

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

## February 2018 Semi-Annual Compliance Report

Reporting Period: July 1, 2017 – December 31, 2017

*Jensen Settlement Agreement Comprehensive Plan of Action*  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 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>
<b>Evaluation Criteria State of Completion (Scheduled for Semi-Annual Report).....</b>	<b>7</b>
<b>Settlement Agreement Section IV. METO Closure (EC) .....</b>	<b>7</b>
Evaluation Criteria 2 .....	7
Evaluation Criteria 3 .....	14
Evaluation Criteria 39 .....	15
Evaluation Criteria 41 .....	18
<b>Settlement Agreement Section VIII. Transition Planning (EC 47-53).....</b>	<b>20</b>
Evaluation Criteria 47 .....	20
Evaluation Criteria 48 .....	21
Evaluation Criteria 49 .....	28
Evaluation Criteria 50 .....	30
Evaluation Criteria 51 .....	33
Evaluation Criteria 52 .....	37
Evaluation Criteria 53 .....	40
<b>Settlement Agreement Section IX.D. Other Practices at the Facility – No Inconsistent Publicity (EC 64).....</b>	<b>41</b>
Evaluation Criteria 64 .....	41
<b>Settlement Agreement Section X.A. System Wide Improvements – Expansion of Community Support Services (EC 67-78).....</b>	<b>42</b>
Evaluation Criteria 67 .....	42
Evaluation Criteria 68 .....	49
Evaluation Criteria 69 .....	56
Evaluation Criteria 70 .....	57
Evaluation Criteria 71 .....	59
Evaluation Criteria 72 .....	601
Evaluation Criteria 73 .....	62
Evaluation Criteria 74 .....	63
Evaluation Criteria 75 .....	64
Evaluation Criteria 76 .....	65
Evaluation Criteria 77 .....	66
Evaluation Criteria 78 .....	66
<b>Settlement Agreement Section X.B. System Wide Improvements – Olmstead Plan (EC 79).....</b>	<b>68</b>
Evaluation Criteria 79 .....	68
<b>Closure of MSHS-Cambridge and Replacement with Community Homes and Services (EC 93) .....</b>	<b>69</b>

*Jensen* Settlement Agreement Comprehensive Plan of Action  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

Evaluation Criteria 93 ..... 69

**Therapeutic Follow-Up of Class Members and Clients Discharged from METO/MSHS-Cambridge (EC 98) ..... 745**

Evaluation Criteria 98 ..... 75

**Modernization of Rule 40 (EC 103) ..... 88**

Evaluation Criteria 103 ..... 88

**Listing of Tables**

Table 1: Monthly Summary of DHS 3654 Forms Completed..... 17

Table 2: *Jensen* Internal Reviewer Training..... 19

Table 3: Status of Therapeutic Follow-up Group Members..... 76

Table 4: Living Arrangements of TFU Members Receiving State-Funded Services..... 77

Table 5: Last known address of the 29 TFUMmembers whose current whereabouts were unknown.. 77

Table 6: Successful Life Project Behavior Analyst Supports and Services ..... 79

Table 7: Successful Life Project Nursing Supports and Services ..... 80

Table 8: Living Arrangements of Persons Receiving Successful Life Project supports..... 80

Table 9: Successful Life Project Training Sessions during the Reporting Period ..... 86

*Jensen* Settlement Agreement Comprehensive Plan of Action  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

## Introduction

This is the *Jensen* Settlement Agreement (JSA) Comprehensive Plan of Action (CPA) February 2018 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 July 1, 2017 through December 31, 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  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

JOQACO currently has four full-time professionals with clerical assistance as required by the CPA. (Doc. No. 283 at 1.) The full-time professionals include a director, analyst, data analyst and the *Jensen* Internal Reviewer. Additionally, the Department's Compliance Office assigned an attorney to JOQACO.

The Successful Life Project became part of JOQACO in April 2016. (See Doc. No. 589 at 58.) Staff for the Successful Life Project includes board-certified behavior analysts, a registered nurse, and the Successful Life Project Supervisor. The *Jensen* Internal Reviewer provides clinical oversight of the behavior analysts. For additional information about the Successful Life Project, see also the status update for EC 98 in this report, beginning on page 75.

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

In previous reports (e.g., Doc. Nos. 589, 614-1 and 643), 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. (See Doc. Nos. 589 at 5-9, 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.

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

1. On-site compliance reviews involving client interviews,<sup>2</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 operate out of a single site—such as mobile support services provided by Community Support Services.

---

<sup>2</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  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

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.

Through the effectiveness of JOQACO's oversight and verification system for *Jensen*, the Department is identifying and addressing issues before they become compliance concerns. 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. 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. (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.)

As previously reported, in December 2016, JOQACO initiated the procedure for an Independent Subject Matter Expert review related to EC 90's integrated vocational options requirement. (*E.g.*, Doc. No. 621 at 56.) The independent subject matter expert review process was used to develop recommendations to guide Minnesota Life Bridge in providing integrated vocational options to residents in a more coordinated or systematic manner.

JOQACO received the independent subject matter expert's final report and recommendations during the previous reporting period, in June 2017. With guidance from JOQACO and the *Jensen* Internal Reviewer, Minnesota Life Bridge has implemented the independent subject matter expert recommendations. As of the end of this reporting period, all Minnesota Life Bridge residents were receiving integrated vocational support or in the customized employment process. Because EC 90 is reported annually (Doc. Nos. 545, 545-1), the Department will provide additional information about the implementation of the independent subject matter expert's recommendations in the 2017 Annual Report due to the Court on April 2, 2018.<sup>3</sup>

---

<sup>3</sup> See also the *Jensen* Internal Reviewer's Monthly Reports from June through December 2017, for updates on Minnesota Life Bridge's implementation of the independent subject matter expert's recommendations.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

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

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

**Settlement Agreement Section IV. METO Closure (EC)**

**Evaluation Criteria 2**

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

**Responsible Party:** Minnesota Life Bridge Manager

**Current Status**

Consistent with the requirements of EC 2, the Minnesota Life Bridge treatment homes<sup>4</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 (CSSP-A), and Positive Behavior Support Plan. The relationships between these documents and the processes by which these documents are developed are described in previous updates for EC 2 (Doc. No. 614-1 at 9-10 and Doc. No. 643 at 8-9) and with the following updates for this reporting period:

- For two of the three persons admitted to Minnesota Life Bridge during this reporting period, Minnesota Life Bridge completed an initial Person-Centered Description within 30 days of admission.
- Nine of the 10 persons served at a Minnesota Life Bridge treatment home during this 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.

---

<sup>4</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.)

- One person (█) who did not have an initial Person-Centered Description completed within 30 days, did not have the documents listed in the second bullet point on the list above, and did not have their Person-Centered Description/Plan updated on a monthly basis, was only at a Minnesota Life Bridge treatment home for 11 days.<sup>5</sup> Given this person's limited stay, there was not enough time to complete the individual's Person-Centered Description or other planning documents properly.

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 (August 2017):

\_\_\_\_\_

5



*Jensen* Settlement Agreement Comprehensive Plan of Action  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

[REDACTED]

[REDACTED]

#### **Minnesota Life Bridge Staff Recognized**

In November 2017, the National Association of the Dually Diagnosed (NADD) honored one of Minnesota Life Bridge's direct support professionals. The staff member received the organization's Direct Support Professional Award for Excellence during NADD's annual conference in Charlotte, N.C. NADD gives the award to a direct support professional whose dedication, advocacy, compassion, competence, person-centered approaches and collaboration results in improved quality of life, health and wellness, and/or opportunities for person(s) with intellectual disabilities and mental health needs.

#### **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

*Jensen* Settlement Agreement Comprehensive Plan of Action  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

information about these activities of the *Jensen* Internal Reviewer, see the status updates for ECs 39 and 41, pages 15-20.

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 (CSSP-A), 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 four visits each to Broberg's Lake, Stratton Lake and 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. Staff also looked over the physical plan for any concerns. One topic covered during JOQACO visits to Stratton Lake, Broberg's Lake, and Eagle Pointe in this reporting period included the implementation of CareManager software to document case notes and "hallmark events." The implementation of CareManager allows Minnesota Life Bridge, Community Support Services, Single Point of Entry, Successful Life Project and JOQACO to easily share information. Community Based Services provided training to Minnesota Life Bridge staff in late 2017, and JOQACO and Community Based Services are available for technical assistance.

During this reporting period, JOQACO conducted the following visits:

- **Broberg's Lake:** JOQACO visited Broberg's Lake in Lake on August 15, September 25, November 21, and December 19, 2017;
- **Stratton Lake:** JOQACO visited Stratton Lake on August 15, September 25, November 21, and December 19, 2017; and
- **Eagle Pointe Homes:** JOQACO visited the Eagle Pointe apartments on August 2, September 9, November 8 and December 6, 2017.

**Broberg's Lake:** Staff shared with JOQACO that individuals have preferred and non-preferred staff and that staff accommodate those preferences to the best of their abilities. [REDACTED]

---

<sup>6</sup> [REDACTED]'s enjoyment of fishing is well documented in each person's Person-Centered Plan.

*Jensen* Settlement Agreement Comprehensive Plan of Action  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**Stratton Lake:**

[REDACTED]

[REDACTED]

*Jensen* Settlement Agreement Comprehensive Plan of Action  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

**Eagle Pointe:**

[REDACTED]

[REDACTED]

[REDACTED]<sup>7</sup>

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

---

<sup>7</sup> Continuous positive airway pressure (C-PAP) is a form of positive airway pressure ventilator, which applies mild air pressure on a continuous basis to keep the airways continuously open in people who are able to breathe spontaneously on their own.

*Jensen* Settlement Agreement Comprehensive Plan of Action  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

these review activities and the *Jensen* Internal Reviewer's findings, refer to the "Rhythm of the Day" sections of the following *Jensen* Internal Reviewer Monthly Reports:

- ■■■: September 2017 *Jensen* Internal Reviewer Monthly Report (distributed to the Court on October 15, 2018, pages 4-7); and
- ■■■: December 2017 *Jensen* Internal Reviewer Monthly Report (distributed to the Court on January 16, 2018, pages 3-5).

***Follow-up on Previously Identified Opportunities for Improvement***

In the August 2017 Semi-Annual Report, the *Jensen* Internal Reviewer reported on follow-up activities with Minnesota Life Bridge regarding changes in the process for updating Person-Centered Descriptions/Plans that resulted in different practices between treatment home sites. (Doc. No. 643 at 13-14.) The August 2017 Report noted that the *Jensen* Internal Reviewer was convening a meeting in August 2017 to discuss Minnesota Life Bridge's process for updating Person-Centered Descriptions/Plans to ensure that knowledgeable parties have the opportunity to provide input on an ongoing basis and that procedures are consistent across the four treatment homes. This meeting was held on August 29, 2017. Since this meeting, the Minnesota Life Bridge Manager and Transition Coordinator, and the Department's Community Based Services Short-term Residential Program Manager have worked with the Minnesota Life Bridge Community Residential Supervisors to develop a process by which treatment home staff propose needed revisions or updates to the Person-Centered Description/Plan for consideration by the person and their team at the person's monthly meeting.

In the August 2017 Semi-Annual Report, the *Jensen* Internal Reviewer also identified concerns relating to ■■■'s Person-Centered Description. (Doc. No. 643 at 13-14.) In follow-up, revisions proposed by ■■■'s lead staff were to be reviewed with ■■■'s team, to ensure the full team's agreement and to solicit input from other team members. (*Id.* at 14.) ■■■'s team discussed the updates to ■■■'s Person-Centered Description proposed by ■■■'s lead staff at a meeting during this reporting period, and ■■■'s team reviewed and approved the revisions.

Additionally, in the August 2017 Semi-Annual Report, the Department explained that Minnesota Life Bridge was developing a quarterly review process in which supervisors and staff would discuss the connection between residents' Person-Centered Descriptions/Plans and their daily activities, as well as how the person-centered documents relate to the overall plans and processes for Minnesota Life Bridge residents. (Doc. No. 643 at 15.) JOQACO verified through review of training participant lists that the quarterly review process began in September 2017.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

**Evaluation Criteria 3**

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

**Responsible Party:** Minnesota Life Bridge Manager

**Current Status**

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

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

To determine whether a person met the second admission criterion—exhibiting severe behaviors, which present a risk to public safety—the Minnesota Life Bridge Transition Coordinator, with oversight by the Minnesota Life Bridge Manager and Department's Community Based Services Short-term Residential Program 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 Transition Coordinator sought additional information from the person's case manager to resolve the discrepancy.

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

*Jensen* Settlement Agreement Comprehensive Plan of Action  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

### Verification

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

- [REDACTED]
- [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

Consistent with EC 39, Dr. Dan Baker has been designated as the *Jensen* Internal Reviewer. The *Jensen* Internal Reviewer's duties include a focus on monitoring the use and elimination of restraints at the Minnesota Life Bridge treatment homes. Following each incident of emergency use of manual restraint (EUMR), 911 call, or use of *pro re nata* (PRN) medication at the request of the client, Minnesota Life Bridge internal procedures require Minnesota Life Bridge clinical staff to prepare a set of recommendations for improved positive supports to reduce the risk of recurrence of the challenging behavior that led to the incident. The *Jensen* Internal Reviewer then verifies that these recommendations are consistent with best practices and likely to be effective. The *Jensen* Internal Reviewer provides feedback to Minnesota Life Bridge as appropriate and monitors progress toward completing these recommendations. The *Jensen* Internal Reviewer also reports monthly on Minnesota Life Bridge's efforts to respond to incidents in the *Jensen* Internal Reviewer Monthly Report. See also the status update for EC 39 in the Department's February 2017 Semi-Annual Report (Doc. No. 614-1 at 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 PRN medication at the request of the client, and 911 calls at the Minnesota Life Bridge treatment homes.

*Jensen* Settlement Agreement Comprehensive Plan of Action  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

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

- Balancing “important to” and “important for” (resident-specific focus)
- Best practices in staff training
- Employment supports
- Indirect means of coaching Minnesota Life Bridge residents
- Medication side effects (resident-specific focus)
- Promoting independent living
- Specific positive supports strategies
- Sustainability strategies
- Team development
- Understanding diagnoses
- Using positive supports

During this reporting period, Minnesota Life Bridge reported 37 incidents<sup>8</sup> 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 17, presents a summary of these incidents.

---

<sup>8</sup> This is a significant change from the last reporting period when there were 77 incidents involving PRN at the request of the client, a 911 call, Emergency Use of Manual Restraint (EUMR), or a combination of two or more of these types of interventions.



*Jensen* Settlement Agreement Comprehensive Plan of Action  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 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
July 2017	Stratton Lake	1	2				1	
	Broberg's Lake							
	Eagle Pointe	2						
August 2017	Stratton Lake							
	Broberg's Lake		4					
	Eagle Pointe	2	2					
September 2017	Stratton Lake							
	Broberg's Lake		2					
	Eagle Pointe			1				1
October 2017	Stratton Lake	1						
	Broberg's Lake	1	1					
	Eagle Pointe	1						
November 2017	Stratton Lake							
	Broberg's Lake	1						
	Eagle Pointe	3			2		3	
December 2017	Stratton Lake							
	Broberg's Lake							
	Eagle Pointe	1	3				1	1
<b>TOTALS</b>		<b>13</b>	<b>14</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>5</b>	<b>2</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 maintained a database to track all emergency behavioral interventions for persons served at Minnesota Life Bridge reported in DHS 3654 forms and other incident notifications and reporting forms. JOQACO compared Minnesota Life Bridge incidents tracked in its database against the incident database maintained by Minnesota Life Bridge and reviewed the contents of the reports for consistency, completeness, and issues that required follow-up. JOQACO also maintained copies of the *Jensen* Internal Reviewer Monthly Reports, which report the *Jensen* Internal Reviewer's activities regarding follow-up to incidents. JOQACO reconciled the data reported in this section with the DHS 3654 forms and other incident reports filed during the reporting period, the information in JOQACO's database, and the *Jensen* Internal Reviewer Monthly Reports.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 February 2018 Semi-Annual Compliance Report  
 Reporting Period: July 1, 2017 to December 31, 2017

***Follow-up to previous report***

In the August 2017 Semi-Annual Report (Doc. No. 643 at 20) the Department reported that through JOQACO's ongoing review of DHS 3654 forms and other notifications regarding emergency behavioral interventions at Minnesota Life Bridge, JOQACO had identified three incidents of EUMR in which staff did not contact the on-call physician within 30 minutes after initiation of EUMR. JOQACO followed up with Minnesota Life Bridge regarding these incidents. Minnesota Life Bridge developed an action plan to address the issue. JOQACO verified that all steps in the action plan were complete as of July 5, 2017.

During this reporting period, JOQACO identified one instance of EUMR in which staff attempted to contact the on-call physician but did not receive a call back until 32 minutes after the initiation of EUMR. As staff had attempted to contact the physician within 30 minutes, JOQACO did not identify a need for corrective action, but continues to monitor the timeliness of calls to the on-call physician regarding incidents of EUMR.

**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 for EC 3, page 15.

*Jensen* Settlement Agreement Comprehensive Plan of Action  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

During this reporting period, the *Jensen* Internal Reviewer also provided training to internal and external audiences, including providers and lead agency staff (counties and health plans), on a variety of topics relevant to support of Minnesota Life Bridge residents and *Jensen* Class Members. The training sessions that the *Jensen* Internal Reviewer provided during the reporting period are summarized in Table 2.

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

Date	Topic	Audience
7/07/2017	Professional roles in clinical support	<b>Internal:</b> Minnesota Life Bridge
7/31/2017	Conducting a mental status exam	<b>External:</b> Providers
8/07/2017	Positive behavior supports	<b>External:</b> Providers
8/18/2017	Positive behavior supports	<b>External:</b> Providers and clinicians
8/29/2017	Support for staff at MLB Homes	<b>Internal:</b> Minnesota Life Bridge
9/01/2017	Positive behavior supports	<b>External:</b> Providers and clinicians
9/07/2017	Positive behavior supports	<b>External:</b> Managed care
9/15/2017	Relaxation strategies	<b>External:</b> Provider and <i>Jensen</i> Class member
9/21/2017	Positive behavior supports	<b>External:</b> Providers and clinicians
9/27/2017	Positive behavior supports	<b>External:</b> Providers and clinicians
10/5/2017	Positive behavior supports	<b>Internal:</b> Providers and clinicians including Community Support Services, MSOCS, and Minnesota Life Bridge
10/17/2017	Transition strategies	<b>External:</b> Providers and clinicians
10/20/2017	Mental wellness strategies	<b>Internal:</b> CSS
10/26/2017	Positive behavior supports	<b>External:</b> Providers and clinicians
10/27/2017	Positive behavior supports	<b>External:</b> Providers and clinicians
11/03/2017	Mental wellness strategies	<b>External:</b> Providers and clinicians
11/08/2017	Person-centered Thinking Keynote and Positive Behavior Supports Breakout session	<b>Internal and External:</b> Positive Supports Gathering Conference attendees
11/09/2017	Positive behavior supports	<b>External:</b> Provider for <i>Jensen</i> Class member
11/20/2017	Sexuality education	<b>External:</b> Providers and clinicians
12/06/2017	Positive behavior supports	<b>External:</b> Providers
12/15/2017	Stress management	<b>External:</b> Provider for <i>Jensen</i> Class member

*Jensen* Settlement Agreement Comprehensive Plan of Action  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

Additionally, the *Jensen* Internal Reviewer is an active participant in the following Department work groups or committees:

- Disability Services Division/Direct Care and Treatment Project Core/Steering Team
- External Program Review Committee <sup>9</sup>
- Minnesota Association of Positive Behavior Support
- Person-Centered Work Group
- Positive Behavior Support Leadership Group
- Positive Supports Gathering Planning Committee
- Quality Assurance Leadership Team

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

#### **Verification**

The *Jensen* Internal Reviewer was personally involved in the activities reported for this EC. See also the Verification section for EC 39, pages 17-18.

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

#### **Evaluation Criteria 47**

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

**Responsible Party:** Minnesota Life Bridge Manager

#### **Current Status**

EC 47 relates to whether the Department has engaged in best efforts to ensure that residents of the Minnesota Life Bridge treatment homes are served in the most integrated setting appropriate to meet

---

<sup>9</sup> Previously the Interim (PSTP) Review Panel.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 February 2018 Semi-Annual Compliance Report  
 Reporting Period: July 1, 2017 to December 31, 2017

their individual needs and that each resident is assisted to move toward more integrated and individualized community settings.

Minnesota Life Bridge serves residents in community-based treatment homes. As described in more detail in this report under EC 2, pages 7-13 and EC 50, pages 30-32, 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 EC 2, pages 7-13 and ECs 48-53, pages 21-41.

#### **Verification**

Refer to the Verification sections for EC 2, pages 7-13 and ECs 48-53, pages 21-41.

#### **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**

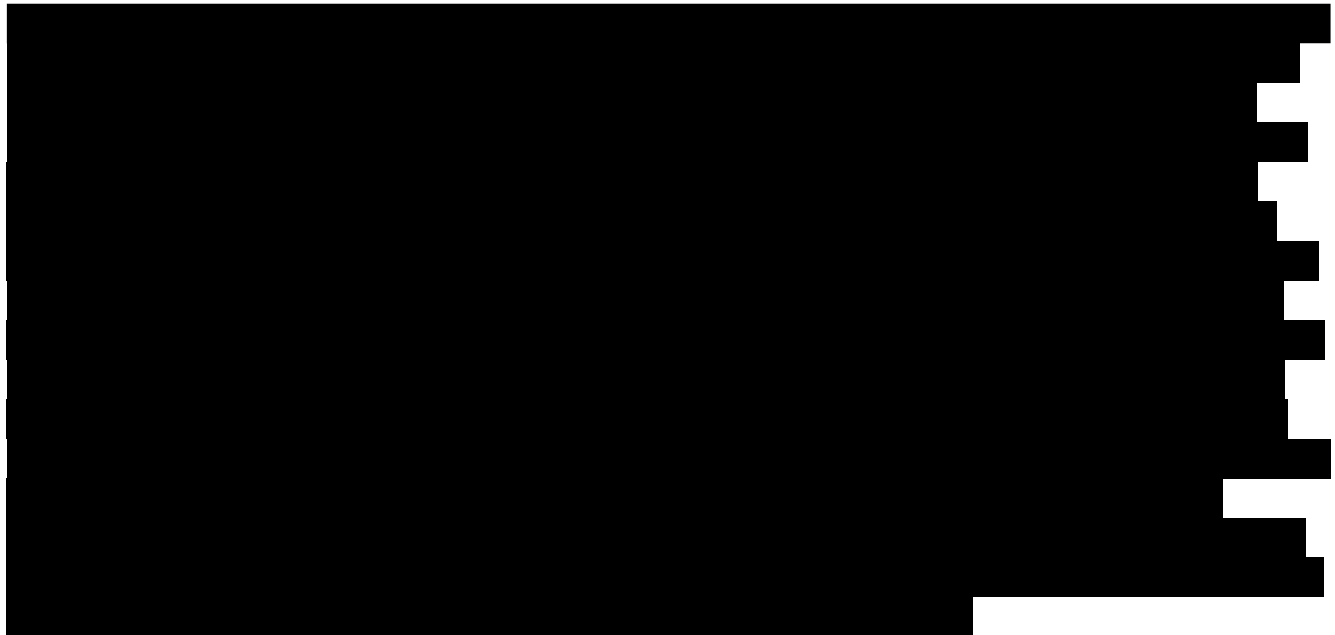
EC 48 relates to the Department's active pursuit of appropriate discharge for residents of the Minnesota Life Bridge treatment homes. The process of transition planning is central to the pursuit of appropriate discharge, informing the steps taken to identify and explore potential providers, homes, and 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*  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

Actions under EC 48 focus on transition planning.<sup>10</sup> (See Doc. No. 283 at EC 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 at 25-26).

During this reporting period, nine of the 10 persons served at Minnesota Life Bridge treatment homes had transition plans that were updated on a monthly basis. Two out of the three people admitted during the reporting period had their initial Transition Plan created within 30 days of admission. As explained in the status update for EC 2, one person (L1) admitted to Minnesota Life Bridge during the reporting period was only at a treatment home for eleven days, which is why they did not have an initial transition plan developed or updated. For additional information See EC 2, page 8, FN 5 and EC 50, page 31, FN 23.

During this reporting period, Minnesota Life Bridge's efforts to pursue the appropriate discharge of residents resulted in the transition of two people (G3 and E1) 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. See also the verification section for this EC, pages 26-28, for additional information obtained by JOQACO regarding these discharges.



---

<sup>10</sup> The term "Actions" comes from the CPA. The CPA states that "[t]he ECs set forth the outcomes to be achieved and are enforceable" while "[t]he Actions under the ECs are not enforceable requirements." (Doc. No. 283 at 1.)

*Jensen Settlement Agreement Comprehensive Plan of Action*  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

[REDACTED]

During this reporting period, Minnesota Life Bridge also discharged one person [REDACTED] to a hospital mental health unit. [REDACTED]

[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 each person and their team to pursue appropriate discharge through the transition planning process. As of the end of this reporting period, five residents ([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 the seven residents not discharged from Minnesota Life Bridge as of the end of this reporting period:

*Jensen* Settlement Agreement Comprehensive Plan of Action  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

- [REDACTED] 3
- [REDACTED]
- [REDACTED]
- [REDACTED]

---

<sup>12</sup> [REDACTED].

<sup>13</sup> [REDACTED].

<sup>14</sup> As of the end of this reporting period, Minnesota Life Bridge was in the preliminary stages of relocating from the Eagle Pointe apartments to a former MSOCS home in a nearby community. This move will have the effect of increasing Minnesota Life Bridge's licensed capacity by one bed and will be conducted in conformance with ECs 88 and 94. [REDACTED]



*Jensen* Settlement Agreement Comprehensive Plan of Action  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

[REDACTED]

- [REDACTED]

16

- [REDACTED]

17

- [REDACTED]

---

15

16

17

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 February 2018 Semi-Annual Compliance Report  
 Reporting Period: July 1, 2017 to December 31, 2017

18

### ***Length of Time to Discharge***

In previous reports, the Department has addressed the length of time to discharge for Minnesota Life Bridge treatment home residents. The intent of these discussions was to illustrate the Department's active pursuit of appropriate discharge notwithstanding challenges posed by residents' backgrounds (e.g., criminal history), factors impacting stabilization (e.g., need for medication adjustment or management), the availability of community providers able or willing to serve individuals with challenging behaviors, or the time required to develop a new site when an existing setting would not serve the individual's needs. It should be emphasized, though, that while Minnesota Life Bridge is intended to be a temporary provider, no provision of the JSA or CPA sets a timeframe within which a treatment home resident must be discharged.<sup>19</sup> (*See generally* Doc. Nos. 136-1, 283.) To the contrary, the CPA requires pursuit of appropriate discharge—a standard that focuses on discharging an individual when the individual's circumstances support transition and the individual's needs can be met in a more integrated setting. (*See* Doc. No. 283 at EC 48.)

### **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 post-discharge 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 (pages 22-23), and the summaries of progress toward discharge for all other residents (pages 24-26).

18

<sup>19</sup> While a previous—and expired—version of the Minnesota Life Bridge Bulletin stated 90 days as a goal for discharge from Minnesota Life Bridge, this is not a requirement of the JSA or CPA, nor is it the Department's policy. Subsequent versions of the Bulletin—including the current version—have corrected this.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

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 9–13.

Over the course of this reporting period, JOQACO observed enhancements to Minnesota Life Bridge Transition Plans and Summaries that included detailed documentation of options pursued, identification of who is responsible for each task, and identification of when the task is to be completed.

*Follow-up Regarding Discharges*

For each of the two people who transitioned from Minnesota Life Bridge treatment homes to a more integrated setting during this reporting period, JOQACO followed up with the Minnesota Life Bridge site manager or supervisor, the case manager, the guardian, and the new residential provider to further verify that Minnesota Life Bridge pursued the appropriate discharge of residents through transition planning. JOQACO received responses from the Minnesota Life Bridge site manager or supervisor for each person who transitioned as well as the two case managers, one provider, one guardian, and one family member. Two of the eleven people JOQACO contacted did not respond.

The provider for ■ expressed appreciation for the training provided to the new provider's staff and for the Minnesota Life Bridge staff presence at the new home during the first few days of the transition. The provider noted that this availability facilitated a smoother transition for the person and for the staff at the new home. The provider also noted that Minnesota Life Bridge and other DHS staff availability for technical assistance after the first few weeks is appreciated.

Respondents generally acknowledged the usefulness of the Transition Plan document. One respondent commented, "Everything they had learned about ■ was ... put into the provider's plans." Respondents for ■'s transition noted that Minnesota Life Bridge and the new provider worked together on the new plan, using the transition summary and plan and the person-centered plan that were successful for that person. Minnesota Life Bridge staff were actively involved prior to

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 February 2018 Semi-Annual Compliance Report  
 Reporting Period: July 1, 2017 to December 31, 2017

the move day in planning services, what was needed in the new location, and what staffing would look like.

Both people who transitioned from Minnesota Life Bridge during this reporting period enjoy being independent. Their transition summaries made this preference clear and provided a structure for the provider to allow for responsible independence as appropriate.

One respondent, a new provider, appreciated the training provided by Minnesota Life Bridge at the site, but felt it got somewhat confusing and repetitive. Another respondent commented that the transition plan and summary document is too long, complicated and overwhelming. In 2017, Minnesota Life Bridge created a Transition Checklist as a tool to help simplify transition planning. Minnesota Life Bridge is currently testing the checklist.

Through these follow-up efforts and conversations with Minnesota Life Bridge staff during on-site visits, JOQACO has learned that Minnesota Life Bridge provides ongoing support to discharged residents even beyond the 45-day review period, if requested by the provider and needed. At least one former client phones a staff member once a week just to check in and share what they have been doing.

#### **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>20</sup> 49.1 and 49.2, nine of ten 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

---

<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 1.)

*Jensen* Settlement Agreement Comprehensive Plan of Action  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

the person's support team. The remaining person was only at a Minnesota Life Bridge treatment home for 11 days.<sup>21</sup>

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

[REDACTED]

Minnesota Life Bridge continues to extend planning meeting invitations to all interested parties as desired by each resident and accommodates participation by scheduling meetings around 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. The following are examples of how Minnesota Life Bridge facilitated participation of family members and/or guardians during this reporting period:

[REDACTED]

---

<sup>21</sup> See the status update for EC 2, pages 7-13 and EC 48, pages 21-28, for additional information about the circumstances surrounding this individual's brief stay at Minnesota Life Bridge.

<sup>22</sup>

[REDACTED]

*Jensen Settlement Agreement Comprehensive Plan of Action*  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

## **Verification**

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

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

## **Evaluation Criteria 50**

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

**Responsible Party:** Minnesota Life Bridge Manager

## **Current Status**

EC 50 requires the Department to use person-centered planning principles at each stage of the transition planning process for residents of Minnesota Life Bridge treatment homes. Consistent with this requirement, the transition planning process at Minnesota Life Bridge uses, and is driven by, person-centered principles. As explained in more detail in the status updates for EC 2 in this report, pages 7-13, and the February 2017 Semi-Annual Report (Doc. No. 614-1 at 9-10), this process begins with the development of the Person-Centered Description and Plan. During this reporting period:

- Nine of the 10 persons served at Minnesota Life Bridge treatment homes engaged with the Minnesota Life Bridge Person-Centered Thinking/Training Facilitator to contribute to their Person-Centered Descriptions/Plans.
- Nine of the 10 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.
- Eight of the 10 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 9-13, for a discussion concerning a change to the update process for the Person-Centered Description/ Plan that occurred during this reporting period.

The person (■) who did not engage with the Person-Centered Thinking/Training Facilitator to contribute to their Person-Centered Description, did not have a Person-Centered Plan, and did not have monthly updates to a Person-Centered Description/Plan, was only at a Minnesota Life Bridge

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 February 2018 Semi-Annual Compliance Report  
 Reporting Period: July 1, 2017 to December 31, 2017

treatment home for 11 days.<sup>23</sup> Given this person's limited stay, there was not enough time to properly complete the individual's Person-Centered Description and other key planning documents. Minnesota Life Bridge continues to have a dedicated Person-Centered Thinking/Training Facilitator who, with assistance from 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 other person who did not have their Transition Plan updated on a monthly basis was [REDACTED]. During JOQACO's review of Minnesota Life Bridge residents' Person-Centered Description/Plans and Transition Plans, JOQACO noted that for [REDACTED] there was a gap of more than one month between updates of the Person-Centered Description/Plan and Transition Plan ([REDACTED]'s plans were updated in August and October, but not September). Minnesota Life Bridge explained that the September updates were missed during the implementation of updated processes for soliciting input from staff regarding residents' Person-Centered Descriptions/Plans and Transition Plans. Subsequent updates were timely, and JOQACO continues to monitor the development and updating of Person-Centered Descriptions/Plans and Transition Plans at Minnesota Life Bridge.

In October 2017, Minnesota Life Bridge replaced the Person-Centered Thinking/Training Facilitator. The new Person-Centered Thinking/Training Facilitator previously worked as a Minnesota Life Bridge Community Residential Supervisor who is also a qualified instructor for the following topics:

- Person Centered Planning;
- Person Centered Thinking; and
- Positive Behavior Supports.

Since taking on the role of the Minnesota Life Bridge Person-Centered Thinking/Training Facilitator, the new facilitator further developed their person-centered planning expertise by engaging in the following professional development activities:

- The Minnesota Gathering for Person-Centered Practices on November 7 - 8, 2017, sponsored by the University of Minnesota and Minnesota Department of Human Services (12 hours);
- Mentoring with Angela Amado on October 17, 2017 (2 hours);
- Person-Centered Thinking Community of Practice<sup>24</sup> on October 9, 2017 (2 hours); and

---

<sup>23</sup> See the status update for EC 2, pages 7-13, for additional information about the circumstances surrounding this individual's brief stay at Minnesota Life Bridge.

<sup>24</sup> The Person-Centered Thinking Community of Practice is a monthly meeting with other Person-Centered Planners that involves discussion of barriers to and ideas in effective plan facilitation.

*Jensen* Settlement Agreement Comprehensive Plan of Action  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

- Person-Centered Planning Method Session<sup>25</sup> on October 9, 2017 (2 hours).

### Verification

The Responsible Party verified the information submitted to JOQACO for 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. Additionally, the *Jensen* Internal Reviewer reviewed the qualifications of Minnesota Life Bridge's new Person-Centered Thinking/Training Facilitator and verified that their background and experience is consistent with Action<sup>26</sup> 50.4. The *Jensen* Internal Reviewer and JOQACO also reviewed the Minnesota Life Bridge Person-Centered Thinking/Training Facilitator's training plan to ensure that, consistent with Action<sup>27</sup> 50.5, the plan includes a minimum of 25 hours per year of educational activities-- formal and informal – focused on person-centered planning.

See the Verification section for EC 2, pages 9-13, for additional detail about JOQACO's verification efforts related to person-centered planning at Minnesota Life Bridge treatment homes and the Verification section for EC 48, pages 26-28, for additional detail about JOQACO's verification efforts related to transition planning at Minnesota Life Bridge treatment homes.

---

<sup>25</sup> The Person-Centered Planning Method Session is a workshop designed to help Person-Centered Planning facilitators implement person-centered practices, including PATH and MAPS, into their programs and for the people supported.

<sup>26</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 1.)

<sup>27</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 1.)



*Jensen Settlement Agreement Comprehensive Plan of Action*  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

**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**

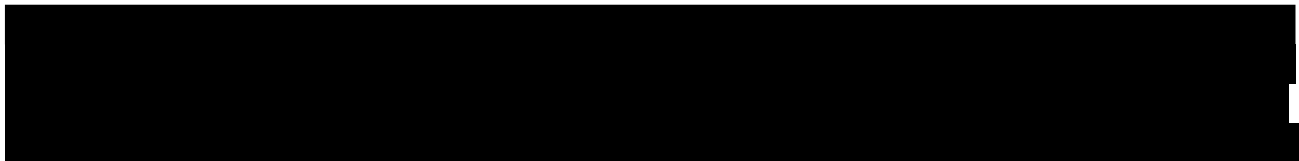
EC 51 requires that Minnesota Life Bridge treatment homes provide each resident with the opportunity to express choice regarding preferred activities that contribute to a quality life.

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 Minnesota Life Bridge 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.

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

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



*Jensen* Settlement Agreement Comprehensive Plan of Action  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

*Jensen Settlement Agreement Comprehensive Plan of Action*  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

[REDACTED]

[REDACTED]

### **Vocational/Employment Activities**

During this reporting period, Minnesota Life Bridge's Skills Development Specialist engaged Minnesota Life Bridge residents in activities related to integrated vocational options, including informational interviews, job shadow opportunities, job trials, job-seeking activities, intake with Vocational Rehabilitation Services, and competitive integrated employment.<sup>28</sup> As of the end of the reporting period,

- Four residents were participating in competitive integrated employment ([REDACTED]);
- Three residents were actively seeking competitive integrated employment ([REDACTED]);
- One resident was planning or preparing for competitive integrated employment ([REDACTED]).

The two residents who were discharged before the end of the reporting period, [REDACTED], also participated in employment-related activities:

- [REDACTED]
- [REDACTED]

Because integrated vocational activities 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 2018 Annual Report, which is due to the Court on April 2, 2018.

---

<sup>28</sup> The DHS Community Based Services Manual defines competitive employment as employment in which the employee is compensated at or above the minimum wage and is employed on a full-time or part-time basis in an integrated and competitive labor market

*Jensen* Settlement Agreement Comprehensive Plan of Action  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

## Verification

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

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 9-13, for further information on site visits.

During this reporting period, the *Jensen* Internal Reviewer made two separate on-site visits to the Minnesota Life Bridge treatment homes to interview residents and their direct support staff, and to observe interactions between the resident and staff. During these visits, the *Jensen* Internal Reviewer observed that each of the two resident's supports and daily activities were generally consistent with and guided by their preferences. For more information about these review activities and the *Jensen* Internal Reviewer's findings, refer to the following *Jensen* Internal Reviewer Monthly Reports:

■ [REDACTED]  
■ [REDACTED]

Additionally, since March 2017, the *Jensen* Internal Reviewer has reviewed, on a monthly basis, the status of integrated vocational options at Minnesota Life Bridge and provided updates in the *Jensen* Internal Reviewer Monthly Reports.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 February 2018 Semi-Annual Compliance Report  
 Reporting Period: July 1, 2017 to December 31, 2017

## **Evaluation Criteria 52**

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

**Responsible Party:** Minnesota Life Bridge Manager

### **Current Status**

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

As explained in previous sections (e.g., status updates for EC 2, EC 50), Minnesota Life Bridge uses person-centered planning principles throughout the transition planning process to identify what is important to and for the person. During this reporting period, Minnesota Life Bridge updated eight of the 10 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. As explained in the status update for EC 2, one person (■) admitted to Minnesota Life Bridge during the reporting period was only at a treatment home for eleven days, which is why they did not have an initial Person-Centered Description/Plan developed or updated.<sup>29</sup>

The other person who did not have their Person-Centered Description/Plan updated on a monthly basis was ■. During JOQACO's review of Minnesota Life Bridge residents' Person-Centered Description/Plans and Transition Plans, JOQACO noted that for ■ there was a gap of more than one month between updates of the Person-Centered Description/Plan and Transition Plan (■'s plans were updated in August and October, but not September). Minnesota Life Bridge explained that the

---

<sup>29</sup> See the status update for EC 2, pages 7-13 and EC 50, pages 30-32, for additional information about the circumstances surrounding this individual's brief stay at Minnesota Life Bridge.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

September updates were missed during the implementation of updated processes for soliciting input from staff regarding residents' Person-Centered Descriptions/Plans and Transition Plans. Subsequent updates were timely, and JOQACO continues to monitor the development and updating of Person-Centered Descriptions/Plans and Transition Plans at Minnesota Life Bridge.

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>30</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.

During this reporting period, Minnesota Life Bridge's efforts to pursue the appropriate discharge of residents resulted in the transition of two people, [REDACTED], to community-based homes:<sup>31</sup>

[REDACTED]

---

<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 1.)

<sup>31</sup> During this reporting period, Minnesota Life Bridge also discharged one person ([REDACTED]) to a community hospital inpatient mental health unit; the circumstances surrounding this discharge are explained in more detail in the status updates for EC 2, pages 7-13 and EC 48, pages 21-28.

*Jensen* Settlement Agreement Comprehensive Plan of Action  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

[REDACTED]

Five Minnesota Life Bridge residents who have not yet transitioned out of Minnesota Life Bridge have a provider identified. Four of these residents ([REDACTED]) will be transitioning to a new single site that was developed for them using an individualized service design process. The fifth resident ([REDACTED]) chose an existing home, although the specifics of the supports provided in this new living situation are being individualized.

For additional information about how Minnesota Life Bridge assisted treatment home residents during this reporting period to identify future living situations that meet their preferences in the most integrated setting possible, and to plan for transition to these situations, see the status update for EC 48, pages 21-28.

**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]

*Jensen* Settlement Agreement Comprehensive Plan of Action  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

For more information about JOQACO's verification efforts relating to transition planning and discharges, see the Verification section for EC 48, pages 26-28.

### **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 based on the person's particular circumstances and according to the preferences of the person. Minnesota Life Bridge, by its overall design, is a temporary treatment program meant to help residents move into more integrated settings at the appropriate time. Persons served at Minnesota Life Bridge treatment homes are highly involved in developing their Person-Centered 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 of future providers and Minnesota Life Bridge consistently encourages transition to integrated and more independent settings.

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

[REDACTED]

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



*Jensen Settlement Agreement Comprehensive Plan of Action*  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

**Verification**

See the Verification sections for EC 2, pages 7-13 and ECs 48-52, pages 21-40.

**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 temporary residential services, lasting no longer than necessary to stabilize the person’s behavioral crises and facilitate successful transition to a living situation of their choosing. The amount of time necessary to stabilize a person will vary depending on the person’s clinical circumstances. Consistent with the JSA and CPA, Minnesota Life Bridge also requires the use of positive behavior supports and person-centered planning approaches and prohibits the use of mechanical restraint, prone restraint, chemical restraint, seclusion and time out, and all other aversive or deprivation practices. The Department describes these principles in its Minnesota Life Bridge Bulletin (Bulletin 16-76-02), policies, and its page in the Community-Based Services Manual.<sup>32</sup> The Bulletin<sup>33</sup> and the Community Based Services Manual<sup>34</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

---

<sup>32</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>33</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>34</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*  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

Life Bridge's pursuit of the appropriate discharge of treatment home residents, see the status updates in this report for ECs 2-3, pages 7-15 and ECs 47-53, pages 20-41.

**Verification**

See Verification Sections for ECs 2-3, pages 7-15 and ECs 47-53, pages 20-41.

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

**Evaluation Criteria 67**

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

**Responsible Party:** Community Supports Services Director

**Current Status**

EC 67 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 appropriate level of care at the right time, in the right place, and in the most integrated setting.<sup>35</sup> (Doc. No. 283 at EC 67.) With nine mobile teams, each team minimally including three members, and 24 office locations around the state, Community Support Services (CSS) has expanded its community services and provides assessment, triage, and care coordination to persons with developmental disabilities on a statewide basis. This allows persons and their teams to receive support from Community Support Services where the person is, in the most integrated setting possible.

During this reporting period, CSS mobile teams provided assessment, triage, and care coordination to 156 people with developmental disabilities.<sup>36</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.

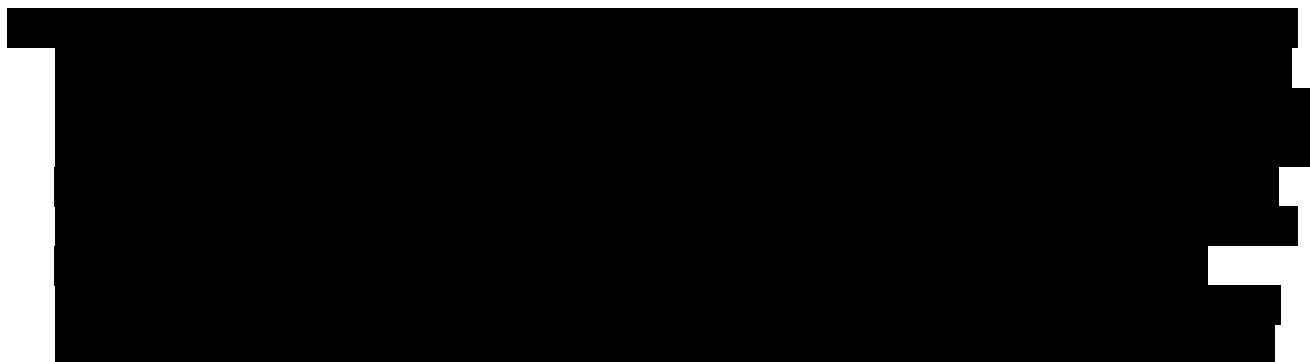
---

<sup>35</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>36</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

*Jensen Settlement Agreement Comprehensive Plan of Action*  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

CSS provided information on 10 people randomly selected from the 156 people with developmental disabilities who received “standard” (meaning not long-term monitoring) supports from Community Support Services mobile teams during this reporting period.<sup>37</sup> The following is a summary of the information obtained from CSS lead workers, supplemented by case notes, for the 10 people in the random sample for this EC.<sup>38</sup>



---

long-term monitoring) supports from CSS during the reporting period but moved to the long-term monitoring group during the reporting period.

<sup>37</sup>In order to monitor CSS 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 (five people) midway through the reporting period from the list people with developmental disabilities who received standard supports from CSS between July 1, 2017 and September 30, 2017. JOQACO generated the second random sample (five people) after the end of the reporting period from the list people with developmental disabilities who received standard supports between October 1, 2017 and December 31, 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 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 Standard Supports services during the relevant time period then matched the numbers generated to the alphabetized list of names.

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

<sup>38</sup> The following summaries include references to events and supports that occurred outside this reporting period.

*Jensen* Settlement Agreement Comprehensive Plan of Action  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

*Jensen* Settlement Agreement Comprehensive Plan of Action  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

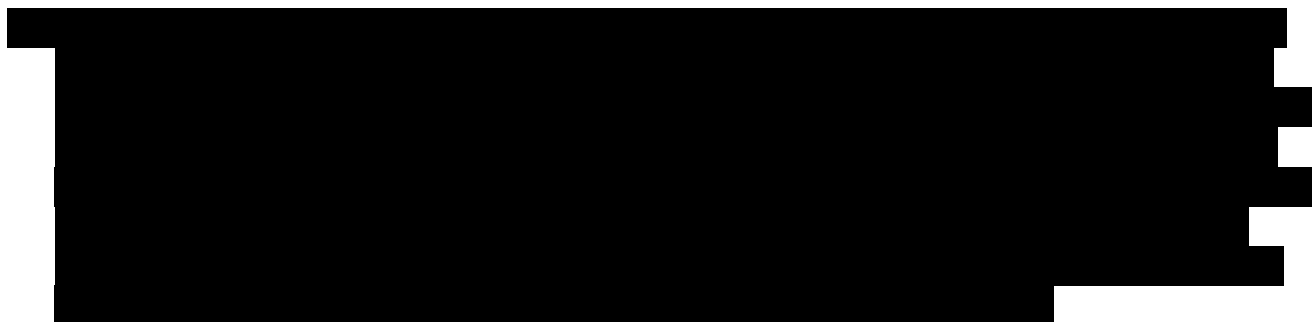
.39

---

39

[REDACTED]

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 February 2018 Semi-Annual Compliance Report  
 Reporting Period: July 1, 2017 to December 31, 2017



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

### *Diversion Meetings*

Consistent with Actions<sup>40</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, which 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>41</sup> Weekly diversion meetings include person-centered development strategies as well as consideration of existing community vacancies and challenges posed by a person's history and current mental health. This involves reviewing any proposed admissions to more restrictive settings and considering all possible diversion strategies; reviewing status of transition planning for all individuals living at Minnesota Life Bridge treatment homes; and incorporating an active, individualized planning or development focus in these transition discussions. These efforts and discussions are summarized in the Diversion Meeting minutes, which include updates on the current status of diversion efforts and next steps for these efforts, with detail about what is to be addressed, who is assigned to follow

---

<sup>40</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 1.)

<sup>41</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*  
 February 2018 Semi-Annual Compliance Report  
 Reporting Period: July 1, 2017 to December 31, 2017

through, when resolution is expected for the item, and escalation of the issue to upper management, if any. Minnesota Life Bridge sends the Diversion Meeting minutes to JOQACO, who distributes the minutes to the Consultants and others.

JOQACO monitors the diversion meeting minutes and follows up on or escalates issues to the JOQACO Director as necessary. Examples of JOQACO/Successful Life Project follow-up during this reporting period included the following:

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

## **Verification**

To verify accuracy of the data reported to JOQACO regarding the persons with developmental disabilities served by CSS during the reporting period, CSS drew a random sample of 5% of the total number of persons who received CSS Standard Supports during this reporting period.<sup>42</sup> For the randomly selected sample cases, CSS reviewed supporting documentation, including case notes and reports, to confirm services that CSS provided. CSS also verified case opening and closure dates in the CSS data system.

JOQACO's data analyst confirmed with the CSS Data Analyst that the documented process CSS used to pull data from its database did not change from the last reporting period and continues to provide JOQACO with information needed to monitor and report on the supports provided by CSS.

In the August 2017 Semi-Annual Report (Doc. No. 643 at 52), the Department reported that CSS identified two regional teams that were not correctly coding people with developmental disabilities in CSS's database. This required CSS to make retroactive changes—some of which were not made until after data was submitted to JOQACO and reported in the August 2017 Semi-Annual Report. Based on these issues, JOQACO recommended that CSS add a new review process that compares the

---

<sup>42</sup> To draw their random sample, CSS used Random.org (<https://www.random.org/>) to generate random numbers and correlated those to row numbers on a spreadsheet of individuals.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 February 2018 Semi-Annual Compliance Report  
 Reporting Period: July 1, 2017 to December 31, 2017

current data with past reports to help identify individuals that might not have been coded correctly or timely. During this reporting period, CSS started to implement this review process in addition to a new process for CSS supervisors and intake coordinators to, on a monthly basis, review and confirm the status of open cases.

CSS submitted data showing 156 individuals received standard supports from CSS during this reporting period. During the review by CSS and JOQACO, it was discovered that CSS retroactively coded 17 people as receiving standard supports during this reporting period that should have been reported on the August 2017 Semi-Annual Report (Doc. No. 643) as well. Four of the individuals should also have been included in the data submitted in the February 2017 Semi-Annual Report (Doc. No. 614-1). The data reported in this report reflects these updates, and JOQACO continues to monitor the timeliness of CSS data entry.

To obtain additional information about how CSS mobile team supports are being used to assure that persons with developmental disabilities receive the appropriate level of care at the right time, in the right place, and in the most integrated setting possible, JOQACO reviewed case notes and contacted CSS lead workers for the random sample of 10 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 the nine people in the random sample who received standard supports during the reporting period,<sup>43</sup> and to obtain additional detail about how the supports have impacted these people and their teams, JOQACO staff contacted case managers, providers, and family members or guardians (where available). JOQACO utilized a standardized interview protocol that asked: (1) why the person was referred to CSS for services; (2) what services and supports were provided by CSS to the person and their community support network; and (3) if and how the services provided supported the person to remain in and/or become more involved in the community.

For the nine people in the random sample who received standard supports during the reporting period, JOQACO received responses from six case managers, two providers, and three 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 behavior and their involvement in the community.

---

<sup>43</sup> One person in the random sample for this EC ( ) did not receive CSS Standard Supports during this reporting period. (See page 45.)



*Jensen Settlement Agreement Comprehensive Plan of Action*  
 February 2018 Semi-Annual Compliance Report  
 Reporting Period: July 1, 2017 to December 31, 2017

One respondent commented on the length of time it was taking for CSS to complete the Functional Behavior Assessment. JOQACO followed up with the CSS Director regarding this concern. (See EC 67, page 45, FN 39.)

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

- *CSS services helped give [provider] ideas so that [client name] would not have to be separated at work from [his/her] peers.*
- *I have had nothing but very positive experiences working with [name of CSS staff], Behavioral Analyst III on this case and several others through many years.*
- *CSS has been, and continues to be instrumental in working with [provider] staff to design a plan that works for [client name] in meeting what is important to and for [him/her], as well as navigating difficult staff dynamics.*

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. 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 engages in best efforts<sup>44</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 to 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 86 people with developmental disabilities and clinical and situational complexities. During this reporting period, CSS opened 30 new long-term monitoring cases and closed eight long-term monitoring cases.

---

<sup>44</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*  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

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

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

For an overview of CSS'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 at 51-53).

As of December 31, 2017, of the 86 persons receiving long-term monitoring during this reporting period:

- 43 (50%) were assigned to Category One;
- 31 (36%) were assigned to Category Two; and
- 12 (14%) were assigned to Category Three.<sup>45</sup>

CSS provided information on 10 people randomly selected from the 86 people who were in the long-term monitoring group during this reporting period.<sup>46</sup> The following is a summary of the

---

<sup>45</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 service level categories, refer to the status update for EC 68 in the February 2017 Semi-Annual Report (Doc No. 614-1 at 51-52).

<sup>46</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 July 1 and September 30, 2017. JOQACO generated the second random sample (five people) after the end of the reporting period from the list of people who received long-term monitoring between October 1 and December 31, 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  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

information obtained from CSS lead workers, supplemented by case notes, for the 10 people in the random sample for this EC:<sup>47</sup>

[REDACTED]

[REDACTED]

[REDACTED]

---

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

<sup>47</sup> The following summaries include references to events and supports that occurred outside this reporting period.

*Jensen* Settlement Agreement Comprehensive Plan of Action  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

*Jensen* Settlement Agreement Comprehensive Plan of Action  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

[REDACTED]

[REDACTED]

[REDACTED]

**Verification**

To verify accuracy of the data reported to JOQACO regarding the persons with developmental disabilities receiving long-term monitoring during the reporting period, CSS drew a random sample of 5% of the total number of persons who received long-term monitoring during this reporting

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 February 2018 Semi-Annual Compliance Report  
 Reporting Period: July 1, 2017 to December 31, 2017

period.<sup>48</sup> For the randomly selected sample cases, CSS reviewed supporting documentation, including case notes and reports, to confirm services that were provided. CSS also verified case opening and closure dates in the CSS data system.

JOQACO's data analyst confirmed with the CSS Data Analyst that the documented process CSS used to pull data from its database did not change from the last reporting period and continues to provide JOQACO with information needed to monitor and report on the supports provided by CSS.

In the August 2017 Semi-Annual Report (Doc. No. 643 at 52), the Department reported that CSS identified two regional teams that were not correctly coding people with developmental disabilities in the CSS database. This required CSS to make retroactive changes—some of which were not made until after the data was submitted to JOQACO and reported in the August 2017 Semi-Annual Report. Based on these issues, JOQACO recommended that CSS add a new review process that compares the current data with past reports to help identify individuals that might not have been coded correctly or timely. During this reporting period, CSS started to implement this review process in addition to a new process for CSS supervisors and intake coordinators to, on a monthly basis, review and confirm the status of open cases.

CSS submitted data showing 86 people receiving long-term monitoring during this reporting period; CSS opened 30 new cases while closing eight cases. During JOQACO's review it was discovered that two people had retroactive changes that would have affected the previous August 2017 Semi-Annual Report (Doc. No. 643). CSS opened one individual retroactively on the long-term monitoring report in May 2017, and retroactively closed the other individual back to April 2017. JOQACO continues to monitor the timeliness of CSS data entry.

To obtain additional information about how CSS long-term monitoring is being used to help avert crisis reactions, provide strategies for service entry changing needs, and prevent multiple transfers within the system, JOQACO reviewed case notes and followed up with CSS lead workers for a random sample of 10 the 86 people who were in the long-term monitoring group during the reporting period. This information is summarized in the status update for EC 68, above.

To verify the information provided by CSS case workers for people in the long-term monitoring random sample and to obtain additional detail about how these supports have helped these people and their teams, 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

---

<sup>48</sup> To draw their random sample, CSS used Random.org (<https://www.random.org/>) to generate random numbers and correlated those to row numbers on a spreadsheet of individuals.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 February 2018 Semi-Annual Compliance Report  
 Reporting Period: July 1, 2017 to December 31, 2017

the person to remain in and/or becoming more involved in the community; and (4) How they feel the receipt of long-term monitoring has benefited the person.

For the 10 people in the random sample whose information is summarized in the status update for EC 68, JOQACO received responses from three case managers, six providers, and two guardians. 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. Six respondents specifically highlighted in their comments the importance of the training provided by CSS to staff.

One respondent commented that s/he did not feel the CSS worker was helping [REDACTED] becoming more involved in the community and just took [REDACTED] out for a soda when the CSS worker visited. JOQACO followed up with a second staff at the facility who agreed with the comment. As this CSS worker was only recently assigned to [REDACTED], the provider will be meeting with the CSS worker to obtain additional clarification regarding their plan of support for [REDACTED].

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

- *[CSS] also has done staff training with [his/her] providers and their direct support staff, helped to develop [client name] Crisis Plan and visits [client name] consistently to check in with [him/her]. [CSS] has built a relationship with [client name].*
- *Behaviors have decreased, which have allowed staff and family to get [client name] into the community more often. CSS also worked with staff on how to better plan for community events. Such as considering when might be the best time for [client name] to avoid crowds that may be very large.*
- *CSS helped give us [provider] the tools required in order to support [client name]. They [CSS] were good at showing [provider] how [client name] perceived the world, and how [s/he] processed different frustrations and situations.*
- *CSS Interventions have helped to prevent [client name] discharge from [residential provider].*

*Jensen Settlement Agreement Comprehensive Plan of Action*  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

**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>49</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.”

As discussed in this report’s status update for EC 68, CSS provided long-term monitoring to 86 people with clinical and situational complexities during this reporting period. This number is fluid and impacted by how many people are identified by CSS as appropriate candidates for long-term monitoring, how many of these many people (or their legal representatives) consent to receive long-term monitoring services, and how many people are discontinued from long-term monitoring.

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

**Verification**

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 86 people who were in the long-term monitoring group during this reporting period. For a summary of the information that JOQACO

---

<sup>49</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.)



*Jensen Settlement Agreement Comprehensive Plan of Action*  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

obtained regarding the services provided to persons in this random sample, see the status update for EC 68 in this report, pages 49-55.

For additional information, see the Verification section for EC 68, pages 53-55.

### **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>50</sup> to have CSS mobile wrap-around response teams located across the state for “proactive response to maintain living arrangements.” Consistent with Action 70.1,<sup>51</sup> CSS maintained nine mobile wrap-around response teams (“mobile teams”) at 24 office locations across the state during this reporting period.<sup>52</sup>

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 minimally included three members. When CSS mobile supports are

---

<sup>50</sup> The CPA states that ECs 68-75 are goals that are subject to a “best efforts” standard. (Doc. No. 283 at 2.)

<sup>51</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 1.)

<sup>52</sup> The 24 office locations included regional offices in Anoka, Cambridge, Faribault, Maplewood, Moorhead, Vadnais Heights and Willmar, as well as home offices scattered throughout the state.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 February 2018 Semi-Annual Compliance Report  
 Reporting Period: July 1, 2017 to December 31, 2017

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 42-57.

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>53</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 three persons receiving services, 10 legal representatives, and 15 case managers. CSS responded to any concerns expressed in the surveys received. Three respondents identified concerns during this reporting period. Concerns expressed by the three respondents included:

1. A person who received services from CSS disagreed with statement: "CSS staff asked me what I thought."
2. A case manager raised a concern regarding timeliness of services.
3. A legal representative disagreed with the following statements: "CSS helped person learn skills to help them make choices" and "CSS helped the person with their challenges"

CSS followed up with the three survey respondents to gather information to understand more fully their identified concerns. As of the end of the reporting period, one person had not yet responded to CSS's follow-up inquiry.

### **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 cross-checked the directory against the CSS Contacts on the CSS SharePoint site, which is updated routinely as staff changes occur. CSS

---

<sup>53</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 1.)

*Jensen Settlement Agreement Comprehensive Plan of Action*  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

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

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

In reviewing the responses to consumer satisfaction surveys received during the reporting period, JOQACO reviewed comments from three respondents who had identified concerns and CSS' documentation of the specific follow-up actions taken.

### **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>54</sup> to arrange a crisis intervention within three hours from the time the parent or their legal guardian authorizes CSS's involvement, which is the time that CSS receives written consent from the parent or legal guardian. According to Department policy, a written consent, which includes a consent for release of information, is necessary for CSS to obtain protected health information about the person from the person's providers. The signed consent starts the three-hour window for crisis intervention.

During this reporting period, CSS received 54 referrals for persons with developmental disabilities. CSS reports that of the 54 referrals received, seven met crisis criteria.<sup>55</sup> CSS defines crisis criteria as a behavioral crisis that puts the person at risk of losing their current living situation. In each of the seven situations meeting crisis criteria, CSS arranged a crisis intervention within three

---

<sup>54</sup> The CPA states that ECs 68-75 are goals that are subject to a "best efforts" standard. (Doc. No. 283 at 2.)

<sup>55</sup> Those referrals that did not meet crisis criteria still resulted in CSS opening cases to provide supports.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 February 2018 Semi-Annual Compliance Report  
 Reporting Period: July 1, 2017 to December 31, 2017

hours from the time the parent or guardian authorized CSS's involvement. Response time ranged from one minute to 120 minutes, with a mean response time of 41 minutes.

During CSS meetings with Metro Crisis Coordination Program (MCCP) and with lead agencies<sup>56</sup>, CSS has urged stakeholders to contact CSS as early as possible when concerns arise and stated that CSS triages referrals based on identified urgency to preserve community living whenever safely possible.

### **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 this reporting period for persons with developmental disabilities against the list of persons in crisis entered into the Department's 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.<sup>57</sup>

JOQACO's review identified that two of the seven referrals that met CSS's crisis criteria were not entered into the Single Point of Entry. JOQACO communicated this finding to the CSS Director. The CSS Director will work with the CSS Data Analyst to develop a process to identify and address possible discrepancies.

In the February 2017 Semi-Annual Compliance Report (Doc. No. 614-1 at 62) and August 2017 Semi-Annual Compliance Report (Doc. No. 643 at 65) JOQACO noted CSS's progress toward a central referral process. JOQACO has verified that the final testing of the "universal" referral form for the Department's Community Based Services is completed and the form is fully functional. However, prior to launching the universal referral form, the Department must re-program a number of automated processes to align with the new centralized and integrated referral process. CSS anticipates implementation of the central referral process later in 2018.

---

<sup>56</sup> Lead agencies include counties, tribes, and managed care organizations.

<sup>57</sup> The Department's Single Point of Entry is a system that coordinates crisis resolution responses for individuals with developmental disabilities.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

**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>58</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 meetings with the Metro Crisis Coordination Program and other partners:

- August 11, 2017 meeting with the Metro Crisis Coordination Program;
- October 16, 2017 meeting with Allina Health Emergency Department leadership, REM and Metro Crisis Coordination Program regarding Allina Emergency Department patients with Intellectual or Developmental Disabilities;
- October 17, 2017 meeting with Region 4 Lead Agencies; and
- November 21, 2017 meeting with the Metro Crisis Coordination Program.

CSS continues to provide services to persons when lead agencies do not have funding available. During this reporting period, CSS received and granted one request for unfunded services.

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

**Verification**

The Responsible Party reviewed supporting documentation, including agendas and minutes for meetings between CSS and Metro Crisis Coordination Program (held August 11, 2017 and November 21, 2017) and meetings with other partners (held October 16, 2017 and October 17, 2017). The Responsible Party personally participated in one of these meetings.

JOQACO reviewed the documentation submitted by the responsible party, including minutes, agendas, and/or sign-in sheets from the meetings between CSS and the Metro Crisis Coordination

---

<sup>58</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*  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

Program or other partners 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>59</sup> to provide augmentative training, mentoring, and coaching. During this reporting period, CSS provided 24 augmentative training sessions to 202 members of individuals' community support networks:

These training sessions covered a variety of topics related to support of persons with developmental disabilities, including Behavior Technical & Assessment, Diagnosis-Specific Strategies, General Positive Support Strategies, and Person Centeredness. CSS provided these training sessions to staff from private community providers, staff providing support at community-based state-operated homes, mobile mental health crisis teams, persons from lead agencies and internal CSS staff supporting people with developmental disabilities 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 42-57.

CSS continues to review and update its training curricula to ensure consistency with best practices. The CSS Training Committee includes the CSS Director and three CSS Managers, one of whom is a NADD-CC-credentialed behavioral psychologist, and all of whom have extensive training and experience in person-centered organizational leadership. During this reporting there were no updates to CSS training curricula.

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

---

<sup>59</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*  
 February 2018 Semi-Annual Compliance Report  
 Reporting Period: July 1, 2017 to December 31, 2017

## **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.

## **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>60</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 24 augmentative training sessions to 202 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:

## **Behavior Technical & Assessment**

- Autism Spectrum Disorder & Related Supports
- Community Support Services Application of Neuropsychology Approaches
- Proactive Strategies & De-escalation Techniques
- Review of Functional Behavior Assessment/Supports

## **Diagnosis-Specific Strategies**

---

<sup>60</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*  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

- Autism Spectrum Disorder & Related Supports
- Client Specific Strategies
- Dialectical Behavior Therapy Introduction
- Personality Disorder/Power Struggles

**General Positive Support Strategies**

- Consultation Report Review
- Motivational Interviewing
- Sensory Information
- Support Information Refresher

**Person Centeredness**

- Mental Illness: Stages of Change and Where Does Fit? [specific client]
- Mental Illness, Grief & Loss and How to Support [specific client]

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. During this reporting there were no updates to CSS training curricula.

**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>61</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 24 augmentative training sessions to 202

---

<sup>61</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*  
 February 2018 Semi-Annual Compliance Report  
 Reporting Period: July 1, 2017 to December 31, 2017

members of community support networks, including private community providers, staff providing support at community-based state-operated homes, and staff from lead agencies. As illustrated by the example topics listed in the status updates for ECs 73 and 74, CSS targeted these sessions to increase community capacity by training people to provide effective supports in community settings. CSS also mentored and coached members of a person's support network to increase their capacity for supporting the person in the community through the services described in the status updates for ECs 67-69.

### **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 were three CSS vacancies created in identified positions:

- There was one vacancy on the CSS Metro Team for a Social Work Specialist as the result of the promotion of the incumbent to fill an impending BA3 Supervisor vacancy on June 28, 2017. CSS hired a successor who started on October 18, 2017. The new Social Work Specialist has a Masters of Social Work with three years' previous experience with Community Support Services as a Social Work Specialist. The new Social Work Specialist also has experience as a contracted case manager for Ramsey County Mental Health Court and four years' experience as a Targeted Case Manager for persons with mental illness, with two of those years as a team lead.
- There were two BA3 position vacancies created on the Region 10 Team by separations. The Department's Human Resources division actively recruited for these vacancies, and CSS has hired one candidate who started on January 10, 2018. The new BA3's qualifications include experience as a Behavioral Therapist using Applied Behavior Analysis Techniques (Autism Spectrum Therapies, Discrete Trial Training, etc.) and as a mental health practitioner. The

*Jensen Settlement Agreement Comprehensive Plan of Action*  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

Department's Human Resources division has reposted the second vacancy to capture a more robust candidate pool.

For all vacancies created during the reporting period, the respective team leaders took on additional casework to cover the positions until the vacancies could be filled.

**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. JOQACO also reviewed the resumes and credentials of the new employees.

**Evaluation Criteria 77**

*None of the identified positions are vacant.*

**Responsible Party:** Community Supports Services Director

**Current Status**

There were three vacancies in the listed positions during the reporting period. Two of the vacancies have been filled. The Department's Human Resources division has reposted the third vacancy to capture a more robust candidate pool.

For all vacancies created during the reporting period, the respective team leaders took on additional casework to cover the positions until the vacancies could be filled.

For more information, see the status update for EC 76, pages 65-66.

**Verification**

See the Verification section for EC 76, page 66.

**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*

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 February 2018 Semi-Annual Compliance Report  
 Reporting Period: July 1, 2017 to December 31, 2017

*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 two functional behavior assessments during this reporting period and had three functional behavior assessments in development as of the end of the reporting period. The two completed functional behavior assessments were developed by one of the five nationally CSS credentialed behavior analysts. CSS assigned one of the nationally accredited behavior analysts as primary clinician or co-signer to each of the functional behavior assessments under development.

CSS did not create any written behavior plans for persons receiving CSS Standard Supports or CSS Long-term Monitoring services during this reporting period.

**Verification**

JOQACO has reviewed the NADD Clinical Certification credential for the team's supervisor and has a copy of this certification, as well as the supervisor's resume, on file. The supervisor is listed on the NADD-CC webpage.<sup>62</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>63</sup> JOQACO also reviewed the resumes and other supporting documentation submitted by the Responsible Party for these four behavior analysts. JOQACO has also verified that these staff are listed as Board-Certified Behavior Analysts on the Behavior Analyst Certification Board Certificant Registry website.

---

<sup>62</sup> The URL for the listing of NADD Certified Clinicians is <http://thenadd.org/products/accreditation-and-certification-programs/nadd-certified-clinicians/>

<sup>63</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*  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

**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**

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

During this reporting period, July 1 through December 31, 2017, the following reports were completed and approved by the Subcabinet, and filed with the Court within the specified timelines.

- August 28, 2017 Quarterly Report on Olmstead Plan Measurable Goals
- November 27, 2017 Quarterly Report on Olmstead Plan Measurable Goals
- December 18, 2017 Annual Report on Olmstead Plan Implementation

**Verification**

The three Olmstead reports referenced above were filed with the Court and can be found on the Minnesota's Olmstead Plan website.<sup>64</sup>

---

<sup>64</sup> The Minnesota's Olmstead Plan website 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*  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

## **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 services supports, consultation, mobile teams, and training to those supporting the person. As described in the status update for EC 70 in this report and in the current Minnesota Life Bridge Bulletin,<sup>65</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. Each mobile team includes at least two staff with experience and training in behavior analysis, social work, psychology,

---

<sup>65</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>

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 February 2018 Semi-Annual Compliance Report  
 Reporting Period: July 1, 2017 to December 31, 2017

nursing and/or organization development and training (during this reporting period each team minimally included three 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 156 people and their support networks, and long-term monitoring to 86 people with situational and behavioral complexities and their support networks. Additionally, Community Support Services provided 24 training sessions to 202 members of community support networks during this reporting period. For more information about these services, refer to the status updates for ECs 67-69, pages 42–57 and ECs 73-75, pages 62-65.

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

During this reporting period, CSS provided mobile team supports to 14 people ([REDACTED] [REDACTED]) referred to, admitted to, and/or transitioning out of Minnesota Life Bridge. Minnesota Life Bridge admitted four of these people prior to this reporting period ([REDACTED] [REDACTED]). CSS provided consultation, training, long-term monitoring, or augmentative staffing supports to these individuals and their support networks during their placement with Minnesota Life Bridge.

The other 10 people were referred to Minnesota Life Bridge for services during this reporting period but were not admitted. CSS provided consultation, training, engagement and coordination with community resources, and/or long-term monitoring services to these persons and their support teams as they navigated the challenges that led to a referral to Minnesota Life Bridge. Of the 10 people who were not admitted to Minnesota Life Bridge:

- Three people ([REDACTED]) started receiving standard supports from CSS during the reporting period (one of the three people was subsequently moved to long-term monitoring);
- Five people ([REDACTED]) were already receiving standard supports from CSS (two of the five people were closed during the reporting period, one person was moved to long-term monitoring, and two people continued receiving standard supports);
- One person ([REDACTED]) was already receiving long-term monitoring from CSS (and continued to receive long-term monitoring); and
- One person ([REDACTED]) was open to long-term monitoring during this reporting period.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

CSS provided information on five people randomly selected from the 14 people who were referred to or at Minnesota Life Bridge and received CSS mobile supports during this reporting period.<sup>66</sup> The following is a summary of the information obtained from CSS lead workers for these five people:<sup>67</sup>

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

---

<sup>66</sup> The list of people referred to or at Minnesota Life Bridge during this reporting period who received supports from CSS was alphabetized and numbered. Random.org (<https://www.random.org/>) was used to generate five random numbers based on the total number of people who received supports from CSS during this reporting period. The numbers generated were then matched to the alphabetized list of names.

<sup>67</sup> The following summaries include references to events and supports that occurred outside this reporting period.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 February 2018 Semi-Annual Compliance Report  
 Reporting Period: July 1, 2017 to December 31, 2017



***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>68</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.

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

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

The Department also strengthened diversion supports through comprehensive data analysis. For example, during this reporting period the Successful Life Project conducted a second Risk Assessment

---

<sup>68</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  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

for *Jensen* Class Members and people who received services at MSHS-Cambridge. For more information about the Risk Assessment, see the status update in this report for EC 98, pages 75-88. Analysis of the Risk Assessment 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.

Additionally, the Department conducts a gaps analysis and uses the information gathered to inform its activities. For example, the out-of-home crisis respite network was recently expanded by 40 beds, an initiative which was informed by the 2015 DHS Gaps Analysis in which 23% of lead agencies rated crisis respite as one of their top three most significant service gaps for people with disabilities.

### **Verification**

To verify accuracy of the finalized list of individuals awaiting transition to Minnesota Life Bridge who are receiving CSS mobile services, CSS drew a random sample of 10% of the total number of persons who received CSS Mobile Supports during this reporting period.<sup>69</sup> For the randomly selected sample cases, CSS reviewed supporting documentation, including case notes and reports. CSS verified case opening and closure dates in the CSS Data system.

JOQACO's data analyst confirmed with the CSS data analyst that the documented process CSS used to pull data from its database did not change from the last reporting period and continues to provide JOQACO with information needed to monitor and report on the supports provided by CSS. In the August 2017 Semi-Annual Report (Doc. No. 643 at 52), the Department reported that CSS identified two regional teams that were not correctly coding people with developmental disabilities in the CSS database. This required CSS to make retroactive changes—some of which were not made until after the data was submitted to JOQACO and reported in the August 2017 Semi-Annual Report. Based on these issues, JOQACO recommended that CSS add a new review process that compares the current data with past reports to help identify individuals that might not have been coded correctly or in a timely fashion. During this reporting period, CSS started to implement this review process in

---

<sup>69</sup> To draw their random sample, CSS used Random.org (<https://www.random.org/>) to generate random numbers and correlated those to row numbers on a spreadsheet of individuals.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

addition to a new process for CSS supervisors and intake coordinators to, on a monthly basis, review and confirm the status of open cases.

To obtain additional information about how CSS mobile teams provided augmentative service supports, consultation, mobile teams, and training to those supporting the person during the reporting period, JOQACO reviewed case notes and followed up with CSS lead workers for a random sample of the 14 people who were referred to or at Minnesota Life Bridge during this reporting period and received CSS supports. This information is summarized above in the status update for EC 93.

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

For the five people in the random sample whose information is summarized above in the status update for EC 93, JOQACO received responses from five case managers and two providers. No responses were received from the three families/guardians contacted. 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 name] receiving this service [CSS], really helps [him/her] in expressing what's bothering [him/her].*
- *[Client name] is a complex client and it has been nice to have another professional involved to help problem solve and think of creative ways to support [client name] be successful in the community.*
- *CSS helped brainstorm ideas and gave me [case manager] resources for private crisis homes.*

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 activities and consulted with Department staff regarding the gaps analysis project.

*Jensen* Settlement Agreement Comprehensive Plan of Action  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 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.

Should a petition for civil commitment be initiated, however, Minnesota Statutes, Chapter 253B, governing civil commitments does not give the Department of Human Services authority to be involved as it is not a party to such proceedings.<sup>70</sup> The Department also does not have authority over a court’s decision to order a person confined pending commitment proceedings.

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

---

<sup>70</sup> See also *In re Thomas*, No. C6-95-735, [1995 WL 465611](#), \*1, \*2 (Minn. App. Aug. 8, 1995) (unpublished); *In re Bowers*, [456 N.W.2d 734, 736-37](#) (Minn. App. 1990).

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 February 2018 Semi-Annual Compliance Report  
 Reporting Period: July 1, 2017 to December 31, 2017

***Therapeutic Follow-up Group Status***

As part of its on-going monitoring of the therapeutic follow-up group, JOQACO regularly runs reports from the database used to manage Jensen-related information on the status of therapeutic follow-up group members. The current overall status of therapeutic follow-up group members as of the end of this reporting period is summarized in Table 3.

**Table 3:** Status of Therapeutic Follow-up Group Members

Status	Number
Original TFU members	343
TFU members known deceased	33
TFU members believed living	310
TFU members currently in jail/prison in Minnesota	3
TFU members whose whereabouts are unknown	29

Of the 310 living therapeutic follow-up group members, 281 were known to be in state and were receiving state-funded services as of the end of the reporting period. Of these 281 individuals, about 90% were living in community-based settings through corporate foster care, in their own home, or in the home of a family member or friend.

Table 4 (page 77) summarizes the living situations of the therapeutic follow-up group members known to be in state and receiving state-funded services as of the end of the reporting period.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 February 2018 Semi-Annual Compliance Report  
 Reporting Period: July 1, 2017 to December 31, 2017

**Table 4: Living Arrangements of TFU Members Receiving State-Funded Services**

Living Arrangement	Number	%
Corporate Foster Care <sup>71</sup>	223	79%
Home - Own	19	7%
Home - Family/Friend	10	4%
State Operated Facility <sup>72</sup>	11	4%
Unknown	9	3%
ICF/DD	4	1%
Crisis Home	3	1%
Board and Care	1	0.4%
Other	1	0.4%
<b>TOTAL</b>	<b>281</b>	

As part of JOQACO's on-going efforts to support therapeutic follow-up group members, JOQACO worked with an investigator to attempt to locate therapeutic follow-up group members whose location was unknown. The investigator was able to locate a last known address for all but two therapeutic follow-up group members.<sup>73</sup> Table 5 provides a summary of the information discovered by the investigator.

**Table 5: Last known address of the 29 TFU Members whose current whereabouts were unknown**

Location	Number
<i>Jensen</i> TFU members whose last known address is out of state	8
<i>Jensen</i> TFU members whose last known address is in Minnesota	18
<i>Jensen</i> TFU members whose last known address in Minnesota is identified as a prison	1
<i>Jensen</i> TFU members for whom no records were available	2

For individuals whose last known address is less than five years old, JOQACO is attempting to make contact to see if the individual can be located and if they are in need of supports.

---

<sup>71</sup> Includes Minnesota State Operated Community Services (MSOCS) Corporate Foster Care homes

<sup>72</sup> State Operated Facilities include the Minnesota Security Hospital, Minnesota Sex Offender Program, and Minnesota Life Bridge.

<sup>73</sup> The date of the last known address varies from a few years old to more than 10 years old.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

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

On an ongoing basis, the Successful Life Project proactively monitors the therapeutic follow-up group population in a variety of ways to determine who in the population needs supports in order to help prevent re-institutionalization and other transfers to more restrictive settings. This monitoring includes:

- Review of Behavior Intervention Report Forms and other incident notifications related to behavioral interventions;
- Identification of therapeutic follow-up group members entered into the Department's Single Point of Entry System, which tracks persons with developmental disabilities who are at risk of losing their housing or services;
- Review of investigative reports from Licensing involving therapeutic follow-up group members;
- Reports JOQACO or the Successful Life Project may receive from the Office of the Ombudsman for Mental Health and Developmental Disabilities; and
- Ongoing contact with case managers and/or providers of therapeutic follow-up group members.

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

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

During this reporting period, 63 members of the therapeutic follow-up group received individualized Successful Life Project services or supports. During this reporting period, the Successful Life Project nurse provided individualized nursing supports to 24 of these 63 individuals. 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 at 80-81).

*Jensen* Settlement Agreement Comprehensive Plan of Action  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

Of the 63 members of the therapeutic follow-up group that received individualized Successful Life Project services or supports during the reporting period, 15 members received priority level supports, 39 members received secondary level supports, and 32 members received individualized proactive level supports.<sup>74</sup> During this reporting period, 23 members of the therapeutic follow-up group moved between different support levels: 11 people moved from secondary to proactive; seven people moved from priority to secondary; two people moved from proactive to secondary; one person moved from priority to proactive; one person moved from secondary to proactive; and one person moved from proactive to priority. See Tables 6 and 7 for a breakdown of supports and services provided by Successful Life Project staff during this reporting period.

**Table 6: Successful Life Project Behavior Analyst Supports and Services**

Successful Life Project Behavior Analyst Supports and Services	Instances
Consultation	14
FBA	9
PBSP	15
PBS-SET <sup>75</sup>	4
PCP	16
Individual Proactive Level Consultation <sup>76</sup>	1
Technical Assistance/Consultation	40
Training	12
Other <sup>77</sup>	13
<b>TOTAL</b>	<b>124</b>

---

<sup>74</sup> Persons who changed to a different support level during the reporting period are counted in more than one category.

<sup>75</sup> The PBS SET (Positive Behavior Support System Evaluation Tool) is a tool used by the Successful Life Project Team to guide technical assistance and support for *Jensen* class members. The PBS SET was developed by JOQACO to evaluate service delivery within the framework of person centered practices and positive behavior support. The PBS SET was based on the Positive Environment Checklist originally developed by the Rehabilitation Research and Training Center on Positive Behavior Supports.

<sup>76</sup> "Individual Proactive level consultation" would be a consultation phone call or a single in-person meeting.

<sup>77</sup> Successful Life Project Behavior Analyst "Other" activities included follow-up on Behavior Intervention Report Forms (BIRF) submitted to DHS, completion of an environmental checklist, and follow-up phone calls for persons in the priority or secondary group.



*Jensen Settlement Agreement Comprehensive Plan of Action*  
 February 2018 Semi-Annual Compliance Report  
 Reporting Period: July 1, 2017 to December 31, 2017

**Table 7: Successful Life Project Nursing Supports and Services**

Successful Life Project Nursing Supports and Services	Instances
Consultation	4
Health Assessment	1
Health Education	7
Medication Review	5
Technical Assistance/Consultation	11
Other <sup>78</sup>	5
<b>TOTAL</b>	<b>33</b>

The people who received individual supports from the Successful Life Project during the reporting period were in the following living situations over the reporting period:

**Table 8: Living Arrangements of Persons Receiving Successful Life Project supports**

Living Arrangement	Total - Beginning of Reporting Period	Total – End of Reporting Period	Change
Corporate Foster Care	42	44	+2
Crisis Home	3	3	0
Home-Family/Friend	2	0	-2
Home-Own	6	9	+3
Hospital	1	1	0
ICF-DD	4	2	-2
State Operated Facility <sup>79</sup>	5	4	-1
<b>TOTAL</b>	<b>63</b>	<b>63</b>	

---

<sup>78</sup> Successful Life Project 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.

<sup>79</sup> State Operated Facilities include the Minnesota Security Hospital, Minnesota Sex Offender Program, and Minnesota Life Bridge.



*Jensen Settlement Agreement Comprehensive Plan of Action*  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

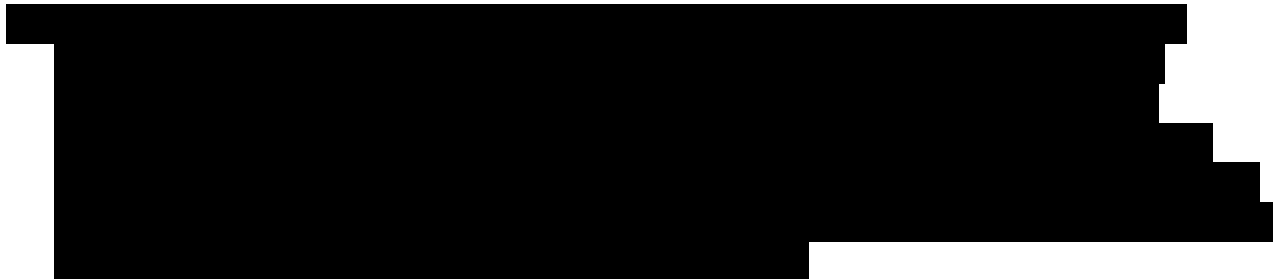
During this reporting period, six members of the therapeutic follow-up group who received individualized Successful Life Project supports moved to a more integrated setting:

- Two people transitioned from a crisis home to a corporate foster care;
- One person transitioned from a corporate foster care to own home;
- One person transitioned from a state-operated facility (MLB) to own home;
- One person transitioned from the home of family/friend to own home; and
- One person transitioned from ICF-DD to a corporate foster care facility.

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

- One person transitioned from the home-family/friend to a crisis home; and
- One person transitioned from an ICF/DD to a crisis home.

Successful Life project provided information on nine people randomly selected from the 63 therapeutic follow-up members who received individualized supports from the Successful Life Project during the reporting period.<sup>80</sup> The following is a summary of the information obtained from Successful Life Project staff, supplemented by information from the Successful Life Project case notes, for each of the nine people in the random sample:<sup>81</sup>



---

<sup>80</sup> In order to monitor Successful Life Project supports, JOQACO pulled a random sample from the list of people who received individual supports from the Successful Life Project between July 1 and December 31, 2017. JOQACO used Random.org (<https://www.random.org/>) to generate 10 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. During JOQACO's review of the people included in the random sample, one person was identified who had not received individualized Successful Life Project supports and was included in error. This person was removed from the random sample, leaving nine people.

<sup>81</sup> The following summaries include references to events and supports that occurred outside this reporting period.

*Jensen* Settlement Agreement Comprehensive Plan of Action  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

*Jensen* Settlement Agreement Comprehensive Plan of Action  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

*Jensen* Settlement Agreement Comprehensive Plan of Action  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 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 87-88.

***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 services for individual therapeutic follow-up group members who do not require ongoing supports 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 providing training or sharing information on topics and best practices that are generally relevant to persons in the therapeutic follow-up group. During this reporting period, the *Jensen* Internal Reviewer worked collaboratively with the Successful Life Project staff and other colleagues within the Department to finalize the Road Map for Behavior Support and make this tool available on the Department's *Jensen* Settlement Agreement webpage. The Road Map for Behavior Support is an effort to create a digital technical assistance process to help care providers and family of members of the therapeutic follow-up group gain a better understanding of how to provide positive behavior supports when the individual is engaging in challenging behavior.

Successful Life Project staff are also using information gathered through two administrations of the Risk Assessment<sup>82</sup> to assist in developing proactive supports targeted to the challenges and risk

---

<sup>82</sup> The administrations of the Risk Assessment were a voluntary undertaking by the Department and not required by the JSA or CPA. A comparison of findings of the two administrations of the Risk Assessment suggest that little more will be learned from further administrations to inform reduction of risk on a population-wide basis. As such, JOQACO does not intend to continue to administer the Risk Assessment on a semi-annual basis.

*Jensen* Settlement Agreement Comprehensive Plan of Action  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

factors common to members of the therapeutic follow-up group. During this reporting period, the *Jensen* Internal Reviewer worked collaboratively with Successful Life Project staff and other colleagues in the Department to create the following information sheets targeted to providers and families of therapeutic follow-up group members<sup>83</sup>:

- Mental Wellness for People with Intellectual or Developmental Disabilities (IDD);<sup>84</sup>
- Stress Management for People with Intellectual or Developmental Disabilities (IDD);<sup>85</sup> and
- Fetal Alcohol Spectrum Disorder.<sup>86</sup>

These resources are also available on the Department's *Jensen* Settlement Agreement webpage. The *Jensen* Internal Reviewer and Successful Life Project are also in the process of developing resources on the following topics identified through the Risk Assessment as particularly relevant to therapeutic follow-up group members: Anxiety Disorders and Depressive Disorders.

### *Training*

During this reporting period, Successful Life Project staff provided 14 training sessions to providers and lead agencies supporting therapeutic follow-up group members. These sessions educated providers or lead agency staff about Successful Life Project's services as well as providing training on topics relevant to effective support of therapeutic follow-up group members in community settings. For a list of these trainings, see Table 9.

---

<sup>83</sup> These information sheets were chosen as they were the highest priority items according to both Risk Assessment Survey results.

<sup>84</sup> [https://mn.gov/dhs/assets/mental-wellness\\_tcm1053-307677.pdf](https://mn.gov/dhs/assets/mental-wellness_tcm1053-307677.pdf)

<sup>85</sup> [https://mn.gov/dhs/assets/stress-management-0817\\_tcm1053-309324.pdf](https://mn.gov/dhs/assets/stress-management-0817_tcm1053-309324.pdf)

<sup>86</sup> <https://edocs.dhs.state.mn.us/lfsrserver/Public/DHS-7646-ENG>

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 February 2018 Semi-Annual Compliance Report  
 Reporting Period: July 1, 2017 to December 31, 2017

**Table 9: Successful Life Project Training Sessions during the Reporting Period**

<b>Date</b>	<b>Topic</b>	<b>Audience</b>
7/12/2017	Person-Centered Planning	Provider direct care staff
7/18/2017	Stress Reliever Self-Management Program	Provider staff
8/23/2017	Data Collection Methods	Provider lead staff
9/12/2017	Effective Environment Checklist	Provider staff
9/19/2017	Crisis Plan Development Workshop	Provider staff
10/04/2017	Positive Behavior Supports	Provider staff
10/11/2017	SLP Introduction	Hennepin County
10/20/2017	SLP Introduction	CSS Forensics
11/1/2017	Data Training	Provider program managers
11/22/2017	Why Punishment Doesn't work	Dakota County group
12/6/2017	Data Training	Provider program managers
12/12/2017	Effective Environment Checklist	Provider staff
12/13/2017	Stereotyped Behaviors	Provider staff
12/20/2017	Individualized PBS training	Provider staff

***Consumer Satisfaction Surveys***

JOQACO sends out consumer satisfaction surveys to therapeutic follow-up group members who receive Successful Life Project services and supports and who move to a different level of supports (See Doc No. 614-1 at 86 and Doc. No. 643 at 93). During this reporting period, 23 therapeutic follow-up members had a change in their level of support.

In November 2017, JOQACO sent consumer satisfaction surveys to five therapeutic follow-up members. Three therapeutic follow-up members changed level during this reporting period; one person changed level last reporting period and one person had been receiving Successful Life Project services for over a year. JOQACO also sent consumer satisfaction surveys to the case managers (5), guardians (3) and providers (4) of the five therapeutic follow-up group members. As of the filing of this report, JOQACO has not received any responses.

For the remaining therapeutic follow-up group members who moved to a different level of supports during this reporting period, Successful Life Project is preparing Consumer Satisfaction surveys to be sent in February 2018.

*Jensen* Settlement Agreement Comprehensive Plan of Action  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

## 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 and the way the Successful Life Project provides services.

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 Project behavior analyst and/or the Successful Life Project nurse for the nine 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.

The information JOQACO received from six case managers, five providers and one 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:

- *I wish every client was Jensen or at least we were able to treat each client as though they were because of the great work you all do, and I wish every client could have the type of quality of help that SLP gives. SLP is the best tool out there in helping people.*
- *The supports received were wonderful. I feel that my client is now more supported in what [s/he] wants. In my opinion, I think that has helped [him/her] become more independent and has helped [him/her] voice [his/her] wants and [his/her] needs and what [his/her] goals are.*
- *I have really enjoyed working with SLP and [assigned SLP BCBA]. She provides an outlet for [client name] to express [him/herself], find better ways of managing [his/her] behavior and become more independent. She helps the team in being person centered with [client name]. She [assigned SLP BCBA] helps to identify progress and the next actions we should take to support [client name] in search of [his/her] goal*

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 February 2018 Semi-Annual Compliance Report  
 Reporting Period: July 1, 2017 to December 31, 2017

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 provided an extra layer of support and expertise to help [client name] access the community. SLP has been a great support to [him/her] and to the team in helping help [client name] become more independent and to continue to progress toward [his/her] ultimate goal.*
- *[Client name] has been working on having more alone time in the community and [client name] is now working in the community.*
- *Since it is still in progress, I am not able to answer this yet. We have been working with SLP since August. We are looking into other options to be better supported residentially, which I hope they would be able to offer [client name] more options to connect to [his/her] community.*

## **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 has been meeting since summer 2016 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. Early in its work, the group determined that none of the elements, which remained under discussion, would be the subject of a proposed amendment to the measurable goals of the Minnesota Olmstead Plan. The group last met on November 28, 2017. At that time, it was agreed that 43 out of the 47 Rule 40 Advisory Committee recommendations under discussion have been completed. The group could not reach agreement regarding completion of the remaining four recommendations. Of these four recommendations, one (evaluation of training) is being actively worked on by the Department, one (a separate person-centered plan in each person's plan) is included in and being worked on as



*Jensen* Settlement Agreement Comprehensive Plan of Action  
February 2018 Semi-Annual Compliance Report  
Reporting Period: July 1, 2017 to December 31, 2017

part of the Minnesota Olmstead Plan, and two (initial implementation and sustaining the changes) require monitoring rather than active work. The group agreed to suspend future meetings unless and until more discussion is needed on one of these four items.

**Verification**

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