

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

August 2017 Semi-Annual  
Compliance Report

Reporting Period: January 1, 2017 – June 30, 2017



*Jensen Settlement Agreement Comprehensive Plan of Action*  
 August 2017 Semi-Annual Compliance Report  
 Reporting Period: January 1, 2017 to June 30, 2017

## Table of Contents

<b>Introduction .....</b>	<b>4</b>
<b>Background.....</b>	<b>4</b>
<b>Components of the Department's Internal Oversight System .....</b>	<b>4</b>
<i>Jensen/Olmstead</i> Quality Assurance and Compliance Office .....	4
JOQACO Compliance Oversight and Verification Process .....	5
Independent Subject Matter Experts .....	6
Agency-wide Quality Assurance Leadership Team .....	7
<b>Evaluation Criteria State of Completion (Scheduled for Semi-Annual Report) .....</b>	<b>8</b>
<b>Settlement Agreement Section IV. METO Closure (ECs 2, 3, 39, 41).....</b>	<b>8</b>
Evaluation Criteria 2 .....	8
Evaluation Criteria 3 .....	15
Evaluation Criteria 39 .....	17
Evaluation Criteria 41 .....	22
<b>Settlement Agreement Section VIII. Transition Planning (ECs 47-53).....</b>	<b>24</b>
Evaluation Criteria 47 .....	24
Evaluation Criteria 48 .....	25
Evaluation Criteria 49 .....	35
Evaluation Criteria 50 .....	37
Evaluation Criteria 51 .....	39
Evaluation Criteria 52 .....	42
Evaluation Criteria 53 .....	44
<b>Settlement Agreement Section IX.D. Other Practices at the Facility – No Inconsistent Publicity (EC 64).....</b>	<b>45</b>
Evaluation Criteria 64 .....	45
<b>Settlement Agreement Section X.A. System Wide Improvements – Expansion of Community Support Services (ECs 67-78).....</b>	<b>46</b>
Evaluation Criteria 67 .....	46
Evaluation Criteria 68 .....	54
Evaluation Criteria 69 .....	60
Evaluation Criteria 70 .....	61
Evaluation Criteria 71 .....	64
Evaluation Criteria 72 .....	65
Evaluation Criteria 73 .....	66

*Jensen* Settlement Agreement Comprehensive Plan of Action  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

Evaluation Criteria 74 .....	68
Evaluation Criteria 75 .....	69
Evaluation Criteria 76 .....	70
Evaluation Criteria 77 .....	70
Evaluation Criteria 78 .....	71
<b>Settlement Agreement Section X.B. System Wide Improvements – Olmstead Plan (EC 79).....</b>	<b>72</b>
Evaluation Criteria 79 .....	72
<b>Closure of MSHS-Cambridge and Replacement with Community Homes and Services (EC 93)</b>	<b>73</b>
Evaluation Criteria 93 .....	73
<b>Therapeutic Follow-Up of Class Members and Clients Discharged from METO/MSHS- Cambridge (EC 98) .....</b>	<b>81</b>
Evaluation Criteria 98 .....	81
<b>Modernization of Rule 40 (EC 103) .....</b>	<b>97</b>
Evaluation Criteria 103 .....	97

**Listing of Tables**

Table 1: Monthly Summary of DHS 3654 Forms Completed.....	19
Table 2: <i>Jensen</i> Internal Reviewer Training.....	23
Table 3: Minnesota Life Bridge Discharges and Length of Stay .....	32
Table 4: Successful Life Project BCBA Supports and Services.....	84
Table 5: Successful Life Project Nursing Supports and Services .....	84

**Listing of Figures**

Figure 1: Successful Life Project Survey Therapeutic Follow-up Group Member Responses .....	94
---	----

*Jensen* Settlement Agreement Comprehensive Plan of Action  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

## Introduction

This is the *Jensen* Settlement Agreement (JSA) Comprehensive Plan of Action (CPA) – August 2017 Semi-Annual Compliance 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, 2017 through June 30, 2017. This report addresses the following Evaluation Criteria (EC), as scheduled: 2, 3, 39, 41, 47-53, 64, 67-79, 93, 98, and 103. (See Doc. No. 545-1.)

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

JOQACO completed further verification and analysis of the information submitted by the Responsible Parties. JOQACO's compliance monitoring and verification process is explained in more detail below. The update for each EC in this report includes a description of the verification efforts specific to that EC. 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, which alleged that residents of the former Minnesota Extended Treatment Options program were unlawfully and unconstitutionally secluded and restrained. The JSA allowed the Department and the Plaintiffs to resolve the claims in a mutually agreeable manner. The CPA (Doc. No. 283) is the implementation plan for the JSA. (See Doc. No. 284 at 2.)

## Components of the Department's Internal Oversight System

### *Jensen/Olmstead* Quality Assurance and Compliance Office

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

---

<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  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

JOQACO currently has five full-time professionals, including: a director, analyst, data analyst, the *Jensen* Internal Reviewer, and an administrative support staff. Additionally, the Department's Compliance Office has assigned an attorney to JOQACO.

The Successful Life Project became part of JOQACO in April 2016. (*See* Doc. No. 589 at 58.) Staff for the Successful Life Project includes board-certified behavior analysts, a registered nurse, and the Successful Life Project Supervisor. The *Jensen* Internal Reviewer provides clinical oversight of the behavior analysts. For additional information about the Successful Life Project, see also the status update for EC 98 in this report, beginning on page 81.

### **JOQACO Compliance Oversight and Verification Process**

In previous reports (*e.g.*, Doc. Nos. 589 and 614-1), JOQACO reported on the development of a multi-approach process to, on an ongoing basis, monitor compliance with the JSA and CPA, address identified areas for improvement, and verify information submitted to JOQACO and reported to the Court. (Doc. No. 589 at 5-9; Doc. No. 614-1 at 5-6.) JOQACO began to implement these compliance monitoring and verification activities in preparation for the August 2016 Semi-Annual Report (Doc. No. 589). This process, now fully developed and implemented, has been used in preparation for all subsequent reports, including this report.<sup>2</sup>

Under this process, program areas still conduct their own monitoring activities and verification of compliance with the JSA and CPA. JOQACO coordinates and oversees these compliance efforts by receiving regular compliance updates from the program areas, which include an explanation of the program area's compliance verification and monitoring efforts; reviewing these updates for compliance concerns and issues that require additional follow-up; and conducting independent compliance and verification reviews. JOQACO's independent compliance and verification reviews include the following activities:

1. On-site compliance reviews involving interviews,<sup>3</sup> observation, and document reviews.
2. Interview of staff and external parties (*e.g.*, case managers, providers, and family members or guardians) for a random sample of clients to evaluate programs and services that do not

---

<sup>2</sup> While this process is fully developed and implemented, JOQACO continues to monitor for necessary refinements, including the frequency and content of updates for specific ECs from program areas to JOQACO.

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

*Jensen Settlement Agreement Comprehensive Plan of Action*  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

operate out of a single site—such as mobile support services provided by Community Support Services.

3. Review of key documents, treatment records, and data from the programs areas. This includes review of program area policies, client person-centered plans and transition plans, case notes, training records and curricula, databases, and required notifications.

The compliance monitoring and verification efforts conducted by the program areas and JOQACO, as well as 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. (E.g., Doc. No. 614-1 at 6.) The Independent Subject Matter Experts assist the Department by 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.)<sup>4</sup>

In December 2016, JOQACO initiated the procedure for an Independent Subject Matter Expert review related to EC 90's integrated vocational options requirement. In March 2017, the identified vendor, Economic Systems, Inc. (EconSys), visited the four Minnesota Life Bridge treatment homes to meet with staff and residents and provided a full day of training on building pathways to employment.<sup>5</sup> In June 2017 JOQACO received the final report prepared by EconSys with their recommendations to guide Minnesota Life Bridge in providing integrated vocational options to residents in a more coordinated or systematic way. On June 23, 2017, JOQACO met with key staff from Minnesota Life Bridge, Rum River Vocational Services, and Community-Based Services management to review and prioritize EconSys's recommendations. As of the end of this reporting period, Minnesota Life Bridge was working with JOQACO to develop a work plan identifying the specific steps Minnesota Life Bridge is taking to implement EconSys's recommendations, with a focus on the recommendations that, in the opinion of the JOQACO Director and the *Jensen* Internal Reviewer, will offer the highest

---

<sup>4</sup> For additional information regarding Independent Subject Matter Experts, see the February 2017 Semi-Annual Report (Doc. No. 614-1 at 7.)

<sup>5</sup> This training was attended by Minnesota Life Bridge management, clinical staff, and support staff, as well as other Department staff, including staff from JOQACO, Rum River Vocational Services, and MSOCS.

*Jensen* Settlement Agreement Comprehensive Plan of Action  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

return on investment.<sup>6</sup> In implementing EconSys's recommendations, JOQACO and Minnesota Life Bridge will, as needed, seek technical assistance from EconSys. Further updates will be provided in the next scheduled update for EC 90.<sup>7</sup>

**Agency-wide Quality Assurance Leadership Team**

The Quality Assurance Leadership Team is not a goal or requirement of the JSA or CPA. Nevertheless, the Quality Assurance Leadership Team continues to operate as described in previous reports, meeting on a monthly basis to monitor the quality of programs and services provided to people with disabilities across the Department. (*See, e.g.*, Doc. Nos. 589 at 11-12; Doc. No. 553-1 at 5-6.)

---

<sup>6</sup> JOQACO met with Minnesota Life Bridge in July and August 2017 to review the status of work plan development and action items that are currently in progress; Minnesota Life Bridge submitted an updated work plan to JOQACO on August 16, 2017. JOQACO has arranged for the Independent Subject Matter Expert, EconSys, to provide technical assistance to Minnesota Life Bridge regarding the recommendation that the Waiver Community Support Service Plan be modified to reflect a greater focus on employment and utilizing existing waiver service arrays as vehicles for facilitating and sustaining employment. For more information about actions already taken by Minnesota Life Bridge to promote integrated vocational options for residents see the July 2017 *Jensen* Internal Reviewer Monthly Report (distributed to the Court August 15, 2017; pages 7-8).

<sup>7</sup> The next scheduled update for EC 90 is in the 2017 Annual Report, due to the Court by April 2, 2018. (*See* Doc. No. 545-1.)

*Jensen Settlement Agreement Comprehensive Plan of Action*  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

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

**Settlement Agreement Section IV. METO Closure (ECs 2, 3, 39, 41)**

**Evaluation Criteria 2**

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

**Responsible Party:** Minnesota Life Bridge Manager

**Current Status**

Consistent with the requirements of EC 2, the Minnesota Life Bridge treatment homes<sup>8</sup> utilize person-centered planning principles and positive behavioral supports at all stages of a resident's treatment program, which starts with the development of the resident's Person-Centered Description/Plan and is further guided by development of the resident's Functional Behavior Assessment, Coordinated Service Support Plan Addendum, and Positive Behavior Support Plan. The relationships between these documents and the processes by which these documents are developed are described in the status update for EC 2 in the Department's February 2017 Semi-Annual Report (Doc. No. 614-1), pages 9-10, with the following updates for this reporting period:

- An initial Person-Centered Description was completed within 30 days of admission for four out of the five persons admitted to Minnesota Life Bridge during this reporting period.<sup>9</sup>

---

<sup>8</sup> There are four Minnesota Life Bridge treatment homes: Stratton Lake, Broberg's Lake, and the two Eagle Pointe apartments. The term "treatment home" comes from the CPA. (See Doc. No. 283 at 2, 29.)

<sup>9</sup> [REDACTED]



*Jensen* Settlement Agreement Comprehensive Plan of Action  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

- All 12 persons served at a Minnesota Life Bridge treatment home during the reporting period had a Person-Centered Description/Plan, Support Plan, Coordinated Services and Supports Plan - Addendum (CSSP-A), Functional Behavior Assessment, and Positive Behavior Support Plan.
- All 12 persons served at a Minnesota Life Bridge treatment home during the reporting period had their Person-Centered Description/Plan updated on a monthly basis after the initial team meeting. See the Verification section for this EC, pages 13-14, for a discussion about a change to the update process that occurred during this reporting period.

The following are examples of how Minnesota Life Bridge staff use person-centered principles and positive behavior supports, reflected in residents' key documents, to support residents on a daily basis. Minnesota Life Bridge provided these examples in response to JOQACO's request for information for a random sample of clients during one month from this reporting period (March 2017):

[REDACTED]

[REDACTED]

[REDACTED]

*Jensen* Settlement Agreement Comprehensive Plan of Action  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

**Verification**

The Responsible Party verified the information submitted to JOQACO for EC 2 through review of Minnesota Life Bridge residents' Person-Centered Descriptions/Plans, Person-Centered Planning Meeting minutes, Functional Behavior Assessments, and Positive Behavior Support Plan documents. The Responsible Party assured that JOQACO has ongoing access to these documents.

During this reporting period, JOQACO monitored and verified the use of person-centered planning principles and positive behavior supports at Minnesota Life Bridge treatment homes, consistent with EC 2, in multiple ways. The first of these compliance monitoring and verification methods involved the review activities of the *Jensen* Internal Reviewer relating to positive behavior supports. During this reporting period, the *Jensen* Internal Reviewer monitored the use of positive behavior support strategies and consistency with applicable best practices on an ongoing basis through review of support strategies used by Minnesota Life Bridge in response to occurrences of challenging behavior. This included the *Jensen* Internal Reviewer's participation in weekly calls with Minnesota Life Bridge to review progress on improvement of positive supports for treatment home residents. For more information about these activities of the *Jensen* Internal Reviewer, see the status updates in this report for ECs 39 and 41, pages 17-19 and 22-24.

The second method used by JOQACO to monitor compliance with and verify information reported for EC 2 was review of each treatment home resident's Person-Centered Description/Plan, Functional Behavior Assessment, Positive Behavior Support Plan, Coordinated Services and Supports Plan - Addendum, and other related documents, such as the minutes of residents' monthly team meetings. Through review of these documents, JOQACO verified the information reported in the status update for EC 2 regarding the existence of and updates to residents' key planning and support documents. JOQACO verified team involvement in the planning process through review of the minutes of residents' monthly team meetings and the planning documents themselves.

The third method used by JOQACO to monitor compliance with and verify information reported for EC 2 was on-site visits to the Minnesota Life Bridge treatment homes. During this reporting period, JOQACO staff conducted three visits to Broberg's Lake, three visits to Stratton Lake and two visits to the Eagle Pointe apartments. During these visits, JOQACO staff interviewed residents, if they were willing to be interviewed, as well as Minnesota Life Bridge staff.

**Broberg's Lake:** JOQACO visited Broberg's Lake in April, May, and June 2017. During each visit, JOQACO spoke with staff.

Staff discussed what they had been learning about the preferences and support needs of [REDACTED]  
[REDACTED]  
[REDACTED]

*Jensen Settlement Agreement Comprehensive Plan of Action*  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

[REDACTED]

Additionally, staff discussed with JOQACO the support preferences of the home's other two residents, [REDACTED]. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] For more information about transition planning for residents, including [REDACTED], see the status update in this report for EC 48, pages 25-31.

During JOQACO's visits, Broberg's staff also discussed general concerns regarding staff turnover at the home, although staff noted that there had been an overall improvement in management of the home since Minnesota Life Bridge assigned the new Community Residential Supervisor to Broberg's Lake in July 2016. Additionally, during the June visit JOQACO spoke at length with Broberg's Lake staff and management about transition planning and follow up of residents after they leave Minnesota Life Bridge. For more information about these discussions, see the Verification section in this report for EC 48, pages 31-35.

During each site visit, JOQACO was prepared to speak with residents if they were willing and available to do so; however, during each of the Broberg's Lake site visits, residents were either occupied with activities outside of the home, were asleep for the duration of the visit, or were uninterested in engaging with JOQACO staff beyond a brief hello.

**Stratton Lake:** JOQACO visited Stratton Lake in April, May, and June 2017. During all three visits, JOQACO spoke with Stratton Lake staff. Stratton Lake staff discussed the ways that they support residents' preferences—highlighting, in particular, the ways that they encourage and assist residents to visit with family and friends, if desired by the resident, either in the home or outside the home. Staff explained that they speak with family members and guardians at admission, encouraging them to visit the Stratton Lake home.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

During the June visit, JOQACO spoke at length with Stratton Lake staff and management about transition planning and follow up of residents after they leave Minnesota Life Bridge. For more information about these discussions, see the verification section in this report for EC 48, pages 31-35.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

[REDACTED]

**Eagle Pointe Homes:** JOQACO visited the Eagle Pointe apartments in May and June 2017. During the visits, JOQACO interviewed staff about the supports, preferences, and progress for each resident.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

---

10 [REDACTED]

- [REDACTED]: January 2017 *Jensen* Internal Reviewer Monthly Report (distributed to the Court February 15, 2017; pages 4-5);<sup>11</sup>
- [REDACTED]: March 2017 *Jensen* Internal Reviewer Monthly Report (distributed to the Court April 15, 2017; pages 4-7); and
- [REDACTED] June 2017 *Jensen* Internal Reviewer Monthly Report (distributed to the Court July 17, 2017; pages 4-8).

█████ lead staff, when interviewed by the *Jensen* Internal Reviewer, raised the concerns specific to █████ Person-Centered Description. The lead staff provided the *Jensen* Internal Reviewer with a significantly revised Person-Centered Description containing updates that had not been reviewed by █████ team or the Person-Centered Thinking/Training Facilitator. The lead staff expressed concern that the “official” version of █████ Person-Centered Description was not reflective of what is important to and for █████ and did not describe █████ in a manner that would help a new staff person understand how to support █████. The *Jensen* Internal Reviewer noted that the additions made to █████ Person-Centered Description by the lead staff person were entirely consistent with observed patterns of behavior and supports.

Page 13 of 97

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 August 2017 Semi-Annual Compliance Report  
 Reporting Period: January 1, 2017 to June 30, 2017

After the visit, the *Jensen* Internal Reviewer spoke with the Broberg's Lake Community Residential Supervisor about the concerns expressed by the lead staff person about [REDACTED] Person-Centered Description.<sup>12</sup> The Community Residential Supervisor agreed to review the revisions the lead staff person made to the Person-Centered Description and to review these revisions with [REDACTED] team to ensure the full team's agreement and to solicit input from other team members. The *Jensen* Internal Reviewer will follow up to determine what revisions the team approved.

The *Jensen* Internal Reviewer also followed up with the other treatment home sites and the Minnesota Life Bridge Person-Centered Thinking/Training Facilitator to understand how Minnesota Life Bridge updates residents' Person-Centered Descriptions on a monthly basis across Minnesota Life Bridge. Previously, the Minnesota Life Bridge Person-Centered Thinking/Training Facilitator was personally responsible for entering the monthly updates for each Person-Centered Description. During this reporting period, however, the process changed; while the Person-Centered Thinking/Training Facilitator is responsible for putting together the initial Person-Centered Description within 30 days of a person's admission, the Minnesota Life Bridge Behavior Analyst 3s assigned to each treatment home site are directly responsible for facilitating the monthly update process. The Person-Centered Thinking/Training Facilitator reviews all updates but is only directly responsible for facilitating the monthly update process at the Stratton Lake treatment home. This change in process has resulted in practices for monthly Person-Centered Description updates being slightly different at each treatment home site. The *Jensen* Internal Reviewer is convening a meeting with Minnesota Life Bridge in August 2017.<sup>13</sup> The purpose of this meeting is:

- To discuss the process for updating Person-Centered Descriptions at Minnesota Life Bridge;
- To verify that there are procedures in place to assure that knowledgeable parties have the opportunity to provide input into Person-Centered Descriptions on an ongoing basis; and
- To assure that the protocol for updating Person-Centered Descriptions is consistent across all four Minnesota Life Bridge treatment homes.

***Follow-up to Prior Report—Opportunities for Performance Improvement***

In the Department's February 2017 Semi-Annual Report, JOQACO identified an opportunity for improvement relating to the clarity of documentation and staff understanding of how residents' daily activities align with what is in the Person-Centered Description/Plan. (Doc. No. 614-1 at 15.) In the February 2017 Report, JOQACO reported that it was in the process of implementing additional

---

<sup>12</sup> The *Jensen* Internal Reviewer verified that Minnesota Life Bridge had updated [REDACTED] Person-Centered Description on a monthly basis by inspecting the versions of the Person-Centered Description available on Minnesota Life Bridge's file server.

<sup>13</sup> This meeting is scheduled for August 29, 2017.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

follow-up and requested an action plan from Minnesota Life Bridge to address this area for improvement. (*Id.*) Minnesota Life Bridge submitted to JOQACO an action plan that includes the following steps:

1. On a quarterly basis, Minnesota Life Bridge supervisors, with assistance from members of the clinical team, will hold meetings to review with staff aspects of the intake, treatment and transition process for individuals receiving services at Minnesota Life Bridge. The focus of each session will be how the daily work of employees contributes to and shapes the success of the individual and where that work is documented, reported, and used (e.g., monthly meeting minutes, progress reports, the Person-Centered Description/Plan, Transition Plans).
2. As part of the above process, supervisors and staff will discuss the connection between the individual's Person-Centered Description/Plan and their daily activities, as well as how the person-centered documents relate to the overall plan and process for an individual receiving services at Minnesota Life Bridge.

In May 2017, the Minnesota Life Bridge Manager presented a draft guide for this quarterly review process to the Community Residential Supervisor group and made revisions based on the feedback from that group. This review will be a regular part of Minnesota Life Bridge staff meetings beginning in August 2017. JOQACO will continue to follow up with Minnesota Life Bridge to verify implementation of all action plan items.

During this reporting period, JOQACO has, through conversations with Minnesota Life Bridge staff and review of person-centered planning documentation, observed improvements in staff understanding of how residents' daily activities align with their Person-Centered Descriptions/Plans.

**Evaluation Criteria 3**

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

**Responsible Party:** Minnesota Life Bridge Manager

**Current Status**

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

*Jensen* Settlement Agreement Comprehensive Plan of Action  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

To determine whether a person met the first admission criterion—being a person with a developmental disability—the Minnesota Life Bridge Manager,<sup>14</sup> with oversight by the Department's Community Based Services Short-term Residential Program Manager, reviewed professional assessments and/or court documents to determine if the person has been diagnosed with a developmental disability. In June 2017, the new Minnesota Life Bridge Clinical Coordinator also began participating in review of admission materials.

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

1. Assault or aggression toward others;
2. Extreme property destruction creating a likelihood of harm to others;
3. Sexual aggression or behavior that targets others;
4. Theft of motor vehicles;
5. Fire setting; or
6. Other behavior(s) that presents a risk to the safety of others

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

During this reporting period, five people were admitted to Minnesota Life Bridge treatment homes—[REDACTED] Minnesota Life Bridge determined that each of the five persons admitted to Minnesota Life Bridge treatment homes during the reporting period met the EC 3 criteria for admission.

### **Verification**

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

---

<sup>14</sup> The Minnesota Life Bridge Transition Coordinator and Clinical Coordinator also participate in this process. During this reporting period, Minnesota Life Bridge hired a new Clinical Coordinator who started in March 2017 and a new Transition Coordinator who started in May 2017. Responsibilities for both the Transition Coordinator and Clinical Coordinator will include reviewing admission materials to determine whether persons referred to Minnesota Life Bridge met the criteria in EC 3.



*Jensen Settlement Agreement Comprehensive Plan of Action*  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

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

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

### **Evaluation Criteria 39**

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

**Responsible Party:** JOQACO Director

### **Current Status**

The current *Jensen* Internal Reviewer has been in this role since December 1, 2015. Consistent with EC 39, the *Jensen* Internal Reviewer's duties include a focus on monitoring the use and elimination of restraints at the Minnesota Life Bridge treatment homes. See the status update for EC 39 in the Department's February 2017 Semi-Annual Report (Doc. No. 614-1), pages 18-19, for a summary of the process by which the *Jensen* Internal Reviewer monitors the use and elimination of restraint as well as the use of *pro re nata* (PRN) medication at the request of the client and 911 calls at the Minnesota Life Bridge treatment homes. The *Jensen* Internal Reviewer followed this process during this reporting period.

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

- Teaching a person skills needed to manage daily life;
- Using strategies that promote mental wellness to support the person in engaging in a healthy lifestyle;
- Revising prior objectives to be of greater utility in supporting Minnesota Life Bridge residents;
- Including mental health disorders in Functional Behavior Assessments;
- Helping people to experience drama in a positive manner;
- Creating supportive interaction patterns;

*Jensen* Settlement Agreement Comprehensive Plan of Action  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

- Using the “safety signal” strategy<sup>15</sup>; and
- Implementing verbal interaction strategies including (1) The Mental Health Triangle, which guides healthy interpersonal interactions with people and focuses on three common unhealthy patterns –victim, rescuer, and persecutor; and (2) Validation Therapy, which includes strategies for assuring that people feel validated and heard, and provides strategies to guide a person who is confused or upset into memories that are more positive and stories.

During this reporting period, Minnesota Life Bridge reported 77 incidents involving PRN at the request of the client, a 911 call, Emergency Use of Manual Restraint (EUMR), or a combination of two or more of these types of interventions. Minnesota Life Bridge is required to report incidents involving the use of such emergency behavioral interventions through completion and submission of the DHS 3654 Form. Table 1, page 19, presents a summary of these incidents.

---

<sup>15</sup> A “safety signal” involves letting a person know that a challenging or unpleasant event is almost done.

*Jensen* Settlement Agreement Comprehensive Plan of Action  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

**Table 1:** Monthly Summary of DHS 3654 Forms Completed

Month	Location	PRN	911 Call	PRN & 911 Call	EUMR	EUMR & PRN	EUMR & 911 Call	EUMR & PRN & 911 Call
<b>January 2017</b>	Stratton Lake							
	Broberg's Lake	2						
	Eagle Pointe	8	2	1	3	1	2	
<b>February 2017</b>	Stratton Lake		1		1		1	
	Broberg's Lake				1	1		
	Eagle Pointe	5	1	1			1	
<b>March 2017</b>	Stratton Lake		1					
	Broberg's Lake				1		2	
	Eagle Pointe	4				2	1	
<b>April 2017</b>	Stratton Lake	4	2					
	Broberg's Lake		2			1		
	Eagle Pointe	1	4					
<b>May 2017</b>	Stratton Lake		1					
	Broberg's Lake	1	1				1	1
	Eagle Pointe	2	1	1	1			
<b>June 2017</b>	Stratton Lake							
	Broberg's Lake	1	1	1				
	Eagle Pointe	4	1					2
<b>TOTALS</b>		<b>32</b>	<b>18</b>	<b>4</b>	<b>7</b>	<b>5</b>	<b>8</b>	<b>3</b>

**Verification**

The *Jensen* Internal Reviewer was personally involved in the activities reported for this EC. Additionally, as part of JOQACO's internal quality assurance and compliance verification processes, JOQACO maintains a database to track all emergency behavioral interventions for persons served at Minnesota Life Bridge reported in DHS 3654 forms and other incident notifications and reporting forms. This database has been in place since early 2016, before the beginning of this reporting period. JOQACO compared Minnesota Life Bridge incidents tracked in its database against the incident database maintained by Minnesota Life Bridge and reviewed the contents of the reports for consistency, completeness, and issues that required follow-up. JOQACO also maintains copies of the *Jensen* Internal Reviewer Monthly Reports, which report the *Jensen* Internal Reviewer's activities regarding follow-up to incidents. JOQACO reconciled the data reported in this section with the DHS 3654 forms and other incident reports filed during the reporting period, the information in JOQACO's database, and the *Jensen* Internal Reviewer Monthly Reports.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 August 2017 Semi-Annual Compliance Report  
 Reporting Period: January 1, 2017 to June 30, 2017

Through ongoing review of DHS 3654 forms and other notifications regarding emergency behavioral interventions at Minnesota Life Bridge, JOQACO identified three incidents of EUMR in which staff did not contact the on-call physician within 30 minutes after initiation of EUMR.<sup>16</sup> Two out of the three incidents occurred at Broberg's Lake (April 23 and May 8).<sup>17</sup> JOQACO followed up with the Broberg's Lake Community Residential Supervisor, who confirmed that the failures to timely contact the on-call physician were not reasonable and were the result of staff forgetting this step. The Community Residential Supervisor outlined an action plan for preventing this problem from recurring. This plan involved retraining all Broberg's Lake staff on the protocol for EUMRs and completing the DHS 3654 form after incidents of EUMR; providing staff with a "cheat sheet" to remind staff of key steps in the incident review and reporting process; and requiring all staff to immediately report specific information about an incident of EUMR, 911 call, or PRN use to the Community Residential Supervisor so they can confirm that all appropriate follow-up steps have been or are being completed.

Through follow-up with the Community Residential Supervisor and review of staff meeting minutes and training documentation, JOQACO verified that Broberg's Lake completed all action steps as of July 5, 2017. During JOQACO's May site visit to Broberg's Lake, JOQACO also verified that Minnesota Life Bridge posted an instruction sheet in the office for contacting the on-call physician regarding incidents of EUMR.

In the third incident, an Eagle Pointe staff member contacted the on-call physician 1 hour and 10 minutes after initiation of EUMR. JOQACO followed up with the Eagle Pointe supervisor, who explained that the staff member involved in the incident was working the overnight shift alone and,

---

<sup>16</sup> These incidents are unrelated to the two incidents reported in the February 2017 Semi-Annual Report in which Minnesota Life Bridge staff attempted to contact the on-call physician but the on-call physician did not timely return the call. (Doc. No. 614-1 at 24.) After determining that these delays were due to a change in physician staffing and a lack of understanding about Minnesota Life Bridge's EUMR incident notification process among Central Pre-Admissions Staff, Minnesota Life Bridge management worked with Direct Care and Treatment physicians to develop a protocol that would assure a timely response to incidents of EUMR at Minnesota Life Bridge. Since this protocol was developed and implemented, JOQACO has not identified any delays that were due to a lack of timely response by the on-call physician.

<sup>17</sup> In the April 23 incident, the staff person forgot to contact the on-call physician until three hours after initiation of EUMR. In the May 8 incident, the staff person was involved in two incidents of EUMR in one day; the staff person contacted the medical officer timely in one instance but in the other did not contact the medical officer. Minnesota Life Bridge self-reported the second incident to JOQACO, acknowledging that this was a repeat occurrence.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

after the EUMR, was working with the person on resuming programming and building rapport to prevent recurrence of the need for EUMR or another type of emergency behavioral intervention. It took about an hour for the person to calm—at which point the staff person contacted the on-call physician and made the other necessary notifications. Because this appears to be an isolated incident at the Eagle Pointe homes, JOQACO did not require corrective action but continues to monitor incidents of EUMR for timely completion of required notifications.

*Follow-up to Previous Report*

During November and December 2016, the *Jensen* Internal Reviewer and JOQACO observed that Minnesota Life Bridge was failing to meet internal deadlines for developing recommendations for improved positive supports following emergency behavioral interventions. The *Jensen* Internal Reviewer first reported on this issue in the November 2016 *Jensen* Internal Reviewer Monthly Report, noting that a primary contributor was the turnover of clinical staff at Minnesota Life Bridge. JOQACO also acknowledged this issue in the February 2017 Semi-Annual Report. (Doc. No. 614-1 at 18 n.17) In the 2016 Annual Report, the Department noted that all of the outstanding reviews for 2016 incidents had been completed, submitted, and approved as of January 6, 2017. (Doc. No. 621 at 24-25.)

With the support of JOQACO, the *Jensen* Internal Reviewer, and clinicians from other areas of the Department, Minnesota Life Bridge has made steady progress toward resolving the challenges that prevented timely completion of internal reviews. During this reporting period, the *Jensen* Internal Reviewer provided monthly updates on this progress in the *Jensen* Internal Reviewer Monthly Reports.<sup>18</sup> In May and June 2017, Minnesota Life Bridge submitted one incident review outside of the five-day internal deadline and that was due to an error in electronic notifications for the clinical coordinator; this problem was reported and the clinical coordinator has received all subsequent notifications. Additionally, the *Jensen* Internal Reviewer has observed that the reviews and recommendations completed by the new Minnesota Life Bridge clinical coordinator, who started in March 2017 and is now completing the bulk of the reviews, have been of high quality—notably including interventions that include skill development for Minnesota Life Bridge residents. See the June 2017 *Jensen* Internal Reviewer Monthly Report, submitted to the Court on July 17, 2017, for more information.

---

<sup>18</sup> For more information about the actions taken to resolve the challenges that prevented timely completion of internal reviews, see the *Jensen* Internal Reviewer Monthly Reports for this reporting period, January 2017-June 2017.

*Jensen* Settlement Agreement Comprehensive Plan of Action  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

**Evaluation Criteria 41**

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

**Responsible Party:** JOQACO Director

**Current Status**

EC 41 directs the *Jensen* Internal Reviewer to consult with staff involved with incidents of restraint at the Facility to address why less restrictive interventions or de-escalation strategies failed, what additional behavioral support strategies may assist the person, and systemic or individual issues raised by the use of restraints. This consultation and review occurs through the process described in the status update for EC 39 in the February 2017 Semi-Annual Report (Doc. No. 614-1 at 18-19.) EC 41 also directs the *Jensen* Internal Reviewer to review Olmstead or other issues arising from or related to admissions, discharges, and other separations from the Facility.

During this reporting period, the *Jensen* Internal Reviewer reviewed each Minnesota Life Bridge admission or discharge and included this review in the *Jensen* Internal Reviewer Monthly Report with a summary of the implications of that admission or discharge for Minnesota's Olmstead vision. Since July 2016, the *Jensen* Internal Reviewer's review of admissions has also included an assessment of whether the person meets the criteria for admission to Minnesota Life Bridge set out in EC 3. For more information about these assessments, see the Verification section in this report for EC 3, pages 16-17.

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

*Jensen* Settlement Agreement Comprehensive Plan of Action  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

**Table 2:** *Jensen* Internal Reviewer Training

Date	Topic	Audience
1/6/2017	Intellectual or Developmental Disability competence for mental health providers	<b>Provider:</b> Mental health provider
1/25/2017	Core elements of positive supports	<b>External:</b> National Association of State Directors of Developmental Disabilities Services
2/1/2017	Creating therapeutic interactions	<b>Internal:</b> Minnesota Life Bridge
2/10/2017	Mental wellness interventions	<b>Internal, External, and Providers:</b> MN Positive Behavior Support Gathering - Attendees included a wide variety of support providers, behavior consultants, educators, and governmental agencies
2/22/2017	Positive behavior supports	<b>Providers</b>
3/22/2017	Blending mental health and behavior analytic interventions	<b>Internal:</b> MSOCS provider for a <i>Jensen</i> Class Member (B5).
3/23/2017	Positive behavior support and effective environments	<b>External and Providers:</b> Providers, clinicians, and governmental agencies
3/30/2017	Mental wellness interventions	<b>Providers:</b> Residential and vocational providers for a <i>Jensen</i> Class Member (S6). Training offered separately for each provider.
4/27/2017	Treatments for anxiety disorder	<b>Internal:</b> MSOCS provider for a <i>Jensen</i> Class member (B5).
5/23/2017	Positive behavior support intervention strategies	<b>External and Providers:</b> Providers, clinicians, and governmental agencies
6/8/2017	Positive behavior support and effective environments	<b>External and Providers:</b> Providers, clinicians, and governmental agencies
6/9/2017	Blending mental wellness, positive behavior support, and behavior analytic interventions	<b>External:</b> National Association of State Directors of Developmental Disabilities Services Semi-annual Conference - Attendees included governmental agencies
6/21/2017	Mental wellness interventions	<b>Internal, External, and Providers:</b> Odyssey Conference - Attendees included providers, clinicians, family members and governmental agencies
6/27/2017	Positive behavior support and effective environments	<b>External:</b> Providers, clinicians, family members and governmental agencies

*Jensen* Settlement Agreement Comprehensive Plan of Action  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

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

- Disability Services Division/Direct Care and Treatment Project Core/Steering Team;
- External Program Review Committee<sup>19</sup>;
- Minnesota Association of Positive Behavior Support;
- Person-Centered Work Group;
- Positive Behavior Support Leadership Group;
- Positive Supports Gathering Planning Committee; and
- Quality Assurance Leadership Team.

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

#### **Verification**

The *Jensen* Internal Reviewer was personally involved in the activities reported for this EC. See also the Verification section in this report for EC 39, pages 19-21.

### **Settlement Agreement Section VIII. Transition Planning (ECs 47-53)**

#### **Evaluation Criteria 47**

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

**Responsible Party:** Minnesota Life Bridge Manager

#### **Current Status**

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

---

<sup>19</sup> Previously the Interim (PSTP) Review Panel.



*Jensen Settlement Agreement Comprehensive Plan of Action*  
 August 2017 Semi-Annual Compliance Report  
 Reporting Period: January 1, 2017 to June 30, 2017

settings that are highly individualized and maximize the opportunity for social and physical integration.

Minnesota Life Bridge serves residents in community-based treatment homes. As described in more detail in this report under ECs 2 and 48-53, treatment home residents receive person-centered supports in these community-based settings while they plan, with the assistance of their support teams and Minnesota Life Bridge, for transition to the most integrated setting appropriate to their needs and legal status. Minnesota Life Bridge begins the person-centered and transition planning processes upon admission to the treatment homes and these processes continue throughout the person's stay at these sites. The person-centered and transition planning processes not only guide the provision of supports while the person is at Minnesota Life Bridge, but also inform Minnesota Life Bridge's efforts to assist the person in moving toward more integrated community settings. More detailed information about the person-centered and transition-planning processes at Minnesota Life Bridge and Minnesota Life Bridge's efforts to pursue the appropriate discharge of residents to the most integrated setting that is consistent with the person's needs and preferences are provided in the status updates in this report for ECs 2 and 48-53, pages 8-9, 25-31, 35-37, 37-38, 39-41, 42-44, and 44-45.

#### **Verification**

Refer to the Verification sections for ECs 2 and 48-53, pages 10-15, 31-35, 37, 38-39, 41-42, 44, and 45.

#### **Evaluation Criteria 48**

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

**Responsible Party:** Minnesota Life Bridge Manager

#### **Current Status**

EC 48 relates to the Department's active pursuit of appropriate discharge for residents of the Minnesota Life Bridge treatment homes. The process of transition planning is central to the pursuit of appropriate discharge, informing the steps taken to identify and explore potential providers, homes, and communities, as well as to determine the services, supports, and protections necessary to facilitate a successful transition. In other words, transition planning is critical to defining what an appropriate discharge looks like for each person and to make sure that the needs and preferences of the person are at the center of the discharge process. The CPA itself recognizes this; notably, the

*Jensen Settlement Agreement Comprehensive Plan of Action*  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

Actions under EC 48 focus on transition planning.<sup>20</sup> (See Doc. No. 283 at 48.1-2.) For a more detailed description of the transition planning process at Minnesota Life Bridge, see the status update for EC 48 in the February 2017 Semi-Annual Report (Doc. No. 614-1), pages 25-26.

During this reporting period, all 12 persons served at Minnesota Life Bridge treatment homes had Transition Plans that Minnesota Life Bridge updated on a monthly basis. Four out of five people admitted during the reporting period had their initial Transition Plan created within 30 days of admission.<sup>21</sup>

During this reporting period, Minnesota Life Bridge's efforts to pursue the appropriate discharge of residents resulted in the transition of five people ( ) to community-based homes. Minnesota Life Bridge facilitated the discharge of these residents through adequate and appropriate transition plans, protections, supports, and services consistent with their individualized needs in accordance with EC 48. The following provides additional context for each discharge. See also the Verification section for this EC, pages 31-35, for additional information obtained by JOQACO regarding these discharges.

[REDACTED]

---

<sup>20</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.)

<sup>21</sup> [REDACTED]

*Jensen* Settlement Agreement Comprehensive Plan of Action  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

*Jensen* Settlement Agreement Comprehensive Plan of Action  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

---

22 [REDACTED]

*Jensen Settlement Agreement Comprehensive Plan of Action*  
*August 2017 Semi-Annual Compliance Report*  
*Reporting Period: January 1, 2017 to June 30, 2017*

[REDACTED]

*Efforts and progress toward discharge for other treatment home residents*

For the other seven residents ([REDACTED]) served at Minnesota Life Bridge treatment homes during this reporting period, Minnesota Life Bridge actively worked with the person and their team to pursue appropriate discharge through the transition planning process.

[REDACTED] have future providers identified. Minnesota Life Bridge staff are working with these residents and their teams to further develop their transition plans. The following is a summary of the progress toward appropriate discharge for these residents as of the end of this reporting period:

- [REDACTED]
- [REDACTED]

*Jensen* Settlement Agreement Comprehensive Plan of Action  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

[REDACTED]

[REDACTED]

- [REDACTED]

- [REDACTED]

For [REDACTED], Minnesota Life Bridge has not yet identified a provider:

- [REDACTED]

- [REDACTED]

---

<sup>24</sup> [REDACTED]

*Jensen* Settlement Agreement Comprehensive Plan of Action  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

• [REDACTED]

### Verification

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

JOQACO reviewed the supporting documentation submitted by the Responsible Party to verify the information reported, including the existence of Transition Plans for each Minnesota Life Bridge treatment home resident, the timeliness of Transition Plans, the number and timing of discharges, the circumstances surrounding discharges (see pages 26-29), and the summaries of progress toward discharge for all other residents (see pages 29-31).

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

• [REDACTED]

• [REDACTED]

• [REDACTED]

For information obtained from on-site visits to Minnesota Life Bridge, refer to the Verification section for EC 2, pages 10-15.

Over the course of this reporting period, JOQACO observed continued improvement in Minnesota Life Bridge Transition Plans and Summaries, including clearer and more detailed documentation of options pursued, identification of who is responsible for each task, and identification of when the task

*Jensen* Settlement Agreement Comprehensive Plan of Action  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

is to be completed.<sup>25</sup> JOQACO continues to monitor the completion and clarity of Minnesota Life Bridge transition documents to ensure that Minnesota Life Bridge is implementing such improvements consistently.

JOQACO has also been observing improvements in length of stay at Minnesota Life Bridge. Since June 2016, there has been an increase in the number of Minnesota Life Bridge treatment home residents discharged during each six-month reporting period as well as a decrease in the average length of stay for persons discharged. See Table 3 below.

**Table 3:** Minnesota Life Bridge Discharges and Length of Stay

Reporting Period	Total No of Persons Discharged <sup>26</sup>	Average Length of Stay of Persons Discharged (Days)
Jan – June 2015 <sup>27</sup>	3	189
July – Dec 2015	4	355
Jan – June 2016	1	344
July – Dec 2016	4	282
Jan – June 2017	5	163

While JOQACO has observed improvements, length of stay at the Minnesota Life Bridge treatment homes remains a challenge and focus for improvement by JOQACO, the *Jensen* Internal Reviewer, and Minnesota Life Bridge management. During this reporting period, JOQACO and the *Jensen* Internal Reviewer met with Minnesota Life Bridge management and staff to discuss strategies that have been or are being developed to further promote short-term stays of treatment home residents and successful transitions. With the hiring of the new Minnesota Life Bridge Clinical and Transition

---

<sup>25</sup> In the August 2016 Semi-Annual Report, JOQACO identified opportunities for performance improvement relating to the clarity of documentation in Transition Plans for Minnesota Life Bridge residents. (Doc. No. 589 at 30.) In the February 2017 Semi-Annual Report, JOQACO reported on process improvement efforts by Minnesota Life Bridge with respect to transition planning and noted that JOQACO had observed improvements in Minnesota Life Bridge Transition Plans and Summaries. (Doc. No. 614-1 at 33.)

<sup>26</sup> [REDACTED]

<sup>27</sup> Minnesota Life Bridge discharged one person during this reporting period to jail.



*Jensen* Settlement Agreement Comprehensive Plan of Action  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

Coordinators during this reporting period,<sup>28</sup> Minnesota Life Bridge has taken the opportunity to redefine the roles and responsibilities of these key positions with respect to transition planning and helping residents identify future homes and providers. Minnesota Life Bridge is also conducting program-wide weekly transition meetings to review the status of all residents and more quickly identify barriers to discharge and potential ways to overcome these barriers.

Additionally, with more discharge experiences to draw from, the treatment homes are identifying practices that have facilitated successful discharges for treatment homes residents. For example, during JOQACO's on-site visits to the Minnesota Life Bridge treatment homes in June 2017, Stratton Lake staff highlighted the benefits of delaying admission of a new resident for a couple of weeks following a discharge to allow Minnesota Life Bridge staff more time to follow up with the discharged resident and their new provider to help assure a successful transition. Staff also shared some recently encountered transition challenges that were new to staff, such as [REDACTED]

JOQACO and the *Jensen* Internal Reviewer are monitoring Minnesota Life Bridge's efforts to promote successful discharges and shorter lengths of stay to assure consistent implementation across the treatment homes.

*Follow-up Regarding Discharges*

JOQACO also followed up with the Minnesota Life Bridge site manager or supervisor, the case manager, guardian/family member, and the new residential provider for each of the five people who transitioned out of Minnesota Life Bridge treatment homes during this reporting period. This was done to verify further that Minnesota Life Bridge pursued the appropriate discharge of residents through transition planning. As of August 11, 2017, JOQACO received responses from the Minnesota Life Bridge site manager or supervisor and the lead agency case manager for each person who transitioned out of Minnesota Life Bridge, as well as four providers and one family member.<sup>29</sup> JOQACO also contacted and received responses from eight additional Minnesota Life Bridge staff, four Community Support Services staff, and two Successful Life Project staff.

---

<sup>28</sup> The Minnesota Life Bridge Clinical Coordinator started in March 2017 and the Minnesota Life Bridge Transition Coordinator stated in May 2017.

<sup>29</sup> Feedback from respondents is being shared with Minnesota Life Bridge to be used in ongoing performance improvement efforts.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

Providers who responded expressed appreciation for Minnesota Life Bridge staff providing training to the new provider's staff and being available at the new home during the first few days of the transition. Providers noted that this availability facilitated a smoother transition for the person.

Respondents generally acknowledged the usefulness of the Transition Plan document. For example, one respondent commented that the plans were person-centered and detailed, which helped prepare the person for the transition and prepare the new staff on how to best support the person. Some respondents, however, also indicated that the Transition Plan document could be improved. For example, a respondent commented that the Transition Plan document holds people accountable for the identified tasks, but "because it was such a long and repetitive document that was too intricate I felt that many people didn't get quality information in an efficient way." [REDACTED]

One respondent provided the following feedback about the overall transition process and the contributions of Minnesota Life Bridge staff to that process:

"I want to say a formal thank you to [REDACTED] Life Bridge team that helped support [REDACTED] transition into [REDACTED]. They provided critical information and guidance to help make [REDACTED] placement as successful as it has been. They took a genuine interest and care in [REDACTED] transition as was evident by all of the interactions, check-ins and meetings that took place between the providers."

Through these follow-up efforts as well as conversations with Minnesota Life Bridge staff during on-site visits, JOQACO also learned that Minnesota Life Bridge provides ongoing support to discharged residents even beyond the 45-day review period, if requested and needed. The following are examples of this continued contact or follow-up:

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

*Jensen Settlement Agreement Comprehensive Plan of Action*  
*August 2017 Semi-Annual Compliance Report*  
*Reporting Period: January 1, 2017 to June 30, 2017*

[REDACTED]

**Evaluation Criteria 49**

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

**Responsible Party:** Minnesota Life Bridge Manager

**Current Status**

EC 49 applies to the Minnesota Life Bridge treatment homes and relates to the involvement of the resident and the resident's legal representative and/or family in the person-centered and transition planning processes. Consistent with Actions<sup>30</sup> 49.1 and 49.2, all 12 persons served at Minnesota Life Bridge treatment homes during the reporting period had Person-Centered Descriptions/Plans and Transition Plans that Minnesota Life Bridge developed through the participation of the person, with the assistance of the Minnesota Life Bridge Person-Centered Thinking/Training Facilitator and the person's support team.

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

---

<sup>30</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*  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

The following explains family involvement in the planning process for each of the 12 people served at Minnesota Life Bridge during the reporting period:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[illegible]

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

## Evaluation Criteria 50

**Responsible Party:** Minnesota Life Bridge Manager

EC 50 requires the Department to use person-centered planning principles at each stage of the transition planning process for residents of Minnesota Life Bridge treatment homes. Consistent with this requirement, the transition planning process at Minnesota Life Bridge uses, and is driven by, person-centered principles. As explained in more detail in the status updates for EC 2 in this report, pages 8-9, and the February 2017 Semi-Annual Report (Doc. No. 614-1), pages 9-10, this process begins with the development of the Person-Centered Description and Plan. During this reporting period:

*Jensen Settlement Agreement Comprehensive Plan of Action*  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

- All 12 persons served at Minnesota Life Bridge treatment homes engaged with the Minnesota Life Bridge Person-Centered Thinking/Training Facilitator to contribute to their Person-Centered Descriptions/Plans.
- All 12 persons served at Minnesota Life Bridge treatment homes had a Person-Centered Plan that was developed through participation in Picture of a Life, PATH, or MAPS.
- All 12 persons served at a Minnesota Life Bridge treatment homes had their Person-Centered Description/Plan and Transition Plan updated on a monthly basis after the initial team meeting. See the Verification section for EC 2 in this report, pages 13-14, for a discussion concerning a change to the update process for the Person-Centered Description/ Plan that occurred during this reporting period.

During this reporting period, Minnesota Life Bridge continued to have a dedicated Person-Centered Thinking/Training Facilitator, who along with Minnesota Life Bridge clinical staff, develops and maintains all Person-Centered Plans of Minnesota Life Bridge treatment home residents and helps to ensure that person-centered principles guide each stage of the transition planning process. The Person-Centered Thinking/Training Facilitator has experience in facilitating Person-Centered Plans using PATH, MAPS and other tools, and has received training in PATH and MAPS from the creator of those tools. During this reporting period, the Person-Centered Thinking/Training Facilitator further developed their person-centered planning expertise by engaging in training and mentoring activities. For example, the Person-Centered Thinking/Training Facilitator continued to mentor with Dr. Angela Amado, Institute on Community Integration at the University of Minnesota, and attended the two-day Picture of a Life class held by the University of Minnesota's Institute on Community Integration and the Department's Disability Services Division.

### **Verification**

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

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

See the Verification section for EC 2, pages 10-15, for additional detail about JOQACO's verification efforts related to person-centered planning at Minnesota Life Bridge treatment homes and the

*Jensen Settlement Agreement Comprehensive Plan of Action*  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

Verification section for EC 48, pages 31-35, for additional detail about JOQACO's verification efforts related to transition planning at Minnesota Life Bridge treatment homes.

**Evaluation Criteria 51**

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

**Responsible Party:** Minnesota Life Bridge Manager

**Current Status**

EC 51 requires that Minnesota Life Bridge treatment homes provide each resident with the opportunity to express choice regarding preferred activities that contribute to a quality life.

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

The information in residents' Person-Centered Descriptions/Plans, in combination with staff's daily experience and conversation with residents, inform how staff provide support to residents in selecting and planning their preferred activities. Staff offer ideas for activities based on a resident's expressed preferences and goals and look for ways for residents to expand their horizons with community activities. During this reporting period, staff have focused on including vocational-related activities—such as searching for jobs, applying for work or volunteer opportunities, and meeting with the Vocational Skills Specialist—in day-planning discussions with residents. In keeping with person-centered principles, it is always up to the individual, however, whether to engage in any suggested activity or to stop an activity if it becomes unenjoyable for any reason.

Minnesota Life Bridge staff use individual Monthly Activity Data Sheets to track activities that Minnesota Life Bridge staff discuss with each person and that the person chooses to participate in. The Minnesota Life Bridge Manager and Community Residential Supervisors review the monthly tracking sheets and compare these to residents' Person-Centered Descriptions to ensure that activities are individualized and appear to be consistent with residents' expressed preferences.

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

*Jensen* Settlement Agreement Comprehensive Plan of Action  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

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



*Jensen* Settlement Agreement Comprehensive Plan of Action  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

- [REDACTED]

### Verification

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

For each month of the reporting period JOQACO requested, for a sample of residents across the four treatment homes for a randomly selected week, person-specific information about resident choice regarding preferred activities. JOQACO reviewed the information and supporting documentation submitted by Minnesota Life Bridge for these residents during the applicable time periods, including resident progress notes and written daily schedules. The information submitted to JOQACO by the Responsible Party was consistent with the supporting documentation.

JOQACO and the *Jensen* Internal Reviewer's on-site visits to Minnesota Life Bridge provided additional verification that Minnesota Life Bridge residents are given the opportunity to express choice regarding preferred activities that contribute to quality life. Refer to the Verification section for EC 2, pages 10-15, and the following *Jensen* Internal Reviewer Monthly Reports for information obtained during on-site visits:

*Jensen* Settlement Agreement Comprehensive Plan of Action  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

- January 2017 *Jensen* Internal Reviewer Monthly Report (distributed to the Court February 15, 2017; pages 4-5) (Rhythm of the Day assessment for [REDACTED]);<sup>32</sup>
- March 2017 *Jensen* Internal Reviewer Monthly Report (distributed to the Court April 15, 2017; pages 4-7) (Rhythm of the Day assessment for [REDACTED]); and
- June 2017 *Jensen* Internal Reviewer Monthly Report (distributed to the Court July 17, 2017; pages 4-8) (Rhythm of the Day assessment for [REDACTED]).

The *Jensen* Internal Reviewer and JOQACO have previously reported that, while residents at Minnesota Life Bridge are given opportunities to express choice about preferred activities that contribute to a quality life, these activities have not included, on a systematic basis, vocational activities. (E.g., Doc. No. 621 at 55-56.) As noted in a previous section of this report (see pages 6-7) this identified area for performance improvement is currently the subject of an Independent Subject Matter Expert review and ongoing process improvement efforts. Because vocational options for Minnesota Life Bridge residents relate to EC 90, this topic will be addressed in greater depth in the next scheduled update for EC 90 (the 2017 Annual Report, due to the Court on April 2, 2018).

#### **Evaluation Criteria 52**

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

**Responsible Party:** Minnesota Life Bridge Manager

#### **Current Status**

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

---

<sup>32</sup> Please note that information from the *Jensen* Internal Reviewer’s assessment for [REDACTED] was also included in the February 2017 Semi-Annual Report (Doc. No. 614-1 at 14) as it occurred during the preparation of that report.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 August 2017 Semi-Annual Compliance Report  
 Reporting Period: January 1, 2017 to June 30, 2017

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

With respect to the last of these categories, the Transition Plan format requires each of the considerations listed in Action<sup>33</sup> 52.5 to be addressed. As previously explained, an initial draft of the Transition Plan is to be created within 30 days of admission to a Minnesota Life Bridge treatment home. The Transition Plan is further developed and finalized after a new living situation is agreed upon.

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

For examples of how Minnesota Life Bridge assisted the other treatment home residents during this reporting period to identify future living situations that meet their needs and preferences in the most

---

<sup>33</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  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

integrated setting possible, and to plan for transition to these situations, see the status update for EC 48, pages 29-31.

**Verification:**

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

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

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

For more information about JOQACO's verification efforts relating to transition planning and discharges, see the Verification section for EC 48, pages 31-35.

**Evaluation Criteria 53**

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

**Responsible Party:** Minnesota Life Bridge Manager

**Current Status**

Consistent with EC 53, Minnesota Life Bridge continues to implement person-centered transition planning and provide treatment home residents with opportunities to receive services in integrated settings, in accord with the *Olmstead* decision, to the extent possible and according to the preferences of the person. Minnesota Life Bridge, by its overall design, is a temporary treatment program meant to help residents move into more integrated settings. Persons served at Minnesota Life Bridge treatment homes are highly involved in developing their Person-Centered Description/Plans and Transition Plans. If, after being provided with the information necessary to make an informed choice, a person chooses a segregated service, Minnesota Life Bridge documents this choice in the person's record. Persons and their support teams are encouraged to make an informed choice for future providers and Minnesota Life Bridge encourages transition to integrated and more independent

*Jensen* Settlement Agreement Comprehensive Plan of Action  
 August 2017 Semi-Annual Compliance Report  
 Reporting Period: January 1, 2017 to June 30, 2017

settings whenever possible. During this reporting period, no resident of a Minnesota Life Bridge treatment home transitioned to services in a more segregated setting.

Minnesota Life Bridge works with treatment home residents and their teams to develop Person-Centered Plans and Transition Plans that address multiple areas of engagement, including community and civic life, relationships, career, home, and personal interests. As discussed in the status updates in this report for ECs 2 and 48-52, pages 8-9, 25-31, 35-37, 37-39, 39-41, and 42-44, the Person-Centered Description/Plan directly informs the services and supports Minnesota Life Bridge provides to residents while they are living in the treatment homes and directly informs the transition planning process. These services and supports are monitored in a variety of ways, including through residents' monthly team meetings, resident progress reports, the transition planning process, the *Jensen* Internal Reviewer's assessment of follow-up to incidents involving EUMR, 911 calls, or use of PRN medication at the request of the client, and the *Jensen* Internal Reviewer's Rhythm of the Day Assessments.

#### **Verification**

See the Verification sections for ECs 2 and 48-52, pages 10-15, 31-35, 37, 38-39, 41-42, and 44.

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

#### **Evaluation Criteria 64**

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

**Responsible Party:** Minnesota Life Bridge Manager

#### **Current Status**

The mission of Minnesota Life Bridge can be described by the phrase "Successful Transition to a Successful Life," consistent with the JSA and CPA. Consistent with EC 3, Minnesota Life Bridge serves Minnesotans who have a developmental disability and exhibit severe behavior that presents a risk to public safety. Minnesota Life Bridge treatment homes are intended to provide short-term residential services, lasting no longer than necessary to stabilize the person's behavioral crises and facilitate successful transition to a living situation of their choosing. Consistent with the JSA and CPA, Minnesota Life Bridge also requires the use of positive behavior supports and person-centered planning approaches and prohibits the use of mechanical restraint, prone restraint, chemical restraint, seclusion and time out, and all other aversive or deprivation practices. The Department describes these principles in its Minnesota Life Bridge Bulletin (Bulletin 16-76-02), policies (*e.g.*, Minnesota Life Bridge Policy 15801, General Admission-Mission Statement), and its page in the Community-Based

*Jensen Settlement Agreement Comprehensive Plan of Action*  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

Services Manual.<sup>34</sup> The Minnesota Life Bridge Community-Based Services Manual was updated during this reporting period for consistency with the Bulletin. The Bulletin<sup>35</sup> and the Community-Based Services Manual<sup>36</sup> are publicly available on the Department's web site.

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

#### **Verification**

JOQACO reviewed and provided input on the Minnesota Life Bridge Bulletin and Community-Based Services Manual page. See also the Verification sections in this report for ECs 2-3 and 48-53.

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

#### **Evaluation Criteria 67**

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

**Responsible Party:** Community Supports Services Director

#### **Current Status**

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

---

<sup>34</sup> The Community-Based Services Manual is a resource for lead agencies who administer home and community-based services that support older Minnesotans and people with disabilities.

<sup>35</sup> The following is the URL for the Minnesota Life Bridge Bulletin, DHS Bulletin No.16-76-02:  
<http://www.dhs.state.mn.us/main/groups/publications/documents/pub/dhs-291254.pdf>

<sup>36</sup> The following is the URL for the Community-Based Services Manual page on Minnesota Life Bridge:  
[http://www.dhs.state.mn.us/main/dhs16\\_195872](http://www.dhs.state.mn.us/main/dhs16_195872)

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 August 2017 Semi-Annual Compliance Report  
 Reporting Period: January 1, 2017 to June 30, 2017

appropriate level of care at the right time, in the right place, and in the most integrated setting.<sup>37</sup> (Doc. No. 283 at EC 67.) With nine mobile teams, each team consisting of three to 10 people and 24 office locations around the state, Community Support Services (CSS) provides assessment, triage, and care coordination to persons with developmental disabilities on a statewide basis. This allows persons and their teams to receive support from Community Support Services where the person is, in the most integrated setting possible.

During this reporting period, CSS mobile teams provided assessment, triage, and care coordination to 119 people with developmental disabilities.<sup>38</sup> Information on long-term monitoring services from Community Support Services is addressed in the status updates for ECs 68 and 69 in this report.

To obtain additional information about how CSS mobile team supports are being used, to assure that persons with developmental disabilities receive the appropriate level of care at the right time in the right place, and in the most integrated setting possible, JOQACO reviewed case notes and contacted CSS lead workers for a randomly selected sample of 15 people out of the 119 people with developmental disabilities who received "standard" (meaning not long-term monitoring) supports from Community Support Services mobile teams during this reporting period.<sup>39</sup>

---

<sup>37</sup> "The Settlement Agreement states that its provisions under 'Systemwide Improvements' [§ X.A.] on 'long term monitoring, crisis management, and training represent the Department's goals and objectives; they do not constitute requirements.' " (Doc. No. 283 at 2.)

<sup>38</sup> This number does not include persons who only received long-term monitoring services from CSS (see ECs 68 and 69) during the reporting period. This number does include persons who received "standard" (meaning not long-term monitoring) supports from CSS during the reporting period but moved to the long-term monitoring group during the reporting period.

<sup>39</sup>In order to monitor CSS standard supports on an ongoing basis, JOQACO pulled random samples at two points during the reporting period for follow-up. JOQACO generated the first random sample (10 people) midway through the reporting period from the list of people with developmental disabilities who received standard supports from CSS between January 1, 2017 and March 31, 2017. JOQACO generated the second random sample (five people) after the end of the reporting period from the list of people with developmental disabilities who received standard supports between April 1, 2017 and June 30, 2017. Persons included as part of the first random sample were not included in the second random sample.

For both random samples, JOQACO alphabetized and numbered the list of people who received standard supports from CSS during the relevant time period. JOQACO used Random.org (<https://www.random.org/>) to generate random numbers based on the total number of people who received CSS Standard Supports services during the relevant time period then matched the numbers generated to the alphabetized list of names.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

One person included in the random sample (█), fell within the scope of information reported for mobile supports under EC 93 because this person was on the waitlist for Minnesota Life Bridge during the reporting period; accordingly, information for this individual is included in the status update and verification section for EC 93 in this report, see pages 73-80. This leaves 14 people from the random sample to be discussed in the status update and verification section for this EC.

When interviewing the CSS lead workers for the people in the random sample, JOQACO utilized a standardized interview protocol that asked: (1) why the person was referred to CSS for services; (2) what services and supports were provided by CSS to the person and their community support network; and (3) if and how the services provided supported the person to remain in and/or become more involved in the community. The following is a summary of the information that JOQACO obtained from CSS lead workers, supplemented by case notes, for the 14 people in the random sample for this EC:<sup>40</sup>

██  
██  
██  
██

██  
██  
██  
██  
██

██  
██  
██  
██  
██  
██

██  
██

---

JOQACO excluded one person identified in the second random sample, as the person was included in the earlier random sample.

<sup>40</sup> The following summaries include references to events and supports that occurred outside this reporting period.



*Jensen* Settlement Agreement Comprehensive Plan of Action  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

*Jensen Settlement Agreement Comprehensive Plan of Action*  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

[REDACTED]

[REDACTED]

[REDACTED]

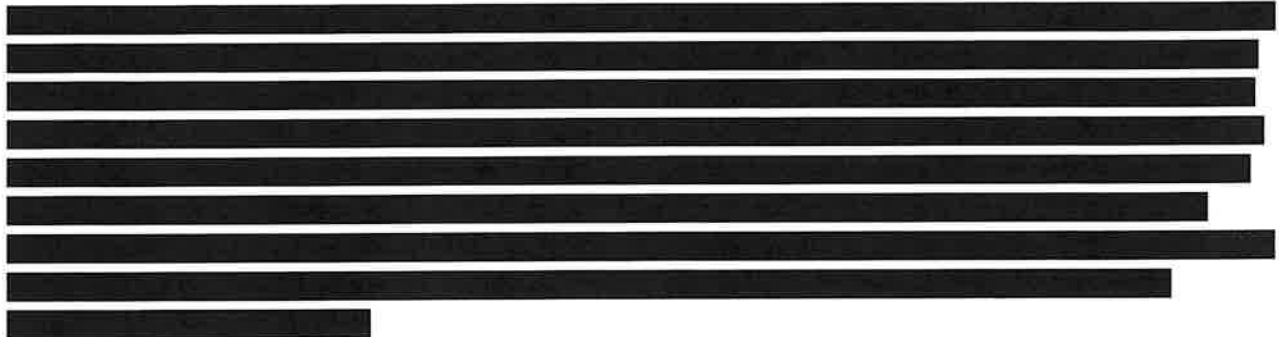
[REDACTED]

[REDACTED]

---

<sup>41</sup> Because CSS did not timely close [REDACTED] case in the CSS database, [REDACTED] was included in the total count of 119 people reported by Community Support Services as receiving standard support during this reporting period. For additional discussion about the issue of timely updates to CSS's database, see the Verification section for this EC.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 August 2017 Semi-Annual Compliance Report  
 Reporting Period: January 1, 2017 to June 30, 2017



These are just some examples of how CSS supports persons with developmental disabilities and their community support networks to ensure that the person receives the appropriate level of care at the right time, in the right place, and in the most integrated setting possible. For additional information about the services provided by CSS to these 14 people, refer to the Verification section below, which includes information from follow-up with case managers, providers and/or guardians.

#### *Diversion Meetings*

Consistent with Actions<sup>42</sup> 67.4, 67.5, and 67.7, the Department provides on-going efforts to divert persons from institutionalization or placement in more restrictive settings through weekly diversion meetings. Minnesota Life Bridge facilitates the weekly diversion meetings and meetings involve representation from multiple areas of the Department, including CSS, Community-Based Services, Direct Care and Treatment Central Pre-Admission, and Minnesota State Operated Community Services. These meetings consider all persons with developmental disabilities known to be at risk of losing their living situation, as well as residents of Minnesota Life Bridge treatment homes.<sup>43</sup> Weekly diversion meetings include person-centered development strategies as well as consideration of existing vacancies and challenges. This involves reviewing any proposed admissions to more restrictive settings and considering all possible diversion strategies; reviewing status of transition planning for all individuals living at Minnesota Life Bridge treatment homes; and incorporating an active, individualized planning or development focus in these transition discussions. These efforts and discussions are summarized in the Diversion Meeting minutes, which include updates on the current status of diversion efforts and next steps for these efforts, with detail about what is to be

---

<sup>42</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.)

<sup>43</sup> The Department's Single Point of Entry system also supports diversion efforts for persons with developmental disabilities at risk of losing their current living situation.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

addressed, who is assigned to follow through, when resolution is expected for the item, and escalation of the issue to upper management, if any.<sup>44</sup> Minnesota Life Bridge sends the Diversion Meeting minutes to JOQACO, who distributes the minutes to the Consultants and others on a weekly basis.

### **Verification**

JOQACO's data analyst met with the CSS Director and Data Analyst during this reporting period to observe the process that CSS uses to pull from its database the list of persons with developmental disabilities who received standard supports from CSS during the reporting period. JOQACO's data analyst compared each step of the process demonstrated by the CSS Data Analyst against the documentation submitted by CSS to:

1. Assure that this process was fully and correctly documented; and
2. Confirm that the process used by CSS provides JOQACO with the information needed to monitor and report on the supports provided by CSS mobile teams.

Through the data review process, CSS determined that new staff from two regional teams were not coding people with developmental disabilities correctly in the CSS database. CSS reported that they worked with the staff involved to correct the errors and then provided JOQACO with the corrected lists from the CSS database.

Through JOQACO's review of the data submitted by CSS for persons with developmental disabilities receiving standard supports from CSS during this reporting period, JOQACO's data analyst determined that the number of persons who received standard supports from CSS during the reporting period was 119, not 117 as reported by CSS. The two additional people who should have been included in the total count had been referred to CSS in May 2017 but the CSS leads did not complete entries into the CSS database until after CSS generated the list of people who received standard supports from CSS during this reporting period and provided this list to JOQACO. Through its random sample, JOQACO also identified one individual who should not have been included on the list of people who received standard supports from CSS during this reporting period because their case should have been closed in the CSS database in 2016 (see page 50, note 41).

---

<sup>44</sup> JOQACO monitors the diversion meeting minutes and follows up on or escalates issues as necessary. Examples of JOQACO follow-up during this reporting period included follow-up on placement options and efforts for persons in hospital; inquiring about whether authorized services were being provided in an unlicensed setting; and following up on the status of an intake meeting.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

Additionally, JOQACO's data analyst determined that 15 people had retroactive changes in their case status impacting the data reported in the February 2017 Semi-Annual Report (Doc. No. 614-1):

- There were six case closures that occurred during the last reporting period but were not reflected in CSS's database until after data was pulled for use in the February 2017 Semi-Annual Report.
- There were nine cases opened during the last semi-annual reporting that were not reflected in CSS's database until after the report was pulled for use in the February 2017 Semi-Annual Report.

JOQACO communicated the concerns regarding timely entry of changes in case status to the CSS Director, who informed JOQACO that CSS management is working with staff to identify ways to assure timely updates to the database. JOQACO will continue to monitor the timeliness of CSS data entry and will follow up with CSS on their process improvement efforts in this area.

To obtain additional information about how CSS mobile team supports are being used to assure that persons with developmental disabilities receive the appropriate level of care at the right time, in the right place, and in the most integrated setting possible, JOQACO reviewed case notes and contacted CSS lead workers for the random sample of 14 people with developmental disabilities who received "standard" (meaning not long-term monitoring) supports from CSS mobile teams during the reporting period. This information is summarized in the status update for EC 67, above.

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

For the 14 people in the random sample whose information is summarized in the status update for EC 67 in this report, JOQACO received responses from seven case managers, six providers, and four guardians or family members. Information provided by respondents regarding the reason(s) for referral and services provided by CSS were consistent with the information contained in the case notes or reported during the interviews with CSS staff. All respondents felt that the services CSS provided had a positive impact on the person's involvement in the community.

The following are two quotes from the responses received by JOQACO:

- *[The CSS Lead] is phenomenal - always willing to listen and to learn from the perspectives of others.*

*Jensen Settlement Agreement Comprehensive Plan of Action*  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

- *CSS has helped to develop strategies to keep [Client] at the placement and engaged in community activities. [Client] had a considerable rough transition from the crisis home to his current home. This has started to improve.*

JOQACO received a response from a provider who expressed dissatisfaction with the length of time it took to initiate services. JOQACO is following up with the provider and will share the provider's concerns with CSS management. One respondent also expressed frustrations concerning use of seat belt clips (an issue that was unrelated to CSS supports).<sup>45</sup>

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

#### **Evaluation Criteria 68**

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

**Responsible Party:** Community Supports Services Director

#### **Current Status**

EC 68 sets a goal that the Department engage in best efforts<sup>46</sup> to identify and provide long-term monitoring of individuals with clinical and situational complexities in order to help avert crisis reactions, provide strategies for service entry changing needs, and prevent multiple transfers within the system. (Doc. No. 283 at EC 68.)

During this reporting period, CSS provided long-term monitoring (CSS refers to this as "extended supports") to 61 people with developmental disabilities and clinical and situational complexities. During this reporting period, CSS opened eight new long-term monitoring cases and closed five long-term monitoring cases.

Through its long-term monitoring activities, CSS works to help avert crisis reactions by:

---

<sup>45</sup> The *Jensen* Internal Reviewer contacted this respondent in August to discuss the concerns raised.

<sup>46</sup> The CPA states that ECs 68-75 are goals that are subject to a "best efforts" standard. (Doc. No. 283 at 2.)

*Jensen* Settlement Agreement Comprehensive Plan of Action  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

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

For an overview of CSS's long-term monitoring process—including an explanation of the three categories CSS uses to help assess the level of CSS involvement necessary to address the needs of each person in the long-term monitoring group—refer to the status update for EC 68 in the Department's February 2017 Semi-Annual Report (Doc. No. 614-1), pages 51-53.

As of June 31, 2017, of the persons receiving long-term monitoring during this reporting period:

- 47.5% were assigned to Category One;
- 39.3% were assigned to Category Two; and
- 13.1% were assigned to Category Three.<sup>47</sup>

To obtain additional information about how CSS long-term monitoring is being used to help avert crisis reactions, provide strategies for service entry changing needs, and prevent multiple transfers within the system, JOQACO reviewed case notes and followed up via phone calls with CSS lead workers for a randomly selected sample of 10 people out of the 61 people who were in the long-term monitoring group during this reporting period.<sup>48</sup>

---

<sup>47</sup> Persons assigned to Category Three are in situations that require extensive CSS support, persons assigned to Category Two have a support network that demonstrates the capacity to effectively address issues with moderate CSS support, and persons assigned to Category One have a support network that demonstrates effective implementation of strategies to address the person's changing needs with little or no CSS support. For additional information about these three service level categories, refer to the status update for EC 68 in the February 2017 Semi-Annual Report (Doc. No. 614-1), pages 51-52.

<sup>48</sup> In order to monitor CSS long-term monitoring services on an ongoing basis, JOQACO pulled random samples at two points during the reporting period for follow up. JOQACO generated the first random sample (five people) midway through the reporting period from the list of people who received long-term monitoring services from CSS between January 1 and March 31, 2017. JOQACO generated the second random sample after the end of the reporting period from the list of people who received long-term monitoring between April 1 and June 30, 2017.

To generate both random samples, JOQACO alphabetized and numbered the list of people who received long-term monitoring from CSS during the relevant time period. JOQACO used Random.org (<https://www.random.org/>) to generate random numbers based on the total number of people who received CSS

*Jensen Settlement Agreement Comprehensive Plan of Action*  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

Three of the people selected as part of the random sample ( [REDACTED] ) fell within the scope of information reported for mobile supports under EC 93 because they were referred for admission to Minnesota Life Bridge or admitted to Minnesota Life Bridge during the reporting period; accordingly, information for these three people is included in the status update and verification section for EC 93 in this report, see pages 73-80. This leaves seven people from the random sample to be discussed in the status update and verification section for this EC.

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

The following is a summary of the information that JOQACO obtained from CSS lead workers, supplemented by case notes, for the random sample of seven people who received long-term monitoring services during this reporting period:<sup>49</sup>

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

long-term monitoring services during the relevant time period then matched the numbers generated to the alphabetized list of names.

<sup>49</sup> The following summaries include references to events and supports that occurred outside this reporting period.

<sup>50</sup> Impairment in executive function refers to difficulties a person has in managing oneself and mentally organizing one's thoughts and activities. It includes everything from managing time to remembering what tasks one has to do. Typically, executive functioning also relates to making decisions and following



*Jensen* Settlement Agreement Comprehensive Plan of Action  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

---

instructions. Some conditions such as Attention-Deficit/Hyperactivity Disorder or Intellectual Developmental Disability create difficulties in executive functioning.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**Verification**

JOQACO's data analyst met with the CSS Data Analyst and CSS Director during this reporting period to observe the process that CSS uses to pull from its database the list of persons with developmental disabilities who received long-term monitoring supports from CSS during the reporting period.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

JOQACO's data analyst compared each step of the process demonstrated by the CSS Data Analyst against the documentation submitted by CSS to:

1. Assure that this process was fully and correctly documented; and
2. Confirm that the process used by CSS provides JOQACO with the information needed to monitor and report on the supports provided by CSS.

Through the data review process, CSS determined that new staff from two regional teams were not coding people with developmental disabilities correctly in the CSS database. CSS reported that they worked with the staff involved to correct the errors, and then provided JOQACO with the corrected lists from the CSS database.

JOQACO also reviewed the CSS "Extended Supports" Guide for Lead Consultants and Extended Supports Review Committee Members, which outlines the policies and procedures for CSS long-term monitoring.

During JOQACO's review of CSS long-term monitoring data, JOQACO discovered that two individuals started receiving long-term monitoring services in December 2016 but were not included in the counts reported in the February 2017 Semi-Annual Report because the CSS database did not reflect these changes at the time the data was pulled. CSS indicated that these changes were a result of "clean up" completed by CSS supervisors. JOQACO communicated their concerns regarding timely entry of changes in case status to the CSS Director, who informed JOQACO that CSS management is working with staff to identify ways to assure timely updates to the database. JOQACO will continue to monitor the timeliness of CSS data entry and will follow up with CSS on their process improvement efforts in this area.

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

To verify the information provided by CSS case workers for people in the long-term monitoring random sample (summarized on pages 56-58) and to obtain additional detail about how these supports have helped these people and their teams, JOQACO staff followed up with case managers, providers, and family members or guardians (where available). JOQACO utilized a standardized interview protocol that asked: (1) Why the person was referred to CSS for services; (2) What services and supports were provided to the person and their community support network; (3) If and how the services provided by CSS supported the person to remain in and/or becoming more involved in the community; and (4) How they feel the receipt of long-term monitoring has benefited the person.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

For the seven people in the random sample whose information is summarized in the status update for EC 68, JOQACO received responses from three case managers, one provider, and one guardian. Information provided by respondents regarding services provided by CSS was consistent with information reflected in the case notes or reported during the interviews with CSS staff.

The following are a few quotes from the responses received by JOQACO:

- *I think it was a good use of services to make sure there was a smooth transition and that [the new provider] was able to establish rapport and implement MLB programs etc.*
- *CSS services have been wonderful and very involved. CSS did a wonderful job of including [Client] in the planning and discussion of what she would like and how she would like the tools to work for her.*
- *I think that CSS has been very helpful in keeping [Client] involved in the community and in keeping him safe. CSS has assisted the provider with support strategies to avoid power struggles and to assist [Client] with pursuing his goals.*

#### **Evaluation Criteria 69**

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

**Responsible Party:** Community Supports Services Director

#### **Current Status**

EC 69 sets a goal that the Department engages in best efforts<sup>51</sup> to target “approximately seventy five (75) individuals” for long-term monitoring. (Doc. No. 283 at EC 69.) Action 69.1 indicates that these individuals are to be identified from the population of people “who have been served by CSS.”<sup>52</sup>

As discussed in this report’s status update for EC 68, CSS provided long-term monitoring to 61 people with clinical and situational complexities during this reporting period. This number is fluid and impacted by how many people are identified by CSS as appropriate candidates for long-term

---

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

<sup>52</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*  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

monitoring, how many of these many people (or their legal representatives) consent to receive long-term monitoring services, and how many people are discontinued from long-term monitoring.

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

To obtain additional information about how CSS long-term monitoring is being used to help avert crisis reactions, provide strategies for service entry changing needs, and prevent multiple transfers within the system, JOQACO reviewed case notes and followed up with CSS lead workers, case managers, and providers from a random sample of the 61 people who were in the long-term monitoring group during this reporting period. For a summary of the information that JOQACO obtained regarding the services provided to persons in this random sample, see the status update for EC 68 in this report, pages 56-58.

#### **Verification**

See the Verification section for EC 68 in this report, pages 58-60.

#### **Evaluation Criteria 70**

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

**Responsible Party:** Community Supports Services Director

#### **Current Status**

EC 70 sets a goal that the Department engage in best efforts<sup>53</sup> to have CSS mobile wrap-around response teams located across the state for "proactive response to maintain living arrangements."

---

<sup>53</sup> The CPA states that ECs 68-75 are goals that are subject to a "best efforts" standard. (Doc. No. 283 at 2.)

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 August 2017 Semi-Annual Compliance Report  
 Reporting Period: January 1, 2017 to June 30, 2017

Consistent with Action 70.1,<sup>54</sup> CSS maintained nine mobile wrap-around response teams (“mobile teams”) at 24 office locations across the state during this reporting period.

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

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

CSS staffs each mobile team with at least two people experienced and trained in behavior analysis, social work, psychology, nursing, and/or organization development and training. During this reporting period, the nine teams ranged in size from three to ten members. When CSS mobile supports are engaged, at least one member of the mobile team provides outreach services, in consultation with other mobile team members. To build collaborative support networks around persons supported, CSS mobile teams work in coordination with the person’s team and community resources to prevent or resolve behavioral crises. For more information about the supports provided by CSS mobile teams, see the status updates for ECs 67-69 in this report, pages 46-52, 54-58, and 60-61.

CSS’s mobile teams receive administrative and managerial support from the CSS Director, the Southern and Northern Regional Managers, two Office Coordinators, Direct Care and Treatment Information Technology Specialists, and the Direct Care and Treatment Training and Development Specialist. Consistent with Action 70.2,<sup>55</sup> the administrative and managerial supports provided by these individuals facilitate data collection and central data management related to CSS mobile team activities.

During this reporting period, CSS sent out consumer satisfaction surveys to persons who received mobile team supports from CSS, their legal representatives, if applicable, and county case managers. CSS received responses from 12 persons served, 17 legal representatives, and 27 case managers. One

---

<sup>54</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.)

<sup>55</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*  
 August 2017 Semi-Annual Compliance Report  
 Reporting Period: January 1, 2017 to June 30, 2017

of the survey respondents, who is a county case manager, disagreed with the statement “CSS responded in a timely manner.” The CSS Southern Regional Manager called the county case manager to follow up on this concern. The county case manager explained that, although the initiation of services following the referral was adequate and timely, it was her opinion that the length of service could have been shorter (CSS opened the case in October 2015 and closed the case in April 2017). The county case manager noted, however, that the written recommendations developed with CSS’s assistance were useful and are being implemented and that the client is stable.

### **Verification**

The Responsible Party reviewed the list of CSS office locations and updated the list, where needed, to reflect changes during this reporting period. The Responsible Party also reviewed the CSS staff directory, which CSS updated during this reporting period, and crosschecked the directory against the CSS Contacts on the CSS SharePoint site, which is updated routinely as staff changes occur. The Responsible Party reviewed the CSS Client and Customer Concern Response Log, which CSS uses to document concerns identified in consumer surveys and CSS’s responses to these concerns.

JOQACO reviewed the following documents submitted by CSS to confirm that these documents supported the information provided by CSS and to obtain additional information, where needed: the CSS staff directory, which includes lists of the nine CSS mobile teams and their staff; the list of CSS office locations; the CSS Client and Customer Concern Response Log; and spreadsheets documenting responses to CSS Consumer Satisfaction Surveys during the reporting period.

In reviewing the responses to consumer satisfaction surveys received during the reporting period, JOQACO identified comments from four respondents relating to the wait time for service and observed that CSS did not document specific follow-up to these comments.<sup>56</sup> JOQACO communicated this concern to the CSS Director who explained that CSS discusses wait time for service as a matter of routine business with every referral agent due to an increased demand for support for individuals experiencing behavioral challenges.<sup>57</sup> The CSS Director stated that specific CSS follow-up takes place if a survey respondent indicates a case-specific concern that can be addressed on an individual level.

In the February 2017 Semi-Annual Report (Doc. No. 614-1, page 61), JOQACO identified a concern expressed by a case manager about not receiving certain reports until after the client’s case was

---

<sup>56</sup> JOQACO also observed that a few survey respondents made comments regarding expansion of CSS services for populations other than adults with developmental disabilities. Because this is outside the scope of the applicable requirements of the JSA and CPA, these comments are not addressed here.

<sup>57</sup> CSS requested additional funding from the Legislature to address the increased demand for services.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

closed. CSS did not regard this as a concern that required documentation in the Customer Concern Response Log because it related to a case that CSS closed in 2014. JOQACO requested that CSS follow up on this concern. The CSS Director confirmed with JOQACO that he called the case manager on three different occasions and left voicemails requesting a return call to discuss the concerns expressed. No return communication was received from the case manager.

**Evaluation Criteria 71**

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

**Responsible Party:** Community Supports Services Director

**Current Status**

EC 71 sets a goal that CSS engage in best efforts<sup>58</sup> to arrange a crisis intervention within three hours from the time the parent or legal guardian authorizes CSS's involvement, which is the time that CSS receives written consent from the parent or legal guardian. A written consent, which includes a consent for release of information, is necessary for CSS to obtain protected health information about the person from the person's providers.

During this reporting period, CSS received 27 referrals for persons with developmental disabilities. CSS reports that of the 27 referrals received, none met crisis criteria.<sup>59</sup> CSS defines crisis criteria as a behavioral crisis that puts the person at risk of losing their current living situation.

**Verification**

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

JOQACO reviewed the supporting documentation submitted by CSS, including the list of referrals for persons with developmental disabilities and progress notes from the CSS Progress Tracking System. JOQACO also cross-referenced all CSS referrals received during this reporting period for

---

<sup>58</sup> The CPA states that ECs 68-75 are goals that are subject to a "best efforts" standard. (Doc. No. 283 at 2.)

<sup>59</sup> While these 27 referrals did not meet crisis criteria, they all resulted in CSS opening cases to provide supports.



*Jensen Settlement Agreement Comprehensive Plan of Action*  
 August 2017 Semi-Annual Compliance Report  
 Reporting Period: January 1, 2017 to June 30, 2017

persons with developmental disabilities against the list of persons in crisis entered into the Department's Single Point of Entry.<sup>60</sup> None of the 27 CSS referrals received during this reporting period were for people who also met criteria to be entered into the Single Point of Entry, which uses the same criteria for crisis as CSS—a behavioral crisis that puts the person at risk of losing their current living situation.

In the February 2017 Semi-Annual Report (Doc. No. 614-1 at 62), JOQACO noted CSS's progress toward a central referral process. JOQACO has verified that the "universal" referral form for the Department's Community Based Services is completed, but requires final testing to assure that the new web-based form is fully functional. The CSS Care Coordination Specialist is scheduling workgroup meetings within CSS and with Central Pre-Admission to finalize the processes. CSS anticipates implementation of the centralized referral process before the end of the year.

### **Evaluation Criteria 72**

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

**Responsible Party:** Community Supports Services Director

### **Current Status**

EC 72 sets a goal that CSS engage in best efforts<sup>61</sup> to partner with Community Crisis Intervention Services to maximize support, complement strengths, and avoid duplication. CSS engages in ongoing collaboration with the Metro Crisis Coordination Program, meeting at least quarterly. During this reporting period, CSS participated in four meetings with the Metro Crisis Coordination Program to discuss issues relating to service coordination and collaboration. Additionally, during this reporting period, CSS partnered with the Metro Crisis Coordination Program to present on "Navigating the Crisis System for People with DD" at two conferences: Minnesota Social Services Association (March 22, 2017) and ARRM<sup>62</sup> (June 8, 2017).

---

<sup>60</sup> The Department's Single Point of Entry is a system that coordinates crisis resolution responses for individuals with developmental disabilities.

<sup>61</sup> The CPA states that ECs 68-75 are goals subject to a "best efforts" standard. (Doc. No. 283 at 2.)

<sup>62</sup> The ARRM acronym stands for "Association of Residential Resources in Minnesota." However, because members provide a wide range of community-based services in addition to residential supports, the organization is now referred to as "ARRM."

*Jensen Settlement Agreement Comprehensive Plan of Action*  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

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

**Verification**

The Responsible Party reviewed supporting documentation, including agendas and minutes for meetings between CSS and the Metro Crisis Coordination Program (held January 19, 2017, February 10, 2017, April 12, 2017 and May 12, 2017.) The Responsible Party personally participated in two of these meetings.

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

**Evaluation Criteria 73**

*CSS provides augmentative training, mentoring and coaching.*

**Responsible Party:** Community Supports Services Director

**Current Status**

EC 73 sets a goal that CSS engage in best efforts<sup>63</sup> to provide augmentative training, mentoring, and coaching. During this reporting period, CSS provided 37 augmentative training sessions to 686 members of individuals' community support networks.

These training sessions covered a variety of topics related to support of persons with developmental disabilities, including General Supports; Crisis Service System; Diagnoses, Wellness Plan—Recommended Intervention; Negotiation Skills & C-ABC; Autism Spectrum Disorder; Mental Illness—Stages of Change; Client-Specific Support Strategies, Positive Behavior Supports; FBA and Data Collection; Stats, Situations, and Sexuality; Interfering Behavior in Aging Clients with ID; and Dialectical Behavior Therapy. CSS provided these training sessions to persons from private community providers, persons providing support at community-based state-operated homes, mobile mental health crisis teams, persons from lead agencies and internal CSS staff supporting people with developmental disabilities and mental illness.

CSS also mentors and coaches support networks for persons with developmental disabilities by providing the services described in the status updates for ECs 67-69, pages 46-52, 54-58, and 60-61.

---

<sup>63</sup> The CPA states that ECs 68-75 are goals subject to a "best efforts" standard. (Doc. No. 283 at 2.)

*Jensen Settlement Agreement Comprehensive Plan of Action*  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

CSS continues to review and update its training curricula to ensure consistency with best practices. The staff responsible for these reviews and updates include the CSS Director and three CSS Managers, one of whom is a NADD-CC-credentialed behavioral psychologist and all of whom have extensive training and experience in Person-Centered organizational leadership, and the CSS Training Committee.

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

**Verification**

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

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

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

*Jensen Settlement Agreement Comprehensive Plan of Action*  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

**Evaluation Criteria 74**

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

**Responsible Party:** Community Supports Services Director

**Current Status**

EC 74 sets a goal that CSS engage in best efforts<sup>64</sup> to provide staff at community-based facilities and homes with state of the art training encompassing specified skills. During this reporting period, CSS provided 37 augmentative training sessions to 686 members of community support networks, as explained in the status update for EC 73. These training sessions addressed the skills listed in EC 74 as indicated by the topics covered, including:

- Autism spectrum disorders—practical strategies;
- Brain injury, intellectual disabilities, & dementia;
- Diagnosis strategies;
- Functional behavior assessment and data collection;
- General and client-specific positive behavior support strategies;
- Interfering behavior and aging clients;
- Introduction to dialectical behavior therapy;
- Mentally ill and dangerous (MI & D) training for residential providers;
- Motivational interviewing and stages of change;
- Navigating the crisis system serving people with developmental disabilities;
- Negotiation skills & C-ABC basics;
- Reframing perspective on how to support a specific client;
- Sensory information;
- Stats, situations, and sexuality;
- Supporting individuals with IDD through crises;
- Validation and communication style; and
- Wellness plan, diagnoses, and programming.

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

---

<sup>64</sup> The CPA states that ECs 68-75 are goals subject to a “best efforts” standard. (Doc. No. 283 at 2.)

*Jensen Settlement Agreement Comprehensive Plan of Action*  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

**Verification**

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

**Evaluation Criteria 75**

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

**Responsible Party:** Community Supports Services Director

**Current Status**

EC 75 sets a goal that CSS engage in best efforts<sup>65</sup> to target its mentoring and coaching methodologies to increase community capacity to support individuals in their community. One way in which CSS targets its mentoring and coaching to increase community capacity to support individuals in their communities is by providing augmentative training sessions to members of community support networks. During this reporting period, CSS provided 37 augmentative training sessions to 686 members of community support networks, including private community providers, persons providing support at community-based state-operated homes, and persons from lead agencies. As illustrated by the example topics listed in the status updates for ECs 73 and 74, CSS targeted these sessions to increase community capacity by training people to provide effective supports in community settings. CSS also mentored and coached members of persons' support networks to increase their capacity for supporting the person in the community through the services described in the status updates for ECs 67-69.

The August 2016 Semi-Annual Report stated that, by March 1, 2017, CSS anticipated that they would begin tracking the factors listed in Action 75.2<sup>66</sup> for all people with developmental disabilities receiving CSS services and that CSS anticipated adding a management analyst position to provide support for these efforts. (Doc. No. 589 at 48.) Due to Human Resource challenges and two new unanticipated extended leaves of absence, CSS has not yet added a Management Analyst to lead this project and set up the technology infrastructure. CSS is working with the new Department Strategic Talent Acquisition Team to get the position reclassified to help with recruitment efforts.

---

<sup>65</sup> The CPA states that ECs 68-75 are goals subject to a "best efforts" standard. (Doc. No. 283 at 2.)

<sup>66</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*  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

**Verification**

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

**Evaluation Criteria 76**

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

**Responsible Party:** Community Supports Services Director

**Current Status**

CSS continues to maintain the positions specified in EC 76. During this reporting period, there was an impending Behavior Analyst 3 vacancy on the CSS Southwest Team that was going to be created by a retirement. CSS hired the successor in advance of the retirement to facilitate mentoring by the retiring clinician. The successor started in this position on June 28, 2017 and the CSS Behavior Analyst 3 retired after the end of this reporting period, on July 8, 2017. The successor has a Bachelor of Science degree in psychology, attained the NREMT-B National Registry of Emergency Medical Technician-Basic certification while serving in the Army as a Health Care Specialist, and has experience working with persons with developmental disabilities and mental illness.

**Verification**

JOQACO reviewed the supporting documentation submitted by the Responsible Party, including the CSS Hiring Tracking Spreadsheet, and confirmed that these documents support the information reported. In addition, JOQACO verified with Human Resources the retirement date of the Behavior Analyst 3 and start date of the successor. JOQACO also reviewed the resume and credentials of the successor.

**Evaluation Criteria 77**

*None of the identified positions are vacant.*

**Responsible Party:** Community Supports Services Director

**Current Status**

CSS continues to maintain the positions specified in EC 76. During this reporting period, there was an impending Behavior Analyst 3 vacancy on the CSS Southwest Team that was going to be created

*Jensen Settlement Agreement Comprehensive Plan of Action*  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

by a retirement. As reported in the status update for EC 76, page 70, CSS hired the successor for this position in advance of the retirement, so this position was not vacant at any time.

**Verification**

See the Verification section for EC 76, page 70.

**Evaluation Criteria 78**

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

**Responsible Party:** Community Supports Services Director

**Current Status**

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

CSS completed five functional behavior assessments during this reporting period and had three functional behavior assessments in development as of the end of the reporting period. The five completed functional behavior assessments were developed or co-signed by one of the five nationally credentialed behavior analysts.<sup>67</sup> One of the nationally accredited behavior analysts was assigned as primary clinician or co-signer to each of the functional behavior assessments under development. CSS did not create any written behavior plans during this reporting period.

---

<sup>67</sup> Additionally, during this reporting period, a Successful Life Project behavior analyst, in collaboration with CSS clinicians, completed a functional behavior assessment for a *Jensen* Class Member who is receiving supports from CSS. The Successful Life Project behavior analyst who completed the functional behavior assessment is a Board Certified Behavior Analyst and is listed as such on the Behavior Analyst Certification Board (BACB) Certificant Registry website.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

**Verification**

JOQACO has reviewed the NADD Clinical Certification credential for the team's supervisor and has a copy of this certification, as well as the supervisor's resume, on file. This supervisor is listed on the NADD-CC web page.<sup>68</sup>

The Responsible Party reviewed the resumes of the other four behavior analysts and verified their status as Board-Certified Behavior Analysts through the Behavior Analyst Certification Board (BACB) Certificant Registry website.<sup>69</sup> JOQACO reviewed resumes and the supporting documentation submitted by the Responsible Party for these four behavioral analysts. JOQACO has also verified that these staff are listed as Board-Certified Behavior Analysts on the Behavior Analyst Certification Board (BACB) Certificant Registry website.

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

**Evaluation Criteria 79**

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

**Responsible Party:** Director of Compliance, Olmstead Implementation Office

**Current Status**

During this reporting period, January through June 2017, the following quarterly reports and revision of the Olmstead Plan were completed, approved by the Subcabinet, and filed with the Court within the specified timelines.

- February 2017 Quarterly Report on Olmstead Plan Measurable Goals
- February 2017 Olmstead Plan Revision

---

<sup>68</sup> The URL for the listing of NADD Certified Clinicians is <http://thenadd.org/products/accreditation-and-certification-programs/nadd-certified-clinicians/>

<sup>69</sup> The URL for the Behavior Analyst Certification Board (BACB) Certificant Registry website is <http://info.bacb.com/o.php?page=100155>.



*Jensen Settlement Agreement Comprehensive Plan of Action*  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

- May 2017 Quarterly Report on Olmstead Plan Measurable Goals

#### **Verification**

The two quarterly reports and Olmstead Plan revision referenced above were filed with the Court and can be found on the Minnesota Olmstead Plan website.<sup>70</sup>

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

#### **Evaluation Criteria 93**

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

**Responsible Party:** Community Supports Services Director

#### **Current Status**

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

#### ***Augmentative Service Supports, Consultation, Mobile Teams and Training***

Consistent with EC 93, CSS mobile teams provide augmentative service supports, consultation, mobile teams, and training to those supporting the person. As described in the status update for EC

---

<sup>70</sup> The Minnesota Olmstead Plan web site can be found at:

[http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=opc\\_home](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=opc_home).

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 August 2017 Semi-Annual Compliance Report  
 Reporting Period: January 1, 2017 to June 30, 2017

70 in this report and in the current Minnesota Life Bridge Bulletin,<sup>71</sup> CSS mobile teams promote positive supports and build collaborative support networks to strengthen the integrated community living of persons with complex behavioral challenges. To prevent and resolve behavioral crises, which can interfere with a person's ability to maintain the most integrated setting possible, CSS mobile teams provide outreach services including:

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

CSS mobile teams are located across the state to promote regional responsiveness. A mobile team includes at least two staff with experience and training in behavior analysis, social work, psychology, nursing and/or organization development and training (during this reporting period each team had three to ten members). When CSS mobile supports are engaged, at least one member of the mobile team provides outreach services, in consultation with other mobile team members.

During this reporting period, CSS mobile teams provided "standard supports" (meaning services other than long-term monitoring) to 119 people and their support networks, and long-term monitoring to 61 people with situational and behavioral complexities and their support networks. Additionally, Community Support Services provided 37 training sessions to 686 members of community support networks during this reporting period. For more information about these services, refer to the status updates for ECs 67-69 and 73-75.

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

During this reporting period, CSS provided mobile team supports to 19 people referred to, admitted to, and/or transitioning out of Minnesota Life Bridge. Minnesota Life Bridge admitted six of these people either prior to this reporting period (██████████) or during this reporting period (██████████). CSS provided consultation, training, long-term monitoring, or augmentative staffing supports to these individuals and their support networks during their placement with Minnesota Life Bridge.

---

<sup>71</sup> The following is the URL for Minnesota Life Bridge Bulletin, DHS Bulletin No.16-76-02:  
<http://www.dhs.state.mn.us/main/groups/publications/documents/pub/dhs-291254.pdf>

To interview CSS lead case workers for the eight persons in the random sample, JOQACO utilized a standardized interview protocol that asked the following: (1) Why was the person referred to CSS for services; (2) What services and supports were provided by CSS to the person and to the people who support the person; (3) If and how the services provided to the person helped the person remain in or become more involved in the community. The following is a summary of the information that JOQACO obtained from CSS lead workers for these eight people:<sup>73</sup>

Page 75 of 97

*Jensen* Settlement Agreement Comprehensive Plan of Action  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

[REDACTED]

[REDACTED]

[REDACTED]

*Jensen* Settlement Agreement Comprehensive Plan of Action  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

*Jensen Settlement Agreement Comprehensive Plan of Action*  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

[REDACTED]

[REDACTED]

*Appropriate Staffing and Comprehensive Data Analysis for Diversion Supports*

As explained in the status updates for ECs 76-78 in this report, CSS maintains appropriate staffing through continued efforts to ensure that the positions specified in EC 76 are filled. Additionally, CSS is not the only entity in the Department providing diversion supports. For example, the Successful Life Project provides therapeutic follow-up to *Jensen* Class Members and people who received services at Minnesota Specialty Hospital System (MSHS)-Cambridge to prevent re-institutionalization and transfers to more restrictive settings, and to maintain the most integrated setting.<sup>75</sup> When their purview overlaps, CSS and the Successful Life Project coordinate efforts and determine which entity is the best suited to provide the person and their team with needed supports.

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

---

<sup>75</sup> Refer to the status update for EC 98 for additional detail about the services and supports provided by the Successful Life Project.

*Jensen* Settlement Agreement Comprehensive Plan of Action  
 August 2017 Semi-Annual Compliance Report  
 Reporting Period: January 1, 2017 to June 30, 2017

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

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

The Department also strengthened diversion supports through comprehensive data analysis. For example, during this reporting period the Successful Life Project conducted its first Risk Assessment Survey for *Jensen* Class Members and people who received services at MSHS-Cambridge. For more information about the Risk Assessment Survey, see the status update in this report for EC 98, pages 91-93. Analysis of the Risk Assessment Survey data is being used to improve the supports provided by the Successful Life Project in two ways: (1) to identify individuals who exhibit a high number of risk factors and could potentially benefit from more intensive support, and (2) to identify the risks or challenges that are prevalent within this population and design supports—such as informational resources, trainings, or webinars—targeted to these risk factors that can be delivered to the entire population or subsets of the population. The Successful Life Project is also sharing these data with CSS, the Single Point of Entry, and county case managers to help these entities better understand the risks and support needs of the *Jensen* Class Member population and individuals with developmental disabilities who have complex needs and histories, more generally.

### **Verification**

JOQACO's data analyst met with the CSS Data Analyst and CSS Director during this reporting period to observe the process that CSS uses to pull from its database the list of persons with developmental disabilities who received supports from CSS during the reporting period. JOQACO's data analyst compared each step of the process demonstrated by the CSS Data Analyst against the documentation submitted by CSS to:

1. Assure that this process was fully and correctly documented; and
2. Confirm that the process used by Community Support Services provides JOQACO with the information needed to monitor and report on the supports provided by CSS mobile teams.

Through the data review process, CSS identified that new staff from two regional teams were not coding people with developmental disabilities correctly in the CSS database. CSS reported that they

*Jensen Settlement Agreement Comprehensive Plan of Action*  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

worked with the staff involved to correct the errors and then provided JOQACO with the corrected lists from the CSS database.

To obtain additional information about how CSS mobile teams provided augmentative service supports, consultation, mobile teams, and training to those supporting the person during the reporting period, JOQACO reviewed case notes and followed up with CSS lead workers for a random sample of eight of the 19 people who received CSS mobile supports during this reporting period and were referred to, served at or transitioning out of Minnesota Life Bridge during this reporting. This information is summarized above in the status update for EC 93.

JOQACO further verified information provided by CSS lead workers for people in the random sample by contacting case managers, providers and/or guardians. In conducting these interviews, JOQACO utilized a standardized interview protocol that asked: (1) Why was the person referred to CSS for services; (2) What services and supports were provided by CSS to the person and to the people who support the person; (3) If and how the services provided to the person helped the person remain in or become more involved in the community.

For the eight people in the random sample whose information is summarized above in the status update for EC 93, JOQACO received responses from three case managers, three providers, and one family member. Information provided by the respondents concerning services provided by CSS was consistent with what was documented in the case notes or reported by CSS staff when interviewed by JOQACO. Comments received from respondents included the following:

- *[Client] is doing fantastic. Going to work every day and working. Cooking a lot, doing a menu, grocery shopping- she is socializing every day with housemates and staff. Honestly, we have not had one bad day with her. It's truly amazing.*
- *[CSS] attended team meetings and trained staff on how to help [Client] through her time of crisis. [CSS] then helped us through the process of [Client] being in the hospital. [CSS] spoke with doctors and nurses to help ensure [Client]'s quality of life.*
- *[CSS] provided good neutral identity to work with family and provider.*
- *[Client]'s team is being more proactive in planning for [Client]. They hope CSS will help train staff at the new provider. They really want CSS to be very involved so [Client] has the best chance to do well.*

With respect to the information reported for EC 93 regarding comprehensive data analysis, the JOQACO Director has personal knowledge of the Successful Life Project's Risk Assessment Survey activities.



*Jensen Settlement Agreement Comprehensive Plan of Action*  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

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

**Evaluation Criteria 98**

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

**Responsible Party:** JOQACO Director

**Current Status**

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

The Department created the Successful Life Project (SLP) to help prevent re-institutionalization and other transfers to settings that are more restrictive, and to maintain the most integrated setting for persons in the therapeutic follow-up group by providing consultation, services and supports to the person and their team. The services that the Successful Life Project provides to help prevent re-institutionalization and maintain the most integrated setting—which include helping the person’s care providers to use person-centered positive behavior supports and to address health or medication needs—are services that can, by extension, improve overall quality of life.

The Successful Life Project structure, services, and support levels are described in the status update for EC 98 in the Department’s February 2017 Semi-Annual Report (Doc. No. 614-1), pages 78-81, with the following updates for this reporting period:

**Behavior Analyst Hiring:** During this reporting period, the Successful Life Project completed the hiring process for a new Board Certified Behavior Analyst to fill a vacancy left when the previous incumbent resigned in September 2016. (See Doc. No. 614-1 at 79.) The new behavior analyst began in February 2017 and came to the Department with a master’s degree in Applied Behavior Analysis and five years’ experience as a senior behavior therapist at the Lovaas Institute. At the time of hire, the new behavior analyst was Board Certification eligible and in June 2017, completed all requirements for certification as a Board Certified Behavior Analyst.<sup>76</sup>

---

<sup>76</sup> The new Successful Life Project behavior analyst is listed as a Board-Certified Behavior Analyst on the Behavior Analyst Certification Board (BACB) Certificant Registry website.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 August 2017 Semi-Annual Compliance Report  
 Reporting Period: January 1, 2017 to June 30, 2017

**Successful Life Project Bulletin:** During this reporting period, JOQACO also updated the Successful Life Project Bulletin (Bulletin Number 17- 48-01) and the Successful Life Project page in the Department's Community Based Services Manual—both of which are available on the Department's public web site.<sup>77,78</sup>

**Proactive Support Development:** During this reporting period, the Successful Life Project furthered the development of individualized Proactive supports, which focus on increasing the flexibility of supports offered by the Successful Life Project. Individualized proactive supports provided during this reporting period included flexible supports for individual therapeutic follow-up group members who do not require a priority or secondary level of support but could benefit from consultation with a Successful Life Project staff member to address specific concerns. Such consultations can take the form of distance technical assistance (e.g., phone consultations) or ad hoc in-person meetings with a person's team or provider for consultation on a specific issue.

Proactive supports also include population-level support strategies, such training or information sharing on topics and best practices that are relevant to persons in the therapeutic follow-up group but are not specific to any one therapeutic follow-up group member. For example, during this reporting period, the *Jensen* Internal Reviewer worked collaboratively with the Successful Life Project staff and other colleagues within the Department to develop the Road Map for Behavior Support—a tool for providers and families supporting persons with developmental disabilities who engage in challenging behavior. The Road Map for Behavior Support is an effort to create a digital technical assistance process to help care providers for members of the therapeutic follow-up group gain a better understanding of how to provide positive behavior supports. The tool is based on what might be addressed during a technical assistance call with a behavior consultant. The Road Map for Behavior Support is going through a final round of review by external partners, including the Consultants, and will be shared with other stakeholders. The Successful Life Project staff are also using information gathered through the Risk Assessment Survey, see pages 91-93, to assist in further developing proactive supports that are targeted to the challenges and risk factors common to members of the therapeutic follow-up group.

---

<sup>77</sup> The following is the URL for the Successful Life Project Bulletin, DHS Bulletin No.17-48-01:  
<http://www.dhs.state.mn.us/main/groups/publications/documents/pub/dhs-292315.pdf>

<sup>78</sup> The following is the URL for the Successful Life Project page in the Community Based Services Manual :  
[http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16\\_195871#](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_195871#)

*Jensen Settlement Agreement Comprehensive Plan of Action*  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

*Supports Provided During this Reporting Period*

During this reporting period, 63 members of the therapeutic follow-up group received individualized Successful Life Project services or supports. The most frequently identified reason for referral to Successful Life Project continues to be assistance with behavior supports. However, there has been an increase of referrals for assistance with health-related issues such as medication concerns, excessive smoking, chemical dependency, mental health conditions, diabetes management, weight management, sleep apnea, and health –related education for both the service recipient and staff. During this reporting period, the Successful Life Project nurse provided individual nursing supports to 20 therapeutic follow-up group members.

To provide people and their teams with the appropriate level of support, the Successful Life Project groups therapeutic follow-up group members based on the level of support needed. Persons receiving “priority level” supports have a potential loss of their current living situation due to challenging behaviors and/or the presence of significant risk factors. Persons receiving “secondary level” supports present challenging behaviors, but their placement is not threatened. Persons not receiving primary or secondary level supports are assigned to the “proactive” group. For more information about support levels, see the Department’s February 2017 Semi-Annual Report (Doc. No. 614-1), pages 80-81.

Of the 63 members of the therapeutic follow-up group that received individual Successful Life Project services or supports during the reporting period, 21 members received priority level supports, 42 members received secondary level supports, and 7 members received individualized proactive level supports.<sup>79</sup> See Table 4 and Table 5 for a more detailed breakdown of supports and services provided by Successful Life Project staff during this reporting period.

---

<sup>79</sup> Persons who changed to a different support level during the reporting period are counted in more than one category.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 August 2017 Semi-Annual Compliance Report  
 Reporting Period: January 1, 2017 to June 30, 2017

**Table 4: Successful Life Project BCBA Supports and Services**

SLP BCBA Supports and Services	Instances
Technical Assistance/Consultation	41
Person-Centered Planning	20
Positive Behavior Support Planning	11
Functional Behavior Assessment	7
Proactive Level Consultation <sup>80</sup>	7
Training	4
PBS-SET <sup>81</sup>	2
Other <sup>82</sup>	9

**Table 5: Successful Life Project Nursing Supports and Services**

SLP Nursing Supports and Services	Instances
Medication Review	10
Health Education	8
Health Assessment	3
Consultation	1
Other <sup>83</sup>	6

---

<sup>80</sup> Examples of a "Proactive level consultation" would be a consultation phone call or a single in-person meeting. The other supports and services listed in Table 4 are primary or secondary level supports.

<sup>81</sup> The PBS-SET is an assessment tool used by Successful Life Project staff that provides a brief snapshot of a person's health, safety, quality of life, and person-centered positive behavior supports.

<sup>82</sup> "Other" activities included follow-up on BIRFs submitted to DHS, completion of an environmental checklist, and follow-up phone calls for persons in the priority or secondary group.

<sup>83</sup> SLP Nursing "Other" activities included helping the person's team to develop health-related protocols and to set up health care consultations or health-related supports in the community.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

The people who received individual supports from the Successful Life Project during the reporting period were in the following living situations:<sup>84, 85</sup>

- Corporate Foster Care (45)
- Crisis Home (4)
- Home—Family/Friends (2)
- Home – Own /Independent Living Option (8)
- Hospital (2)
- ICF/DD (4)
- Jail/Detention Center (2)
- State-Operated Facility<sup>86</sup> (2)
- Unknown (1)<sup>87</sup>

*Preventing Re-institutionalization and Transfers to More Restrictive Settings*

During this reporting period, seven members of the therapeutic follow-up group who received individualized Successful Life Project supports moved to more integrated settings:

- One person moved from jail to Minnesota Life Bridge
- One person moved from a crisis home to corporate foster care
- One person moved from an ICF/DD to corporate foster care
- Two people moved from corporate foster care to their own home
- One person moved from corporate foster care to the home of family or friend
- One person moved from the home of a family or friend to their own home

---

<sup>84</sup> Persons who moved to different living situations during the reporting period are counted in more than one category.

<sup>85</sup> JOQACO will distribute the next Risk Assessment Survey (see pages 91-93 in this report) in September 2017, which will include a question about living situation so the Successful Life Project can track, over time, changes in living situations for the whole therapeutic follow-up group population.

<sup>86</sup> State-Operated Facilities include Minnesota Security Hospital, Minnesota Sex Offender Program, and Minnesota Life Bridge.

<sup>87</sup> [REDACTED]

*Jensen Settlement Agreement Comprehensive Plan of Action*  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

During this reporting period, four members of the therapeutic follow-up group who received individual Successful Life Project supports moved to less integrated settings.

- One person moved from corporate foster care to a crisis home
- One person moved from corporate foster care to Minnesota Life Bridge
- One person moved from corporate foster care to a hospital
- One person moved from an unknown setting to jail/detention center

To obtain additional information about the supports provided by the Successful Life Project during the reporting period, JOQACO reviewed case notes and followed up with Successful Life Project behavior analysts and/or the Successful Life Project nurse for a random sample of 13 therapeutic follow-up group members who received supports from the Successful Life Project during the reporting period.<sup>88</sup>

JOQACO interviewed the assigned Successful Life Project behavior analyst and/or the Successful Life Project nurse for the 13 people included in the Successful Life Project random sample.<sup>89</sup> JOQACO utilized a standardized interview protocol that asked the following: (1) Why the Successful Life Project became involved in providing supports to the person; (2) What services and supports were provided by the Successful Life Project; and (3) If and how the services provided by the Successful Life Project supported the person to remain in and/or become more involved in the community.

---

<sup>88</sup> In order to monitor Successful Life Project supports on an ongoing basis, JOQACO pulled random samples at two points during the reporting period for follow up. JOQACO generated the first random sample (eight people) midway through the reporting period from the list of people who received individual supports from the Successful Life Project between January 1 and March 30, 2017. JOQACO generated the second random sample (five people) after the end of the reporting period from the list of people who received individual supports from the Successful Life Project between April 1 and June 30, 2017. Persons included in the first random sample were not included in the second random sample.

For both random samples, JOQACO alphabetized and numbered the list of people who received supports from the Successful Life Project during the reporting period. JOQACO used Random.org (<https://www.random.org/>) to generate random numbers based on the total number of people who received supports from the Successful Life Project during the reporting period. JOQACO then matched the numbers generated to the alphabetized list of names.

<sup>89</sup> During this reporting period, the Successful Life Project nurse provided supports to five persons included in the random sample.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

The following is a summary of the information that JOQACO obtained from Successful Life Project staff, supplemented by information from the Successful Life Project case notes, for each of the 13 people in the random sample:<sup>90</sup>

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

---

<sup>90</sup> The following summaries include references to events and supports that occurred outside this reporting period.

<sup>91</sup> The Functional Behavior Assessment was completed by the combined efforts of the Successful Life Project behavior analyst and CSS staff.

*Jensen* Settlement Agreement Comprehensive Plan of Action  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



*Jensen* Settlement Agreement Comprehensive Plan of Action  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

*Jensen* Settlement Agreement Comprehensive Plan of Action  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

*Jensen Settlement Agreement Comprehensive Plan of Action*  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

JOQACO also gathered additional information about the services provided to the persons in the random sample and the impact of those services by contacting case managers, providers, and guardians. This information is summarized in the Verification section for this EC, see pages 95-97.

*Risk Assessment Survey*

As previously reported, the Successful Life Project developed a Risk Assessment Survey to help target supports to members of the therapeutic follow-up group in advance of crisis situations. (Doc. No. 614-1 at 86.) The Risk Assessment Survey gathers information about behavioral and medical risk among members of the therapeutic follow-up group to help the Successful Life Project provide better-informed supports to this population by, (1) identifying individuals in the therapeutic follow-up group who are in need of more intensive supports; and (2) guiding the development of proactive, population-wide support strategies. The Successful Life Project based the Risk Assessment Survey on previously published research efforts in other states to assess risk among people with challenging behaviors. The Successful Life Project added questions to the assessment based on their experiences working with the therapeutic follow-up group.

Case managers completed the assessment through an online survey, which case managers accessed through a link in an e-mail invitation the Successful Life Project sent out in January 2017. The assessment was sent to the case managers of 281 therapeutic follow-up group members and had a 92% (259) survey completion rate.<sup>92</sup> The following are highlights of the findings from the first administration of the Risk Assessment Survey:<sup>93</sup>

---

<sup>92</sup> For the initial Risk Assessment Survey, the Successful Life Project sent surveys to case managers for those therapeutic follow-up group members who were currently receiving state-funded services and had an assigned case manager. To increase the survey completion rate by the case managers, Successful Life Project sent two reminders to case managers who had not completed the survey. When Successful Life Project sends out the next Risk Assessment Survey at the beginning of September 2017, the Successful Life Project will also send the survey to the provider or guardian for those individuals who do not have a case manager. The Successful Life Project will also copy the county case manager supervisors on all communications with the assigned case manager to help assure that case managers timely complete the assessments.

<sup>93</sup> It is important to note that these findings are based on the report of case managers, and are not otherwise substantiated. Diagnoses (psychiatric diagnoses, in particular) are often reported to vary as many people have multiple diagnoses, and efforts to verify reported psychiatric diagnoses using other data sources did not result in confirmation of the diagnoses reported in the survey.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

1. People in the therapeutic follow-up group experience a high amount of risk. The average person had seven risk factors reported. Three people had 21 risk factors reported. 26 people had 13 or more risk factors reported.
2. The following four risk factors were reported for over 50% of the people:
  - Difficulty with handling stress
  - Difficulty with socialization
  - Taking more than five prescription medications more than three days a week
  - Difficulty with motivation
3. There is an association between each psychiatric diagnosis and particular risk factors. In particular, the co-occurrence between Anxiety Disorder, Depressive Disorder and Post-traumatic Stress Disorder (PTSD) is very common. In contrast, members with Autism Spectrum Disorder or Fetal Alcohol Spectrum Disorder do not tend to have co-occurring diagnoses of Anxiety Disorder, Depressive Disorder or PTSD. In addition, there is no co-occurrence between Autism Spectrum Disorder and Fetal Alcohol Spectrum Disorder in this population.
4. Gender disparities were noted, with females having, on average, a higher number of risk factors than males.

The Successful Life Project is using these and other findings from the Risk Assessment Survey to improve therapeutic follow-up for the therapeutic follow-up group population. On an individual level, the Successful Life Project is contacting case managers for the individuals who exhibited the highest numbers of risk factors to determine whether and how the Successful Life Project can be helpful to the person and their team in addressing the person's behavioral and/or medical challenges—with the ultimate goal of preventing a crisis that could lead to reinstitutionalization or transfer to a more restrictive setting.<sup>94</sup>

Of the 26 therapeutic follow-up group members who were identified as having the highest number of risk factors, 16 were already receiving priority or secondary level of supports during this reporting period. Of the other 10 members who did not receive priority or secondary level supports during the reporting period:

- Two members moved over this past year to a proactive level of supports following priority or secondary level of Successful Life Project involvement.

---

<sup>94</sup> The Successful Project Life Supervisor contacted the case managers of 26 individuals in July 2017 to share the Risk Assessment Survey findings and to inquire if adequate supports are in place for the person, given their high number of reported risk factors.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 August 2017 Semi-Annual Compliance Report  
 Reporting Period: January 1, 2017 to June 30, 2017

- Two members are receiving services from CSS and are not interested in Successful Life Project involvement.
- Five members have expressed that Successful Life Project involvement is not needed or wanted.
- The status of the remaining member is unknown.

On a summarized group level, the Risk Assessment Survey findings are being used to develop Population Health Management strategies. In other words, the Successful Life Project is using the Risk Assessment Survey to identify the types of risks and challenges that are shared by the entire therapeutic follow-up group or by subsets of this population and to then design supports—such as informational resources, trainings, or webinars—that can be delivered to the entire population or subsets of the population. For example, difficulty with handling stress is a risk factor that was common among 210 members of the therapeutic follow-up group. Given the frequent identification of stress management as a risk factor for persons in the therapeutic follow-up group, the *Jensen* Internal Reviewer and Successful Life Project have developed a resource guide on Mental Wellness for People with Intellectual or Developmental Disabilities that JOQACO and the Successful Life Project are currently in the process of finalizing for distribution to persons supporting therapeutic follow-up group members. The *Jensen* Internal Reviewer is also in the process of developing a resource guide on Stress Management that should be completed by the end of August 2017. Additionally, the Successful Life Project is also working on building expertise and knowledge among its staff to address the most commonly reported risk factors in this population.

The Successful Life Project and JOQACO are also completing a full report of the initial Risk Assessment Survey findings, which will be shared with *Jensen* Case Managers and other interested stakeholders in August 2017.<sup>95</sup> JOQACO will send out the next round of the Risk Assessment Survey in September 2017, following dissemination of the initial Risk Assessment Survey findings.<sup>96</sup>

#### *Consumer Satisfaction Survey*

In October 2016, JOQACO sent out consumer satisfaction surveys to persons who received Successful Life Project supports and services. (See Doc. No. 614-1 at 86.) During this reporting period, JOQACO began sending out surveys on a rolling basis at key points during Successful Life Project involvement

---

<sup>95</sup> The report of the initial Risk Assessment Survey findings was sent out to *Jensen* Case Managers and other interested stakeholders on August 28, 2017.

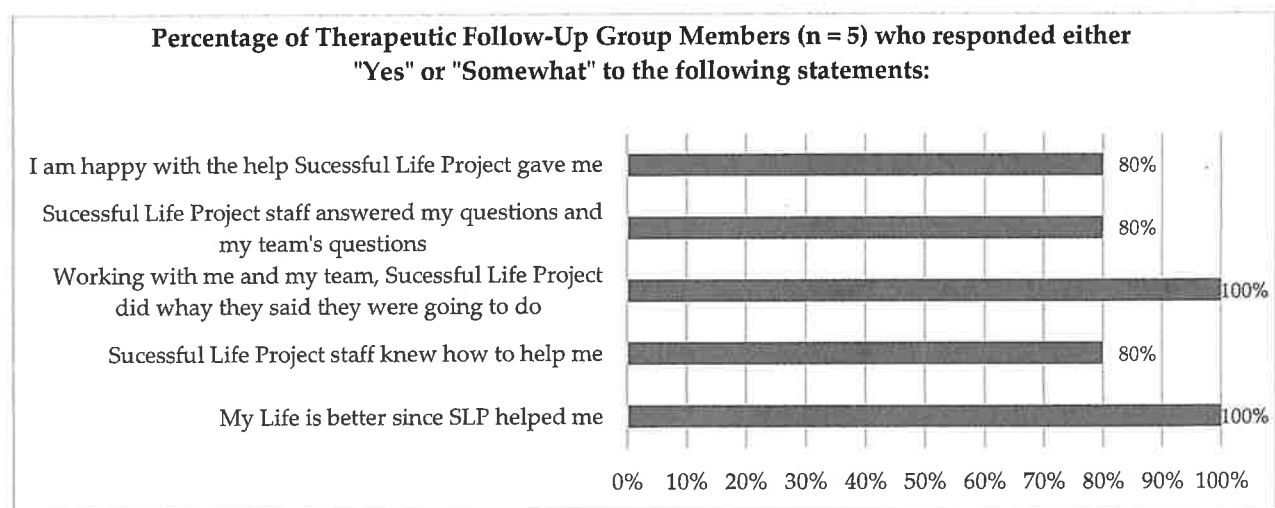
<sup>96</sup> The Risk Assessment Survey is being sent out twice a year.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 August 2017 Semi-Annual Compliance Report  
 Reporting Period: January 1, 2017 to June 30, 2017

with a person (e.g., when a therapeutic follow-up group member moves between different levels of support).

In May 2017, JOQACO sent consumer satisfaction surveys to 10 people who received Successful Life Project supports and services who experienced a change in their service level between January 1 and March 31, 2017. JOQACO also sent consumer satisfaction surveys to the person's case manager, family member and/or guardian, and residential provider.<sup>97</sup> In an effort to increase the percentage of completed and returned consumer satisfaction surveys, JOQACO developed a web-based version of the survey as an option for providers, case managers and family members/guardians. JOQACO received back completed surveys from five members of the therapeutic follow-up group,<sup>98</sup> two family members and/or guardians, and one provider. The following is a summary of responses by members of the therapeutic follow-up group to key survey questions:

**Figure 1: Successful Life Project Survey Therapeutic Follow-up Group Member Responses**



When asked, *"What was the most helpful thing SLP did?"* Therapeutic follow-up group members provided the following responses:

- "Helped me get my apartment and get life back"

<sup>97</sup> On July 6, 2017, JOQACO sent consumer satisfaction surveys to an additional five persons who received Successful Life Project supports and services and had a change in their service level along with their provider, guardian, case manager and family, if involved.

<sup>98</sup> Two of the survey respondents indicated that they received help from a care provider in reading or understanding the survey.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

- "Train staff"
- "They are there to help me when I need help"

When asked, "*How could SLP do a better job?*" Therapeutic follow-up group members provided the following responses:

- "Just keep doing the good work"
- "More contact"
- "Call me to check on me, how I'm doing"
- "She did a great job!"

The three responses received from the family member, guardian and provider for all survey questions were generally positive, with the highest scores from the provider. Two respondents provided answers to the open-ended question "*What did you find most useful about the supports and services provided by SLP?*"

- "Flexibility with scheduling and additional training to direct support staff members to solidify training received internally. Person centered planning training was very beneficial to all support team members. Added new skills and ideas to handle client's maladaptive behaviors and offer choices for more positive outcomes."
- "Available to attend meetings, take notes and forward them on to team members, willingness to be creative and open to strategies, listening and meeting with client."

Two respondents provided responses to the open-ended question, "*How could we improve the SLP?*"

- "NA - I felt it was a great experience and provided great ideas moving forward with this particular client towards more independence."
- "Not sure of the number of clients staff is responsible for--are they stretched thin?"

JOQACO is continuing to pay attention to any trend in satisfaction scores, and will follow up on issues raised as needed.

#### **Verification**

Because the Successful Life Project is a part of JOQACO and receives clinical supervision from the *Jensen* Internal Reviewer, the JOQACO Director and *Jensen* Internal Reviewer both have personal knowledge about the structure of the Successful Life Project, the way the Successful Life Project provides services, and the Successful Life Project's process improvement efforts.

To obtain additional information about the supports provided by the Successful Life Project during the reporting period, JOQACO reviewed case notes and interviewed the assigned Successful Life

*Jensen Settlement Agreement Comprehensive Plan of Action*  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

Project behavior analyst and/or the Successful Life Project nurse for the 13 people included in the Successful Life Project random sample. This information is summarized in the status update for EC 98, above.

To verify the information provided by Successful Life Project staff about the supports summarized above, and to obtain additional detail about how these supports have helped people and their teams, JOQACO followed up with case managers, providers, and family members or guardians (where available). JOQACO utilized a standardized interview protocol that asked the following: (1) Why the Successful Life Project became involved in providing supports to the person; (2) What services and supports were provided by the Successful Life Project; and (3) If and how the services provided supported the person to remain in and/or become more involved in the community. For the 13 people in the random sample whose information is summarized above in the status update for EC 98, JOQACO received responses from six case managers, six providers, and three family members or guardians.

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

The following are responses received from case managers, providers and guardians/family members regarding the experience of working with the Successful Life Project:

- *SLP was very friendly and went to all staff to get a complete picture of what it going on, I wish more people would do that [versus] just taking information from one person because you can't get a full picture of the person if you do.*
- *SLP has always been very good, and very resourceful always following through on what they say they.*
- *I think SLP services have been great, suggestions were given to provider but were not followed by the provider.*
- *[SLP Behavior Analyst] and [SLP RN] have been a God send, I could not do this without them and if I had too, I would not be able to or want to. I wish SLP was available for the entire state not just for the Jensen settlement people, but all people.*

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

- *SLP has really demonstrated and informed [Client] the importance of volunteering in the community, getting her interested in getting out and doing other things.*
- *SLP has done so much in having [Client] volunteer in the community, taking her places so many, many thing, SLP has been very helpful in this area.*



*Jensen Settlement Agreement Comprehensive Plan of Action*  
August 2017 Semi-Annual Compliance Report  
Reporting Period: January 1, 2017 to June 30, 2017

- *We got off to a really slow start, but that has been a while ago, SLP was making it worse in my opinion, took a long time to get her medications going, this did not move as fast as I would have liked and what would have been best for [Client]. Now, though I can say I am very pleased with SLP. [Client] does a good job of integrating in the community on her own, but does still need guidance and follow through from those who say they will.*<sup>99</sup>

## **Modernization of Rule 40 (EC 103)**

### **Evaluation Criteria 103**

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

**Responsible Party:** DHS Deputy Senior Counsel

### **Current Status**

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

### **Verification**

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

---

<sup>99</sup> The situation referenced by this respondent was initially complicated by the provider's resistance to the Successful Life Project's involvement. The Successful Life Project and provider have since worked through these challenges to develop a positive working relationship.