



February 24, 2017

The Honorable Donovan W. Frank
United States District Court
District of Minnesota
316 North Robert Street
St. Paul, Minnesota 55101

Re: *Jensen, et al. v. Minnesota Department of Human Services, et al.*
Court File No.: 09-CV-01775 DWF/BRT

Dear Judge Frank:

Enclosed please find the Department's February 2017 Semi-Annual Compliance Report, covering the reporting period July 1, 2016, through December 31, 2016. This Report is filed pursuant to the Court's February 22, 2016, Order for Reporting on the Settlement Agreement (Doc. No. 545).

By submitting this Report, the Department does not waive its previously raised objections regarding ongoing court jurisdiction and monitoring in this matter.

Sincerely,



Charles E. Johnson
Deputy Commissioner

CC: Shamus O'Meara, Plaintiffs' Class Counsel
Colleen Wieck, Executive Director for the Governor's Council on Developmental Disabilities
Roberta Opheim, Ombudsman for Mental Health and Developmental Disabilities

Jensen Settlement Agreement Comprehensive Plan of Action (CPA)

February 2017 Semi-Annual Compliance Report

Reporting Period: July 1, 2016 – December 31, 2016

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Introduction

This is the *Jensen* Settlement Agreement (JSA) Comprehensive Plan of Action (CPA) – February 2017 Semi-Annual Compliance Report, created in response to the February 22, 2016 Order for Reporting on Settlement Agreement (Doc. Nos. 545, 545-1). The Department based this report on data, documentation and information from July 1, 2016 through December 31, 2016. This report addresses the following Evaluation Criteria (EC), as scheduled: 2, 3, 39, 41, 47-53, 64, 67-79, 93, 98, and 103. (See Doc. No. 545-1). This report also includes an Exception Report for EC 25, pages 94-95.

The *Jensen/Olmstead* Quality Assurance and Compliance Office (JOQACO) developed this report from information submitted and verified by parties identified as being responsible for each EC. The Responsible Party for each EC is identified by title.

JOQACO completed further verification and analysis of the information submitted by the Responsible Parties. JOQACO's compliance monitoring and verification process is explained in more detail below. The update for each EC in this report includes a description of the verification efforts specific to that EC.

Background

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

Components of the Department's Internal Oversight System

Jensen/Olmstead Quality Assurance and Compliance Office

As required by the CPA, the Department established the *Jensen* Implementation Office to manage and coordinate this plan. As previously reported, the *Jensen* Implementation Office moved to the Department's Compliance Office in early 2016 and was renamed the *Jensen/Olmstead* Quality Assurance and Compliance Office (JOQACO). (See Doc. No. 589 at 5.)

JOQACO currently has four full-time professionals and one full-time support staff. The full-time professionals include a director, analyst, data analyst and the *Jensen* Internal Reviewer. Additionally, the Department's Compliance Office assigned an attorney to JOQACO.

The Successful Life Project became part of JOQACO in April 2016. (See Doc. No. 589 at 58.) Staff for the Successful Life Project includes board-certified behavior analysts, a registered nurse and the Successful Life Project Supervisor. The *Jensen* Internal Reviewer provides clinical oversight of the

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behavior analysts. For additional information about the Successful Life Project, see also the status update for EC 98 in this report, beginning on page 79.

JOQACO Compliance Verification Process

In the August 2016 Semi-Annual Compliance Report, JOQACO reported on the development and testing of a multi-approach process to verify information submitted to JOQACO and used in the Department's reports to the Court. (*See* Doc. No. 589 at 5-9.) As explained in the August 2016 Report, this process uses a variety of compliance verification activities to supplement and monitor the program areas verification efforts. (*Id.*) The goal of these efforts is to ensure the Department informs its JSA and CPA quality assurance and compliance efforts with accurate, timely, and complete information. This serves to further improve the services the Department provides to persons with developmental disabilities.

As previously reported (Doc. No. 589 at 5-9), the verification process uses three primary approaches:

- Regular compliance updates from the program areas to JOQACO;
- Internal program area verification procedures for the information provided to JOQACO; and
- JOQACO on-site verification reviews involving interviews, observation, and document reviews.¹

JOQACO began to implement these verification activities in preparation for the August 2016 Report and continued to test and refine these efforts in preparation for this report.

Consistent with the compliance verification process described in the August 2016 Semi-Annual Report (Doc. No. 589 at 5-9), JOQACO started to receive compliance updates from program areas on a scheduled basis during this reporting period and, based on need and logistics, has refined this aspect of the process by adjusting the schedule for how frequently the program areas provide updates for specific ECs.² During this reporting period, JOQACO also met with individual program areas to provide guidance for improving their internal data collection and verification efforts.

¹ For services that do not involve a discrete "site," such as supports provided by Community Supports Services or the Successful Life Project, these verification reviews involve follow-up with staff and external parties, such as case managers, providers, or guardians.

² In the August 2016 Semi-Annual Report, the Department stated that compliance updates from the program areas were due to JOQACO on a monthly or bimonthly basis. JOQACO has since refined the schedule to require updates on a monthly or quarterly basis, depending on the EC.

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In preparation for this report, JOQACO also engaged in verification activities. Consistent with the compliance verification process previously described, JOQACO verification activities for this report included the following efforts:

- Reviews of program area compliance updates and supporting documentation;
- On-site visits to the four Minnesota Life Bridge treatment homes to interview staff and persons served;³ and
- Follow-up with case managers, providers, and guardians for persons discharged from Minnesota Life Bridge during the reporting period and for random samples of persons served by Community Support Services and the Successful Life Project during the reporting period.

These verification efforts and the information obtained through these efforts are explained in more detail in the status updates for the relevant ECs.

Independent Subject Matter Experts

As previously reported, the Department has, through the Request for Proposals process, developed a pool of qualified contractors to serve as Independent Subject Matter Experts. (Doc. No. 589 at 10.) The Independent Subject Matter Experts, through a master contract program, are to assist the Department in bringing significant improvements to the care and treatment of persons with developmental disabilities.

The Department posted the Request for Proposals in February 2016. An evaluation team comprised of JOQACO; the Court Consultants, Dr. Colleen Wieck and Roberta Opheim (the Consultants); and Department staff identified eight vendors to serve as Independent Subject Matter Experts in one or more of the following specialty service areas:

- Persons with Intellectual and Developmental Disabilities,⁴ complex needs, or challenging behaviors;
- Pharmacological reviews of medication regimens of persons with IDD with complex medical needs or challenging behaviors;
- Positive behavior practices; and
- Qualitative and quantitative research design.

³ To ensure compliance with applicable regulations and Department policies regarding interaction with clients, JOQACO worked with the Department's Institutional Review Board during this reporting period to obtain authorization and develop a protocol for interviewing Minnesota Life Bridge residents.

⁴ The term Intellectual and Developmental Disabilities (IDD) was used in the RFP because it is a term that is used by other states.

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The Department obtained signed contracts for each of these vendors before the end of the previous reporting period (June 30, 2016). On July 18, 2016, the Department executed all Independent Subject Matter Expert Master Contracts with the eight selected vendors. JOQACO manages the master contracts with the Independent Subject Matter Experts.

In September 2016, JOQACO, via e-mail, provided the Consultants and Plaintiffs' Class Counsel with a document outlining the process for Independent Subject Matter Expert reviews. JOQACO updated this document in December 2016 and e-mailed the updated protocol to the Consultants and Plaintiffs' Class Counsel.⁵

As the Department communicated, identification of the need for an Independent Subject Matter Expert review can generate from internal or external sources:

- Internally, by request of the Commissioner, Compliance Office, Department-wide Quality Assurance Leadership Team, *Jensen* Internal Reviewer, or JOQACO; and
- Externally, by request of parties, including Plaintiffs' Class Counsel and the Consultants.

Both internal and external requests for Independent Subject Matter Expert review are submitted to JOQACO's Director, who will review requests for approval and identify and contact pre-approved vendors in the appropriate specialty service area to determine availability. After confirming the Independent Subject Matter Expert's availability, JOQACO will work with the Expert to develop a work order that details the scope of the Expert's review, the Expert's obligations, and measures of performance. The receipt of a fully executed work order authorizes the Independent Subject Matter Expert to begin work under the master contract.

In December 2016, JOQACO initiated the procedure for an Independent Subject Matter Expert review related to EC 90. The goal of this review is to develop recommendations that will guide Minnesota Life Bridge in providing integrated vocational options to residents in a more coordinated or

⁵ The only change between the version of the protocol sent to the Consultants and Plaintiffs' Class Counsel in September 2016 and the version sent in December 2016 is that approval by the Department's Quality Assurance Leadership Team is no longer required for internally triggered Independent Subject Matter Expert reviews. As JOQACO went through the process of initiating its first Independent Subject Matter Expert review, it found that this was an unnecessary bureaucratic step. It also posed a timing issue as the Quality Assurance Leadership Team meets once a month. The Quality Assurance Leadership Team will still receive final reports from Independent Subject Matter Experts and be involved in development and oversight of any action plans. This refinement did not change the process for externally triggered Independent Subject Matter Expert reviews, which never required approval by the Quality Assurance Leadership Team.

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systematic fashion. By the end of this reporting period, JOQACO and the *Jensen* Internal Reviewer developed an initial proposal for the review, met with Minnesota Life Bridge to discuss the proposal and contacted one of the pre-approved vendors with relevant expertise to inquire about availability.⁶ The Department will provide additional information about this process in the Department's 2016 Annual Report, due to the Court on March 31, 2017.

Agency-wide Quality Assurance Leadership Team

The Quality Assurance Leadership Team continues to operate as described in previous reports, meeting on a monthly basis to monitor the quality of programs and services provided to people with disabilities across the Department. (*See, e.g.*, Doc. Nos. 589 at 11-12; Doc. No. 553-1 at 5-6.)

⁶ The identified vendor submitted to JOQACO an initial proposed work order on January 17, 2017. JOQACO worked with the identified vendor to modify the scope of the work order and submitted the revised work order to the Department's Contracts Unit for review on February 8, 2017.

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Evaluation Criteria State of Completion (Scheduled for Semi-Annual Report)

Settlement Agreement Section IV. METO Closure (EC)

Evaluation Criteria 2

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

Responsible Party: Minnesota Life Bridge Manager

Current Status

Consistent with the requirements of EC 2, the Minnesota Life Bridge treatment homes⁷ utilize person-centered planning principles and positive behavioral supports at all stages of a resident's treatment program, which starts with the development of the resident's Person-Centered Description. The development of the Person-Centered Description is initiated via interview shortly after admission or earlier if the Minnesota Life Bridge Person-Centered Thinking/Training Facilitator can visit the person prior to admission. All eleven persons served at Minnesota Life Bridge treatment homes during the reporting period met with the Person-Centered Thinking/Training Facilitator to contribute to their Person-Centered Descriptions. All eleven persons served at Minnesota Life Bridge treatment homes during the reporting period also had a Person-Centered Plan that was developed through participation in Picture of a Life, PATH, or MAPS.⁸ Through these processes, persons worked collaboratively with the Person-Centered Thinking/Training Facilitator to create their vision for the future based on what is important to and for them. This information became the focus of the 30-day team meeting to guide the development of action steps towards achieving each person's vision.⁹ The

⁷ There are four Minnesota Life Bridge treatment homes: Stratton Lake, Brobergs Lake, and the two Eagle Pointe homes. The term "treatment home" comes from the CPA. (See Doc. No. 283 at 2, 29.)

⁸ Picture of a Life, PATH (Planning Alternative Tomorrows with Hope), and MAPS (Making Action Plans) are processes that are commonly used for creating person-centered plans. These tools can be used to help the person think about what is important in their lives now and to think about what would make a good future.

⁹ For three of the five persons admitted to Minnesota Life Bridge during the reporting period (M4, M3 and S3) and two of the six persons admitted to Minnesota Life Bridge before this reporting period (G4 and T1), the 30-day planning meeting was held outside the 30-day window. Minnesota Life Bridge explained that this was to accommodate the schedules of family members, guardians, and/or case managers and allow these parties to participate in the meeting. [REDACTED]

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Person-Centered Description/Plan informs the objectives in each person's Coordinated Services and Support Plan Addendum (CSSP-A).

During the reporting period, all eleven persons served at a Minnesota Life Bridge treatment home had their Person-Centered Description/Plan updated on a monthly basis after the initial team meeting. The person and their support team contribute to updates during monthly team meetings and the Minnesota Life Bridge Person-Centered Thinking/Training Facilitator reviews the Person-Centered Description/Plan at least monthly. Minnesota Life Bridge records the dates of updates on the first page of the document. Minnesota Life Bridge also saves each version of the Person-Centered Description/Plan on the program's network drive. Additionally, Minnesota Life Bridge staff color-code revisions and additions to the plan, making it easier to identify who made which updates and when.

All eleven persons served at a Minnesota Life Bridge treatment home during the reporting period have a Functional Behavior Assessment on file¹⁰ and Positive Behavior Support Plan on file.¹¹ Both the Functional Behavior Assessment and the Person-Centered Description/Plan directly inform the Positive Behavior Support Plan.¹²

[REDACTED]

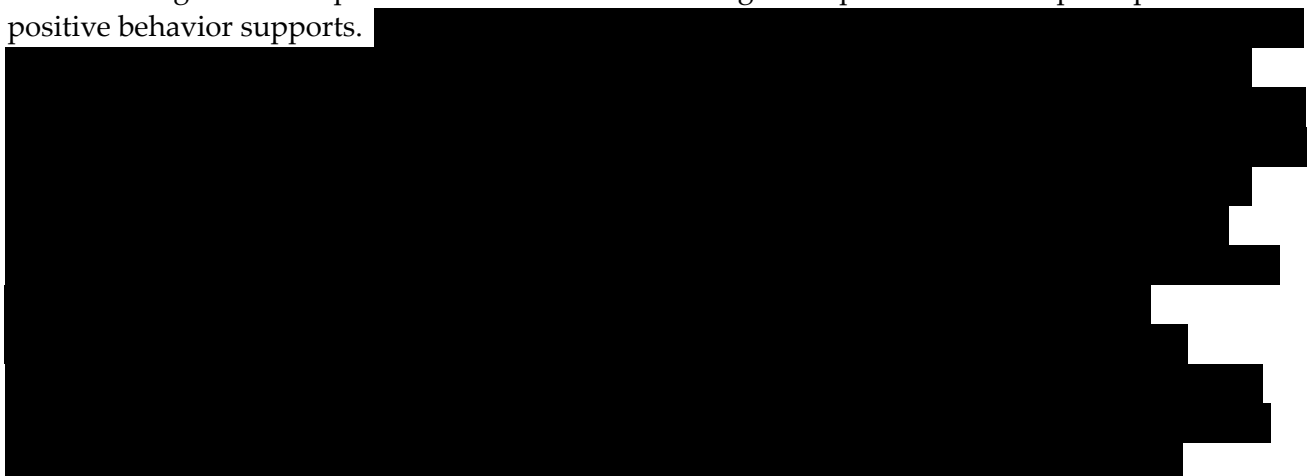
¹⁰ Information provided by the Functional Behavior Assessment includes the following: (a) psychological, health and medical factors that may influence behaviors, (b) preferences, (c) ways in which the person communicates with others, (d) description of challenging behaviors, (e) context and triggers for challenging behaviors, (f) typical consequences of and past attempts to treat challenging behaviors, and (g) overall hypothesis about the function or causes of the challenging behavior.

¹¹ In the August 2016 Semi-Annual Report, the Department noted that, as of the end of the previous reporting period, Minnesota Life Bridge had yet to develop a Positive Behavior Support Plan for [REDACTED] (Doc. No. 589 at 15.) The *Jensen* Internal Reviewer and JOQACO, however, recommended that a Positive Behavior Support Plan be developed [REDACTED] and be in place no later than September 15, 2016. (*Id.*) JOQACO verified that Minnesota Life Bridge met this deadline.

¹² The information provided by the Positive Behavior Support Plan includes the following: (a) person-centered information, which drives development of support strategies, (b) clear operational definitions of behaviors to be increased as well as decreased, (c) a listing of contexts, antecedents, and consequences that influence the

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The following is an example of how Minnesota Life Bridge uses person-centered principles and positive behavior supports.



Verification

The Responsible Party verified the information submitted to JOQACO for EC 2 through review of Minnesota Life Bridge residents' Person-Centered Descriptions/Plans, Person-Centered Planning Meeting minutes, Functional Behavior Assessments, and Positive Behavior Support Planning documents. The Responsible Party also provided JOQACO with copies of these documents.

During this reporting period, JOQACO monitored and verified the use of person-centered planning principles and positive behavior supports at Minnesota Life Bridge treatment homes, consistent with EC 2, in multiple ways. The first of these compliance monitoring and verification methods involved the activities of the *Jensen* Internal Reviewer. The *Jensen* Internal Reviewer monitored the use of positive behavior support strategies and consistency with applicable best practices on an ongoing basis through review of support strategies Minnesota Life Bridge used in response to occurrences of challenging behavior. The *Jensen* Internal Reviewer participated in weekly calls with Minnesota Life Bridge to review progress on use of positive supports, as described in the status update for EC 39, page 19.

The second method used by JOQACO to provide compliance monitoring and verification of information reported for EC 2 was the review of each Minnesota Life Bridge treatment home resident's Person-Centered Description/Plan, Functional Behavior Assessment, Positive Behavior Support Plan, CSSP-A, and other related documents, such as the minutes of residents' monthly team

occurrence of the behaviors of concern, (d) functional skills to be taught with instructional strategies, (e) support strategies, (f) data collection, and (g) criteria to determine plan success.

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meetings. Through review of these documents, JOQACO verified that all residents had a Person-Centered Description/Plan, Positive Behavior Support Plan, Functional Behavior Assessment, and CSSP-A; that all residents' Person-Centered Descriptions/Plans were initiated within 30 days; that residents' Person-Centered Descriptions/Plans were updated on at least a monthly basis; and that residents' Positive Behavior Support Plans were reviewed and updated periodically, as needed. Team involvement in the planning process was verified by the minutes of residents' monthly team meetings and the planning documents themselves.

The third way that JOQACO provided compliance monitoring and verification of the information reported for EC 2 is through on-site visits to the Minnesota Life Bridge treatment homes. During this reporting period and the preparation of this report, JOQACO visited each of the four treatment homes. During these visits, JOQACO staff or the *Jensen* Internal Reviewer interviewed residents, if they were willing to be interviewed, as well as Minnesota Life Bridge staff. In these interviews, JOQACO and the *Jensen* Internal Reviewer focused on specific concerns that had been identified by JOQACO's review of residents' documentation or that were identified by the residents themselves.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

JOQACO also interviewed two direct support staff at the [REDACTED] home in July about staff training and how updates to key resident documents and plans are communicated to staff who are not involved in residents' planning meetings. Both staff stated that, on a weekly basis, they receive and review updates to residents' Positive Behavior Support Plans, resident progress notes, or minutes of resident team meetings.

[REDACTED] In July 2016, JOQACO visited [REDACTED] primarily for the purpose of addressing concerns that JOQACO had identified relating to staff training. During this visit, JOQACO interviewed [REDACTED] staff, who stated that staff review of updated client information—including updates regarding resident positive behavior supports—is standard practice at the home.

[REDACTED]

[REDACTED] JOQACO spoke with two [REDACTED] staff, who provided paper copies of the residents' Person-Centered Description/Plan and Positive Behavior Support Plan. Although JOQACO has confirmed that the residents in the home have Transition Summaries and Plans, the staff who were interviewed did not have copies of the Transition Summaries or know where one was available on-site. It also was not clear from the documentation or conversations with staff how the residents' daily activities aligned with what was in the Person-Centered Plan. For information on how JOQACO is following up on these opportunities for performance improvement, see the "Summary of Verification Findings and Areas for Improvement" below, pages 15-16.

[REDACTED]

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¹³ This information was included in the October 2016 *Jensen* Internal Reviewer Monthly Report, which the Department distributed to the Court on November 15, 2016 (see page 6 of that report).

¹⁴ This information was included in the January 2017 *Jensen* Internal Reviewer Monthly Report, which the Department distributed to the Court on February 15, 2017 (see pages 4-8 of that report).

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Summary of Verification Findings and Areas for Improvement

In summary, the compliance monitoring and verification activities of JOQACO and the *Jensen* Internal Reviewer confirm the use of person-centered planning principles and positive behavior supports at the Minnesota Life Bridge treatment homes consistent with applicable best practices, as required by EC 2. Through their compliance monitoring and verification activities, JOQACO and the *Jensen* Internal Reviewer have also identified opportunities for performance improvement that relate to the following:

- Completeness or clarity of transition plan documentation (opportunity for performance improvement identified through review of S5's transition documents in July 2016);
- Direct support staff awareness of residents' transition plans (opportunity for performance improvement identified through interview of staff in December 2016);
- Increased focus on acquisition of employment or employment-related skills (opportunity for performance improvement identified through the *Jensen* Internal Reviewer's on-site visit with T1); and
- Clarity of documentation and staff understanding of how residents' daily activities align with what is in the Person-Centered Plan (opportunity for performance improvement identified through interview of staff in December 2016).

Because the first two of these areas for performance improvement relate to the transition planning ECs, specifically EC 48, the follow-up efforts in these areas are discussed in more detail in the EC 48 Verification section of this report, page 33.

The third of these areas for performance improvement relates to EC 90, which requires the Facilities to provide integrated vocational options to residents. As of the end of this reporting period, JOQACO and the *Jensen* Internal Reviewer had initiated the procedure for an Independent Subject Matter Expert review to develop recommendations that will guide Minnesota Life Bridge in providing integrated vocational options to residents in a more coordinated and systematic fashion. Because EC 90 is reported annually (*see* Doc. Nos. 545, 545-1), the Department will provide additional information about this process in the 2016 Annual Report, due to the Court on March 31, 2017.

With respect to the fourth opportunity for performance improvement, JOQACO has shared its concerns with Minnesota Life Bridge regarding the lack of clarity in documentation or staff understanding of how residents' daily activities aligned with what was in their Person-Centered Plans. JOQACO is in the process of implementing additional follow-up and has requested an action plan, due February 24, 2017, to address this opportunity for performance improvement. This is also being addressed by ongoing activities of JOQACO and the *Jensen* Internal Reviewer relating to the creation and maintenance of a therapeutic environment at Minnesota Life Bridge. After meetings with Minnesota Life Bridge supervisors and staff in September and October 2016, JOQACO and the

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Jensen Internal Reviewer identified a list of factors associated with the creation and maintenance of a therapeutic environment, including factors that address whether the person is participating in meaningful activities important to that person. The checklist is being piloted by the *Jensen* Internal Reviewer's Rhythm of the Day Assessments to help provide guidance to Minnesota Life Bridge staff about how they can enhance services for Minnesota Life Bridge residents.

Evaluation Criteria 3

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

Responsible Party: Minnesota Life Bridge Manager

Current Status

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

To determine whether a person met the first admission criterion—being a person with a developmental disability—the Minnesota Life Bridge Manager,¹⁵ with oversight by the Department's Community Based Services Short-term Residential Program Manager, reviewed professional assessments or court documents to determine if the person has been diagnosed with a developmental disability.

To determine whether a person met the second admission criterion—exhibiting severe behaviors, which present a risk to public safety—the Minnesota Life Bridge Manager looked for documented history of the following behaviors:

1. Assault or aggression toward others;
2. Extreme property destruction creating a likelihood of harm to others;
3. Sexual aggression or behavior that targets others;
4. Theft of motor vehicles;

¹⁵ The Minnesota Life Bridge Transition Coordinator and Clinical Coordinator participate in this process. During this reporting period, however, the persons in these positions left Minnesota Life Bridge. In January 2017, Minnesota Life Bridge extended an offer, which was accepted, for the Clinical Coordinator position; the new Clinical Coordinator is expected to start in March 2017. Despite recruitment efforts, Minnesota Life Bridge has not yet identified a qualified person to fill the Transition Coordinator position.

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

If there were discrepancies in the referral documentation or insufficient information to make a determination as to whether the person met the admission criteria, Minnesota Life Bridge sought additional information from the person's case manager to resolve the discrepancy.

During this reporting period, five people were admitted to Minnesota Life Bridge treatment homes—

Minnesota Life Bridge determined that each of the five persons admitted to Minnesota Life Bridge treatment homes during the reporting period met the EC 3 criteria for admission.

Verification

In July 2016, the *Jensen* Internal Reviewer began to routinely review each Minnesota Life Bridge admission for consistency with the EC 3 criteria and reported on these reviews in the *Jensen* Internal Reviewer Monthly Reports. The *Jensen* Internal Reviewer evaluated:

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

Based on review of referral documentation, the *Jensen* Internal Reviewer determined [REDACTED] are persons with developmental disabilities who exhibit severe behaviors that present a risk to public safety—consistent with the requirements of EC 3.

The *Jensen* Internal Reviewer determined that [REDACTED] met the second criterion—exhibits severe behaviors that present a risk to public safety—but stated, “the conflicting nature of the information in [REDACTED] referral packet regarding [the] presence of a developmental disability suggests the need for [the] Minnesota Department of Human Services to review and verify [REDACTED] eligibility.” The *Jensen* Internal Reviewer followed up on this issue with Minnesota Life Bridge.

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Evaluation Criteria 39

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

Responsible Party: JOQACO Director

Current Status

The current *Jensen* Internal Reviewer has been in this role since December 1, 2015. Consistent with EC 39, the *Jensen* Internal Reviewer's duties, described in more detail below, include a focus on monitoring the use and elimination of restraints at the Minnesota Life Bridge treatment homes. The *Jensen* Internal Reviewer also monitors and follows up on the use of *pro re nata* (PRN) medication at the request of the client and 911 calls at the Minnesota Life Bridge treatment homes.

Following each incident of emergency use of manual restraint (EUMR), 911 call, or use of PRN medication at the request of the client, Minnesota Life Bridge internal procedures require Minnesota Life Bridge clinical staff to prepare a set of recommendations for improved positive supports to reduce the risk of recurrence of the challenging behavior that led to the incident. Minnesota Life Bridge sends the Internal Review form, which includes this set of recommendations, to the *Jensen* Internal Reviewer.¹⁷ The *Jensen* Internal Reviewer then verifies that these recommendations are consistent with best practices and likely to be effective. The *Jensen* Internal Reviewer provides feedback to Minnesota Life Bridge as appropriate and monitors progress toward completing these recommendations. The *Jensen* Internal Reviewer reports monthly on Minnesota Life Bridge's efforts to respond to incidents in the *Jensen* Internal Reviewer Monthly Report. During the reporting period, the *Jensen* Internal Reviewer Monthly Reports were sent to the Court, the Consultants, Plaintiffs' Class

¹⁷ During November and December 2016, Minnesota Life Bridge failed to meet internal deadlines for developing recommendations for improved positive supports following incidents. The *Jensen* Internal Reviewer reported on this issue in the November 2016 and December 2016 *Jensen* Internal Reviewer Monthly Reports, noting that a primary contributor was the turnover of clinical staff at Minnesota Life Bridge. As explained in these Monthly Reports, the *Jensen* Internal Reviewer and JOQACO provided extensive input and guidance to help Minnesota Life Bridge remedy this issue and prevent its recurrence. As of January 6, 2017, all outstanding reviews had been completed, submitted to, and approved by the *Jensen* Internal Reviewer.

The Department will provide additional detail about this issue and efforts to prevent its recurrence in the status update for EC 38 ("Other reports, investigations, analyses and follow up were made on incidents and restraint use") in the 2016 Annual Report, due to the Court on March 31, 2017.

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

The *Jensen* Internal Reviewer conducts weekly phone calls with the Minnesota Life Bridge Clinical Coordinator, Information Coordinator, Community Residential Supervisors, and the Behavior Analysts to discuss and review Minnesota Life Bridge's efforts to complete the recommendations developed in response to incidents of EUMR, 911 calls, or use of PRNs at the request of the resident and the progress toward reducing the risk of recurrence. The *Jensen* Internal Reviewer instituted this call to verify that Minnesota Life Bridge was making steady progress toward completing the recommendations and preventing future incidents. The Minnesota Life Bridge Information Coordinator facilitates the weekly calls and maintains a spreadsheet that tracks Minnesota Life Bridge's progress toward completing the recommendations for follow-up to incidents. The *Jensen* Internal Reviewer provides this spreadsheet as an attachment to each *Jensen* Internal Reviewer Monthly Report.

The *Jensen* Internal Reviewer also utilizes the weekly call with Minnesota Life Bridge as an opportunity to provide ongoing guidance in the improvement of positive supports and to act as a source of information and referral. For example, during this reporting period, the *Jensen* Internal Reviewer provided guidance to ensure that Minnesota Life Bridge staff consider the potential functions of resident behaviors. The *Jensen* Internal Reviewer also provided guidance to Minnesota Life Bridge staff about incorporating mental wellness into support planning and providing instruction in relaxation and coping skills for residents.

During this reporting period, Minnesota Life Bridge reported a total of 75 incidents involving PRN at the request of the client, a 911 call, and/or EUMR. Minnesota Life Bridge is required to report incidents involving the use of such emergency behavioral interventions through completion and submission of the DHS 3654 Form. Table 1 presents a summary of these incidents.

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Table 1: Monthly Summary of DHS 3654 Forms Completed

Month	Location	PRN	911 Call	PRN & 911 Call	EUMR	EUMR & PRN	EUMR & 911 Call	EUMR & PRN & 911 Call
July 2016	Stratton Lake						2	
	Brobergs Lake							
	Eagle Pointe	4			1	3		
August 2016	Stratton Lake	1	1					
	Brobergs Lake							
	Eagle Pointe	7	1	2		2	1	
September 2016	Stratton Lake		1					
	Brobergs Lake	5						
	Eagle Pointe	1				1	2	
October 2016	Stratton Lake							
	Brobergs Lake	2	1					
	Eagle Pointe	1						1
November 2016	Stratton Lake		4					
	Brobergs Lake	2	1		2		1	
	Eagle Pointe	3	2		2	2		1
December 2016	Stratton Lake	1	2					
	Brobergs Lake		2		2	1		
	Eagle Pointe	2	1 ¹⁸		2	1		1
TOTALS		29	16	2	9	10	6	3

Verification

The *Jensen* Internal Reviewer was personally involved in the activities reported for this EC. Additionally, as part of JOQACO's internal quality assurance and compliance verification processes, JOQACO maintained a database to track all emergency behavioral interventions for persons served at

¹⁸ In December 2016, Minnesota Life Bridge made an internal incident report about a 911 call at Eagle Pointe but did not submit a DHS 3654 form for this incident because Minnesota Life Bridge did not judge the 911 call to be related to a behavioral emergency. After reviewing the incident, JOQACO and the *Jensen* Internal Reviewer determined that Minnesota Life Bridge should have submitted a DHS 3654 form. In follow-up, JOQACO has requested that Minnesota Life Bridge submit a DHS 3654 form for this incident. Minnesota Life Bridge properly submitted other reports on this incident.

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Minnesota Life Bridge reported in DHS 3654 forms and other incident notifications and reporting forms. This database has been in place since early 2016, before the beginning of this reporting period. JOQACO compared Minnesota Life Bridge incidents tracked in its database against the incident database maintained by Minnesota Life Bridge and reviewed the contents of the reports for consistency, completeness, and issues that required follow-up. JOQACO also maintained copies of the *Jensen* Internal Reviewer Monthly Reports, which report the *Jensen* Internal Reviewer's activities regarding follow-up to incidents. JOQACO reconciled the data reported in this section with the DHS 3654 forms and other incident reports filed during the reporting period, the information in JOQACO's database, and the *Jensen* Internal Reviewer Monthly Reports.

Follow-up to Previous Report

In its June 21, 2016 Order, the Court requested information on “whether any training is provided at the facilities to educate staff on the impropriety of using 911 calls in lieu of positive behavioral supports for the purpose of implementing prohibited restraints.” (Doc. No. 578 at 6 & n.4.) The Department provided the requested information in the August 2016 Semi-Annual Report. (Doc. No. 589 at 75-76.) In that report, the *Jensen* Internal Reviewer recommended that Minnesota Life Bridge develop policies specific to the appropriate utilization of 911, that training on these policies be added to the training for [Minnesota Life Bridge] staff, and that guidance specific to the appropriate utilization of 911 be added to residents’ Positive Behavior Support Plans. (*Id.*)

To address these recommendations, during this reporting period, Minnesota Life Bridge clarified their policies and revised staff training to emphasize the impropriety of using 911 calls in lieu of positive behavior supports. The revised training, which the *Jensen* Internal Reviewer reviewed and approved, has been provided to staff at the four Minnesota Life Bridge treatment homes, and provision of this training has been verified by JOQACO through review of training transcripts. The *Jensen* Internal Reviewer and JOQACO also verified through review of residents’ Positive Behavior Support Plans that Minnesota Life Bridge is now providing guidance related to use of 911 calls in residents’ Positive Behavior Support Plans. All Minnesota Life Bridge staff are trained on residents’ Positive Behavior Support Plans. The *Jensen* Internal Reviewer finds these procedures sufficient to address concerns about educating Minnesota Life Bridge staff on the appropriate use of 911.

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Evaluation Criteria 41

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

Responsible Party: JOQACO Director

Current Status

EC 41 directs the *Jensen* Internal Reviewer to consult with staff involved with incidents of restraint at the Facility to address why less restrictive interventions or de-escalation strategies failed, what additional behavioral support strategies may assist the person, and systemic or individual issues raised by the use of restraints. This consultation and review occurs through the process described above in the status update for EC 39, pages 18-19.

EC 41 also directs the *Jensen* Internal Reviewer to review Olmstead or other issues arising from or related to admissions, discharges, and other separations from the Facility. During this reporting period, the *Jensen* Internal Reviewer reviewed each Minnesota Life Bridge admission or discharge and included this review in the *Jensen* Internal Reviewer Monthly Report with a summary of the implications of that admission or discharge for Minnesota's Olmstead vision. Since July 2016, the *Jensen* Internal Reviewer's review of admissions has also included an assessment of whether the person meets the criteria for admission to Minnesota Life Bridge set out in EC 3. For more information about these assessments see the Verification section for EC 3, pages 17-18.

During this reporting period, the *Jensen* Internal Reviewer also provided training to internal Department staff and external audiences, including providers and lead agency staff (counties and health plans) on a variety of topics relevant to support of Minnesota Life Bridge residents and *Jensen* Class Members. These trainings aim to increase clinical expertise in the community, which in turn will help to address the challenge of timely transition for Minnesota Life Bridge residents—a challenge that has been noted in the *Jensen* Internal Reviewer Monthly Reports. The training sessions that the *Jensen* Internal Reviewer provided during the reporting period are summarized in Table 2.

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Table 2: *Jensen* Internal Reviewer Training

Date	Topic	Audience
7/18/2016	Positive Identity Development	Community care providers
7/18/2016 7/20/2016 7/29/2016 11/22/2016 12/6/2016	Training related to using positive supports, provided through work with the Interim Review Panel	Community care providers
8/1/2016	Positive behavior supports, including mental health supports and trauma informed care	Reinventing Quality Conference attendees
9/7/2016	Positive Identity Development	Arc of Greater Twin Cities
9/29/2016	Intellectual disabilities	Health care coordinators
11/3/2016	Clinical certification in positive supports	National Association for the Dually Diagnosed (NADD) International Conference
11/28/2016	Teaching people with Intellectual and Developmental Disabilities to relax	Minnesota Life Bridge clinical staff

During this reporting period, the *Jensen* Internal Reviewer also identified a knowledge gap among some clinicians providing supports through the Successful Life Project regarding suicidality in persons with intellectual or developmental disabilities. In response, JOQACO organized a webinar in December 2016 featuring Dr. Rick Blumberg, a nationally recognized expert in the provision of mental health supports to persons with intellectual or developmental disabilities. JOQACO offered the webinar to staff at the Successful Life Project, Community Support Services, and Minnesota Life Bridge. In preparation for the webinar, the *Jensen* Internal Reviewer provided input to Dr. Blumberg to assure that the content presented matched with clinical support needs.

Additionally, the *Jensen* Internal Reviewer is an active participant in the following Department work groups or committees with activities that implicate the JSA:

- Disability Services Division/Direct Care and Treatment Project Core/Steering Team
- Interim (PSTP) Review Panel
- Lead Agency Review Subcommittee
- Minnesota Association of Positive Behavior Support
- Person-Centered Planning and Equity

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- Person-Centered Work Group
- Positive Supports Gathering Planning Committee
- Positive Behavior Support Leadership Group
- Quality Assurance Leadership Team

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

Verification

The *Jensen* Internal Reviewer was personally involved in the activities reported for this EC. See also the Verification section for EC 39, pages 20-21.

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

Evaluation Criteria 47

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

Responsible Party: Minnesota Life Bridge Manager

Current Status

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

Minnesota Life Bridge serves residents in community-based treatment homes. As described in more detail in this report under ECs 2 and 48-53, these residents receive person-centered supports in these community-based settings while they plan, with the assistance of their support teams and Minnesota Life Bridge, for transition to the most integrated setting appropriate to their needs and legal status. Minnesota Life Bridge begins the person-centered and transition planning processes upon admission to the treatment homes and these processes continue throughout the person's stay at these sites. The person-centered and transition planning processes not only guide the provision of supports while the

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person is at Minnesota Life Bridge, but also inform Minnesota Life Bridge's efforts to assist the person in moving toward more integrated community settings. More detailed information about the person-centered and transition-planning processes at Minnesota Life Bridge and Minnesota Life Bridge's efforts to pursue the appropriate discharge of residents to the most integrated setting that is consistent with the person's needs and preferences are provided in the status updates in this report for ECs 2 and 48-53, pages 9-16 and 25-43.

Verification

Refer to the Verification sections for ECs 2 and 48-53, pages 11-16, 30-33, 35, 36, 39-40, 41-42, and 43.

Evaluation Criteria 48

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

Responsible Party: Minnesota Life Bridge Manager

Current Status

EC 48 relates to the Department's active pursuit of appropriate discharge for residents of the Minnesota Life Bridge treatment homes. The process of transition planning is central to the pursuit of appropriate discharge, informing the steps taken to identify and explore potential providers, homes, and communities, as well as to determine the services, supports, and protections necessary to facilitate a successful transition. In other words, transition planning is critical to defining what an appropriate discharge looks like for each person and to make sure that the needs and preferences of the person are at the center of the discharge process. The CPA itself recognizes this; notably, the Actions under EC 48 focus on transition planning.¹⁹ (See Doc. No. 283 at 48.1-2.)

The transition planning process begins upon admission with the person's development of a description of their desired life through the PATH, MAPS, or Picture of a Life process, which are supported by the Minnesota Life Bridge Person-Centered Thinking/Training Facilitator. Through this process, the person identifies where they would like to live, what kind of home they would like, with whom they would like to live, what they want to do for work and recreation, and if or how they would like their family to be involved. This picture-guided description of the person's desired life is translated into written documentation in the Person-Centered Description/Plan and Transition Plan.

¹⁹ The term "Actions" comes from the CPA. The CPA states that "[t]he ECs set forth the outcomes to be achieved and are enforceable" while "[t]he Actions under the ECs are not enforceable requirements." (Doc. No. 283 at p. 1.)

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The draft transition documents are intentionally not complete until the person moves from Minnesota Life Bridge. Best practice encourages the support team to finish the Transition Plan together. Some areas that address how a person is best supported are left blank until the person's future provider is identified. This is so the description of supports in the Transition Plan is in the context of what the person needs at the time of transition and takes into account the specific provider and home. The transition planning process continues throughout the person's stay at Minnesota Life Bridge with the person, their support team, and Minnesota Life Bridge working together to update and further develop the Transition Plan at monthly team meetings. See the EC 2 status update in this report, pages 9-11, for additional information on these activities during the reporting period.

During this reporting period, all eleven persons served at Minnesota Life Bridge treatment homes had Transition Plans that were updated on a monthly basis. Four out of the five people admitted during the reporting period had their initial Transition Plan created within 30 days of admission. See the Verification section for this EC, page 30, for additional information.

During this reporting period, Minnesota Life Bridge's efforts to pursue the appropriate discharge of residents resulted in the transition of four people (J2, S5, G4, and B4) to community-based homes. Minnesota Life Bridge facilitated the discharge of these residents through adequate and appropriate transition plans, protections, supports, and services consistent with their individualized needs in accordance with EC 48. The following provides additional context for each discharge. See also the EC 48 Verification section, pages 32-33, for additional information obtained by JOQACO regarding these discharges.

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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Efforts and progress toward discharge for other treatment home residents

For the other seven residents served at Minnesota Life Bridge treatment homes during this reporting period, Minnesota Life Bridge actively worked with the person and their team to pursue appropriate discharge through the transition planning process. JOQACO asked Minnesota Life Bridge to provide client-specific information for one of these residents at each of the four treatment homes (if there was more than one resident at a treatment home, JOQACO randomly selected one person for this purpose). The following is a summary of progress and efforts toward appropriate discharge for each of these residents during the reporting period:

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

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Verification

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

The Responsible Party informed JOQACO that, during this reporting period, the Minnesota Life Bridge Person-Centered Thinking/Training Facilitator did not create one resident's initial Transition Plan within 30 days after admission. Although the Person-Centered Thinking/Training Facilitator had completed the initial work of obtaining person-centered information within the first 30 days which was used to create the Person-Centered Description/Plan, this information was not transferred into the initial Transition Plan document during that time period. The Person-Centered Thinking/Training Facilitator reported this was an oversight. JOQACO confirmed with Minnesota Life Bridge that they have since provided instruction to the Person-Centered Thinking/Training Facilitator to improve the timely creation of initial Transition Plans.

²² The 2009 Minnesota Legislature enacted a moratorium on the growth of licensed adult and child corporate foster care settings. The Department can exempt new corporate foster care or community residential settings from the moratorium under certain conditions.

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JOQACO reviewed the supporting documentation submitted by the Responsible Party to verify the information reported, including the existence of Transition Plans for each Minnesota Life Bridge treatment home resident, the timeliness of transition plans (refer to the previous paragraph), the number and timing of discharges, the circumstances surrounding discharges (pages 26-29), and the summaries of progress toward discharge for the random sample of residents (pages 29-30).

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

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

As has been acknowledged in previous CPA Compliance Reports (Doc. Nos. 531, 589) and the *Jensen* Internal Reviewer Monthly Reports, timely discharge from Minnesota Life Bridge remains a challenge due mainly to community capacity for serving people with challenging behaviors, complex mental health needs, or legal issues. During this reporting period, while two of the four persons discharged—[REDACTED]—were discharged after 3-4 months, the other two—[REDACTED]—were at Minnesota Life Bridge for over a year. This issue has been a focus for improvement by the *Jensen* Internal Reviewer and JOQACO. In August 2016, the *Jensen* Internal Reviewer interviewed Minnesota Life Bridge staff and administration to identify factors that are contributing to long lengths of stay and in November 2016 convened a meeting between Minnesota Life Bridge and JOQACO to identify strategies for reducing the time to discharge and reducing the likelihood of a post-Minnesota Life Bridge community placement failing due to challenging behaviors.²³ The *Jensen* Internal Reviewer and JOQACO continue to monitor length of stay at Minnesota Life Bridge and help Minnesota Life Bridge identify and overcome the barriers to timely discharge.

²³ Information about these efforts is included in the August 2016 *Jensen* Internal Reviewer Monthly Report (distributed to the court September 14, 2016, page 6) and November 2016 *Jensen* Internal Reviewer Monthly Report (distributed to the Court December 15, 2016, page 6).

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For information obtained from on-site visits to Minnesota Life Bridge regarding person-centered planning and transition planning, refer to the Verification section for EC 2, pages 11-16.

Follow-up Regarding Discharges

JOQACO also followed up with the Minnesota Life Bridge site manager or supervisor, the case manager, the guardian, and the new residential provider for each of the four people who transitioned out of Minnesota Life Bridge treatment homes during this reporting period. This was done to further verify that Minnesota Life Bridge pursued the appropriate discharge of residents through transition planning. JOQACO received responses from the Minnesota Life Bridge site manager or supervisor for each person who transitioned, as well as three case managers and one provider. Although JOQACO contacted the guardians for each of the four people who transitioned, none responded to JOQACO's request for follow up.

For those who responded, the consensus was that the Transition Plan was useful because it described in detail the person's wants and needs so that the new provider had a framework with which to begin supporting the person. By reviewing and discussing the Transition Plan, Minnesota Life Bridge, the case manager, and the provider were able to determine specific ways to address things that were important to and for the person. Respondents noted that this was not always an easy process, as Minnesota Life Bridge operates differently from other providers. More specifically, case managers and providers were not fully expecting the detail and level of involvement that was expected of them in the Minnesota Life Bridge transition process. Over time, however, respondents came to recognize the usefulness of the process. For example, one respondent stated, "At first [there were] so many meetings. Once it got going, we worked on the [T]ransition [P]lan, which was very helpful, [and] it made sense. [Minnesota Life Bridge] provided such detail that the transition went well." Case managers and providers also expressed appreciation for the person and Minnesota Life Bridge staff providing training at the new home.

For one person, the case manager felt that Minnesota Life Bridge was not very clear about the person's level of behaviors and needs; the new provider was unable to provide the level of supports needed and that first placement quickly failed with the person hospitalized. However, that case manager liked how well Minnesota Life Bridge worked with the person and would like to have that replicated in a different placement.

JOQACO also asked respondents if the Transition Plan was used in the creation of supports in the person's new home. The answers varied. One case manager thought the new provider did nothing to help the person achieve goals. In another instance, a provider stated, "We have been able to have an extremely successful transition" and that Minnesota Life Bridge "did an absolutely fantastic job on the [Person-Centered Plan]" which provided a "good setup" for training new staff. The case manager for a different person stated that the new provider has been delivering supports consistent with the

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person's preferences identified in the Transition Plan, including addressing the person as they prefer and allowing the person time to respond—"things they learned from Minnesota Life Bridge."

JOQACO shared the feedback it received regarding transitions with Minnesota Life Bridge to be used in ongoing performance improvement efforts—particularly the concern raised by one case manager that Minnesota Life Bridge did not clearly communicate the full extent of the person's behaviors and level of need to the new provider and the comments from case managers and providers indicating that they did not fully anticipate the level of involvement that Minnesota Life Bridge expected of them during the transition process. Additionally, JOQACO is following up with the case manager who stated that the new provider did nothing to help the person achieve their goals in order to better understand the case manager's concerns and determine appropriate follow-up.

Follow-up to Prior Report—Opportunities for Performance Improvement

In the August 2016 Semi-Annual Report, JOQACO identified opportunities for performance improvement relating to transition planning, including timely initiation of Transition Plans, clearer documentation in Transition Plans regarding options that have been pursued, outcomes, and any barriers to transition; and a standardized process for transition planning to clarify who is responsible for each task and the expected timeline.²⁴ (Doc. No. 589 at 30.) JOQACO communicated these opportunities for improvement to Minnesota Life Bridge and requested an Action Plan by September 15, 2016. Minnesota Life Bridge timely submitted the Action Plan and confirmed that the steps were completed. For example, Minnesota Life Bridge developed and is piloting a checklist tool to be used during transition planning meetings to give everyone involved a clearer picture of the tasks that need to be completed before the person's transition and to help standardize the process. Additionally, Minnesota Life Bridge provided clarification to staff about expectations regarding transition plan documentation to allow for better and more complete information when discussing what services are important to and important for the person. Over the course of this reporting period, JOQACO has observed improvement in Minnesota Life Bridge Transition Plans and Summaries, including clearer and more detailed documentation of options pursued, identification of who is responsible for each task, and identification of when the task is to be completed. JOQACO continues to monitor the completion and clarity of Minnesota Life Bridge transition documents to ensure that such improvements are being implemented consistently.

²⁴ Because these issues were identified during the early months of this reporting period, some of the same or similar opportunities for improvements are also raised by the information contained in this report (e.g., EC 2, page 15, and EC 48, page 27).

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Evaluation Criteria 49

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

Responsible Party: Minnesota Life Bridge Manager

Current Status

EC 49 applies to the Minnesota Life Bridge treatment homes and relates to the involvement of the resident and the resident's legal representative and/or family in the person-centered and transition planning processes. Consistent with Actions²⁵ 49.1 and 49.2, all eleven persons served at Minnesota Life Bridge treatment homes during the reporting period had Person-Centered Descriptions/Plans and Transition Plans that were developed through the participation of the person, with the assistance of the Minnesota Life Bridge Person-Centered Thinking/Training Facilitator and the person's support team. All persons admitted to Minnesota Life Bridge during the reporting period had the person-centered planning process initiated within 30 days of admission.²⁶

Consistent with Action 49.1, Minnesota Life Bridge encourages and facilitates the involvement not only of the person, but also of the person's legal representative and/or family (as permitted by law and desired by the person) in the planning and decision-making process. Minnesota Life Bridge extends planning meeting invitations to all interested parties and accommodates participation by scheduling meetings around family members or guardians' schedules. Minnesota Life Bridge also facilitates family member participation by holding the planning meeting at a location that allows for easy access for participants. Family members and guardians can also call into planning meetings using Minnesota Life Bridge's conference call account. To allow persons participating in meetings remotely to better hear and be heard, Minnesota Life Bridge staff use a wireless Bluetooth speakerphone. During this reporting period, these accommodations were used as necessary.

²⁵ The term "Actions" comes from the CPA. The CPA states that "[t]he ECs set forth the outcomes to be achieved and are enforceable" while "[t]he Actions under the ECs are not enforceable requirements." (Doc. No. 283 at p. 1.)

²⁶ Three of the five individuals admitted during the reporting period (S3, M3, and M4) had their 30-day planning meeting more than 30 days after admission in order to accommodate the schedules of family members or case managers. These individuals' Person-Centered Descriptions and Plans, however, were initiated within 30 days of admission.

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Verification

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

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

Evaluation Criteria 50

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

Responsible Party: Minnesota Life Bridge Manager

Current Status

EC 50 requires the Department to use person-centered planning principles at each stage of the transition planning process for residents of Minnesota Life Bridge treatment homes. Consistent with this requirement, the transition planning process at Minnesota Life Bridge uses, and is driven by, person-centered principles. As explained in more detail in the status update for EC 2, this process begins with the development of the Person-Centered Description. All eleven persons served at Minnesota Life Bridge treatment homes during the reporting period engaged with the Minnesota Life Bridge Person-Centered Thinking/Training Facilitator to contribute to their Person-Centered Descriptions.

All eleven persons served at Minnesota Life Bridge treatment homes during the reporting period had a Person-Centered Plan that was developed through participation in Picture of a Life, PATH, or MAPS. Through these processes, persons worked collaboratively with the Person-Centered Thinking/Training Facilitator to create their vision for the future based on what is important to and for them. This information became the focus of the 30-day team meeting to guide the development of action steps towards achieving each person's vision.

After the 30-day team meeting, the person and their team contribute to updates to the Person-Centered Description/Plan and Transition Plan during monthly team meetings and the Minnesota Life Bridge Person-Centered Thinking/Training Facilitator reviews the Person-Centered Description/Plan at least monthly. The Person-Centered Description/Plan informs the objectives in the Coordinated Services and Support Plan Addendum (CSSP-A). Information from the Person-Centered Description/Plan is also directly incorporated into the Transition Plan and Positive Behavior Support Plan. During the reporting period, each person served a Minnesota Life Bridge treatment home had their Person-Centered Description/Plan updated on a monthly basis after the initial team meeting.

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During this reporting period, Minnesota Life Bridge continued to have a dedicated Person-Centered Thinking/Training Facilitator, who develops and maintains all Person-centered Plans of Minnesota Life Bridge treatment home residents and helps to ensure that person-centered principles guide each stage of the transition planning process. The Person-Centered Thinking/Training Facilitator has experience in facilitating Person-Centered Plans using PATH, MAPS and other tools and has received training in PATH and MAPS from the tools' creators. While employed with the Department, the Person-Centered Thinking/Training Facilitator has further developed person-centered planning expertise by engaging in training, mentoring, and attendance at professional conferences. For example, the Person-Centered Thinking/Training Facilitator mentors under Dr. Angela Amado, one of the state's leaders in Person-Centered Thinking and Planning. During this reporting period, the Person-Centered Thinking/Training Facilitator also attended multiple professional development events, including the National Person-Centered Gathering in Portland, Oregon; the Minnesota Person-Centered Thinking Gathering, hosted by the University of Minnesota Institute of Community Integration; and the Person-Centered Thinking Coaches and Leaders Workshops.

Verification

The Responsible Party verified the information submitted to JOQACO for EC 2 and EC 50 through review of Minnesota Life Bridge treatment home residents' Person-Centered Descriptions/ Plans and Transition Plans. The Responsible Party also verified the Minnesota Life Bridge Person-Centered Thinking/Training Facilitators' qualifications and professional development activities through documentation, including the Facilitator's training transcript, resume, and certification of training in person-centered planning.

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

See the Verification section for EC 2, pages 11-16, for additional detail about JOQACO's verification efforts related to person-centered planning at Minnesota Life Bridge treatment homes and the Verification section for EC 48, pages 30-33, for additional detail about JOQACO's verification efforts related to transition planning at Minnesota Life Bridge treatment homes.

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Evaluation Criteria 51

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

Responsible Party: Minnesota Life Bridge Manager

Current Status

EC 51 requires that Minnesota Life Bridge treatment homes give each resident the opportunity to express choice regarding preferred activities that contribute to a quality life. In its Response to the Court Monitor's Assessment, filed with the Court on December 12, 2016 (Doc. No. 606-2), the Department expressed that what has previously been reported for EC 51 (Doc. No. 589 at 33-34) is sufficient to establish substantial compliance with the enforceable requirements of EC 51. (Doc. No. 606-2 at 21.) However, the Department acknowledged that the specificity of reporting for EC 51 could improve to better illustrate the extent of the Department's efforts in this area and the work that happens on a daily basis at Minnesota Life Bridge. (*Id.*) In its January 17, 2017 Order, the Court directed the Department to incorporate in future reports the clarifications it identified regarding EC 51. (Doc. No. 612 at 3.) Accordingly, the Department includes here additional information about the process Minnesota Life Bridge staff uses to provide each resident with opportunities to express choice regarding preferred activities, as well as additional and more detailed client-specific examples.

Minnesota Life Bridge staff ensure that each treatment home resident has the opportunity to plan and fill their day with preferred activities that are important to and for them, through a process that is highly individualized. Staff engage with each resident on a regular basis—typically daily—to discuss their choices and plans for activities. Some residents prefer to plan their activities on a weekly basis through a weekly activity plan, which often doubles as a budget reminder. Other residents prefer to choose and plan their activities on a daily basis, either verbally or via written schedule. Minnesota Life Bridge frequently modifies these activity plans based on the preference of the individual. Minnesota Life Bridge staff accommodate activities that residents spontaneously choose wherever logistically possible.

The information in residents' Person-Centered Descriptions/Plans, in combination with staff's daily experience and conversation with residents, inform how staff provide support to residents in selecting and planning their preferred activities. Staff offer ideas for activities based on a resident's expressed preferences and goals and look for ways for residents to expand their horizons with community activities. It is always up to the individual, however, whether to engage in any suggested activity. For residents who have limited experience in trying new things, it can take some trial and error for the person to figure out, with the support of Minnesota Life Bridge staff, their preferences regarding activities. If this is the case, staff speak with the person prior to a new activity to discuss possible stressors or unknown factors that could arise during the activity. Minnesota Life Bridge staff give residents the opportunity to stop an activity if it becomes unenjoyable for any reason.

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The following are examples of how Minnesota Life Bridge provided residents with daily opportunities to express a choice regarding preferred activities during this reporting period. These examples were provided in response to JOQACO's request for information regarding preferred activities for a random sample of clients from across the four treatment homes for a randomly selected week during the reporting period:

■	
■	
■	

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Verification

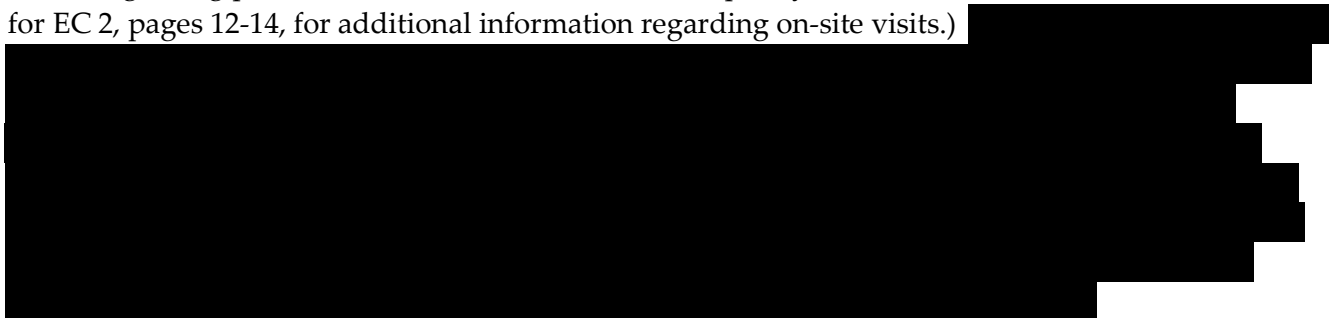
The Responsible Party verified information submitted to JOQACO by reviewing resident Person-Centered Description/Plans, minutes of monthly team meetings, daily or weekly resident schedules, and resident progress reports. The Responsible Party also spoke with Minnesota Life Bridge lead staff and site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

JOQACO requested, for a sample of residents across the four treatment homes for a randomly selected week during this reporting period, client-specific information about resident choice regarding preferred activities. Specifically, JOQACO asked Minnesota Life Bridge to provide information for the following residents and time periods:

- C1, time period 10/3/2016-10/9/2016
- G3, time period 8/1/2016-8/7/2016
- G4, time period 7/11/2016-7/17/2016 and
- M3, time period 11/7/2016-11/13/2016

JOQACO reviewed the information and supporting documentation submitted by Minnesota Life Bridge for these residents during the applicable time periods, including resident progress notes and written daily schedules. The information submitted to JOQACO by the Responsible Party was consistent with the supporting documentation.

JOQACO and the *Jensen* Internal Reviewer's on-site visits to Minnesota Life Bridge provided additional verification that Minnesota Life Bridge residents are given the opportunity to express choice regarding preferred activities that contribute to quality life. (Refer to the Verification section for EC 2, pages 12-14, for additional information regarding on-site visits.)



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The *Jensen* Internal Reviewer and JOQACO have observed that, while residents at Minnesota Life Bridge are given opportunities to express choice about preferred activities that contribute to a quality life, these activities do not include, on a systematic basis, vocational activities. As noted in previous sections of this report (e.g., pages 7-8), this identified area for performance improvement will be the subject of an Independent Subject Matter Expert review. Because vocational options for Minnesota Life Bridge residents relate to EC 90, this topic will be addressed in the update for EC 90 in the 2016 Annual Report, due to the Court on March 31, 2017.

Evaluation Criteria 52

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

Responsible Party: Minnesota Life Bridge Manager

Current Status

EC 52 sets out the goal that all residents of Minnesota Life Bridge treatment homes “be served in integrated community settings and services with adequate protections, supports, and other necessary resources” and that “best efforts will be utilized to create the appropriate setting or service” through an individualized process if an existing setting or service is not identified or available. (Doc. No. 283 at EC 52.) This goal, and the Department’s best efforts to create the appropriate setting or service, are evident in Minnesota Life Bridge’s person-centered approach to transition planning; efforts to help residents to identify a future living situation that meets their needs and preferences; identification, through a continuous transition planning process, of how the person’s needs and preferences will be met by the services and setting to which the person will be transitioning; and supports provided during transition.

As explained in previous sections (e.g., status updates for EC 2, EC 50), Minnesota Life Bridge uses person-centered planning principles throughout the transition planning process to identify what is important to and for the person. During this reporting period, Minnesota Life Bridge updated each treatment home resident’s Person-Centered Description/Plan on a monthly basis to include continuously increasing clarity on what an ideal living situation would look like for the person and the “must haves” for any future living situation. The information from the Person-Centered Description/Plan directly informed residents’ Transition Plans, which highlight what is important to and for the person and explains how the future setting or service, as well as the supports provided during transition, can meet the person’s identified needs and preferences. The elements addressed by the Transition Plan include, but are not limited to, location; elements that contribute to a good day for the person; recreation; family, friends and relationships; characteristics of housemates; characteristics

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of people who support the person best; behavioral supports; medical and dietary supports; and transition/continuum of support needs.

With respect to the last of these categories, the Transition Plan format requires each of the considerations listed in Action²⁷ 52.5 to be addressed. As previously explained, an initial draft of the Transition Plan is to be created within 30 days of admission to a Minnesota Life Bridge treatment home.²⁸ The Transition Plan is further developed and finalized after a new living situation is agreed upon.

The four residents discharged from Minnesota Life Bridge treatment homes during the reporting period selected existing services or living situations, obviating the need for an individualized service design process—although the specifics of the supports provided are individualized. Through the transition planning process, the resident, their support team, Minnesota Life Bridge, and the new service provider collaborated to identify the supports, service alterations, or enhancements needed to meet the person’s essential needs, as outlined in their Person-Centered Description/Plan. To facilitate a successful transition with appropriate and effective supports, Minnesota Life Bridge clinicians offered resident-specific training to the new providers. For additional context about these four discharges, see the status update for EC 48, pages 26-29.

For examples of how Minnesota Life Bridge assisted the other treatment home residents during this reporting period to identify a future living situation that meets their needs and preferences in the most integrated setting possible, and to plan for transition to these situations, see the status update for EC 48, pages 29-30.

Verification:

The Responsible Party verified information submitted to JOQACO for EC 52 by reviewing treatment home residents’ Transition Plans and Person-Centered Descriptions/Plans.

JOQACO verified the information submitted by the Responsible Party by reviewing treatment home residents’ Transition Plans and Person-Centered Descriptions/Plans. Additionally, the *Jensen* Internal Reviewer evaluated all discharges from Minnesota Life Bridge and reported on these reviews in the

²⁷ The term “Actions” comes from the CPA. The CPA states that “[t]he ECs set forth the outcomes to be achieved and are enforceable” while “[t]he Actions under the ECs are not enforceable requirements.” (Doc. No. 283 at p. 1.)

²⁸ As previously explained, four out of five persons admitted to Minnesota Life Bridge had their initial transition plan created within 30 days of admission. See the Verification section for EC 48, page 30 of this report, for more information.

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Jensen Internal Reviewer Monthly Reports. During this reporting period, the *Jensen* Internal Reviewer evaluated:

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

JOQACO also contacted the Minnesota Life Bridge site manager or supervisor, the case manager, the guardian, and the new residential provider for each of the four people who transitioned out of Minnesota Life Bridge treatment homes during this reporting period. This further verified that Minnesota Life Bridge pursued the appropriate discharge of residents through transition planning. JOQACO received responses from the Minnesota Life Bridge site manager or supervisor for each person who was discharged, as well as three case managers and one provider. None of the guardians responded to JOQACO's request for follow up. For more information about JOQACO's verification efforts, see the Verification section for EC 48, pages 32-33.

Evaluation Criteria 53

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

Responsible Party: Minnesota Life Bridge Manager

Current Status

Consistent with EC 53, Minnesota Life Bridge continues to implement person-centered transition planning and provide treatment home residents with opportunities to receive services in integrated settings, in accord with the *Olmstead* decision, to the extent possible and according to the preferences of the person. Minnesota Life Bridge, by its overall design, is a temporary treatment program meant to help residents move into more integrated settings. Persons served at Minnesota Life Bridge treatment homes are highly involved in developing their Person-Centered Description/Plans and Transition Plans. If, after being provided with the information necessary to make an informed choice, a person chooses a segregated service, Minnesota Life Bridge documents this choice in the person's record. Persons and their support teams are encouraged to make an informed choice for future providers and Minnesota Life Bridge encourages transition to integrated and more independent settings whenever possible. During this reporting period, no resident of a Minnesota Life Bridge treatment home transitioned to services in a more segregated setting.

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Minnesota Life Bridge works with treatment home residents and their teams to develop Person-Centered Plans and Transition Plans that address multiple areas of engagement, including community and civic life, relationships, career, home, and personal interests. As discussed in the status updates for EC 2 and ECs 48-52, the Person-Centered Description/Plan directly informs the services and supports Minnesota Life Bridge provides to residents while they are living in the treatment homes and directly informs the transition planning process. These services and supports are monitored in a variety of ways, including through residents' monthly team meetings, resident progress reports, the transition planning process, the *Jensen* Internal Reviewer's assessment of follow-up to incidents involving EUMR, 911 calls, or use of PRN medication at the request of the client, and the *Jensen* Internal Reviewer's Rhythm of the Day Assessments.

Verification

See the Verification sections for ECs 2 and 48-52, pages 11-16, 30-33, 35, 36, 39-40, and 41-42.

Settlement Agreement Section IX.D. Other Practices at the Facility – No Inconsistent Publicity (EC 64)

Evaluation Criteria 64

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

Responsible Party: Minnesota Life Bridge Manager

Current Status

The mission of Minnesota Life Bridge can be described by the phrase "Successful Transition to a Successful Life," consistent with the JSA and CPA. Consistent with EC 3, Minnesota Life Bridge serves Minnesotans who have a developmental disability and exhibit severe behavior that presents a risk to public safety. Minnesota Life Bridge treatment homes are intended to provide short-term residential services, lasting no longer than necessary to stabilize the person's behavioral crises and facilitate successful transition to a living situation of their choosing. Consistent with the JSA and CPA, Minnesota Life Bridge also requires the use of positive behavioral supports and person-centered planning approaches and prohibits the use of mechanical restraint, prone restraint, chemical restraint, seclusion and time out, and all other aversive or deprivation practices. The Department describes these principles in its Minnesota Life Bridge Bulletin (Bulletin 16-76-02). This Bulletin was revised

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and updated during this reporting period and was published on November 18, 2016. The Bulletin is publicly available on the Department's web site.²⁹

For more detail about admissions to Minnesota Life Bridge treatment homes, use of person-centered principles and positive behavioral supports at Minnesota Life Bridge treatment homes, and Minnesota Life Bridge's pursuit of the appropriate discharge of treatment home residents, see the status updates in this report for ECs 2-3, pages 9-18, and 48-53, pages 25-43.

Verification

JOQACO reviewed and provided input on the updated Minnesota Life Bridge Bulletin. See also the Verification sections for ECs 2-3 and 48-53, pages 11-16, 17-18, 30-33, 35, 36, 39-40, 41-42, and 43.

Settlement Agreement Section X.A. System Wide Improvements – Expansion of Community Support Services (EC 67-78)

Evaluation Criteria 67

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

Responsible Party: Community Supports Services Director

Current Status

EC 67 requires the expansion of community services to 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. (Doc. No. 283 at EC 67.) With nine mobile teams and 24 office locations around the state, Community Support Services (CSS) provides assessment, triage, and care coordination to persons with developmental disabilities on a statewide basis. This allowed persons and their teams to receive support from CSS where the person is, in the most integrated setting possible.

²⁹ The following is the URL for the Minnesota Life Bridge Bulletin, DHS Bulletin No.16-76-02:
<http://www.dhs.state.mn.us/main/groups/publications/documents/pub/dhs-291254.pdf>

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During this reporting period, CSS mobile teams provided assessment, triage, and care coordination to 168 persons with developmental disabilities.³⁰ Information on long-term monitoring services from CSS is addressed in the status updates for ECs 68 and 69 in this report.

To obtain additional information about how CSS mobile team supports are being used to assure that persons with developmental disabilities receive the appropriate level of care at the right time, in the right place, and in the most integrated setting possible, JOQACO reviewed case notes and contacted CSS lead workers for a random sample of the 168 people with developmental disabilities who received “standard” (meaning not long-term monitoring) supports from CSS mobile teams during this reporting period. Using Random.org, JOQACO selected a random sample of 20 people for these additional inquiries.³¹ When interviewing the CSS lead workers for the people in the random sample, JOQACO utilized a standardized interview protocol that asked: (1) why the person was referred to CSS for services; (2) what services and supports were provided by CSS to the person and their community support network; and (3) if and how the services provided supported the person to remain in and/or become more involved in the community.

As of the time of report preparation, CSS lead workers for nine people from the random sample had responded to JOQACO by phone or by e-mail. The following is a summary of the information that JOQACO obtained from CSS lead workers, supplemented by case notes, for these nine people:³²

³⁰ This number does not include persons who only received long-term monitoring services from CSS (see ECs 68 and 69) during the reporting period. This number does include persons who received “standard” (meaning not long-term monitoring) supports from CSS during the reporting period but moved to the long-term monitoring group during the reporting period.

The August 2016 Semi-Annual Report reported that 298 people received supports from CSS during that reporting period. It should be noted that the August 2016 Report covered a nine-month reporting period (October 1, 2015-June 30, 2016) while this Report covers only a six-month reporting period. Also, the figure in the August 2016 Report, unlike the figure here, included persons who received only long-term monitoring services during the reporting period.

³¹ JOQACO alphabetized and numbered the list of people who received standard supports from CSS during the reporting period. JOQACO used Random.org (<https://www.random.org/>) to generate 20 random numbers based on the total number of people who received supports from CSS during the reporting period. JOQACO then matched the numbers generated to the alphabetized list of names. JOQACO generated a larger random sample than desired, anticipating that not every person contacted through JOQACO’s information gathering and verification efforts would be available when contacted or able to respond to JOQACO prior to this report being finalized.

³² The following summaries include events and supports that occurred outside this reporting period.

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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

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Diversion Meetings

Consistent with Actions³³ 67.4, 67.5, and 67.7, the Department provides on-going efforts to divert persons from institutionalization or placement in more restrictive settings through weekly diversion meetings. Minnesota Life Bridge facilitates the weekly diversion meetings and meetings involve representation from multiple areas of the Department, including CSS, Community-Based Services, Direct Care and Treatment Central Pre-Admission, and Minnesota State Operated Community Services. These meetings consider all persons known to be at risk of losing their living situation, as well as residents of Minnesota Life Bridge treatment homes.³⁴ Weekly diversion meetings include person-centered development strategies as well as consideration of existing vacancies and challenges. This involves reviewing any proposed admissions to more restrictive settings and considering all possible diversion strategies; reviewing status of transition planning for all individuals living at Minnesota Life Bridge treatment homes; and incorporating an active, individualized planning or development focus in these transition discussions. These efforts and discussions are summarized in the Diversion Meeting minutes, which include updates on the current status of diversion efforts and next steps for these efforts, with detail about what is to be addressed, who is assigned to follow through, when resolution is expected for the item, and escalation of the issue to upper management, if any.³⁵ Minnesota Life Bridge sends the Diversion Meeting minutes to JOQACO, who distributes the minutes to the Consultants and others on a weekly basis.

Verification

JOQACO's data analyst worked with the CSS data analyst to observe and refine how CSS pulled from its database a list of all persons with developmental disabilities who received standard supports from CSS during this reporting period (including persons who received standard supports at some point during this reporting period but then moved to the long-term monitoring group).

To obtain additional information about how CSS mobile team supports are being used to assure that persons with developmental disabilities receive the appropriate level of care at the right time, in the right place, and in the most integrated setting possible, JOQACO reviewed case notes and contacted

³³ The term "Actions" comes from the CPA. The CPA states that "[t]he ECs set forth the outcomes to be achieved and are enforceable" while "[t]he Actions under the ECs are not enforceable requirements." (Doc. No. 283 at p. 1.)

³⁴ The Department's Single Point of Entry system also supports diversion efforts for persons with developmental disabilities at risk of losing their current living situation.

³⁵ No such escalation occurred during this reporting period. JOQACO monitors the diversion meeting minutes and escalates issues as necessary.

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CSS lead workers for a random sample of the 168 people with developmental disabilities who received “standard” (meaning not long-term monitoring) supports from CSS mobile teams during the reporting period. This information is summarized in the status update for EC 67, above.

To verify the information provided by CSS lead workers for people in the random sample, and to obtain additional detail about how the supports have impacted these people and their teams, JOQACO staff reached out to case managers, providers, and family members or guardians (where available). JOQACO utilized a standardized interview protocol that asked: (1) why the person was referred to CSS for services; (2) what services and supports were provided by CSS to the person and their community support network; and (3) if and how the services provided supported the person to remain in and/or become more involved in the community.

For the nine people in the random sample whose information is summarized in the status update for EC 67 in this report, JOQACO received responses from nine case managers, five providers, and four guardians/family members. The information received from the case managers, providers and guardians/family members was consistent with what CSS reported in interviews with JOQACO and in case notes. Two respondents emphasized how much they valued the training CSS provided on mental health and understanding what behaviors are symptoms of the person’s mental illness. Responses from case managers and providers also emphasized the important role that CSS supports played in helping the service recipient become more involved in the community, including pursuit of employment opportunities, and provision of training to provider staff. The following are quotes from the responses received by JOQACO:

- “CSS has assisted with staff training on 1:1 supports needed for [the Client] to be in the community. They got employment supports and services up and running for [the Client]. [The Client] would not be doing as well as [they are] without the supports provide[d] to [the Client] though CSS.”
- “They have been so great; I wish I had CSS for all my clients.”
- “[The Client] continues to remain in the community and not in the hospital. [The Client] gained employment and is making a decent wage, which makes [the Client] very happy. [The Client] also partakes in more community outing[s] as well as cooking classes from time to time. I believe CSS helped make that all possible.”
- “[The Client] has made a great transition to the community since living at _____. The [CSS] behavioral support has aided with this.”
- “CSS has been a big help in maintaining [the Client’s] placement and locating providers.”
- “[CSS] has done an excellent job in providing support and training to [the Client], [the Client’s] family and staff. [CSS] provides a calm and insightful perspective in the supports and services [the Client] needs to be successful in [the] community.”

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- “[CSS] has been taking [the Client] out a few times a week to visit [the Client’s] parents and get out into the community, working on coping skills and helping [the Client] identify questions to [ask] potential homes [the Client] could be moving into.”

Respondents also emphasized that team building and facilitating improved relationships between provider staff and guardians or family members are important parts of CSS supports. For example, two respondents stated the following:

- “CSS has helped reduce tension between group home staff and guardians. CSS helped [the] group home establish professional boundaries between group home staff and ____.”
- “The team is very good and [reports] no problems. [The Client] is doing great in [the] new placement and very thankful for CSS placing [them] in [the] new home.”
- “[CSS] remains a necessary and integral part of the IDT.”³⁶

With respect to the information reported in the status update for EC 67 regarding diversion meetings, JOQACO received, reviewed, and distributed the Diversion Meeting minutes on a weekly basis.

Evaluation Criteria 68

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

Responsible Party: Community Supports Services Director

Current Status

EC 68 requires that the Department engage in best efforts³⁷ to identify and provide long-term monitoring of individuals with clinical and situational complexities in order to help avert crisis reactions, provide strategies for service entry changing needs, and prevent multiple transfers within the system. (Doc. No. 283 at EC 68.)

During this reporting period, CSS provided long-term monitoring (CSS refers to this as “extended supports”) to 61 people with developmental disabilities and clinical and situational complexities.

³⁶ “IDT” refers to “Interdisciplinary Team.”

³⁷ The CPA states that ECs 68-75 are subject to a “best efforts” standard. (Doc. No. 283 at 2.) This is based on the statement in the JSA that its long-term monitoring, crisis management, and training provisions under “System Wide Improvements” represent the Department’s goals and objectives and do not constitute requirements. (Doc. No. 136-1 at X.A.1.)

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During this reporting period, CSS opened 26 new long-term monitoring cases and closed 10 long-term monitoring cases.

Through its long-term monitoring activities, CSS works to help avert crisis reactions, provides strategies for service entry changing needs, and prevents multiple transfers within the system by monitoring and promoting the implementation of support plans; collaborating with support networks to adjust support strategies; training the person's support network to recognize changing needs; and facilitating access to the right supports in the right place at the right time. The following sections first provide an overview of CSS' long-term monitoring process followed by additional information about the services provided to persons in the long-term monitoring group during this reporting period.

Overview of CSS' Long-Term Monitoring Process

The following describes how CSS identifies persons who would benefit from long-term monitoring, provides services that are targeted to the person's needs and the goals of long-term monitoring described in EC 68, monitors the progress of persons receiving long-term monitoring, and determines whether a person is no longer in need of long-term monitoring services.

All persons with developmental disabilities who are referred to CSS for services are reviewed for eligibility for long-term monitoring. To identify individuals who would benefit from long-term monitoring, CSS, in collaboration with lead agencies, looks at the following factors: behaviors dangerous to self or others; frequent interactions with the criminal justice system; sudden increase in the use of psychotropic medications; multiple hospitalizations or transfers within the system; serious reported incidents; repeated loss of housing or services; provisional discharge from a state-operated treatment facility; and other identified challenges.

CSS uses the following three categories to help assess the level of CSS involvement and activities necessary to address the needs of each person in the long-term monitoring group:

- **Category Three:** Persons assigned to this category are in situations that require extensive CSS support. The factors for which CSS looks in assigning persons to this category include the following: many case complexities with a variety of supports involved; if the historical length of stability in community living is less than 6 months; or significant instability, as indicated by medical hospitalization, recent or anticipated changes in team membership, or recent or anticipated changes in service providers. For persons in this category, CSS engages with the person and their team on at least a weekly basis—communicating with the person's

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identified support network, meeting with and/or observing the person, and assessing the person's current status against their wellness description.³⁸

- **Category Two:** Persons assigned to this category have a support network that demonstrates the capacity to effectively address issues with moderate CSS support. Persons in this category may have some recent or anticipated changes in team membership, services providers, or medical hospitalization, but crisis situations are well-managed by the support system, which is able to independently make adjustments as needed. For persons in this category, CSS engages with the support network and/or the person and compares the person's current status with their wellness description on at least a monthly basis.
- **Category One:** Persons assigned to this category have a support network that demonstrates effective implementation of strategies to address the person's changing needs with little or no CSS support and the person's status and related factors are reported as unchanged. For persons in this category, CSS does each of the following on at least a quarterly basis: communicates with the person's support network, compares the person's current status with their wellness description, and reviews the person's crisis prevention and support plan.

As of November 2016, 51.9% of persons receiving long-term monitoring were assigned to Category One, 37.0%, to Category Two, and 11.1%, to Category Three. The number of persons assigned to each Category is fluid, however, as persons can and do move between these categories as their situations change. CSS assesses the status and progress of each person receiving long-term monitoring in quarterly reports, which are provided to the CSS Care Coordination Specialist and identified members of the person's support team.

CSS may discontinue persons from long-term monitoring for a number of reasons. First, individuals will be discontinued from long-term monitoring if the person is no longer accessible by CSS; this happens, for example, if the person moves out of state or if the person or their legal representative rescind or refuse to renew the consents necessary for CSS to work on their case. Second, individuals will be discontinued from long-term monitoring when it is determined that their situation has sufficiently changed and this kind of support is no longer required. To evaluate if the person continues to need long-term monitoring, CSS considers the following:

³⁸ A person's wellness description provides a snapshot of what the person's life is like when the person is doing well or is at his or her best. The wellness description should answer the questions "What does my life look like when I'm doing well?" and "What will people see me doing that shows them that I'm doing well?" The person develops this description with assistance from the assigned CSS lead consultant.

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- The effectiveness of the person and their support network to promote the person's meaningful and integrated community living. Considerations here include limited support turnover and the flexibility of supports to address changing needs and goals.
- The person's history and progress, such as two consecutive quarters (six months) at Category One.
- The balance of what is important for the person's integrated community living with what is important to the person.
- Commitment or provisional discharge status.
- Implementation of a Positive Support Transition Plan to fade use of a restrictive procedure or implementation of rights restrictions.
- Agreements made with the person and their support network regarding the length and parameters of CSS long-term monitoring service.

CSS has a review committee to assure consistency of long-term monitoring services and to provide technical assistance as needed to CSS staff in relation to long-term monitoring. Specific functions of the committee include the following:

- Provide technical assistance to determine persons' initial and on-going eligibility for long-term monitoring services, as well as for other long-term monitoring functions.
- Provide consultation to assign or confirm an individual's initial service category.
- Review select cases and/or Quarterly Reports.
- Monitor the number of clients served and evaluate CSS capacity.
- Gather input from staff and respond to questions about long-term monitoring.
- Develop and initiate service changes, based on feedback.
- Review data related to long-term monitoring.
- Coordinate with other applicable CSS committees.

This committee consists of a CSS Psychologist, a Care Coordination Specialist, a Registered Nurse Principal, and representatives from CSS mobile teams and administration.

Long-term monitoring services provided during this reporting period

To obtain additional information about how CSS long-term monitoring is being used to help avert crisis reactions, provide strategies for service entry changing needs, and prevent multiple transfers within the system, JOQACO reviewed case notes and followed up via phone calls with CSS lead workers for a random sample of the 61 people who were in the long-term monitoring group during

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the reporting period. Using Random.org, JOQACO selected 15 people³⁹ as the long-term monitoring random sample.

For interviewing the CSS lead case workers, JOQACO used a standardized interview protocol that asked: (1) Why was the person referred to CSS for services; (2) What services and supports were provided to the person and their community support network; (3) If and how the services provided by CSS supported the person to remain in and/or become more involved in the community; (4) Why was the person identified as someone who would benefit from longer or more intensive monitoring; (5) How they feel the receipt of long-term monitoring has benefited the person; and (6) How CSS has coordinated support of the person with the Successful Life Project, if the person is a *Jensen Class* Member or was served at MSHS-Cambridge.

As of the time of report preparation, CSS lead workers for seven people from the random sample had responded to JOQACO by phone or by e-mail. The following is a summary of the information that JOQACO obtained from CSS lead workers, supplemented by case notes, for these seven people:⁴⁰

[REDACTED]

[REDACTED]

³⁹ JOQACO alphabetized and numbered the list of people who received long-term monitoring from CSS during this reporting period. JOQACO used Random.org (<https://www.random.org/>) to generate 15 random numbers based on the total number of people who received long-term monitoring from CSS during this reporting period. JOQACO then matched the numbers generated to the alphabetized list of names. JOQACO generated a larger random sample than desired, anticipating that not every person contacted through JOQACO's information gathering and verification efforts would be available when contacted or able to respond to JOQACO prior to this report being finalized.

⁴⁰The following summaries include events and supports that occurred outside this reporting period.

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

As this sample illustrates, CSS' efforts under EC 68 have identified individuals with clinical and situational complexities and provided long-term monitoring of these individuals to help avert crisis reactions, provide strategies for changing needs, and prevent multiple transfers within the system. For additional information about the long-term monitoring services provided to these seven people,

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refer to the Verification section for this EC, which includes information gathered from follow up with case managers, providers and family members/guardians.

Verification

JOQACO's data analyst worked with the CSS data analyst to observe and refine how CSS pulled from its database a list of all persons with developmental disabilities who received long-term monitoring services from CSS during the reporting period, as well as their assigned service level categories. JOQACO also reviewed the CSS "Extended Supports" Guide for Lead Consultants and Extended Supports Review Committee Members, which outlines the policies and procedures for CSS long-term monitoring.

To obtain additional information about how CSS long-term monitoring is being used to help avert crisis reactions, provide strategies for service entry changing needs, and prevent multiple transfers within the system, JOQACO reviewed case notes and followed up with CSS lead workers for a random sample of the 61 people who were in the long-term monitoring group during the reporting period.

To verify the information provided by CSS case workers for people in the long-term monitoring random sample (summarized on pages 54-55) and to obtain additional detail about how these supports have helped these people and their teams, JOQACO staff followed up with case managers, providers, and family members or guardians (where available).⁴¹ JOQACO utilized a standardized interview protocol that asked: (1) Why the person was referred to CSS for services; (2) What services and supports were provided to the person and their community support network; (3) If and how the services provided by CSS supported the person to remain in and/or becoming more involved in the community; and (4) How they feel the receipt of long-term monitoring has benefited the person.

For the seven people in the random sample whose information is summarized in the status update for EC 68, JOQACO received responses from four case managers, two providers, and three guardians or family members. The information received from the case managers, providers, and guardians or family members was consistent with what CSS reported in interviews with JOQACO and in the case notes. Responses from case managers and providers also supported CSS's decision that the persons would benefit from long-term monitoring and indicated that CSS's involvement helped persons remain in their community placement.

⁴¹ [REDACTED]

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The following are quotes from the responses received by JOQACO.

- “If it were not for CSS and their support I don’t know where [the Client] would be today.”
- “Having CSS has helped [the Client]’s family with support to help go in the direction [we] hope for [the Client].”
- “Just knowing that CSS is present at meetings and will be a phone call away if there are issues is satisfying. These past three years have been very difficult and CSS has been very helpful in coming up with outcomes and positive support plans. [CSS] has always been encouraging of the team also.”
- “Support has been very beneficial.”

Responses indicated that CSS supports often involved helping the person’s team identify and access community service options. Responses also emphasized the importance of CSS supports for team building and facilitating effective team communication. For example, two of the respondents stated the following:

- “CSS has been able to serve as an outside neutral party to the team discussions.”
- “They (CSS) maintain availability and work closely with staff and family.”
- “CSS’s attendance at semiannual and annual meeting have also been very supportive for [the Client]’s guardians and case manager.”

One guardian/family member contacted by JOQACO did not understand CSS’s role and perceived CSS as part of the home’s staff. The guardian/family member, however, was pleased overall with the services provided to the person.

Evaluation Criteria 69

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

Responsible Party: Community Supports Services Director

Current Status

EC 69 requires the Department engage in best efforts⁴² to target “approximately seventy five (75) individuals” for long-term monitoring. (Doc. No. 283 at EC 69.) Action 69.1 indicates that these individuals are to be identified from the population of people “who have been served by CSS.”

⁴² The CPA states that ECs 68-75 are subject to a “best efforts” standard. (Doc. No. 283 at 2.) This is based on the statement in the JSA that its long-term monitoring, crisis management, and training provisions under “System

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In its Response to the Court Monitor's Assessment, filed with the Court on December 12, 2016 (Doc. No. 606-2), the Department acknowledged that it could have provided more context in its previous update for EC 69 (Doc. No. 589 at 41) to allow the reader to better assess whether the Department is substantially complying⁴³ with the "best efforts" standard for this EC. (Doc. No. 606-2 at 29.) In its January 17, 2017 Order, the Court directed the Department to incorporate in future reports the clarifications it identified for EC 69. (Doc. No. 612 at 3.) Accordingly, the Department includes additional context in its updates for EC 68 and 69 in this report about how and why persons are selected for long-term monitoring, how and why persons are discontinued from long-term monitoring, and how the status of persons receiving long-term monitoring is assessed.

As discussed in this report's status update for EC 68, CSS provided long-term monitoring to 61 people with clinical and situational complexities during this reporting period. This number is fluid and impacted by how many people are identified by CSS as appropriate candidates for long-term monitoring, how many of these many people (or their legal representatives) consent to receive long-term monitoring services, and how many people are discontinued from long-term monitoring.

As explained in this report's status update for EC 68, CSS reviews all persons with developmental disabilities referred to CSS to determine, based upon the factors listed in Action 69.3, whether they would benefit from long-term monitoring. This report's status update for EC 68 also describes the reasons why people are discontinued from long-term monitoring—either the person is no longer accessible by CSS or the person's situation and the effectiveness of their support network has changed to a degree that long-term monitoring is no longer needed or beneficial. The latter determination is based on consideration of the factors specified above, page 53.

To obtain additional information about how CSS long-term monitoring is being used to help avert crisis reactions, provide strategies for service entry changing needs, and prevent multiple transfers within the system, JOQACO reviewed case notes and followed up with CSS lead workers, case managers, and providers from a random sample of the 61 people who were in the long-term monitoring group during this reporting period. For a summary of the information that JOQACO obtained regarding the services provided to persons in this random sample, see this report's status update for EC 68, pages 54-55.

Wide Improvements" represent the Department's goals and objectives and do not constitute requirements. (Doc. No. 136-1 at X.A.1.)

⁴³ The Department does not concede that "substantial compliance" is the appropriate standard in this case. To the contrary, the JSA establishes that the relevant inquiry is whether the Department engaged in a "pattern and practice of substantial noncompliance with Attachment A." (Doc. No. 136-1 at 39.)

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Verification

See the Verification section for EC 68, pages 56-57.

Evaluation Criteria 70

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

Responsible Party: Community Supports Services Director

Current Status

EC 70 requires the Department to engage in best efforts⁴⁴ to have CSS mobile wrap-around response teams located across the state for “proactive response to maintain living arrangements.” Consistent with Action 70.1,⁴⁵ CSS maintained nine mobile wrap-around response teams (“mobile teams”) and at least 23 office locations across the state during this reporting period. As of December 31, 2016, CSS had 24 office locations across the state.

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

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

CSS staffs each mobile team with at least two people experienced and trained in behavior analysis, social work, psychology, nursing, and/or organization development and training. During this reporting period, the nine teams ranged in size from three to ten members. When CSS mobile supports are engaged, at least one member of the mobile team provides outreach services, in

⁴⁴ The CPA states that ECs 68-75 are subject to a “best efforts” standard. (Doc. No. 283 at 2.) This is based on the statement in the JSA that its long-term monitoring, crisis management, and training provisions under “System Wide Improvements” represent the Department’s goals and objectives and do not constitute requirements. (Doc. No. 136-1 at X.A.1.)

⁴⁵ The term “Actions” comes from the CPA. The CPA states that “[t]he ECs set forth the outcomes to be achieved and are enforceable” while “[t]he Actions under the ECs are not enforceable requirements.” (Doc. No. 283 at p. 1.)

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consultation with other mobile team members. To build collaborative support networks around persons supported, CSS mobile teams work in coordination with the person's team and community resources to prevent or resolve behavioral crises. For more information about the supports provided by CSS mobile teams, see the status updates for ECs 67-69 in this report, pages 44-59.

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

During this reporting period, CSS sent out consumer satisfaction surveys to persons who received mobile team supports from CSS, as well as their legal representatives, if applicable, and county case managers. During this reporting period, CSS received responses from 21 persons served or their legal representatives and 46 case managers. One of these survey respondents, who is a legal representative of a person who received CSS mobile team supports, identified a specific concern. Consistent with Action 70.3, CSS documented its response to this concern. The legal representative expressed concern that "Staff involved (nurse) in this case became overly involved to the point the relationship was negative for CSS and provider. Nursing staff made judgments of provider without knowing all information." The CSS Southern Regional Manager called the legal representative to follow up on this concern. The legal representative explained that, while the CSS nurse consultant had the person's best interest in mind, the nurse left the provider staff feeling like they were being attacked, which made the staff "shut down" and become less likely to provide input. The legal representative confirmed, however, that once the nurse consultant left the case, the lead CSS clinician was able to reestablish trust with provider staff and effectively implement support recommendations. The person has since had a decrease in the frequency of challenging behaviors and is reportedly stable.

One case manager who responded during the reporting period expressed concern about the availability of crisis placements. Because this issue was already the subject of ongoing conversations between CSS and the county, CSS did not document this as a concern that required separate follow-up. Another survey respondent raised a concern that is not addressed here because it did not relate to services provided by CSS to a person with a developmental disability.

Verification

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

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CSS documents concerns identified in consumer surveys and CSS' responses to these concerns in CSS' Client and Customer Concern Response Log, which CSS provided to JOQACO.

JOQACO reviewed the following documents submitted by CSS to confirm that these documents supported the information provided by CSS and to obtain additional information, where needed: the CSS staff directory, which includes lists of the nine CSS mobile teams and their staff; the list of CSS office locations; the CSS Client and Customer Concern Response Log; and spreadsheets documenting responses to CSS Consumer Satisfaction Surveys during the reporting period. In reviewing the responses to satisfaction surveys received during the reporting period, JOQACO identified a concern expressed by a case manager about not receiving certain reports until after the client's case was closed. CSS did not regard this as a concern that required documentation in the Customer Concern Response Log because it related to a case that was closed in 2014. JOQACO has requested that CSS follow up on this concern. JOQACO will confirm that the requested follow-up is made and appropriately documented.

Evaluation Criteria 71

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

Responsible Party: Community Supports Services Director

Current Status

EC 71 requires that CSS engage in best efforts⁴⁶ to arrange a crisis intervention within three hours from the time the parent or their legal guardian authorizes CSS' involvement, which is the time that CSS receives written consent from the parent or legal guardian. A written consent, which includes a consent for release of information, is necessary for CSS to obtain protected health information about the person from the person's providers.

During this reporting period, CSS had five cases involving crisis interventions. CSS arranged a crisis intervention within three hours from the time the parent or guardian authorized CSS' involvement in four out of five of these cases. The fifth case involved a person who was originally referred to CSS as a non-crisis case. Signed consents were received for this person on September 7, 2016. On September 9, however, CSS learned that this person had just received a notice of service termination from the residential provider. At this point, the person's situation was determined to be a crisis situation and

⁴⁶ The CPA states that ECs 68-75 are subject to a "best efforts" standard. (Doc. No. 283 at 2.) This is based on the statement in the JSA that its long-term monitoring, crisis management, and training provisions under "System Wide Improvements" represent the Department's goals and objectives and do not constitute requirements. (Doc. No. 136-1 at X.A.1.)

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CSS provided a crisis response within 25 minutes of making the crisis determination—well within the three-hour window required by EC 71. See Table 3 for the list of crisis interventions.

Table 3: CSS Crisis Interventions

Date & Time Consent Received	Date & Time of First Official Contact	Time Between Consent and Initial Contact
07/13/2016 3:53 PM	7/13/2016 6:41 PM	2 hours, 48 minutes
07/15/2016 11:19 AM	07/15/2016 1:04 PM	1 hour, 45 minutes
07/15/2016 4:00 PM ⁴⁷	07/15/2016 4:01 PM	1 minute
09/07/2016 12:00 PM	09/09/2016 12:25 PM	48 hours, 25 minutes (25 minutes from time CSS received information that this had become a crisis situation) ⁴⁸
10/12/2016 12:35 PM	10/12/2016 1:00 PM	25 minutes

Verification

The responsible party created a spreadsheet listing CSS crisis responses during the reporting period by pulling data from CSS' Service Inquiry Tracking database. The responsible party crosschecked this information against case notes for the persons identified as receiving crisis intervention from CSS during the reporting period. JOQACO reviewed the supporting documentation submitted by CSS.

In the August 2016 Semi-Annual Report, the Department reported a crisis response time that was significantly more than 3 hours. (Doc. No. 589 at 45.) Through follow-up with CSS, JOQACO learned that the delay in this response time occurred when the intake coordinator went home ill and CSS missed the receipt of the consent in the hand-off of responsibility for monitoring consents. (*Id.*) The Department stated JOQACO would be meeting with the CSS Director and staff in September 2016 about this issue. JOQACO and the CSS Director met in September 2016 to discuss the issue of timely crisis responses and confirmed CSS' progress toward a central referral process that would prevent the

⁴⁷ In this instance, it was determined that the Department's Community Based Services division already had consents on file for this person that would allow CSS to start work.

⁴⁸ This person was originally referred to CSS as a non-crisis case.

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kind of delay observed in the prior reporting period. There is no indication of a similar delay during this reporting period.

Evaluation Criteria 72

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

Responsible Party: Community Supports Services Director

Current Status

EC 72 requires CSS to engage in best efforts⁴⁹ to partner with Community Crisis Intervention Services to maximize support, complement strengths, and avoid duplication. CSS engages in ongoing collaboration with the Metro Crisis Coordination Program, meeting at least quarterly. During this reporting period, CSS participated in five meetings with the Metro Crisis Coordination Program to discuss issues relating to service coordination and collaboration. Additionally, in October 2016, the CSS Director met with staff from the Metro Crisis Coordination Program and a new private crisis respite provider agency from northeastern Minnesota to facilitate a tour, discuss lessons learned, and answer questions regarding provision of crisis respite services.

CSS continues to provide services to persons when lead agencies do not have funding available. During this reporting period, CSS did not receive any requests for unfunded services.

Verification

The Responsible Party reviewed supporting documentation, including agendas and minutes for meetings between CSS and the Metro Crisis Coordination Program (held August 12, 2016; October 6, 2016; October 14, 2016; November 18, 2016; and December 9, 2016). The Responsible Party personally participated in all but one of these meetings.

JOQACO reviewed the documentation submitted by the responsible party, including minutes, agendas, and/or sign-in sheets from the meetings between CSS and the Metro Crisis Coordination Program during this reporting period, and confirmed that the documentation supported the information reported.

⁴⁹ The CPA states that ECs 68-75 are subject to a “best efforts” standard. (Doc. No. 283 at 2.) This is based on the statement in the JSA that its long-term monitoring, crisis management, and training provisions under “System Wide Improvements” represent the Department’s goals and objectives and do not constitute requirements. (Doc. No. 136-1 at X.A.1.)

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Evaluation Criteria 73

CSS provides augmentative training, mentoring and coaching.

Responsible Party: Community Supports Services Director

Current Status

EC 73 requires CSS to engage in best efforts⁵⁰ to provide augmentative training, mentoring, and coaching. During this reporting period, CSS provided 22 augmentative training sessions to 222 members of individuals' community support networks. These training sessions covered a variety of topics related to support of persons with developmental disabilities, including client-specific support strategies, provision of positive behavior supports, dialectical behavior therapy, sensory information, and interfering behaviors and aging clients. These training sessions were provided to persons from private community providers, persons providing support at community-based state-operated homes, and persons from lead agencies.

CSS also mentors and coaches support networks for persons with developmental disabilities by providing the services described in the status updates for ECs 67-69, pages 44-59.

CSS continues to review and update its training curricula to ensure consistency with best practices. For example, the CSS Training Committee reviewed the CSS Introduction to Positive Behavior Supports 2.0 and Annual Refresher training curricula in October 2016. The Training Committee includes the following CSS staff: a Registered Nurse Senior, two Behavior Analyst III Supervisors, two Behavior Analysts III, a Licensed Social Worker and the Direct Care and Treatment Training Coordinator. The committee determined that no changes to content were required for these curricula.

CSS mobile teams receive administrative and managerial support from the CSS Director, the Southern and Northern Regional Managers, two Office Coordinators, Direct Care and Treatment Information Technology Specialists, and the Direct Care and Treatment Training and Development Specialist. As noted above, CSS also has a training committee that reviews and updates training curricula, as necessary. The administrative and managerial support provided by these individuals is sufficient to allow CSS to track and analyze the training, coaching, and mentoring services provided by CSS.

⁵⁰ The CPA states that ECs 68-75 are subject to a "best efforts" standard. (Doc. No. 283 at 2.) This is based on the statement in the JSA that its long-term monitoring, crisis management, and training provisions under "System Wide Improvements" represent the Department's goals and objectives and do not constitute requirements. (Doc. No. 136-1 at X.A.1.)

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Verification

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

A CSS Office and Administrative Specialist maintains the CSS Program Evaluation database. The Responsible Party reviews training documentation after the Office and Administrative Specialist enters the information into the database. The Responsible Party also reviewed the manual containing the CSS curricula for training sessions on Positive Behavior Supports; the manual's version history lists the dates of review, updates, and approvals by the CSS Training Committee.

JOQACO reviewed CSS spreadsheets of training completed during this reporting period, which identify lead trainer, date, location, audience, and number of people trained at each augmentative training session. JOQACO also reviewed the CSS manual containing the CSS curricula for training sessions on Positive Behavior Supports.

Evaluation Criteria 74

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

Responsible Party: Community Supports Services Director

Current Status

EC 74 requires that CSS engage in best efforts⁵¹ to provide staff at community-based facilities and homes with state of the art training encompassing specified skills. During this reporting period, CSS provided 22 augmentative training sessions to 222 members of community support networks, as explained in the status update for EC 73. These training sessions addressed the skills listed in EC 74, as indicated by the topics covered, including:

- "Reframing Perspective" on how to support a specific client;
- General and client-specific positive behavior support strategies;
- Diagnosis Strategies;

⁵¹ The CPA states that ECs 68-75 are subject to a "best efforts" standard. (Doc. No. 283 at 2.) This is based on the statement in the JSA that its long-term monitoring, crisis management, and training provisions under "System Wide Improvements" represent the Department's goals and objectives and do not constitute requirements. (Doc. No. 136-1 at X.A.1.)

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- Sensory Information;
- Wellness Plan, Diagnoses, and Programming;
- Mentally Ill and Dangerous (MI&D) Training for Residential Providers;
- Introduction to Dialectical Behavior Therapy; and
- Interfering Behavior and Aging Clients.

As explained in the status update for EC 73, CSS has a training committee that reviews and updates training curricula to ensure consistency with best practices.

Verification

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

Evaluation Criteria 75

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

Responsible Party: Community Supports Services Director

Current Status

EC 75 requires that CSS engage in best efforts⁵² to target its mentoring and coaching methodologies to increase community capacity to support individuals in their community. One way in which CSS targets its mentoring and coaching to increase community capacity to support individuals in their communities is by providing augmentative training sessions to members of community support networks. During this reporting period, CSS provided 22 augmentative training sessions to 222 members of community support networks, including private community providers, persons providing support at community-based state-operated homes, and persons from lead agencies. As illustrated by the example topics listed in the status updates for ECs 73 and 74, CSS targeted these sessions to increase community capacity by training people to provide more effective supports in community settings.

⁵² The CPA states that ECs 68-75 are subject to a "best efforts" standard. (Doc. No. 283 at 2.) This is based on the statement in the JSA that its long-term monitoring, crisis management, and training provisions under "System Wide Improvements" represent the Department's goals and objectives and do not constitute requirements. (Doc. No. 136-1 at X.A.1.)

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CSS also mentors and coaches members of a person's support network to increase their capacity for supporting the person in the community through the services described in the status updates for ECs 67-69.

In the August 2016 Semi-Annual Report, the Department stated that, by March 1, 2017, the Department would begin tracking the factors listed in Action 75.2 for all people with developmental disabilities receiving CSS services and that CSS anticipated adding a management analyst position to provide support for these efforts. (Doc. No. 589 at 48.) Due to Human Resource challenges and an unanticipated leave of absence, CSS has not yet been able to add a Management Analyst to lead this project and set up the technology infrastructure. CSS's goal is to have the Management Analyst in place and the tracking efforts initiated by June 2017.

Verification

For an explanation of verification activities regarding services discussed in this report's status updates for ECs 67-69, refer to the Verification sections for those ECs. For an explanation of verification activities relating to the augmentative training sessions discussed in this report's status updates for ECs 73-74, refer to the Verification sections for those ECs.

Evaluation Criteria 76

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

Responsible Party: Community Supports Services Director

Current Status

CSS continues to maintain the positions specified in EC 76. In the August 2016 Semi-Annual Report, the Department reported that staff in one of the specified positions—a Social Worker Specialist—received a promotion, that the staff member was maintaining their caseload until the position was backfilled, and that the Department posted for this position and planned to hold interviews in August 2016. (Doc. No. 589 at 50.) This position was filled during this reporting period. The person hired in this position is a Licensed Social Worker and has several years' experience supporting people with behavioral health challenges, including as an MSOCS Behavior Analyst/Designated Coordinator and as a Behavior Analyst and Intake and Referral Coordinator with CSS.

Verification

The Responsible Party reviewed documents relating to the hiring process and verified the qualifications of the newly hired Social Worker Specialist through review of the staff member's resume and confirmation of the staff member's professional licensure. JOQACO reviewed the

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supporting documentation submitted by the Responsible Party for EC 76 and confirmed that they support the information reported.

Evaluation Criteria 77

None of the identified positions are vacant.

Responsible Party: Community Supports Services Director

Current Status

As reported in the August 2016 Semi-Annual Report, during the previous reporting period, staff in one of the identified positions (Social Worker Specialist) received a promotion but was maintaining their caseload until the position was backfilled. (Doc. No. 589 at 50.) As previously reported, the Department posted for the position and held interviews in August 2016. (*Id.*) During this reporting period, CSS filled the position with a licensed social worker with several years' experience supporting people with behavioral health challenges, including as an MSOCS Behavior Analyst/Designated Coordinator and as a Behavior Analyst and Intake and Referral Coordinator with CSS.

Verification

The Responsible Party verified this information by reviewing the CSS Mobile Teams Organization Chart and the new Social Worker Specialist's resume, and by confirming the new Social Worker Specialist's professional licensure. JOQACO reviewed the supporting documentation submitted by the Responsible Party for EC 77 and confirmed that they support the information reported.

Evaluation Criteria 78

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

Responsible Party: Community Supports Services Director

Current Status

CSS has a team of four CSS behavior analysts each of whom have credentials recognized by national associations. The supervisor of this team has attained the NADD Clinical Certification credential, as reported in the August 2016 Semi-Annual Report. (Doc. No. 589 at 51.) The other three behavior analysts are Board Certified Behavior Analysts, which is a credential granted by the National Behavior Analyst Certification Board.

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CSS completed one Functional Behavior Assessment during this reporting period and had four Functional Behavior Assessments in development as of the end of the reporting period. The completed Functional Behavior Assessment was developed and signed by one of the four nationally credentialed behavior analysts. One of the four nationally credentialed behavior analysts was assigned as primary clinician or co-signer to each of the Functional Behavior Assessments under development during this reporting period. CSS did not create any written behavior plans during this reporting period.

Verification

JOQACO has reviewed the NADD Clinical Certification credential for the team's supervisor and has a copy of this certification, as well as the supervisor's resume, on file. This supervisor is also listed on the NADD-CC web page.

The Responsible Party reviewed the resumes of the other three behavior analysts and verified their current status as Board-Certified Behavior Analysts through the Behavior Analyst Certification Board (BACB) Certificant Registry website.⁵³ JOQACO reviewed the supporting documentation submitted by the Responsible Party and confirmed that these staff are listed as Board-Certified Behavior Analysts on the Behavior Analyst Certification Board (BACB) Certificant Registry website. JOQACO confirmed via phone interview with the team's supervisor that the completed Functional Behavior Assessment was developed by one of the nationally credentialed behavior analysts and that a nationally credentialed behavior analyst was assigned to each of the four Functional Behavior Assessments under development either as primary clinician or co-signer.

⁵³ <http://info.bacb.com/o.php?page=100155>.

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Settlement Agreement Section X.B. System Wide Improvements – Olmstead Plan (EC 79)

Evaluation Criteria 79

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

Responsible Party: Director of Compliance, Olmstead Implementation Office

Current Status

During this reporting period, the following reports were completed, approved by the Subcabinet and filed with the Court within the specified timelines.

- August 2016 Quarterly Report on Olmstead Plan Measurable Goals
- September 2016 Olmstead Plan Work Plans
- November 2016 Quarterly Report on Olmstead Plan Measurable Goals
- December 2016 Annual Report on Olmstead Plan Implementation

In addition, the Subcabinet initiated the process for updating the Olmstead Plan in October 2016. This process is scheduled to be completed in February 2017.

Verification

The four reports referenced above were filed with the Court and can also be found on the Olmstead Plan website. The initiation of the process for updating the Olmstead Plan is documented in the October monthly Subcabinet meeting minutes.

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Closure of MSHS-Cambridge and Replacement with Community Homes and Services (EC 93)

Evaluation Criteria 93

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

Responsible Party: Community Supports Services Director

Current Status

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

In its Response to the Court Monitor's Assessment, filed with the Court on December 12, 2016 (Doc. No. 606-2), the Department acknowledged that, in focusing on the Court's questions relating to EC 93 (*see* Doc. No. 578 at 5 & n.2), the Department did not address the comprehensive data analysis requirement of EC 93 in the August 2016 Semi-Annual Report (Doc. No. 589). (Doc. No. 606-2 at 34.) In its January 17, 2017 Order, the Court directed the Department to incorporate in future reports the clarifications it identified for EC 93. (Doc. No. 612 at 3.) Accordingly, the second section of this status update addresses the comprehensive data analysis requirement of EC 93.

Augmentative Service Supports, Consultation, Mobile Teams and Training

Consistent with EC 93, CSS mobile teams provide augmentative services supports, consultation, mobile teams, and training to those supporting the person. As described in the status update for EC 70 in this report and in the current Minnesota Life Bridge Bulletin,⁵⁴ CSS mobile teams promote positive supports and build collaborative support networks to strengthen the integrated community living of persons with complex behavioral challenges. To prevent and resolve behavioral crises, which can interfere with a person's ability to maintain the most integrated setting possible, CSS mobile teams provide outreach services including:

- Augmentative staffing supports,

⁵⁴ The following is the URL for Minnesota Life Bridge Bulletin, DHS Bulletin No.16-76-02:
<http://www.dhs.state.mn.us/main/groups/publications/documents/pub/dhs-291254.pdf>

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- Assessment,
- Consultation,
- Engagement and coordination with community resources, and
- Training.

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

During this reporting period, CSS mobile teams provided “standard supports” (meaning services other than long-term monitoring) to 168 people and their support networks, and long-term monitoring to 61 people with situational and behavioral complexities and their support networks. Additionally, CSS provided 22 training sessions to 222 members of community support networks during this reporting period. For more information about these services, refer to the status updates for ECs 67-69 and 73-75.

In effort to avoid redundancy, and in recognition that EC 93 comes under a section of the CPA about closing the Cambridge facility and replacing it with community homes and services, the discussion in this section is focused on the mobile supports provided to persons who have a connection to the Facilities, such as persons referred to Minnesota Life Bridge during the reporting period and persons admitted to or transitioning out of Minnesota Life Bridge during the reporting period.

During this reporting period, CSS provided mobile team supports to 16 people referred to, admitted to, and/or transitioning out of Minnesota Life Bridge.

Seven of these individuals were admitted to Minnesota Life Bridge either prior to this reporting period [REDACTED] or during this reporting period [REDACTED]. CSS provided consultation, training, long-term monitoring, or augmentative staffing supports to these individuals and their support networks during their placement with Minnesota Life Bridge. In three of these cases, this episode of CSS mobile team supports was initiated during the reporting period [REDACTED] or was initiated at the very end of the prior reporting period [REDACTED].

⁵⁵

The other nine persons were referred to Minnesota Life Bridge for services during this reporting period but were not admitted. Instead, CSS provided consultation, training, engagement and coordination with community resources, and/or long-term monitoring services to these persons and

⁵⁵ CSS previously worked with G3 in 2015, in a different setting.

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their support teams as they navigated the challenges that led to a referral to Minnesota Life Bridge. For one of these individuals, CSS standard supports were initiated during the reporting period and two of these individuals were added to CSS' long-term monitoring group during this reporting period.

To obtain additional information about how CSS services were being used to provide augmentative service supports, consultation, mobile teams, and training to those supporting the person during this reporting period, JOQACO reviewed case notes and followed up with CSS lead workers for a random sample of the 16 people who were referred to or at Minnesota Life Bridge and received CSS supports during this reporting period. Using Random.org, JOQACO selected eight people as the random sample.⁵⁶

To interview CSS lead case workers, JOQACO utilized a standardized interview protocol that asked the following: (1) Why was the person referred to CSS for services; (2) What services and supports were provided by CSS to the person and to the people who support the person; (3) If and how the services provided to the person helped the person remain in or become more involved in the community.

As of the time of report preparation, CSS lead workers for six people from the random sample had responded to JOQACO by phone or e-mail. The following is a summary of the information that JOQACO obtained from CSS lead workers for these six people:⁵⁷

[REDACTED]

⁵⁶ The list of people referred to or at Minnesota Life Bridge during this reporting period who received supports from CSS was alphabetized and numbered. Random.org (<https://www.random.org/>) was used to generate eight random numbers based on the total number of people who received supports from CSS during this reporting period. The numbers generated were then matched to the alphabetized list of names. JOQACO generated a larger random sample than desired, anticipating that not every person contacted through JOQACO's information gathering and verification efforts would be available when contacted or able to respond to JOQACO prior to this report being finalized.

⁵⁷ The following summaries include events and supports that occurred outside this reporting period.

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

JOQACO further verified information about the services provided to these six people by contacting case managers, providers, and/or guardians. See the Verification section for this EC, pages 76-78, for the information obtained through these efforts.

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Appropriate Staffing and Comprehensive Data Analysis for Diversion Supports

As explained in the status updates for ECs 76-78 in this report, CSS maintains appropriate staffing through continued efforts to ensure that the additional positions specified in EC 76 are filled. Additionally, CSS is not the only entity in the Department providing diversion supports. For example, the Successful Life Project provides therapeutic follow-up to *Jensen* Class Members and people who received services at MSHS-Cambridge to prevent re-institutionalization and transfers to more restrictive settings, and to maintain the most integrated setting.⁵⁹ When their purview overlaps, CSS and the Successful Life Project coordinate efforts and determine which entity is the best suited to provide the person and their team with the supports that are needed.

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

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

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

The Department also strengthened diversion supports through comprehensive data analysis. During this reporting period, CSS engaged in multiple data analysis projects to strengthen the efficiency and effectiveness of its services. For example, CSS sends out and analyzes customer satisfaction surveys to persons served, their legal representatives, and their case managers to (1) identify areas of improvement and potential services development, and (2) assess outcomes of and satisfaction with

⁵⁹ Refer to the status update for EC 98 for additional detail about the services and supports provided by the Successful Life Project.

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services. During this reporting period, CSS also conducted an analysis of its capacity, as measured by waiting lists for services, in order to develop a legislative proposal to request additional staffing for mobile teams and for additional crisis homes. CSS also conducted an analysis on the overlap of individuals served by CSS mobile teams, the Single Point of Entry, crisis homes, individuals referred to Minnesota Life Bridge, and/or the Department's receipt of notice of service termination for an individual. This data analysis was used to identify opportunities for streamlining access to the right supports, in the right time, and in the right place for the person. Additionally, CSS conducted an analysis of service gaps for persons served in crisis homes, as identified in surveys, discussions with stakeholders, and internal analyses. This analysis is being used to develop plans to enhance clinical supports to crisis homes, including a multidisciplinary review process of admissions and availability of multidisciplinary consultation.

Verification

JOQACO's data analyst worked with the CSS data analyst to observe and refine how CSS pulled from its database a list of all persons with developmental disabilities who received supports from CSS mobile teams during this reporting period (including long-term monitoring) and who were also served at or referred to Minnesota Life Bridge during this reporting period.

To obtain additional information about how CSS mobile teams provided augmentative service supports, consultation, mobile teams, and training to those supporting the person during the reporting period, JOQACO reviewed case notes and followed up with CSS lead workers for a random sample of the 16 people who were referred to or at Minnesota Life Bridge during this reporting period and received CSS supports. This information is summarized above in the status update for EC 93.

JOQACO further verified information provided by CSS lead workers for people in the random sample by contacting case managers, providers and/or guardians. In conducting these interviews, JOQACO utilized a standardized interview protocol that asked: (1) Why was the person referred to CSS for services; (2) What services and supports were provided by CSS to the person and to the people who support the person; (3) If and how the services provided to the person helped the person remain in or become more involved in the community. For the six people in the random sample whose information is summarized above in the status update for EC 93, JOQACO received responses from four case managers, six providers, and three family members or guardians.

The information received by JOQACO from case managers, providers and guardians was generally consistent with what CSS reported during the interview with JOQACO and in case notes, although comments on the experience of working with CSS were mixed. Responses included the following:

- "Overall this is the best service I had for difficult clients especially when placement is at risk and possible legal charges are in the wind."

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- In response to the question if and how the services CSS provided helped the person to remain in or become more involved in the community, one case manager stated, “Between July and December [2016], no except for the BA checking in on [the Client] and did attend meeting and discharge planning.” The case manager stated that the Client is “doing well” in their current placement. In response to the same question, the Client’s provider stated that CSS “has helped [the Client] to remain in a very structured and stable environment” and that “CSS is very accessible and easy to work with.”
- For a client who was referred to CSS for assistance with a transition from a crisis home to a new community-based home, the discharging provider stated, “The CSS services did not impact” in response to the question if and how the services CSS provided helped the person to remain in or become more involved in the community. The discharging provider clarified that this person was referred to CSS for transition assistance due to previous failed placements, not due to of current behavior concerns and also stated that this client “is one of the few people we have worked with who has a good solid team and we were confident in the [new] provider’s abilities to meet [the Client’s] needs.” The guardian for the same Client stated that CSS “has been very helpful [with] coming up with ideas” —especially with respect to moving to different regions.

Because the focus of CSS services for the third response above was to assist with the Client’s impending transition⁶⁰ to a new provider, JOQACO will follow up with the new provider in March or April 2017 to see how the Client is doing and how CSS assisted with the transition.

For the three cases involving shared support or a transfer of support between CSS and the Successful Life Project, continuity of services was an important concern raised by case managers. In two of these situations, the transition between CSS and the Successful Life Project was reportedly “OK” but in one situation, it was unclear to the case manager who was taking the lead—CSS or the Successful Life Project. JOQACO has been working with CSS to improve coordination between CSS and the Successful Life Project and is following up with CSS about the concerns raised here to determine what additional steps need to be taken to ensure smoother transitions and greater clarity regarding the roles of CSS versus the Successful Life Project.

⁶⁰ The Client transitioned to the new provider in February 2017.

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One county case manager expressed concern about changes that had occurred over the years and the need to submit a new referral for someone who had been supported by CSS for a long time. JOQACO will follow up with CSS to understand what changes had taken place.⁶¹

With respect to the information reported for EC 93 regarding comprehensive data analysis, the Responsible Party provided information based on personal knowledge of CSS data analysis activities as well as review of supporting documentation, including the draft budget page for the mobile teams and crisis homes budget proposal. JOQACO reviewed the documentation submitted by the Responsible Party to determine whether the documentation supported the information reported.

Therapeutic Follow-Up of Class Members and Clients Discharged from METO/MSHS-Cambridge (EC 98)

Evaluation Criteria 98

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

Responsible Party: JOQACO Director

Current Status

Successful Life Project Purpose and Structure

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

The Department created the Successful Life Project to help prevent re-institutionalization and other transfers to settings that are more restrictive and to maintain the most integrated setting for persons in the therapeutic follow-up group by providing consultation, services and supports to the person and their team. The services that the Successful Life Project provides to help prevent re-institutionalization and maintain the most integrated setting—which include helping the person’s

⁶¹ JOQACO followed up with CSS on February 10, 2017 and learned that although the person was known to CSS, their case had been closed for more than a year. Due to the length of time since the last contact, CSS requested a new referral, which is consistent with CSS procedures.

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care providers to use person-centered positive behavior supports and to address health or medication needs—are services that can, by extension, improve overall quality of life.

In April 2016, the Successful Life Project became part of JOQACO. Staffing for the Successful Life Project includes Board Certified Behavior Analysts, a Registered Nurse and the Successful Life Project Supervisor.⁶² The *Jensen* Internal Reviewer provides clinical oversight of the Board Certified Behavior Analysts.

In its August 2016 Semi-Annual Report, the Department noted that the Successful Life Project had two vacancies, one for the Successful Life Project Supervisor position and one for a Board Certified Behavior Analyst position. (Doc. No. 589 at 58.) During this reporting period, the Successful Life Project filled the Successful Life Project Supervisor position. The staff hired in this position has a Bachelor of Arts Degree in Organizational Behavior/Psychology, a Master's Degree in Psychology, and over seven years of supervisory and advanced professional experience working with regulations governing health care facilities and providers in mental health settings. The new Successful Life Project Supervisor started on December 14, 2016. JOQACO is in the process of filling the Board Certified Behavior Analyst vacancy, which was created when the previous incumbent resigned in September 2016.⁶³

Successful Life Project Supports and Services

The Successful Life Project helps support teams and providers build capacity to deliver person-centered positive behavior supports in order to help prevent transfers to more restrictive settings. Based on the needs of the person and their team, supports can include the following:

1. Assessments, including: presence of any significant risk factors; health needs, including review of medication regimens; comprehensive medical reviews; and Functional Behavior Assessments;
2. Data collection and analysis support;
3. Person-centered plan facilitation support;
4. Positive behavior support plan development;
5. Training;
6. Transition planning support; and

⁶² In the August 2016 Semi-Annual Report, the Department identified this position as the Successful Life Project Coordinator. (Doc. No. 589 at 58.) The Department changed the position classification to a supervisor to recruit a larger pool of qualified candidates.

⁶³ After the end of the reporting period, the *Jensen/Olmstead* Quality Assurance and Compliance Office completed the hiring process for the new Board Certified Behavior Analyst, who started on February 14, 2017.

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7. Assessment of the degree to which a person's environment matches their unique preferences and support needs.

When challenging behaviors interfere with life activities and community inclusion, Successful Life Project staff work with teams to identify circumstances that may lead to or maintain those behaviors, which could result in re-institutionalization or transfer to a more restrictive setting, and help develop strategies to decrease them. When challenging behaviors are not interfering with life activities, Successful Life Project staff assist teams by focusing on the next steps necessary to help maintain the individual in the most integrated setting and, by extension, improve the person's quality of life.

To provide people and their teams with the appropriate level of support, the Successful Life Project groups people based on the level of support needed. Group assignments are fluid and people can and do move between support levels. The different support levels include Priority, Secondary and Proactive.

- **Priority** - Persons in this group have a potential loss of their placement/home. The Successful Life Project bases Priority status on the challenges presented by the person's behaviors and the capacity of the person's team. Persons in the Priority group may also exhibit the presence of significant risk factors. The Successful Life Project defines "Risk Factors" as conditions or circumstances that could create a behavioral or medical crisis, as determined by the Risk Assessment, see page 86.
- **Secondary** - Persons in this group present challenging behaviors, but their placement is not threatened.
- **Proactive** - Persons in this group include other therapeutic follow-up group members NOT receiving Priority or Secondary levels of support.

The Successful Life Project identifies therapeutic follow-up group members who are in need of a priority or secondary level of supports in a number of ways, including the following:

- Calls by the Successful Life Project to case managers following submission of a Behavior Intervention Reporting Form to see if any assistance is needed;
- A residential provider, case manager, or guardian refers the person and their team to the Successful Life Project;
- Assignment for follow-up by the Successful Life Project is made through the Department's Single Point of Entry (see pages 75-76); and
- The person exhibits significant risk factors, as identified through the Risk Assessment. See page 86 for more information about the Risk Assessment project.

Services offered for persons in the Priority and Secondary groups include the following:

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- Mentoring for providers
- Person-centered planning assistance
- Plan reviews
- Regional workshops targeting local needs
- Stress management instructional workshops
- Other person/diagnosis-specific technical assistance

The Successful Life Project offers additional supports to persons in the Priority group, including:

- Functional Behavior Assessments to better understand the purpose or reason for interfering behaviors;
- Support in developing a Positive Behavior Support Plan. A Positive Behavior Support Plan is a formal plan to help everyone do the same thing on a consistent basis. The plan is based on the Functional Behavior Assessment of the interfering behavior and includes person-centered practices; and
- Assessment using the Positive Behavior Support – System Evaluation Tool (PBS-SET)⁶⁴ to provide a brief snapshot of a person’s health, safety, quality of life, and person-centered positive behavior supports.

Services for persons in the Proactive group are currently under development and will focus on increasing the flexibility of supports the Successful Life Project offers to include training, information sharing on best practices, and distance technical assistance. The Successful Life Project staff will use information gathered through the Risk Assessment, see page 86, to assist in developing proactive supports, which include providing general information about conditions affecting members of the therapeutic follow-up group or about suggested types of interventions relevant to this population.

Supports Provided During the Reporting Period

During this reporting period, the Successful Life Project provided Priority or Secondary supports to 70 members of the therapeutic follow-up group living in the following situations (persons who moved to different living situations during the reporting period are counted in more than one category):

- Corporate Foster Care (50)
- State-Operated Facility (i.e., Minnesota Security Hospital, Minnesota Sex Offender Program, Minnesota Life Bridge) (7)
- Family/Friends homes (4)

⁶⁴ The PBS-SET is an assessment tool used by Successful Life Project staff that provides a brief snapshot of a person’s health, safety, quality of life, and person-centered positive behavior supports.

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- Own home (3)
- Crisis Home (3)
- ICF/DD (3)
- Individualized Housing Option (1)
- Hospital (1)
- Jail/Detention Center (3) and
- Unknown (2)

The supports and services provided by the Successful Life Project Behavior Analyst Staff during this reporting period included the following:

- 48 instances of technical assistance/consultation
- 23 Person-Centered Plans
- 14 PBS-SET assessments
- 14 Positive Behavior Support Plans
- 9 Functional Behavior Assessments
- 4 trainings designed to strengthen support teams
- 18 other (includes follow-up on Behavior Intervention Report Forms)

The supports and services provided by the Successful Life Project Nurse during this reporting period included the following:

- 11 instances of technical assistance/consultation
- 9 Medication Reviews
- 8 Health Assessments
- 2 follow-up calls

Preventing Re-institutionalization and Transfers to More Restrictive Settings

During this reporting period, six of the 70 people who received Priority or Secondary supports moved from less integrated settings to more integrated settings:



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During this reporting period, no member of the therapeutic follow-up group who received Priority or Secondary supports was transferred to a more restrictive setting.

To obtain additional information about the supports provided by the Successful Life Project during the reporting period, JOQACO reviewed case notes and followed up with Successful Life Project behavior analysts and/or the Successful Life Project nurse for a random sample of the 70 people who received Priority or Secondary supports from the Successful Life Project during the reporting period. JOQACO used Random.org to generate a random sample of 20 therapeutic follow-up members who received Primary or Secondary support from the Successful Life Project during the reporting period.⁶⁵

To interview the assigned Successful Life Project behavior analyst and/or Successful Life Project nurse,⁶⁶ JOQACO utilized a standardized interview protocol that asked the following: (1) Why the Successful Life Project became involved in providing supports to the person; (2) What services and supports were provided by the Successful Life Project; and (3) If and how the services provided supported the person to remain in and/or become more involved in the community.

As of the time of report preparation, JOQACO had interviewed the assigned Successful Life Project behavior analyst and/or the Successful Life Project nurse about ten people from the Successful Life Project random sample. The following is a summary of the information that JOQACO obtained from Successful Life Project staff, supplemented by information from the Successful Life Project case notes, for each of these ten people:⁶⁷

[REDACTED]

⁶⁵ JOQACO alphabetized and numbered the list of people who received Priority or Secondary supports from the Successful Life Project during the reporting period. JOQACO used Random.org (<https://www.random.org/>) to generate 20 random numbers based on the total number of people who received Priority or Secondary supports from the Successful Life Project during the reporting period. JOQACO then matched the numbers generated to the alphabetized list of names. JOQACO generated a larger random sample than desired, anticipating that not every person contacted through JOQACO's information gathering and verification efforts would be available when contacted or able to respond to JOQACO prior to this report being finalized.

⁶⁶ During this reporting period, the Successful Life Project Nurse provided supports to three persons included in the random sample [REDACTED].

⁶⁷ The following summaries include events and supports that occurred outside this reporting period.

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

⁶⁸ Because this case did not meet the criteria for Priority supports, another Successful Life Project staff was not assigned to fill in for the Behavior Analyst on leave.

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[REDACTED]

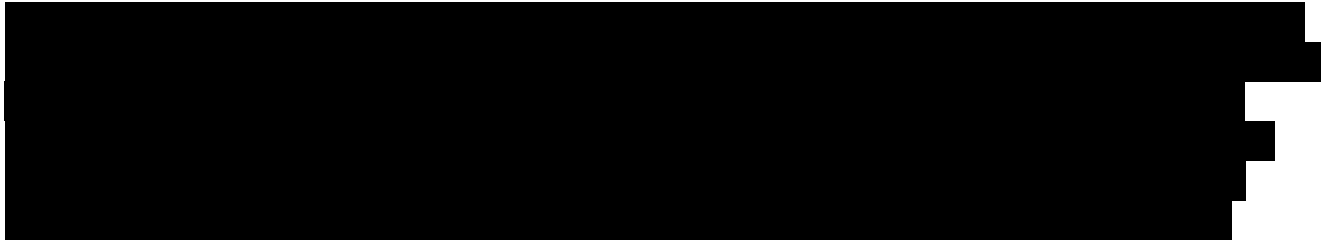
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[REDACTED]

[REDACTED]

[REDACTED]

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JOQACO obtained additional information about the services provided to the persons in the random sample and the impact of those services by contacting case managers, providers, and guardians. This information is summarized in the Verification section for this EC.

Process Improvement Efforts—Risk Assessment and Consumer Satisfaction Survey

In an effort to target supports to members of the therapeutic follow-up group in advance of crisis situations, the Successful Life Project developed a Risk Assessment during this reporting period. This assessment will assist in identifying which members of the therapeutic follow-up group could be at behavioral, psychiatric or medical risk and in need of more intensive supports. Successful Life Project staff will also use information gathered through the Risk Assessment to assist in developing proactive supports, including provision of general information about conditions affecting members of the therapeutic follow-up group or about suggested types of interventions relevant to this population.

The Successful Life Project will send the Risk Assessment to the county case manager or other identified case manager for all therapeutic follow-up group members twice a year starting in January 2017.⁶⁹ Before sending out the assessment, the Successful Life Project will notify case managers and explain how the Risk Assessment will be used by the Successful Life Project to enhance the services it provides to the persons in the therapeutic follow-up group.

During this reporting period, JOQACO also sent consumer satisfaction surveys to persons who received Successful Life Project supports and services over the past year to help the Successful Life

⁶⁹ The *Jensen/Olmstead* Quality Assurance and Compliance Office sent out the Risk Assessment to case managers on January 23, 2017.

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Project identify strengths and areas for improvement.⁷⁰ JOQACO e-mailed or mailed via US mail⁷¹ consumer satisfaction surveys to the following people in October 2016:

- 60 *Jensen* Therapeutic Follow-up Group members
- 50 Case Managers
- 53 Guardians/Legal Representatives and
- 51 Providers.

JOQACO received completed surveys from the following people:

- 4 members of the *Jensen* Therapeutic Follow-up Group
- 14 Case Managers
- 17 Guardians/Legal Representatives and
- 8 Providers.

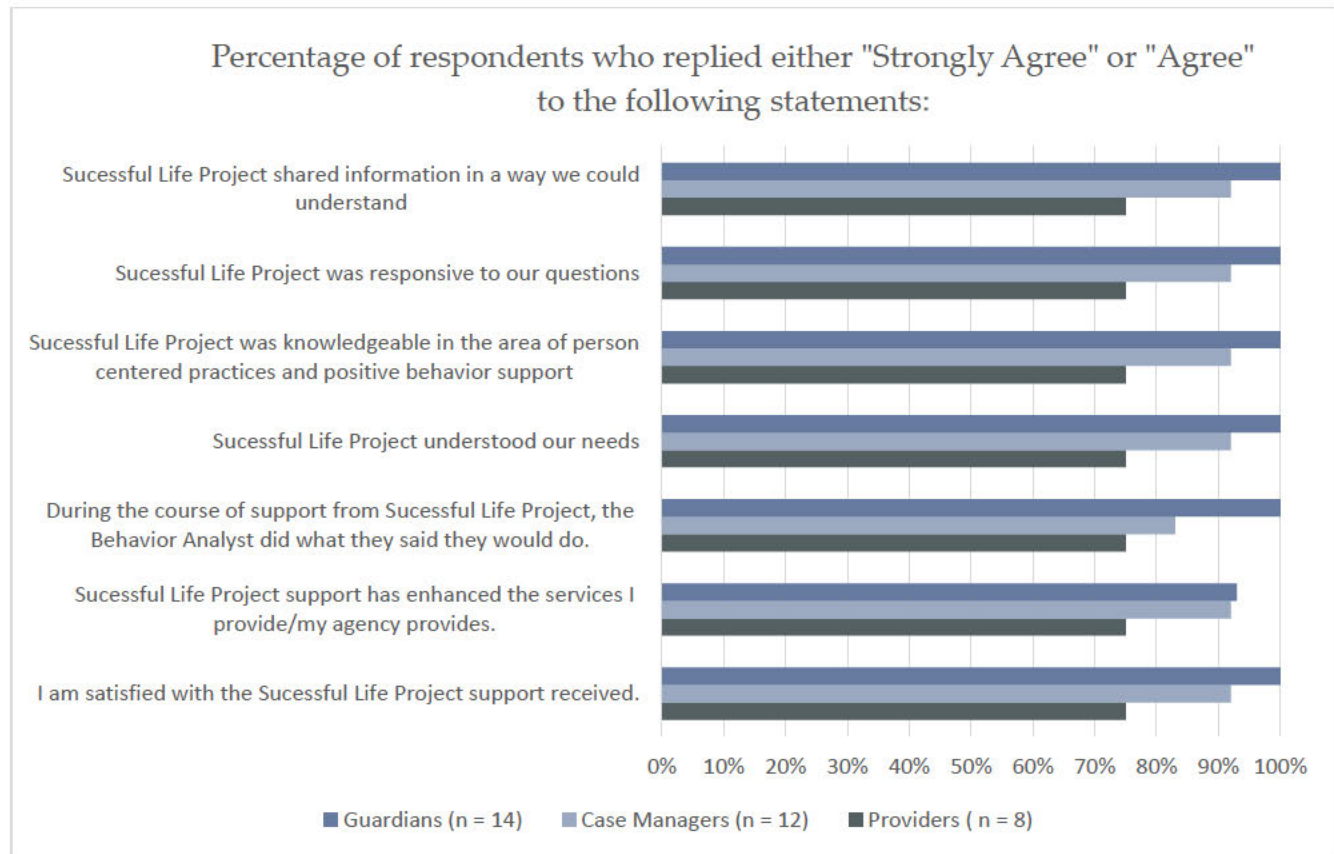
The following is a summary of responses to key survey questions:

⁷⁰ Due to the nature of some of the questions in the survey, Department policy required JOQACO to seek approval from the Department's Institutional Review Board before sending the survey to members of the therapeutic follow-up group. JOQACO submitted a proposal to the Institutional Review Board in September 2016 and met with the Institutional Review Board on September 14, 2016. Following some minor adjustments to the survey and cover letter, JOQACO received approval from the Institutional Review Board to send out the surveys.

⁷¹ Surveys sent by US Mail to members of the therapeutic follow-up and guardians or legal representatives included a self-addressed stamped envelope for return of the completed survey to JOQACO.

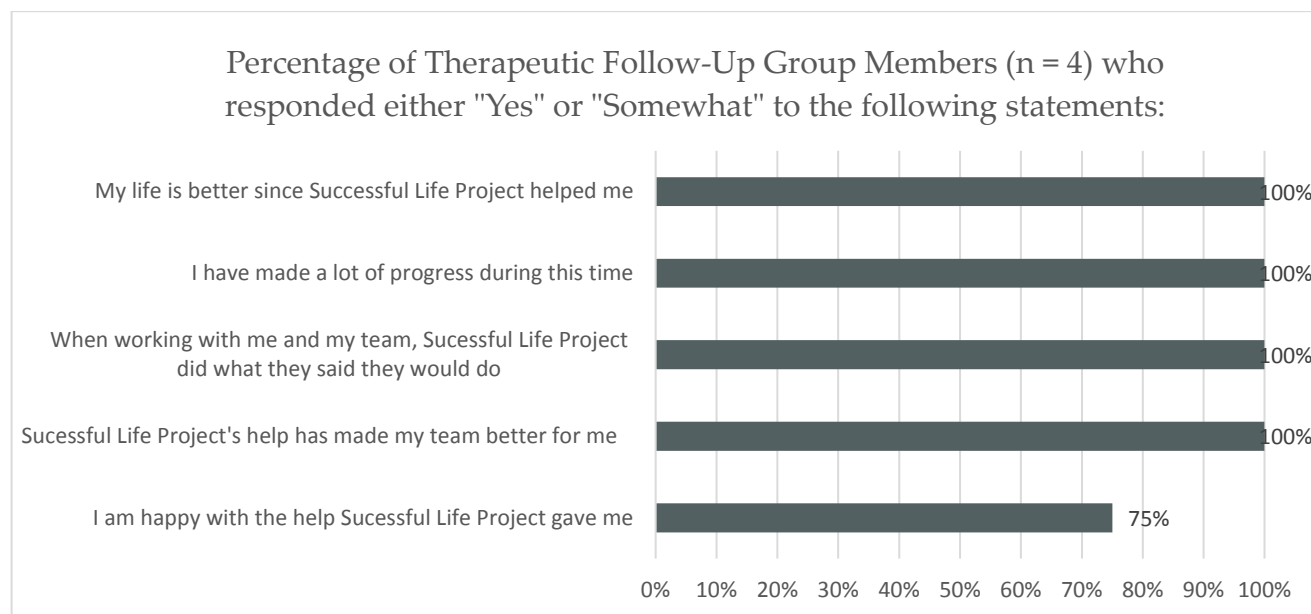
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Figure 1: Successful Life Project Survey Responses No. 1



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Figure 2: Successful Life Project Survey Responses No. 2



In response to the survey question that asked, "Would you like to be contacted about concerns you raised," three providers left their contact information. JOQACO contacted all three providers via e-mail to ask if they would like a call about their concerns. Only one provider requested a follow-up call. The Successful Life Project Supervisor spoke with the provider about the provider's request for additional information and training on fetal alcohol spectrum disorders. The Successful Life Project Supervisor followed up with the assigned Successful Life Project Behavior Analyst about providing the requested information and training to this provider.

To increase the percentage of completed and returned consumer satisfaction surveys, JOQACO will send out surveys on a rolling basis at key points during Successful Life Project involvement with a person (e.g., when a therapeutic follow-up group member moves between different levels of support) beginning in early 2017. JOQACO is also working with the Department's IT division to develop a web-based version of the survey as an option for providers and case managers. JOQACO will pay particular attention to whether providers continue to report the lowest satisfaction scores of the four groups surveyed and will follow up on this issue if there is a trend.

Verification

Because the Successful Life Project is a part of JOQACO and receives clinical supervision from the *Jensen* Internal Reviewer, the JOQACO Director and *Jensen* Internal Reviewer have personal

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Reporting Period: July 1, 2016 to December 31, 2016

knowledge about the structure of the Successful Life Project, the way the Successful Life Project provides services, and the Successful Life Project's process improvement efforts.

To obtain additional information about the supports provided by the Successful Life Project during the reporting period, JOQACO reviewed case notes and contacted CSS lead workers for a random sample of the 70 people who received Priority or Secondary supports from the Successful Life Project during the reporting period. This information is summarized in the status update for EC 98, above.

To verify the information provided by Successful Life Project staff about the supports summarized above, and to obtain additional detail about how these supports have helped people and their teams, JOQACO followed up with case managers, providers, and family members or guardians (where available). JOQACO utilized a standardized interview protocol that asked the following: (1) Why the Successful Life Project became involved in providing supports to the person; (2) What services and supports were provided by the Successful Life Project; and (3) If and how the services provided supported the person to remain in and/or become more involved in the community. For the ten people in the random sample whose information is summarized above in the status update for EC 98, JOQACO received responses from seven case managers, eight providers, and four family members or guardians.

The information JOQACO received from case managers, providers and guardians was generally consistent with what the Successful Life Project behavior analysts and/or nurse reported to JOQACO and what JOQACO obtained from case notes.

Although the specific reasons persons were receiving supports from the Successful Life Project varied⁷², case managers, providers and guardians generally reported positive experiences. The following are positive responses received from case managers, providers and guardians/family members regarding the experience of working with the Successful Life Project:

- "Experience has been great; SLP staff were very consistent, professional, kind and extremely helpful."
- "My experience with SLP staff have been great, but would like to see SLP be more bold and not afraid in communicating their ideas to the team even if it's something that seems outlandish."
- "SLP has been excellent resource for [the] team and for [Client]."

⁷² Reasons for Successful Life supports included history of failed placements, transition-planning assistance, assistance with person-centered planning and decreasing aggressive/assaultive behaviors.

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- “SLP has and is doing a great job with [Client] and the entire team, SLP bring great ideas and is always in communication with the team.”
- “SLP really ‘rolls up their sleeves’ and gets involved and helps us be accountable as well and as a provider this is very helpful. I really value the SLP staff.”

When asked if and how the services provided by the Successful Life Project helped support the person to remain and/or become more involved in the community, responders had the following comments:

- “The services have been a great jump start to helping [Client] become more independent. They have also helped [Client] to engage and own [their] goals and will have helped [Client] move into a more independent living [situation] soon.”
- “[Client] was already involved in the community doing dance, but SLP staff provided [Client] with the tools necessary to remain stable and to become more confident. SLP staff also decreased the intensity of anxiety regarding the relationship between [Client] and [the Client’s] housemate.”
- “Anytime a person (i.e. SLP staff) can make a person enjoy their life better than it has been in the past is a big deal.”
- “SLP staff is working very close[ly] with [Client] and [Client’s] team to [address Client’s] restrictions [and help Client] make better decisions and have alone time and future planning for community employment.”
- “[Client] was already involved with the community, but SLP assisted in how to provide help for any behavior concerns outside of the home.”

One case manager reported that their experience with Successful Life Project was not positive: “The BCBA didn’t follow through and expected more from the state and Successful Life Project. There seems to be no advantage of getting services just because of the settlement. [Client] has lost too many placements. We thought SLP and CSS would do a better job of working together. The SLP role is not what we thought it would be; we thought it would be more hands on.” The Successful Life Project Supervisor and assigned Behavior Analyst have been in contact with this provider to identify how the Successful Life Project can address these concerns and more clearly define roles and responsibilities. More generally, JOQACO and the Successful Life Project are following up with CSS about cases for which CSS and the Successful Life Project share support to ensure that roles and responsibilities are sufficiently well-defined. See also the Verification section for EC 93, page 77.

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Reporting Period: July 1, 2016 to December 31, 2016*

Modernization of Rule 40 (EC 103)

Evaluation Criteria 103

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

Responsible Party: DHS Deputy Senior Counsel

Current Status

The Department continues to meet with the Office of Ombudsman for Mental Health and Developmental Disabilities and the Governor's Council on Developmental Disabilities to discuss elements of the Rule 40 Advisory Committee recommendations that may not be adequately or properly addressed by the Positive Supports Rule or other Department efforts. The group has determined that none of the elements which remain under discussion would be the subject of a proposed amendment to the measurable goals of the Minnesota Olmstead Plan. The group continues to make progress on the elements which remain under discussion and will continue to work together to determine how to address them.

Verification

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

Jensen Settlement Agreement Comprehensive Plan of Action
 February 2017 Semi-Annual Compliance Report
 Reporting Period: July 1, 2016 to December 31, 2016

Exception Reporting

Evaluation Criteria 25

All allegations were fully investigated and conclusions were reached. Individuals conducting investigations will not have a direct or indirect line of supervision over the alleged perpetrators; the DHS Office of the Inspector General satisfies this requirement. Individuals conducting investigations, interviews, and/or writing investigative reports will receive competency-based training in best practices for conducting abuse/neglect investigations involving individuals with cognitive and/or mental health disabilities and interviewing.

Current Status

Under the Court's February 2016 Order for Reporting on the Settlement Agreement (Doc. Nos. 545, 545-1), EC 25 is subject to exception reporting only. As there have been no exceptions to report, the most recent report to provide an update on EC 25 is the Gap Report (Doc. No. 531 at 23). Here, the Department provides an exception report on EC 25 in order to inform the Court of updates the Department made during the reporting period to the process by which it meets the requirements of EC 25.

EC 25 applies to allegations of abuse or neglect of Minnesota Life Bridge residents, requiring that such allegations be fully investigated, that individuals conducting such investigations do not have a direct or indirect line of supervision over the alleged perpetrators, and that individuals conducting investigations receive competency-based training in specified areas. Until July 2016, the Department met these requirements by contracting with an outside attorney, Greg Wiley, to conduct independent investigations of allegations of abuse or neglect at the Facilities. Chief Compliance Officer Gregory Gray, who also received the required competency-based training, provided peer review of these investigations. At the same time, the Department's Office of the Inspector General (OIG) conducted its own investigations into allegations of abuse or neglect at Minnesota Life Bridge, as required by state law.⁷³

With the departure of Chief Compliance Officer Gregory Gray in July 2016, the Department took the opportunity to make changes to the EC 25 process to minimize duplication of efforts. Under this new process, the OIG is responsible for investigating allegations of abuse and neglect at Minnesota Life Bridge for purposes of EC 25. Consistent with the requirements of EC 25, all OIG maltreatment

⁷³ Under state law, mandated reporters are required to refer allegations of abuse or neglect of a vulnerable adult to the Common Entry Point, known as the Minnesota Adult Abuse Reporting Center (MAARC). Minn. Stat. § 626.557. Additionally, the OIG is obligated to investigate allegations of maltreatment in DHS-licensed settings, which include Minnesota Life Bridge. *See id.* Collectively, this means that allegations of abuse or neglect at Minnesota Life Bridge are referred to the MAARC system and subject to investigation by the OIG.

Jensen Settlement Agreement Comprehensive Plan of Action
February 2017 Semi-Annual Compliance Report
Reporting Period: July 1, 2016 to December 31, 2016

assessors, investigators, and supervisors of maltreatment assessors or investigators have completed the required training, utilizing an updated competency-based training curriculum developed by JOQACO and the *Jensen* Internal Reviewer to address best practices for conducting abuse and neglect investigations involving individuals with cognitive and/or mental health disabilities, and for interviewing such individuals.⁷⁴ All investigation reports or decisions not to assign an allegation for an out-of-office investigation are quality-reviewed by a supervisor or peer (all of whom have received the required training).

Verification

The JOQACO Director was personally involved in the updates to the EC 25 process—meeting with OIG leadership and staff to work out the logistics of the process and developing the updated training curriculum in collaboration with the *Jensen* Internal Reviewer. After all 24 OIG maltreatment investigators, assessors, and supervisors completed the required training, OIG provided JOQACO with the competency assessments and signed training completion forms to review and maintain on file.

Minnesota Life Bridge is required to notify JOQACO when staff report to MAARC an allegation of abuse or neglect involving a Minnesota Life Bridge resident and provide JOQACO with the MAARC report confirmation number. JOQACO notifies OIG to ensure receipt of the report. OIG maltreatment investigators notify JOQACO each time OIG receives an allegation of abuse or neglect involving a Minnesota Life Bridge resident and provide JOQACO with all investigation decisions and reports relating to allegations of abuse or neglect at Minnesota Life Bridge.

⁷⁴ On January 18, 2017, the Department provided the Consultants with a copy of the updated training curriculum.

UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

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

Plaintiffs,

vs.

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

Defendants.

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

**PLACEHOLDER FOR
JENSEN SETTLEMENT
AGREEMENT COMPREHENSIVE
PLAN OF ACTION (CPA)
FEBRUARY 2017 SEMI-ANNUAL
COMPLIANCE REPORT
REPORTING PERIOD:
JULY 1, 2016 –
DECEMBER 31, 2016.**

This document is a placeholder for the following item which is filed in conventional or physical form with the Clerk's Office:

Unredacted version of the *Jensen* Settlement Agreement Comprehensive Plan of Action (CPA) February 2017 Semi-Annual Compliance Report Reporting Period: July 1, 2016 – December 31, 2016.

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:

- ☐ 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
- ☒ Unredacted Item Under Seal pursuant to court orders* (Pursuant to Protective Orders Doc. Nos. 57, 114, 190, 239)
- ☐ 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):

*Requires Judicial Approval

UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

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

Plaintiffs,

vs.

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

Defendants.

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

**PLACEHOLDER FOR
IDENTIFIER KEY TO
JENSEN SETTLEMENT
AGREEMENT COMPREHENSIVE
PLAN OF ACTION (CPA)
FEBRUARY 2017 SEMI-ANNUAL
COMPLIANCE REPORT
REPORTING PERIOD:
JULY 1, 2016 –
DECEMBER 31, 2016**

This document is a placeholder for the following item which is filed in conventional or physical form with the Clerk's Office:

Identifier Key to *Jensen* Settlement Agreement Comprehensive Plan of Action (CPA) February 2017 Semi-Annual Compliance Report Reporting Period: July 1, 2016 – December 31, 2016.

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:

- ☐ 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):
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- ☒ Item Under Seal pursuant to court orders* (Pursuant to Protective Orders Doc. Nos. 57, 114, 190, 239)
- ☐ 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):

*Requires Judicial Approval

UNITED STATES DISTRICT COURT

DISTRICT OF MINNESOTA

James and Lorie Jensen, et al.,

Case No. 09-cv-01775 DWF/BRT

Plaintiffs,

vs.

Minnesota Department of Human
Services, et al.,

Defendants.

**AFFIDAVIT OF
MARGARET FLETCHER BOOTH
CONCERNING VERIFICATION OF
DEFENDANTS' FEBRUARY 2017
SEMI-ANNUAL COMPLIANCE
REPORT**

STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

MARGARET FLETCHER BOOTH, being first duly sworn on oath, states as follows:

1. I am employed by the Minnesota Department of Human Services ("DHS") as the Director of the *Jensen / Olmstead* Quality Assurance and Compliance Office ("JOQACO").

2. I am familiar with the above-captioned case and settlement.

3. In order to verify that the information set forth in Defendants' February 2017 Semi-Annual Compliance Report ("Report"), is correct and accurate, JOQACO:

(A) had individuals with personal knowledge of specific information in the Report review the specific information, verify its correctness and accuracy, and

attest to the correctness and accuracy of the specific information in an affidavit;
and

(B) conducted the supplemental verification activities described in relevant
sections of the Report.

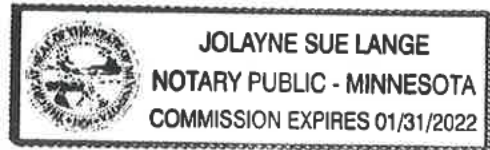
4. Based upon this process and my own personal knowledge, I verify that the
information in the Report is correct, accurate, and complete.

FURTHER YOUR AFFIANT SAYETH NOT.


MARGARET FLETCHER BOOTH

Subscribed and sworn to before me on
February 22, 2017


NOTARY PUBLIC



UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

James and Lorie Jensen, et al.,

Case No. 09-cv-01775 DWF/BRT

Plaintiffs,

vs.

Minnesota Department of Human
Services, et al.,

**AFFIDAVIT OF MARGARET
FLETCHER BOOTH, PHD,
CONCERNING VERIFICATION OF
DEFENDANTS' FEBRUARY 2017
SEMI-ANNUAL COMPLIANCE
REPORT**

Defendants.

STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

MARGARET FLETCHER BOOTH, being first duly sworn on oath, states as follows:

1. I am employed by the Minnesota Department of Human Services ("DHS") as Director, *Jensen / Olmstead* Quality Assurance & Compliance Office (JOQACO).

2. I am familiar with the above-captioned case and settlement and understand that this affidavit is a verification of information set forth in Defendants' February 2017 Semi-Annual Compliance Report ("Report").

3. I have personal knowledge of the information I provided for the following sections of the Report and verify that the information I provided is correct and accurate:

A. July 1, 2016 to December 31, 2016 Update on Evaluation Criteria 2, 25, 39, 41, and 98.

4. I further hereby verify the data contained in the portions of the Report described above at paragraph 3 is either (1) public data under applicable laws, or (2) if it is not-public data, the data subject(s) of any such not-public data have consented to such data being used publicly, or (3) I have alerted the *Jensen / Olmstead* Quality Assurance and Compliance Office at DHS so that the data can be filed under seal.

FURTHER YOUR AFFIANT SAYETH NOT.


MARGARET FLETCHER BOOTH

Subscribed and sworn to before me on
February 22, 2017


NOTARY PUBLIC



UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

James and Lorie Jensen, et al.,

Case No. 09-cv-01775 DWF/BRT

Plaintiffs,

vs.

Minnesota Department of Human
Services, et al.,

**AFFIDAVIT OF
DANIEL J. BAKER, PHD,
CONCERNING VERIFICATION OF
DEFENDANTS' FEBRUARY 2017
SEMI-ANNUAL COMPLIANCE
REPORT**

Defendants.

STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

DANIEL J. BAKER, being first duly sworn on oath, states as follows:

1. I am employed by the Minnesota Department of Human Services ("DHS") as Internal Reviewer, *Jensen / Olmstead* Quality Assurance & Compliance Office (JOQACO).

2. I am familiar with the above-captioned case and settlement and understand that this affidavit is a verification of information set forth in Defendants' February 2017 Semi-Annual Compliance Report ("Report").

3. I have personal knowledge of the information I provided for the following sections of the Report and verify that the information I provided is correct and accurate:

A. July 1, 2016 to December 31, 2016 Updates regarding Evaluation
Criteria 2, 3, 25, 39, 41, 47, 48, 50, 51, 52, 53, 93, and 98.

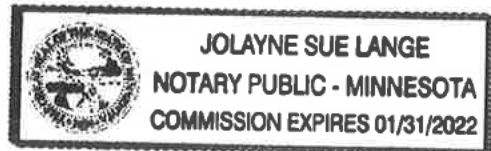
4. I further hereby verify the data contained in the portions of the Report described above at paragraph 3 is either (1) public data under applicable laws, or (2) if it is not-public data, the data subject(s) of any such not-public data have consented to such data being used publicly, or (3) I have alerted the *Jensen / Olmstead* Quality Assurance and Compliance Office at DHS so that the data can be filed under seal.

FURTHER YOUR AFFIANT SAYETH NOT.


DANIEL J. BAKER

Subscribed and sworn to before me on
February 22, 2017


NOTARY PUBLIC



UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

James and Lorie Jensen, et al.,
Plaintiffs,

Case No. 09-cv-01775 DWF/BRT

vs.

Minnesota Department of Human
Services, et al.,

**AFFIDAVIT OF MARK BROSTROM
CONCERNING VERIFICATION OF
DEFENDANTS' FEBRUARY 2017
SEMI-ANNUAL COMPLIANCE
REPORT**

Defendants.

STATE OF MINNESOTA)
) ss.
COUNTY OF ISANTI)

MARK BROSTROM, being first duly sworn on oath, states as follows:

1. I am employed by the Minnesota Department of Human Services ("DHS") as Manager, Minnesota Life Bridge Treatment Homes.

2. I am familiar with the above-captioned case and settlement and understand that this affidavit is a verification of information set forth in Defendants' February 2017 Semi-Annual Compliance Report ("Report").

3. I have personal knowledge of the information I provided for the following sections of the Report and verify that the information I provided is correct and accurate:

A. July 1, 2016 to December 31, 2016 Updates regarding Evaluation Criteria 2, 3, 47, 48, 49, 50, 51, 52, 53, 64, 67, and 93.

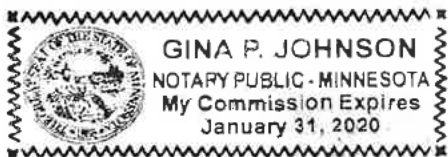
4. I further hereby verify the data contained in the portions of the Report described above at paragraph 3 is either (1) public data under applicable laws, or (2) if it is not-public data, the data subject(s) of any such not-public data have consented to such data being used publicly, or (3) I have alerted the *Jensen / Olmstead* Quality Assurance and Compliance Office (JOQACO) at DHS so that the data can be filed under seal.

FURTHER YOUR AFFIANT SAYETH NOT.


MARK BROSTROM

Subscribed and sworn to before me on
February 22, 2017


NOTARY PUBLIC



UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

James and Lorie Jensen, et al.,

Case No. 09-cv-01775 DWF/BRT

Plaintiffs,

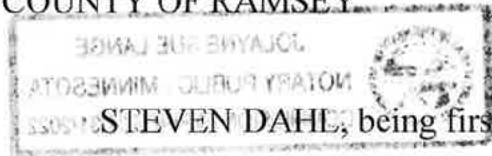
vs.

**AFFIDAVIT OF STEVEN DAHL
CONCERNING VERIFICATION OF
DEFENDANTS' FEBRUARY 2017
SEMI-ANNUAL COMPLIANCE
REPORT**

Minnesota Department of Human
Services, et al.,

Defendants.

STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)



STEVEN DAHL, being first duly sworn on oath, states as follows:

1. I am employed by the Minnesota Department of Human Services ("DHS") as Director, Community Support Services.
2. I am familiar with the above-captioned case and settlement and understand that this affidavit is a verification of information set forth in Defendants' February 2017 Semi-Annual Compliance Report ("Report").
3. I have personal knowledge of the information I provided for the following sections of the Report and verify that the information I provided is correct and accurate:
 - A. July 1, 2016 to December 31, 2016 Updates regarding Evaluation Criteria 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, and 93.

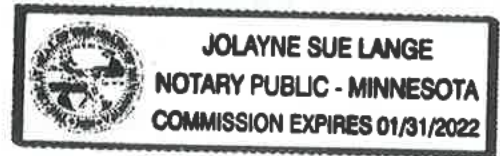
4. I further hereby verify the data contained in the portions of the Report described above at paragraph 3 is either (1) public data under applicable laws, or (2) if it is not-public data, the data subject(s) of any such not-public data have consented to such data being used publicly, or (3) I have alerted the *Jensen / Olmstead* Quality Assurance and Compliance Office (“JOQACO”) at DHS so that the data can be filed under seal.

FURTHER YOUR AFFIANT SAYETH NOT.


STEVEN DAHL

Subscribed and sworn to before me on
February 23, 2017


NOTARY PUBLIC



UNITED STATES DISTRICT COURT

DISTRICT OF MINNESOTA

James and Lorie Jensen, et al.,

Case No. 09-cv-01775 DWF/BRT

Plaintiffs,

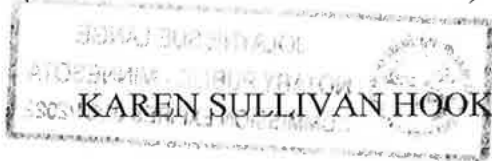
vs.

Minnesota Department of Human
Services, et al.,

**AFFIDAVIT OF
KAREN SULLIVAN HOOK
CONCERNING VERIFICATION OF
DEFENDANTS' FEBRUARY 2017
SEMI-ANNUAL COMPLIANCE
REPORT**

Defendants.

STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)



KAREN SULLIVAN HOOK, being first duly sworn on oath, states as follows:

1. I am employed by the Minnesota Department of Human Services ("DHS") as Deputy Senior Counsel.
2. I am familiar with the above-captioned case and settlement and understand that this affidavit is a verification of information set forth in Defendants' February 2017 Semi-Annual Compliance Report ("Report").
3. I have personal knowledge of the information I provided for the following sections of the Report and verify that the information I provided is correct and accurate:
 - A. July 1, 2016 to December 31, 2016 Update regarding Evaluation Criterion 103.

4. I further hereby verify the data contained in the portions of the Report described above at paragraph 3 is either (1) public data under applicable laws, or (2) if it is not-public data, the data subject(s) of any such not-public data have consented to such data being used publicly, or (3) I have alerted the *Jensen / Olmstead* Quality Assurance and Compliance Office ("JOQACO") at DHS so that the data can be filed under seal.

FURTHER YOUR AFFIANT SAYETH NOT.



KAREN SULLIVAN HOOK

Subscribed and sworn to before me on

February 23, 2017


NOTARY PUBLIC



UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

James and Lorie Jensen, et al.,

Case No. 09-cv-01775 DWF/BRT

Plaintiffs,

vs.

Minnesota Department of Human
Services, et al.,

**AFFIDAVIT OF MICHAEL
TESSNEER CONCERNING
VERIFICATION OF DEFENDANTS'
FEBRUARY 2017 SEMI-ANNUAL
COMPLIANCE REPORT**

Defendants.

STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

MICHAEL TESSNEER, being first duly sworn on oath, states as follows:

1. I am employed by the Minnesota Department of Human Services ("DHS") as Director of Compliance, Olmstead Implementation Office.

2. I am familiar with the above-captioned case and settlement and understand that this affidavit is a verification of information set forth in Defendants' February 2017 Semi-Annual Compliance Report ("Report").

3. I have personal knowledge of the information I provided for the following sections of the Report and verify that the information I provided is correct and accurate:

A. July 1, 2016 to December 31, 2016 Updates regarding Evaluation
Criterion 79.

4. I further hereby verify the data contained in the portions of the Report described above at paragraph 3 is either (1) public data under applicable laws, or (2) if it is not-public data, the data subject(s) of any such not-public data have consented to such data being used publicly, or (3) I have alerted the *Jensen / Olmstead* Quality Assurance and Compliance Office ("JOQACO") at DHS so that the data can be filed under seal.

FURTHER YOUR AFFIANT SAYETH NOT.


MICHAEL TESSNEER

Subscribed and sworn to before me on

February 22, 2017


NOTARY PUBLIC

