Resident Rights or Bill of Rights, or equivalent, applicable to the person and the placement or service, the name and phone number of the person within the Facility to whom

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

inquiries about care and treatment may be directed, and a brief statement describing how to file a complaint with the appropriate licensing authority.

Responsible Party: Minnesota Life Bridge Manager

Current Status

EC 65 has been met.

EC 65 requires Minnesota Life Bridge treatment homes to post a Resident Rights Notice that includes specified information.

There are three versions of Rights Notices used by Minnesota Life Bridge to comply with federal, state and CPA requirements. One version contains the Minnesota Department of Health Patient, Resident and Home Care Bill of Rights (Minn. Stat. § 144.651). Another version contains the Department's Home and Community-based Services Service Recipient Rights (Minn. Stat. § 245D.04). The third version has a pictorial section with a one-page summary of the Minnesota Department of Health Patient, Resident and Home Care Bill of Rights, and is at a reading level of Flesch-Kincaid Grade Level 5.0.¹⁷⁹ Minnesota Life Bridge also has a Grievance Policy and a Contact Information Sheet.

The Rights Notices and/or Grievance Policy include the following information:

- An explanation of how to file a grievance with Minnesota Life Bridge.
- The address and phone number for the Department's Licensing Division, which is the entity responsible for licensing the Minnesota Life Bridge treatment homes. The policy explains that Licensing can be of assistance regarding complaints about the facility.
- The local and toll-free number to contact the Office of Ombudsman for Mental Health and Developmental Disabilities. This is included on the standard Minnesota Department of Health Patient, Resident and Home Care Bill of Rights and the one-page summary of this Bill of Rights. The one-page summary states, "If you have questions or feel we denied you any of these rights, talk to treatment staff or contact the Ombudsman's Office at 651-757-1800 or 1-800-657-3506. We must give you a written response to any complaint you have if you ask for it." The grievance policy includes the phone number, mailing address, and e-mail address for the Office of Ombudsman for Mental Health and Developmental Disabilities and states that the Office can be of assistance regarding complaints about the facility.

¹⁷⁹ The "Flesch-Kincaid Grade Level Formula" presents a score as a U.S. grade level, making it easier to judge the readability level of texts.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

The Contact Information Sheet lists the names and phone numbers of persons to contact at the specific Minnesota Life Bridge treatment home to make inquiries about care and treatment.

During this reporting period, all three Rights Notices, the Grievance Policy and the applicable Contact Information Sheet were posted at each Minnesota Life Bridge treatment home, as follows:

- **Broberg's Lake:** The Rights, Grievance Policy, and Contact Information Sheet are posted by the downstairs entry, and in the upstairs common area.
- **Stratton Lake:** The Rights Notices, Grievance Policy and Contact Information Sheet are posted in the main floor hallway between the kitchen and the door to the garage.
- **Donnelly:** The Rights Notices, Grievance Policy and Contact Information Sheet are posted by the medication room door, located between the living room and the kitchen, on the main floor.

Upon admission, Minnesota Life Bridge also provides each resident with a copy of a Rights Notice, the Grievance Policy and the applicable Contact Information Sheet. In May 2017, Minnesota Life Bridge initiated a new process of sending to the legal representative of each resident an Annual Notification Letter that provides the name and contact information for the supervisor of the home and Minnesota Life Bridge management and information on how to file a grievance or complaint. Minnesota Life Bridge sends the Annual Notification Letter at the time of the resident's annual meeting, if Minnesota Life Bridge has not discharged the resident.

Verification

During this reporting period, QADC Services verified posting of the Rights Notices, Grievance Policy and Contact Information Sheet at each treatment home by viewing the postings in person during site visits, as follows:

- **Broberg's Lake:** In the lower level hallway and in the upper level common area of the Broberg's Lake home during site visits in July, August, September, October, and December.
- **Donnelly:** On the main floor, by the medication room door, across from the dining table, between the living room and kitchen during site visits in August, October, November, and December.
- **Stratton Lake:** In the main floor hallway between the kitchen and the door to the garage during site visits in July, August, September, October, and December.

QADC Services verified that the Rights Notices and/or Grievance Policy contained the elements described in the status update for EC 65 by viewing the postings in person during site visits over several months during 2018.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

QADC Services also verified during site visits during this reporting period that the names and phone numbers of persons to contact at Minnesota Life Bridge with inquiries about care and treatment posted in each treatment home are accurate.

Summary Assessment

The Department has met EC 65 by ensuring that Minnesota Life Bridge posts Rights Notices, Grievance Policies and Contact Information Sheets with the information required by EC 65. The Department has provided specific data above and in previous reports documenting completion of EC 65 (See Doc. Nos. 299, 531, 553-1, 621 and 683).

Evaluation Criteria 66

The Patient / Resident Bill of Rights posting is in a form and with content which is understandable by residents and family / guardians.

Responsible Party: Minnesota Life Bridge Manager

Current Status

EC 66 has been met.

EC 66 requires that Rights Notices posted in the Minnesota Life Bridge treatment homes be in a form and with content that is understandable by residents, family members, and guardians. As reported in the status update for EC 65, of this report, there are three versions of Rights Notices used by Minnesota Life Bridge to comply with federal, state, and CPA requirements. One of these three versions includes a pictorial section, a one-page summary of the Minnesota Department of Health Patient, Resident and Home Care Bill of Rights, and is at a reading level understandable by residents and their family members or guardian (Flesch-Kincaid Grade Level 5.0). This version of the Rights Notice is posted in each of the Minnesota Life Bridge treatment homes.

Figures 1 and 2 are examples of one section of the pictorial version of the Rights Notice.

**Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report**

Figure 1: Rights Notice - Pictorial Version

I HAVE A RIGHT TO BE TREATED WITH RESPECT.

I understand that I need to do the following as I exercise this right:

- I understand that people should treat me with respect.
- I think that people should respect my own personal property.
- I understand that people should respect my culture/ heritage as well as the way that I communicate.
- I don't think that people should talk about me without my permission.



I HAVE THE RIGHT TO PERSONAL PRIVACY.

I understand that I need to do the following as I exercise this right:

- I should tell people when I want to be alone.
- close my door for privacy when I want to be alone.
- I can tell people to go away if I want to be alone.



I HAVE A RIGHT TO PLAN ACTIVITIES.

I understand that I need to do the following as I exercise this right:

- I have to let people know what I want to do.
- I have to save my money so I can afford to do things.
- I may have to ask people to help make arrangements for tickets and transportation.



The Minnesota Department of Health Patient, Resident and Home Care Bill of Rights are available in languages other than English, if needed. Minnesota Life Bridge provides the person, their legal representative, family as appropriate, and others on the person's support team with a written copy of the Rights Notices, Grievance Policy, and Contact Information Sheet upon admission and annually thereafter.

Verification

QADC Services reviewed copies of the Rights Notices to confirm that they are provided in a form and with content that is understandable by residents and their families or guardians and reviewed the

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Minnesota Life Bridge Admission Packet to confirm that it contains the Rights Notices. QADC Services also verified through interviews with treatment home supervisors that all three versions of the Rights Notices as well as the Grievance Policy and Contact Information Sheet are provided to persons and their family or legal representatives at admission. See the Verification section for EC 65 in this report, regarding the posting of the Rights Notices, Grievance Policy and Contact Information Sheet.

Summary Assessment

The Department has met EC 66 by completing all Actions accompanying EC 66. The Department has provided specific data above and in previous reports documenting completion of Action 66.1 (See Doc. Nos. 299, 531, 553-1, 621 and 683).

Evaluation Criteria 80

Rule 40 modernization is addressed in Part 2 of this Comprehensive Plan of Action. DHS will not seek a waiver of Rule 40 (or its successor) for a Facility.

Responsible Party: DHS Deputy Senior Counsel

Current Status

EC 80 has been met.

EC 80 requires that the Department not seek a waiver of the Positive Supports Rule for any of the Minnesota Life Bridge treatment homes. As a Home and Community-Based Services license holder, Minnesota Life Bridge must maintain compliance with licensing standards in Minnesota Statutes, Chapter 245D and all related rules and laws, including Minnesota Rules, chapter 9544 – referred to as the Positive Supports Rule. The Department did not seek a waiver of the Positive Supports Rule for any of the Minnesota Life Bridge treatment homes during this reporting period.

Verification

QADC Services verified with Minnesota Life Bridge that they did not request a waiver of the Positive Supports Rule for any of the Minnesota Life Bridge treatment homes during this reporting period. The Licensing Division of the Department's Office of the Inspector General verified with QADC Services that, during this reporting period, there were no requests for variances waiving application of the Positive Supports Rule to any of the Minnesota Life Bridge treatment homes and no such variances were granted.

Summary Assessment

The Department has met EC 80 by not seeking a waiver of Rule 40 or the Positive Supports Rule for Minnesota Life Bridge. The Department has provided specific data above and in previous reports documenting completion of EC 65 (See Doc. Nos. 299, 531, 553-1, 621 and 683).

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Evaluation Criteria 81

The State takes best efforts to ensure that there are no transfers to or placements at the Minnesota Security Hospital of persons committed solely as a person with a developmental disability.

Responsible Parties: Executive Medical Director, Direct Care and Treatment; Executive Director, Forensic Services

Current Status

EC 81 has been met.

EC 81 requires that the Department make best efforts¹⁸⁰ to ensure that there are no transfers to or placements at the Minnesota Security Hospital of persons committed solely as a person with a developmental disability. During this reporting period, there were no persons transferred to or placed at Minnesota Security Hospital who were committed solely as a person with a developmental disability.

Verification

The Responsible Party verified that there were no transfers to or placements at the Minnesota Security Hospital during the reporting period of persons solely committed as a person with a developmental disability by reviewing the CY 18 Detailed Admission Report to review all Minnesota Security Hospital admissions. The Responsible Party then cross-referenced the AVATAR¹⁸¹ Current Patient Roster with the Jensen Therapeutic Follow-up Group Member List and the Positive Support Rule List to verify if there were any commitment changes during the reporting period,

QADC Services reviewed the AVATAR PM Current Minnesota Security Hospital and Competency Restoration Program Patient Roster census data report for the entire reporting period to verify that there were no transfers or placements at the Minnesota Security Hospital of persons committed solely as a person with a developmental disability.¹⁸²

¹⁸⁰ Although the Court's January 4, 2019 Order (Doc. 707) noted otherwise, the Department maintains that EC 81 is subject to an exercise of best efforts, as documented in the EC language.

¹⁸¹ AVATAR is the electronic health record system used by Minnesota Security Hospital.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Summary Assessment

The Department has met EC 81 and will continue using best efforts to avoid non-compliance. Aside from the admission of O1 in 2015 (see Doc. No. 531 at 53, Doc. No. 553-1 at 23, Doc. No. 589 at 70 and Doc. No. 621 at 49), the Department has further met EC 81 by ensuring that there are no transfers to or placements at MSH of persons committed solely as a person with a developmental disability. The Department has provided specific data above and in previous reports documenting completion of EC 81 (See Doc. Nos. 299, 531, 553-1, 589, 621 and 683).

Evaluation Criteria 83

There has been no change in commitment status of any person originally committed solely as a person with a developmental disability without proper notice to that person's parent and/or guardian and a full hearing before the appropriate adjudicative body.

Responsible Parties: Executive Medical Director, Direct Care and Treatment; Executive Director, Forensic Services

Current Status

EC 83 has been met.

EC 83 requires that there be no change in the commitment status of any person at the Minnesota Security Hospital who was originally committed solely as a person with a developmental disability without appropriate notice to the person's parent and/or guardian and a full hearing before the proper adjudicative body. During this reporting period, no person who was originally committed solely as a person with a developmental disability was at the Minnesota Security Hospital. Accordingly, during this reporting period, there was no change in commitment status of any person at the Minnesota Security Hospital that falls within the scope of EC 83.

Verification

QADC Services reviewed the AVATAR PM Current Minnesota Security Hospital and Competency Restoration Program Patient Roster census data report for the entire reporting period and verified that there was no change in the commitment status of any person at the Minnesota Security Hospital who was originally committed solely as a person with a developmental disability.

Summary Assessment

The Department has met EC 83 by completing all Actions accompanying EC 83. The Department has provided specific data above and in previous reports documenting completion of Action 83.1 (See Doc. Nos. 299, 531, 553-1, 621 and 683).

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Evaluation Criteria 84

All persons presently confined at Minnesota Security Hospital who were committed solely as a person with a developmental disability and who were not admitted with other forms of commitment or predatory offender status set forth in paragraph 1, above, are transferred by the Department to the most integrated setting consistent with Olmstead v. L.C. , 527 U.S. 581 (1999).

Responsible Parties: Executive Medical Director, Direct Care and Treatment; Executive Director, Forensic Services

Current Status

EC 84 has been met.

EC 84 requires that all persons confined at the Minnesota Security Hospital at the time of approval of the CPA who had been committed solely as a person with a developmental disability be transferred to the most integrated setting. As previously reported (Doc. No. 553-1 at 25), prior to the adoption date of the CPA, all persons confined at the Minnesota Security Hospital who had been committed solely as a person with a development disability and who had not been admitted with other forms of commitment or predatory offender status had been transferred to a community setting.

Verification

To verify the information reported in the status update for EC 84, as previously reported, QADC Services reviewed a 2013 census report from the Minnesota Security Hospital of persons with a developmental disability. The report confirmed that, as of November 21, 2013, the Minnesota Security Hospital had discharged all persons committed solely as a person with a developmental disability and who were not admitted with other forms of commitment or predatory offender status. The discharge of persons from the Minnesota Security Hospital who were committed solely as a person with a developmental disability prior to the adoption of the CPA is also confirmed in a report, Independent Review of Minnesota Security Hospital Transitions, which was completed by the University of Minnesota Institute on Community Integration. This report was filed with the Court on May 12, 2014 as an exhibit to the Department's Second Compliance Report.

Summary Assessment

The Department has met EC 84 by completing all Actions accompanying EC 84. The Department has provided specific data above and in previous reports documenting completion of Actions 84.1 and 84.2 (See Doc. Nos. 299, 531, 553-1, 621 and 683).

Evaluation Criteria 89

Staff hired for new positions as well as to fill vacancies, will only be staff who have experience in community based, crisis, behavioral and person-centered services and whose qualifications are

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

consistent with the Settlement Agreement and currently accepted professional standards. Staff reassigned from MSHS-Cambridge will receive additional orientation training and supervision to meet these qualifications within 6 months of reassignment.

Responsible Party: Minnesota Life Bridge Manager

Current Status

EC 89 has been met.

EC 89 requires that staff hired for new positions, or to fill vacancies at Minnesota Life Bridge treatment homes, will have experience in community-based, crisis, behavioral and person-centered services and qualifications that are consistent with the JSA and currently accepted professional standards. During this reporting period, Minnesota Life Bridge hired 31 new staff for the following homes:

- Broberg's Lake -7
- Eagle Pointe /Donnelly – 11
- Donnelly - 7
- Eagle Pointe – 4
- Stratton Lake – 2

Minnesota Life Bridge supervisors determined that all 31 staff hired for new positions or to fill vacancies, during this reporting period, had experience and qualifications consistent with the requirements of EC 89 by reviewing staff qualifications prior to the interview.

As part of the interview process, Minnesota Life Bridge queried candidates and their references about the candidate's experience in community-based, crisis, behavioral and person-centered services. Additionally, each newly hired Minnesota Life Bridge staff member receives the training outlined in the status update for EC 54 in this report, which emphasizes delivery of community-based, person-centered services for persons with developmental disabilities who present challenging behavior.

New employees complete some of these training courses (Effective and Safe Engagement (EASE), Medically Monitored Restraint) before they are assigned to provide direct support services to treatment home residents. Other training (Minnesota Life Bridge Therapeutic Interventions and Emergency Use of Personal Safety Techniques (TI/PST)/EASE Procedure) must be completed within the first few days of on-site employee training. Minnesota Life Bridge typically schedules new employees to complete the remaining courses in Minnesota Life Bridge's training program (Positive Behavior Supports, Person-Centered Thinking, and Crisis Intervention/Post Crisis Intervention and Assessment) within the first four months of employment. For additional information about staff training at Minnesota Life Bridge, see the status updates for ECs 54-58 in this report.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Verification

The Responsible Party reviewed the resumes of Minnesota Life Bridge 31 staff hired during this reporting period to verify experience in the areas specified in EC 89. In preparation for this report, the Jensen Internal Reviewer reviewed the resumes of the 31 candidates who were hired by or transferred to Minnesota Life Bridge, during the reporting period. Based on this review, the Jensen Internal Reviewer concluded that 30 out of the 31 resumes for new staff established that the staff had the experience and qualifications required by EC 89.

The Jensen Internal Reviewer noted that clarification was needed regarding the sufficiency of one new employee's prior work experience. The Jensen Internal Reviewer requested additional information from the Minnesota Life Bridge Community Residential Supervisor about this person's experience and qualifications. The Jensen Internal Reviewer learned from the Community Residential Supervisor that the candidate's work at other generic social service setting which supported people with Intellectual or Developmental Disabilities had given the candidate ample experience with people who present complex support needs. The Jensen Internal Reviewer reported this candidate needed no additional training.

Summary Assessment

The Department has met EC 89 by only hiring staff for Minnesota Life Bridge who have the experience and qualifications detailed in EC 89. The Department has provided specific data above and in previous reports documenting completion of EC 89 (See Doc. Nos. 360, 531, 553-1, 572, 621 and 683).

Evaluation Criteria 90

Provide integrated vocational options including, for example, customized employment.

Responsible Party: Minnesota Life Bridge Manager

Current Status

EC 90 has been met.

EC 90 requires that the Minnesota Life Bridge treatment homes provide integrated vocational options to residents. As previously reported, the Department initiated the procedure for an Independent Subject Matter Expert review related to EC 90's integrated vocational options requirement in December 2016. (See, Doc. No. 621 at 56.) The Independent Subject Matter Expert developed recommendations to guide Minnesota Life Bridge in providing integrated vocational options to residents in a more coordinated and systematic manner.

In June 2017, JOQACO received the Independent Subject Matter Expert's final report and recommendations during this reporting period. With guidance from JOQACO and the Jensen Internal Reviewer, Minnesota Life Bridge has implemented the Independent Subject Matter Expert's

Jensen Settlement Agreement Comprehensive Plan of Action
 March 2019 Summary Report

recommendations. As of the end of this reporting period, all Minnesota Life Bridge residents were receiving integrated vocational support or participating in the customized employment process.¹⁸³

During this reporting period, Minnesota Life Bridge met with each resident's support team as a preliminary step towards employment. The Skills Development Specialist explained to the person and their support team the expectations and process of customized employment during the first meeting and at each monthly meeting thereafter.

The Minnesota Life Bridge Skills Development Specialist meets with each person on an ongoing basis. The residents are at different stages of the Customized Employment process, but the majority are working with the Minnesota Life Bridge Skills Development Specialist in the discovery phase, which includes the following activities: home and community observations, interviews with those who support the job seeker, observations as they engage in activities and other items, as they are discovered and identified. Other employment activities that the Minnesota Life Bridge Skills Development Specialist has offered include benefits analysis, one to one support towards resume building, instruction on how to job search and navigating the internet, creating an email account for employment purposes, preparing for job interviews and answering difficult questions, and other activities specific to each person.

The Minnesota Life Bridge Skills Development Specialist has developed a computer-based training for Minnesota Life Bridge staff specific to their roles and responsibilities in the customized employment effort. This training covers informational interviews, descriptive writing, discovery visits, observations, and other topics. The Skills Development Specialist met with Vocational Rehabilitation Services¹⁸⁴ to discuss roles in promoting integrated vocational options for Minnesota Life Bridge residents. These discussions addressed funding, support, and supervision levels. Minnesota Life Bridge has added Vocational Rehabilitation Services support considerations to Minnesota Life Bridge's intake paperwork to expedite the process of pursuing integrated vocational options. The Skills Development Specialist is working closely with a community employment provider in supports for Minnesota Life Bridge Donnelly residents.

Currently, each Minnesota Life Bridge resident referred for Vocational Rehabilitation Services has been approved, although one recent admission [REDACTED] is still in process. These services initially are in the form of a vocational assessment, which is by the Minnesota Life Bridge Skills Development Specialist. This aims to discover the person's interests, abilities, and skills to identify vocational strengths, needs and career potential. Minnesota Life Bridge will refer all appropriate, interested

¹⁸³ While no Minnesota Life Bridge resident has opted out as of the end of the current reporting period, [REDACTED]

¹⁸⁴ Vocational Rehabilitation Services (VRS) is part of the Minnesota Department of Employment and Economic Development. VRS helps people with disabilities prepare for, find, and keep jobs that are consistent with their skills, strengths, and interests.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

residents to Vocational Rehabilitation Services. The Person-centered Plans and the CSSP-A for each Minnesota Life Bridge resident included a focus on integrated vocational activity.

During this reporting period, numerous Minnesota Life Bridge residents met with local employers to build relationships that will benefit other Minnesota Life Bridge residents; a process referred to as Job Development. Additionally, Minnesota Life Bridge residents have been entered into the Minnesota State Operated Community Services (MSOCS) Vocational Services payroll system and have been approved for payment of paid work trials, job tryouts, and internships.

The following is a summary of the integrated vocational supports or customized employment processes of Minnesota Life Bridge residents during this reporting period:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

As of the end of December 2018, Minnesota Life Bridge assisted the seven current residents to achieve the following outcomes related to integrated vocational options:

- Two individuals are participating in competitive integrated employment;
- Three individuals are actively seeking competitive integrated employment; and

[REDACTED]

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

- Two individuals are planning or preparing for competitive integrated employment.

Verification

The Responsible Party verified the information reported to QADC Services by reviewing the minutes of treatment home residents' monthly team meetings and resident progress reports. The Responsible Party submitted these supporting documents to QADC Services. QADC Services reviewed the documents submitted by the Responsible Party and confirmed that the documentation supported the information reported. Additionally, QADC Services and the Jensen Internal Reviewer were personally involved in the meeting with Minnesota Life Bridge management referenced in the status update in this report for EC 90.

Interviews with Minnesota Life Bridge residents and the Jensen Internal Reviewer or QADC Services while conducting site visits have confirmed the accuracy of the information reported relating to EC 90. See also the Jensen Internal Reviewer's Monthly Reports from January through December 2018, for updates on Minnesota Life Bridge's implementation of the Independent Subject Matter Expert's recommendations.

Summary Assessment

The Department has met EC 90 providing vocational options for Minnesota Life Bridge residents and by initiating the Subject Matter Expert protocol and implementing the resulting recommendations. The Department has provided specific data above and in previous reports documenting completion of EC 90 (See Doc. Nos. 328, 531, 553-1, 621, 643 and 683, and Jensen Internal Reviewer Monthly Reports).

Evaluation Criteria 91

All requirements in this Comprehensive Plan of Action are fully met for each individual served in the area of Person-Centered Planning.

Responsible Party: Minnesota Life Bridge Manager

Current Status

EC 91 has been met.

EC 91 requires that all CPA requirements in the area of person-centered planning be met for each person served at Minnesota Life Bridge treatment homes. The CPA requirements in the area of person-centered planning are contained in ECs 2 and 50. During this reporting period, the person-centered planning requirements of ECs 2 and 50 were met for each person served at Minnesota Life Bridge treatment homes. For information about how these requirements were met during the reporting period, see the status updates for ECs 2 and 50 in the August 2018 Semi-Annual Compliance Report (Doc. No. 700) and the Semi-Annual reporting section of this report.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Verification

See the Verification sections for ECs 2 and 50 in the August 2018 Semi-Annual Compliance Report (Doc. No. 700) and the Semi-Annual reporting section of this report.

Summary Assessment

The Department has met EC 91 by ensuring that all CPA requirements in the area of person-centered planning are met for each person served at Minnesota Life Bridge. The Department has provided specific data above and in previous reports documenting completion of EC 91 (See Doc. Nos. 342, 531, 553-1, 621 and 683).

Evaluation Criteria 92

All requirements in this Comprehensive Plan of Action are fully met for each individual served in the area of Transition Planning.

Responsible Party: Minnesota Life Bridge Manager

Current Status

EC 92 has been met.

EC 92 requires that all CPA requirements in the area of transition planning be met for each person served at Minnesota Life Bridge treatment homes. The CPA requirements in the area of transition planning are contained in ECs 47-53. During this reporting period, the transition planning requirements of ECs 47-53 were met for each person served at Minnesota Life Bridge treatment homes. For information about how these requirements were met during the reporting period, see the status updates for ECs 47-53 in the August 2017 (Doc. No. 643), February 2018 (Doc. No. 676), August 2018 (Doc. No. 700) Semi-Annual Reports and in this report.

Verification

See the Verification sections for ECs 47-53 in the August 2017 (Doc. No. 643), February 2018 (Doc. No. 676) and August 2018 (Doc. No. 700) Semi-Annual Reports and the Semi-Annual reporting section of this report.

Summary Assessment

The Department has met EC 92 by ensuring that all CPA requirements in the area of transition planning are met for each person served at Minnesota Life Bridge. The Department has provided specific data above and in previous reports documenting completion of EC 92 (See Doc. Nos. 342, 531, 553-1, 621 and 683).

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Evaluation Criteria 94

All sites, programs and services established or utilized under this Comprehensive Plan of Action shall be licensed as required by state law.

Responsible Party: Minnesota Life Bridge Manager

Current Status

EC 94 has been met.

EC 94 pertains to the Minnesota Life Bridge treatment homes and requires that the treatment homes maintain licensure required by state law. During this reporting period, each of the five Minnesota Life Bridge treatment homes¹⁸⁷ maintained the necessary licensure to provide Home and Community Based Services in a Community Residential Setting to persons with developmental disabilities, as required by state law (Minn. Stat., chap. 245D).

Verification

QADC Services confirmed that Minnesota Life Bridge treatment homes were appropriately and licensed timely by maintaining copies of all Minnesota Life Bridge licenses and by checking the status of these licenses through the Department's publicly available Licensing Lookup web page.¹⁸⁸

Summary Assessment

The Department has met EC 94 by ensuring that all Minnesota Life Bridge treatment homes are licensed as required by state law. The Department has provided specific data above and in previous reports documenting completion of EC 94 (See Doc. Nos. 299, 531, 553-1, 621 and 683).

¹⁸⁷ As of the end of this reporting period, and in conformity with ECs 88 and 95, Minnesota Life Bridge continues to operate the following treatment homes: Stratton Lake, Broberg's Lake and Donnelly. Donnelly is the newest Minnesota Life Bridge Home and became licensed and operational for Minnesota Life Bridge on August 15, 2018. As reported previously, the two Eagle Pointe treatment homes transitioned to MSOCS; one home was re-licensed on July 30, 2018 and the other home was re-licensed on August 15, 2018. This move had the effect of increasing Minnesota Life Bridge's licensed capacity by one bed and decreasing the total number of homes to three.

¹⁸⁸ The Department's Licensing Information Lookup is an online search tool that displays public information for all DHS-licensed programs. The information available includes frequently requested public information for licensed programs, including childcare programs, group homes for people with disabilities, and a range of other services for children and vulnerable adults. The Licensing Lookup web page is located at <https://mn.gov/dhs/general-public/licensing/>

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Evaluation Criteria 96

Training plan for staff strongly emphasizes providing tools and support services in a person's home as quickly as possible. Staff will also be trained in delivering community based programs and processes.

Responsible Party: Community Supports Services Director

Current Status

EC 96 has been met.

As reported in the August 2016, February 2017, August 2017, February 2018 and August 2018 Semi-Annual Reports, and in this report as a part of semi-annual reporting, Community Support Services' (CSS) mobile teams provide augmentative service supports, consultation, mobile teams and training to those supporting the person for purposes of EC 93 (Doc. Nos. 589, 614-1, 643, 676 and 700). EC 96, which comes under the same section of the CPA as EC 93 (relating to the closure of MSHS-Cambridge and its replacement with community homes and services), requires that the training plan for the staff providing such services: (1) emphasize providing tools and support services in a person's home as quickly as possible; and (2) encompass delivery of community-based programs and processes.

The training plan for CSS new employee orientation and annual training includes training on Positive Behavior Supports, Person-Centered Service Planning, Organizational Positive Behavior Supports/Person-Centered Thinking, the Positive Supports Rule and Functional Behavior Assessment. Training content includes Case Formulation, Consultation and Clinical Guidance. Consistent with the requirements of EC 96, this training plan emphasizes the provision of tools and supports in a person's home as quickly as possible through teaching effective consultation practices. Training includes instruction on assessing individual and system considerations, methods for building the capacity of persons' support networks, finding appropriate clinical resources and generating case outcomes. Training includes tools needed for effective positive support, such as Person-Centered Service Planning, Validation and Positive Behavior Supports. Multiple aspects of the CSS staff training plan—including training on Positive Behavior Supports and Person-Centered Service Planning and portions of the Case Formulation, Stages of Change, Problem Definition and Clinical Guidance training curriculums—address community life for persons with developmental disabilities and delivery of community-based programs and processes.

Verification

The CSS Director reviewed the CSS training plan and training curricula and provided these materials to QADC Services. The Jensen Internal Reviewer verified that the training plan for CSS mobile team staff meets the requirements of EC 96 by reviewing the training plan, course curricula, and other training materials/resources provided to CSS mobile team staff. The Jensen Internal Reviewer also

Jensen Settlement Agreement Comprehensive Plan of Action
 March 2019 Summary Report

noted that the Orientation to Clinical Guidance has been modified and improved, and includes additional content on collegial support, feedback, and additional connection to clinical supports. Additionally, the Jensen Internal Reviewer personally participated in the Department's Organizational Positive Behavior Support/Person-Centered Thinking efforts.

Summary Assessment

The Department has met EC 96 by ensuring the CSS training plan emphasizes providing tools and support services in a person's home as quickly as possible and encompasses delivery of community-based programs and processes. The Department has provided specific data above and in previous reports documenting completion of EC 92 (See Doc. Nos. 360, 531, 553-1, 621 and 683).

Evaluation Criteria 100

Within the scope set forth above, the rule-making process initiated by the Department of Human Services pursuant to the Settlement Agreement, the Department shall by December 31, 2014 propose a new rule in accordance with this Comprehensive Plan of Action ("Proposed Rule"). This deadline may be extended for good cause shown upon application to the Court not later than 20 days prior to the deadline.

Should the Department of Human Services believe that it requires additional rule-making authority to satisfy the requirements of this Plan, in order to apply the rule to all providers covered by Rule 40 and the scope of this Plan, the Department will seek an amendments to statutes in the 2014 Minnesota Legislative session to ensure that the scope of the Rule 40 modernization stated above is fulfilled and will apply to all of the facilities and services to persons with developmental disabilities governed by Rule 40. Any proposed amendment(s) are subject to the notice and comment process under EC_ below. If legislative approval for the requested authority is not obtained in the 2014 Minnesota Legislative session, the Court may use its authority to ensure that the Adopted Rule will apply consistent with the scope set forth in EC 99. By August 31, 2015, the Department of Human Services shall adopt a new rule to modernize Rule 40 ("Adopted Rule"). This deadline may be extended for good cause shown upon application to the Court not later than 60 days prior to the deadline.

Responsible Party: DHS Deputy Senior Counsel

Current Status

EC 100 has been met.

In 2013, the Minnesota Legislature directed the Department to adopt rules "governing the use of positive support strategies, safety interventions, and emergency use of manual restraint." The rule was originally intended to govern "facilities and services licensed under chapter 245D." (2013 Session Laws, Chap. 108, Art. 8, Sec. 4, codified at Minn. Stat. § 245.8251.) In 2014, the Department obtained additional rulemaking authority to expand the scope of the rule to include all services and settings

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

licensed by the Department when serving a person with a developmental disability or related condition. (2014 Session Laws, Chap. 312, Art. 27, Sec. 5, amending Minn. Stat. § 245.8251.)

The Department published a Notice of Hearing on Proposed Adoption of Rules Governing Positive Support Strategies, Person-Centered Planning, Limits on Use of Restrictive Interventions and Emergency Use of Manual Restraint, and Repeal of Rules Governing Aversive and Deprivation Procedures in Minnesota Rules, 9525.2700 to 9525.2810 in the December 29, 2014, edition of the Minnesota State Register (39 SR 972), proposing a new rule. The Department published the Notice of Adoption of Minnesota Rules, chapter 9544, in the August 17, 2015, edition of the Minnesota State Register (40 SR 179), completing the promulgation of the rule. The Positive Supports Rule (Minnesota Rules, chapter 9544, Positive Support Strategies and Restrictive Interventions)¹⁸⁹ became effective on August 31, 2015.

Verification

QADC Services verified the proposal, promulgation and effective dates of the Positive Supports Rule by reviewing Minnesota Rules, chapter 9544, on the Minnesota Office of the Revisor of Statutes website.

Summary Assessment

The Department has met EC 100 by seeking and obtaining additional rulemaking authority to apply the Positive Supports Rule to all providers as described in the EC, by proposing the Positive Supports Rule by December 31, 2014, and by adopting the Positive Supports Rule by August 31, 2015. The Department has provided specific data above and in previous reports documenting completion of EC 100 (See Doc. Nos. 328, 387, 531, 553-1, 621 and 683).

Evaluation Criteria 101

The Proposed Rule shall address the temporary use and tapering of carefully monitored individual medical restraints for self-injurious behavior while non-restraint positive behavior supports are implemented under professional supervision.

In formulating the Proposed Rule, and any other methods or tools of implementation, the Department shall carefully consider the recommendations of Dr. Freda Brown, whose consultation on the Rule 40 modernization the Department requested with regard to matters on which the Advisory Committee had not reached consensus. The Department shall document the results of this review.

Responsible Party: DHS Deputy Senior Counsel

¹⁸⁹ <https://www.revisor.mn.gov/rules/?id=9544>

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Current Status

EC 101 has been met.

The Positive Supports Rule became effective on August 31, 2015. The rule addresses the temporary use and tapering of carefully monitored individual medical restraints for self- injurious behavior. The rule requires the creation of the External Program Review Committee to provide professional oversight and guidance in the use of positive supports to reduce the need for such restraint use. The External Program Review Committee convened in March 2017. The Jensen Internal Reviewer is a member of the External Program Review Committee.

The Department also consulted with Dr. Fredda Brown in formulating the rule and documented the results of her work.

Verification

QADC Services has verified that the Positive Supports Rule is in effect and that it addresses the temporary use and tapering of carefully monitored individual medical restraints for self- injurious behavior by reviewing Minnesota Rules, chapter 9544, on the Minnesota Office of the Revisor of Statutes website.

The External Program Review Committee notifies QADC Services of recommendations made on requests for the temporary use of emergency and prohibited procedures by licensed providers. The Jensen Internal Reviewer is involved in evaluating such requests and formulating recommendations. QADC Services will inform the External Program Review Committee of any concerns raised by the Committee's recommendations.

Summary Assessment

The Department has met EC 101 by ensuring that the Positive Supports Rule addresses the temporary use and tapering of carefully monitored individual medical restraints for self-injurious behavior while non-restraint positive behavior supports are implemented under professional supervision and by carefully considering the recommendations of Dr. Fredda Brown and documenting the results of this review. The Department has provided specific data above and in previous reports documenting completion of EC 101 (See Doc. Nos. 387, 531, 553-1, 621 and 683).

B. ECs Subject to Exceptional Reporting

ECs 5-14, 22-25, 28-30, 32-33, 35-36, 40, 82, and 85 are subject to Exception Reporting (Doc. No. 545). Exception reporting is to be in accordance with the time frame and for the reasons listed in Exhibit A, with the exclusion of reports for Emergency Use of Manual Restraint ("EUMR") which are governed by the terms of the Stipulated Class Action Settlement Agreement (Doc. No. 136-1) (Doc

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

No. 545 at 4). Exception Reporting has the meaning that the reporting will occur more frequently than semi-annually if concerns are noted (Doc. No. 545-1).

Most of the ECs subject to Exception Reporting apply only to the Facility.¹⁹⁰ These are ECs 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 22, 23, 24, 25, 28, 29, 30, 32, 33, 35, 36 and 40.

Because ECs subject to Exception Reporting do not require regular reporting, they are not assigned a Responsible Party.

Evaluation Criteria 5

The State/DHS immediately and permanently discontinues all the prohibited restraints and techniques.

Current Status

EC 5 has been met.¹⁹¹

The Jensen Internal Reviewer reviews each instance of restraint use at Minnesota Life Bridge on an ongoing and continuous basis through inspection of documentation including but not limited to incident reports and DHS 3654 Forms, and through scheduled weekly phone calls with Minnesota Life

¹⁹⁰ The CPA defines "Facility" as MSHS-Cambridge, the MSOCS East Central home, and the treatment homes established under the CPA. (Doc. No. 283 at 2.) MSHS-Cambridge was closed on August 29, 2014 (Doc. Nos. 342 and 531). In 2016, following lengthy discussions between the Department and the Court Monitor, it was concluded that MSOCS East Central was no longer functioning as a treatment home and should not be included in "Facility" for purposes of the CPA. The Department ceased reporting EC compliance with respect to MSOCS East Central as of July 1, 2016 (See Doc. Nos. 614-1, 643, 676, 683 and 700). Since approximately 2014, MSOCS East Central has been and remains an adult foster care home. Minnesota Life Bridge homes are the successor treatment homes established under the CPA and are the current "Facility."

¹⁹¹ In accordance with Recital 7 of the JSA, it is a goal of the Department to "utilize the Rule 40 Committee... process...to extend the application of the provisions of [the JSA] to all state operated locations," which would include operations such as the Minnesota Security Hospital (MSH), Minnesota Sex Offender Program (MSOP), and Minnesota State Operated Community Services (MSOCS). Some members of the Rule 40 Advisory Committee, however, acknowledged that "sometimes, albeit rarely, situations arise where temporary use of mechanical restraints for self-injurious behavior should be permitted," and the Committee was unable to reach consensus on any recommendation regarding the temporary use of mechanical restraint for self-injurious behavior (Rule 40 Advisory Committee Recommendations on Best Practices and Modernization of Rule 40 at 20-21). These statements notwithstanding, and as noted above, the obligations of this EC apply only to the "Facility." (JSA at 3.)

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Bridge. In addition, the Jensen Internal Reviewer provides follow-up as needed, including daily contact when appropriate.

As indicated in the Department's compliance reporting, as well as in the Jensen Internal Reviewer Monthly Reports, the Jensen Internal Reviewer has monitored the use of restraints at Minnesota Life Bridge since the schedule for compliance reporting was established (Doc. No. 545), and has found that Minnesota Life Bridge has used no prohibited restraints or techniques. For more information on use of restraint at Minnesota Life Bridge, refer to EC 39 and 41 in this and previous reports.

Verification

The Jensen Internal Reviewer inspected a sample of DHS 3654 Forms related to major incidents from three time periods:

- Two DHS 3654 Forms chosen at random¹⁹² from the time period of October 1, 2015 (following submission of the 9th Compliance Update) to February 22, 2016 (the filing date of Doc. No. 545);
- Twenty DHS 3654 Forms chosen at random from the time period of February 22, 2016 (following the filing date of Doc. No. 545) to December 31, 2017; and
- All DHS 3654 Forms from January 1, 2018 to December 31, 2018.

In this sample, the Jensen Internal Reviewer found no use of any prohibited restraints or techniques.

Summary Assessment

The Department has met EC 5 by completing all Actions accompanying EC 5. The Department has provided specific data above and in previous reports documenting completion of Actions 5.1, 5.2, 5.3, 5.4 and 5.5 (See Doc. Nos. 299, 328, 531 and 700, and Jensen Internal Reviewer Monthly Reports).

Evaluation Criteria 6

The State/DHS has not used any of the prohibited restraints and techniques.

¹⁹² To draw the random sample used in the verification for this and subsequent ECs, the Jensen Internal Reviewer used Random.org (<https://www.random.org/>) to generate random numbers and correlated those to relevant incidents arrayed in chronological order.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Current Status

EC 6 has been met.¹⁹³

The Jensen Internal Reviewer reviews each instance of restraint use at Minnesota Life Bridge on an ongoing and continuous basis through inspection of documentation including but not limited to incident reports and DHS 3654 Forms, and through scheduled weekly phone calls with Minnesota Life Bridge. In addition, the Jensen Internal Reviewer provides follow-up as needed, including daily contact when appropriate.

As indicated in the Department's compliance reporting, as well as in the Jensen Internal Reviewer Monthly Reports, the Jensen Internal Reviewer has monitored the use of restraints at Minnesota Life Bridge since the schedule for compliance reporting was established (Doc. No. 545), and has found that Minnesota Life Bridge has used no prohibited restraints or techniques. For more information on use of restraint at Minnesota Life Bridge, refer to EC 39 and 41 in this and previous reports.

Verification

The Jensen Internal Reviewer inspected a sample of DHS 3654 Forms related to major incidents from three time periods:

- Two DHS 3654 Forms chosen at random from the time period of October 1, 2015 (following submission of the 9th Compliance Update) to February 22, 2016 (the filing date of Doc. No. 545);
- Twenty DHS 3654 Forms chosen at random from the time period of February 22, 2016 (following the filing date of Doc. No. 545) to December 31, 2017; and
- All DHS 3654 Forms from January 1, 2018 to December 31, 2018.

In this sample, the Jensen Internal Reviewer found no use of any prohibited restraints or techniques.

¹⁹³ In accordance with Recital 7 of the JSA, it is a goal of the Department to "utilize the Rule 40 Committee... process...to extend the application of the provisions of [the JSA] to all state operated locations," which would include operations such as the Minnesota Security Hospital (MSH), Minnesota Sex Offender Program (MSOP), and Minnesota State Operated Community Services (MSOCS). Some members of the Rule 40 Advisory Committee, however, acknowledged that "sometimes, albeit rarely, situations arise where temporary use of mechanical restraints for self-injurious behavior should be permitted," and the Committee was unable to reach consensus on any recommendation regarding the temporary use of mechanical restraint for self-injurious behavior (Rule 40 Advisory Committee Recommendations on Best Practices and Modernization of Rule 40 at 20-21). These statements notwithstanding, and as noted above, the obligations of this EC apply only to the "Facility." (See JSA, Doc. No. 136-1 at 3.)

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Summary Assessment

The Department has met EC 6 by completing all Actions accompanying EC 6. The Department has provided specific data above and in previous reports documenting completion of Actions 6.1, 6.2, 6.3 and 6.4 (See Doc. Nos. 328, 531 and 700, and Jensen Internal Reviewer Monthly Reports).

Evaluation Criteria 7

Medical restraint, and psychotropic/neuroleptic medication have not been administered to residents for punishment, in lieu of habilitation, training, behavior support plans, for staff convenience or as behavior modification.

Current Status

EC 7 has been met.

The Jensen Internal Reviewer reviews each instance of restraint use and PRN use of psychotropic/neuroleptic medication at Minnesota Life Bridge on an ongoing and continuous basis through inspection of documentation including but not limited to incident reports and DHS 3654 Forms, and through scheduled weekly phone calls with Minnesota Life Bridge. In addition, the Jensen Internal Reviewer provides follow-up as needed, including daily contact when appropriate.

As indicated in the Department's compliance reporting, as well as in the Jensen Internal Reviewer Monthly Reports, the Jensen Internal Reviewer has monitored the use of restraints at Minnesota Life Bridge since the schedule for compliance reporting was established (Doc. No. 545), and has found that Minnesota Life Bridge has not used medical restraint or PRN psychotropic/neuroleptic medications for punishment, in lieu of habilitation, training, behavior support plans, for staff convenience or as behavior modification. The Jensen Internal Reviewer confirmed that all instances of PRN behavioral medication use occurred in a manner consistent with the PRN criteria established by the prescriber.

For more information on use of restraint at Minnesota Life Bridge, refer to EC 39 and 41 in this and previous reports.

Verification

The Jensen Internal Reviewer inspected a sample of DHS 3654 Forms related to major incidents from three time periods:

- Two DHS 3654 Forms chosen at random from the time period of October 1, 2015 (following submission of the 9th Compliance Update) to February 22, 2016 (the filing date of Doc. No. 545);
- Twenty DHS 3654 Forms chosen at random from the time period of February 22, 2016 (following the filing date of Doc. No. 545) to December 31, 2017; and

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

- All DHS 3654 Forms from January 1, 2018 to December 31, 2018.

In this sample, the Jensen Internal Reviewer found no use of medical restraint or psychotropic/neuroleptic medication for punishment, in lieu of habilitation, training, behavior support plans, for staff convenience or as behavior modification.

Summary Assessment

The Department has met EC 7 by completing all Actions accompanying EC 7. The Department has provided specific data above and in previous reports documenting completion of Actions 7.1 and 7.2 (See Doc. Nos. 328, 342, 531 and 700, and Jensen Internal Reviewer Monthly Reports).

Evaluation Criteria 8

Restraints are used only in an emergency.

Current Status

EC 8 has been met.

The Jensen Internal Reviewer reviews each instance of restraint use at Minnesota Life Bridge on an ongoing and continuous basis through inspection of documentation including but not limited to incident reports and DHS 3654 Forms, and scheduled weekly phone calls with Minnesota Life Bridge.

In addition, the Jensen Internal Reviewer provides follow-up as needed, including daily contact when appropriate.

As indicated in the Department's compliance reporting, as well as in the Jensen Internal Reviewer Monthly Reports, the Jensen Internal Reviewer has monitored the use of restraints at Minnesota Life Bridge since the schedule for compliance reporting was established (Doc. No. 545), and has found that Minnesota Life Bridge has used restraints only on an emergency basis (i.e., when a person's conduct poses an imminent risk of physical harm to self or others and less restrictive strategies would not achieve safety). For more information on use of restraint at Minnesota Life Bridge, refer to EC 39 and 41 in this and previous reports.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Verification

The Jensen Internal Reviewer inspected a sample of DHS 3654 Forms related to major incidents from three time periods:

- Two DHS 3654 Forms chosen at random from the time period of October 1, 2015 (following submission of the 9th Compliance Update) to February 22, 2016 (the filing date of Doc. No. 545);
- Twenty DHS 3654 Forms chosen at random from the time period of February 22, 2016 (following the filing date of Doc. No. 545) to December 31, 2017; and
- All DHS 3654 Forms from January 1, 2018 to December 31, 2018.

In this sample, the Jensen Internal Reviewer found that all use of restraints occurred only in an emergency.

Summary Assessment

The Department has met EC 8 by completing all Actions accompanying EC 8. The Department has provided specific data above and in previous reports documenting completion of Actions 8.1 and 8.2 (See Doc. Nos. 299, 531 and 700, and Jensen Internal Reviewer Monthly Reports).

Evaluation Criteria 9

The Policy (Settlement Agreement Att. A, as it may be revised after court approval, dissemination and staff training) was followed in each instance of manual restraint.

Current Status

EC 9 has been met.

The Jensen Internal Reviewer reviews each instance of restraint use at Minnesota Life Bridge on an ongoing and continuous basis through inspection of documentation including but not limited to incident reports and DHS 3654 Forms, and scheduled weekly phone calls with Minnesota Life Bridge. In addition, the Jensen Internal Reviewer provides follow-up as needed, including daily contact when appropriate.

As indicated in the Department's compliance reporting, as well as in the Jensen Internal Reviewer Monthly Reports, the Jensen Internal Reviewer has monitored the use of restraints at Minnesota Life Bridge since the schedule for compliance reporting was established (Doc. No. 545), and has found that Minnesota Life Bridge followed the Policy, as amended, in all uses of manual restraint. For more information on use of restraint at Minnesota Life Bridge, refer to EC 39 and 41 in this and previous reports.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Verification

The Jensen Internal Reviewer inspected a sample of DHS 3654 Forms related to major incidents from three time periods:

- Two DHS 3654 Forms chosen at random from the time period of October 1, 2015 (following submission of the 9th Compliance Update) to February 22, 2016 (the filing date of Doc. No. 545);
- Twenty DHS 3654 Forms chosen at random from the time period of February 22, 2016 (following the filing date of Doc. No. 545) to December 31, 2017; and
- All DHS 3654 Forms from January 1, 2018 to December 31, 2018.

In this sample, the Jensen Internal Reviewer found that the Policy, as amended, was followed in all uses of manual restraint.

The Jensen Internal Reviewer and QADC Services have inspected the Policy and Minnesota Life Bridge's current relevant policies, including DCT Reference Policy Number 6260, procedure number 15868 and DCT Reference Policy Number 6100, procedure number 15904, and have found that Minnesota Life Bridge's policies comport with the Policy.

As previously reported in Report to Court In Response to March 18, 2016 Order (Doc. No. 572), the Jensen Internal Reviewer completed an extensive review of EASE, the crisis intervention training utilized by Minnesota Life Bridge, and found that the training complies with the Policy, as amended. The Jensen Internal Reviewer regularly reviews EASE pursuant to the requirements of EC 55.

Summary Assessment

The Department has met EC 9 by completing all Actions accompanying EC 9. The Department has provided specific data above and in previous reports documenting completion of Action 9.1 (See Doc. Nos. 342, 531 and 700, and Jensen Internal Reviewer Monthly Reports).

Evaluation Criteria 10

There were no instances of prone restraint, chemical restraint, seclusion or time out. [Seclusion: evaluated under Sec. V.C. Chemical restraint: evaluated under Sec. V.D.]

Current Status

EC 10 has been met.

The Jensen Internal Reviewer reviews each instance of restraint use at Minnesota Life Bridge on an ongoing and continuous basis through an inspection of documentation including but not limited to incident reports and DHS 3654 Forms, and scheduled weekly phone calls with Minnesota Life Bridge.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

In addition, the Jensen Internal Reviewer provides follow-up as needed, including daily contact when appropriate.

As indicated in the Department's compliance reporting, as well as in the Jensen Internal Reviewer Monthly Reports, the Jensen Internal Reviewer has monitored the use of restraints at Minnesota Life Bridge since the schedule for compliance reporting was established (Doc. No. 545), and has found that Minnesota Life Bridge has used no prone restraint, chemical restraint, seclusion or time out. For more information on use of restraint at Minnesota Life Bridge, refer to EC 39 and 41 in this and previous reports.

Verification

The Jensen Internal Reviewer inspected a sample of DHS 3654 Forms related to major incidents from three time periods:

- Two DHS 3654 Forms chosen at random from the time period of October 1, 2015 (following submission of the 9th Compliance Update) to February 22, 2016 (the filing date of Doc. No. 545);
- Twenty DHS 3654 Forms chosen at random from the time period of February 22, 2016 (following the filing date of Doc. No. 545) to December 31, 2017; and
- All DHS 3654 Forms from January 1, 2018 to December 31, 2018.

In this sample, the Jensen Internal Reviewer found no use of prone restraint, chemical restraint, seclusion or time out.

The Jensen Internal Reviewer and QADC Services have inspected Minnesota Life Bridge's current relevant policies, including DCT Reference Policy Number 6260, procedure number 15868 and DCT Reference Policy Number 6100, procedure number 15904, and have found that Minnesota Life Bridge's policies clearly identify prone restraint, chemical restraint, seclusion and timeout as prohibited.

Summary Assessment

The Department has met EC 10 by completing all Actions accompanying EC 10. The Department has provided specific data above and in previous reports documenting completion of Action 10.1 (See Doc. Nos. 299, 531 and 700, and Jensen Internal Reviewer Monthly Reports).

Evaluation Criteria 11

There were zero instances of the use of Seclusion. Facility policy shall specify that the use of seclusion is prohibited.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Current Status

EC 11 has been met.

The Jensen Internal Reviewer reviews each instance of restraint use at Minnesota Life Bridge on an ongoing and continuous basis through an inspection of documentation including but not limited to incident reports and DHS 3654 Forms, and scheduled weekly phone calls with Minnesota Life Bridge. In addition, the Jensen Internal Reviewer provides follow-up as needed, including daily contact when appropriate.

As indicated in the Department's compliance reporting, as well as in the Jensen Internal Reviewer Monthly Reports, the Jensen Internal Reviewer has monitored the use of restraints at Minnesota Life Bridge since the schedule for compliance reporting was established (Doc. No. 545), and has found that Minnesota Life Bridge has had zero instances of the use of seclusion. For more information on use of restraint at Minnesota Life Bridge, refer to EC 39 and 41 in this and previous reports.

Verification

The Jensen Internal Reviewer inspected a sample of DHS 3654 Forms related to major incidents from three time periods:

- Two DHS 3654 Forms chosen at random from the time period of October 1, 2015 (following submission of the 9th Compliance Update) to February 22, 2016 (the filing date of Doc. No. 545);
- Twenty DHS 3654 Forms chosen at random from the time period of February 22, 2016 (following the filing date of Doc. No. 545) to December 31, 2017; and
- All DHS 3654 Forms from January 1, 2018 to December 31, 2018.

In this sample, the Jensen Internal Reviewer found zero instances of the use of seclusion.

The Jensen Internal Reviewer inspected the relevant Minnesota Life Bridge policy (DCT Reference Policy Number 6260, procedure number 15868) and found that the policy specifies that use of seclusion is prohibited.

Summary Assessment

The Department has met EC 11 by ensuring that there are no instances of seclusion at Minnesota Life Bridge and that their policy specifies that use of seclusion is prohibited. The Department has provided specific data above and in previous reports documenting completion of EC 11 (See Doc. Nos. 299, 531 and 700, and Jensen Internal Reviewer Monthly Reports).

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Evaluation Criteria 12

There were zero instances of the use of Room Time Out from Positive Reinforcement. Facility policy shall specify that the use of time out from positive reinforcement is prohibited.

Current Status

EC 12 has been met.

The Jensen Internal Reviewer reviews each instance of restraint use at Minnesota Life Bridge on an ongoing and continuous basis through an inspection of documentation including but not limited to incident reports and DHS 3654 Forms, and scheduled weekly phone calls with Minnesota Life Bridge. In addition, the Jensen Internal Reviewer provides follow-up as needed, including daily contact when appropriate.

As indicated in the Department's compliance reporting, as well as in the Jensen Internal Reviewer Monthly Reports, the Jensen Internal Reviewer has monitored the use of restraints at Minnesota Life Bridge since the schedule for compliance reporting was established (Doc. No. 545), and has found that Minnesota Life Bridge has had zero instances of the use of room time out from positive reinforcement. For more information on use of restraint at Minnesota Life Bridge, refer to EC 39 and 41 in this and previous reports.

Verification

The Jensen Internal Reviewer inspected a sample of DHS 3654 Forms related to major incidents from three time periods:

- Two DHS 3654 Forms chosen at random from the time period of October 1, 2015 (following submission of the 9th Compliance Update) to February 22, 2016 (the filing date of Doc. No. 545);
- Twenty DHS 3654 Forms chosen at random from the time period of February 22, 2016 (following the filing date of Doc. No. 545) to December 31, 2017; and
- All DHS 3654 Forms from January 1, 2018 to December 31, 2018.

In this sample, the Jensen Internal Reviewer found zero instances of the use of room time out from positive reinforcement.

The Jensen Internal Reviewer inspected the relevant Minnesota Life Bridge policy (DCT Reference Policy Number 6260, procedure number 15868) and found that the policy specifies that any use of time out is prohibited.

Summary Assessment

The Department has met EC 12 by ensuring that there are no instances of the use of room time out from positive reinforcement at Minnesota Life Bridge and that their policy specifies that use of time

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

out is prohibited. The Department has provided specific data above and in previous reports documenting completion of EC 12 (See Doc. Nos. 299, 531 and 700, and Jensen Internal Reviewer Monthly Reports).

Evaluation Criteria 13

There were zero instances of drug / medication use to manage resident behavior OR to restrain freedom of movement. Facility policy specifies the Facility shall not use chemical restraint. A chemical restraint is the administration of a drug or medication when it is used as a restriction to manage the resident's behavior or restrict the resident's freedom of movement and is not a standard treatment or dosage for the resident's condition.

Current Status

EC 13 has been met.

The Jensen Internal Reviewer reviews each instance of PRN behavioral medication at Minnesota Life Bridge on an ongoing and continuous basis through a review of documentation including but not limited to incident reports and DHS 3654 Forms, and scheduled weekly phone calls with Minnesota Life Bridge. In addition, the Jensen Internal Reviewer provides follow-up as needed, including daily contact when appropriate.

As indicated in the Department's compliance reporting, as well as in the Jensen Internal Reviewer Monthly Reports, the Jensen Internal Reviewer has monitored the use of restraints at Minnesota Life Bridge since the schedule for compliance reporting was established (Doc. No. 545), and has found that Minnesota Life Bridge has had zero instances of drug/medication use to manage resident behavior or to restrain freedom of movement. For more information on use of restraint at Minnesota Life Bridge, refer to EC 39 and 41 in this and previous reports.

Verification

The Jensen Internal Reviewer inspected a sample of DHS 3654 Forms related to major incidents from three time periods:

- Two DHS 3654 Forms chosen at random from the time period of October 1, 2015 (following submission of the 9th Compliance Update) to February 22, 2016 (the filing date of Doc. No. 545);
- Twenty DHS 3654 Forms chosen at random from the time period of February 22, 2016 (following the filing date of Doc. No. 545) to December 31, 2017; and
- All DHS 3654 Forms from January 1, 2018 to December 31, 2018.

In this sample, the Jensen Internal Reviewer found zero instances of drug/medication use to manage resident behavior or to restrain freedom of movement.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

The Jensen Internal Reviewer inspected the relevant Minnesota Life Bridge policies (DCT Reference Policy Number 6100, procedure number 15904 and DCT Reference Policy Number 6260, procedure number 15868) and found that the policies specify chemical restraint is prohibited.

Summary Assessment

The Department has met EC 13 by ensuring that there are no instances of drug/medication use to manage resident behavior or to restrain freedom of movement at Minnesota Life Bridge and that their policy specifies that use of chemical restraint is prohibited. The Department has provided specific data above and in previous reports documenting completion of EC 13 (See Doc. Nos. 299, 531 and 700, and Jensen Internal Reviewer Monthly Reports).

Evaluation Criteria 14

There were zero instances of PRN orders (standing orders) of drug / medication used to manage behavior or restrict freedom of movement. Facility policy specifies that PRN / standing order medications are prohibited from being used to manage resident behavior or restrict one's freedom of movement.

Current Status

EC 14 has been met.

The Jensen Internal Reviewer reviews each instance of PRN behavioral medication use at Minnesota Life Bridge on an ongoing and continuous basis through an inspection of documentation including but not limited to incident reports and DHS 3654 Forms, and scheduled weekly phone calls with Minnesota Life Bridge. In addition, the Jensen Internal Reviewer provides follow-up as needed, including daily contact when appropriate.

As indicated in the Department's compliance reporting, as well as in the Jensen Internal Reviewer Monthly Reports, the Jensen Internal Reviewer has monitored the use of restraints at Minnesota Life Bridge since the schedule for compliance reporting was established (Doc. No. 545), and has found that all instances of PRN behavioral medication use at Minnesota Life Bridge have occurred consistent with PRN criteria established by the prescriber. For more information on use of restraint at Minnesota Life Bridge, refer to EC 39 and 41 in this and previous reports.

Verification

The Jensen Internal Reviewer inspected five PRN protocols chosen at random from the time period of October 1, 2015 to June 30, 2018. In this sample, the Jensen Internal Reviewer found zero instances of PRN orders (standing orders) of drug/medication used to manage behavior or restrict freedom of movement. All PRN orders were individualized and utilized diagnosis-based symptoms, and thus were not standing orders. Each PRN protocol additionally included interventions to be utilized prior to PRN

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

medication being considered for administration, including strategies such as de-escalation, positive behavior specific praise, validating feelings and encouraging relaxation.

The Jensen Internal Reviewer inspected the relevant Minnesota Life Bridge policy (DCT Reference Policy Number 6260, procedure number 15868) and found that the policy specifies PRN/standing order medications are prohibited for chemical restraint (defined as being used to manage resident behavior or restrict one's freedom of movement).

Summary Assessment

The Department has met EC 14 by ensuring that there are no instances of PRN orders (standing orders) of drug/medication used to manage behavior or restrict freedom of movement at Minnesota Life Bridge and that their policy specifies that PRN/standing order medications are prohibited for chemical restraint (defined as being used to manage resident behavior or restrict one's freedom of movement). The Department has provided specific data above and in previous reports documenting completion of EC 14 (See Doc. Nos. 299, 531 and 700, and Jensen Internal Reviewer Monthly Reports).

Evaluation Criteria 22

The responsible Facility supervisor contacted the DHS medical officer on call not later than 30 minutes after the emergency restraint use began.

Current Status

EC 22 has been met.

The Jensen Internal Reviewer reviews each instance of restraint use at Minnesota Life Bridge on an ongoing and continuous basis through an inspection of documentation including but not limited to incident reports and DHS 3654 Forms, and scheduled weekly phone calls with Minnesota Life Bridge. In addition, the Jensen Internal Reviewer provides follow-up as needed, including daily contact when appropriate.

As indicated in the Department's compliance reporting, the Jensen Internal Reviewer and QADC Services monitor the timeliness of contacting the Medical Officer following an EUMR and follow up as required. As previously reported, in the first half of 2017, there were three instances in which staff did not contact the Medical Officer within 30 minutes after initiation of EUMR. QADC Services (then known as JOQACO) followed up on these instances and verified that Minnesota Life Bridge developed and completed an action plan to address the issue (Doc. No. 643 at 20). Also as previously reported, in the second half of 2017, there was one instance in which staff was unable to contact the Medical Officer within 30 minutes after initiation of EUMR. QADC Services (then known as JOQACO) followed up on that instance and did not identify the need for corrective action (Doc. No. 676 at 18). Also as previously reported, in the first half of 2018, there was one instance when the EUMR notification to the Medical Officer did not occur within 30 minutes. The Jensen Internal Reviewer inspected available

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

documentation and interviewed the Community Residential Supervisor for the site, and verified that the minimal delay in notification was reasonable and not a concern (Doc. No. 700 at 19).

During the second half of 2018, there were three instances in which in which staff did not contact the Medical Officer within 30 minutes after initiation of EUMR. In each case, the Jensen Internal Reviewer investigated the cause of the delay and followed up with Minnesota Life Bridge. All incidents were of extremely high intensity and Minnesota Life Bridge made the notification call when it was safe to do so. The Jensen Internal Reviewer reminded Minnesota Life Bridge of the need to make the notification in a timely manner.

None of these instances required exception reporting, as follow-up by the Jensen Internal Reviewer and QADC Services indicated that a concern was not noted.

For more information on use of restraint at Minnesota Life Bridge, refer to EC 39 and 41 in this and previous reports.

Verification

The Jensen Internal Reviewer inspected a sample of DHS 3654 Forms related to major incidents from three time periods:

- Two DHS 3654 Forms chosen at random from the time period of October 1, 2015 (following submission of the 9th Compliance Update) to February 22, 2016 (the filing date of Doc. No. 545);
- Twenty DHS 3654 Forms chosen at random from the time period of February 22, 2016 (following the filing date of Doc. No. 545) to December 31, 2017; and
- All DHS 3654 Forms from January 1, 2018 to December 31, 2018.

In this sample, the Jensen Internal Reviewer found that in two cases, the notification to the Medical Officer did not occur within 30 minutes. In one case, the Medical Officer was contacted at 2 hours and 32 minutes. This incident involved a 911 call and the resident was ultimately transported to the local hospital for emergency department assistance. The Minnesota Life Bridge staff involved in this incident were occupied with de-escalation of the individual and working with the community responders, and were unable to contact the Medical Officer within 30 minutes. The Jensen Internal Reviewer inspected available documentation and verified that the delay in notification was reasonable and there were no concerns noted. In the second incident, the Medical Officer was contacted at 53 minutes. This incident also included a 911 call, and the individual spent time outside the residence. The Jensen Internal Reviewer inspected available documentation and verified that the delay in notification was reasonable and there were no concerns noted. Both of these incidents occurred in 2016 and preceded the follow-up by the Jensen Internal Reviewer and QADC Services detailed in the reports noted above (Doc. Nos. 643, 676 and 700). The Jensen Internal Reviewer began including notification of the Medical Officer in his regular review of DHS 3654 Forms in January 2017. Given the

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

refinement of procedures and the corrective actions taken since these incidents, no further follow-up is needed at this time.

It should be noted that at the current time, Minnesota Life Bridge staff involved in an EUMR call the Medical Officer directly rather than waiting for the facility supervisor. This is to expedite notification to the Medical Officer and due to differences in staffing patterns between Minnesota Life Bridge and the predecessor facility.

Summary Assessment

The Department has met EC 22 and has documented the date and time that emergency restraint began as well as when the designated Medical Officer was contacted in accordance with Action 22.1. The Department has provided specific data above and in previous reports documenting completion of Action 22.1¹⁹⁴ and data on corrective actions taken when the Medical Officer was inadvertently not notified within 30 minutes after emergency use of restraint began. (See Doc. Nos. 299, 531 and 700).

Evaluation Criteria 23

The medical officer assessed the situation, suggested strategies for deescalating the situation, and approved of or discontinued the use of restraint.

Current Status

EC 23 has been met.

The Jensen Internal Reviewer reviews each instance of restraint use at Minnesota Life Bridge on an ongoing and continuous basis through an inspection of documentation including but not limited to incident reports and DHS 3654 Forms, and scheduled weekly phone calls with Minnesota Life Bridge. In addition, the Jensen Internal Reviewer provides follow-up as needed, including daily contact when appropriate.

As indicated in the Department's compliance reporting, as well as in the Jensen Internal Reviewer Monthly Reports, the Jensen Internal Reviewer has monitored the use of restraints at Minnesota Life Bridge since the schedule for compliance reporting was established (Doc. No. 545), and has found that in each instance of EUMR, documentation notes that the Medical Officer assessed the situation, suggested strategies for deescalating the situation, and approved or discontinued the use of restraint. For more information on use of restraint at Minnesota Life Bridge, refer to EC 39 and 41 in this and previous reports.

¹⁹⁴ The CPA erroneously identifies this as Action 23.1.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Verification

The Jensen Internal Reviewer inspected a sample of DHS 3654 Forms related to major incidents from three time periods:

- Two DHS 3654 Forms chosen at random from the time period of October 1, 2015 (following submission of the 9th Compliance Update) to February 22, 2016 (the filing date of Doc. No. 545);
- Twenty DHS 3654 Forms chosen at random from the time period of February 22, 2016 (following the filing date of Doc. No. 545) to December 31, 2017; and
- All DHS 3654 Forms from January 1, 2018 to December 31, 2018.

In this sample, the Jensen Internal Reviewer found that in all instances that included EUMR, documentation notes that the Medical Officer assessed the situation, suggested strategies for deescalating the situation, and approved or discontinued the use of restraint.

Summary Assessment

The Department has met EC 23 by completing all Actions accompanying EC 23. The Department has provided specific data above and in previous reports documenting completion of Action 23.1 (See Doc. Nos. 299, 531 and 700, and Jensen Internal Reviewer Monthly Reports).

Evaluation Criteria 24

The consultation with the medical officer was documented in the resident's medical record.

Current Status

EC 24 has been met.

Minnesota Life Bridge records the consultation with the Medical Officer on the DHS 3654 Form, which Minnesota Life Bridge enters into the relevant resident's chart.

The Jensen Internal Reviewer reviews each instance of restraint use at Minnesota Life Bridge on an ongoing and continuous basis through an inspection of documentation including but not limited to incident reports and DHS 3654 Forms, and scheduled weekly phone calls with Minnesota Life Bridge. In addition, the Jensen Internal Reviewer provides follow-up as needed, including daily contact when appropriate.

As indicated in the Department's compliance reporting, as well as in the Jensen Internal Reviewer Monthly Reports, the Jensen Internal Reviewer has monitored the use of restraints at Minnesota Life Bridge since the schedule for compliance reporting was established (Doc. No. 545), and has found that in each instance of EUMR, the DHS 3654 Form, which is part of the relevant resident's chart,

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

documents the consultation with the Medical Officer. For more information on use of restraint at Minnesota Life Bridge, refer to EC 39 and 41 in this and previous reports.

Verification

The Jensen Internal Reviewer inspected a sample of DHS 3654 Forms related to major incidents from three time periods:

- Two DHS 3654 Forms chosen at random from the time period of October 1, 2015 (following submission of the 9th Compliance Update) to February 22, 2016 (the filing date of Doc. No. 545);
- Twenty DHS 3654 Forms chosen at random from the time period of February 22, 2016 (following the filing date of Doc. No. 545) to December 31, 2017; and
- All DHS 3654 Forms from January 1, 2018 to December 31, 2018.

In this sample, the Jensen Internal Reviewer found that in all instances that included EUMR, the DHS 3654 Form, which is part of the relevant resident's chart, documents the consultation with the Medical Officer.

Summary Assessment

The Department has met EC 24 by completing all Actions accompanying EC 24. The Department has provided specific data above and in previous reports documenting completion of Action 24.1 (See Doc. Nos. 299, 531 and 700, and Jensen Internal Reviewer Monthly Reports).

Evaluation Criteria 25

All allegations were fully investigated and conclusions were reached. Individuals conducting investigations will not have a direct or indirect line of supervision over the alleged perpetrators; the DHS Office of the Inspector General satisfies this requirement. Individuals conducting investigations, interviews and/or writing investigative reports will receive competency-based training in best practices for conducting abuse / neglect investigations involving individuals with cognitive and/or mental health disabilities and interviewing.

Current Status

EC 25 has been met.

As previously reported (Doc. No. 614-1), on August 16, 2016, the DHS Office of the Inspector General (OIG) entered into a Memorandum of Understanding with QADC Services (then known as JOQACO) to investigate all allegations of abuse or neglect at Minnesota Life Bridge.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

As part of the Memorandum of Understanding QADC Services (then known as JOQACO) and the Jensen Internal Reviewer developed a training curriculum to ensure that all Licensing employees who investigate allegations of abuse or neglect receive eight hours of competency-based training each year in best practices for conducting investigations involving individuals with cognitive and/or mental health disabilities and interviewing. Each investigation is reviewed by a peer or supervisor who has also been trained.

Between August 23, 2016 and December 31, 2018, the OIG received and investigated 62 allegations involving Minnesota Life Bridge. All allegations were fully investigated and allegations substantiated by OIG were documented in the person's Facility record.

The Department utilizes the Minnesota Adult Reporting Center (MAARC) to track all information relevant to allegations of abuse or neglect. The Department's Office of Inspector General also maintains its own database of reports of abuse or neglect.

Verification

The QADC Services Director receives and reviews all peer or supervisor quality review reports. Final Disposition for the 62 incidents investigated include:

- Allegation not Maltreatment or Licensing Violation (2)
- Inconclusive (4)
- Licensing Violation Determined (5)
- Licensing Violation Not Determined (3)
- Resolved or Risk Reduced (45)
- Substantiated (1)
- Merged (1)
- False (1)

Allegation Types for the 62 incidents investigated include:

- Abuse (VAA) (5)
- Client Care (Licensing) (21)
- Financial Exploitation (VAA) (1)
- Neglect (VAA) (33)
- Personnel (Licensing) (2)

The QADC Services Director receives and reviews all training attestations and tests.

- In January 2017, 24 investigators/assessors/supervisors completed the annual training to meet the requirements in the Memorandum of Understanding and Action 25.1 in the CPA;

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

- In January 2018, 26 investigators/assessors/supervisors completed the annual training to meet the requirements in the Memorandum of Understanding and Action 25.1 in the CPA; and
- In January 2019, 27 investigators/assessors/supervisors completed the annual training to meet the requirements in the Memorandum of Understanding and Action 25.1 in the CPA.

Summary Assessment

The Department has met EC 25 by completing alternate actions to achieve satisfaction of the EC.¹⁹⁵ The alternate actions include engaging the Office of the Inspector General¹⁹⁶ to track data, investigate and reach conclusions on all allegations of abuse or neglect at Minnesota Life Bridge, and ensuring that all individuals conducting investigations have the training required by the EC. The Department has provided specific data above and in previous reports (See Doc. Nos. 342, 531, 614-1 and 700).

Evaluation Criteria 28

Form 31032 (or its successor) was fully completed whenever use was made of manual restraint.

Current Status

EC 28 has been met.

The Jensen Internal Reviewer reviews each instance of restraint use at Minnesota Life Bridge on an ongoing and continuous basis through an inspection of documentation including but not limited to incident reports and DHS 3654 Forms,¹⁹⁷ and scheduled weekly phone calls with Minnesota Life Bridge.

As indicated in the Department's compliance reporting, as well as in the Jensen Internal Reviewer Monthly Reports, the Jensen Internal Reviewer has monitored the use of restraints at Minnesota Life Bridge since the schedule for compliance reporting was established (Doc. No. 545), and has found that in each instance of EUMR, Minnesota Life Bridge fully completed the DHS 3654 Form. For more information on use of restraint at Minnesota Life Bridge, refer to EC 39 and 41 in this and previous reports.

¹⁹⁵ Doc. No. 283 at 1.

¹⁹⁶ EC 25 notes that the Office of the Inspector General satisfies the requirement that individuals conducting investigations not have a direct or indirect line of supervision over the alleged perpetrators. (Doc. No. 283 at 9.)

¹⁹⁷ DHS 3654 Form is the successor to Form 31032.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Verification

The Jensen Internal Reviewer inspected a sample of DHS 3654 Forms related to major incidents from three time periods:

- Two DHS 3654 Forms chosen at random from the time period of October 1, 2015 (following submission of the 9th Compliance Update) to February 22, 2016 (the filing date of Doc. No. 545);
- Twenty DHS 3654 Forms chosen at random from the time period of February 22, 2016 (following the filing date of Doc. No. 545) to December 31, 2017; and
- All DHS 3654 Forms from January 1, 2018 to December 31, 2018.

In this sample, the Jensen Internal Reviewer found in all instances that included EUMR, Minnesota Life Bridge fully completed DHS 3654 Form.

Summary Assessment

The Department has met EC 28 by completing all Actions accompanying EC 28. The Department has provided specific data above and in previous reports documenting completion of Action 28.1 (See Doc. Nos. 299, 531, 572 and 700, and Jensen Internal Reviewer Monthly Reports).

Evaluation Criteria 29

For each use Form 31032 (or its successor) was timely completed by the end of the shift.

Current Status

EC 29 has been met.

The Jensen Internal Reviewer reviews each instance of restraint use at Minnesota Life Bridge on an ongoing and continuous basis through an inspection of documentation including but not limited to incident reports and DHS 3654 Forms, and scheduled weekly phone calls with Minnesota Life Bridge.

As indicated in the Department's compliance reporting, as well as in the Jensen Internal Reviewer Monthly Reports, the Jensen Internal Reviewer has monitored the use of restraints at Minnesota Life Bridge since the schedule for compliance reporting was established (Doc. No. 545). Under current Minnesota Life Bridge practices, staff involved in an incident concurrently complete the incident report and relevant sections of the DHS 3654 Form. Involved staff email the partially completed DHS 3654 Form to the appropriate Community Residential Supervisor and Behavior Analyst prior to leaving the facility at the end of their shift. The Community Residential Supervisor and/or Behavior Analyst then complete the form by the end of the next business day. For more information on use of restraint at Minnesota Life Bridge, refer to EC 39 and 41 in this and previous reports.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Verification

The Jensen Internal Reviewer inspected a sample of DHS 3654 Forms related to major incidents from three time periods:

- Two DHS 3654 Forms chosen at random from the time period of October 1, 2015 (following submission of the 9th Compliance Update) to February 22, 2016 (the filing date of Doc. No. 545);
- Twenty DHS 3654 Forms chosen at random from the time period of February 22, 2016 (following the filing date of Doc. No. 545) to December 31, 2017; and
- All DHS 3654 Forms from January 1, 2018 to December 31, 2018.

In this sample, the Jensen Internal Reviewer found that in all instances, Minnesota Life Bridge staff completed the relevant sections of the DHS 3654 Form prior to leaving the facility at the end of their shift.

Summary Assessment

The Department has met EC 29 by completing all Actions accompanying EC 29. The Department has provided specific data above and in previous reports documenting completion of Action 29.1 (See Doc. Nos. 299, 531, 572 and 700, and Jensen Internal Reviewer Monthly Reports).

Evaluation Criteria 30

Each Form 31032 (or its successor) indicates that no prohibited restraint was used.

Current Status

EC 30 has been met.

The Jensen Internal Reviewer reviews each instance of restraint use at Minnesota Life Bridge on an ongoing and continuous basis through an inspection of documentation including but not limited to incident reports and DHS 3654 Forms, and scheduled weekly phone calls with Minnesota Life Bridge.

As indicated in the Department's compliance reporting, as well as in the Jensen Internal Reviewer Monthly Reports, the Jensen Internal Reviewer has monitored the use of restraints at Minnesota Life Bridge since the schedule for compliance reporting was established (Doc. No. 545), and has found that that each DHS 3654 Form indicates no use of prohibited restraint. For more information on use of restraint at Minnesota Life Bridge, refer to EC 39 and 41 in this and previous reports.

Verification

The Jensen Internal Reviewer inspected a sample of DHS 3654 Forms related to major incidents from three time periods:

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

- Two DHS 3654 Forms chosen at random from the time period of October 1, 2015 (following submission of the 9th Compliance Update) to February 22, 2016 (the filing date of Doc. No. 545);
- Twenty DHS 3654 Forms chosen at random from the time period of February 22, 2016 (following the filing date of Doc. No. 545) to December 31, 2017; and
- All DHS 3654 Forms from January 1, 2018 to December 31, 2018.

In this sample, the Jensen Internal Reviewer found that each DHS 3654 Form indicates no use of prohibited restraint.

Summary Assessment

The Department has met EC 30 by completing all Actions accompanying EC 30. The Department has provided specific data above and in previous reports documenting completion of Actions 30.1 and 30.2 (See Doc. Nos. 299, 531, 572 and 700, and Jensen Internal Reviewer Monthly Reports).

Evaluation Criteria 32

Within 24 hours and no later than one business day, Form 31032 (or its successor) in each instance was submitted to the Ombudsman for MH & DD.

Current Status

EC 32 has been met.

The Jensen Internal Reviewer reviews each instance of restraint use at Minnesota Life Bridge on an ongoing and continuous basis through an inspection of documentation including but not limited to incident reports and DHS 3654 Forms, and scheduled weekly phone calls with Minnesota Life Bridge.

As indicated in the Department's compliance reporting, as well as in the Jensen Internal Reviewer Monthly Reports, the Jensen Internal Reviewer has monitored the use of restraints at Minnesota Life Bridge since the schedule for compliance reporting was established (Doc. No. 545), and has found that Minnesota Life Bridge submitted DHS 3654 Forms in each instance to the Ombudsman for Mental Health and Developmental Disabilities within 24 hours and no later than one business day.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Verification

The Jensen Internal Reviewer inspected a sample of DHS 3654 Forms related to major incidents from three time periods:

- Two DHS 3654 Forms chosen at random from the time period of October 1, 2015 (following submission of the 9th Compliance Update) to February 22, 2016 (the filing date of Doc. No. 545);
- Twenty DHS 3654 Forms chosen at random from the time period of February 22, 2016 (following the filing date of Doc. No. 545) to December 31, 2017; and
- All DHS 3654 Forms from January 1, 2018 to December 31, 2018.

In this sample, the Jensen Internal Reviewer found that in all instances, Minnesota Life Bridge submitted the DHS 3654 Form to the Ombudsman for Mental Health and Developmental Disabilities within 24 hours and no later than one business day. In one instance, Minnesota Life Bridge did not complete the checkbox on the DHS 3654 Form noting distribution, but the Jensen Internal Reviewer inspected the email and verified that Minnesota Life Bridge had distributed the notification to the Ombudsman for Mental Health and Developmental Disabilities.

Summary Assessment

The Department has met EC 32 by completing all Actions accompanying EC 32. The Department has provided specific data above and in previous reports documenting completion of Action 32.1 (See Doc. Nos. 299, 531 and 700, and Jensen Internal Reviewer Monthly Reports).

Evaluation Criteria 33

Within 24 hours and no later than one business day, Form 31032 (or its successor) in each instance was submitted to the DHS licensing.

Current Status

EC 33 has been met.

The Jensen Internal Reviewer reviews each instance of restraint use at Minnesota Life Bridge on an ongoing and continuous basis through an inspection of documentation including but not limited to incident reports and DHS 3654 Forms, and scheduled weekly phone calls with Minnesota Life Bridge.

As indicated in the Department's compliance reporting, as well as in the Jensen Internal Reviewer Monthly Reports, the Jensen Internal Reviewer has monitored the use of restraints at Minnesota Life Bridge since the schedule for compliance reporting was established (Doc. No. 545), and has found that Minnesota Life Bridge submitted DHS 3654 Forms in each instance to DHS Licensing within 24 hours and no later than one business day.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Verification

The Jensen Internal Reviewer inspected a sample of DHS 3654 Forms related to major incidents from three time periods:

- Two DHS 3654 Forms chosen at random from the time period of October 1, 2015 (following submission of the 9th Compliance Update) to February 22, 2016 (the filing date of Doc. No. 545);
- Twenty DHS 3654 Forms chosen at random from the time period of February 22, 2016 (following the filing date of Doc. No. 545) to December 31, 2017; and
- All DHS 3654 Forms from January 1, 2018 to December 31, 2018.

In this sample, the Jensen Internal Reviewer found that in all instances, Minnesota Life Bridge submitted the DHS 3654 Form to DHS Licensing within 24 hours and no later than one business day. In one instance, Minnesota Life Bridge did not complete the checkbox on the DHS 3654 Form noting distribution, but the Jensen Internal Reviewer inspected the email and verified that Minnesota Life Bridge had distributed the notification to DHS Licensing.

Summary Assessment

The Department has met EC 33 by completing all Actions accompanying EC 33. The Department has provided specific data above and in previous reports documenting completion of Action 33.1 (See Doc. Nos. 299, 531 and 700, and Jensen Internal Reviewer Monthly Reports).

Evaluation Criteria 35

Within 24 hours and no later than one business day, Form 321032 (or its successor) in each instance was submitted to the legal representative and/or family to the extent permitted by law.

Current Status

EC 35 has been met.

The Jensen Internal Reviewer reviews each instance of restraint use at Minnesota Life Bridge on an ongoing and continuous basis through an inspection of documentation including but not limited to incident reports and DHS 3654 Forms, and scheduled weekly phone calls with Minnesota Life Bridge.

As indicated in the Department's compliance reporting, as well as in the Jensen Internal Reviewer Monthly Reports, the Jensen Internal Reviewer has monitored the use of restraints at Minnesota Life Bridge since the schedule for compliance reporting was established (Doc. No. 545), and has found that Minnesota Life Bridge submitted DHS 3654 Forms in each instance to the legal representative and/or family within 24 hours and no later than one business day.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Verification

The Jensen Internal Reviewer inspected a sample of DHS 3654 Forms related to major incidents from three time periods:

- Two DHS 3654 Forms chosen at random from the time period of October 1, 2015 (following submission of the 9th Compliance Update) to February 22, 2016 (the filing date of Doc. No. 545);
- Twenty DHS 3654 Forms chosen at random from the time period of February 22, 2016 (following the filing date of Doc. No. 545) to December 31, 2017; and
- All DHS 3654 Forms from January 1, 2018 to December 31, 2018.

In this sample, the Jensen Internal Reviewer found that in all instances, Minnesota Life Bridge submitted the DHS 3654 Form to the legal representative and/or family within 24 hours and no later than one business day. In one instance, Minnesota Life Bridge did not complete the checkbox on the DHS 3654 Form noting distribution, but the Jensen Internal Reviewer inspected the email and verified that Minnesota Life Bridge had distributed the notification to the legal representative and/or family.

Summary Assessment

The Department has met EC 35 by completing all Actions accompanying EC 35. The Department has provided specific data above and in previous reports documenting completion of Action 35.1 (See Doc. Nos. 299, 531 and 700, and Jensen Internal Reviewer Monthly Reports).

Evaluation Criteria 36

Within 24 hours and no later than one business day, Form 31032 (or its successor) in each instance was submitted to the Case Manager.

Current Status

EC 36 has been met.

The Jensen Internal Reviewer reviews each instance of restraint use at Minnesota Life Bridge on an ongoing and continuous basis through an inspection of documentation including but not limited to incident reports and DHS 3654 Forms, and scheduled weekly phone calls with Minnesota Life Bridge.

As indicated in the Department's compliance reporting, as well as in the Jensen Internal Reviewer Monthly Reports, the Jensen Internal Reviewer has monitored the use of restraints at Minnesota Life Bridge since the schedule for compliance reporting was established (Doc. No. 545), and has found that Minnesota Life Bridge submitted DHS 3654 Forms in each instance to the case manager within 24 hours and no later than one business day.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Verification

The Jensen Internal Reviewer inspected a sample of DHS 3654 Forms related to major incidents from three time periods:

- Two DHS 3654 Forms chosen at random from the time period of October 1, 2015 (following submission of the 9th Compliance Update) to February 22, 2016 (the filing date of Doc. No. 545);
- Twenty DHS 3654 Forms chosen at random from the time period of February 22, 2016 (following the filing date of Doc. No. 545) to December 31, 2017; and
- All DHS 3654 Forms from January 1, 2018 to December 31, 2018.

In this sample, the Jensen Internal Reviewer found that in all instances, Minnesota Life Bridge submitted the DHS 3654 Form to the case manager within 24 hours and no later than one business day. In one instance, Minnesota Life Bridge did not complete the checkbox on the DHS 3654 Form noting distribution, but the Jensen Internal Reviewer inspected the email and verified that Minnesota Life Bridge had distributed the notification to the case manager.

Summary Assessment

The Department has met EC 36 by completing all Actions accompanying EC 36. The Department has provided specific data above and in previous reports documenting completion of Action 36.1 (See Doc. Nos. 299, 531 and 700, and Jensen Internal Reviewer Monthly Reports).

Evaluation Criteria 40

The Facility provided Form 31032 (or its successor) to the Internal Reviewer within 24 hours of the use of manual restraint and no later than one business day.

Current Status

EC 40 has been met.

The Jensen Internal Reviewer reviews each instance of restraint use at Minnesota Life Bridge on an ongoing and continuous basis through an inspection of documentation including but not limited to incident reports and DHS 3654 Forms, and scheduled weekly phone calls with Minnesota Life Bridge.

As indicated in the Department's compliance reporting, as well as in the Jensen Internal Reviewer Monthly Reports, the Jensen Internal Reviewer has monitored the use of restraints at Minnesota Life Bridge since the schedule for compliance reporting was established (Doc. No. 545), and has found that Minnesota Life Bridge submitted DHS 3654 Forms electronically in each instance to the Jensen Internal Reviewer within 24 hours and no later than one business day.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Verification

The Jensen Internal Reviewer inspected a sample of DHS 3654 Forms related to major incidents from three time periods:

- Two DHS 3654 Forms chosen at random from the time period of October 1, 2015 (following submission of the 9th Compliance Update) to February 22, 2016 (the filing date of Doc. No. 545);
- Twenty DHS 3654 Forms chosen at random from the time period of February 22, 2016 (following the filing date of Doc. No. 545) to December 31, 2017; and
- All DHS 3654 Forms from January 1, 2018 to December 31, 2018.

In this sample, the Jensen Internal Reviewer found that in all instances, Minnesota Life Bridge submitted the DHS 3654 Form to the Jensen Internal Reviewer within 24 hours and no later than one business day. In one instance, Minnesota Life Bridge did not complete the checkbox on the DHS 3654 Form noting distribution, but the Jensen Internal Reviewer inspected the email and verified that Minnesota Life Bridge had distributed the notification to the Jensen Internal Reviewer.

Summary Assessment

The Department has met EC 40 by completing all Actions accompanying EC 40. The Department has provided specific data above and in previous reports documenting completion of Action 40.1 (See Doc. Nos. 299, 531 and 700, and Jensen Internal Reviewer Monthly Reports).

Evaluation Criteria 82

There are no transfers or placements of persons committed solely as a person with a developmental disability to the Minnesota Security Hospital (subject to the exceptions in the provision).

Current Status

EC 82 has been met.

Since adoption of the CPA, one person has been committed solely as a person with a developmental disability to Minnesota Security Hospital (subject to the exceptions in the provision). On May 19, 2015, Minnesota Security Hospital admitted a person committed solely as a person with a developmental disability (Doc. Nos. 444 and 531). The Department actively pursued diversion and transition planning and provided the Court Monitor, Plaintiffs' Counsel, and Consultants with weekly updates on the status of the transition for this person in accordance with Action 82.2. The Minnesota Security Hospital discharged the person to the community in June 2016. For additional information, see previous compliance reports. (See Doc. No. 531 at 53, Doc. No. 553-1 at 23, Doc. No. 589 at 70 and Doc. No. 621 at 49.) EC 81, a related EC, is monitored by QADC Services and reported on in the Annual Compliance Reports and in this report above. There have been no other transfers or

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

placements of persons committed solely as a person with a developmental disability to the Minnesota Security Hospital (subject to the exceptions in the provision) (Doc. Nos. 553-1, 621, 683, 700 and above).

Verification

The Responsible Party for EC 81 verified that there were no transfers to or placements at the Minnesota Security Hospital during each reporting period of persons solely committed as a person with a developmental disability by reviewing the Detailed Admission Report to review all Minnesota Security Hospital admissions. The Responsible Party then cross-references the AVATAR¹⁹⁸ Current Patient Roster with the Jensen Therapeutic Follow-up Group Member List and the Positive Support Rule List to verify if there were any commitment changes during each reporting period.

QADC Services reviewed the AVATAR PM Current Minnesota Security Hospital and Competency Restoration Program Patient Roster census data report to verify that there were no transfers or placements at the Minnesota Security Hospital of persons committed solely as a person with a developmental disability.¹⁹⁹

Summary Assessment

The Department has met EC 82 by completing all Actions accompanying EC 82. The Department has provided specific data above and in previous reports documenting completion of Actions 82.1 and 82.2 (See Doc. Nos. 299, 531 and 700). The Department has provided specific data about the single admission of a person committed solely as a person with a developmental disability to Minnesota Security Hospital since adoption of the CPA above and in previous reports (See Doc. No. 531 at 53, Doc. No. 553-1 at 23, Doc. No. 589 at 70 and Doc. No. 621 at 49).

Evaluation Criteria 85

All AMRTC residents committed solely as a person with a developmental disability and who does not have an acute psychiatric condition are transferred from AMRTC to the most integrated setting, consistent with Olmstead v. L.C., 527 U.S. 581 (1999).

Current Status

EC 85 has been met.

¹⁹⁸ AVATAR is the electronic health record system used by Minnesota Security Hospital.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Per AMRTC Procedure No. 16910, no person, with or without a developmental disability, is admitted to AMRTC unless they meet criteria which constitute an acute psychiatric condition.

A person with a developmental disability who is at risk of admission to AMRTC is included in the weekly diversion meetings facilitated by Minnesota Life Bridge and QADC Services. For more information about diversion efforts, see EC 67 in this and previous reports.

As of April 30, 2014, there were no residents at AMRTC who were committed solely as a person with a developmental disability and who did not also have an acute psychiatric condition. Since then, there have been no admissions of individuals to AMRTC who were committed solely as a person with a developmental disability and who did not also have an acute psychiatric condition.

The Minnesota Olmstead Plan also includes a goal related to EC 85, Transition Services Goal Two:

By June 30, 2019, the percent of people under mental health commitment at Anoka Metro Regional Treatment Center (AMRTC) who do not require hospital level of care and are currently awaiting discharge to the most integrated setting will be reduced to 30% (based on daily average).

For more information on this goal, as well as efforts and progress towards it, see Olmstead Plan quarterly and annual reporting.

Verification

QADC Services has reviewed AMRTC Procedure No. 16910 and directly facilitates the weekly diversion meetings and discussions concerning possible admissions to AMRTC. QADC Services reviewed an AVATAR report for a given time frame for all admissions to AMRTC of persons who have a developmental disability component to their legal status to verify that there are no residents at AMRTC who were committed solely as a person with a developmental disability and who do not also have an acute psychiatric condition.

Summary Assessment

The Department has met EC 85 by completing all Actions accompanying EC 85. The Department has provided specific data above and in previous reports documenting completion of Actions 85.1 and 85.2 (See Doc. Nos. 299, 531 and 700).

C. ECs Not Included in the February 22, 2016 Order

ECs 15-21, 26-27, 31, 34, 37, 42-44, 63, 86-88, 95, 99, 102 and 104 were not included in the February 22, 2016 Order on reporting (Doc. No. 545).

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Many of the ECs not included in the February 22, 2016 Order on reporting apply only to the Facility.²⁰⁰ These are ECs 15, 16, 17, 18, 19, 20, 21, 26, 27, 31, 34, 37 and 63.

Because ECs not included in the February 22, 2016 Order on reporting do not require regular reporting, they are not assigned a Responsible Party.

Evaluation Criteria 15

There is a protocol to contact a qualified Third Party Expert.

Current Status

EC 15 has been met.

As previously reported (Doc. Nos. 299 and 531), the Department vigorously tried but was not able to secure the services of qualified third party experts. In accordance with sections V.E. and V.F. of the JSA (Doc. No. 136-1 at 8-9), the Department initiated the Medical Officer Review protocol in place of the use of qualified third party experts.

The Department continues to utilize the Medical Officer Review protocol. Exhibit A of the Court's Order on Reporting (Doc. No. 545) identifies the Medical Officer Review ECs 22, 23 and 24 for Exception Reporting. Current Status of ECs 22, 23 and 24 are provided above.

The Jensen Internal Reviewer also reviews each emergency use of a restraint at Minnesota Life Bridge. For more information, refer to EC 39 and 41 in this and previous reports.

Verification

See the Verification Sections for ECs 22, 23 and 24 above.

²⁰⁰ The CPA defines "Facility" as MSHS-Cambridge, the MSOCS East Central home, and the treatment homes established under the CPA. (Doc. No. 283 at 2.) MSHS-Cambridge was closed on August 29, 2014 (Doc. Nos. 342 and 531). In 2016, following lengthy discussions between the Department and the Court Monitor, it was concluded that MSOCS East Central was no longer functioning as a treatment home and should not be included in "Facility" for purposes of the CPA. The Department ceased reporting EC compliance with respect to MSO99CS East Central as of July 1, 2016 (See Doc. Nos. 614-1, 643, 676, 683 and 700). Since approximately 2014, MSOCS East Central has been and remains an adult foster care home. Minnesota Life Bridge homes are the successor treatment homes established under the CPA and are the current "Facility."

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Summary Assessment

The Department has met EC 15 by completing alternate actions to achieve satisfaction of the EC.²⁰¹ The alternate actions include initiating the alternative procedure provided for in the JSA (Doc. No. 136-1 at 8-9) and detailed in ECs 22, 23 and 24.

Evaluation Criteria 16

There is a list of at least 5 Experts pre-approved by Plaintiffs & Defendants. In the absence of this list, the DHS Medical or designee shall be contacted.

Current Status

EC 16 has been met.

As previously reported (Doc. Nos. 299 and 531), the Department vigorously tried but was not able to secure the services of qualified third party experts. In accordance with sections V.E. and V.F. of the JSA (Doc. No. 136-1 at 8-9), the Department initiated the Medical Officer Review protocol in place of the use of qualified third party experts.

The Department continues to utilize the Medical Officer Review protocol. Exhibit A of the Court's Order on Reporting (Doc. No. 545) identifies the Medical Officer Review ECs 22, 23 and 24 for Exception Reporting. Current Status of ECs 22, 23 and 24 are provided above.

The Jensen Internal Reviewer also reviews each emergency use of a restraint at Minnesota Life Bridge. For more information, refer to EC 39 and 41 in this and previous reports.

Verification

See the Verification Sections for ECs 22, 23 and 24 above.

Summary Assessment

The Department has met EC 16 by completing alternate actions to achieve satisfaction of the EC.²⁰² The alternate actions include initiating the alternative procedure provided for in the JSA (Doc. No. 136-1 at 8-9) and detailed in ECs 22, 23 and 24.

²⁰¹ Doc. No. 283 at 1.

²⁰² Doc. No. 283 at 1.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Evaluation Criteria 17

DHS has paid the Experts for the consultations.

Current Status

EC 17 has been met.

As previously reported (Doc. Nos. 299 and 531), the Department vigorously tried but was not able to secure the services of qualified third party experts. In accordance with sections V.E. and V.F. of the JSA (Doc. No. 136-1 at 8-9), the Department initiated the Medical Officer Review protocol in place of the use of qualified third party experts.

The Department continues to utilize the Medical Officer Review protocol. Exhibit A of the Court's Order on Reporting (Doc. No. 545) identifies the Medical Officer Review ECs 22, 23 and 24 for Exception Reporting. Current Status of ECs 22, 23 and 24 are provided above.

The Jensen Internal Reviewer also reviews each emergency use of a restraint at Minnesota Life Bridge. For more information, refer to EC 39 and 41 in this and previous reports.

Verification

See the Verification Sections for ECs 22, 23 and 24 above.

Summary Assessment

The Department has met EC 17 by completing alternate actions to achieve satisfaction of the EC.²⁰³ The alternate actions include initiating the alternative procedure provided for in the JSA (Doc. No. 136-1 at 8-9) and detailed in ECs 22, 23 and 24.

Evaluation Criteria 18

A listed Expert has been contacted in each instance of emergency use of restraint.

Current Status

EC 18 has been met.

As previously reported (Doc. Nos. 299 and 531), the Department vigorously tried but was not able to secure the services of qualified third party experts. In accordance with sections V.E. and V.F. of the

²⁰³ Doc. No. 283 at 1.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

JSA (Doc. No. 136-1 at 8-9), the Department initiated the Medical Officer Review protocol in place of the use of qualified third party experts.

The Department continues to utilize the Medical Officer Review protocol. Exhibit A of the Court's Order on Reporting (Doc. No. 545) identifies the Medical Officer Review ECs 22, 23 and 24 for Exception Reporting. Current Status of ECs 22, 23 and 24 are provided above.

The Jensen Internal Reviewer also reviews each emergency use of a restraint at Minnesota Life Bridge. For more information, refer to EC 39 and 41 in this and previous reports.

Verification

See the Verification Sections for ECs 22, 23 and 24 above.

Summary Assessment

The Department has met EC 18 by completing alternate actions to achieve satisfaction of the EC.²⁰⁴ The alternate actions include initiating the alternative procedure provided for in the JSA (Doc. No. 136-1 at 8-9) and detailed in ECs 22, 23 and 24.

Evaluation Criteria 19

Each consultation occurred no later than 30 minutes after presentation of the emergency.

Current Status

EC 19 has been met.

As previously reported (Doc. Nos. 299 and 531), the Department vigorously tried but was not able to secure the services of qualified third party experts. In accordance with sections V.E. and V.F. of the JSA (Doc. No. 136-1 at 8-9), the Department initiated the Medical Officer Review protocol in place of the use of qualified third party experts.

The Department continues to utilize the Medical Officer Review protocol. Exhibit A of the Court's Order on Reporting (Doc. No. 545) identifies the Medical Officer Review ECs 22, 23 and 24 for Exception Reporting. Current Status of ECs 22, 23 and 24 are provided above.

The Jensen Internal Reviewer also reviews each emergency use of a restraint at Minnesota Life Bridge. For more information, refer to EC 39 and 41 in this and previous reports.

²⁰⁴ Doc. No. 283 at 1.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Verification

See the Verification Sections for ECs 22, 23 and 24 above.

Summary Assessment

The Department has met EC 19 by completing alternate actions to achieve satisfaction of the EC.²⁰⁵ The alternate actions include initiating the alternative procedure provided for in the JSA (Doc. No. 136-1 at 8-9) and detailed in ECs 22, 23 and 24.

Evaluation Criteria 20

Each use of restraint was an "emergency."

Current Status

EC 20 has been met.

As previously reported (Doc. Nos. 299 and 531), the Department vigorously tried but was not able to secure the services of qualified third party experts. In accordance with sections V.E. and V.F. of the JSA (Doc. No. 136-1 at 8-9), the Department initiated the Medical Officer Review protocol in place of the use of qualified third party experts.

The Department continues to utilize the Medical Officer Review protocol. Exhibit A of the Court's Order on Reporting (Doc. No. 545) identifies the Medical Officer Review ECs 22, 23 and 24 for Exception Reporting. Current Status of ECs 22, 23 and 24 are provided above.

The Jensen Internal Reviewer also reviews each emergency use of a restraint at Minnesota Life Bridge. For more information, refer to EC 39 and 41 in this and previous reports.

Verification

See the Verification Sections for ECs 22, 23 and 24 above.

Summary Assessment

The Department has met EC 20 by completing alternate actions to achieve satisfaction of the EC.²⁰⁶ The alternate actions include initiating the alternative procedure provided for in the JSA (Doc. No. 136-1 at 8-9) and detailed in ECs 22, 23 and 24.

²⁰⁵ Doc. No. 283 at 1.

²⁰⁶ Doc. No. 283 at 1.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Evaluation Criteria 21

The consultation with the Expert was to obtain professional assistance to abate the emergency condition, including the use of positive behavioral supports techniques, safety techniques, and other best practices. If the Expert was not available, see V.F. below.

Current Status

EC 21 has been met.

As previously reported (Doc. Nos. 299 and 531), the Department vigorously tried but was not able to secure the services of qualified third party experts. In accordance with sections V.E. and V.F. of the JSA (Doc. No. 136-1 at 8-9), the Department initiated the Medical Officer Review protocol in place of the use of qualified third party experts.

The Department continues to utilize the Medical Officer Review protocol. Exhibit A of the Court's Order on Reporting (Doc. No. 545) identifies the Medical Officer Review ECs 22, 23 and 24 for Exception Reporting. Current Status of ECs 22, 23 and 24 are provided above.

The Jensen Internal Reviewer also reviews each emergency use of a restraint at Minnesota Life Bridge. For more information, refer to EC 39 and 41 in this and previous reports.

Verification

See the Verification Sections for ECs 22, 23 and 24 above.

Summary Assessment

The Department has met EC 21 by completing alternate actions to achieve satisfaction of the EC.²⁰⁷ The alternate actions include initiating the alternative procedure provided for in the JSA (Doc. No. 136-1 at 8-9) and detailed in ECs 22, 23 and 24.

Evaluation Criteria 26

All staff members found to have committed abuse or neglect were disciplined pursuant to DHS policies and collective bargaining agreement, if applicable.

Current Status

EC 26 has been met.

²⁰⁷ Doc. No. 283 at 1.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

[REDACTED]

The OIG also investigated an incident at a Minnesota Life Bridge site that took place on July 14, 2017 (Doc. No. 700). On September 1, 2017, the OIG issued an Investigation Memorandum, which indicated the Disposition of Substantiated as to neglect of a vulnerable adult by a staff person. In accordance with Minn. Stat. § 245C.02, and based upon information obtained by the OIG, in combination with the September 1, 2017 report, the staff person was disqualified for recurring maltreatment. Specifically, the staff person responsible was disqualified from a position allowing direct contact with, or access to, persons receiving services from facilities licensed by the Department of Human Services, the Department of Corrections, and unlicensed Personal Care Provider Organizations.

There have been no other findings of abuse or neglect committed by Minnesota Life Bridge staff.

Verification

QADC Services reviewed all incidents of suspected abuse or neglect at Minnesota Life Bridge. QADC Services also reviewed Investigation Memorandums to verify disposition and any discipline actions taken by Minnesota Life Bridge.

Summary Assessment

The Department has met EC 26 by completing all Actions accompanying EC 26. The Department has provided specific data above and in previous reports documenting completion of Action 26.1 (See Doc. Nos. 299, 531 and 700).

Evaluation Criteria 27

Where appropriate, the State referred matters of suspected abuse or neglect to the county attorney for criminal prosecution.

Current Status

EC 27 has been met.

All allegations of abuse or neglect are submitted to the Minnesota Adult Abuse Reporting Center (MAARC). Reports are reviewed for immediate protective services needs. Reports of an alleged crime are referred to law enforcement for investigation and determination whether the case will be referred to the county attorney for criminal prosecution. All reports of suspected maltreatment are

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

also referred to a lead investigative agency, which may be the county or the Minnesota Departments of Health or Human Services. The lead investigative agency also confirms that each report of an alleged crime is referred to law enforcement.

There have been no matters of suspected abuse or neglect at Minnesota Life Bridge identified as appropriate to refer to the county attorney for criminal prosecution. Minnesota Life Bridge and QADC Services continue to monitor for suspected abuse or neglect.

Verification

QADC Services reviewed all incidents of suspected abuse or neglect at Minnesota Life Bridge. QADC Services also contacted the Office of Inspector General to verify that a report has been made to the MAARC and, where appropriate, assigned for investigation or referred to law enforcement.

Summary Assessment

The Department has met EC 27 by completing all Actions accompanying EC 27. The Department has provided specific data above and in previous reports documenting completion of Action 27.1 (See Doc. Nos. 299, 531 and 700).

Evaluation Criteria 31

Within 24 hours, and no later than one business day, Form 31032 (or its successor) in each instance was submitted to the Office of Health Facility Complaints.

Current Status

EC 31 has been met.

The Jensen Internal Reviewer reviews each instance of restraint use at Minnesota Life Bridge on an ongoing and continuous basis through an inspection of documentation including but not limited to incident reports and DHS 3654 Forms, and scheduled weekly phone calls with Minnesota Life Bridge.

As indicated in the Department's compliance reporting, as well as in the Jensen Internal Reviewer Monthly Reports, the Jensen Internal Reviewer has monitored the use of restraints at Minnesota Life Bridge since the schedule for compliance reporting was established (Doc. No. 545), and has found that Minnesota Life Bridge submitted DHS 3654 Forms in each instance to the Office of Health Facility Complaints and no later than one business day.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Verification

The Jensen Internal Reviewer inspected a sample of DHS 3654 Forms related to major incidents from three time periods:

- Two DHS 3654 Forms chosen at random from the time period of October 1, 2015 (following submission of the 9th Compliance Update) to February 22, 2016 (the filing date of Doc. No. 545);
- Twenty DHS 3654 Forms chosen at random from the time period of February 22, 2016 (following the filing date of Doc. No. 545) to December 31, 2017; and
- All DHS 3654 Forms from January 1, 2018 to December 31, 2018.

In this sample, the Jensen Internal Reviewer found that in all instances, Minnesota Life Bridge submitted the DHS 3654 Form to the Office of Health Facility Complaints within 24 hours and no later than one business day. In one instance, Minnesota Life Bridge did not complete the checkbox on the DHS 3654 Form noting distribution, but the Jensen Internal Reviewer inspected the email and verified that Minnesota Life Bridge had distributed the notification to the Office of Health Facility Complaints.

Summary Assessment

The Department has met EC 31 by completing all Actions accompanying EC 31. The Department has provided specific data above and in previous reports documenting completion of Action 31.1 (See Doc. Nos. 299, 531 and 700, and Jensen Internal Reviewer Monthly Reports).

Evaluation Criteria 34

Within 24 hours, and no later than one business day, Form 31032 (or its successor) in each instance was submitted to the Court Monitor and to the DHS Internal Reviewer.

Current Status

EC 34 has been met.

The Jensen Internal Reviewer reviews each instance of restraint use at Minnesota Life Bridge on an ongoing and continuous basis through an inspection of documentation including but not limited to incident reports and DHS 3654 Forms, and scheduled weekly phone calls with Minnesota Life Bridge.

As indicated in the Department's compliance reporting, as well as in the Jensen Internal Reviewer Monthly Reports, the Jensen Internal Reviewer has monitored the use of restraints at Minnesota Life Bridge since the schedule for compliance reporting was established (Doc. No. 545), and has found that Minnesota Life Bridge submitted DHS 3654 Forms in each instance to the Court Monitor and the Jensen Internal Reviewer and no later than one business day.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Verification

The Jensen Internal Reviewer inspected a sample of DHS 3654 Forms related to major incidents from three time periods:

- Two DHS 3654 Forms chosen at random from the time period of October 1, 2015 (following submission of the 9th Compliance Update) to February 22, 2016 (the filing date of Doc. No. 545);
- Twenty DHS 3654 Forms chosen at random from the time period of February 22, 2016 (following the filing date of Doc. No. 545) to December 31, 2017; and
- All DHS 3654 Forms from January 1, 2018 to December 31, 2018.

In this sample, the Jensen Internal Reviewer found that in all instances, Minnesota Life Bridge submitted the DHS 3654 Form to the Court Monitor and the Jensen Internal Reviewer within 24 hours and no later than one business day. In one instance, Minnesota Life Bridge did not complete the checkbox on the DHS 3654 Form noting distribution, but the Jensen Internal Reviewer inspected the email and verified that Minnesota Life Bridge had distributed the notification to the Court Monitor and the Jensen Internal Reviewer.

Summary Assessment

The Department has met EC 34 by completing all Actions accompanying EC 34. The Department has provided specific data above and in previous reports documenting completion of Action 34.1 (See Doc. Nos. 299, 531 and 700, and Jensen Internal Reviewer Monthly Reports).

Evaluation Criteria 37

Within 24 hours, and no later than one business day, Form 31032 (or its successor) in each instance was submitted to the Plaintiffs' Counsel.

Current Status

EC 37 has been met.

The Jensen Internal Reviewer reviews each instance of restraint use at Minnesota Life Bridge on an ongoing and continuous basis through an inspection of documentation including but not limited to incident reports and DHS 3654 Forms, and scheduled weekly phone calls with Minnesota Life Bridge.

As indicated in the Department's compliance reporting, as well as in the Jensen Internal Reviewer Monthly Reports, the Jensen Internal Reviewer has monitored the use of restraints at Minnesota Life Bridge since the schedule for compliance reporting was established (Doc. No. 545), and has found that Minnesota Life Bridge submitted DHS 3654 Forms in each instance to the Plaintiffs' Counsel and no later than one business day.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Verification

The Jensen Internal Reviewer inspected a sample of DHS 3654 Forms related to major incidents from three time periods:

- Two DHS 3654 Forms chosen at random from the time period of October 1, 2015 (following submission of the 9th Compliance Update) to February 22, 2016 (the filing date of Doc. No. 545);
- Twenty DHS 3654 Forms chosen at random from the time period of February 22, 2016 (following the filing date of Doc. No. 545) to December 31, 2017; and
- All DHS 3654 Forms from January 1, 2018 to December 31, 2018.

In this sample, the Jensen Internal Reviewer found that in all instances, Minnesota Life Bridge submitted the DHS 3654 Form to the Plaintiffs' Counsel within 24 hours and no later than one business day. In one instance, Minnesota Life Bridge did not complete the checkbox on the DHS 3654 Form noting distribution, but the Jensen Internal Reviewer inspected the email and verified that Minnesota Life Bridge had distributed the notification to the Plaintiffs' Counsel.

Summary Assessment

The Department has met EC 37 by completing all Actions accompanying EC 37. The Department has provided specific data above and in previous reports documenting completion of Action 37.1 (See Doc. Nos. 299, 531 and 700, and Jensen Internal Reviewer Monthly Reports).

Evaluation Criteria 42

On April 23, 2013, the Court appointed the Court Monitor as the External Reviewer, with the consent of Plaintiffs and Defendants. DHS funds the costs of the external reviewer.

Current Status

EC 42 has been met.

On April 23, 2013, the Court appointed the Court Monitor as the External Reviewer with duties in accordance with EC 42, 43 and 44 (Doc. No. 211). On June 15, 2015, the Court Monitor's reporting was stayed (Doc. No. 462). As of this report, the Court Monitor's duties are stayed (Doc. No. 612).

Summary Assessment

Pursuant to the January 4, 2019 Order of the Court, EC 42 does not require reporting (Doc. No. 707 at 10). EC 42 has been met.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Evaluation Criteria 43

After providing Plaintiffs' Class Counsel and the Department the opportunity to review and comment on a draft, the External Reviewer issues written quarterly reports informing the Department whether the Facility is in substantial compliance with the Agreement and the incorporated policies, enumerating the factual basis for its conclusions.

Current Status

EC 43 has been met.

On April 23, 2013, the Court appointed the Court Monitor as the External Reviewer with duties in accordance with EC 42, 43 and 44 (Doc. No. 211). On June 15, 2015, the Court Monitor's reporting was stayed (Doc. No. 462). As of this report, the Court Monitor's duties are stayed (Doc. No. 612).

Summary Assessment

Pursuant to the January 4, 2019 Order of the Court, EC 43 does not require reporting (Doc. No. 707 at 10). EC 43 has been met.

Evaluation Criteria 44

In conjunction with duties and responsibilities under the Order of July 17, 2012, the Court Monitor reviews and makes judgments on compliance, makes recommendations and offers technical assistance in his discretion, and files quarterly and other reports with the Court. Timing of reports is subject to the Court's needs, results of Monitor's reviews, and to the monitoring plan pursuant to the Order of August 28, 2013.

Current Status

EC 44 has been met.

On April 23, 2013, the Court appointed the Court Monitor as the External Reviewer with duties in accordance with EC 42, 43 and 44 (Doc. No. 211). On June 15, 2015, the Court Monitor's reporting was stayed (Doc. No. 462). As of this report, the Court Monitor's duties are stayed (Doc. No. 612).

Summary Assessment

Pursuant to the January 4, 2019 Order of the Court, EC 44 does not require reporting (Doc. No. 707 at 10). EC 44 has been met.

Evaluation Criteria 63

The Facility purpose is clearly stated in a bulletin to state court judges, county directors, social service supervisors and staff, county attorneys and Consumers and Families and Legal Representatives of

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

consumers of Developmental Disabilities services. Any admission will be consistent with the requirements of this bulletin.

Current Status

EC 63 has been met.

The Department issued Bulletin No. 14-76-01: Transition of Minnesota Specialty Health System (MSHS) – Cambridge to Minnesota Life Bridge: Admission and Discharge Processes, Transition Planning and Community Mobile Support Services on April 29, 2014, and Bulletin No. 16-76-02: DHS Provides Information on the Minnesota Life Bridge Program on November 18, 2016 (Doc. Nos. 299 and 606-2). The bulletins clearly state the facility purpose and describe Minnesota Life Bridge admission criteria. For more information on Minnesota Life Bridge admissions, refer to EC 3 in this and previous reports, as well as the Jensen Internal Reviewer Monthly Reports.

Summary Assessment

Pursuant to the January 4, 2019 Order of the Court, EC 63 does not require reporting (Doc. No. 707 at 10). EC 63 has been met.

Evaluation Criteria 86

The term “mental retardation” has been replaced with “developmental disabilities” in any DHS policy, bulletin, website, brochure, or other publication. DHS will continue to communicate to local government agencies, counties, tribes, courts and providers that they should adhere to this standard.

Current Status

EC 86 has been met.

The Department has replaced outdated terminology when identified in any Department policy, bulletin, website, brochure, or other publication (Doc. Nos. 299 and 531). The Department has included a Terminology disclaimer statement to the Department’s webpages and the Department’s Bulletin Template.²⁰⁹

²⁰⁹ Terminology Disclaimer - The terminology used to describe people with disabilities has changed over time. The Minnesota Department of Human Services ("Department") supports the use of "People First" language. Although outmoded and offensive terms might be found within documents on the Department's website, the Department does not endorse these terms.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Summary Assessment

Pursuant to the January 4, 2019 Order of the Court, EC 86 does not require reporting (Doc. No. 707 at 10). EC 86 has been met.

Evaluation Criteria 87

DHS drafted and submitted a bill for the Minnesota Legislature that will require the replacement of terms such as "insane," "mentally incompetent," "mental deficiency," and other similar inappropriate terms that appear in Minnesota statutes and rules.

Current Status

EC 87 has been met.

Changes to statute and rule language took place in 2013, and those remain in place (Doc. Nos. 299, 328 and 531). The 2014 Minnesota Legislature made additional changes to state statute and rule mostly changing the word "deficient."

Summary Assessment

Pursuant to the January 4, 2019 Order of the Court, EC 87 does not require reporting (Doc. No. 707 at 10). EC 87 has been met.

Evaluation Criteria 88

MSHS-Cambridge will be closed. There will be community treatment homes dispersed geographically. Any need for additional community treatment homes beyond four will be determined based on a specific assessment of need based on client needs with regard to such criteria as those at risk for institutionalization or re-institutionalization, behavioral or other challenges, multiple hospitalizations or other transfers within the system, serious reported injuries, repeated failed placements, or other challenges identified in previous monitoring or interventions.

EC 88(1) – the closing of the Cambridge facility

Current Status

EC 88(1) has been met.

On August 29, 2014, the last person transitioned out of the Minnesota Specialty Health System-Cambridge to a permanent community home and the Department closed the facility as part of the terms of the JSA (Doc. Nos. 342 and 531).

Summary Assessment

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Pursuant to the January 4, 2019 Order of the Court, EC 88(1) does not require reporting, but requires a one-line statement confirming when the Cambridge facility was closed (Doc. No. 707 at 10). EC 88(1) has been met as explained above.

EC 88(2) – treatment homes

Current Status

EC 88(2) has been met.

Minnesota Specialty Health System (MSHS)-Cambridge transitioned to Minnesota Life Bridge in 2014. Minnesota Life Bridge provides treatment services in homes integrated in their communities to Minnesotans with developmental disabilities or related conditions who exhibit severe behaviors that pose a risk to public safety, including those at risk for institutionalization or re-institutionalization, with multiple hospitalizations or other transfers within the system, with serious reported injuries, or with repeated failed placements.

The Minnesota Life Bridge homes are dispersed geographically. Currently there is one home in the Cambridge area and one home in the Isanti area in central Minnesota. A third home is in the Farmington area, closer to the metro area. The Department looks to information from multiple sources, including the Single Point of Entry,²¹⁰ to continually assess the need for treatment homes, as well as considering other factors in development such as existing services in an area and the workforce shortage. To date, the Department has not determined a need for more than four treatment homes.

Neither the JSA nor the CPA require that a particular home accommodate a minimum or maximum number of individuals. Each Minnesota Life Bridge home has a maximum capacity under its license. Currently, Minnesota Life Bridge is licensed to serve 11 persons across three homes. Minnesota Life Bridge, however, weighs the needs of current residents against the needs of the person being considered for admission and staffing considerations to determine how many people, up to the maximum capacity, to serve in a home at any given time. For more information on Minnesota Life Bridge admissions and the people served, refer to EC 2,3 and 41 in this and previous reports, as well as the Jensen Internal Reviewer Monthly Reports.

Verification

Through its review of the transition plans for persons receiving services at MSHS-Cambridge, QADC Services verified that the last person transition from MSHS-Cambridge to a community home, on

²¹⁰ The Department's Single Point of Entry is a system that coordinates crisis resolution responses for individuals with developmental disabilities. Crisis is defined as a behavioral crisis that puts the individual at risk of losing their current living situation.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

August 29, 2014. QADC Services and the Jensen Internal Reviewer regularly visit each Minnesota Life Bridge home and have verified that each home is in a residential neighborhood and the homes are dispersed geographically. Through review of each home's 245D – HCBS Program License, QADC Services has verified that the three current MLB homes have maximum licensed capacity as follows: Stratton Lake (four people), Broberg's Lake (three people), and Donnelly (four people).

The Jensen Internal Reviewer reviews each new admission and has verified that the person has a developmental disability and severe behaviors, including presenting a risk to public safety and that Minnesota Life Bridge considers the needs of current residents and potential admissions to determine how many people to serve in a home.

Summary Assessment

The Department has met EC 88(2) by creating the Minnesota Life Bridge treatment homes, dispersed geographically, and by continually assessing the need for such homes based on the needs of persons as described in the EC. The Department has provided specific data above and in previous reports documenting completion of EC 88 (See Doc. Nos. 342, 531 and 700).

Evaluation Criteria 95

Residents currently at MSHS-Cambridge transition to permanent community homes.

Current Status

EC 95 has been met.

On August 29, 2014, the last person transitioned out of the Minnesota Specialty Health System-Cambridge to a permanent community home and the Department closed the facility as part of the terms of the JSA (Doc. Nos. 342 and 531).

Summary Assessment

Pursuant to the January 4, 2019 Order of the Court, EC 95 does not require reporting (Doc. No. 707 at 10). EC 95 has been met.

Evaluation Criteria 99

The scope of the Rule 40 modernization shall include all individuals with developmental disabilities served in programs, settings and services licensed by the Department, regardless of the setting in which they live or the services which they receive. As stated in the Settlement Agreement, the modernization of Rule 40 which will be adopted under this Comprehensive Plan of Action shall reflect current best practices, including, but not limited to the use of positive and social behavioral supports,

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

and the development of placement plans consistent with the principle of the 'most integrated setting' and 'person centered planning, and development of an 'Olmstead Plan'" consistent with the U.S. Supreme Court's decision in Olmstead v. L.C., 527 U.S. 582 (1999)."

Current Status

EC 99 has been met.

The Department published the Notice of Adoption of Minnesota Rules, Chapter 9544 in the August 17, 2015 edition of the Minnesota State Register (40 SR 179), completing the promulgation of the Positive Supports Rule. The rule became effective on August 31, 2015, and has been implemented since that time (Doc. No. 531).

The Positive Supports Rule, as promulgated, applied to all individuals with developmental disabilities served in programs, settings and services licensed by the Department, regardless of the setting in which they live or the services they receive (Minn. Rule, part 9544.0010).²¹¹ It also reflected current best practices, including the use of positive and social behavioral supports, and the development of placement plans consistent with the principle of the most integrated setting and person-centered planning (Minn. Rule, part 9544.0030).

For information on the development of Minnesota's Olmstead Plan, see EC 79 above.

Verification

QADC Services verified that the Department completed promulgation of the Positive Support rule and that the Rule became effective on August 31, 2015, by reviewing the information available on the website of the Minnesota Office of the Revisor of Statutes. Through review of the Department's policy on positive supports included in the Community-Based Services Manual, Positive Supports Manual, as well as Disability Services Division e-list announcements, QADC Services verified that the Positive Supports Rule has been implemented and, as promulgated, applied to all individuals with developmental disabilities served in programs, settings and services licensed by the Department, regardless of the setting in which they live or the services they receive.

The Jensen Internal Reviewer specifically reviewed the Positive Supports Rule to verify it reflected current best practices.

Summary Assessment

The Department has met EC 99 by ensuring that the scope of the Positive Supports Rule included all individuals with developmental disabilities described in the EC and reflects current best practices,

²¹¹ In 2018, over the objection of the Department, the Minnesota Legislature passed a law exempting child care providers from the application of the Positive Supports Rule. (Minnesota Session Laws, Ch. 163, Sec. 1.)

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

including the use of positive and social behavioral supports and the development of placement plans consistent with the principle of the most integrated setting and person-centered planning of the *Olmstead* decision. The Department has provided specific data above and in previous reports documenting completion of EC 99 (See Doc. Nos. 387, 531 and 700).

Evaluation Criteria 102

The Proposed Rule shall be consistent with and incorporate, to the extent possible in rule, the Rule 40 Advisory Committee's consensus recommendations stated in its Recommendations on Best Practices and Modernization of Rule 40 (Final Version - July 2013). During the rule-making process, the Department shall advocate that the final rule be fully consistent with the Rule 40 Advisory Committee's recommendations. The phrase "to the extent possible in rule" above is intended to recognize that some elements of the Committee's recommendations are not susceptible to the format of rules and, therefore, will be implemented by the Department through policies, bulletins, contract provisions, and by other means.

Current Status

EC 102 has been met.

The Positive Supports Rule is consistent with and incorporates, to the extent possible, the Rule 40 Advisory Committee's recommendations.

Summary Assessment

Pursuant to the January 4, 2019 Order of the Court, EC 102 does not require reporting (Doc. No. 707 at 10). EC 102 has been met.

Evaluation Criteria 104

The Department of Human Services shall implement the Adopted Rule and take other steps to implement the recommendations of the Rule 40 Advisory Committee.

Current Status

EC 104 has been met.

The Positive Supports Rule became effective on August 31, 2015, and has been implemented since that time (Doc. No. 531). The Rule is consistent with and incorporates, to the extent possible, the Rule 40 Advisory Committee's recommendations. The Department has taken other steps to implement the recommendations of the Rule 40 Advisory Committee and has worked with the Office of Ombudsman for Mental Health and Developmental Disabilities and the Governor's Council on Developmental Disabilities to review the recommendations and implementation. For more information, see EC 103 above.

Jensen Settlement Agreement Comprehensive Plan of Action
March 2019 Summary Report

Verification

QADC Services verified that the Department completed promulgation of the Positive Support rule and that the Rule became effective on August 31, 2015, by reviewing the information available on the website of the Minnesota Office of the Revisor of Statutes. Through review of the Department's policy on positive supports included in the Community-Based Services Manual, Positive Supports Manual, as well as Disability Services Division e-list announcements, QADC Services verified that the Positive Supports Rule has been implemented and incorporates Rule 40 Advisory Committee recommendations.

Summary Assessment

The Department has met EC 104 by implementing the Positive Supports Rule and taking other steps to implementing the recommendations of the Rule 40 Advisory Committee. The Department has provided specific data above and in previous reports documenting completion of EC 104 (See Doc. Nos. 531, 614-1, 643, 676 and 700).