

Jensen v. Minnesota Department of Human Services, No. 09-cv-1775

Class Action Settlement Agreement, Dkt. 104 (filed June 23, 2011)

DEFENDANTS' STATUS REPORT

Monthly Data Covering November through December 2012

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Independent Advisor and Monitor

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STATUS REPORTS

1. Defendants' status reports will be submitted every two months.
2. The first status report will cover January to August, 2012. Under the Court's July 17, 2012 Order, the first status report is due September 17, 2012.
3. Each report (after the first report) will cover the prior two calendar months. The reports will be due on the 17th of the month.
4. Each section of the status report begins with the text of the settlement. This is followed by a grid. The grid's fields consist of:
 - *Evaluation Criteria*: Based on the settlement provisions. The "ECs" will be used to assess compliance.
 - *Person Responsible*: The state official/staff who is specifically responsible for implementation of the listed item.
 - *Documentation for Verification*: A designation of the documentation material which supports and demonstrates the status of compliance. The documentation shall be submitted separately with each status report.
 - *Next Steps*: A summary of the next steps planned by the Person Responsible (and any other appropriate person/agency) to achieve or maintain compliance.
 - *Status*: A statement of the status of the item, for example, "completed," "completed [date]," "incomplete," or "not in compliance," or "maintaining compliance," or an identification of a percentage compliance level, or a note of another conclusion regarding the status of compliance for the item.
5. For convenience, original Settlement Agreement section numbering is maintained (*e.g.*, IV. METO CLOSURE). The alphabetical sub-section headings are also maintained.

SCOPE

“Scope: The scope of DHS obligations regarding people with developmental disabilities in this Agreement pertain only to the residents of the Facility, with the exception of the provisions of Recitals, Paragraph7, and Section X, ‘System wide Improvements.’” (Section III.F.)

Recitals, Par. 7.

“The State of Minnesota further declares, as a top concern, the safety and quality of life of the Residents of the Facility. The State agrees that its goal is to provide these residents with a safe and humane living environment free from abuse and neglect. The State also agrees that its goal is to utilize the Rule 40 Committee and Olmstead Committee process described in this Agreement to extend the application of the provisions in this Agreement to all state operated locations serving people with developmental disabilities with severe behavioral problems or other conditions that would qualify for admission to METO, its Cambridge, Minnesota successor, or the two new adult foster care transitional homes.”

Section X includes:

- A. Expansion of Community Support Services (long term monitoring, crisis management, training). This Section X.A. consists of “goals and objectives; they do not constitute requirements.” Sec. X.A.1.**
- B. Olmstead Plan**
- C. Rule 40**
- D. Minnesota Security Hospital**
- E. Anoka Metro Regional Treatment Center**

IV. METO CLOSURE

The METO program will be closed by June 30, 2011. Any successor to METO shall: (1) comply with the U.S. Supreme Court decision in *Olmstead v. L.C.*, 527 U.S. 582 (1999); (2) 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* (<http://apbs.org>) (February, 2007); (3) be licensed to serve people with developmental disabilities; (4) only serve "Minnesotans who have developmental disabilities and exhibit severe behaviors which present a risk to public safety" pursuant to METO's original statutory charge under Minn. Stat. § 252.025, subd. 7; and (5) notify parents and guardians of residents, at least annually, of their opportunity to comment in writing, by e-mail, and in person, on the operation of the Facility.

Section IV.

| Evaluation Criteria | Person Responsible | Documentation for Verification | Next Steps | Status | |
|--|---|---|--|---|---|
| 1. METO closed by June 30, 2011. | Doug Seiler | The METO program closed 6-30-11. The document provided is the letter confirming the new tax ID number issued by the IRS, (Exhibit 1A). | 1-17-13 update Awaiting response from monitor regarding request for release from judicial oversight. | Completed 6-30-11 Maintaining Compliance Requested release from judicial oversight on 12-6-12 | T |
| 2. METO successors comply <i>Olmstead v. L.C.</i> | Doug Seiler Roger Deneen Steve Jensen | The Department will be issuing a Departmental Bulletin notifying interested parties of the purpose of the program and its admission, continued stay criteria, and discharge criteria. The draft bulletin is (Exhibit 2A). The MSHS-Cambridge sought and was granted from DHS Licensing, a variance. This variance was necessary to adapt the program | Finalize the bulletin after the 9-20-12 meeting between parties and monitor 11-17-12 update In discussion at the 11-14-12 Parties meeting the Department agreed to revise the draft bulletin to emphasize early intervention through CSS and the use of the MSHS –Cambridge | Department anticipates requesting release from judicial oversight on 6-5-13. | T |

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| | | <p>to a short term intensive treatment setting designed to return the individual to the most integrated setting in accordance with Olmstead verses a residential program and to adopt specific components of the settlement agreement related to the prohibited techniques and use of emergency restraint.</p> <p>Licensing variance is (Exhibit 2B)</p> <p>1-17-13 Update The Department is working with Plaintiffs' consultants to clarify language of the bulletin. Once the clarification is made, the bulletin will be issued and copies provided to Plaintiffs' Counsel and consultants.</p> | <p>program as a crisis intervention for evaluation and stabilization. The final draft bulletin will be shared with Plaintiff's counsel, and consultants then issues by 12-15-12.</p> <p>1-17-13 Update The Department is reviewing the transition process to adopt practices that will improve transition planning for each individual in accordance with the principles of Olmstead.</p> <p>The new director, admissions, and supervisory team are reviewing current processes and seeking recommendations from MSHS-Cambridge leadership and CSS for improvements. CSS currently engages in review of all referrals under consideration and follows the individual from pre/admission to post/discharge and this process is being refined.</p> <p>Beginning November 2012 the Internal Reviewer is completing a summary of</p> | | |
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| | | | monthly activities including the application of Olmstead principles in transition planning. See EC #42 | | |
| 3. METO successors utilize person centered planning principles and positive behavioral supports consistent with applicable best practices including, but not limited to the Assoc. of Positive Behavior Supports, <i>Standards of Practice for Positive Behavior Supports</i> | Doug Seiler Roger Deneen Steve Jensen | Draft Departmental Bulletin (Exhibit 2A) Policy on Therapeutic Interventions and Emergency use of Personal Safety Techniques (Exhibit 3A) 1-17-13 Update The Department is working with Plaintiffs' consultants to clarify language of the bulletin. Once the clarification is made, the bulletin will be issued and copies provided to Plaintiffs' Counsel and consultants. | See EC #2 | Department anticipates requesting release from judicial oversight on 6-5-13. | T |
| 4. METO successors serve only "Minnesotans who have developmental disabilities and exhibit severe behaviors which present a risk to public safety." | Doug Seiler Roger Deneen Steve Jensen | Draft Departmental Bulletin (Exhibit 2A) 1-17-13 Update The Department is working with Plaintiffs' consultants to clarify language of the bulletin. Once the clarification is made, the bulletin will be issued and copies provided to Plaintiffs' Counsel and consultants. | See EC #2 | Department anticipates requesting release from judicial oversight on 3-5-13. | T |
| 5. METO successors notify parents and guardians of residents, at least annually, | Doug Seiler Roger Deneen Steve Jensen | Annual Survey of individuals served, families, and guardians | Facilities will issue the first survey to individuals served, families, and guardians no | Department anticipates requesting | A |

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| <p>of their opportunity to comment in writing, by e-mail, and in person, on the operation of the Facility</p> | | <p>11-17-12 update (Exhibit 98 – The name of the individual and the family member was redacted on one of the forms.)</p> <p>1-17-13 update On December 28th 17 surveys and cover letters were mailed to families and other concerned persons.</p> <p>Survey and cover letter (Exhibit 112)</p> | <p>later than 9-30-12</p> <p>11-17-12 update On September 7th 17 surveys were mailed to family or other concerned persons. As of 10-1-12 three surveys were completed and returned. Two were returned due to incorrect address. The correct address was found for one of these and the survey was sent 11-12-12.</p> <p>1-17-13 update The information received from the surveys will be compiled into a brief report by 2-15-13.</p> <p>Based on input from Plaintiffs' Counsel and consultants the program will modify its admissions procedures to ensure individuals served, families or guardians, and friends are aware of a formal grievance process available to them and they can comment at any time on the program's operation in accordance with the Settlement Agreement.</p> | <p>release from judicial oversight on 3-5-13.</p> | |
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V.A. PROHIBITED TECHNIQUES – RESTRAINT

A. Except as provided in subpart V. B., below, the State and DHS shall immediately and permanently discontinue the use of mechanical restraint (including metal law enforcement-type handcuffs and leg hobbles, cable tie cuffs, PlastiCuffs, FlexiCuffs, soft cuffs, posey cuffs, and any other mechanical means to restrain), manual restraint, prone restraint, chemical restraint, seclusion, and the use of painful techniques to induce changes in behavior through punishment of residents with developmental disabilities. Medical restraint and psychotropic and/or neuroleptic medications shall not be administered to residents for punishment, in lieu of adequate and appropriate habilitation, skills training and behavior supports plans, for the convenience of staff and/or as a form of behavior modification.

Section V.A.

| Evaluation Criteria | Person Responsible | Documentation for Verification | Next Steps | Status | |
|--|---|---|--|--|----------|
| 6. The State/DHS immediately and permanently discontinued all the prohibited restraints and techniques. | Doug Seiler Roger Deneen Steve Jensen | <p>Policy on Therapeutic Interventions and Emergency use of Personal Safety Techniques (Exhibit 3A)</p> <p>11-17-12 update On October 26th the SOS received a corrective order from DHS Licensing Division (Exhibit 103)</p> <p>1-17-13 update In December refresher training, the Department trained staff not to use prone restraint and to take the person to the floor in a side lying position. In the event a person puts themselves into a prone position, the person will be moved into a side lying position as soon as possible.</p> | <p>1-17-13 update In November 2012 the Internal Reviewer began preparing a monthly summary of activities including the application of Olmstead principles in transition planning.</p> <p>See EC #42</p> | Department anticipates requesting release from judicial oversight on 3-5-13. | T |

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| 7. The State/DHS has not used any of the prohibited restraints and techniques. | Doug Seiler Roger Deneen Steve Jensen | <p>During the interval of this status report there were no reports of the use of prohibited restraints and techniques.</p> <p>11-17-12 update On October 26th the SOS received a corrective order from DHS Licensing Division (Exhibit 103)</p> <p>1-17-13 update During the interval of this status report, there were no reports of the use of prohibited restraints and techniques.</p> | Continue monitoring | Department anticipates requesting release from judicial oversight on 3-5-13. | T |
| <i>See quotations in "Comments" below for the exceptions are provided in V.B</i> | | | | | |

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| 8. 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. | Doug Seiler Roger Deneen Steve Jensen | <p>During the interval of this status report there were no reports of the 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.</p> <p>1-17-13 update During the interval of this status report there were no reports of the 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.</p> | <p>Continue monitoring</p> <p>1-17-13 update</p> <p>Beginning 1-1-13 the Department initiated an emergency reporting structure around PRN medications and 911 calls consistent with the reporting of emergency use of manual restraints.</p> <p>See EC #6</p> | <p>Department anticipates requesting release from judicial oversight on 3-5-13.</p> | T |
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DOCUMENTATION / ADDITIONAL INFORMATION: See supplemental material.

V. B. PROHIBITED TECHNIQUES - POLICY

B. Policy. Notwithstanding subpart V. A. above, the Facility's policy, "Therapeutic Interventions and Emergency Use of Personal Safety Techniques," Attachment A to this Agreement, defines manual restraint, mechanical restraint, and emergency, and provides that certain specified manual and mechanical restraints shall only be used in the event of an emergency. This policy also prohibits the use of prone restraint, chemical restraint, seclusion and time out. Attachment A is incorporated into this Agreement by reference.

Section V.B.

| Evaluation Criteria | Person Responsible | Documentation for Verification | Next Steps | Status | |
|---|---|---|---|---|----------|
| <p>There were instances of the specified manual /mechanical restraint. Yes X No Number of instances: 7</p> <p>Yes X No 11-17-12 update Number of Instances: 1</p> <p>Yes No X 1-17-13 update Number of instances : 0</p> | | <p>Each instance of the use of emergency restraint will result in the following documents being included in this report:</p> <ul style="list-style-type: none"> • DHS form 3652 Documentation for the Implementation of Controlled Procedure • DHS form 3653 Consultation with Expanded Interdisciplinary Team Following Emergency Use of Controlled Procedure • Individual Progress notes • Use of Manual Restraint Review | | | |
| <p>9. The restraints are used only in an emergency.</p> <p><i>Same requirement is at section V.E. below. The requirement is evaluated here only.</i></p> | Doug Seiler Roger Deneen Steve Jensen | <ul style="list-style-type: none"> • DHS form 3652 Documentation for the Implementation of Controlled Procedure • DHS form 3653 Consultation with Expanded Interdisciplinary Team Following Emergency Use of Controlled Procedure • Individual Progress notes • Use of Manual Restraint Review <p>Exhibit 9A, 9B, 9C, 9D, 9E, 9F, and 9G</p> | <p>1-17-13 update In November 2012 the Internal Reviewer began preparing a monthly summary of activities including the application of Olmstead principles in transition planning.</p> | <p>Department anticipates requesting release from judicial oversight on 3-5-13.</p> | T |

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|--|---|--|--|--|----------|
| | | <p>11-17-12 update (Exhibit 100)</p> <p>1-17-13 update During the interval of this status report there were no emergency restraints used.</p> | See EC #42 | | |
| 10. The Policy (Att. A) was followed in each instance of manual / mechanical restraint. | Doug Seiler Roger Deneen Steve Jensen | <p>Exhibit 9A, 9B, 9C, 9D, 9E, 9F, and 9G</p> <p>In exhibit 9A the facility did not provide timely notice to some of the mandated parties. DHS form 3653 was not completed as the individual was discharged to a community psychiatric hospital.</p> <p>In exhibit 9C DHS form 3653 was not completed as the individual was discharged to a community psychiatric hospital.</p> <p>11-17-12 update (Exhibit 100)</p> <p>1-17-13 update During the interval of this status report there were emergency restraints used.</p> | <p>1-17-13 update See EC #6</p> | Department anticipates requesting release from judicial oversight on 3-5-13. | T |

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|---|---|--|-----------|--|----------|
| 11. There were no instances of prone restraint, chemical restraint, seclusion or time out. | Doug Seiler Roger Deneen Steve Jensen | <p>During the interval of this status report there were no reports of the use of prone restraint, chemical restraint, seclusion, or time out.</p> <p>11-17-12 update Exhibit 100 includes reporting form 31032. This form reports the use of Side lying hold</p> <p>There were no observed or reported uses of time out or seclusion.</p> <p>1-17-13 update During the interval of this status report there were no reports of the use of prone restraint, chemical restraint, seclusion, or time out.</p> | See EC #6 | Department anticipates requesting release from judicial oversight on 3-5-13. | T |
| <i>Seclusion is evaluated under Section V.C.</i> <i>Chemical restraint is evaluated under Section V.D.</i> | | | | | |

“Emergency”: “Situations when the client’s conduct poses an imminent risk of physical harm to self or others and less restrictive strategies would not achieve safety. Client refusal to receive/participate in treatment shall not constitute an emergency.” (Settlement, App. A).

DOCUMENTATION / ADDITIONAL INFORMATION: See supplemental material.

V.C. PROHIBITED TECHNIQUES – SECLUSION AND TIME OUT FROM POSITIVE REINFORCEMENT**C. Seclusion and Time Out from Positive Reinforcement.**

1. The Facility's use of seclusion is prohibited.
2. Seclusion means the placement of a person alone in a room from which egress is: a. noncontingent on the person's behavior; or b. prohibited by a mechanism such as a lock or by a device or object positioned to hold the door closed or otherwise prevent the person from leaving the room.
3. The Facility's use of Room Time out from positive reinforcement is prohibited.
4. Time out means removing a person from the opportunity to gain positive reinforcement and is employed when a person demonstrates a behavior identified in the individual program plan for reduction or elimination. Room time out means removing a person from an ongoing activity to a room (either locked or unlocked).

Section V.C.

| Evaluation Criteria | Person Responsible | Documentation for Verification | Next Steps | Status | |
|---|---|--|---|---|----------|
| 12. There were zero instances of the use of Seclusion. | Doug Seiler Roger Deneen Steve Jensen | <p>9-17-12 update During the interval of this status report there were no reports of the use of prone restraint, chemical restraint, seclusion, or time out.</p> <p>11-17-12 update During the interval of this status report there were no reports of the use of prone restraint, chemical restraint, seclusion, or time out.</p> <p>1-17-13 update During the interval of this status report there were no reports of the use of seclusion or time out.</p> | <p>1-17-13 update See EC #6</p> <p>1-17-13 update Awaiting response from monitor regarding request for release from judicial oversight.</p> | <p>Maintaining Compliance</p> <p>Requested release from judicial oversight on 12-6-12</p> | T |

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| <p>13. There were zero instances of the use of Room Time Out from Positive Reinforcement.</p> | <p>Doug Seiler Roger Deneen Steve Jensen</p> | <p>During the interval of this status report there were no reports of the use of prone restraint, chemical restraint, seclusion, or time out.</p> <p>11-17-12 update During the interval of this status report there were no reports of the use of prone restraint, chemical restraint, seclusion, or time out.</p> <p>1-17-13 update During the interval of this status report there were no reports of the use of prone restraint, chemical restraint, seclusion, or time out.</p> | <p>1-17-13 update See EC #6</p> <p>1-17-13 update Awaiting response from monitor regarding request for release from judicial oversight.</p> | <p>Maintaining Compliance</p> <p>Requested release from judicial oversight on 12-6-12</p> | <p>T</p> |
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DOCUMENTATION / ADDITIONAL INFORMATION: See supplemental material.

V.D. PROHIBITED TECHNIQUES – CHEMICAL RESTRAINT

D. Chemical Restraint. The Facility shall not use chemical restraint. 1. 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. 2. Orders or prescriptions for the administration of medications to be used as a restriction to manage the resident's behavior or restrict the resident's freedom of movement shall not be written as a standing order or on an as-needed basis (PRN).

Section V.D.

| Evaluation Criteria | Person Responsible | Documentation for Verification | Next Steps | Status | |
|---|---------------------------|---|---|--|----------|
| 14. There were zero instances of drug / medication use to manage resident behavior OR to restrain freedom of movement. | Alan Radke | <p>During the interval of this status report there were no reported instances of drug/ medication use to manage resident behavior or to restrain freedom of movement</p> <p>11-17-12 update During the interval of this status report there were no reported instances of drug/ medication use to manage resident behavior or to restrain freedom of movement</p> <p>1-17-13 update During the interval of this status report there were no reported instances of drug/ medication use to manage resident behavior or to restrain freedom of movement.</p> <p>A PRN protocol was developed, staff trained and protocol implemented on 1-1-13. (Exhibit 113)</p> | <p>1-17-13 update See EC #6</p> <p>In examining the use of PRN medication, both the Internal Reviewer and a psychiatric practitioner designated by the SOS Chief Medical Officer will participate in the review.</p> | Department anticipates requesting release from judicial oversight on 3-5-13. | T |

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|--|-------------------|--|--|---|-----------------|
| <p>15. There were zero instances of PRN orders (standing orders) of drug/ medication used to manage behavior or restrict freedom of movement.</p> | <p>Alan Radke</p> | <p>During the interval of this status report there were no reported instances of PRN orders (standing orders) of drug/medication used to manage behavior or restrict freedom of movement</p> <p>11-17-12 update Dr. Peter Miller, consulting psychiatrist for the MSHS Cambridge program reviewed all uses of PRN medications administered during September. He found the use of the medication directly related to mental health symptoms and not to restrict movement or physically slow the patient down. (Exhibit 101 – The email was amended to include only the information relevant to EC).</p> <p>1-17-13 update During the interval of this status report there were no reported instances of PRN orders (standing orders) of drug/medication used to manage behavior or restrict freedom of movement.</p> <p>A PRN protocol was developed, staff trained and protocol implemented on 1-1-13. (Exhibit 113)</p> | <p>Continue monitoring</p> <p>11-17-12 update The Department is instituting additional processes and monitoring. These will include: to ensure the individual or family/guardian agrees to the medication plan (including PRN medication); use of PRNs are reviewed and authorized by an RN with consultation by a psychiatrist as necessary; if the individual declines the medication it is not administered; and each administration of a PRN will be reported out in a process similar to the emergency use of restraint process.</p> <p>1-17-13 update See EC #6</p> <p>In examining the use of PRN medication, both the Internal Reviewer and a psychiatric practitioner designated by the SOS Chief Medical Officer will participate in the review.</p> | <p>Department anticipates requesting release from judicial oversight on 3-5-13.</p> | <p>T</p> |
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V.E. PROHIBITED TECHNIQUES – THIRD PARTY EXPERT

E. Third Party Expert. The Department shall establish a protocol to contact, on a rotating basis, a qualified Third Party Expert from a list of at least five (5) qualified Third Party Experts pre-approved by Plaintiffs and Defendants. The costs for the Third Party Expert shall be paid by the Department. This consultation shall occur as soon as reasonably possible upon the emergency presenting but no later than thirty (30) minutes after an emergency use of restraint consistent with the Facility's policy, *Therapeutic Interventions and Emergency Use of Personal Safety Techniques*, Attachment A to this Agreement. The Facility staff shall consult with the Third Party Expert in order 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 scheduled qualified Third Party Expert is not immediately available, DHS shall then utilize the Medical Officer Review protocol as described in subpart V.F, below. If the parties cannot develop the qualified list of Third Party Experts within 30 days of final approval of this Agreement, DHS shall utilize the Medical Officer Review described in subpart V. F, below.

| Evaluation Criteria | Person Responsible | Documentation for Verification | Next Steps | Status | |
|--|--------------------|--|--|---|-----------------|
| <p>16. There is a protocol to contact a qualified Third Party Expert.</p> | | <p>The Department was not able to secure the services of qualified Third Party Experts. In accordance with section V. F. of the Settlement Agreement the Medical Officer Review was initiated.</p> | <p>Discuss on 8-20-12 with parties and monitor</p> <p>11-17-12 update The Department has renewed efforts to recruit a pool of third party experts. Seven individuals have been contacted. One has tentatively agreed. One declined but is forwarding the solicitation to another provider. Two have offered to discuss further.</p> <p>1-17-13 update Nine individuals have been contacted. Four responded. One has tentatively agreed but only as a member of a team. Two declined but offered to forward the solicitation to other potential providers. The four individuals who responded have suggested expert consultation following the restraint episode as opposed to contemporaneous review. As of 1/16/13 no other responses have been received.</p> <p>Plaintiffs' consultants and DHS compliance will be meeting in early February to discuss alternatives to the third party expert provisions.</p> | <p>Department anticipates requesting release from judicial oversight on 3-5-13.</p> | <p>A</p> |

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| 17. There is a list of at least 5 Experts pre-approved by Plaintiffs & Defendants. | | See EC #16 | | Department anticipates requesting release from judicial oversight on 3-5-13. | A |
| 18. DHS has paid the Experts for the consultations. | | See EC #16 | | Department anticipates requesting release from judicial oversight on 3-5-13. | A |
| 19. A listed Expert been contacted in each instance of emergency use of restraint. | | See EC #16 | | Department anticipates requesting release from judicial oversight on 3-5-13. | A |
| 20. Each consultation occurred no later than 30 minutes after presentation of the emergency. | | See EC #16 | | Department anticipates requesting release from judicial oversight on 3-5-13. | A |
| 21. Each use of restraint was an "emergency." | | <i>This requirement is evaluated at EC 9 above.</i> | <i>This requirement is evaluated at EC 9 above.</i> | | |
| 22. 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. | | See EC #16 | | Department anticipates requesting release from judicial oversight on 3-5-13. | A |
| <i>If the Expert was not available, See V.F. below.</i> | | | | | |

"Emergency": "Situations when the client's conduct poses an imminent risk of physical harm to self or others and less restrictive strategies would not achieve safety. Client refusal to receive/participate in treatment shall not constitute an emergency." Settlement, App. A.

V.F. PROHIBITED TECHNIQUES – MEDICAL OFFICER REVIEW

F. Medical Officer Review. No later than thirty (30) minutes after an emergency use of restraint begins, the responsible supervisor shall contact the Department's medical officer on call in order that the medical officer may assess the situation, suggest strategies for de-escalating the situation, and approve of or discontinue the use of restraint. The consultation with the medical officer shall be documented in the resident's medical record.

Section V.F.

| Evaluation Criteria | Person Responsible | Documentation for Verification | Next Steps | Status | |
|---|---|---|-------------------|---------------|--|
| <p>There were instances of the specified manual /mechanical restraint.</p> <p>9-17-12 update Yes X No Number of instances: 7</p> <p>11-17-12 update Yes X No Number of Instances: 1</p> <p>1-17-13 update Yes No X Number of instances: 0</p> | Doug Seiler Roger Deneen Steve Jensen | <p>Each instance of the use of emergency restraint will result in the following documents being included in this report:</p> <ul style="list-style-type: none"> • DHS form 3652 Documentation for the Implementation of Controlled Procedure • DHS form 3653 Consultation with Expanded Interdisciplinary Team Following Emergency Use of Controlled Procedure • Individual Progress notes • Use of Manual Restraint Review | | | |

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|--|---|--|------------------------------------|--|----------|
| 23. The responsible supervisor contacted the DHS medical officer on call not later than 30 minutes after the emergency restraint use began. | Doug Seiler Roger Deneen Steve Jensen | Exhibit 9A, 9B, 9C, 9D, 9E, 9F, and 9G. Page 2 under section "Third Party Expert Consulted" 11-17-12 update (Exhibit 100) 1-17-13 update During the interval of this status report there were no instances of the use of emergency restraint. | 1-17-13 update See EC #6 | Department anticipates requesting release from judicial oversight on 3-5-13. | A |
| 24. The medical officer assessed the situation, suggested strategies for de-escalating the situation, and approved of or discontinued the use of restraint. | Alan Radke | Exhibit 9A, 9B, 9C, 9D, 9E, 9F, and 9G. Page 2 under section "Third Party Expert Consulted" 11-17-12 up date (Exhibit 100) 1-17-13 update During the interval of this status report there were no instances of the use of emergency restraint. | 1-17-13 update See EC #6 | Department anticipates requesting release from judicial oversight on 3-5-13. | A |

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|--|--|--|--|---|-----------------|
| <p>25. The consultation with the medical officer was documented in the resident's medical record.</p> | <p>Doug Seiler Roger Deneen Steve Jensen</p> | <p>Exhibit 9A, 9B, 9C, 9D, 9E, 9F, and 9G. Page 2 under section "Third Party Expert Consulted"</p> <p>11-17-12 update (Exhibit 100)</p> <p>1-17-13 update During the interval of this status report there were no instances of the use of emergency restraint.</p> | <p>1-17-13 update See EC #6</p> | <p>Department anticipates requesting release from judicial oversight on 3-5-13.</p> | <p>A</p> |
|--|--|--|--|---|-----------------|

V.G. PROHIBITED TECHNIQUES – ZERO TOLERANCE FOR ABUSE AND NEGLECT

G. Zero Tolerance for Abuse and Neglect. The State affirms its commitment to comply with the reporting requirements relating to abuse of vulnerable persons pursuant to Minn. Stat. § 626.557 *et seq.* The State's goal is to achieve "zero tolerance" for abuse (including verbal, mental, sexual, or physical abuse) and neglect, whether from other residents or from staff. Any staff member who has committed staff on resident abuse or neglect shall be disciplined pursuant to DHS policies and the collective bargaining agreement, if applicable. Where appropriate, the State shall refer matters of suspected abuse or neglect to the county attorney for criminal prosecution.

Section V.G.

| Evaluation Criteria | Person Responsible | Documentation for Verification | Next Steps | Status | |
|---|---|--|-------------------|---------------|--|
| There were allegations of abuse (including verbal, mental, sexual, or physical abuse) or neglect. 9-17-12 update Yes <input checked="" type="checkbox"/> No Number of allegations: 2 11-17-12 update Yes <input checked="" type="checkbox"/> No Number of allegations: 1 1-17-13 update Yes <input checked="" type="checkbox"/> No Number of allegations: 1 | Doug Seiler Roger Deneen Steve Jensen | Incident reports and reports of suspected maltreatment | | | |

| | | | | | |
|--|--|---|---|---|-----------------|
| <p>26. All allegations were fully investigated and conclusions were reached.</p> | <p>Doug Seiler Roger Deneen Steve Jensen</p> | <p>Policy on Zero Tolerance for Abuse and Neglect of Vulnerable Adults and Minors. (Exhibit 26A)</p> <p>There have been two reports of suspected abuse/neglect. Both occurred in the transitional foster care site. Neither report was substantiated. (Exhibit 26B 26C)</p> <p>11-17-12 update The suspected abuse neglect was reported to the common entry point (Exhibit 102 was redacted to protect the names of the mandated reporters). The report was not substantiated.</p> <p>1-17-13 update There was one report of suspected abuse/neglect which was redacted to protect the names of the mandated reporters. The report was not substantiated. (Exhibit 114)</p> | <p>Continue monitoring</p> <p>1-17-13 update Awaiting response from monitor regarding request for release from judicial oversight.</p> | <p>Maintaining Compliance</p> <p>Requested release from judicial oversight on 12-6-12</p> | <p>A</p> |
| <p>27. All staff members found to have committed abuse or neglect were disciplined pursuant to DHS policies and collective bargaining agreement, if applicable.</p> | <p>Doug Seiler Roger Deneen Steve Jensen</p> | <p>1-17-13 update There was one report of suspected abuse/neglect which was redacted to protect the names of the mandated reporters. The report was not substantiated. (Exhibit 114)</p> | <p>1-17-13 update Awaiting response from monitor regarding request for release from judicial oversight.</p> | <p>Maintaining Compliance</p> <p>Requested release from judicial oversight on 12-6-12</p> | <p>A</p> |

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|---|---|---|--|--|----------|
| 28. Where appropriate, the State referred matters of suspected abuse of neglect to the county attorney for criminal prosecution. | Doug Seiler Roger Deneen Steve Jensen | 1-17-13 update There was one report of suspected abuse/neglect which was redacted to protect the names of the mandated reporters. The report was not substantiated. (Exhibit 114) | 1-17-13 update Awaiting response from monitor regarding request for release from judicial oversight. | Maintaining Compliance Requested release from judicial oversight on 12-6-12 | A |
|---|---|---|--|--|----------|

VI.A. RESTRAINT REPORTING AND MANAGEMENT – REPORTING WITH FORM 31032

A. METO Form 31032 (Attachment C "Documentation of Implementation of Controlled Procedures") shall be completed by the end of the shift during which use is made of manual or mechanical restraint. Attachment C is incorporated into this Agreement by reference.

Section VI.A.

| Evaluation Criteria | Person Responsible | Documentation for Verification | Next Steps | Status | |
|--|---|---|--|--|----------|
| 29. Form 31032 was fully completed whenever use was made of manual or mechanical restraint. | Doug Seiler Roger Deneen Steve Jensen | Exhibit 9A, 9B, 9C, 9D, 9E, 9F, and 9G. 11-17-12 update (Exhibit 100) 1-17-13 update During the interval of this status report there were no instances of the use of emergency restraint. During the interval of this status report there were 6 instances of 911 calls. | 1-17-13 update See EC #6 Beginning 1-1-13 the department initiated an emergency reporting structure around PRN medications and 911 calls consistent with the reporting of emergency use of manual restraints. | Department anticipates requesting release from judicial oversight on 3-5-13. | A |
| 30. For each use, Form 31032 was timely completed, that is, by the end of the shift. | Doug Seiler Roger Deneen Steve Jensen | Exhibit 9A, 9B, 9C, 9D, 9E, 9F, and 9G. | 1-17-13 update See EC #6 | Department anticipates requesting release | A |

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|---|---|---|------------------------------------|--|----------|
| | | 11-17-12 update (Exhibit 100) 1-17-13 update During the interval of this status report there were no instances of the use of emergency restraint. | | from judicial oversight on 3-5-13. | |
| 31. Each Form 31032 indicates that no prohibited restraint was used. | Doug Seiler Roger Deneen Steve Jensen | Exhibit 9A, 9B, 9C, 9D, 9E, 9F, and 9G. 11-17-12 update (Exhibit 100) 1-17-13 update During the interval of this status report there were no instances of the use of emergency restraint. | 1-17-13 update See EC #6 | Department anticipates requesting release from judicial oversight on 3-5-13. | A |

DOCUMENTATION / ADDITIONAL INFORMATION: See supplemental material.

VI.B. RESTRAINT REPORTING AND MANAGEMENT – 24 HOURS TO REPORT

B. DHS shall undertake reasonable efforts to submit within twenty four (24) hours, but no later than one (1) business day, the completed METO Form 31032 by electronic means, fax or personal delivery, to the following: a. Office of Health Facility Complaints ("OHFC"); b. Ombudsman for Mental Health and Developmental Disabilities; c. DHS Licensing; d. DHS Internal Reviewer; e. Client's family and/or legal representative; f. Case manager; g. Plaintiffs' counsel.

Section VI.B.

| Evaluation Criteria | Person Responsible | Documentation for Verification | Next Steps | Status | |
|---|---|---|------------------------------------|--|----------|
| Within 24 hours, and no later than one business day, Form 31032 in each instance was submitted to: | Doug Seiler Roger Deneen Steve Jensen | Exhibits 9A, 9B, 9C, 9D, 9E, 9F, and 9G. 11-17-12 update (Exhibit 100) On October 25 th the SOS received a correction order from DHS Licensing Division (Exhibit 99) 1-17-13 update During the interval of this status report there were no instances of the use of emergency restraint. | 1-17-13 update See EC #6 | | |
| 32. ... Office of Health Facility Compliance | Doug Seiler Roger Deneen Steve Jensen | Exhibits 9A, 9B, 9C, 9D, 9E, 9F, and 9G. 1-17-13 update During the interval of this status report there were no instances of the use of emergency restraint. | 1-17-13 update See EC #6 | Department anticipates requesting release from judicial oversight on 3-5-13. | A |

| | | | | | |
|--|---|--|------------------------------------|---|----------|
| 33. ... Ombudsman for MH & DD | Doug Seiler Roger Deneen Steve Jensen | Exhibits 9A, 9B, 9C, 9D, 9E, 9F, and 9G. 1-17-13 update During the interval of this status report there were no instances of the use of emergency restraint. | 1-17-13 update See EC #6 | Department anticipates requesting release from judicial oversight on 3- 5-13. | A |
| 34. ... DHS Licensing | Doug Seiler Roger Deneen Steve Jensen | Exhibits 9A, 9B, 9C, 9D, 9E, 9F, and 9G. 1-17-13 update During the interval of this status report there were no instances of the use of emergency restraint. | 1-17-13 update See EC #6 | Department anticipates requesting release from judicial oversight on 3- 5-13. | A |
| 35. ... DHS Internal Reviewer | Doug Seiler Roger Deneen Steve Jensen | Exhibits 9A, 9B, 9C, 9D, 9E, 9F, and 9G. 1-17-13 update During the interval of this status report there were no instances of the use of emergency restraint. | 1-17-13 update See EC #6 | Department anticipates requesting release from judicial oversight on 3- 5-13. | A |
| 36. ... Client's family and/or legal representative | Doug Seiler Roger Deneen Steve Jensen | Exhibits 9A, 9B, 9C, 9D, 9E, 9F, and 9G. 1-17-13 update During the interval of this status report there were no instances of the use of emergency restraint. | 1-17-13 update See EC #6 | Department anticipates requesting release from judicial oversight on 3- 5-13. | A |

| | | | | | |
|------------------------------------|---|--|------------------------------------|---|----------|
| 37. ... Case manager | Doug Seiler Roger Deneen Steve Jensen | Exhibits 9A, 9B, 9C, 9D, 9E, 9F, and 9G. 1-17-13 update During the interval of this status report there were no instances of the use of emergency restraint. | 1-17-13 update See EC #6 | Department anticipates requesting release from judicial oversight on 3- 5-13. | A |
| 38. ... Plaintiffs' counsel | Doug Seiler Roger Deneen Steve Jensen | Exhibits 9A, 9B, 9C, 9D, 9E, 9F, and 9G. 1-17-13 update During the interval of this status report there were no instances of the use of emergency restraint. | 1-17-13 update See EC #6 | Department anticipates requesting release from judicial oversight on 3- 5-13. | A |

VI.C. RESTRAINT REPORTING AND MANAGEMENT – NOT REPLACE OTHER

C. The reporting requirements in this Section VI shall not replace any other applicable requirement for incident reporting, investigation, analysis and follow up.

Section VI.C.

| Evaluation Criteria | Person Responsible | Documentation for Verification | Next Steps | Status | |
|---|---|--|------------------------------------|---|----------|
| 39. Those other reports, investigations, analyses and follow up were made in each case of restraint use. | Doug Seiler Roger Deneen Steve Jensen | There have been no reports of suspected abuse or neglect pertaining to the 1 incident of the use of emergency restraint. 1-17-13 update During the interval of this status report there were no instances of the use of emergency restraint. | 1-17-13 update See EC #6 | Department anticipates requesting release from judicial oversight on 3- 5-13. | A |

VII.A. INTERNAL AND EXTERNAL REVIEW OF THE USE OF RESTRAINTS – INTERNAL REVIEWER

In order to monitor the Facility's use of manual and mechanical restraints, the Department will utilize one of its qualified employees as an internal reviewer and shall fund the costs of the external reviewer within the Office of Health Facility Complaints.

A. Internal Reviewer.

1. The Department shall designate one employee with responsibility for monitoring the Facility's use of restraints ("internal reviewer"). Presently this is Richard S. Amado, Ph.D., Director of the Department's Office for Innovation in Clinical and Person Centered Excellence, whose duties include a focus on the elimination of restraints.
2. The Facility shall complete METO Form 31032 and provide it to the internal reviewer, and all others listed in Section VI. B., above, within twenty-four (24) hours of the use of manual or mechanical restraint. 3. The internal reviewer shall consult with staff at the Facility in order to assist eliminating the use of manual and mechanical restraints.

Section VII.A.

| Evaluation Criteria | Person Responsible | Documentation for Verification | Next Steps | Status | |
|--|-----------------------------|--|----------------------------|--|---|
| 40. DHS designated one employee (Richard S. Amado, Ph.D.) with responsibility for monitoring the Facility's use of restraints as the Internal Reviewer. | Doug Seiler Steve Jensen | Position description for internal expert (Exhibit 40A) | Continue monitoring | Completed 3-9-11 Department anticipates requesting release from judicial oversight on 3-5-13. | A |

| | | | | | |
|---|-----------------------------|--|--|--|---|
| 41. The Facility provided Form 31032 to the Internal Reviewer within 24 hours of the use of manual or mechanical restraint | Doug Seiler Steve Jensen | Exhibits 9A, 9B, 9C, 9D, 9E, 9F, and 9G 11-17-12 update (Exhibit 99) (Exhibit 100) 1-17-13 update During the interval of this status report there were no instances of the use of emergency restraint. | Continue monitoring | Department anticipates requesting release from judicial oversight on 3-5-13. | A |
| 42. The Internal Reviewer consulted with Facility staff to assist eliminating the use of manual and mechanical restraints. | Rick Amado | Use of Manual Restraint Review included in Exhibits 9A, 9B, 9C, 9D, 9E, 9F, and 9G 11-17-12 update (Exhibit 100) 1-17-13 update During the interval of this status report there were no instances of the use of emergency restraint. The Internal Reviewer's monthly report for November and December provided follow-up on previous episodes of restraint. (Exhibit 115) | Discuss with parties and monitor 8-20-12 11-17-12 update The Department, with input from the Monitor and Plaintiffs' counsel, has expanded the role of the Internal Reviewer. (Exhibit 104) 1-17-13 Beginning November 2012 the Internal Reviewer is completing a summary of monthly activities including the application of Olmstead principles in transition planning. | Department anticipates requesting release from judicial oversight on 6-5-13. | A |

“Facility: Facility means the Minnesota Extended Treatment Options ("METO") program, its Cambridge, Minnesota successor, and the two new adult foster care transitional homes to which residents of METO have been or may be transferred.” Sec. III.B.

VII.B. INTERNAL AND EXTERNAL REVIEW OF THE USE OF RESTRAINTS – EXTERNAL REVIEWER

B. External Reviewer.

1. The external reviewer will be approved by Plaintiffs and Defendants before hire and will be an employee of the Office of Health Facility Complaints, Minnesota Department of Health and shall have full enforcement authority consistent with the Office of Health Facility Complaints, as set forth in Minn. Stat. § 144A.53, et. seq.
2. DHS will fund the costs of the external reviewer.
3. The external reviewer will have the following credentials:
 - a. Ph.D. in psychology, education, clinical social work, or a related field;
 - b. Certification or eligible for certification as a Board certified Behavior Analyst at the Doctoral level;
 - c. Experience in person centered planning;
 - d. Experience using the integration of diagnostic findings, assessment results and intervention recommendations across disciplines in order to create an individual program plan;
 - e. Experience and demonstrated competence in the empirical evaluation of mood and behavior altering medications.
4. Every three (3) months, the external reviewer shall issue a written report informing the Department whether the Facility is in substantial compliance with this Agreement and the policies incorporated herein. The report shall enumerate the factual basis for its conclusion and may make recommendations and offer technical assistance. The external reviewer shall provide Plaintiffs and the Department with a draft report. The Plaintiffs and the Department will have fifteen (15) business days to provide written comment. The external reviewer's final report shall be issued to Plaintiffs and the Department thereafter.
5. The external reviewer shall issue quarterly reports to the Court for the duration of this Agreement. The reports shall describe whether the Facility is operating consistent with best practices, and with this Agreement. The external reviewer's reports shall be filed on the Court's public electronic court filing system, or any successor system, with appropriate redaction of the identities of residents or other personal data information that is statutorily protected from public disclosure.
6. The external reviewer shall not be a "Special Master" nor "Court Appointed Monitor." The external reviewer shall have full enforcement authority consistent with the Office of Health Facility Complaints' authority set forth in Minn. Stat. § 144A.53, et. seq.
7. In addition to the external reviewer's authority described above, the following shall have access to the Facility and its records, including of residents for the purpose of ascertaining whether the Facility is complying with this Agreement: a. The Office of Ombudsman for Mental Health and Developmental Disabilities, consistent with its authority under Minn. Stat. § 245.94. This Settlement Agreement shall be deemed adequate basis for the Office of Ombudsman to exercise its powers under Minn. Stat. § 245.94, subd. 1. b. The Disability Law Center, consistent with its authority under 42 U.S.C. § 15043. This Settlement Agreement shall be deemed adequate basis for the Disability Law Center, as the designated Protection and Advocacy organization in Minnesota, to exercise its authority under 42 U.S.C. § 15043. c. Plaintiffs' counsel, upon notice to and coordination with, the Minnesota Attorney General's Office and pursuant to the Protective Order in this case.

Section VII.B.

| Evaluation Criteria | Person Responsible | Documentation for Verification | Next Steps | Status | |
|--|---------------------------|--|---|--|----------|
| 43. There is an External Reviewer. | Minnesota Dept. of Health | The External Reviewer is not in place. | <p>Recruitment is ongoing</p> <p>11-17-12 update The parties have agreed to modify the settlement agreement allowing the Monitor to perform the external reviewer duties. The Monitor is drafting language to submit to the court.</p> <p>1-17-13 update The parties are preparing a stipulation for court approval regarding the same.</p> | <p>See discussion between the parties and court monitor 9-20-12.</p> <p>1-17-13 update The parties are preparing a stipulation for court approval regarding the same.</p> | A |
| 44. The External Reviewer was approved by the Plaintiffs and Defendants before hire. | Minnesota Dept. of Health | | See EC#43 | | A |
| 45. The External Reviewer is an employee of the Office of Health Facility Complaints, Minnesota Department of Health. | Minnesota Dept. of Health | | See EC#43 | | A |
| 46. The External Reviewer has full enforcement authority consistent with the Office of Health Facility Complaints' authority, as set forth in Minn. Stat. § 144A.53, et. seq. | Minnesota Dept. of Health | | See EC#43 | | A |

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|--|---------------------------|-------------------------------------|-----------|-----------|----------|
| 47. DHS funds the costs of the external reviewer. | | Interagency Agreement (Exhibit 47A) | See EC#43 | Completed | A |
| 48. The External Reviewer has all the following credentials: a. Ph.D. in psychology, education, clinical social work, or a related field; b. Certification or eligible for certification as a Board certified Behavior Analyst at the Doctoral level; c. Experience in person centered planning; d. Experience using the integration of diagnostic findings, assessment results and intervention recommendations across disciplines in order to create an individual program plan; e. Experience and demonstrated competence in the empirical evaluation of mood and behavior altering medications. | Minnesota Dept. of Health | | See EC#43 | | A |
| 49. After providing Plaintiffs and the Department the opportunity to review and comment on a draft, the External Reviewer issued written quarterly reports (beginning 3/5/12) informing the Department whether the Facility is in substantial compliance with the Agreement and the incorporated policies, enumerating the factual basis for its conclusions. | Minnesota Dept. of Health | | See EC#43 | | A |

| | | | | | |
|---|--|--|---------------------|---|----------|
| 50. There are recommendations and offers of technical assistance. | Minnesota Dept. of Health | | See EC#43 | | A |
| 51. The External Reviewer filed the quarterly reports with the Court. | Minnesota Dept. of Health | | See EC#43 | | A |
| 52. 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' counsel. | Doug Seiler Roger Deneen Steve Jensen | <p>There have been no reports from the Ombudsman, Disability Law Center, or Plaintiff's counsel regarding problems in accessing the programs.</p> <p>11-17-12 update There have been no reports from the Ombudsman, Disability Law Center, or Plaintiff's counsel regarding problems in accessing the programs.</p> <p>1-17-13 update There have been no reports from the Ombudsman, Disability Law Center, or Plaintiff's counsel regarding problems in accessing the programs.</p> | Continue monitoring | <p>Maintaining Compliance</p> <p>Requested release from judicial oversight on 12-6-12</p> | A |

| | | | | | |
|---|--|--|--|--|----------|
| 53. The following exercised their access authority: The Office of Ombudsman for Mental Health and Developmental Disabilities, The Disability Law Center, and Plaintiffs' counsel | The Office of Ombudsman for Mental Health and DD, The Disability Law Center, and Plaintiffs' counsel | | | | A |
|---|--|--|--|--|----------|

“Best Practices: Best practices means generally accepted professional standards.” Section III.E.

DOCUMENTATION / ADDITIONAL INFORMATION: See supplemental material.

VIII. TRANSITION PLANNING

The State shall undertake 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. The State shall actively pursue the appropriate discharge of residents and provide them with adequate and appropriate transition plans, protections, supports, and services consistent with such person's individualized needs, in the most integrated setting and where the individual does not object. Each resident and the resident's family and/or legal representative shall be 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 prefers. To foster each resident's self-determination and independence, the State shall use 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. Each resident shall be given the opportunity to express a choice regarding preferred activities that contribute to a quality life. The State shall undertake best efforts to provide each resident with reasonable placement alternatives. It is the State's goal that all residents be served in integrated community settings with adequate protections, supports, and other necessary resources which are identified as available by service coordination. This paragraph shall be implemented in accord with the U.S. Supreme Court's decision in *Olmstead v. L.C.*, [527 U.S. 582](#) (1999).

Section VIII.

| Evaluation Criteria | Person Responsible | Documentation for Verification | Next Steps | Status | |
|--|--|--|--|--|----------------|
| 54. The State has undertaken 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. | Doug Seiler Roger Deneen Alex Bartolic Steve Jensen | <p>List of individuals discharged from MSHS Cambridge since 12-5-11 (Exhibit 54A). Of the fourteen people nine had formal discharge plans. Three individuals were transferred and two individuals were taken to jails.</p> <p>Individual's treatment plan and discharge plan (Exhibits 54B, 54C, 54D, 54E, 54F, 54G, 54H, 54I, 54J)</p> <p>11-17-12 update Two individuals were transitioned to the community during this review period. RW was discharged on 10-5-12 with a length of stay of 149 days. NK was discharged on 10-26-12 with a length of stay of 1064 days.</p> <p>1-17-13 update Two individuals were discharged from MSHS-Cambridge.</p> <p>JH was under the jurisdiction of the criminal court and was ordered transferred to jail. His length of stay was 8 days. (Exhibit 116A)</p> <p>RS was hospitalized due to psychiatric illness and was subsequently</p> | <p>11-17-12 update The expanded role of the Internal Reviewer includes the examination of the transition process and recommendations to Departmental leadership on any changes necessary to improve the process in accordance with section VIII if the Settlement (Exhibit 104)</p> <p>1-17-13 update The Department is continuing to plan for improving the transition planning process before, during and after placement in the MSHS-Cambridge program. Input will be sought from Plaintiffs' consultants. Anticipated full implementation of the revised transition planning process is 3-31-13. See EC #6</p> | Department anticipates requesting release from judicial oversight on 6-5-13. | T S |

| | | | | | |
|---|--|---|---|--|----------------|
| | | committed as Mentally Ill. His length of stay was 5 days. (Exhibit 116B) | The Internal Reviewer's December report raised questions about Olmstead practices related to these 2 individuals. This will be addressed in the transition planning process as referred to above. | | |
| 55. The State actively pursued 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 where the individual does not object. | Doug Seiler Roger Deneen Alex Bartolic Steve Jensen | Individual's treatment plan and discharge plan (Exhibits 54B, 54C, 54D, 54E, 54F, 54G, 54H, 54I, 54J) 1-17-13 update Two individuals were discharged from MSHS-Cambridge. JH was under the jurisdiction of the criminal court and was ordered transferred to jail. His length of stay was 8 days. (Exhibit 116A) RS was hospitalized due to psychiatric illness and was subsequently committed as Mentally Ill. His length of stay was 5 days. (Exhibit 116B) | 11-17-12 update The independent reviewer will be recommending to the program to add a transition plan section to the intake process. The practice will be instituted and reported on in the next bimonthly defendant's status report. 1-17-13 update See EC #6 | Department anticipates requesting release from judicial oversight on 6-5-13. | T S |
| 56. Each resident and the resident's family and/or legal representative 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. | Doug Seiler Roger Deneen Alex Bartolic Steve Jensen | Individual's treatment plan and discharge plan (Exhibits 54B, 54C, 54D, 54E, 54F, 54G, 54H, 54I, 54J) 1-17-13 update Exhibit 116A, 116B | 1-17-13 update See EC #6 | Department anticipates requesting release from judicial oversight on 6-5-13. | T S |

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|--|--|---|------------------------------------|--|----------------------|
| 57. To foster each resident's self-determination and independence, the State used 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. | Doug Seiler Roger Deneen Alex Bartolic Steve Jensen | Individual's treatment plan and discharge plan (Exhibits 54B, 54C, 54D, 54E, 54F, 54G, 54H, 54I, 54J) 1-17-13 update Exhibit 116A, 116B | 1-17-13 update See EC #6 | Department anticipates requesting release from judicial oversight on 6-5-13. | T S |
| 58. Each resident has been given the opportunity to express a choice regarding preferred activities that contribute to a quality life. | Doug Seiler Roger Deneen Alex Bartolic Steve Jensen | Individual's treatment plan and discharge plan (Exhibits 54B, 54C, 54D, 54E, 54F, 54G, 54H, 54I, 54J) 1-17-13 update Exhibits 116A, 116B | 1-17-13 update See EC #6 | Department anticipates requesting release from judicial oversight on 6-5-13. | T S |
| 59. The State undertakes best efforts to provide each resident with reasonable placement alternatives. | Doug Seiler Roger Deneen Alex Bartolic Steve Jensen | Individual's treatment plan and discharge plan (Exhibits 54B, 54C, 54D, 54E, 54F, 54G, 54H, 54I, 54J) 1-17-13 update Exhibit 116A, 116B | 1-17-13 update See EC #6 | Department anticipates requesting release from judicial oversight on 6-5-13. | T S |
| 60. The provisions under this Section have been implemented in accord with the <i>Olmstead</i> decision. | Doug Seiler Roger Deneen Alex Bartolic Steve Jensen | Individual's treatment plan and discharge plan (Exhibits 54B, 54C, 54D, 54E, 54F, 54G, 54H, 54I, 54J) 1-17-13 update Exhibit 116A, 116B | 1-17-13 update See EC #6 | Department anticipates requesting release from judicial oversight on 6-5-13. | T S |

IX.A. OTHER PRACTICES AT THE FACILITY – STAFF TRAINING

A. The Facility treatment staff shall receive training in positive behavioral supports, person centered approaches, therapeutic interventions, personal safety techniques, crisis intervention, and post crisis evaluation. The training is explained more fully in Attachment B which is incorporated into this Agreement by reference. All training shall be 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>) (February, 2007).

Section IX.A.

| | | | | | |
|--|---|--|---|--|----------|
| 61. Facility treatment staff received training in positive behavioral supports, person centered approaches, therapeutic interventions, personal safety techniques, crisis intervention, and post crisis evaluation. | Doug Seiler Roger Deneen Steve Jensen | <p>The training curriculum includes positive behavioral supports, person centered thinking, person centered, team work, prevention and crisis response, medically monitored restraint, personal safety techniques, and critical action review experience (Exhibit 61 A)</p> <p>11-17-12 update Upon review of the first Bimonthly report the Monitor identified that training in the area of person centered planning was deficient by 3 hours. (Exhibit 105)</p> <p>1-17-13 update Exhibit 117 - Training transcripts</p> | <p>Continue staff training</p> <p>11-17-12 update The Department has scheduled an additional training for 11-21-12 and 11-28-12 to ensure all staff has the required 16 hour training. This 3 hour component will include:</p> <ul style="list-style-type: none"> • Review and practice with the Person Centered Thinking tool “Important To/Important For” • Review and practice with the Person Centered Thinking tool “ Working/ Not Working” • Review using Working/Not Working to inform Important To/Important For • Review of the Person Centered Thinking activity “Trust, Respect, | Department anticipates requesting release from judicial oversight on 3-5-13. | S |
|--|---|--|---|--|----------|

| | | | | | |
|--|---|-----------------------------------|--|--|----------|
| | | | and Partnership”. | | |
| | | | All staff new to the program will receive the complete 16 hour training in Person Centered Thinking. | | |
| 62. This training was consistent with applicable best practices, including but not limited to the Association of Positive Behavior Supports, <i>Standards of Practice for Positive Behavior Supports</i> (http://apbs.org) (February, 2007) | Doug Seiler Roger Deneen Steve Jensen | Training curriculum (Exhibit 61A) | The initial round of training is complete and the number of hours meets the 16 hours required in the Settlement Agreement. Staff will receive the training when newly hired and annually thereafter. | Department anticipates requesting release from judicial oversight on 3-5-13. | S |

DOCUMENTATION / ADDITIONAL INFORMATION: See supplemental material.

IX.B. OTHER PRACTICES AT THE FACILITY – HOURS OF TRAINING

B. 1. Staff at the Facility shall receive the specified number of hours of training subsequent to September 1, 2010 and prior to December 31, 2011: Therapeutic interventions (8 hours); Personal safety techniques (8 hours); Medically monitoring restraint (1 hour). Staff at the Facility shall not be eligible to impose restraint until the above specified training has been completed and then only certain restraints in an emergency as set forth in Attachment A to this Agreement, "Therapeutic Interventions And Emergency Use Of Personal Safety Techniques."

2. Staff at the Facility shall receive the specified number of hours of training subsequent to September 1, 2010 and prior to March 31, 2012: Person centered planning and positive behavior supports at least sixteen (16) hours on person centered thinking/planning), (40 hours); Post Crisis Evaluation and Assessment, (4 hours).

Section IX.B.

| Evaluation Criteria | Person Responsible | Documentation for Verification | Next Steps | Status | |
|---|---|--|---|--|----------|
| 63. Facility staff receive the specified number of hours of training subsequent to September 1, 2010 and prior to December 31, 2011: Therapeutic interventions (8 hours); Personal safety techniques (8 hours); Medically monitoring restraint (1 hour). | Doug Seiler Roger Deneen Steve Jensen | Staff training transcripts (Exhibit 63A) 11-17-12 update (Exhibit 105) 1-17-13 update Exhibit 117 - Training transcripts | 11-17-12 update A review of staff training records has been completed. Staff without the necessary training in therapeutic interventions, personal safety techniques, and medically monitored restraint are scheduled for training to be completed prior to 12-31-12. Until this training is complete they are not authorized to participate in the emergency use of restraint. 1-17-13 update Staff will receive the training when newly hired and annually thereafter. | Department anticipates requesting release from judicial oversight on 3-5-13. | S |

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| <p>64. For each instance of restraint, all staff involved in imposing restraint received all the above training.</p> | <p>Doug Seiler Roger Deneen Steve Jensen</p> | <p>DHS form 3652 Exhibit 9A, 9B, 9C, 9D, 9E, 9F, and 9G.</p> <p>Staff training transcripts (Exhibit 63A)</p> <p>11-17-12 update (Exhibit 105)</p> <p>1-17-13 update Exhibit 117 - Training transcripts</p> <p>There were no restraints during this reporting period.</p> | <p>Continue to monitor.</p> <p>11-17-12 update</p> <p>A review of staff training records has been completed. Staff without the necessary training in therapeutic interventions, personal safety techniques, and medically monitored restraint are scheduled for training to be completed prior to 12-31-12. Until this training is complete they are not authorized to participate in the emergency use of restraint.</p> <p>1-17-13 update Staff will receive the training when newly hired and annually thereafter.</p> | <p>Department anticipates requesting release from judicial oversight on 3-5-13.</p> | <p>S</p> |
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| <p>65. Facility staff receive the specified number of hours of training subsequent to September 1, 2010 and prior to March 31,2012: Person centered planning and positive behavior supports at least sixteen (16) hours on person centered thinking/planning), (40 hours); Post Crisis Evaluation and Assessment, (4 hours)</p> | <p>Doug Seiler Roger Deneen Steve Jensen</p> | <p>Staff training transcripts (Exhibit 63A)</p> <p>11-17-12 update Upon review of the first Bimonthly report the Monitor identified that training in the area of person centered planning was deficient by 3 hours. (Exhibit 105)</p> <p>1-17-13 update Exhibit 117 - Training transcripts</p> | <p>11-17-12 update The Department has scheduled an additional training for 11-21-12 and 11-28-12 to ensure all staff has the required 16 hour training. This 3 hour component will include:</p> <ul style="list-style-type: none"> • Review and practice with the Person Centered Thinking tool “Important To/Important For” • Review and practice with the Person Centered Thinking tool “ Working/Not Working” • Review using Working/Not Working to inform Important To/Important For • Review of the Person Centered Thinking activity “Trust, Respect, and Partnership”. <p>All staff new to the program will receive the complete 16 hour training in Person Centered Thinking.</p> <p>1-17-13 update Staff will receive the training when newly hired and annually thereafter.</p> | <p>Department anticipates requesting release from judicial oversight on 3-5-13.</p> | <p>S</p> |
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DOCUMENTATION / ADDITIONAL INFORMATION: See supplemental material.

IX.C. OTHER PRACTICES AT THE FACILITY – VISITOR POLICY

C. Visitor Policy. The State and DHS shall permit residents unscheduled and scheduled visits with immediate family and/or guardians, at reasonable hours, unless the Interdisciplinary Team (IDT) reasonably determines the visit is contraindicated. Visitors shall be 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. Residents shall be allowed to visit with immediate family members and/or guardians in private without staff supervision, unless the IDT reasonably determines this is contraindicated.

Section IX.C.

| Evaluation Criteria | Person Responsible | Documentation for Verification | Next Steps | Status | |
|--|---|---|--|--|----------|
| 66. 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. | Doug Seiler Roger Deneen Steve Jensen | 9-17-12 update Facility procedure on Client Care and Visitor Procedure 15899 (Exhibit 66A) 11-17-12 Update Policy was revised and implemented (Exhibit 106) 1-17-13 Update Exhibit 118- Visitor log | 9-17-12 update Current procedure is being revised 11-17-12 update Continue to monitor 1-17-13 update Questions were raised by the Plaintiffs' consultants about provisions of the policy including the ability for the resident to receive gifts. The Department will work with the consultants to understand where the issues are and as necessary modify the policy. | Department anticipates requesting release from judicial oversight on 3-5-13. | S |

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| 67. 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. | Doug Seiler Roger Deneen Steve Jensen | Facility procedure on Client Care and Visitor Procedure 15899 (Exhibit 66A) 11-17-12 Update Policy was revised and implemented (Exhibit 106) 1-17-13 Update During the interval of this status report there were no complaints regarding visitor access to resident's living areas. Exhibit 118 - Visitor log | Continue to monitor 1-17-13 update See EC#5 | Department anticipates requesting release from judicial oversight on 3-5-13. | S |
| 68. 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. | Doug Seiler Roger Deneen Steve Jensen | Facility procedure on Client Care and Visitor Procedure 15899 (Exhibit 66A) 11-17-12 Update Policy was revised and implemented (Exhibit 106) 1-17-13 Update During the interval of this status report there were no complaints regarding visits allowed in private. Exhibit 118 - Visitor log | Continue to monitor 1-17-13 update See EC#5 | Department anticipates requesting release from judicial oversight on 3-5-13. | S |

DOCUMENTATION / ADDITIONAL INFORMATION: See supplemental material.

IX.D. OTHER PRACTICES AT THE FACILITY – NO INCONSISTENT PUBLICITY

D. Upon Court approval of this Agreement, the State and DHS will discontinue any marketing of, recruitment or publicity inconsistent with the mission of the Facility.

Section IX.D.

| Evaluation Criteria | Person Responsible | Documentation for Verification | Next Steps | Status | |
|---|---|---------------------------------------|---|--|----------|
| 69. There is marketing, recruitment and publicity does regarding the Facility. | | (Exhibit 2A) | 11-17-12 update In discussion at the 11-14-12 Parties meeting the Department agreed to revise the draft bulletin to emphasize early intervention through CSS and the use of the MSHS –Cambridge program as a crisis intervention for evaluation and stabilization. The final draft bulletin will be shared with Plaintiff’s counsel, and consultants then issues by 12-15-12. 1-17-13 update See EC#2 regarding Bulletin | Department anticipates requesting release from judicial oversight on 3-5-13. | S |
| 70. The facility has a mission consistent with the Settlement Agreement. | Doug Seiler Roger Deneen Steve Jensen | (Exhibit 2A) | 1-17-13 update See EC#2 regarding Bulletin | Department anticipates requesting release from judicial oversight on 3-5-13. | S |

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| 71. The recruitment, publicity and marketing are consistent with the mission. | Doug Seiler Roger Deneen Steve Jensen | (Exhibit 2A) | 1-17-13 update See EC#2 regarding Bulletin | Department anticipates requesting release from judicial oversight on 3-5-13. | S |
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DOCUMENTATION / ADDITIONAL INFORMATION: See supplemental material.

IX.E. OTHER PRACTICES AT THE FACILITY – POSTING REQUIREMENTS

E. Pursuant to Minn. Stat. § 144.652, subd. 1, the Facility shall continue to post the Health Care Bill of Rights, the name and phone number of the person within the Facility to whom inquiries about care and treatment may be directed, and a brief statement describing how to file a complaint with the Office of Health Facility Complaints, including the address and phone number of that office.

Section IX.E.

| Evaluation Criteria | Person Responsible | Documentation for Verification | Next Steps | Status | |
|--|---|---|---|--|----------|
| 72. The Facility continues to post the Health Care Bill of Rights, the name and phone number of the person within the Facility to whom inquiries about care and treatment may be directed, and a brief statement describing how to file a complaint with the Office of Health Facility Complaints, including the address and phone number of that office. | Doug Seiler Roger Deneen Steve Jensen | The program provides a client hand book (Exhibit 72A) which includes the health care bill of rights and how to contact the Office of Health Facility Complaints and the Ombudsman for Mental Health and Developmental Disabilities. Additionally the program posts this information in the living areas. | 1-17-13 update Awaiting response from monitor regarding request for release from judicial oversight | Maintaining Compliance Requested release from judicial oversight on 12-6-12 | S |

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| 73. The Health Care Bill of Rights posting is in a form and with content which is understandable by residents and family/guardians. | Doug Seiler Roger Deneen Steve Jensen | (Exhibit 72A) | 1-17-13 update Awaiting response from monitor regarding request for release from judicial oversight | Maintaining Compliance Requested release from judicial oversight on 12-6-12 | S |
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DOCUMENTATION / ADDITIONAL INFORMATION: See supplemental material.

X.A. SYSTEM WIDE IMPROVEMENTS – EXPANSION OF COMMUNITY SUPPORT SERVICES**A. Expansion of Community Support Services.**

1. *The provisions below on long term monitoring, crisis management, and training represent the Department's goals and objectives; they do not constitute requirements. [ITALICS ADDED]* State Operated Community Support Services ("CSS") will be expanded in an effort to deliver the right care at the right time in the most integrated setting for individuals with developmental disabilities. The expansion of this service will allow 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).

“goals & objectives;” not requirements

- a. *Long term monitoring. CSS will 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 prevent multiple transfers within the system. Approximately seventy five (75) individuals will be targeted for long term monitoring.*
- b. *Crisis management. Intervention and technical assistance will be provided where the consumer lives, strengthening the capacity for the clinic to serve clinically complex individuals in their homes. CSS mobile wrap-around response teams will be located across the state for proactive response to maintain living arrangements. The maximum time for CSS to arrange a crisis intervention will be three (3) hours from the time the parent or legal guardian authorizes CSS' involvement. CSS will partner with Community Crisis Intervention Services to maximize support, complement strengths, and avoid duplication. CSS will provide augmentative training, mentoring and coaching.*
- c. *Training. CSS will provide 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. Mentoring and coaching as methodologies will be targeted to prepare for increased community capacity to support individuals in their community. [ITALICS ADDED]*

2. Expansion of CSS will begin in February of 2011 with an estimated completion date of June 30, 2011. This increase will be an additional fourteen (14) full time equivalent positions which will equate to fifteen (15) people. The proposed positions are as follows: Two (2) Behavior Analyst 3 positions; One (1) Community Senior Specialist 3; Two (2) Behavior Analyst 1; Five (5) Social Worker Specialist positions; and Five (5) Behavior Management Assistants. Total cost of salaries for these staff is estimated by DHS to be eight hundred twenty three thousand dollars (\$823,000). The estimated cost of equipment and space is estimated by DHS to be one hundred seven thousand eight hundred dollars (\$107,800). The term “behavior analyst” refers to individuals with requisite educational background, experience, and credentials recognized by national associations such as the Association of Professional Behavior Analysts.

Section X.A.

| Evaluation Criteria | Person Responsible | Documentation for Verification | Next Steps | Status | |
|--|--------------------|---|---|--|----------|
| 74. 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 <i>Olmstead v. L.C.</i>, <u>527 U.S. 582</u> (1999). | Doug Seiler | <p>Settlement Agreement Tracking: Community Support Services Areas document August 30, 2012 (Exhibit 74A)</p> <p>This document includes data from July 2011 through August 2012</p> <p>11-17-12 update (Exhibit 107)</p> <p>1-17-13 update Settlement Agreement Tracking: Community Support Services Areas document December 12, 2012 (Exhibit 119)</p> | <p>1-17-13 update During discussion with Plaintiffs' Counsel and consultants the Department agreed to review the CSS activity to assess the use of positive behavioral supports, Olmstead principles, and in particular the principle of most integrated setting. Progress on this review will be reported in the next status report.</p> <p>CSS will continue to issue monthly report regarding CSS activities specified in the Settlement Agreement.</p> | Department anticipates requesting release from judicial oversight on 3-5-13. | S |

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|--|-------------|---|-------------|--|----------|
| 75. The State 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. | Doug Seiler | (Exhibit 74A) 11-17-12 update (Exhibit 107) 1-17-13 update (Exhibit 119) | See EC#74 | Department anticipates requesting release from judicial oversight on 3-5-13. | S |
| 76. Approximately seventy five (75) individuals are targeted for long term monitoring. | Doug Seiler | (Exhibit 74A) 11-17-12 update (Exhibit 107) The settlement agreement allows for 75 individuals to receive long-term monitoring. It should be noted that during fiscal year 2012 the average number was 27 and during fiscal year 2013 thus far the average is 33 per month. Although this is well below the projected 75, it appears that this may be the number of individuals with clinical and situational complexities who are at risk for admission into the Cambridge program. CSS is continuing to monitor. 1-17-13 update (Exhibit 119) | See EC # 74 | Department anticipates requesting release from judicial oversight on 3-5-13. | S |

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| 77. CSS mobile wrap-around response teams are located across the state for proactive response to maintain living arrangements. | Doug Seiler | (Exhibit 74A) 11-17-12 update (Exhibit 107) 1-17-13 update (Exhibit 119) | See EC #74 | Department anticipates requesting release from judicial oversight on 3-5-13. | S |
| 78. CSS arranges a crisis intervention within three (3) hours from the time the parent or legal guardian authorizes CSS' involvement. | Doug Seiler | (Exhibit 74A) 11-17-12 update (Exhibit 107) 1-17-13 update (Exhibit 119) | See EC #74 | Department anticipates requesting release from judicial oversight on 3-5-13. | S |
| 79. CSS partners with Community Crisis Intervention Services to maximize support, complement strengths, and avoid duplication. | Doug Seiler | (Exhibit 74A) 11-17-12 update (Exhibit 107) 1-17-13 update (Exhibit 119) | See EC #74 | Department anticipates requesting release from judicial oversight on 3-5-13. | S |
| 80. CSS provides augmentative training, mentoring and coaching | Doug Seiler | (Exhibit 74A) 11-17-12 update (Exhibit 107) 1-17-13 update (Exhibit 119) | See EC #74 | Department anticipates requesting release from judicial oversight on 3-5-13. | S |

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| 81. 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. | Doug Seiler | (Exhibit 74A) 11-17-12 update (Exhibit 107) 1-17-13 update (Exhibit 119) | See EC #74 | Department anticipates requesting release from judicial oversight on 3-5-13. | S |
| 82. CSS mentoring and coaching as methodologies are targeted to prepare for increased community capacity to support individuals in their community. | Doug Seiler | (Exhibit 74A) 11-17-12 update (Exhibit 107) 1-17-13 update (Exhibit 119) | See EC #74 | Department anticipates requesting release from judicial oversight on 3-5-13. | S |
| 83. An additional fourteen (14) full time equivalent positions (15 FTE) were added between February 2011 and June 30, 2011, configured as follows: <ul style="list-style-type: none"> • Two (2) Behavior Analyst 3 positions; • One (1) Community Senior Specialist 3; • Two (2) Behavior Analyst 1; • Five (5) Social Worker Specialist positions; • Five (5) Behavior Management Assistants | Doug Seiler | Staffing report August 2012 (Exhibit 83A). 11-17-12 update (Exhibit 108) 1-17-13 update (Exhibit 119) | Maintain current staff compliment 1-17-13 update Awaiting response from monitor regarding request for release from judicial oversight. The Department will increase CSS staffing by 5 FTE by 3-17-13. | Maintaining Compliance Requested release from judicial oversight on 12-6-12 | S |

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| 84. None of the identified positions are vacant. | Doug Seiler | <p>All positions are currently filled. (Exhibit 83A)</p> <p>11-17-12 update All positions are currently filled (Exhibit 108)</p> <p>1-17-13 update All positions are currently filled (Exhibit 119)</p> | <p>1-17-13 update Awaiting response from monitor regarding request for release from judicial oversight</p> | <p>Maintaining Compliance</p> <p>Requested release from judicial oversight on 12-6-12</p> | S |
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"The term 'behavior analyst' refers to individuals with requisite educational background, experience, and credentials recognized by national associations such as the Association of Professional Behavior Analysts." Sec. X.A.2.

DOCUMENTATION / ADDITIONAL INFORMATION: See supplemental material.

X.B. SYSTEM WIDE IMPROVEMENTS – OLMSTEAD PLAN

B. *Olmstead* Plan

1. Within sixty (60) days of the Court's approval of this Agreement, the Department will establish an *Olmstead* Planning Committee which will issue its public recommendations within ten (10) months of the Court's Order approving this Agreement. Within eighteen (18) months of the Court's approval of this Agreement, the State and the Department shall develop and implement a comprehensive *Olmstead* plan that uses 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 is consistent and in accord with the U.S. Supreme Court's decision in *Olmstead v. L.C.*, [527 U.S. 582](#) (1999).
2. The *Olmstead* Planning Committee must be comprised of no less than fifteen (15) members with demonstrated understanding of the spirit and intent of the *Olmstead* decision, best practices in the field of disabilities, and a longstanding commitment to systemic change that respects the human and civil rights of people with disabilities. The Committee must be comprised of stakeholders, including parents, independent experts, representatives of the Department, the Ombudsman for Mental Health and Developmental Disabilities, Minnesota Governor's Council on Developmental Disabilities, Minnesota Disability Law Center, Plaintiff's counsel, and others as agreed upon by the parties.

Section X.B.

| Evaluation Criteria | Person Responsible | Documentation for Verification | Next Steps | Status | |
|---|--------------------|---|--|--|----------|
| 85. An Olmstead Planning Committee was established by February 5, 2012 | Maureen O'Connell | <p>The Olmstead Planning Committee was established with the first meeting 3-7-12. (Exhibit 85A)</p> <p>The Committee's web site contains membership list, meeting schedules, meeting minutes and resource documents. (http://www.dhs.state.mn.us/Olmstead)</p> <p>(Exhibit 85B)</p> | <p>1-17-13 update Awaiting response from monitor regarding request for release from judicial oversight</p> | Completed. Requested release from judicial oversight on 12-6-12 | S |
| 86. The Committee's public recommendations were issued by October 5, 2012. | Maureen O'Connell | <p>Olmstead Planning Committee web site(Exhibit 85B)</p> <p>11-17-12 update (Exhibit 109)</p> | <p>1-17-13 update Awaiting response from monitor regarding request for release from judicial oversight.</p> | Completed. Requested release from judicial oversight on 12-6-12 | S |

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| <p>87. By June 5th, 2013, the State and the Department developed and implemented a comprehensive <i>Olmstead</i> plan that uses 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 <i>Olmstead v. L.C.</i>, <u>527 U.S. 582</u> (1999).</p> | <p>Maureen O'Connell</p> | <p>Olmstead Planning Committee web site (Exhibit 85B)</p> | <p>Continue monitoring</p> <p>11-17-12 update The Department has received the Committee's recommendations and is beginning the planning process for writing and implementing the Minnesota Olmstead Plan.</p> <p>The Olmstead Committee recommendation (Exhibit 109) is on the DHS website soliciting public comment.</p> <p>1-17-13 update The public comment period is completed. The Department is planning a process to include a Governor's Executive Order to establish a sub-cabinet and directing the sub-cabinet to develop the Olmstead Plan.</p> | <p>Department anticipates requesting release from judicial oversight on 6-5-13.</p> | <p>S</p> |
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| 88. The Olmstead Planning Committee is comprised of no less than fifteen (15) members with demonstrated understanding of the spirit and intent of the <i>Olmstead</i> decision, best practices in the field of disabilities, and a longstanding commitment to systemic change that respects the human and civil rights of people with disabilities, and with the required stakeholder representation. | Maureen O'Connell | Olmstead Planning Committee web site (Exhibit 85B) | 1-17-13 update Awaiting response from monitor regarding request for release from judicial oversight. | Completed Requested release from judicial oversight on 12-6-12 | S |
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“Best Practices: Best practices means generally accepted professional standards.” Section III.E.

DOCUMENTATION / ADDITIONAL INFORMATION: See supplemental material.

X.C. SYSTEM WIDE IMPROVEMENTS – RULE 40**C. Rule 40.**

1. Within sixty (60) days from the date of the Order approving this Agreement, the Department shall organize and convene a Rule 40 (Minn. R. 9525.2700-.2810) Advisory Committee ("Committee") comprised of stakeholders, including parents, independent experts, DHS representatives, the Ombudsman for Mental Health and Developmental Disabilities, the Minnesota Governor's Council on Developmental Disabilities, Minnesota Disability Law Center, Plaintiffs' counsel and others as agreed upon by the parties, to study, review and advise the Department on how to modernize Rule 40 to reflect current best practices, including, but not limited to 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, 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). The Committee's review of best practices shall include the Arizona Department of Economic Security, Division of Developmental Disabilities, Policy and Procedures Manual, Policy 1600 Managing Inappropriate Behaviors.
2. Within sixty (60) days from the date of the Court's approval of this Agreement, a public notice of intent to undertake administrative rule making will be issued.
3. DHS will not seek a waiver of Rule 40 for the Facility.

Section X.C.

| Evaluation Criteria | Person Responsible | Documentation for Verification | Next Steps | Status | |
|--|--------------------|--|---|---|----------|
| 89. By February 5, 2012, the Department convened a Rule 40 Advisory Committee with the designated membership approved by the parties. | Alex Bartolic | Rule 40 Committee web site http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_166534 (Exhibit 89) | 1-17-13 update Awaiting response from monitor regarding request for release from judicial oversight | Completed Requested release from judicial oversight on 12-6-12 | S |

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| <p>90. The function, operations and the product, of the Committee are to study, review and advise the Department on how to modernize Rule 40 to reflect current best practices, including, but not limited to 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, and development of an 'Olmstead Plan'" consistent with the U.S. Supreme Court's decision in <i>Olmstead v. L.C.</i>, <u>527 U.S. 582</u> (1999).</p> | <p>Alex Bartolic</p> | <p>Rule 40 Committee web site(Exhibit 89)</p> | <p>Continue monitoring</p> <p>11-17-12 update The Rule 40 sub committees have issued their recommendations pertaining to use of positive supports, person centered planning, prohibited procedures, implementation strategies, training, monitoring and oversight.</p> <p>The Department is drafting summary documents to be reviewed by the Committee to ensure the language captures the intent of the Committee.</p> <p>The Department will be drafting legislation to modify state statute 245D (licensing Act for Home and Community Based Waiver Services) that will incorporate Committee recommendations.</p> <p>1-17-13 update The Committee has submitted written comments to the Dept. The editing of the draft narrative report was completed 1-11-13 and forwarded to Colleen Wieck, Kay Hendrickson, and Anne Henry to review and then meet</p> | <p>Department anticipates requesting release from judicial oversight on 3-5-13.</p> | <p>S</p> |
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| | | | <p>with Dept. staff to do a final edit on 1-22-13. It is also being reviewed by two subject matter experts, Dr. Amado and Dr. Tim Moore.</p> <p>Following this the final draft will be sent to Committee members for review. Members will be surveyed to determine where the Committee agrees and where there is still need for discussion. This survey will help set the agenda for the final meeting of the Committee in early February. The recommendations should be issued shortly after.</p> | | |
| 91. The Committee's review of best practices included the Arizona Department of Economic Security, Division of Developmental Disabilities, Policy and Procedures Manual, Policy 1600 Managing Inappropriate Behaviors. | Alex Bartolic | Rule 40 Committee web site (Exhibit 89) | <p>1-17-13 update Awaiting response from monitor regarding request for release from judicial oversight.</p> | Completed Requested release from judicial oversight on 12-6-12 | S |
| 92. The Committee issued a public notice of intent to undertake administrative rule making by February 5, 2012. | Alex Bartolic | <p>Request for Comments On possible rule governing Aversive and deprivation procedures. (Exhibit 92) Rule 40 Committee web site (Exhibit 89)</p> | <p>1-17-13 update Awaiting response from monitor regarding request for release from judicial oversight.</p> | Completed Requested release from judicial oversight on 12-6-12 | S |

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| 93. DHS did not seek a waiver of Rule 40 for the Facility. | Doug Seiler Roger Deneen Steve Jensen | No licensing variance has been sought. | 1-17-13 update Awaiting response from monitor regarding request for release from judicial oversight. | Completed Requested release from judicial oversight on 12-6-12 | S |
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“Best Practices: Best practices means generally accepted professional standards.” Section III.E.

X.D. SYSTEM WIDE IMPROVEMENTS – MINNESOTA SECURITY HOSPITAL

D. Minnesota Security Hospital.

1. Within sixty (60) days upon Court approval of this Agreement, the State shall undertake 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. No later than July 1, 2011, there shall be no transfers or placements of persons committed solely as a person with a developmental disability to the Minnesota Security Hospital. This prohibition does not apply to persons with other forms of commitment, such as mentally ill and dangerous, mentally ill, chemically dependent, psychopathic personality, sexual psychopathic personality and sexually dangerous persons. Nor does this prohibition pertain to persons who have been required to register as a predatory offender under Minn. Stat. § 243.166 or 243.167 or to persons who have been assigned a risk level as a predatory offender under Minn. Stat. § 244.052.
2. There shall be 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.
3. No later than December 1, 2011, 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, shall be transferred by the Department to the most integrated setting consistent with *Olmstead v. L.C.*, [527 U.S. 581](#) (1999).
4. Within sixty (60) days upon Court approval of this Agreement, the State shall undertake 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. No later than July 1, 2011, there shall be no transfers or placements of persons committed solely as a person with a developmental disability to the Minnesota Security Hospital. This prohibition does not apply to persons with other forms of commitment, such as mentally ill and dangerous, mentally ill, chemically dependent, psychopathic personality, sexual psychopathic personality and sexually dangerous persons. Nor does this prohibition pertain to persons who have been required to register as a predatory offender under Minn. Stat. § 243.166 or 243.167 or to persons who have been assigned a risk level as a predatory offender under Minn. Stat. § 244.052.
5. There shall be 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.

6. No later than December 1, 2011, 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, shall be transferred by the Department to the most integrated setting consistent with *Olmstead v. L.C.*, [527 U.S. 581](#) (1999).

Section X.D.

| Evaluation Criteria | Person Responsible | Documentation for Verification | Next Steps | Status | |
|--|---|--|--|--|----------|
| 94. Beginning at least by February 5, 2012, 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. | Carol Olson Doug Seiler Roger Deneen Alex Bartolic | <p>Joint communication from the DHS commissioner and the Ombudsman for DD/MH (Exhibit 94A)</p> <p>Community Support Services Tracking Log—MI/Dangerous Inquiries for Persons with Intellectual Disabilities (Exhibit 94B)</p> <p>11-17-12 update Community Support Services Tracking Log—MI/Dangerous Inquiries for Persons with Intellectual Disabilities (Exhibit 110)</p> <p>1-17-13 update Community Support Services Tracking Log—MI/Dangerous Inquiries for Persons with Intellectual Disabilities (Exhibit 120)</p> | The Bulletin referred to in EC #2 will clearly specify the CSS responsibility is to intercede with (a) individuals with developmental disabilities who present a risk to public safety and (b) individuals with developmental disabilities and under consideration for commitment as mentally ill and dangerous. | Department anticipates requesting release from judicial oversight on 3-5-13. | S |

| | | | | | |
|---|---|---|---------------------|--|----------|
| 95. Beginning no later than July 1, 2011, 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). | Nancy Webster-Smith Doug Seiler Roger Deneen Alex Bartolic | There have been no transfers or placements of persons committed solely as a person with developmental disability 1-17-13 update There have been no transfers or placements of persons committed solely as a person with developmental disability. | Continue monitoring | Department anticipates requesting release from judicial oversight on 3-5-13. | S |
| 96. 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. | Carol Olson Doug Seiler Roger Deneen Alex Bartolic | There has been no change in commitment status of persons originally committed as a person with developmental disability. 1-17-13 Update There has been no change in commitment status of persons originally committed as a person with developmental disability. | Continue monitoring | Department anticipates requesting release from judicial oversight on 3-5-13. | S |

| | | | | | |
|---|---|--|--|---|-----------------|
| <p>97. Beginning no later than December 1, 2011, 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 <i>Olmstead v. L.C.</i>, 527 U.S. 581 (1999).</p> | <p>Carol Olson Doug Seiler Roger Deneen Alex Bartolic</p> | <p>There are three individuals who currently reside at the Minnesota Security Hospital who meet this criteria. All three have pending placements.</p> <p>(Exhibits 97A, 97B, and 97C)</p> <p>11-17-12 update Two of the three men have been transitioned to the community (Exhibits 111A and 111B)</p> <p>1-17-13 update The third individual has been transitioned to the community (Exhibit 121)</p> | <p>Continue monitoring</p> <p>11-17-12 update The last individual is awaiting transition to the community pending county approval</p> | <p>Department anticipates requesting release from judicial oversight on 3-5-13.</p> | <p>S</p> |
|---|---|--|--|---|-----------------|

DOCUMENTATION / ADDITIONAL INFORMATION: See supplemental material.

X.E. SYSTEM WIDE IMPROVEMENTS – ANOKA METRO REGIONAL TREATMENT CENTER

E. Anoka Metro Regional Treatment Center. Persons committed solely as a person with a developmental disability may be transferred to AMRTC only if they have an acute psychiatric condition. Within thirty (30) days of the Court's approval of this Agreement, any AMRTC resident committed solely as a person with a developmental disability who does not have an acute psychiatric condition will be transferred from AMRTC. The transfer shall be to the most integrated setting consistent with *Olmstead v. L.C.*, [527 U.S. 581](#) (1999).

Section X.E.

| Evaluation Criteria | Person Responsible | Documentation for Verification | Next Steps | Status | |
|--|--|---|---|---|----------|
| 98. Beginning no later than January 5, 2012, all AMRTC residents committed solely as a person with a developmental disability and who do not have an acute psychiatric condition are transferred from AMRTC to the most integrated setting consistent with <i>Olmstead v. L.C.</i>, 527 U.S. 581 (1999) | Alan Radke Doug Seiler Dave Hartford | <p>During the interval of this status report there was one individual admitted to AMRTC with a developmental disability under a Rule 20.01 treat to competency order and under a civil commitment Developmentally Disabled. He was admitted from the Competency Restoration</p> <p>11-17-12 update During the period of this report there were no persons admitted to the AMRTC committed solely as a person with a developmental disability</p> <p>1-17-13 update During the period of this report there were no persons admitted to the AMRTC committed solely as a person with a developmental disability.</p> | <p>Continue monitoring</p> <p>1-17-13 update Awaiting response from monitor regarding request for release from judicial oversight.</p> | <p>Maintaining Compliance</p> <p>Requested release from judicial oversight on 12-6-12</p> | S |

X.F. SYSTEM WIDE IMPROVEMENTS – LANGUAGE

F. DHS shall substitute the term "developmental disabilities" for the term "mental retardation" where it appears in any DHS policy, bulletin, website, brochure, or other publication, at the next printing or revision of the publication, provided the change does not directly conflict with federal law, jeopardize receipt of federal funds, or impair the health care billing process. DHS also agrees to draft 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.

Section X.F

| Evaluation Criteria | Person Responsible | Documentation for Verification | Next Steps | Status | |
|--|---------------------------|---|--|--|----------|
| <i>This section is applicable to locations where the term "mental retardation" appears in any DHS policy, bulletin, website, brochure, or other publication</i> | | | | | |
| 99. The term “mental retardation” has been replaced with “developmental disabilities” in any DHS policy, bulletin, website, brochure, or other publication. | Alex Bartolic | The Department has initiated audits to identify where out dated language was use and replaced it with current language. Additionally when outdated language has been identified by the Plaintiffs and their consultants the Department has moved to replace the out dated language. | 1-17-13 update The Department is drafting disclaimer language that will accompany all archived material containing outdated and insensitive language. Date of completion is scheduled for 2-28-13. In January the Department is initiating monthly searches to identify any areas containing offensive language that does not include a disclaimer. | Department anticipates requesting release from judicial oversight on 3-5-13. | O |

| | | | | | |
|--|-----------|---|--|--|----------|
| <p>100. 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.</p> | Tom Ruter | Laws of Minnesota 2012, Chapter 216, Article 12, Sec. 10. | <p>Convene working group to identify areas where out dated and/or offensive language exists.</p> <p>Draft legislation for the 2013 session</p> <p>11-17-12 update The working group is in the process of drafting the legislation for the 2013 legislative session.</p> <p>1-17-13 update The draft legislative language is being shared with Roberta Opheim, Colleen Wieck and Pamela Hoopes prior to being submitted to the Legislature.</p> | Department anticipates requesting release from judicial oversight on 3-5-13. | O |
|--|-----------|---|--|--|----------|

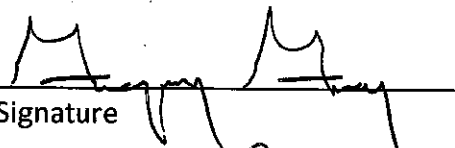
DOCUMENTATION / ADDITIONAL INFORMATION: See supplemental material.

SUBMISSION

The above information is true and correct to the best of my knowledge, information and belief.

Affirmed and submitted to the Court through its Independent Advisor and Monitor

By:


Signature

Gregory Gray
Printed Name

Chief Compliance Officer
Title

for the Defendants & the Department of Human Services

Date 1/17/13

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Minnesota Department of **Human Services**

Minnesota Specialty Health System - Cambridge

Date _____

RE: MSHS-Cambridge Services Survey

Dear _____:

Minnesota Specialty Health System-Cambridge is interested in providing quality services to the individuals we work with each day. We are most interested in hearing from you about the services we provide.

We encourage family and legal representative involvement in the planning process (to the greatest extent practicable). Part of the process is to identify specific interests, goals, likes and dislikes, abilities and strengths as well as support needs and to provide each client with reasonable placement alternatives. Each client is given the opportunity to express a choice regarding preferred activities that contribute to a quality life.

Attached you will find a short survey with a self-addressed stamped envelope.

Please take a moment of your time to provide us with your feedback and thank you in advance for sharing your thoughts regarding our services with us.

Sincerely,

Katy Mattson,
MSHS-Cambridge Admission's Officer/Discharge Coordinator

Attachment

Date: _____

Family and Concerned Persons Survey

Research confirms that it is frequently more effective for Transitional Services Programs to include persons who are significant in a client's life in treatment, that doing so results in better outcomes for the clients with whom we work.

In order for us to provide effective services it is crucial that we obtain feedback. We would greatly appreciate it if you would take the time to fill out this form. Or, in addition, if you wish you may certainly contact the Admission/Discharge Coordinator, Katy Mattson, at 763-689-7326 or the Site Director, Steve Jensen, who can be reached at 763-689-7169.

| | Strongly Disagree | Disagree | I am Neutral | Agree | Strongly Agree | Does Not Apply | Comments |
|---|-------------------|----------|--------------|-------|----------------|----------------|----------|
| Program staff were respectful and courteous in their interactions with clients and family members | 1 | 2 | 3 | 4 | 5 | N/A | |
| Program staff listened to family concerns and suggestions and used that information to develop services when possible | 1 | 2 | 3 | 4 | 5 | N/A | |
| The information which was presented by program staff was helpful | 1 | 2 | 3 | 4 | 5 | N/A | |
| Overall, my experience in working with this program was a positive one | 1 | 2 | 3 | 4 | 5 | N/A | |
| Unscheduled and scheduled visits were permitted at reasonable hours | 1 | 2 | 3 | 4 | 5 | N/A | |
| Unrestricted access to client's living area was allowed (consistent with all clients' right to privacy) | 1 | 2 | 3 | 4 | 5 | N/A | |
| Private areas were provided for visits with client (unless contraindicated by the interdisciplinary team) | 1 | 2 | 3 | 4 | 5 | N/A | |

From your perspective, the client was *(check all that apply)*

- ☐ Respected by staff
☐ Supported by staff
☐ Working toward his/her recovery, health and wellness

- ☐ Understood by staff
☐ Comfortable talking about his/her concerns
☐ Physically safe

Post-Placement Satisfaction

If the client is discharged, please respond to following three questions.

| | | |
|--|--|-----------|
| • Were you involved in planning for discharge from MSHS-Cambridge? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Comments: |
| • Were you satisfied with your involvement? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Comments: |
| • Are you satisfied with the community setting to which the client was discharged? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Comments: |

If you have any other comments or feedback, please use the back of this survey.

Thank you for taking time to complete this survey and providing us with feedback.

Return To:

MSHS-Cambridge
 Attn: Katy Mattson
 1425 East Rum River Drive South
 Cambridge, MN 55008
 e-mail: katy.mattson@state.mn.us

or

Fax to:
 763-689-7216

Optional

Name: _____

Contact Information: _____

Relationship to Client: _____

MSHS CAMBRIDGE
GUIDELINES FOR
PSYCHOTROPIC PRN USE
MSHS procedure 15876

1

Psychotropic PRN Administration requires the following :

- Psychotropic Medication Addendum-Informed Consent(DHS# 3649)signed by the LAR outlining the specific medication ordered and protocol for administration.
- Current order from a Licensed Prescriber.
- PRN Protocol #3703 has been developed, approved and signed by the Designated Co-ordinator and Licensed Prescriber.
- PRN Protocol identifies individualized criteria for administration and the alternatives that staff must offer to the client first.

PRN Protocol form #3703

- Developed, approved and signed by the Designated Co-ordinator and Licensed Prescriber.
- Identifies the clients name and the medication order including dose, route, frequency and maximum dose.
- Identifies specific individualized instructions related to the criteria for administration.
- Identifies signs of diagnosis based symptoms that the PRN medication has been ordered for.
- Identifies interventions that staff must try first before the PRN medication will be considered for administration
- The PRN Protocol is reviewed at the admission meeting with the LAR and the Client.

Meeting the PRN Protocol

- If the Client requests a PRN medication, or the support staff observe that the client is experiencing the specific psychiatric target symptoms addressed in the PRN Protocol, the Medication Administrator will review the PRN Protocol with the Lead Worker and call the RN/RN On Call to determine if the criteria has been met.
- The RN will review the clinical presentation either in person or on the phone with the Medication Administrator.
- The RN may make recommendations in accordance with the PRN Protocol.
- If the RN determines the PRN is warranted it will be offered to the client.

Client Refusal of PRN medication

- The client may accept or reject the PRN medication .
- If the client firmly rejects the PRN medication, no further attempt will be made by staff to give the PRN during the specific incident.
- The RN will consult with a Licensed Prescriber as deemed necessary.

Documentation

The Medication Administrator will document the following on Psychotropic PRN Use form #3701 and the client's progress notes.

- Precipitating factors and events leading to PRN administration.
- Alternatives tried per PRN Protocol.
- Lead Worker review
- RN approval
- Medication administered, dose, route, and time of administration.
- Medication follow up within two hours of administration.
- The Medication Administrator will also document on the MAR and Special Remarks/PRN medication Follow up form # 3708

Approved Psychotropic PRN Use

- **The Lead Worker** notifies the LAR and County Case Manager of the administration of a psychotropic PRN medication and the client's current status before end of shift and documents the contact on form DHS # 3701.
- **The Lead Worker** will place a copy of the Psychotropic PRN Use form in the client medical record and forward the original form to the RN Consultant/Designee.
- **The RN Consultant/Designee** will review the form within 72 hours to determine the PRN use corresponded to the pre-established PRN Protocol.
- **The RN Consultant/ Designee** will review the Psychotropic PRN Use with the Licensed Prescriber at Medication reviews.

UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

James and Lorie Jensen, as parents,
guardians and next friends of
Bradley J. Jensen, et al.,

File No. 09-CV-01775-DWF-FLN

Plaintiffs,

vs.

**PLACEHOLDER FOR
EXHIBITS 114-115 TO
DEFENDANTS' STATUS EPORT**

Minnesota Department of Human
Services, an agency of the State of
Minnesota, et al.,

Defendants.

This document is a place holder for the following items which are filed in conventional or physical form with the Clerk's Office:

Exhibits 114-115 to Defendants' Status Report

If you are a participant in this case, this filing will be served upon you in conventional format.

This filing was not e-filed for the following reason(s):

☐ Voluminous Document* (Document number of order granting leave to file conventionally: ____)

☐ Unable to Scan Documents (e.g., PDF file size of one page larger than 2MB, illegible when scanned)

☐ Physical Object (description):

☐ Non Graphical/Textual Computer File (audio, video, etc.) on CD or other media

☒ Item Under Seal pursuant to a court order* (Pursuant to Protective Order: Doc. No. 190)

☐ Item Under Seal pursuant to the Fed. R. Civ. P. 52 and Fed. R. Crim. P. 49.1 (Document number of redacted version: ____)

☐ Other (description):

UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

James and Lorie Jensen, as parents,
guardians and next friends of
Bradley J. Jensen, et al.,

File No. 09-CV-01775-DWF-FLN

Plaintiffs,

vs.

**PLACEHOLDER FOR
EXHIBIT 116A TO
DEFENDANTS' STATUS EPORT**

Minnesota Department of Human
Services, an agency of the State of
Minnesota, et al.,

Defendants.

This document is a place holder for the following items which are filed in conventional or physical form with the Clerk's Office:

Exhibit 116A to Defendants' Status Report

If you are a participant in this case, this filing will be served upon you in conventional format.

This filing was not e-filed for the following reason(s):

☐ Voluminous Document* (Document number of order granting leave to file conventionally: ____)

☐ Unable to Scan Documents (e.g., PDF file size of one page larger than 2MB, illegible when scanned)

☐ Physical Object (description):

☐ Non Graphical/Textual Computer File (audio, video, etc.) on CD or other media

☒ Item Under Seal pursuant to a court order* (Pursuant to Protective Order: Doc. No. 190)

☐ Item Under Seal pursuant to the [Fed. R. Civ. P. 52](#) and [Fed. R. Crim. P. 49.1](#) (Document number of redacted version: ____)

☐ Other (description):

UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

James and Lorie Jensen, as parents,
guardians and next friends of
Bradley J. Jensen, et al.,

File No. 09-CV-01775-DWF-FLN

Plaintiffs,

vs.

**PLACEHOLDER FOR
EXHIBIT 116B TO
DEFENDANTS' STATUS EPORT**

Minnesota Department of Human
Services, an agency of the State of
Minnesota, et al.,

Defendants.

This document is a place holder for the following items which are filed in conventional or physical form with the Clerk's Office:

Exhibit 116B to Defendants' Status Report

If you are a participant in this case, this filing will be served upon you in conventional format.

This filing was not e-filed for the following reason(s):

☐ Voluminous Document* (Document number of order granting leave to file conventionally: ____)

☐ Unable to Scan Documents (e.g., PDF file size of one page larger than 2MB, illegible when scanned)

☐ Physical Object (description):

☐ Non Graphical/Textual Computer File (audio, video, etc.) on CD or other media

☒ Item Under Seal pursuant to a court order* (Pursuant to Protective Order: Doc. No. 190)

☐ Item Under Seal pursuant to the [Fed. R. Civ. P. 52](#) and [Fed. R. Crim. P. 49.1](#) (Document number of redacted version: ____)

☐ Other (description):

Revised: 11/15/2012 1/14/2013
11/30/2012

MSHS TRAINING TRACKER

| Highlighted areas where we are deficient. | | Therapeutic Intervention (four hours each = total eight hours) | | | | | Total Hours | Personal Safety Techniques (four hours each = total eight hours) | | Total Hours | Medically Monitored Restraints = 1 hours | |
|---|--------------|--|------------|------------|------------|------------|-------------|--|------------|-------------|--|------------|
| | | Required to Complete Between Sept 2010 - December 31st, 2011 | | | | | | | | | | |
| Employee Name | Date of Hire | 12/2/2010 | 5/31/2011 | 12/20/2011 | 12/20/2011 | 12/20/2011 | 12.00 | 12/2/2010 | 5/31/2011 | 12/20/2011 | 12.00 | 12/6/2011 |
| Gina Johnson | 12/13/1995 | 12/2/2010 | 5/31/2011 | 12/20/2011 | | | 12.00 | 12/2/2010 | 5/31/2011 | 12/20/2011 | 12.00 | 12/6/2011 |
| Stephanie Kuznia | 11/25/2009 | 12/21/2010 | | | | | 4.00 | 12/21/2010 | | | 4.00 | 12/2/2011 |
| Catherine Mattson | 9/1/1999 | 5/31/2011 | 12/20/2011 | | | | 8.00 | 5/31/2011 | 12/20/2011 | | 8.00 | 11/30/2011 |
| Kim Palmer | 12/13/1995 | 8/25/2011 | 12/20/2011 | | | | 8.00 | 8/25/2011 | 12/20/2011 | | 8.00 | 12/14/2011 |
| Steve Hiebert | 8/23/2006 | 6/2/2011 | | | | | 4.00 | 6/2/2011 | | | 4.00 | 11/16/2011 |
| Elizabeth Klute | 1/31/2005 | 2/9/2011 | 5/31/2011 | | | | 8.00 | 2/9/2011 | 5/31/2011 | | 8.00 | 12/6/2011 |
| Dawn Thomas | 11/30/1998 | 6/1/2011 | 11/28/2011 | | | | 8.00 | 6/1/2011 | 11/28/2011 | | 8.00 | 12/6/2011 |
| Jack Kasl | 6/18/2003 | 6/15/2011 | 12/22/2011 | | | | 8.00 | 6/23/2011 | 12/22/2011 | | 8.00 | 11/23/2011 |
| Mitch Becker | 12/13/1995 | 11/28/2011 | 12/20/2011 | | | | 8.00 | 11/28/2011 | 12/20/2011 | | 8.00 | 2/20/2012 |
| Margaret Carlson | 12/13/1995 | 12/29/2010 | 12/20/2011 | | | | 8.00 | 12/29/2010 | 12/20/2011 | | 8.00 | 11/16/2011 |
| Dana McIntyre | 12/13/1995 | 12/1/2010 | 6/2/2011 | 12/20/2011 | | | 12.00 | 12/1/2010 | 6/2/2011 | 12/20/2011 | 12.00 | 11/23/2011 |
| Susan Peterson | 12/13/1995 | 12/1/2010 | 5/31/2011 | | | | 8.00 | 12/1/2010 | 5/31/2011 | | 8.00 | 11/30/2011 |
| Judy Roehl | 8/15/2001 | 2/9/2011 | 6/1/2011 | 11/28/2011 | | | 12.00 | 2/9/2011 | 6/1/2011 | | 8.00 | 11/30/2011 |
| James Kunshier | 12/13/1995 | 12/21/2010 | | | | | 4.00 | 12/21/2010 | | | 4.00 | 11/23/2011 |
| Kevin Morgan | 12/13/1995 | 12/2/2010 | 6/1/2011 | 12/22/2011 | | | 12.00 | 12/2/2010 | 6/1/2011 | 12/22/2011 | 12.00 | 11/30/2011 |
| Stephanie Johnson | 4/29/1998 | 12/29/2010 | 6/15/2011 | 12/22/2011 | | | 12.00 | 12/29/2010 | 6/15/2011 | 12/22/2011 | 12.00 | 11/16/2011 |
| Penny Hedlund | 12/13/1995 | 12/1/2010 | 12/22/2011 | | | | 8.00 | 12/1/2010 | 12/22/2011 | | 8.00 | 11/30/2011 |
| Stacey Sjostedt | 2/21/1996 | 12/28/2010 | 12/20/2011 | | | | 8.00 | 12/28/2010 | 12/20/2011 | | 8.00 | 11/9/2011 |
| Amy Graham | 1/7/1998 | 12/21/2010 | 6/1/2011 | 12/21/2011 | | | 12.00 | 12/21/2010 | 6/1/2011 | 12/21/2011 | 12.00 | 11/30/2011 |
| Perri Prigge | 11/30/1998 | 12/21/2010 | 11/28/2011 | | | | 8.00 | 12/21/2010 | 11/28/2011 | | 8.00 | 11/30/2011 |
| Kathleen Carlson | 9/27/1999 | 12/2/2010 | 9/19/2011 | 12/21/2011 | | | 16.00 | 12/2/2010 | 12/21/2011 | | 8.00 | 11/23/2011 |
| Kendra Cline | 1/16/2000 | 2/9/2011 | 12/22/2011 | | | | 8.00 | 2/9/2011 | 12/22/2011 | | 8.00 | 11/30/2011 |
| Will Coyle | 11/30/2011 | 12/28/2010 | 8/11/2011 | | | | 8.00 | 12/28/2010 | 8/11/2011 | | 8.00 | 2/15/2012 |
| Lavonne Sorenson | 4/17/2000 | 12/2/2010 | 6/2/2011 | 12/21/2011 | | | 12.00 | 12/2/2010 | 6/2/2011 | 12/21/2011 | 12.00 | 11/9/2011 |
| Michael Downing | 4/15/2002 | 12/28/2010 | 5/31/2011 | 12/22/2011 | | | 12.00 | 12/28/2010 | 5/31/2011 | 12/22/2011 | 12.00 | 11/23/2011 |
| Jesse Gillespie | 10/31/2005 | 2/9/2011 | 12/22/2011 | | | | 8.00 | 2/9/2011 | 12/22/2011 | | 8.00 | 12/14/2011 |
| Kelly McGuire | 4/17/2006 | 12/20/2011 | 12/22/2011 | | | | 8.00 | 12/20/2011 | 12/22/2011 | | 8.00 | 11/9/2011 |
| Brian Kassa | 6/26/2006 | 12/2/2010 | 6/2/2011 | | | | 8.00 | 12/2/2010 | 6/2/2011 | | 8.00 | 12/14/2011 |
| Doni Lamoreaux | 6/26/2006 | 12/28/2010 | 5/31/2011 | 11/28/2011 | | | 12.00 | 12/28/2010 | 5/31/2011 | 11/28/2011 | 12.00 | 11/16/2011 |
| Dennis Aronson | 8/8/2007 | 12/28/2010 | 5/31/2011 | 12/22/2011 | | | 12.00 | 12/28/2010 | 5/31/2011 | 12/22/2011 | 12.00 | 11/16/2011 |

| Highlighted areas where we are deficient. | Employee Name | Date of Hire | Therapeutic Intervention (four hours each = total eight hours) | | | | Total Hours | Personal Safety Techniques (four hours each = total eight hours) | Total Hours | Medically Monitored Restraints = 1 hours | Required Completion by March 31, 2012 | | | |
|---|----------------------|--------------|--|------------|------------|------------|-------------|--|-------------|--|---------------------------------------|--------------------------|---|-----------------------------|
| | | | Required to Complete Between Sept 2010 - December 31st, 2011 | | | | | | | | PCT Training (16 Hours Required) | PCT Training Total Hours | Positive Behavioral Supports = 24 hours | Post Crisis Eval. = 4 hours |
| | Ricky Hanson | 9/30/1998 | 4/6/2011 | | 11/28/2011 | 6/2/2011 | 6/1/2011 | 4.00 | | 4.00 | 12/6/2011 | 16 | 11/10/2011 | 1/6/2012 |
| | Judy Carda | 12/13/1995 | 12/21/2010 | 6/2/2011 | 12/20/2011 | 5/31/2011 | 12/21/2010 | 12.00 | 11/28/2011 | 12.00 | 11/9/2011 | 16 | 12/1/2011 | 2/14/2012 |
| | Jane Mell | 12/13/1995 | 12/21/2010 | 5/31/2011 | 12/20/2011 | 6/2/2011 | 12/21/2010 | 12.00 | 12/20/2011 | 12.00 | 12/5/2011 | 16 | 12/1/2011 | 2/14/2012 |
| | Mary Lancrain | 12/13/1995 | 12/21/2010 | 6/2/2011 | 12/20/2011 | 6/2/2011 | 12/21/2010 | 12.00 | 12/20/2011 | 12.00 | 12/8/2011 | 16 | 11/7/2011 | 1/6/2012 |
| | Char Villnow | 12/13/1995 | 12/21/2010 | 5/31/2011 | 12/22/2011 | 5/31/2011 | 12/21/2011 | 12.00 | 12/22/2011 | 12.00 | 11/16/2011 | 51 | 12/1/2011 | 1/26/2012 |
| | Dave Hicks | 12/13/2995 | 12/2/2010 | 12/21/2011 | | 12/21/2011 | | 8.00 | | 8.00 | 11/16/2011 | 16 | 12/1/2011 | 1/26/2012 |
| | Michael Lawrence | 1/7/1998 | 12/1/2010 | 5/31/2011 | 12/21/2011 | 5/31/2011 | 12/21/2011 | 12.00 | 12/21/2011 | 12.00 | 11/16/2011 | 16 | 11/15/2011 | 1/26/2012 |
| | Ed Jabs | 12/13/1995 | 12/21/2010 | 6/2/2011 | | 6/2/2011 | | 8.00 | | 8.00 | 12/5/2011 | 16 | 11/10/2011 | 1/26/2012 |
| | Yvonne Lee | 12/13/1995 | 12/2/2010 | 6/1/2011 | 12/20/2011 | 6/1/2011 | 12/20/2011 | 12.00 | 12/20/2011 | 12.00 | 12/8/2011 | 17 | 11/7/2011 | 1/6/2012 |
| | Eben Gillespie | 12/13/1995 | 12/29/2010 | 6/1/2011 | 11/28/2011 | 6/1/2011 | 12/20/2011 | 12.00 | 11/28/2011 | 12.00 | 11/9/2011 | 16 | 11/10/2011 | 2/14/2012 |
| | Robbin Noren-Mullins | 2/7/1996 | 12/28/2010 | 5/31/2011 | | 5/31/2011 | | 8.00 | 12/28/2011 | 8.00 | 11/16/2011 | 16 | 11/15/2011 | 1/26/2012 |
| | Maridy Nordlum | 12/13/1995 | 2/9/2011 | 12/20/2011 | | 12/20/2011 | | 8.00 | 11/30/2011 | 8.00 | 11/30/2011 | 19 | 11/10/2011 | 1/6/2012 |
| | Chris Jones | 4/1/1996 | 12/28/2010 | 5/31/2011 | 12/21/2011 | 5/31/2011 | 12/21/2011 | 12.00 | 12/21/2011 | 12.00 | 12/5/2011 | 16 | 11/10/2011 | 1/6/2012 |
| | David Hoas | 4/1/1996 | 12/21/2010 | 12/22/2011 | | 12/22/2011 | | 8.00 | | 8.00 | 12/14/2011 | 16 | 12/12/2011 | 1/6/2012 |
| | Matt Johnson | 4/7/1999 | 12/21/2010 | 6/1/2011 | 12/21/2011 | 6/1/2011 | 12/21/2011 | 12.00 | 12/21/2011 | 12.00 | 11/9/2011 | 83 | 11/15/2011 | 2/28/2012 |
| | Ron Flaherty | 11/28/2002 | 12/2/2010 | 6/15/2011 | 12/22/2011 | 6/15/2011 | 12/22/2011 | 12.00 | 12/22/2011 | 12.00 | 12/14/2011 | 16 | 12/1/2011 | 1/26/2012 |
| | Heather Hauri | 4/15/2002 | 12/29/2010 | 6/2/2011 | 11/28/2011 | 6/2/2011 | 12/20/2011 | 12.00 | 11/28/2011 | 12.00 | 12/8/2011 | 16 | 11/10/2011 | 1/26/2012 |
| | Richard Bell | 7/15/2002 | 2/9/2011 | 6/15/2011 | | 6/15/2011 | | 8.00 | | 4.00 | 11/30/2011 | 15 | 11/10/2011 | 1/26/2012 |
| | Clay Campion | 12/2/2002 | 12/1/2010 | 6/15/2011 | 12/21/2011 | 6/15/2011 | 12/21/2011 | 12.00 | 12/21/2011 | 12.00 | 11/30/2011 | 16 | 11/10/2011 | 2/28/2012 |
| | Dustin Stradal | 11/23/2011 | 6/18/2012 | 8/11/2011 | | 8/11/2011 | | 8.00 | | 8.00 | 2/15/2012 | 17 | 11/7/2011 | 1/26/2012 |
| | Deborah Glossing | 11/28/2011 | 12/12/2011 | 12/21/2011 | | 12/21/2011 | | 16.00 | | 16.00 | 12/5/2011 | 15 | 12/1/2011 | 1/26/2012 |
| | Sharon Nordin | 12/13/1995 | 12/2/2010 | | | | | 4.00 | | 4.00 | 12/14/2011 | 13 | 12/1/2011 | 1/26/2012 |
| | Janet Marciniak | 9/25/2002 | 12/21/2010 | 11/28/2011 | | 11/28/2011 | | 8.00 | | 8.00 | 2/21/2012 | 16 | 12/12/2011 | 2/14/2012 |
| | Amanda Bartnick | 2/20/2008 | 12/29/2010 | 2/20/2011 | | 2/20/2011 | | 8.00 | | 8.00 | 12/5/2011 | 16 | 12/1/2011 | 2/28/2012 |
| | Tara Irwin | 11/28/2011 | 12/12/2011 | 12/21/2011 | | 12/21/2011 | | 12.00 | | 12.00 | 12/5/2011 | 15 | 12/1/2011 | 2/28/2012 |
| | Stuart Hazard | 12/13/1995 | 12/21/2010 | 6/1/2011 | 11/28/2011 | 6/1/2011 | 11/28/2011 | 12.00 | 11/28/2011 | 12.00 | 11/8/2011 | 32 | 11/7/2011 | 1/6/2012 |
| | Jill Jones | 6/22/2011 | 12/29/2010 | 5/31/2011 | 12/20/2011 | 5/31/2011 | 12/20/2011 | 12.00 | 12/20/2011 | 12.00 | 11/30/2011 | 16 | 11/7/2011 | 1/6/2012 |

Separated from MSHS-Cambridge

Janet Marciniak: Had class late, unknown etiology

Richard Bell: Took Therapeutic Intervention, however, went home sick for the second class. Beth Klute BA informed home to reschedule class, which he never did. Not involved in restraint.

Dustin Stradal: Employee did not work for MSHS at this time. Do not know why he took late (Was at MSOCs).

Rick Hanson: Unknown, was not involved in restraint.

Will Coyle: Was not an MSHS employee in 2/2012. Was a former MSOCs employee.

Jim Kunshier: Intermittent employee: Unknown.

Mitch Becker: Not involved in restraint, unknown as to why he was two months late for class.

Steve Hiebert: Intermittent- unknown as to why he did not attend. Not involved in a restraint.

UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

James and Lorie Jensen, as parents,
guardians and next friends of
Bradley J. Jensen, et al.,

File No. 09-CV-01775-DWF-FLN

Plaintiffs,

vs.

**PLACEHOLDER FOR
EXHIBIT 118 TO
DEFENDANTS' STATUS EPORT**

Minnesota Department of Human
Services, an agency of the State of
Minnesota, et al.,

Defendants.

This document is a place holder for the following items which are filed in conventional or physical form with the Clerk's Office:

Exhibit 118 to Defendants' Status Report

If you are a participant in this case, this filing will be served upon you in conventional format.

This filing was not e-filed for the following reason(s):

☐ Voluminous Document* (Document number of order granting leave to file conventionally: ____)

☐ Unable to Scan Documents (e.g., PDF file size of one page larger than 2MB, illegible when scanned)

☐ Physical Object (description):

☐ Non Graphical/Textual Computer File (audio, video, etc.) on CD or other media

☒ Item Under Seal pursuant to a court order* (Pursuant to Protective Order: Doc. No. 190)

☐ Item Under Seal pursuant to the Fed. R. Civ. P. 52 and Fed. R. Crim. P. 49.1 (Document number of redacted version: ____)

☐ Other (description):

SETTLEMENT AGREEMENT TRACKING: COMMUNITY SUPPORT SERVICES AREAS
REPORTING PERIOD: FY 13 –NOVEMBER 2012 (AND SUMMARY NOTES FROM FY 12)
DATE OF REPORT: DECEMBER 12, 2012

| Section/page | Requirement | Progress/Status/Data | Evaluation | | | | |
|---|---|---|--|---|---|--|---|
| Reference tracking document Item (s) # 75 and 76 | CSS will identify and provide long term monitoring of persons with clinical & situational complexities to avert crisis, provide strategies for service entry changing needs and prevent multiple transfers with the system (Target maximum 75) | -Monitoring services called Extended Supports -Service protocols and procedures completed -Established internal Extended Supports Review Committee -CSS Staff trained re monitoring and reporting -Set up/development = complete FY 12 = 27 cases <u>FY 13</u> July = 33 August = 33 September = 33 October = 32 November = 32 | FY 13 Year to date: 100% Extended Supports cases maintaining least restrictive residence with crisis prevention plans implemented | | | | |
| Reference tracking document Item(s) 74, 77 and 78 And 97 | Intervention & technical assistance will be provided where the person lives, strengthening capacity for the person to remain at home. CSS services will be statewide and respond within 3 hours from authorization by guardian and provide augmentative training coaching and mentoring | <table><tr><td># CSS Cases summary FY 12 = Average 449 served per month</td><td># Wrap Around summary FY 12 = Average 10 new cases per month</td></tr><tr><td># Open Cases – <u>FY 13</u> July = 472 Aug = 467 Sep = 459 Oct = 475 Nov = 466</td><td># New Wrap Around/Aug cases <u>FY 13</u> July = 3 Aug = 4 Sept = 4 Oct = 5 Nov = 8</td></tr></table> | # CSS Cases summary FY 12 = Average 449 served per month | # Wrap Around summary FY 12 = Average 10 new cases per month | # Open Cases – <u>FY 13</u> July = 472 Aug = 467 Sep = 459 Oct = 475 Nov = 466 | # New Wrap Around/Aug cases <u>FY 13</u> July = 3 Aug = 4 Sept = 4 Oct = 5 Nov = 8 | FY 13 Year to date: Weekly triage/diversion meetings held for appropriate level of care 100% of CSS cases response within time specified per team and authorizations completed Discharge transition from MSH –3 clients. Current |
| # CSS Cases summary FY 12 = Average 449 served per month | # Wrap Around summary FY 12 = Average 10 new cases per month | | | | | | |
| # Open Cases – <u>FY 13</u> July = 472 Aug = 467 Sep = 459 Oct = 475 Nov = 466 | # New Wrap Around/Aug cases <u>FY 13</u> July = 3 Aug = 4 Sept = 4 Oct = 5 Nov = 8 | | | | | | |

| | | | | | | | | | | |
|--|--|---|--|---|--|--|--|--|--------------------------------|--|
| | | | | <p>CSS will partner with Community Crisis Intervention Services to maximize support, complement strengths and avoid duplication</p> | | | <p>-Quarterly partnering with Metro Crisis Coordination Program (MCCP) -Referral partnerships with community crisis homes established with technical assistance provided, as needed/requested -August: Partnering request from SE provider organization -Sept: Established parameters for SE collaboration including training/mentoring -Oct: Continue with established projects. No additional activity -Nov: Continue with established projects. No additional activities</p> | <p>FY 12 -Training provided per individual cases (<i>see open cases above</i>) -# trainings provided per FY 12 training contracts: 77 -# individuals received training: 730</p> <p>FY 13 July # trainings provided = 15 # people trained = 157 Aug # trainings provided = 12 # people trained = 117 Sept # trainings provided = 15 # trained = 216 Oct # trainings provided = 11</p> | targeted transitions completed | <p>Implementation: On-going per collaborative agreements Collaboration via shared service contracts</p> <p>Implementation: On-going per referrals and training contracts Evaluation surveys received are positive. Measures of the impact of training implementation to be determined by re-referrals after training and within 6 months # of re-referrals July = 0 August = 1 Sept = 1</p> |
| Reference tracking document items # 79 | | Reference tracking document items 80 and 81, 82 | | <p>CSS will provide staff at community based facilities and homes with training in person centered thinking, multi modal assessment, positive behavior supports, consultation and facilitation skills</p> | | | | | | |

| | | | |
|---|---------------------------------------|---|--|
| | | # trained = 174 Nov # trainings provided = 9 # trained = 72 | Oct = 0 Nov = 0 |
| Reference tracking document Item #83 and # 84 | Expansion of CSS will include 14 FTEs | See attachment for names and positions None of the positions vacant | 100% Staff trained and providing case work |
| | | | |
| | | | |

Staffing Attachment RE: Reference # 83

| Team/Region | Position | Staff Name/Date of Hire |
|---------------|----------------------------------|--|
| NW CSS | Social Worker | Sarah Reitmeier 4/2012 |
| | | Jayne Whiteford 8/2012/ Resign 11/2012 |
| | | Shaina Connolly 6/2011 |
| NE CSS | Social Worker | Dave Ruth 3/2011 |
| | | Jessica Ruth 3/2011 |
| | | Jeremy Huntley 6/2011 |
| 7E CSS | Behavior Modification Assistants | Mai Khou Yang 7/2011 |
| | | Rachel Dean 7/2011 |
| | | Megan Tarmann 10/2011 |
| Metro CSS | Behavior Analyst 1 | Marcus Padilla 6/2011 |
| | | Trish Efta 8/2011 |
| | | Renee Langford 8/2011 |
| Region 10 CSS | Behavior Analyst 3 | Melissa Stoltz 8/2011 |
| | | Valarie Smith 6/2011 |
| | | Hector Matascastillo – 11/2011 |
| Brainerd CSS | Behavior Modification Assistants | Megan Mulkey 6/2011 |
| | | |
| | | |
| Synergy CSS | Behavior Analyst 3 | |
| Statewide | Social Worker | |
| | CSPS 3 – Care Coordination | |

UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

James and Lorie Jensen, as parents,
guardians and next friends of
Bradley J. Jensen, et al.,

File No. 09-CV-01775-DWF-FLN

Plaintiffs,

vs.

**PLACEHOLDER FOR
EXHIBIT 120 TO
DEFENDANTS' STATUS EPORT**

Minnesota Department of Human
Services, an agency of the State of
Minnesota, et al.,

Defendants.

This document is a place holder for the following items which are filed in conventional or physical form with the Clerk's Office:

Exhibit 120 to Defendants' Status Report

If you are a participant in this case, this filing will be served upon you in conventional format.

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☐ Non Graphical/Textual Computer File (audio, video, etc.) on CD or other media

☒ Item Under Seal pursuant to a court order* (Pursuant to Protective Order: Doc. No. 190)

☐ Item Under Seal pursuant to the [Fed. R. Civ. P. 52](#) and [Fed. R. Crim. P. 49.1](#)
(Document number of redacted version: ____)

☐ Other (description):

UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

James and Lorie Jensen, as parents,
guardians and next friends of
Bradley J. Jensen, et al.,

File No. 09-CV-01775-DWF-FLN

Plaintiffs,

vs.

**PLACEHOLDER FOR
EXHIBIT 121 TO
DEFENDANTS' STATUS EPORT**

Minnesota Department of Human
Services, an agency of the State of
Minnesota, et al.,

Defendants.

This document is a place holder for the following items which are filed in conventional or physical form with the Clerk's Office:

Exhibit 121 to Defendants' Status Report

If you are a participant in this case, this filing will be served upon you in conventional format.

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☐ Unable to Scan Documents (e.g., PDF file size of one page larger than 2MB, illegible when scanned)

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☒ Item Under Seal pursuant to a court order* (Pursuant to Protective Order: Doc. No. 190)

☐ Item Under Seal pursuant to the [Fed. R. Civ. P. 52](#) and [Fed. R. Crim. P. 49.1](#)
(Document number of redacted version: ____)

☐ Other (description):