

# *Jensen* Settlement Agreement Comprehensive Plan of Action (CPA)

## March 2017 Annual Compliance Report

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



*Jensen* Settlement Agreement Comprehensive Plan of Action  
2016 Annual Compliance Report  
Reporting Period: January 1, 2016 to December 31, 2016

**Contents**

.....	1
<b>Introduction</b> .....	4
<b>Background</b> .....	4
<b>Components of the Department's Internal Oversight System</b> .....	4
<i>Jensen/Olmstead</i> Quality Assurance and Compliance Office .....	4
JOQACO Compliance Verification Process.....	5
Independent Subject Matter Experts .....	6
Agency-wide Quality Assurance Leadership Team .....	7
<b>Evaluation Criteria State of Compliance</b> .....	8
<b>Settlement Agreement Section IV. METO Closure (EC 1 and 4)</b> .....	8
Evaluation Criteria 1:.....	8
Evaluation Criteria 4:.....	18
<b>Settlement Agreement Section VI.C. Restraint Responses Are Not To Replace Other Incident Reporting, Investigation, Analysis &amp; Follow-Up (EC 38)</b> .....	20
Evaluation Criteria 38.....	20
<b>External Entity and Plaintiffs' Access (EC 45 – 46)</b> .....	26
Evaluation Criteria 45.....	26
Evaluation Criteria 46.....	26
<b>Settlement Agreement Section IX.A. Other Practices at the Facility – Staff Training (EC 54-57)</b> .....	27
Evaluation Criteria 54.....	27
Evaluation Criteria 55.....	30
Evaluation Criteria 56.....	33
Evaluation Criteria 57.....	36
<b>Settlement Agreement Section IX.B. Other Practices at the Facility – Hours of Training (EC 58)</b> .....	37
Evaluation Criteria 58.....	37
<b>Settlement Agreement Section IX.C. Other Practices at the Facility – Visitor Policy (EC 59 – 61)</b> .....	40
Evaluation Criteria 59.....	40
Evaluation Criteria 60.....	41
Evaluation Criteria 61.....	42
<b>Settlement Agreement Section IX.D. Other Practices at the Facility – No Inconsistent Publicity (EC 62)</b> .....	43
Evaluation Criteria 62.....	43

*Jensen Settlement Agreement Comprehensive Plan of Action*  
**2016 Annual Compliance Report**  
 Reporting Period: January 1, 2016 to December 31, 2016

<b>Settlement Agreement Section IX.E. Other Practices at the Facility – Posting Requirements (EC 65 - 66)</b>	<b>43</b>
Evaluation Criteria 65	43
Evaluation Criteria 66	46
<b>Settlement Agreement Section X.C. System Wide Improvements – Rule 40 Modernization (EC 80)</b>	<b>48</b>
Evaluation Criteria 80	48
<b>Settlement Agreement Section X.D. System Wide Improvements – Minnesota Security Hospital (EC 81, 83 and 84)</b>	<b>49</b>
Evaluation Criteria 81	49
Evaluation Criteria 83	50
Evaluation Criteria 84	51
<b>Closure of MSHS-Cambridge and Replacement with Community Homes and Services (EC 89 – 92, 94, 96)</b>	<b>52</b>
Evaluation Criteria 89	52
Evaluation Criteria 90	54
Evaluation Criteria 91	57
Evaluation Criteria 92	57
Evaluation Criteria 94	58
Evaluation Criteria 96	59
<b>Modernization of Rule 40 (EC 100 and 101)</b>	<b>60</b>
Evaluation Criteria 100	60
Evaluation Criteria 101	61

**Listing of Tables**

Table 1: Community Activities engaged in (E) or discussed but declined (D)—December 2016	11
Table 2: Opportunities for Individualizing/Personalizing Areas of the Home	12
Table 3: Emergency Use of Manual Restraint (EUMR) Related Incidents	21
Table 4: Minnesota Life Bridge Training Opportunities	29

**Listing of Figures**

Figure 1: Emergency Use of Manual Restraint (EUMR) Related Incidents	22
Figure 2: Rights Notice - Pictorial Version	47

*Jensen Settlement Agreement Comprehensive Plan of Action*  
2016 Annual Compliance Report  
Reporting Period: January 1, 2016 to December 31, 2016

## **Introduction**

This is the *Jensen Settlement Agreement (JSA) Comprehensive Plan of Action (CPA)* - 2016 Compliance Annual Report, created in response to the February 22, 2016 Order for Reporting on Settlement Agreement (Doc. Nos. 545, 545-1).<sup>1</sup> The Department based this report on data, documentation and information from January 1 through December 31, 2016. This report addresses the following Evaluation Criteria (EC): 1, 4, 38, 45, 46, 54, 55, 56, 57, 58, 59, 60, 62, 65, 66, 80, 81, 83, 84, 89, 90, 91, 92, 94, 96, 100 and 101.

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

JOQACO completed further verification and analysis of 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. If JOQACO identifies an opportunity for performance improvement, JOQACO will provide follow-up in the next scheduled report for the relevant EC unless criteria is met for an exception report. (See Doc. No. 545 at 3-4.)

## **Background**

The JSA (Doc. No. 136-1) is the result of a lawsuit filed against the Department in 2009 alleging 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.)

---

<sup>1</sup> By submitting this Report, the Department does not waive its previously raised objections regarding ongoing court jurisdiction and monitoring in this matter.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
2016 Annual Compliance Report  
Reporting Period: January 1, 2016 to December 31, 2016

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 has assigned an attorney to JOQACO.

The Successful Life Project became part of JOQACO in April 2016. (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 behavior analysts. For additional information about the Successful Life Project, see the status update for EC 98 in the February 2017 Semi-Annual Report. (Doc. No. 614-1 at 78-91).

**JOQACO Compliance Verification Process**

In the August 2016 and February 2017 Semi-Annual Reports (Doc. No. 589 and Doc. No. 614-1), 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. (Doc. No. 589 at 5-9; Doc. No. 614-1 at 5-6.) As previously explained, this process uses a variety of compliance verification activities to supplement and monitor the verification efforts of the program areas. (*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 and provides reliable and valid reports to the Court. This further serves to 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:

1. Regular compliance updates from the program areas to JOQACO;
2. Internal program area verification procedures for the information provided to JOQACO; and
3. JOQACO on-site verification reviews involving interviews, observation, and document reviews.<sup>2</sup>

JOQACO began to implement these verification activities in preparation for the August 2016 Semi-Annual Report and continued to test and refine these activities in preparation for the February 2017 Semi-Annual Report and this report.

---

<sup>2</sup> 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.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
2016 Annual Compliance Report  
Reporting Period: January 1, 2016 to December 31, 2016

As previously reported (Doc. No. 589 at 5-9 and Doc. No. 614-1 at 5-6), JOQACO began receiving compliance updates from program areas on a scheduled basis during the last few months of this reporting period. Based on need and logistics, JOQACO has refined this aspect of the process by adjusting the schedule for how frequently the program areas provide updates for specific ECs.<sup>3</sup> In September and October 2016, JOQACO also met with individual program areas to provide guidance for improving their internal data collection and verification efforts.

Ongoing verification efforts conducted by JOQACO in preparation for this report were consistent with the compliance verification process previously described. JOQACO's verification activities for this report included the following efforts:

- Reviews of program area compliance updates and supporting documentation; and
- On-site visits to the four Minnesota Life Bridge treatment homes to interview staff and persons served.<sup>4</sup>

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**

The Department has developed, through the Request for Proposals process, a pool of qualified contractors to serve as Independent Subject Matter Experts. (Doc. No. 589 at 10 and Doc. No. 614-1 at 6.) The Independent Subject Matter Experts are to assist the Department in bringing significant improvements to the care and treatment of persons with developmental disabilities. As previously reported, the Department—with the assistance of the Court Consultants, Dr. Colleen Wieck and Roberta Opheim (the Consultants) — identified eight vendors to serve as Independent Subject Matter Experts. (Doc. No. 614-1 at 6-7.) During this reporting period, the Department executed master contracts with the eight selected vendors and provided the Consultants and Plaintiffs' Class Counsel with a document outlining the process for

---

<sup>3</sup> 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.

<sup>4</sup> 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.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
2016 Annual Compliance Report  
Reporting Period: January 1, 2016 to December 31, 2016

Independent Subject Matter Expert reviews. For additional information regarding Independent Subject Matter Experts, see the February 2017 Semi-Annual Report. (Doc. No. 614-1 at 7.)

In December 2016, JOQACO initiated the procedure for an Independent Subject Matter Expert review related to EC 90. For additional information about this process, see the status update in this report for EC 90, pages 55-56.

**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. No. 589 at 11-12 and Doc. No. 553-1 at 5-6.)

*Jensen Settlement Agreement Comprehensive Plan of Action*  
2016 Annual Compliance Report  
Reporting Period: January 1, 2016 to December 31, 2016

## Evaluation Criteria State of Compliance

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

#### Evaluation Criteria 1:

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

**Responsible Party:** Minnesota Life Bridge Manager

#### Current Status

EC 1 requires that the Minnesota Life Bridge treatment homes<sup>5</sup> remain licensed to serve people with developmental disabilities. During this reporting period, all four treatment homes were licensed to serve people with developmental disabilities. For additional information about licensure see the status update for EC 94 in this report, page 58.

EC 1 also requires that the Minnesota Life Bridge treatment homes comply with the *Olmstead v. L.C.* decision—eliminating unnecessary segregation of persons with developmental disabilities and serving persons in the most integrated setting appropriate to their needs. Consistent with this requirement, Minnesota Life Bridge serves persons with developmental disabilities who exhibit severe behaviors that present a risk to public safety (EC 3; *see, e.g.*, Doc. No. 614-1 at 16-18 and Doc. No. 589 at 16-19) in homes located in integrated community settings. The treatment

---

<sup>5</sup> There are four Minnesota Life Bridge treatment homes located in integrated community settings: Stratton Lake, Brobergs Lake, and the two Eagle Pointe homes. [REDACTED]

The term "treatment home" comes from the CPA. (*See* Doc. No. 283 at 2, 29.) These treatment homes are the successor Facility to METO and MSHS-Cambridge.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 2016 Annual Compliance Report  
 Reporting Period: January 1, 2016 to December 31, 2016

homes are intended to provide short-term residential services to stabilize the person's behavioral crises and facilitate successful transition to a living situation that matches the person's needs and preferences.<sup>6</sup>

Through the person-centered and transition planning processes and use of positive behavior supports, residents of Minnesota Life Bridge treatment homes are assisted and prepared to move toward more integrated living situations. During this reporting period, Minnesota Life Bridge discharged five residents to community-based settings.<sup>7</sup> For more information about the person-centered and transition planning processes at Minnesota Life Bridge treatment homes, the use of positive behavior supports at these homes, the discharges that occurred during this reporting period, and efforts and progress toward discharge for treatment home residents who were not discharged during the reporting period, see the status updates for ECs 2 and 47-53 in the August 2016 and February 2017 Semi-Annual Reports. (Doc. No. 614-1 at 9-16, 24-43; Doc. No. 589 at 14-16, 26-36.)

Finally, EC 1 requires that each treatment home resident's program include multiple opportunities on an ongoing basis to engage in community activities—activities that are highly individualized, drawn from person-centered planning processes, and developed alongside the person. In its response to the Court Monitor's Assessment, filed with the court on December 12, 2016 (Doc. No. 606-2), the Department explained that what has previously been reported for EC 1 is sufficient to establish substantial compliance with the enforceable requirements of EC 1.<sup>8</sup> (Doc. No. 606-2 at 11-12.) The Department acknowledged, however, that the specificity of reporting for EC 1 could improve to better illustrate the extent of the Department's efforts in this area. (*See id.*) In its January 17, 2017 Order (Doc. No. 612), the Court directed the Department to incorporate in future reports the clarifications it identified regarding EC 1. (*Id.* at 3.) Accordingly, the Department includes here additional information

---

<sup>6</sup> The Department describes these principles in the Minnesota Life Bridge Bulletin (Bulletin # 16-76-02), which was updated during the reporting period and published in November 2016. The Bulletin is publicly available on the Department's website: <http://www.dhs.state.mn.us/main/groups/publications/documents/pub/dhs-291254.pdf>.

<sup>7</sup> During this reporting period Minnesota Life Bridge treatment homes served 12 people—four people who were admitted prior to this reporting period and eight people who were admitted during this reporting period. Minnesota Life Bridge discharged five of these 12 people during this reporting period.

<sup>8</sup> 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.)

*Jensen Settlement Agreement Comprehensive Plan of Action*  
2016 Annual Compliance Report  
Reporting Period: January 1, 2016 to December 31, 2016

about how Minnesota Life Bridge provides treatment home residents with multiple opportunities on an ongoing basis to engage in community activities and the process by which these activities are individualized and developed alongside the person.

As previously reported, the Minnesota Life Bridge treatment homes individualize residents' treatment programs by utilizing person-centered planning principles at each stage of the process—beginning with the development of each resident's Person-Centered Description. (See, e.g., Doc. No. 614-1 at 9-11.) During this reporting period, all 12 people served at Minnesota Life Bridge treatment homes had individualized Person-Centered Plans. All 12 plans addressed residents' community engagement.

Person-centered planning is an ongoing process, requiring regular updates to ensure continued applicability and to reflect the person's progress toward meeting goals or deciding on new goals. During this reporting period, the 12 persons served at Minnesota Life Bridge treatment homes had their Person-Centered Plans updated on a monthly basis. The person and their support team, which includes the person's guardian/legal representative, family member(s), and case manager—contributed to updates during monthly team meetings. The information in residents' Person-Centered Descriptions/Plans, in combination with staff's daily experience and conversation with residents, informed how staff supported treatment home residents in selecting, planning, and engaging in community activities.

As previously reported (Doc. No. 614-1 at 37 and Doc. No. 589 at 33-34), during this reporting period Minnesota Life Bridge staff ensured that each treatment home resident had the opportunity to plan and fill their day with preferred activities that are important to and for them, through a process that is highly individualized. Staff engaged with each resident on a regular basis—typically daily—to discuss their choices and plan for activities. In the status update for EC 51 in the February 2017 Semi-Annual Report, the Department provided additional information about this process as well as information regarding preferred activities for a random sample of treatment home residents in a randomly selected week during that reporting period (the last six months of 2016). See pages 37-39 of the February 2017 Semi-Annual Report for this information, including examples of individualized community activities that were developed alongside the resident. (Doc. No. 614-1 at 38-39.)

For this report, JOQACO also requested information for individualized community activities planned with and engaged in by seven of the eight residents served at Minnesota Life Bridge

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 2016 Annual Compliance Report  
 Reporting Period: January 1, 2016 to December 31, 2016

treatment homes during the month of December 2016.<sup>9</sup> With each resident, Minnesota Life Bridge discussed, planned, and facilitated activities in the community based on individual preferences. See Table 1.

**Table 1: Community Activities engaged in (E) or discussed but declined (D)—December 2016**

Person 1 (M1)			Person 2 (J1)			Person 3 (C1)			Person 4 (J2)			Person 5 (G2)			Person 6 (S1)			Person 7 (T1)		
Activity	E	D	Activity	E	D	Activity	E	D	Activity	E	D	Activity	E	D	Activity	E	D	Activity	E	D
████		1	████	1		████	1	1	████	1		████	1		████	1		████	1	
████		1	████	1		████	1	1	████	1		████	1		████	1	1	████	1	1
████			████	1		████	1	1	████	1		████	1		████	1		████	1	1
████	1	1	████	1		████	1		████	1		████	1		████	1		████	1	1
			████	1		████	1		████	1		████	1		████	1		████	1	1
			████	1		████	1	1	████	1		████	1		████	1	1	████	1	1
						████	1		████	1		████	1		████	1		████	1	
						████	1		████	1		████	1		████	1		████	1	1
						████	1	1				████	1		████	1		████	1	1
						████	1	1							████	1		████	1	
															████	1		████	1	
																		████	1	
<b>TOTALS</b>	<b>14</b>	<b>6</b>		<b>16</b>	<b>0</b>		<b>40</b>	<b>11</b>		<b>32</b>	<b>0</b>		<b>14</b>	<b>0</b>		<b>26</b>	<b>2</b>		<b>70</b>	<b>23</b>

***Individualizing/Personalizing Areas of the Home***

Consistent with Action 1.2,<sup>10</sup> Minnesota Life Bridge staff also support people to make choices on the interior setting of the homes. For example, Minnesota Life Bridge staff assist residents with painting their bedrooms, selecting new linens, and reorganizing furniture.

<sup>9</sup> The eighth person served by Minnesota Life Bridge in December 2016 was in the hospital for a significant part of the month (over two weeks), so was not included in this request for information.

<sup>10</sup> 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.)

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 2016 Annual Compliance Report  
 Reporting Period: January 1, 2016 to December 31, 2016

To determine how Minnesota Life Bridge staff supported specific residents during this reporting period in personalizing the interior setting of the home, JOQACO selected a random sample of six people across the four homes and requested that Minnesota Life Bridge describe how staff supported each person in individualizing or personalizing areas of the home. This information is summarized in Table 2.

**Table 2: Opportunities for Individualizing/Personalizing Areas of the Home**

Resident	Facility	Opportunities for Individualizing/Personalizing
B1	T	
C1		
G1		
J1	T	
J2	T	
S2	T	

*Jensen Settlement Agreement Comprehensive Plan of Action*  
2016 Annual Compliance Report  
Reporting Period: January 1, 2016 to December 31, 2016

Another example of how Minnesota Life Bridge staff work to address person-centered preferences regarding the interior of the home can be seen at Eagle Pointe. Residents in one unit have assisted in designing the furniture arrangement in the common area so that it is more conducive to their daily living. At one point, a person wanted to play Wii in the living room near another person who wanted to watch TV in the living room. Eagle Pointe placed two TVs in the living room so that one person could watch TV and the other person could play Wii simultaneously.

People using Minnesota Life Bridge services do not have a choice of housemates, given the intent of Minnesota Life Bridge to provide short-term services and the limited amount of space available. However, with the input and approval of the person and their team, Minnesota Life Bridge has on occasion moved people to another home or other location within the same home. During this reporting period, J1, consistent with J1's preferences, moved from the lower level bedroom [REDACTED] to a bedroom in the same home on the upper level.<sup>11</sup>

#### **Verification**

##### *Licensure*

With respect to the information reported in the status update for EC 1 regarding licensure, see the Verification section in this report for EC 94, page 58.

##### *Most Integrated Setting/Eliminating Unnecessary Segregation*

With respect to the information reported in the status update for EC 1 regarding elimination of unnecessary segregation and serving persons in the most integrated setting appropriate to their

---

<sup>11</sup> In June and July 2016, J1 expressed dissatisfaction with their living quarters being on the lower level of the home during site visits by the *Jensen* Internal Reviewer and JOQACO. (See Doc. No. 589 at 24.) The *Jensen* Internal Reviewer and JOQACO communicated J1's preferences to Minnesota Life Bridge. As previously reported, in August 2016, following the discharge of J1's housemate, J1 moved to the upstairs living area. (Doc. No. 614-1 at 12-13.) This move was consistent with J1's preferences.

During the July 2016 site visit, JOQACO observed that the lower level living area in [REDACTED] was in need of some repairs and better lighting. (*Id.* at 12.) JOQACO followed up with Minnesota Life Bridge about these concerns. (*Id.*) As previously reported, JOQACO confirmed that these concerns were resolved during a site visit [REDACTED] in December 2016. (*Id.* at 12-13.)

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 2016 Annual Compliance Report  
 Reporting Period: January 1, 2016 to December 31, 2016

needs, JOQACO and the *Jensen* Internal Reviewer conducted verification and compliance monitoring activities. Through these activities, JOQACO and the *Jensen* Internal Reviewer confirmed that, (1) Minnesota Life Bridge treatment homes serve only persons with developmental disabilities who exhibit severe behaviors that present a risk to public safety, consistent with EC 3; (2) that Minnesota Life Bridge's efforts to stabilize treatment home residents' behavioral crises utilize positive behavior supports and are informed by person-centered planning; and (3) that Minnesota Life Bridge, through the Transition Planning process, is assisting and preparing residents to move toward more integrated living situations consistent with their needs and preferences.<sup>12</sup> These verification activities were previously reported as follows:

- Verification activities relating to admission of persons with developmental disabilities who present a risk to public safety: Doc. No. 614-1 at 17-18 and Doc No. 589 at 18-19. See also the *Jensen* Internal Reviewer Monthly Reports for July 2016 (distributed to the Court August 15, 2016, pages 5-6); August 2016 (distributed to the Court September 14, 2016, pages 4-5); September 2016 (distributed to the Court October 17, 2016, pages 3-5); and November 2016 (distributed to the Court December 15, 2016, pages 4-5).<sup>13</sup>
- Verification and compliance monitoring activities relating to use of positive behavior supports and person-centered planning principles: Doc. No. 614-1 at 11-16 and Doc. No. 589 at 16. See also the *Jensen* Internal Reviewer Monthly Reports from 2016.
- Verification and compliance monitoring activities relating to the Transition Planning process, discharges, and efforts and progress toward discharge: Verification Sections for ECs 47-53, Doc. No. 614-1 at 24-43 and Doc. No. 589 at 26-36. See also the following *Jensen* Internal Reviewer Monthly Reports for review of discharges during this reporting period: May 2016 (distributed to the Court June 15, 2016, pages 6-7); August 2016 (distributed to the Court September 14, 2016, pages 5-6); November 2016 (distributed to

---

<sup>12</sup> As previously reported (*e.g.*, Doc. No. 614-1 at 31), length of stay at Minnesota Life Bridge remains a challenge due mainly to community capacity for serving people with challenging behaviors, complex mental health needs, or legal issues. This issue has been a focus for improvement by the *Jensen* Internal Reviewer and JOQACO (*see id.*), who continue to monitor length of stay at Minnesota Life Bridge and help Minnesota Life Bridge identify and overcome the barriers to short-term stays.

It should be noted that what constitutes a short-term stay will differ from person to person because individual transition support needs vary widely; the time needed to stabilize persons in behavioral crisis represents a key variable.

<sup>13</sup> The *Jensen* Internal Reviewer began assessing all Minnesota Life Bridge admissions for consistency with the requirements of EC 3 in July 2016 and reporting on these assessments in his monthly reports.

*Jensen* Settlement Agreement Comprehensive Plan of Action  
2016 Annual Compliance Report  
Reporting Period: January 1, 2016 to December 31, 2016

the Court December 15, 2016, page 5); and December 2016 (distributed to the Court January 17, 2017, page 5).

Through on-site visits to the four treatment homes, JOQACO and the *Jensen* Internal Reviewer also verified the locations of the treatment homes in integrated community settings.

*Opportunities to Engage in Community Activities*

JOQACO used multiple methods to verify the information reported in the status update for EC 1 regarding residents' opportunities to, on an ongoing basis, engage in community activities that are highly individualized, drawn from the person-centered planning process, and developed alongside the person.

In preparation for this report, JOQACO requested Minnesota Life Bridge's activity tracking documents for a month during the reporting period (December 2016) for all Minnesota Life Bridge residents served at the treatment homes during that month—with the exception of one resident who was hospitalized for a significant portion of that month. JOQACO confirmed that the information reported in the status update for EC 1 regarding the December 2016 community activities of these treatment home residents is supported by the activity tracking documentation submitted by Minnesota Life Bridge.

In preparation for this report, the *Jensen* Internal Reviewer and JOQACO analyst also reviewed all 12 Minnesota Life Bridge residents' Person-Centered Descriptions/Plans to determine whether these documents expressly provided guidance to care providers regarding community engagement and related life areas (see list in Action 1.1<sup>14</sup>). All of the plans addressed community/civic engagement, home, and health care/health living. Ten out of the 12 plans specifically addressed work, five out of 12 Plans specifically addressed life-long learning/education, and eight out of the 12 Plans specifically addressed transportation.

---

<sup>14</sup> 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.)

*Jensen* Settlement Agreement Comprehensive Plan of Action  
2016 Annual Compliance Report  
Reporting Period: January 1, 2016 to December 31, 2016

The *Jensen* Internal Reviewer and JOQACO analyst also reviewed the Coordinated Services and Support Plan (CSSP) and Coordinated Services and Support Plan Addendum (CSSP-A)<sup>15</sup> for a random sample<sup>16</sup> of six of the 12 persons served at Minnesota Life Bridge treatment homes during 2016 to determine whether these documents addressed life areas related to community engagement (see list in Action 1.1). The *Jensen* Internal Reviewer and JOQACO analyst observed that three areas—work, transportation, and lifelong learning/education—were not expressly addressed in any of the reviewed CSSP or CSSP-A documents. By contrast, home and health care/healthy living were addressed in detail in all CSSP and CSSP-A documents reviewed. The *Jensen* Internal Reviewer noted that this might be due to Minnesota Life Bridge's intended purpose as a short-term, transitional placement and the fact that the CSSP/CSSP-A forms specifically ask for information regarding home and health care/healthy living to a greater extent than for other life areas.

The *Jensen* Internal Reviewer emphasizes, however, that notwithstanding the temporary nature of a placement at Minnesota Life Bridge, there are many ways in which career development and educational opportunities can be incorporated into daily life at Minnesota Life Bridge. Information specifically addressing these aspects of life in residents' Person-Centered Plans and CSSP/CSSP-A documents would provide better guidance to staff as they support residents to engage in community activities.

To address this identified opportunity for performance improvement, JOQACO is:

1. Continuing efforts to secure assistance from the identified subject matter expert related to integrated vocational options for Minnesota Life Bridge treatment home residents. For additional information, see the status update in this report for EC 90, pages 55-56.
2. Providing instruction to Minnesota Life Bridge staff on how to incorporate informal educational opportunities into daily life at the treatment homes, and

---

<sup>15</sup> The Coordinated Service and Support Plan (CSSP), which is developed by the case manager in consultation with the person and/or their legal representative, provides direction and assigns responsibilities to service providers. Within the scope of the responsibilities assigned to the provider in the CSSP, the Coordinated Service and Support Plan Addendum (CSSP-A) is developed by the provider in collaboration with the person and their support team. The CSSP-A explains the scope of the services to be provided to the person and the supports necessary to accomplish the person's desired outcomes.

<sup>16</sup> JOQACO alphabetized and numbered the list of people served by Minnesota Life Bridge treatment homes during this reporting period. JOQACO used Random.org (<https://www.random.org>) to generate six numbers based on the total number of people served. JOQACO then matched the numbers generated to the alphabetized list of names.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
2016 Annual Compliance Report  
Reporting Period: January 1, 2016 to December 31, 2016

3. Meeting with Minnesota Life Bridge management and clinicians to study barriers and solutions to fully address all life areas in the Person-Centered Plans, CSSPs and CSSP Addendums—particularly work and lifelong learning/education.

*On-Site Visits*

JOQACO and the *Jensen* Internal Reviewer also conducted compliance monitoring and verification through on-site visits. These visits provided additional verification that Minnesota Life Bridge residents are provided with person-centered treatment that includes opportunities on an ongoing basis to engage in community activities that are planned alongside the person. For example, in October 2016, the *Jensen* Internal Reviewer made an on-site visit with T1 for purposes of observing and conducting interviews with T1 and care providers. The *Jensen* Internal Reviewer found that T1 engages in many preferred activities of T1's choice, including activities that take place in the community and that the supports T1 receives promote T1's self-determination and independence. The *Jensen* Internal Reviewer also observed that T1's personal effects, clothing, and room meet T1's preferences and interests and that the environment was "home-like." (October 2016 *Jensen* Internal Reviewer Monthly Report, at 3-6.) For additional information about other on-site visits see the Verification section for EC 2 in the February 2017 Semi-Annual Report (Doc. No. 614-1 at 12-15) and the June 2016 and January 2017 *Jensen* Internal Reviewer Monthly Reports.<sup>17</sup>

During on-site visits, the *Jensen* Internal Reviewer and JOQACO identified opportunities for performance improvement. First, the *Jensen* Internal Reviewer has identified areas for improvement related to issues of employment and better use of residents' free time.<sup>18</sup> This area for performance improvement relates to EC 90, which requires Minnesota Life Bridge to provide treatment home residents with integrated vocational options. 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

---

<sup>17</sup> The June 2016 *Jensen* Internal Reviewer Monthly Report was distributed to the Court on July 15, 2016, and the January 2017 *Jensen* Internal Reviewer Monthly Report, on February 15, 2017. The June 2016 report included the Rhythm of the Day assessment for J1 and the January 2017 report included the Rhythm of the Day assessment for G1.

<sup>18</sup> For additional information, see the June 2016 *Jensen* Internal Reviewer Monthly Report (page 4) and the October 2016 *Jensen* Internal Reviewer Monthly Report (page 6).

*Jensen Settlement Agreement Comprehensive Plan of Action*  
2016 Annual Compliance Report  
Reporting Period: January 1, 2016 to December 31, 2016

Minnesota Life Bridge in providing integrated vocational options to residents in a more coordinated and systematic fashion. For additional information, see the status update in this report for EC 90, pages 55-56.

During an on-site visit to one of the treatment homes in December 2016, JOQACO observed that it was not clear from documentation or conversations with staff how residents' daily activities aligned with what was in their Person-Centered Plans. (Doc. No. 614-1 at 13.) See the February 2017 Semi-Annual Report for additional information about how JOQACO and the *Jensen* Internal Reviewer are addressing this opportunity for performance improvement with Minnesota Life Bridge.<sup>19</sup> (*Id.* at 15-16.)

**Evaluation Criteria 4:**

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

**Responsible Party:** Minnesota Life Bridge Manager

**Current Status**

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

Upon admission to Minnesota Life Bridge, all treatment home residents and their legal representatives and/or family, as permitted by law, are provided with documents explaining residents' rights. These documents apprise residents, their legal representatives, and/or family about their ability to comment on the operation of the Facility through Minnesota Life Bridge's grievance process, by contacting the Ombudsman for Mental Health and Disabilities (Office address, phone number, and e-mail address), or by contacting the Department's Licensing Division (address and phone number). The admission packet provided to residents and their legal representatives and/or family also includes the contact information—names and phone numbers—for the treatment home. If a person stays at Minnesota Life Bridge for more than a year, staff review the Rights Notices and grievance policy at the annual team meeting with the

---

<sup>19</sup> The Department previously reported that JOQACO requested an Action Plan from Minnesota Life Bridge regarding this opportunity for performance improvement. (Doc. No. 614-1 at 15.) Minnesota Life Bridge submitted the requested Action Plan after meeting with JOQACO to clarify the scope and expectations for the Action Plan. JOQACO will monitor Minnesota Life Bridge's progress toward completing the steps outlined in the plan, which aim to improve treatment home staff awareness of how residents' activities align with their Person-Centered Plans.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
2016 Annual Compliance Report  
Reporting Period: January 1, 2016 to December 31, 2016

person, their legal representative and family, if they choose to attend the meeting. For more information about the Rights Notices and grievance policy, see the status updates in this report for ECs 65-66, pages 43-47.

Additionally, Minnesota Life Bridge sends out consumer satisfaction surveys to treatment homes residents and their legal representatives. Consumer satisfaction surveys are triggered by a person's one-year anniversary of admission to Minnesota Life Bridge and by transition to the community.

#### **Verification**

JOQACO verified the content of the Rights Notices and grievance policy by reviewing copies of these documents. JOQACO also reviewed copies of the forms signed by residents and their legal representatives to acknowledge receipt of the Rights Notices and grievance policy. JOQACO confirmed through this review that Minnesota Life Bridge had signed acknowledgments on file for the 12 persons served at Minnesota Life Bridge treatment homes during the reporting period and that these forms had been signed within the last year (either during admission or during an annual review of the Rights Notices and grievance policy).

Of the 12 persons who were served at Minnesota Life Bridge treatment homes during this reporting period, JOQACO confirmed through interviews with Minnesota Life Bridge staff and review of returned surveys that Minnesota Life Bridge offered a consumer satisfaction survey to the four people who had a one-year anniversary of admission to Minnesota Life Bridge and to the five people who transitioned to the community. JOQACO was unable to confirm through interviews with Minnesota Life Bridge staff if Consumer Satisfaction Surveys were sent to the legal representatives for three of these people. JOQACO followed up with Minnesota Life Bridge administration, who attributed this oversight to the departure of the Minnesota Life Bridge Transition Coordinator. Minnesota Life Bridge is implementing new processes for ensuring delivery of consumer satisfaction surveys to legal representatives and is in the process of working to fill the Transition Coordinator vacancy.<sup>20</sup>

---

<sup>20</sup> In March 2017, Minnesota Life Bridge interviewed candidates for the Transition Coordinator vacancy. As of the date of filing of this report, Minnesota Life Bridge was in the process of preparing to make an offer to one of these candidates.

*Jensen* Settlement Agreement Comprehensive Plan of Action  
2016 Annual Compliance Report  
Reporting Period: January 1, 2016 to December 31, 2016

**Settlement Agreement Section VI.C. Restraint Responses Are Not To Replace Other Incident Reporting, Investigation, Analysis & Follow-Up (EC 38)**

**Evaluation Criteria 38**

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

**Responsible Party:** Minnesota Life Bridge Manager

**Current Status**

EC 38 requires that other reports, investigations, analyses, and follow up were made in each case of restraint use at the Minnesota Life Bridge treatment homes.

During this reporting period, there were 35 incidents involving emergency use of manual restraint (EUMR). These incidents are listed below in Table 3. Figure 1 graphically depicts information from this table, including notations indicating when Minnesota Life Bridge admitted the two people who were involved in the majority (57%) of the incidents of EUMR that occurred during this reporting period. Minnesota Life Bridge staff reported on each incident of EUMR in multiple ways, including the DHS-3654 Notification Form, the DHS-3653 Individual Incident Report Review Form, and the EUMR Review Form.

*Jensen* Settlement Agreement Comprehensive Plan of Action  
 2016 Annual Compliance Report  
 Reporting Period: January 1, 2016 to December 31, 2016

**Table 3: Emergency Use of Manual Restraint (EUMR) Related Incidents**

	EUMR	EUMR & PRN <sup>21</sup>	EUMR & 911 Call <sup>22</sup>	EUMR & PRN & 911 Call
Jan-16				
Feb-16	1			
Mar-16	1		1	
Apr-16			2	
May-16				
Jun-16	1		1	
Jul-16	1	3	2	
Aug-16		2	1	
Sep-16		1	2	
Oct-16				1
Nov-16	4	2	1	1
Dec-16	4	2		1
<b>TOTALS</b>	<b>12</b>	<b>10</b>	<b>10</b>	<b>3</b>

---

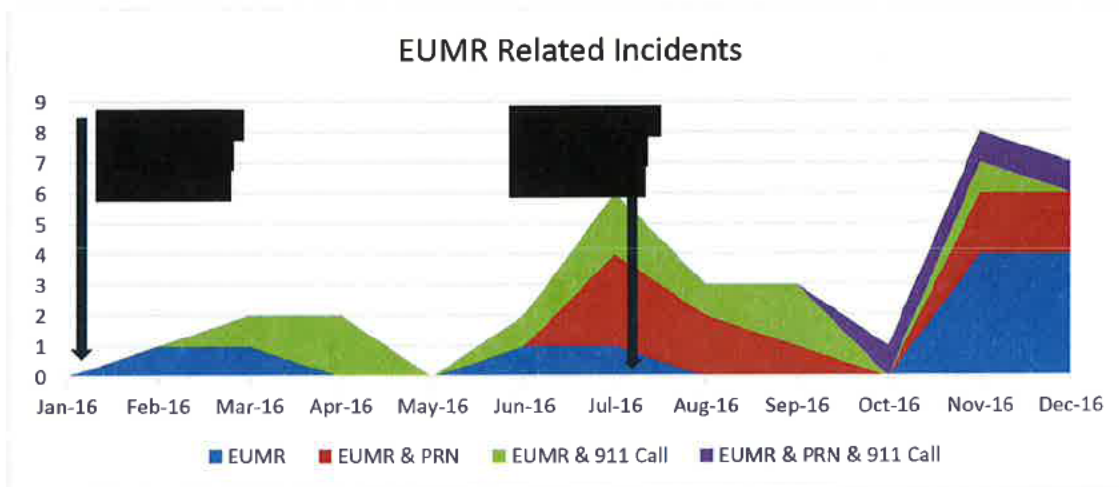
<sup>21</sup> Administration of a PRN is at the request of the client. The *Jensen* Internal Reviewer reviewed all incidents of PRN use at Minnesota Life Bridge during this reporting period and confirmed that PRN use was not forced or coerced.

<sup>22</sup> As previously reported (e.g., Doc. No. 614-1 at 18-19), the *Jensen* Internal Reviewer monitors and follows up on 911 calls at the Minnesota Life Bridge treatment homes. In reviewing all 911 calls at Minnesota Life Bridge treatment homes during this reporting period, the *Jensen* Internal Reviewer found no evidence of inappropriate use of 911 calls by Minnesota Life Bridge staff. To the contrary, the *Jensen* Internal Reviewer observed that all 911 calls made by Minnesota Life Bridge staff during this reporting period were made under circumstances when staff reasonably believed that emergency assistance was necessary for the safety of residents and/or staff.

Minnesota Life Bridge works to build and maintain positive relationships with local police departments. When JOQACO or the *Jensen* Internal Reviewer has identified concerns about police statements or actions relative to Minnesota Life Bridge treatment home residents, JOQACO has sought and received the assistance of the Office of Ombudsman for Mental Health and Developmental Disabilities to address these concerns. The decisions and actions of police officers, however, are outside the Department's scope of authority.

*Jensen* Settlement Agreement Comprehensive Plan of Action  
 2016 Annual Compliance Report  
 Reporting Period: January 1, 2016 to December 31, 2016

**Figure 1: Emergency Use of Manual Restraint (EUMR) Related Incidents**



During this reporting period, following each incident of EUMR, Minnesota Life Bridge clinical staff analyzed the incident and prepared a set of recommendations for improving positive supports to reduce the risk of recurrence of the challenging behavior that led to the incident of EUMR. Minnesota Life Bridge sent the Internal Review form, which includes this set of recommendations, to the *Jensen* Internal Reviewer. The *Jensen* Internal Reviewer then verified that these recommendations were consistent with best practices and likely to be effective. The *Jensen* Internal Reviewer provided feedback to Minnesota Life Bridge as appropriate and monitored progress toward completing the recommendations provided in response to each incident of EUMR. The *Jensen* Internal Reviewer reported monthly on Minnesota Life Bridge's efforts to respond to behavioral incidents—including use of EUMR—in the *Jensen* Internal Reviewer Monthly Reports. During this reporting period, the *Jensen* Internal Reviewer Monthly Reports were sent to the Court, the Consultants, Plaintiffs' Class Counsel, and the Court Monitor, as required by the Court's March 18, 2016 Order (Doc. No. 551 at 24-25).

The *Jensen* Internal Reviewer also conducted weekly phone calls with the Minnesota Life Bridge Clinical Coordinator, Information Coordinator, Community Residential Supervisors, and Behavior Analysts during this reporting period to discuss behavioral incidents—including incidents that led to EUMR—and review Minnesota Life Bridge's efforts to complete the recommendations developed in response to incidents of EUMR. The *Jensen* Internal Reviewer instituted this call to verify that Minnesota Life Bridge was making steady progress toward completing the recommendations and preventing future incidents of EUMR. The Minnesota Life Bridge Information Coordinator facilitated the weekly calls and maintains a spreadsheet

*Jensen Settlement Agreement Comprehensive Plan of Action*  
2016 Annual Compliance Report  
Reporting Period: January 1, 2016 to December 31, 2016

that tracks Minnesota Life Bridge's progress toward completing the recommendations for follow-up to incidents. The *Jensen* Internal Reviewer provided this spreadsheet as an attachment to each *Jensen* Internal Reviewer Monthly Report.

As noted above, the majority of incidents of EUMR that occurred, during this reporting period, involved one of two people [REDACTED] with two spikes in incidents of EUMR—one [REDACTED] in July 2016 and another in late 2016. [REDACTED]

[REDACTED] During this reporting period, the *Jensen* Internal Reviewer worked with Minnesota Life Bridge clinical staff to monitor the patterns of EUMR and other emergency behavioral interventions for these two residents, identify possible triggers for challenging behaviors, and, on an ongoing basis, develop changes to positive support strategies.

During this reporting period, JOQACO received all reports of EUMR use and other emergency behavioral interventions at Minnesota Life Bridge treatment homes—including DHS-3653 Incident Report forms and DHS-3654 Notification forms—and reviewed these reports to determine whether additional notifications, investigation, follow-up, or analysis was needed. Additionally, the *Jensen* Internal Reviewer received and reviewed Behavioral Intervention Report Forms relating to Minnesota Life Bridge residents. As necessary, JOQACO followed up on incident notifications with Minnesota Life Bridge management and clinical staff, the *Jensen* Internal Reviewer, the Department's Compliance Office, the Office of Ombudsman for Mental Health and Developmental Disabilities, or other appropriate entities.<sup>23</sup>

### **Verification**

JOQACO staff and the *Jensen* Internal Reviewer were able to confirm the information reported in this EC regarding the process for reports, investigations, follow-up and analysis of incidents of restraint use because JOQACO and the *Jensen* Internal Reviewer received copies of the relevant incident notifications and reports and were personally involved in the review and follow-up activities described. JOQACO also reviewed the *Jensen* Internal Reviewer Monthly

---

<sup>23</sup> For example, during this reporting period, JOQACO followed up with Minnesota Life Bridge staff and the Office of Ombudsman for Mental Health and Developmental Disabilities about statements made by police to staff and a treatment home resident when police responded to a 911 call; these statements were included in the incident reports associated with the 911 call. During this reporting period, JOQACO also followed up with Minnesota Life Bridge and Community Based Services management about an incident of EUMR in which Minnesota Life Bridge reported that staff attempted to contact the on-call physician but were not timely connected with the physician.

*Jensen* Settlement Agreement Comprehensive Plan of Action  
2016 Annual Compliance Report  
Reporting Period: January 1, 2016 to December 31, 2016

Reports from this reporting period, which summarize the *Jensen* Internal Reviewer's activities regarding follow-up to incidents.

To confirm the number of incidents of EUMR during this reporting period and that appropriate reports were made for each incident, the Minnesota Life Bridge manager and JOQACO reviewed all DHS-3654 Notification Forms and DHS-3653 Incident Report Forms completed during this reporting period for incidents of EUMR.

Based on the review of incident reports and notifications, JOQACO identified two opportunities for performance improvement. First, for two incidents of EUMR that occurred in December 2016, Minnesota Life Bridge staff reported that they attempted to contact the on-call physician but that the physician did not timely return the call in either case. JOQACO followed up with Minnesota Life Bridge and Direct Care and Treatment management in December 2016 to determine the cause of the delayed response and confirm that action would be taken to prevent recurrence. After determining that the delays were caused by a change in physician staffing and a lack of understanding about Minnesota Life Bridge's EUMR incident notification process among Central Pre-Admissions staff,<sup>24</sup> Minnesota Life Bridge management worked with Direct Care and Treatment physicians to develop a protocol that would ensure a timely response to incidents of EUMR at Minnesota Life Bridge. JOQACO approved this protocol, which has been shared with Minnesota Life Bridge staff, Central Pre-Admissions, and the on-call physicians.

JOQACO also identified one instance in which Minnesota Life Bridge did not timely complete an internal incident report (DHS-3653 Form) for an EUMR-related incident.<sup>25</sup> This delay was due in large part to a high volume of behavioral incidents involving a single treatment home resident. JOQACO is closely monitoring the timeliness of incident report completion to ensure that similar delays do not continue to occur.

During the last two months of this reporting period, the *Jensen* Internal Reviewer and JOQACO observed that Minnesota Life Bridge was failing to meet internal deadlines for developing recommendations to improve positive behavior supports for residents following emergency behavioral interventions—including incidents of EUMR. The *Jensen* Internal Reviewer reported

---

<sup>24</sup> Central Pre-Admissions connects Minnesota Life Bridge staff with the on-call physician, when needed.

<sup>25</sup> However, Minnesota Life Bridge timely completed other notifications for this incident.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
2016 Annual Compliance Report  
Reporting Period: January 1, 2016 to December 31, 2016

on this issue in the November and December 2016 *Jensen Internal Reviewer Monthly Reports*,<sup>26</sup> noting that a primary contributor was the turnover of clinical staff at Minnesota Life Bridge.<sup>27</sup> The Department also noted this issue in the February 2017 Semi-Annual Report. (Doc. No. 614-1 at 18 n. 17.)

As was reported in the November 2016 and December 2016 *Jensen Internal Reviewer Monthly Reports*, the *Jensen Internal Reviewer* and JOQACO provided extensive input and guidance to help Minnesota Life Bridge remedy this issue and ensure that it does not recur. For example, the *Jensen Internal Reviewer* and JOQACO provided Minnesota Life Bridge with recommendations about how they could improve the efficiency of the review process while ensuring thorough consideration of all incidents and are reviewing the revisions to Minnesota Life Bridge's process documents. Community Support Services and the Successful Life Project also provided additional mentoring to Minnesota Life Bridge clinical staff regarding the incident review process and development of recommendations for improved positive behavior supports in response to incidents. The *Jensen Internal Reviewer*, via weekly phone calls with Minnesota Life Bridge Clinical staff, monitored the progress of incident review completion and quality of the reviews.

As of January 6, 2017, all outstanding reviews for 2016 incidents had been completed, submitted to, and approved by the *Jensen Internal Reviewer*. Community Based Services and Minnesota Life Bridge management continues to work with Minnesota Life Bridge clinical staff on the prioritization and timely completion of incident reviews and the *Jensen Internal Reviewer* continues to monitor the timeliness and quality of these reviews.

---

<sup>26</sup> The November 2016 *Jensen Internal Reviewer Report* was distributed to the Court on December 15, 2016, and the December 2016 *Jensen Internal Reviewer Report* was distributed to the Court on January 17, 2017.

<sup>27</sup> During this reporting period, the persons in the clinical coordinator position and transition coordinator position left Minnesota Life Bridge. In January 2017, Minnesota Life Bridge hired a new Clinical Coordinator, who started March 8, 2017. In March 2017, Minnesota Life Bridge interviewed candidates for the Transition Coordinator position. As of the date of filing of this report, Minnesota Life Bridge was preparing to make an offer to one of these candidates.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
**2016 Annual Compliance Report**  
Reporting Period: January 1, 2016 to December 31, 2016

**External Entity and Plaintiffs' Access (EC 45 – 46)**

**Evaluation Criteria 45**

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

**Responsible Party:** Minnesota Life Bridge Manager

**Current Status**

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

**Verification**

During this reporting period, neither Minnesota Life Bridge nor JOQACO received any reports or concerns from the Office of Ombudsman for Mental Health and Developmental Disabilities, the Disability Law Center, or Plaintiffs' Class Counsel regarding access to the Facility and its records.

**Evaluation Criteria 46**

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

**Responsible Party:** Minnesota Life Bridge Manager

**Current Status**

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

*Jensen Settlement Agreement Comprehensive Plan of Action*  
2016 Annual Compliance Report  
Reporting Period: January 1, 2016 to December 31, 2016

**Verification**

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

**Settlement Agreement Section IX.A. Other Practices at the Facility – Staff Training (EC 54- 57)**

**Evaluation Criteria 54**

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

**Responsible Party:** Minnesota Life Bridge Manager

**Current Status**

EC 54 requires that Minnesota Life Bridge treatment home staff receive training in the following topics: positive behavioral supports, person-centered approaches, therapeutic interventions, personal safety techniques, and crisis intervention and post-crisis evaluation.

For Minnesota Life Bridge treatment home staff, the training areas identified in EC 54 are included in the following trainings that are part of Minnesota Life Bridge's established staff training program:

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

*Jensen Settlement Agreement Comprehensive Plan of Action*  
2016 Annual Compliance Report  
Reporting Period: January 1, 2016 to December 31, 2016

5. Crisis Intervention/Post Crisis Intervention and Assessment (four hours).<sup>28</sup>

To ensure that Minnesota Life Bridge staff have received and will continue to receive training on the topics identified in EC 54, Minnesota Life Bridge has and will continue to monitor staff attendance at training sessions for the listed topics. Because the Minnesota Life Bridge staff training year runs March 12 to March 11, based on the date upon which the CPA was approved,<sup>29</sup> this reporting period encompasses the end of the previous training year (March 12, 2015-March 11, 2016) and the beginning of the current training year (March 12, 2016-March 11, 2017).<sup>30</sup> Training opportunities were offered throughout the year to ensure that staff were able to complete the annual training requirements. See Table 4: Minnesota Life Bridge Training Opportunities.

---

<sup>28</sup> The Minnesota Life Bridge staff-training program also includes an hour of training on Medically Monitored Restraint, a topic not listed in EC 54.

<sup>29</sup> The CPA was approved March 12, 2014. (Doc. Nos. 283, 284.)

<sup>30</sup> JOQACO is exploring changing the training year calendar to run from January 1 to December 31.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
**2016 Annual Compliance Report**  
 Reporting Period: January 1, 2016 to December 31, 2016

**Table 4: Minnesota Life Bridge Training Opportunities**

<b>Training</b>	<b>New Employees</b>	<b>Existing Employees</b>
<b>EASE 2.0 Assess &amp; Plan and Skills Demonstration</b>	Offered monthly	Four hours of EASE 2.0 trainings are offered monthly
<b>Positive Behavioral Supports</b>	Offered quarterly	Offered on an ongoing basis, to individual employees at specific programs
<b>Therapeutic Interventions and Emergency Use of Personal Safety Techniques (TI/PST)/EASE Procedure Training</b>	Offered within the first month of hire	Offered once or twice a year, during regular staff meetings
<b>Two-day Person Centered Training</b>	Offered throughout the year at locations across the state	Two-day training offered on an ongoing basis, to individual employees  Refresher courses offered quarterly to build the PCT skills of employees.
<b>Crisis Intervention/Post Crisis Intervention and Assessment</b>	Offered within the first month of hire	Offered on an on-going basis for site annual renewal or by individual needs

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

For additional information on staff training completion, see the status updates in this report for ECs 56 and EC 58, pages 33-35 and 37-39.

**Verification**

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

*Jensen Settlement Agreement Comprehensive Plan of Action*  
2016 Annual Compliance Report  
Reporting Period: January 1, 2016 to December 31, 2016

Bridge staff training completion, including staff competency results, into Pathlore for each of the training areas listed in EC 54 (as well as Medically Monitored Restraint training).

Since early 2016, JOQACO's data analyst has received, on a monthly basis, reports from Pathlore regarding Minnesota Life Bridge staff training. The JOQACO data analyst used the monthly reports to track the status of training completion by Minnesota Life Bridge staff and shared this information with Minnesota Life Bridge administration. JOQACO worked with Minnesota Life Bridge, the Department's Pathlore Administrator, and Human Resources to identify and correct any discrepancies in the training data maintained in Pathlore.

**Evaluation Criteria 55**

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

**Responsible Party:** Minnesota Life Bridge Manager

**Current Status**

EC 55 requires that Minnesota Life Bridge treatment home staff training be consistent with applicable best practices and be competency-based.

Consistent with EC 55, Minnesota Life Bridge staff received training that is consistent with applicable best practices and is competency-based. Each course in the Minnesota Life Bridge staff-training curriculum has a competency component and is reviewed and updated for consistency with best practices at least every three years as follows:

1. **Effective and Safe Engagement (EASE)** – The EASE Curriculum is updated by the EASE Instructor team. The Ease Instructor Team made changes to the curriculum in 2016 based on recommendations of the *Jensen* Internal Reviewer. (See Doc. No. 572 at 7-8.) The EASE Instructor team compares and contrasts the EASE training curriculum with similar learning programs on an ongoing basis. Ongoing research on crisis management, behavioral interventions and de-escalation strategies influences changes made to the curriculum.
2. **Positive Behavioral Supports (PBS):** Members of the Department's PBS Leadership group, which is led by the Department's Clinical Director for Positive Behavior Supports, update the curriculum materials as needed. The PBS Leadership group members are linked with national associations providing guidance on best practices for PBS. Minnesota Life Bridge has a significant presence within the PBS Leadership group. The Department's Direct Care and Treatment division formed Communities of

*Jensen* Settlement Agreement Comprehensive Plan of Action  
2016 Annual Compliance Report  
Reporting Period: January 1, 2016 to December 31, 2016

Practice for PBS in 2016, which support the spread of best practices in PBS training across the Department—including at Minnesota Life Bridge.

3. **Minnesota Life Bridge Therapeutic Interventions and Emergency Use of Personal Safety Techniques (TI/PST)/EASE Procedure:** State law (Minnesota Statutes, chapter 245D) and Community Based Services/Minnesota Life Bridge Policy drives curriculum development for this training module. Subject matter experts (Minnesota Life Bridge supervisors) update this module as needed. Participation in licensing reviews and review of incidents of EUMR has led to curriculum.
4. **Person Centered Training (PCT):** PCT training materials are developed by the Learning Community on Person Centered Practices. The Learning Community exists to identify and promulgate best practices in Person Centered Planning. Department trainers coordinate within the state and at an annual gathering to learn about curriculum updates and effective training methods. The PCT Instructor team develops Minnesota Life Bridge PCT coaches.
5. **Crisis Intervention/Post Crisis Intervention and Assessment:** Department behavioral health practitioners developed the original Crisis Intervention/Post Crisis Intervention and Assessment curriculum. Current Minnesota Life Bridge trainers review and make any needed revisions to aid in delivery of the training. Minnesota Life Bridge trainers consult with a subject matter expert within the Department's Learning and Development Division, who is active within the crisis response community in Minnesota and researches best practices internationally for curriculum adjustments as appropriate.
6. **Medically Monitoring Restraint:** The Minnesota Life Bridge/Community Based Services RN Consultant developed the curriculum for this training and reviews it annually. The RN Consultant made curriculum content changes in 2016 based on recommendations of the *Jensen* Internal Reviewer's (see Doc. No. 572 at 12) and comments regarding trauma-informed care. Additionally, the RN Consultant revised this training based on review of incidents of EUMR.

#### Verification

The information provided in the status update for EC 56 regarding curriculum development and updates was obtained from the Minnesota Life Bridge Manager and the Department's Training and Development Supervisor.

*Jensen* Settlement Agreement Comprehensive Plan of Action  
 2016 Annual Compliance Report  
 Reporting Period: January 1, 2016 to December 31, 2016

During this reporting period, the *Jensen* Internal Reviewer assessed the major components of Minnesota Life Bridge's staff training curriculum (Effective and Safe Engagement, Positive Behavior Supports, Person Centered Thinking, Crisis/Post Crisis Intervention and Assessment and Medically Monitored Restraint) for compliance with the requirements of EC 55—that training be competency-based and consistent with applicable best practices. The *Jensen* Internal Reviewer's assessment of these trainings was reported in the Department's May 2016 Report to the Court. (Doc. No. 572 at 5-13.)

The *Jensen* Internal Reviewer found that, with minor revisions, these trainings met applicable best practices. Specifically, the *Jensen* Internal Reviewer recommended minor revisions to four of the training curricula: Effective and Safe Engagement, Positive Behavior Supports, Crisis Intervention/Post Crisis Intervention and Assessment, and Medically Monitored Restraint. The *Jensen* Internal Reviewer did not recommend any revisions to the Person-Centered Thinking training. Additionally, the *Jensen* Internal Reviewer identified one training, Crisis Intervention/Post Crisis Intervention and Assessment, which did not include a competency assessment and recommended that a competency assessment be added to that course; all other courses had a competency assessment component.<sup>31</sup>

Subsequently, a competency assessment was added to the Crisis/Post Crisis Intervention and Assessment training and the recommended revisions to the following courses were made in their entirety: Positive Behavior Supports, Crisis/Post Crisis Intervention and Assessment, and Medically Monitored Restraint. The *Jensen* Internal Reviewer verified implementation of the recommended changes by reviewing the written training materials and observing training sessions. (Doc. No. 572 at 5-13 and Doc. No. 589 at 77-78.)

The other training course, for which the *Jensen* Internal Reviewer recommended changes, EASE, was developed by the Department Learning and Development division and is not within Minnesota Life Bridge's control to make changes. Nevertheless, the recommended revisions to EASE were largely completed in concordance with the *Jensen* Internal Reviewer's recommendations. There were a few suggested revisions that were not made. The EASE developers provided explanations for not making those changes, which the *Jensen* Internal Reviewer judged acceptable.

Since the completion of the *Jensen* Internal Reviewer's training review and implementation of the *Jensen* Internal Reviewer's recommendations, Minnesota Life Bridge and the EASE developers have made minor modifications to the staff training materials. JOQACO secured all

---

<sup>31</sup> Trainers use a quiz format in the training sessions to assess competency with the exception of EASE, which also has an in-person skills practice component.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
2016 Annual Compliance Report  
Reporting Period: January 1, 2016 to December 31, 2016

of the revised training materials, which the *Jensen* Internal Reviewer reviewed—determining that they continue to meet applicable best practices.

**Evaluation Criteria 56**

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

**Responsible Party:** Minnesota Life Bridge Manager

**Current Status**

EC 56 requires that Minnesota Life Bridge treatment home staff receive the specified hours of training in Therapeutic Interventions, Personal Safety Techniques, and Medically Monitoring Restraint. During this reporting period Minnesota Life Bridge provided this training to staff as follows: Therapeutic Interventions and Personal Safety Techniques covered by the EASE training (16 hours) and the Minnesota Life Bridge Therapeutic Interventions and Emergency Use of Personal Safety Techniques (TI/PST)/EASE Procedure training (one hour) and Medically Monitored Restraint (one hour) as a separate course. For additional information regarding the curricula for these courses, see the status update in this report for EC 55, pages 30-33.

In the August 2016 Semi-Annual Report (Doc. No. 589), the Department provided an exception report for EC 56, reporting that some training hours had remained outstanding at the end of the 2015/16 training year but that most staff had completed the required training hours by March 11, 2016. (*Id.* at 65-66.) JOQACO directed Minnesota Life Bridge to ensure that staff with outstanding hours from the 2015/16 training year completed those outstanding hours in the 2016/2017 training year. These make-up training hours were to be in addition to the annual requirements for the 2016/2017 training year. In the August 2016 Semi-Annual Report the Department reported that all active<sup>32</sup> Minnesota Life Bridge staff had completed outstanding training hours for EC 56 from the 2015/16 training year.

As of the end of this reporting period, the 2016-2017 annual training period is in progress.

---

<sup>32</sup> The term “active” staff excluded staff who were on leave or who had left employment with Minnesota Life Bridge. The term also excluded one on-call/intermittent staff member who had not been active in working shifts at Minnesota Life Bridge and had been informed that they were required to complete all outstanding training hours in order to resume work.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
2016 Annual Compliance Report  
Reporting Period: January 1, 2016 to December 31, 2016

As of December 31, 2016, for the 48 active<sup>33</sup> Minnesota Life Bridge treatment home staff<sup>34</sup> (21 new staff and 27 existing staff):

- 52% had completed the required 16 hours of Effective and Safe Engagement (EASE) 2.0 Assess & Plan and Skills Demonstration annual training;
- 81% had completed the required one hour of Minnesota Life Bridge Therapeutic Interventions and Emergency Use of Personal Safety Techniques (TI/PST)/EASE Procedure annual training; and
- 94% had completed the required one hour of Medically Monitored Restraint annual training.

Minnesota Life Bridge is conducting a number of staff trainings between January 1, 2017, and the end of the training year on March 11, 2017. JOQACO is monitoring staff attendance at trainings to ensure compliance with the EC 56 training requirements by the end of the training year.<sup>35</sup>

---

<sup>33</sup> For the purpose of these percentages, "active staff" includes all new staff, even if not yet assigned to provide direct support services. "Active staff" excludes staff who were on a leave of absence as of December 31, 2016, or who, as of December 31, 2016 had left employment with Minnesota Life Bridge.

<sup>34</sup> Treatment home staff includes all new and existing staff of Minnesota Life Bridge treatment homes including direct support professionals, clinical staff (i.e., behavior analysts) and administrative staff (i.e., community residential supervisors).

<sup>35</sup> As of the end of the 2016/2017 training year (March 11, 2017), all active Minnesota Life Bridge treatment home staff had completed the required hours of annual training for EASE, Minnesota Life Bridge Therapeutic Interventions and Emergency Use of Personal Safety Techniques (TI/PST)/EASE Procedure, and Medically Monitored Restraint.

This data regarding completion of the annual staff training requirements for EC 56 does not include five staff who were on a leave of absence as of the end of the training year or had returned from an extended leave of absence shortly before the end of the training year. Because the staff who were or are on leave did not have the benefit of a full year to complete their annual training requirements, any training hours they have yet to complete for the topics listed in EC 56 are not being counted as outstanding. Subject to verification by JOQACO, Minnesota Life Bridge will ensure that, if and when these staff return from leave, they complete any remaining 2016/2017 training year requirements in a timely fashion.

Three new staff who started with Minnesota Life Bridge less than 90 days before the end of the training year completed all of the required annual training hours for EC 56 prior to the end of the training year.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
2016 Annual Compliance Report  
Reporting Period: January 1, 2016 to December 31, 2016

**Verification**

As explained in the status update for EC 54, page 29, information about Minnesota Life Bridge staff training completion is maintained in the Department's web-based Learning Management System, Pathlore. During this reporting period, the Department's Direct Care and Treatment Learning and Development Division reviewed and entered information about Minnesota Life Bridge staff training completion, including staff competency results, into Pathlore for each of the training areas listed in EC 56.

Since early 2016, JOQACO's data analyst has received, on a monthly basis, reports from Pathlore regarding Minnesota Life Bridge staff training. The JOQACO data analyst used the monthly reports to track the status of training completion by Minnesota Life Bridge staff and shared this information with Minnesota Life Bridge administration. JOQACO worked with Minnesota Life Bridge, the Department's Pathlore Administrator, and Human Resources to identify and correct any discrepancies in the training data entered into Pathlore.

***Process Improvement—Follow-up to August 2016 Semi-Annual Report***

In the August 2016 Semi-Annual Report (Doc. No. 589 at 69.) JOQACO identified opportunities for performance improvement after interviewing staff at Minnesota Life Bridge treatment homes while conducting on-site verification reviews. (Doc. No. 589 at 69.) The staff who were interviewed expressed a need for more training support at the treatment home by higher-level behavior analysts and for better documentation or standardization of training processes. JOQACO followed up with Minnesota Life Bridge management about these concerns and required that Minnesota Life Bridge provide JOQACO with an Action Plan by September 15, 2016. (*Id.*) JOQACO also noted concerns with data entry errors, course code identification, and timeliness of data entry. (*Id.*) Minnesota Life Bridge timely submitted the requested Action Plan, completed the steps identified in the plan, and met with Direct Care and Treatment Learning and Development to identify ways of improving the accuracy and timeliness of data entry.

JOQACO is continuing to monitor the issue of training support for treatment home staff and has communicated this concern to the newly hired Minnesota Life Bridge Clinical Coordinator. JOQACO also continues to monitor the accuracy and timeliness of data entry into Pathlore through monthly reviews of training data.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
2016 Annual Compliance Report  
Reporting Period: January 1, 2016 to December 31, 2016

**Evaluation Criteria 57**

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

**Responsible Party:** Minnesota Life Bridge Manager

**Current Status**

EC 57 requires that, in each instance of restraint at the Minnesota Life Bridge treatment homes, all staff involved in imposing restraint received training in the specified areas. To ensure that all staff involved in incidents of EUMR received training in the areas required by EC 57, Minnesota Life Bridge does not assign staff to direct support services until they have completed training on Therapeutic Interventions, Personal Safety Techniques, and Medically Monitoring Restraint. The first two of these topics—Therapeutic Interventions and Personal Safety Techniques—are covered by EASE training while Medically Monitored Restraint is a separate course.

During this reporting period, there were 35 instances of EUMR (See EC 38, Table 3, page 21). All staff involved in these incidents had received the EASE and Medically Monitored Restraint training courses, which cover the topics required by EC 57.

**Verification**

JOQACO's data analyst reviewed Pathlore reports from the 2016/2017 Training Year to verify that all new Minnesota Life Bridge treatment home staff received the training specified in EC 57 and that all existing treatment home staff were current on these trainings (meaning they had completed the course within the last year).

Additionally, the JOQACO data analyst verified through review of training data in Pathlore that all staff involved in each of the 35 incidents of EUMR that occurred during the reporting period had completed training on Therapeutic Interventions, Personal Safety Techniques, and Medically Monitored Restraint prior to involvement in the incident of EUMR. All staff newly hired during the reporting period who were involved in imposing restraint received all of the required training on these topics prior to the incident of EUMR. All but one of the existing staff members were current on the training for these topics as of the date of their involvement in the incident of EUMR.

The existing staff member who was not current on training for topics listed in EC 57 had completed all of the required training in previous training years and had previously been an instructor for the training course addressing Therapeutic Interventions and Personal Safety Techniques. However, during the 2015/2016 training year this staff member was working out of

*Jensen Settlement Agreement Comprehensive Plan of Action*  
**2016 Annual Compliance Report**  
 Reporting Period: January 1, 2016 to December 31, 2016

class in an administrative position, which did not require completion of the Therapeutic Interventions and Personal Safety Techniques training. After returning to their former position as supervisor of one of the treatment homes, the staff member completed all training requirements for the 2016/2017 training year for the topics listed in EC 57, but the training on Therapeutic Interventions and Personal Safety Techniques (covered by the EASE training course) was completed after the relevant incident of EUMR—meaning that the staff member was not current on this training at the time they were involved in imposing restraint. To prevent similar incidents from happening in the future, during this reporting period JOQACO began to, along with the Pathlore reports, regularly request information from Minnesota Life Bridge about staff transfers, leave, and other changes in status that could impact training requirements.

**Settlement Agreement Section IX.B. Other Practices at the Facility – Hours of Training (EC 58)**

**Evaluation Criteria 58**

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

**Responsible Party:** Minnesota Life Bridge Manager

**Current Status**

EC 58 requires that Minnesota Life Bridge treatment home staff receive the specified hours of training in Person-Centered Thinking/Planning, Positive Behavior Supports and Post Crisis Evaluation and Assessment. These topics are covered by the following training courses: Person-Centered Thinking (12 hours for existing employees and 16 hours for new employees); Positive Behavior Supports (12 hours for existing employees and 24 hours for new employees); and Crisis Intervention/Post Crisis Intervention and Assessment (four hours).

In the August 2016 Semi-Annual Report, the Department provided an exception report for EC 58, self-reporting that some training hours had remained outstanding at the end of the 2015/16 training year but that most staff had completed the required training hours by March 11, 2016. (Doc. No. 589 at 66-68.) JOQACO directed Minnesota Life Bridge to ensure that staff with outstanding hours from the 2015/16 training year completed those outstanding hours in the 2016/2017 training year. These make-up training hours were to be in addition to the annual requirements for the 2016/2017 training year. In the August 2016 Semi-Annual Report the

*Jensen Settlement Agreement Comprehensive Plan of Action*  
2016 Annual Compliance Report  
Reporting Period: January 1, 2016 to December 31, 2016

Department reported that all active<sup>36</sup> Minnesota Life Bridge staff had completed outstanding training hours for EC 58 from the 2015/16 training year.

As of the end of this reporting period, the 2016/2017 annual training period was in progress. As of December 31, 2016, for the 48 active<sup>37</sup> Minnesota Life Bridge treatment home staff<sup>38</sup> (includes 21 new staff and 27 existing staff):

- 63 % had completed the required 12 hours of Person Centered annual training;
- 65% had completed the required four hours of Crisis Intervention/Post Crisis Intervention and Assessment annual training; and
- 83% had completed the required 12 hours Positive Behavioral Supports training for existing staff and 24 hours for new staff.

Minnesota Life Bridge is conducting a number of staff trainings between January 1, 2017, and the end of their training year on March 11, 2017. JOQACO is monitoring staff attendance at trainings to ensure compliance with the training requirements by the end of the training year.<sup>39</sup>

---

<sup>36</sup> The term "active" staff excluded staff who were on leave or who had left employment with Minnesota Life Bridge. The term also excluded one on-call/intermittent staff member who had not been active in working shifts at Minnesota Life Bridge and had been informed that they were required to complete all outstanding training hours in order to resume work.

<sup>37</sup> For the purpose of these percentages, "active staff" includes all new staff, even if not yet assigned to provide direct support services. "Active staff" excludes staff who were on a leave of absence as of December 31, 2016, or who, as of December 31, 2016 had left employment with Minnesota Life Bridge.

<sup>38</sup> Treatment home staff includes all new and existing staff of Minnesota Life Bridge treatment homes including direct support professionals, clinical staff (i.e., behavior analysts) and administrative staff (i.e., community residential supervisors).

<sup>39</sup> As of the end of the 2016/ 2017 training year (March 11, 2017), all active Minnesota Life Bridge treatment home staff had completed the required hours of annual training for Person Centered Thinking and Crisis Intervention/Post Crisis Intervention and Assessment. All but one active treatment home staff member also completed the required hours of annual training for Positive Behavior Supports. The staff member who did not complete the required hours of Positive Behavior Supports training before the end of the training year was scheduled to complete the training in December 2016 but fell ill and was unable to complete the course. The staff member is scheduled to complete the outstanding Positive Behavior

*Jensen Settlement Agreement Comprehensive Plan of Action*  
2016 Annual Compliance Report  
Reporting Period: January 1, 2016 to December 31, 2016

**Verification**

As explained in the status update for EC 54, page 29, information about Minnesota Life Bridge staff training completion is maintained in the Department's web-based Learning Management System, Pathlore. During this reporting period, the Department's Direct Care and Treatment Learning and Development Division reviewed and entered information about Minnesota Life Bridge staff training completion, including staff competency results, into Pathlore for each of the training areas listed in EC 58.

Since early 2016, JOQACO's data analyst has received, on a monthly basis, reports from Pathlore regarding Minnesota Life Bridge staff training. The JOQACO data analyst used the monthly reports to track the status of training completion by Minnesota Life Bridge staff and shared this information with Minnesota Life Bridge administration. JOQACO worked with Minnesota Life Bridge, the Department's Pathlore Administrator, and Human Resources to identify and correct any discrepancies in the training data entered into Pathlore.

See also the follow-up to opportunities for process improvement identified in the August 2016 Semi-Annual Report on page 35.

---

Supports training requirements during the next training on March 24 and 31, 2017. Subject to verification by JOQACO, Minnesota Life Bridge will ensure that this staff member completes the Positive Behavior Supports training, as scheduled.

The data regarding completion of the annual staff training requirements for EC 58 does not include five staff who were on a leave of absence as of the end of the reporting period or had returned from an extended leave of absence shortly before the end of the reporting period and three new staff that started with Minnesota Life Bridge less than 90 days before the end of the training year. Because these staff did not have the benefit of a full year to complete their annual training requirements, any training hours they have yet to complete for the topics listed in EC 58 are not being counted as outstanding. Subject to verification by JOQACO, Minnesota Life Bridge will ensure that these staff complete any remaining 2016/2017 training year requirements in a timely fashion.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
2016 Annual Compliance Report  
Reporting Period: January 1, 2016 to December 31, 2016

**Settlement Agreement Section IX.C. Other Practices at the Facility – Visitor Policy (EC 59 – 61)**

**Evaluation Criteria 59**

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

**Responsible Party:** Minnesota Life Bridge Manager

**Current Status**

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

During this reporting period, the 12 people served at Minnesota Life Bridge treatment homes were permitted visits with family, guardians, and friends whenever they wanted. No persons served at Minnesota Life Bridge treatment homes during this reporting period had restrictions on visitors based on a determination of the Interdisciplinary Team.

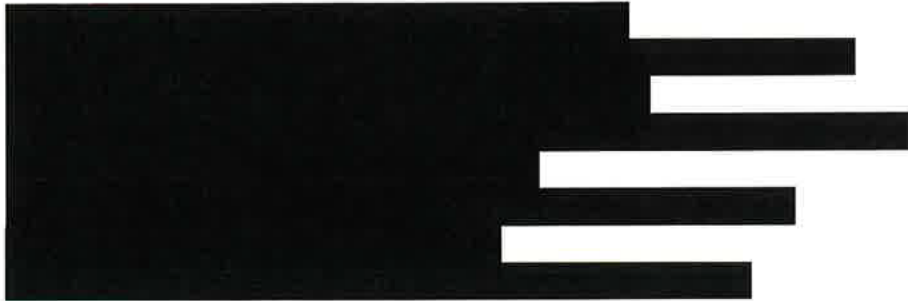
Minnesota Life Bridge encourages home visits or visits with the people important to each resident. Treatment home supervisors work with residents and their support teams to determine what visits are important to the person and to work with staff to facilitate these social opportunities. During this reporting period, Minnesota Life Bridge staff assisted with coordinating visits with family and friends for 11 of the 12 residents:<sup>40</sup>

[REDACTED]

---

<sup>40</sup> The remaining resident had no or limited contact with family members due to Court Orders.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
2016 Annual Compliance Report  
Reporting Period: January 1, 2016 to December 31, 2016



**Verification**

The *Jensen* Internal Reviewer reviewed the applicable Minnesota Life Bridge policy—Minnesota Life Bridge Procedure #15899 - Involvement with Family, Legal Representatives and Friends—and determined that it complies with the requirements of EC 59. The Minnesota Life Bridge Community Residential Supervisors confirmed with the *Jensen* Internal Reviewer that there are no persons restricted from visiting the treatment homes. During this reporting period, no concerns were reported to JOQACO or Minnesota Life Bridge regarding the ability of residents to visit freely with family, guardians, or friends.

**Evaluation Criteria 60**

*Visitors are allowed full and unrestricted access to the resident's living areas, including kitchen, living room, social and common areas, bedroom and bathrooms, consistent with all residents' rights to privacy.*

**Responsible Party:** Minnesota Life Bridge Manager

**Current Status**

EC 60 requires that visitors of Minnesota Life Bridge treatment home residents be allowed full and unrestricted access to the resident's living areas, consistent with all residents' rights to privacy. All Minnesota Life Bridge treatment homes allow scheduled and unscheduled visits in accordance with the preferences of residents. The supervisor at each site ensures adherence to this expectation. The applicable Minnesota Life Bridge written policy (Minnesota Life Bridge Procedure #15899 - Involvement with Family, Legal Representatives and Friends) specifically addresses the need for family, friends and legal representatives to have mutual unrestricted access to the person, consistent with the requirements of ECs 59-61. Minnesota Life Bridge informs persons served, family members, county case managers, and legally authorized representatives about this policy and provides a copy of this policy at admission and intake.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
2016 Annual Compliance Report  
Reporting Period: January 1, 2016 to December 31, 2016

During this reporting period, visitors of the 12 people served at Minnesota Life Bridge treatment homes had no limits on access to living areas, with attention paid to all residents' rights to privacy.

**Verification**

The *Jensen* Internal Reviewer reviewed the applicable Minnesota Life Bridge policy—Minnesota Life Bridge Procedure #15899 - Involvement with Family, Legal Representatives and Friends—and determined that it complies with the requirements of EC 60. The Minnesota Life Bridge Community Residential Supervisors confirmed with the *Jensen* Internal Reviewer that there are no persons restricted from visiting the living areas of the treatment homes. During this reporting period, no concerns were reported to JOQACO or Minnesota Life Bridge regarding the ability of residents to visit freely with family, guardians, or friends.

**Evaluation Criteria 61**

*Residents are allowed to visit with immediate family members and/or guardians in private without staff supervision, unless the IDT reasonably determines this is contraindicated.*

**Responsible Party:** Minnesota Life Bridge Manager

**Current Status**

EC 61 requires that Minnesota Life Bridge treatment home residents be allowed to visit with immediate family members and/or guardians in private without staff supervision. All Minnesota Life Bridge treatment homes allow scheduled and unscheduled visits in accordance with the preferences of residents. The supervisor at each site ensures adherence to this expectation. The applicable Minnesota Life Bridge written policy (Minnesota Life Bridge Procedure #15899 - Involvement with Family, Legal Representatives and Friends) specifically addresses the need for family, friends and legal representatives to have mutual unrestricted access to the person, consistent with the requirements of ECs 59-61. Minnesota Life Bridge informs persons served, family members, county case managers, and legally authorized representatives about this policy and provides a copy of this policy at admission and intake.

During this reporting period, the 12 people served at Minnesota Life Bridge treatment homes were permitted visits with family, guardians, and friends in private without staff supervision.

**Verification**

The *Jensen* Internal Reviewer reviewed the applicable Minnesota Life Bridge policy—Minnesota Life Bridge Procedure #15899 - Involvement with Family, Legal Representatives and Friends—and determined that it complies with the requirements of EC 61. The Minnesota Life Bridge

*Jensen Settlement Agreement Comprehensive Plan of Action*  
2016 Annual Compliance Report  
Reporting Period: January 1, 2016 to December 31, 2016

Community Residential Supervisors confirmed with the *Jensen* Internal Reviewer that residents are permitted visits in private without staff supervision. During this reporting period, no concerns were reported to JOQACO or Minnesota Life Bridge regarding the ability of residents to visit freely with family, guardians, or friends.

**Settlement Agreement Section IX.D. Other Practices at the Facility – No Inconsistent Publicity (EC 62)**

**Evaluation Criteria 62**

*There is no marketing, recruitment of clients, or publicity targeted to prospective residents at the Facility.*

**Responsible Party:** Minnesota Life Bridge Manager

**Current Status**

The Department does not engage in any marketing, recruitment of clients, or publicity targeted to prospective residents of the Minnesota Life Bridge treatment homes.

**Verification**

JOQACO verified with Minnesota Life Bridge management that Minnesota Life Bridge does not engage in marketing, recruitment of clients, or publicity targeted to prospective treatment home residents.

**Settlement Agreement Section IX.E. Other Practices at the Facility – Posting Requirements (EC 65 - 66)**

**Evaluation Criteria 65**

*The Facility posts a Patient / Resident Rights or Bill of Rights, or equivalent, applicable to the person and the placement or service, the name and phone number of the person within the Facility to whom inquiries about care and treatment may be directed, and a brief statement describing how to file a complaint with the appropriate licensing authority.*

**Responsible Party:** Minnesota Life Bridge Manager

**Current Status**

EC 65 requires Minnesota Life Bridge treatment homes to post a Resident Rights Notice that includes specified information. In its December 2016 Response to the Court Monitor's Assessment (Doc. No. 606-2), the Department reported that there are three versions of the Resident Rights Notice and that all three versions are posted in each Minnesota Life Bridge

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 2016 Annual Compliance Report  
 Reporting Period: January 1, 2016 to December 31, 2016

treatment home. (*Id.* at 26.) The Department acknowledged, however, that the specificity of reporting could be improved to clarify how Minnesota Life Bridge meets the EC 65 requirement that the following information be provided on the Rights Notice: the name and phone number of the person within the Facility to whom inquiries about care and treatment may be directed, and a brief statement describing how to file a complaint with the appropriate licensing authority. (*Id.*) In its January 17, 2017 Order, the Court directed the Department to incorporate in future reports the clarifications it identified for EC 65. (Doc. No. 612 at 3.) Accordingly, the Department includes additional information in the status update for EC 65 in this report about the information that is on the Rights Notices.

There are three versions of Rights Notices used by Minnesota Life Bridge to comply with federal, state, and CPA requirements. One version contains the Minnesota Department of Health Patient, Resident and Home Care Bill of Rights<sup>41</sup> (Minnesota Statutes section 144.651). Another version contains the Department's Home and Community-based Services Service Recipient Rights<sup>42</sup> (required by Minnesota Statutes, section 245D.04). The third version has a pictorial section with a one-page summary of the Minnesota Department of Health Patient, Resident and Home Care Bill of Rights, and is at a reading level of Flesch-Kincaid Grade Level 5.0. During this reporting period, all three Rights Notices were posted at each Minnesota Life Bridge treatment home. Minnesota Life Bridge also has a Grievance Policy that was posted in each treatment home during this reporting period.

The Rights Notices and/or Grievance Policy include the following information:

- An explanation of how to file a grievance with Minnesota Life Bridge.
- The address and phone number for the Department's Licensing Division, which is the entity responsible for licensing the Minnesota Life Bridge treatment homes. The policy explains that Licensing can be of assistance regarding complaints about the facility.
- The local and toll-free number to contact the Office of Ombudsman for Mental Health and Developmental Disabilities. This is included on the standard Minnesota

---

<sup>41</sup> A copy of the Patient, Resident and Home Care Bill of Rights is available on the Minnesota Department of Health web site at <http://www.health.state.mn.us/divs/fpc/consumerinfo/index.html>.

<sup>42</sup> A copy of the Home and Community-based services - Service Recipient Rights is available on the Department's web site at <http://mn.gov/dhs/>.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
2016 Annual Compliance Report  
Reporting Period: January 1, 2016 to December 31, 2016

Department of Health Patient, Resident and Home Care Bill of Rights and the one-page summary of this Bill of Rights. The one-page summary states, "If you have questions or feel we denied you any of these rights, talk to treatment staff or contact the Ombudsman's Office at 651-757-1800 or 1-800-657-3506. We must give you a written response to any complaint you have if you ask for it." The grievance policy includes the phone number, mailing address, and e-mail address for the Office of Ombudsman for Mental Health and Developmental Disabilities and states that the Office can be of assistance regarding complaints about the facility.

Upon admission, each resident is provided with a form that lists the names and phone numbers of persons to contact at Minnesota Life Bridge to make inquiries about care and treatment. However, this form is not posted in the treatment homes with the Rights Notices and Grievance Policy.

The Rights Notices and Grievance Policy are posted in the following locations in the Minnesota Life Bridge treatment homes:

1. **Brobergs Lake:** The Rights Notices and Grievance Policy are posted by the downstairs entry.
2. **Eagle Pointe 1:** The Rights Notices and Grievance Policy are posted next to the entry door of the apartment.
3. **Eagle Pointe 2:** The Rights Notices and Grievance Policy are posted on a bulletin board in the common area.
4. **Stratton Lake:** The Rights Notices are posted on a kitchen cabinet. The Grievance Policy is posted in the laundry room.

#### **Verification**

To verify posting of the Rights Notices and Grievance Policy, Minnesota Life Bridge provided JOQACO with photographs of the posted Rights Notices and Grievance Policy in each treatment home. These photographs were taken in late November 2016. Additionally, JOQACO verified posting of the Rights Notices and Grievance Policy at each treatment home during on-site visits, as follows:

- **Eagle Pointe apartments:** JOQACO verified posting of the Rights Notices and Grievance Policy in the common areas of both Eagle Pointe apartments during a site visit in October 2016.
- **Brobergs Lake:** JOQACO verified posting of the Rights Notices and Grievance Policy in the lower level common area of the Brobergs Lake home during a site visit in July 2016.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
2016 Annual Compliance Report  
Reporting Period: January 1, 2016 to December 31, 2016

- **Stratton Lake:** JOQACO verified posting of the Rights Notices in the entryway and Grievance Policy in the laundry room during a site visit in July 2016. During another site visit in December 2016, JOQACO observed that the large, framed version of the Rights Notice had been removed from the wall. Staff reported that a resident had torn down the Rights Notice and that the wall was being repaired. JOQACO instructed staff to post a temporary paper copy until the wall was repaired. While JOQACO was present, staff posted a paper copy of the Rights Notice on a kitchen cabinet.

JOQACO verified that the Rights Notices contained the elements described in the status update for EC 65 by reviewing the photographs of the postings and the copies of the documents provided by Minnesota Life Bridge and by viewing the postings in person during on-site visits.

As reported in the status update in this report for EC 65, the names and phone numbers of persons within Minnesota Life Bridge to whom inquiries about care and treatment may be directed are provided to residents upon admission but are not posted in each treatment home with the Rights Notices and Grievance Policy. JOQACO directed Minnesota Life Bridge management to, within three business days, post this information in each treatment home with the Rights Notices and Grievance Policy and provide JOQACO with copies of the forms posted and photographs verifying the posting of the forms.<sup>43</sup>

#### **Evaluation Criteria 66**

*The Patient / Resident Bill of Rights posting is in a form and with content which is understandable by residents and family / guardians.*

**Responsible Party:** Minnesota Life Bridge Manager

#### **Current Status**

EC 66 requires that Rights Notices posted in the Minnesota Life Bridge treatment homes be in a form and with content that is understandable by residents, family members, and guardians. As reported in the status update for EC 65, page 44-45, there are three versions of Rights Notices used by Minnesota Life Bridge to comply with federal, state, and CPA requirements. One of these three versions includes a pictorial section, a one-page summary of the Minnesota Department of Health Patient, Resident and Home Care Bill of Rights, and is at a reading level understandable by residents and their family or guardian (Flesch-Kincaid Grade Level 5.0).

---

<sup>43</sup> Minnesota Life Bridge posted contact information in all four homes within three business days, as requested. As confirmation that the information was posted, Minnesota Life Bridge submitted to JOQACO photographs of the postings and copies of the posted forms.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
2016 Annual Compliance Report  
Reporting Period: January 1, 2016 to December 31, 2016

This version of the Rights Notice is posted in each of the Minnesota Life Bridge treatment homes.

The following is an example of one section of the pictorial version of the Rights Notice:

**Figure 2: Rights Notice - Pictorial Version**

**I HAVE A RIGHT TO PLAN ACTIVITIES.**

*I understand that I need to do the following as I exercise this right:*

- I have to let people know what I want to do.
- I have to save my money so I can afford to do things.
- I may have to ask people to help make arrangements for tickets and transportation.



The Minnesota Department of Health Patient, Resident and Home Care Bill of Rights can also be provided in languages other than English, if needed.

Minnesota Life Bridge provides the person, legal representative, family as appropriate, and others on the person's support team with a written copy of the Rights Notices and Grievance Policy upon admission and annually thereafter.

**Verification**

JOQACO reviewed copies of the Rights Notices to confirm that they are provided in a form and with content that is understandable by residents and their families or guardians and reviewed the Minnesota Life Bridge Admission Packet to confirm that it contains the Rights Notices. JOQACO also reviewed signed forms for each of the eight persons admitted to the Minnesota Life Bridge treatment homes during this reporting period confirming that they received the Rights Notices and Grievance Policy and had their rights explained to them. JOQACO also verified through interviews with treatment home supervisors that all three versions of the Rights Notices as well as the Grievance Policy are provided to persons and their family or legal representatives at admission. See the Verification section for EC 65 in this report, pages 45-46, regarding the posting of the Rights Notices and Grievance Policy.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
2016 Annual Compliance Report  
Reporting Period: January 1, 2016 to December 31, 2016

**Settlement Agreement Section X.C. System Wide Improvements – Rule 40  
Modernization (EC 80)**

**Evaluation Criteria 80**

*Rule 40 modernization is addressed in Part 2 of this Comprehensive Plan of Action. DHS will not seek a waiver of Rule 40 (or its successor) for a Facility.*

**Responsible Party:** DHS Deputy Senior Counsel

**Current Status**

EC 80 requires that the Department not seek a waiver of the Positive Supports Rule for any of the Minnesota Life Bridge treatment homes. The Department did not seek a waiver of the Positive Supports Rule for any of the Minnesota Life Bridge treatment homes during this reporting period.

**Verification**

JOQACO verified with Minnesota Life Bridge that they did not request a waiver of the Positive Supports Rule for any of the Minnesota Life Bridge treatment homes during this reporting period. The Licensing Division of the Department's Office of the Inspector General verified with JOQACO that, during this reporting period, there were no requests for variances waiving application of the Positive Supports Rule to any of the Minnesota Life Bridge treatment homes and no such variances were granted.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
2016 Annual Compliance Report  
Reporting Period: January 1, 2016 to December 31, 2016

**Settlement Agreement Section X.D. System Wide Improvements – Minnesota Security Hospital (EC 81, 83 and 84)**

**Evaluation Criteria 81**

*The State takes best efforts to ensure that there are no transfers to or placements at the Minnesota Security Hospital of persons committed solely as a person with a developmental disability.*

**Responsible Parties:** Executive Medical Director, Direct Care and Treatment; Executive Director, Forensic Services <sup>44</sup>

**Current Status**

EC 81 requires that the Department make best efforts to ensure that there are no transfers to or placements at the Minnesota Security Hospital of persons committed solely as a person with a developmental disability. During this reporting period, there were no persons transferred to or placed at Minnesota Security Hospital who were committed solely as a person with a developmental disability.

Prior to this reporting period, the Minnesota Security Hospital admitted a person (O1) committed solely as a person with a developmental disability. The Minnesota Security Hospital discharged O1 to the community in June 2016. For additional information, see previous compliance reports. (E.g., Doc. No. 589 at 70, Doc. No. 553-1 at 23-24, and Doc. No. 531 at 53-54.) After the discharge of O1 to the community, there were no persons at the Minnesota Security Hospital who had been transferred or placed at the Minnesota Security Hospital while committed solely as a person with a developmental disability.

**Verification**

The Responsible Party verified that there were no transfers to or placements at the Minnesota Security Hospital of persons solely committed as a person with a developmental disability during the reporting period using the AVATAR<sup>45</sup> PM (Practice Management) Report-Admission Report to review admissions from January 1, 2016 – December 31, 2016. The

---

<sup>44</sup> Previously, the Executive Medical Director for Behavioral Health was the Responsible Party for EC 81. (Doc. No. 553-1 at 23.)

<sup>45</sup> AVATAR is the electronic health record system used by Minnesota Security Hospital.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
2016 Annual Compliance Report  
Reporting Period: January 1, 2016 to December 31, 2016

Responsible Party then cross-referenced that report with the weekly AVATAR Report- DD for Forensics.<sup>46</sup> JOQACO reviewed the census data provided by the Minnesota Security Hospital to verify that there were no transfers to or placements at the Minnesota Security Hospital of persons committed solely as a person with a developmental disability.

The JOQACO Director was personally involved in the discharge and transition planning for O1.

**Evaluation Criteria 83**

*There has been no change in commitment status of any person originally committed solely as a person with a developmental disability without proper notice to that person's parent and/or guardian and a full hearing before the appropriate adjudicative body.*

**Responsible Parties:** Executive Medical Director, Direct Care and Treatment; Executive Director, Forensic Services<sup>47</sup>

**Current Status**

EC 83 requires that there be no change in the commitment status of any person at the Minnesota Security Hospital who was originally committed solely as a person with a developmental disability without appropriate notice to the person's parent and/or guardian and a full hearing before the proper adjudicative body. During this reporting period, O1 was the only person at the Minnesota Security Hospital who was originally committed solely as a person with a developmental disability. O1 did not experience a change in commitment status while at the Minnesota Security Hospital. During this reporting period, no other person who was originally committed solely as a person with a developmental disability was at the Minnesota Security Hospital. Accordingly, during this reporting period there was no change in commitment status of any person at the Minnesota Security Hospital that falls within the scope of EC 83.

---

<sup>46</sup> This Report lists all persons with developmental disabilities being served by Forensic Services.

<sup>47</sup> Previously, the Executive Medical Director for Behavioral Health was the Responsible Party for EC 83. (Doc. No. 553-1 at 25.)

*Jensen Settlement Agreement Comprehensive Plan of Action*  
2016 Annual Compliance Report  
Reporting Period: January 1, 2016 to December 31, 2016

**Verification**

The Responsible Party verified that O1 was the only person originally committed solely as a person with a developmental disability at the Minnesota Security Hospital during the reporting period by reviewing the census data in the AVATAR Report-DD for Forensics.<sup>48</sup>

During this reporting period, JOQACO received notifications about changes in commitment status for persons with developmental disabilities at the Minnesota Security Hospital and verified the information reported in EC 83 regarding changes in commitment status through review of these notifications.

**Evaluation Criteria 84**

*All persons presently confined at Minnesota Security Hospital who were committed solely as a person with a developmental disability and who were not admitted with other forms of commitment or predatory offender status set forth in paragraph 1, above, are transferred by the Department to the most integrated setting consistent with Olmstead v. L.C. , 527 U.S. 581 (1999).*

**Responsible Parties:** Executive Medical Director, Direct Care and Treatment; Executive Director, Forensic Services<sup>49</sup>

**Current Status**

EC 84 required that all person confined at the Minnesota Security Hospital at the time of the CPA's approval who had been committed solely as a person with a developmental disability be transferred to the most integrated setting. As previously reported (Doc. No. 553-1 at 25), prior to the adoption date of the CPA, all persons confined at the Minnesota Security Hospital who had been committed solely as a person with a development disability and who had not been admitted with other forms of commitment or predatory offender status had been transferred to a community setting.

**Verification**

To verify the information reported in the status update for EC 84, JOQACO reviewed a 2013 census report from the Minnesota Security Hospital of persons with a developmental disability. The report confirmed that, as of November 21, 2013, the Minnesota Security Hospital had

---

<sup>48</sup> This Report lists all persons with developmental disabilities being served by Forensic Services.

<sup>49</sup> Previously, only the Executive Director for Forensic Services was listed as the Responsible Party for EC 84. (Doc. No. 553-1 at 25.)

*Jensen Settlement Agreement Comprehensive Plan of Action*  
**2016 Annual Compliance Report**  
Reporting Period: January 1, 2016 to December 31, 2016

discharged all persons committed solely as a person with a developmental disability and who were not admitted with other forms of commitment or predatory offender status. The discharge of persons from the Minnesota Security Hospital who were committed solely as a person with a developmental disability prior to the adoption of the CPA is also confirmed in a report, *Independent Review of Minnesota Security Hospital Transitions*, which was completed by the University of Minnesota Institute on Community Integration. The Department shared this report with the Court, Plaintiffs' Class Counsel, the Consultants, and the Court Monitor on April 11, 2014.

**Closure of MSHS-Cambridge and Replacement with Community Homes and Services (EC 89 – 92, 94, 96)**

**Evaluation Criteria 89**

*Staff hired for new positions as well as to fill vacancies, will only be staff who have experience in community based, crisis, behavioral and person-centered services and whose qualifications are consistent with the Settlement Agreement and currently accepted professional standards. Staff reassigned from MSHS-Cambridge will receive additional orientation training and supervision to meet these qualifications within 6 months of reassignment.*

**Responsible Party:** Minnesota Life Bridge Manager

**Current Status**

EC 89 requires that staff hired for new positions or to fill vacancies at Minnesota Life Bridge treatment homes will have experience in community-based, crisis, behavioral, and person-centered services and qualifications that are consistent with the JSA and currently accepted professional standards. During this reporting period, Minnesota Life Bridge hired 27 staff for new positions or to fill vacancies and reported that all of these staff met the experience and qualification requirements of EC 89.<sup>50</sup> Minnesota Life Bridge supervisors determined that staff hired for new positions or to fill vacancies during this reporting period had experience and qualifications consistent with the requirements of EC 89 by reviewing staff qualifications prior to the interview. As part of the interview process, Minnesota Life Bridge queried candidates and their references about the candidate's experience in community-based, crisis, behavioral and person-centered services.

Additionally, each newly hired Minnesota Life Bridge staff member receives the training outlined in the status update for EC 54, pages 27-29, which emphasizes delivery of community-

---

<sup>50</sup> The 27 staff includes persons newly hired to the Department and persons who transferred to Minnesota Life Bridge from other sites in the Department.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 2016 Annual Compliance Report  
 Reporting Period: January 1, 2016 to December 31, 2016

based, person-centered services for persons with developmental disabilities who present challenging behavior. Some of these training courses (EASE, Medically Monitored Restraint) are completed by new employees before they are assigned to provide direct support services to treatment home residents or within the first few days of on-site employee training (Minnesota Life Bridge Therapeutic Interventions and Emergency Use of Personal Safety Techniques (TI/PST)/EASE Procedure). New employees are typically scheduled to complete the remaining courses in Minnesota Life Bridge's training program (Positive Behavior Supports, Person-Centered Thinking, and Crisis Intervention/Post Crisis Intervention and Assessment) within the first four months of employment. For additional information about staff training at Minnesota Life Bridge, see the status updates for ECs 54-58 in this report, pages 27-39.

### **Verification**

The Responsible Party reviewed the resumes of Minnesota Life Bridge staff hired during this reporting period to verify experience in the areas specified in EC 89. The Responsible Party noted that one employee's educational experience was consistent with the requirements of EC 89 but that clarification was needed regarding the relevance of the employee's work or volunteer experience. The supervisor who hired this employee provided documentation from the employee's interview indicating that the employee had internship experience working with at-risk youth to develop activities to increase social inclusion and had non-human services experience working with people from a variety of backgrounds in challenging situations. The supervisor confirmed with the Responsible Party that they deemed the employee's experience relevant to the delivery of services at Minnesota Life Bridge. The Responsible Party determined that all other new employees' resumes indicated that they had the requisite experience and qualifications.

In preparation for this report, the *Jensen* Internal Reviewer reviewed the resumes of the 27 Minnesota Life Bridge staff who were newly hired by or transferred to Minnesota Life Bridge during the reporting period. Based on this review, the *Jensen* Internal Reviewer concluded that 25 out of the 27 resumes for new staff established that the staff had the experience and qualifications required by EC 89. For the other two staff members, the *Jensen* Internal Reviewer requested additional information from Minnesota Life Bridge about these persons' experience and qualifications. After receiving the requested additional information, the *Jensen* Internal Reviewer determined that these two new staff did not meet the experience and qualifications requirements of EC 89. Minnesota Life Bridge, in consultation with the *Jensen* Internal Reviewer, is reviewing these hires to determine how any deficiencies in their qualifications or experience can be remedied by additional training and other professional development activities.

*Jensen* Settlement Agreement Comprehensive Plan of Action  
2016 Annual Compliance Report  
Reporting Period: January 1, 2016 to December 31, 2016

The *Jensen* Internal Reviewer also verified certification for clinical staff utilizing online databases from the certifying organizations, including the Behavior Analyst Certification Board and the National Association of Dual Diagnosis.

The JOQACO data analyst verified training completion by new employees through review of the training information entered in Pathlore. For additional information about staff training at Minnesota Life Bridge, see the status updates for ECs 54-58 in this report, pages 27-39.

**Evaluation Criteria 90**

*Provide integrated vocational options including, for example, customized employment.*

**Responsible Party:** Minnesota Life Bridge Manager

**Current Status**

EC 90 requires that the Minnesota Life Bridge treatment homes provide integrated vocational options to residents.


Minnesota Life Bridge reports that it works to engage treatment home residents in exploring vocational options. Minnesota Life Bridge provided the following examples of efforts during this reporting period to encourage and support residents in pursuing integrated vocational options:

[REDACTED]

[REDACTED]

[REDACTED]

*Jensen* Settlement Agreement Comprehensive Plan of Action  
2016 Annual Compliance Report  
Reporting Period: January 1, 2016 to December 31, 2016



Minnesota Life Bridge reported that, during this reporting period, several residents were not interested in obtaining employment or exploring vocational options while at Minnesota Life Bridge. Minnesota Life Bridge also noted that legal issues provided a significant barrier to employment for one of the persons served at the treatment homes during this reporting period.

During meetings with JOQACO and the *Jensen* Internal Reviewer about integrated vocational options at Minnesota Life Bridge treatment homes, Minnesota Life Bridge management reported that they are reviewing a guide related to seeking and obtaining integrated vocational options to use as a base for a tool kit and are working to identify how best to document progress towards residents' identified employment goals, including development of work skills and career awareness.

#### **Verification**

The Responsible Party verified the information reported to JOQACO by reviewing the minutes of treatment home residents' monthly team meetings and resident progress reports. The Responsible Party submitted these supporting documents to JOQACO. JOQACO reviewed the documented submitted by the responsible party and confirmed that the documentation supported the information reported. Additionally, JOQACO and the *Jensen* Internal Reviewer were personally involved in the meeting with Minnesota Life Bridge management referenced in the status update in this report for EC 90.

Through compliance monitoring activities at Minnesota Life Bridge—including on-site visits, discussions with Minnesota Life Bridge management and staff, and the *Jensen* Internal Reviewer's Rhythm of the Day Assessments—JOQACO and the *Jensen* Internal Reviewer have identified EC 90 as an EC that presents opportunities for improvement.<sup>51</sup> Although Minnesota Life Bridge is working to encourage and support residents in pursuing integrated vocational

---

<sup>51</sup> This issue has been referenced in the *Jensen* Internal Reviewer's Monthly Reports, including the October 2016 *Jensen* Internal Reviewer Report (distributed to the Court on November 15, 2016), and other reports to the Court (e.g., Doc. No. 614-1 at 15; Doc. No. 606-2 at 34).

*Jensen* Settlement Agreement Comprehensive Plan of Action  
2016 Annual Compliance Report  
Reporting Period: January 1, 2016 to December 31, 2016

options, JOQACO and the *Jensen* Internal Reviewer have determined that these efforts need to happen in a more coordinated or systematic fashion.

As previously reported, the Department has developed a pool of qualified contractors to serve as Independent Subject Matter Experts. (Doc. No. 589 at 10 and Doc. No. 614-1 at 6.) In December 2016, JOQACO initiated the procedure for an Independent Subject Matter Expert to develop recommendations that will guide Minnesota Life Bridge in providing integrated vocational options to residents in a more coordinated or systematic fashion. The Independent Subject Matter Expert is to provide recommendations to Minnesota Life Bridge that include guidance on the following areas:

- Customized employment;
- Career awareness; and
- Career development activities.

By the end of this reporting period, JOQACO and the *Jensen* Internal Reviewer had 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.<sup>52</sup>

The identified vendor, Economic Systems, Inc. (EconSys), was identified as a Subject Matter Expert for service models that support full community membership and self-determination. EconSys is a research and software company with over 15 years of experience working with state and federal agencies to address issues that impact the lives of people with disabilities. One of EconSys's recent projects was a study for the U.S. Department of Labor Office of Employment Policy that involved gathering data and technical information to assess the steps state agencies are taking to ensure compliance with *Olmstead v. L.C.* relating to integrated employment for persons with disabilities.

---

<sup>52</sup> The identified vendor, EconSys, submitted a proposed work order to JOQACO on January 17, 2017. After JOQACO worked with EconSys to modify and finalize the work order, the work order was executed in March 2017. An initial meeting between EconSys, JOQACO, and Minnesota Life Bridge was held on March 16, 2017. As of the date of filing, EconSys was in the process of completing site visits to the treatment homes and providing training to Minnesota Life Bridge staff. Between April and June 2017, EconSys will provide an action plan or recommendations for each Minnesota Life Bridge treatment home location and provide technical assistance as the treatment homes work to implement the recommendations.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
**2016 Annual Compliance Report**  
Reporting Period: January 1, 2016 to December 31, 2016

**Evaluation Criteria 91**

*All requirements in this Comprehensive Plan of Action are fully met for each individual served in the area of Person-Centered Planning.*

**Responsible Party:** Minnesota Life Bridge Manager

**Current Status**

EC 91 requires that all CPA requirements in the area of person-centered planning are met for each person served at Minnesota Life Bridge treatment homes. The CPA requirements in the area of person-centered planning are contained in ECs 2 and 50. During this reporting period, the person-centered planning requirements of EC 2 and EC 50 were met for each person served at Minnesota Life Bridge treatment homes. For information about how these requirements were met during the reporting period see the status updates for ECs 2 and 50 in the August 2016 and February 2017 Semi-Annual Reports. (Doc. No. 589 at 14-15 and 32-33; Doc. No. 614-1 at 9-11 and 35-36.)

**Verification**

See the Verification sections for ECs 2 and 50 in the August 2016 and February 2017 Semi-Annual Reports. (Doc. No. 589 at 16 and 33; Doc. No. 614-1 at 11-16 and 36.)<sup>53</sup>

**Evaluation Criteria 92**

*All requirements in this Comprehensive Plan of Action are fully met for each individual served in the area of Transition Planning.*

**Responsible Party:** Minnesota Life Bridge Manager

**Current Status**

EC 92 requires that all CPA requirements in the area of transition planning are met for each person served at Minnesota Life Bridge treatment homes. The CPA requirements in the area of transition planning are contained in ECs 47-53. During this reporting period, the transition

---

<sup>53</sup> After the end of this reporting period, JOQACO updated its interview protocols for Minnesota Life Bridge treatment home residents to include additional questions relating to person-centered planning. JOQACO will use these updated protocols for on-site verification efforts for future reports.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
2016 Annual Compliance Report  
Reporting Period: January 1, 2016 to December 31, 2016

planning requirements of ECs 47-53 were met for each person served at Minnesota Life Bridge treatment homes. For information about how these requirements were met during the reporting period see the status updates for ECs 47-53 in the August 2016 and February 2017 Semi-Annual Reports. (Doc. No. 589 at 26-36; Doc. No. 614-1 at 24-43.)

**Verification**

See the Verification sections for ECs 47-53 in the August 2016 and February 2017 Semi-Annual Reports. (Doc. No. 589 at 27, 29-36; Doc. No. 614-1 at 25, 30-33, 35-36, 39-40, 41-42, and 43.)<sup>54</sup>

**Evaluation Criteria 94**

*All sites, programs and services established or utilized under this Comprehensive Plan of Action shall be licensed as required by state law.*

**Responsible Party:** Minnesota Life Bridge Manager

**Current Status**

EC 94 pertains to the Minnesota Life Bridge treatment homes and requires that the treatment homes maintain licensure required by state law. During this reporting period, each of the four Minnesota Life Bridge treatment homes maintained the necessary licensure to provide Home and Community Based Services in a Community Residential Setting to persons with developmental disabilities, as required by state law (Minnesota Statutes, chapter 245D).

**Verification**

JOQACO confirmed that Minnesota Life Bridge treatment homes were appropriately and licensed timely by maintaining copies of all Minnesota Life Bridge licenses and by checking the status of these licenses through the Department's publicly available Licensing Lookup web page.<sup>55</sup>

---

<sup>54</sup> After the end of this reporting period, JOQACO updated its interview protocols for Minnesota Life Bridge treatment home residents to include additional questions relating to transition planning. JOQACO will use these updated protocols for on-site verification efforts for future reports.

<sup>55</sup> <https://mn.gov/dhs/general-public/licensing/>

*Jensen Settlement Agreement Comprehensive Plan of Action*  
2016 Annual Compliance Report  
Reporting Period: January 1, 2016 to December 31, 2016

**Evaluation Criteria 96**

*Training plan for staff strongly emphasizes providing tools and support services in a person's home as quickly as possible. Staff will also be trained in delivering community based programs and processes.*

**Responsible Party:** Community Supports Services Director<sup>56</sup>

**Current Status**

As explained in the August 2016 and February 2017 Semi-Annual Reports (Doc. No. 589 and Doc. No. 614-1), Community Support Services' (CSS) mobile teams provide augmentative service supports, consultation, mobile teams and training to those supporting the person for purposes of EC 93. (Doc. No. 589 at 52-53; Doc. No. 614-1 at 71-72.) EC 96, which comes under the same section of the CPA as EC 93 (relating to the closure of MSHS-Cambridge and its replacement with community homes and services), requires that the training plan for the staff providing such services (1) emphasize providing tools and support services in a person's home as quickly as possible, and (2) encompass delivery of community-based programs and services.

The training plan for CSS new employee orientation and annual training includes training on Positive Behavior Supports, Person-Centered Service Planning, Organizational Positive Behavior Supports/Person-Centered Thinking, the Positive Supports Rule, Case Formulation, and Clinical Guidance. Consistent with the requirements of EC 96, this training plan emphasizes the provision of tools and supports in a person's home as quickly as possible through the CSS Case Formulation Training—which includes instruction on assessing individual and system considerations, methods for building the capacity of persons' support networks, finding appropriate clinical resources, and formulating initial expected case outcomes—as well as training on Person-Centered Service Planning and Positive Behavior Supports. Additionally, multiple aspects of the CSS staff training plan—including training on Positive Behavior Supports and Person-Centered Service Planning and portions of the CSS Case Formulation and Clinical Guidance training curriculums—address community life for persons with developmental disabilities and delivery of community-based programs and processes.

**Verification**

The CSS Director reviewed the CSS training plan and training curricula and provided these materials to JOQACO. The *Jensen* Internal Reviewer verified that the training plan for CSS mobile team staff meets the requirements of EC 96 by reviewing the training plan, course curricula, and other training materials/resources provided to CSS mobile team staff.

---

<sup>56</sup> Previously, the responsible party listed for EC 96 was the Minnesota Life Bridge Manager.

*Jensen* Settlement Agreement Comprehensive Plan of Action  
2016 Annual Compliance Report  
Reporting Period: January 1, 2016 to December 31, 2016

Additionally, the *Jensen* Internal Reviewer personally participated in the Department's Organizational Positive Behavior Support/Person-Centered Thinking efforts.

## **Modernization of Rule 40 (EC 100 and 101)**

### **Evaluation Criteria 100**

*Within the scope set forth above, the rule-making process initiated by the Department of Human Services pursuant to the Settlement Agreement, the Department shall by December 31, 2014 propose a new rule in accordance with this Comprehensive Plan of Action ("Proposed Rule"). This deadline may be extended for good cause shown upon application to the Court not later than 20 days prior to the deadline.*

*Should the Department of Human Services believe that it requires additional rule-making authority to satisfy the requirements of this Plan, in order to apply the rule to all providers covered by Rule 40 and the scope of this Plan, the Department will seek an amendments to statutes in the 2014 Minnesota Legislative session to ensure that the scope of the Rule 40 modernization stated above is fulfilled and will apply to all of the facilities and services to persons with developmental disabilities governed by Rule 40. Any proposed amendment(s) are subject to the notice and comment process under EC \_\_ below. If legislative approval for the requested authority is not obtained in the 2014 Minnesota Legislative session, the Court may use its authority to ensure that the Adopted Rule will apply consistent with the scope set forth in EC 99. By August 31, 2015, the Department of Human Services shall adopt a new rule to modernize Rule 40 ("Adopted Rule"). This deadline may be extended for good cause shown upon application to the Court not later than 60 days prior to the deadline.*

**Responsible Party:** Deputy Senior Counsel

### **Current Status**

The Department published the Notice of Adoption of Minnesota Rules, chapter 9544, in the August 17, 2015, edition of the *Minnesota State Register* (40 SR 179), completing the promulgation of the rule. The Positive Supports Rule (Chapter 9544, Positive Support Strategies and Restrictive Interventions)<sup>57</sup> became effective on August 31, 2015.

### **Verification**

JOQACO verified the promulgation and effective date of the Positive Supports Rule by reviewing Minnesota Rules, chapter 9544, on the Minnesota Office of the Revisor of Statutes website.

---

<sup>57</sup> <https://www.revisor.mn.gov/rules/?id=9544>

*Jensen Settlement Agreement Comprehensive Plan of Action*  
**2016 Annual Compliance Report**  
Reporting Period: January 1, 2016 to December 31, 2016

**Evaluation Criteria 101**

*The Proposed Rule shall address the temporary use and tapering of carefully monitored individual medical restraints for self-injurious behavior while non-restraint positive behavior supports are implemented under professional supervision.*

*In formulating the Proposed Rule, and any other methods or tools of implementation, the Department shall carefully consider the recommendations of Dr. Fredda Brown, whose consultation on the Rule 40 modernization the Department requested with regard to matters on which the Advisory Committee had not reached consensus. The Department shall document the results of this review.*

**Responsible Party:** Deputy Senior Counsel

**Current Status**

The Positive Supports Rule became effective on August 31, 2015. The rule addresses the temporary use and tapering of carefully monitored individual medical restraints for self-injurious behavior. The rule requires the creation of the External Program Review Committee to provide professional oversight and guidance in the use of positive supports to reduce the need for such restraint use. The External Program Review Committee convened in March 2017. The *Jensen* Internal Reviewer is a member of the External Program Review Committee.

The Department also consulted with Dr. Fredda Brown in formulating the rule and documented the results of her work.

**Verification**

JOQACO has verified that the Positive Supports Rule is in effect and that it addresses the temporary use and tapering of carefully monitored individual medical restraints for self-injurious behavior by reviewing Minnesota Rules, chapter 9544, on the Minnesota Office of the Revisor of Statutes website.

The External Program Review Committee notifies JOQACO of recommendations made on requests for the temporary use of emergency and prohibited procedures by licensed providers. The *Jensen* Internal Reviewer is involved in evaluating such requests and formulating recommendations. JOQACO will inform the External Program Review Committee of any concerns raised by the Committee's recommendations.