

*Jensen* Settlement Agreement  
Comprehensive Plan of Action (CPA)  
March 2018 Annual  
Compliance Report  
Reporting Period: January 1, 2017 – December 31, 2017



*Jensen* Settlement Agreement Comprehensive Plan of Action  
 March 2018 Annual Compliance Report  
 Reporting Period: January 1, 2017 to December 31, 2017

## Table of Contents

<b>Introduction.....</b>	<b>4</b>
<b>Settlement Agreement Section IV. METO Closure (EC 1 and 4) .....</b>	<b>7</b>
Evaluation Criteria 1:.....	7
Evaluation Criteria 4:.....	18
<b>Settlement Agreement Section VI.C. Restraint Responses Are Not To Replace Other Incident Reporting, Investigation, Analysis &amp; Follow-Up (EC 38) .....</b>	<b>20</b>
Evaluation Criteria 38.....	20
<b>External Entity and Plaintiffs' Access (EC 45 – 46).....</b>	<b>24</b>
Evaluation Criteria 45.....	24
Evaluation Criteria 46.....	24
<b>Settlement Agreement Section IX.A. Other Practices at the Facility – Staff Training (EC 54-57) .....</b>	<b>25</b>
Evaluation Criteria 54.....	25
Evaluation Criteria 55.....	27
Evaluation Criteria 56.....	30
0Evaluation Criteria 57.....	32
<b>Settlement Agreement Section IX.B. Other Practices at the Facility – Hours of Training (EC 58) .....</b>	<b>33</b>
Evaluation Criteria 58.....	33
<b>Settlement Agreement Section IX.C. Other Practices at the Facility – Visitor Policy (EC 59 – 61) .....</b>	<b>35</b>
Evaluation Criteria 59.....	35
Evaluation Criteria 60.....	37
Evaluation Criteria 61.....	38
<b>Settlement Agreement Section IX.D. Other Practices at the Facility – No Inconsistent Publicity (EC 62) .....</b>	<b>39</b>
Evaluation Criteria 62.....	39
<b>Settlement Agreement Section IX.E. Other Practices at the Facility – Posting Requirements (EC 65 - 66) .....</b>	<b>39</b>
Evaluation Criteria 65.....	39
Evaluation Criteria 66.....	41
<b>Settlement Agreement Section X.C. System Wide Improvements – Rule 40 Modernization (EC 80).....</b>	<b>43</b>
Evaluation Criteria 80.....	43
<b>Settlement Agreement Section X.D. System Wide Improvements – Minnesota Security Hospital (EC 81, 83 and 84) .....</b>	<b>43</b>
Evaluation Criteria 81.....	43

*Jensen* Settlement Agreement Comprehensive Plan of Action  
 March 2018 Annual Compliance Report  
 Reporting Period: January 1, 2017 to December 31, 2017

Evaluation Criteria 83 .....	44
Evaluation Criteria 84 .....	45
<b>Closure of MSHS-Cambridge and Replacement with Community Homes and Services (EC 89 – 92, 94, 96) .....</b>	<b>46</b>
Evaluation Criteria 89 .....	46
Evaluation Criteria 90 .....	48
Evaluation Criteria 91 .....	51
Evaluation Criteria 92 .....	52
Evaluation Criteria 94 .....	52
Evaluation Criteria 96 .....	53
<b>Modernization of Rule 40 (EC 100 and 101) .....</b>	<b>54</b>
Evaluation Criteria 100 .....	54
Evaluation Criteria 101 .....	55

**Listing of Tables**

Table 1: Community Activities Engaged in (E) or Discussed but Declined (D)— April 2017 .....	10
Table 2: Individualizing/Personalizing Areas of the Home .....	11
Table 3: 2016 and 2017 Person-Centered Plan Life Area Reviews .....	14
Table 4: 2017 Emergency Use of Manual Restraint (EUMR) Related Incidents .....	20
Table 5: Minnesota Life Bridge Training Opportunities.....	26

**Listing of Figures**

Figure 1: Rights Notice - Pictorial Version .....	42
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*Jensen* Settlement Agreement Comprehensive Plan of Action  
 March 2018 Annual Compliance Report  
 Reporting Period: January 1, 2017 to December 31, 2017

## Introduction

This is the *Jensen* Settlement Agreement (JSA) Comprehensive Plan of Action (CPA) - 2017 Compliance Annual Report, created in response to the February 22, 2016 Order for Reporting on Settlement Agreement (Doc. Nos. 545, 545-1).<sup>1</sup> The Department based this report on data, documentation and information from January 1 through December 31, 2017. This report addresses the following Evaluation Criteria (EC): 1, 4, 38, 45, 46, 54, 55, 56, 57, 58, 59, 60, 61, 62, 65, 66, 80, 81, 83, 84, 89, 90, 91, 92, 94, 96, 100 and 101.

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

JOQACO completed further verification and analysis of information submitted by the Responsible Parties. JOQACO's compliance monitoring and verification process is explained in more detail below. The update for each EC in this report includes a description of the verification efforts specific to that EC. If JOQACO identifies an opportunity for performance improvement, JOQACO will provide follow-up in the next scheduled report for the relevant EC unless criteria is met for an exception report. (*See* Doc. No. 545 at 3-4.)

## Background

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

## Components of the Department's Internal Oversight System

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

As required by the CPA, the Department established the *Jensen* Implementation Office to manage and coordinate this plan. As previously reported, the *Jensen* Implementation Office moved to the Department's Compliance Office in early 2016 and was renamed the *Jensen/Olmstead* Quality Assurance and Compliance Office (JOQACO). (*See* Doc. No. 589 at 5.) JOQACO currently has four full-time professionals with clerical assistance as required by the

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<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  
 March 2018 Annual Compliance Report  
 Reporting Period: January 1, 2017 to December 31, 2017

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 General Counsel's Office assigned an attorney to JOQACO.

The Successful Life Project became part of JOQACO in April 2016. (Doc. No. 589 at 58.) Staff for the Successful Life Project includes Board-Certified Behavior Analysts, a registered nurse and the Successful Life Project Supervisor. The *Jensen* Internal Reviewer provides clinical oversight of the behavior analysts. For additional information about the Successful Life Project, see the status update for EC 98 in the February 2018 Semi-Annual Compliance Report. (Doc. No. 676 at page 75 - 88).

### **JOQACO Compliance 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 monitor compliance on an ongoing basis 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 including those that do not operate out of a single site—such as mobile support services provided by Community Support Services.

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<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  
March 2018 Annual Compliance Report  
Reporting Period: January 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 JOQACO's oversight and verification system, the Department is identifying and addressing issues before they become compliance concerns. JOQACO continues to monitor its systems for necessary refinements, including the frequency and content of program area updates for specific ECs. 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 in this report.

### **Independent Subject Matter Experts**

The Department has developed 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.) Also as previously reported, JOQACO initiated the procedure for an Independent Subject Matter Expert review related to EC 90's integrated vocational options requirement in December 2016. (*See*, Doc. No. 621 at 56.) The Independent Subject Matter Expert was asked to develop recommendations to guide Minnesota Life Bridge in providing integrated vocational options to residents in a more coordinated and systematic manner.

JOQACO received the Independent Subject Matter Expert's final report and recommendations in June 2017. With guidance from JOQACO and the *Jensen* Internal Reviewer, Minnesota Life Bridge has implemented the Independent Subject Matter Expert's recommendations. As of the end of this reporting period, all Minnesota Life Bridge residents were receiving integrated vocational support or were in the customized employment process. Additional information about the implementation of the Independent Subject Matter Expert's recommendations can be found in the update for EC 90 in this report, pages 48-51.<sup>3</sup>

### **Agency-wide Quality Assurance Leadership Team**

The Quality Assurance Leadership Team continues to operate as described in previous reports,

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<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*  
 March 2018 Annual Compliance Report  
 Reporting Period: January 1, 2017 to December 31, 2017

meeting on a monthly basis to monitor the quality of programs and services provided to people with disabilities across the Department.<sup>4</sup> (*See, e.g.*, Doc. No. 589 at 11-12; Doc. No. 553-1 at 5-6.)

## **Evaluation Criteria State of Compliance (Scheduled for Annual Report)**

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

#### **Evaluation Criteria 1:**

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

**Responsible Party:** Minnesota Life Bridge Manager

#### **Current Status**

EC 1 requires that the Minnesota Life Bridge treatment homes<sup>5</sup> remain licensed to serve people with developmental disabilities. During this reporting period, all four Minnesota Life Bridge treatment homes were licensed to serve people with developmental disabilities. For additional information about licensure see the status update for EC 94 in this report, page 52.

EC 1 also requires that the Minnesota Life Bridge treatment homes comply with the *Olmstead v. L.C.* decision—eliminating unnecessary segregation of persons with developmental disabilities and serving persons in the most integrated setting appropriate to their needs to which they do not object. Consistent with this requirement, Minnesota Life Bridge serves persons with developmental disabilities who exhibit severe behaviors that present a risk to public safety (EC 3; *see, e.g.*, Doc. No. 643 at 15-17 and Doc. No. 676 at 14-15) in homes located in integrated community settings. 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

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<sup>4</sup> The Quality Assurance Leadership Team is not a requirement of the JSA or CPA.

<sup>5</sup> There are four Minnesota Life Bridge treatment homes located in integrated community settings: Stratton Lake, Broberg's Lake, and the two Eagle Pointe homes. The term "treatment home" comes from the CPA. (*See* Doc. No. 283 at 2, 29.) These treatment homes are the successor Facilities to METO and MSHS-Cambridge.

Through the person-centered and transition planning processes and use of positive behavior supports, residents of Minnesota Life Bridge treatment homes are assisted and prepared to move toward more integrated living situations. During this reporting period, Minnesota Life Bridge treatment homes served 14 people—seven who were admitted prior to this reporting period and seven who were admitted during this reporting period.<sup>7</sup> Minnesota Life Bridge discharged eight of these 14 people during this reporting period.

EC 1 requires that each treatment home resident's program include multiple opportunities on an ongoing basis to engage in community activities—activities that are highly individualized, drawn from person-centered planning processes, and developed alongside the person. As previously reported, the Minnesota Life Bridge treatment homes individualize residents' treatment programs by utilizing person-centered planning principles at each stage of the process—beginning with the development of each resident's Person Centered Description, which is the type of person-centered plan used at Minnesota Life Bridge. (*See, e.g.*, Doc. No. 614-1 at 9-11 and Doc. No. 643 at 8-9).

During this reporting period, 14 people were served at a Minnesota Life Bridge treatment home. Thirteen of the 14 people served had individualized Person-Centered Descriptions/Plans completed.<sup>8</sup> Thirteen of the 13 completed Person-Centered Descriptions/Plans addressed residents' community engagement. The one person (█) who did not have an individualized Person-Centered Description/Plan was only at a Minnesota Life Bridge treatment home for 11 days.<sup>9</sup> Given this person's limited stay, there was not enough time to complete the individual's

<http://www.dhs.state.mn.us/main/groups/publications/documents/pub/dhs-291254.pdf>.

<sup>7</sup> One person (■) was admitted twice during this reporting period.

<sup>8</sup> As reported in Doc. No. 643 at 8, n. 9, one resident (█) did not have their initial Person-Centered Description completed within 30 days of admission.

9



*Jensen Settlement Agreement Comprehensive Plan of Action*  
 March 2018 Annual Compliance Report  
 Reporting Period: January 1, 2017 to December 31, 2017

Person-Centered Description/Plan properly or address community engagement.

Person-centered planning is an ongoing process requiring regular updates to ensure continued applicability and reflect the person's progress toward meeting goals or deciding on new goals. During this reporting period, 12 of the 13 persons served at Minnesota Life Bridge treatment homes who had a completed individualized Person-Centered Description/Plan had the plan updated on a monthly basis.<sup>10</sup> The person and their support team, which includes the person's guardian/legal representative, family member(s), and case manager, contribute to updates during monthly team meetings. The information in residents' Person-Centered Descriptions/Plans, in combination with staff's daily experience and conversation with residents, inform how staff support treatment home residents in selecting, planning, and engaging in community activities.

As previously reported, during this reporting period, Minnesota Life Bridge staff ensured that each treatment home resident had the opportunity to plan and fill their day with preferred activities that are important to and for them through a process that is highly individualized. Staff engaged with each resident on a regular basis—typically daily—to discuss their choices and plan for activities. (Doc. No. 643 at 39 and Doc. No. 676 at 33.) In the status update for EC 51 in the August 2017 and February 2018 Semi-Annual Reports, the Department provided additional information about this process, including examples of individualized community activities that were developed alongside the resident. (See Doc. No. 643 at 39–42 and Doc. No. 676 at 33–36.)

For this report, JOQACO selected seven of the 11 residents<sup>11</sup> served at Minnesota Life Bridge treatment homes during April 2017 and requested information for individualized community activities planned with and engaged in by these seven residents. With each resident, Minnesota Life Bridge discussed, planned, and facilitated activities in the community based on individual preferences. For the seven residents included in the sample, during the month of April 2017, residents engaged in a total of 398 community activities. See Table 1 below.

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<sup>10</sup> As reported in Doc. No. 676 at 8, one resident's ( ) plan was not updated in September 2017.

<sup>11</sup> Of the 11 residents served by Minnesota Life Bridge during April 2017, JOQACO eliminated two residents ( ) as they did not receive services for the full month. Of the remaining nine people, JOQACO selected two of the three people served at each of Broberg's Lake and Eagle Pointe and all three people served at Stratton Lake.

[illegible]

For additional information concerning visits with family or friends in the community, see EC 59 in this report, page 35.

Consistent with Action 1.2<sup>12</sup>, Minnesota Life Bridge staff also support people to make choices on the interior setting of the homes. For example, Minnesota Life Bridge staff

Page 10 of 56

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 March 2018 Annual Compliance Report  
 Reporting Period: January 1, 2017 to December 31, 2017

assist residents with painting their bedrooms, selecting new linens, and reorganizing furniture. Residents can also bring personal items to individualize their living areas.

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

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

Resident	Facility	Individualizing/Personalizing <sup>13</sup>
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

<sup>13</sup> Some of the individualizing/personalizing reported here occurred prior to this reporting period.

Given the purpose of Minnesota Life Bridge and the limited amount of space available at Minnesota Life Bridge sites, Minnesota Life Bridge residents do not have a choice of housemates. However, with the input and approval of the person and their team, Minnesota Life Bridge has on occasion moved people to another home or location within the same home. [REDACTED]

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

(See also EC 94 at 52.)

*Jensen* Settlement Agreement Comprehensive Plan of Action  
 March 2018 Annual Compliance Report  
 Reporting Period: January 1, 2017 to December 31, 2017

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

The Department previously reported these verification activities as follows:

1. Verification activities relating to admission of persons with developmental disabilities who present a risk to public safety: Doc. No. 643 at 15–17 and Doc. No. 676 at 14 -15. See also, the *Jensen* Internal Reviewer Monthly Reports for January 2017 (distributed to the Court February 15, 2017, pages 9-11); March 2017 (distributed to the Court April 14, 2017, pages 7-8); April 2017 (distributed to the Court May 15, 2017, pages 5-6); July 2017 (distributed to the Court August 15, 2017, page 6); August 2017 (distributed to the Court September 15, 2017, pages 5-6 ) and September 2017 (distributed to the Court October 15, 2017, pages 5-6 ).
2. Verification and compliance monitoring activities relating to use of positive behavior supports and person-centered planning principles: Doc. No. 643 at 10 and Doc. No. 676 at 9. See also, the *Jensen* Internal Reviewer Monthly Reports from 2017.
3. Verification and compliance monitoring activities relating to the Transition Planning process, discharges, and efforts and progress toward discharge: Verification Sections for ECs 47-53, Doc. No. 643 at 24-45 and Doc. No. 676 at 20 – 89. See also the following *Jensen* Internal Reviewer Monthly Reports for review of discharges during this reporting period: March 2017 (distributed to the Court April 17, 2017, pages 8-9); April 2017 (distributed to the Court May 15, 2017, pages 6-7); June 2017 (distributed to the Court July 17, 2017, page 5); and August 2017 (distributed to the Court September 15, 2017, page 6); September 2017 (distributed to the Court October 16, 2017, page 9); and December 2017 (distributed to the Court January 16, 2018, page 6).

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

***Opportunities to Engage in Community Activities***

JOQACO used multiple methods to verify the information reported in the status update for EC 1

*Jensen* Settlement Agreement Comprehensive Plan of Action  
 March 2018 Annual Compliance Report  
 Reporting Period: January 1, 2017 to December 31, 2017

regarding residents' opportunities to, on an ongoing basis, engage in community activities that are highly individualized, drawn from the person-centered planning process, and developed alongside the person. In preparation for this report, JOQACO requested Minnesota Life Bridge's activity tracking documents for a month during the reporting period (April 2017) for seven of the 11 Minnesota Life Bridge residents served at the treatment homes during that month. JOQACO confirmed that the information reported in the status update for EC 1 regarding the April 2017 community activities of these treatment home residents is supported by the activity tracking documentation submitted by Minnesota Life Bridge. The degree of individualizing of activities is also detailed in the *Jensen* Internal Reviewer's Rhythm of the Day assessments included in the *Jensen* Internal Reviewer Monthly Reports.

The *Jensen* Internal Reviewer and JOQACO analyst also reviewed the 13 Minnesota Life Bridge residents' completed Person-Centered Descriptions/Plans<sup>15</sup> to determine whether these documents expressly provided guidance to care providers regarding community engagement and related life areas (see list in Action 1.1<sup>16</sup>). The *Jensen* Internal Reviewer and JOQACO also compared these findings to similar reviews completed in 2016 (Doc. No. 621 at 5.) See Table 3 below.

**Table 3: 2016 and 2017 Person-Centered Plan Life Area Reviews**

Life Area					
Year	Community/ Civic Engagement	Home, and Health Care/Health Living	Work	Life-long Learning/ Education	Transportation
2016	12/12 (100%)	12/12 (100%)	10/12 (83 %)	5/12 (42%)	8/12 (67%)
2017	13/13 (100%)	13/13 (100%)	11/13 (85%)	12/13 (92%)	12/13 (92%)

The life area with the most significant improvement from 2016 is Life-long Learning/Education. This improvement is a result of the work of the Minnesota Life Bridge Clinical Coordinator who is developing instructional activities as an integral part of positive supports. (See also EC 38, page 20.) For information on Minnesota Life Bridge's efforts related to integrated vocational options for treatment home residents, see the status update in this report for EC 90, page 48.

<sup>15</sup> One person (■) did not have an individualized Person-Centered Description/Plan completed because they were only at a Minnesota Life Bridge treatment home for 11 days. Given this person's limited stay, there was not enough time to properly complete the individual's Person-Centered Description.

<sup>16</sup> The term "Actions" comes from the CPA. The CPA states that "[t]he ECs set forth the outcomes to be achieved and are enforceable" while "[t]he Actions under the ECs are not enforceable requirements." (Doc. No. 283 at p. 1.)

*Jensen* Settlement Agreement Comprehensive Plan of Action  
 March 2018 Annual Compliance Report  
 Reporting Period: January 1, 2017 to December 31, 2017

The *Jensen* Internal Reviewer and JOQACO analyst also reviewed Coordinated Services and Support Plans (CSSP) and Coordinated Services and Support Plan Addenda (CSSP-A) for residents of Minnesota Life Bridge treatment homes. Of the 14 people served at Minnesota Life Bridge treatment homes during this reporting period, 13 people had their CSSP/CSSP-A completed.<sup>17</sup> The *Jensen* Internal Reviewer and JOQACO analyst reviewed the 13 completed CSSP/CSSP-As to determine whether these documents addressed life areas related to community engagement (see list in Action 1.1). The *Jensen* Internal Reviewer and JOQACO analyst observed that Transportation, Health Care/Health Living, and Home were reflected in all 13 plans. Life-long learning was reflected in eight of the 13 plans (61%) and work was reflected in five of the 13 plans (38%).

The *Jensen* Internal Reviewer noted that the lower number of CSSP/CSSP-A forms with work or lifelong learning addressed might be due to Minnesota Life Bridge's intended purpose as a temporary transitional placement, and that the CSSP/CSSP-A forms specifically ask for information regarding home and health care/healthy living to a greater extent than for other life areas. The *Jensen* Internal Reviewer notes that such temporary placements often focus primarily on behavioral stabilization, but that integrated vocational activities have a significant mental wellness benefit, and are identified in professional literature as contributing to recovery. Notwithstanding the temporary nature of a placement at Minnesota Life Bridge, there are many ways in which career development and educational opportunities can be incorporated into daily life at Minnesota Life Bridge.

### ***Follow-up to Previous Report***

The Department previously reported in the March 2017 Annual Report that "[T]he *Jensen* Internal Reviewer has identified areas for improvement related to issues of employment and better use of residents' free time. This area for performance improvement relates to EC 90 . . . ." (Doc. No. 621 at 17–18.) The Department also highlighted employment as an area for improvement in the March 2017 Status Update for EC 1. (Doc. No. 621 at 8.) With guidance from JOQACO and the *Jensen* Internal Reviewer, Minnesota Life Bridge has implemented the Independent Subject Matter Expert's recommendations and has significantly increased the provision of integrated vocational activities to Minnesota Life Bridge residents in the latter half of 2017. (See Introduction of this report, page 4 and EC 90 of this report, page 48.) As detailed in the *Jensen* Internal Reviewer's Monthly Reports, this increase is due in part to the efforts of Minnesota Life Bridge's Skills Development Specialist. (See also EC 90 of this report page 48.) Notably, seven of the eight current Minnesota Life Bridge residents were actively engaged in

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<sup>17</sup> One person ( ) did not have their CSSP/CSSP-A completed because they were only at a Minnesota Life Bridge treatment home for 11 days. Given this person's limited stay, there was not enough time to properly complete these documents.

*Jensen* Settlement Agreement Comprehensive Plan of Action  
 March 2018 Annual Compliance Report  
 Reporting Period: January 1, 2017 to December 31, 2017

vocational activities in December 2017.

Going forward, information specifically addressing these aspects of life in residents' Person-Centered Descriptions/Plans and CSSP/CSSP-A documents would provide better guidance to staff as they support residents to engage in community activities. Additionally, information regarding integrated vocational activities should inform the Person-Centered Descriptions/Plans and the CSSP/CSSP-A. To address this identified opportunity for performance improvement, JOQACO is:

1. Meeting with Minnesota Life Bridge management and clinicians to study barriers and solutions to fully address all life areas in the Person-Centered Descriptions/Plans, CSSPs and CSSP Addenda—particularly work and lifelong learning/education.
2. Meeting with Minnesota Life Bridge management, the Skills Development Specialist, and clinicians to assure that information regarding current integrated vocational activities is added to the Person-Centered Descriptions/Plans and the CSSP/CSSP-Addenda.

#### *Site Visits*

JOQACO and the *Jensen* Internal Reviewer also conducted compliance monitoring and verification through site visits. During this reporting period, JOQACO conducted the following visits:

- **Broberg's Lake:** JOQACO visited Broberg's Lake in April, May, June, August, September, November, and December 2017;
- **Stratton Lake:** JOQACO visited Stratton Lake in April, May, June, August, September, November, and December 2017; and
- **Eagle Pointe Homes:** JOQACO visited the Eagle Pointe apartments in May, June, August, September, November and December 2017.

These visits allowed for additional verification that Minnesota Life Bridge residents are provided with person-centered treatment that includes opportunities on an ongoing basis to engage in community activities that are planned alongside the person. During their visit to Broberg's Lake, staff shared with JOQACO that residents have preferred and non-preferred staff and that staff accommodate those preferences to the best of their abilities. [REDACTED]

[REDACTED] (Doc. No. 676 at page 10.)

For additional information about these site visits, see the Verification section for EC 2 in the



*Jensen* Settlement Agreement Comprehensive Plan of Action  
March 2018 Annual Compliance Report  
Reporting Period: January 1, 2017 to December 31, 2017

August 2017 Semi-Annual Report (Doc. No. 643 at 10-13) and the February 2018 Semi-Annual Report. (Doc. No. 676 at 9-13).

During this reporting period, the *Jensen* Internal Reviewer also made five separate site visits to the Minnesota Life Bridge treatment homes to interview five 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 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 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:

- [REDACTED]: January 2017 *Jensen* Internal Reviewer Monthly Report (distributed to the Court February 15, 2017; pages 4-5);
- [REDACTED]: March 2017 *Jensen* Internal Reviewer Monthly Report (distributed to the Court April 15, 2017; pages 4-7);
- [REDACTED]: June 2017 *Jensen* Internal Reviewer Monthly Report (distributed to the Court July 17, 2017; pages 4-8);
- [REDACTED]: September 2017 *Jensen* Internal Reviewer Monthly Report (distributed to the Court on October 15, 2017, pages 4-7); and
- [REDACTED]: December 2017 *Jensen* Internal Reviewer Monthly Report (distributed to the Court on January 16, 2018, pages 3-5).

For example, in March 2017, the *Jensen* Internal Reviewer made a site visit with [REDACTED] for purposes of observing and conducting interviews with [REDACTED] and care providers. [REDACTED]

[REDACTED] (March 2017 *Jensen* Internal Reviewer Monthly Report, distributed to the Court April 15, 2017, pages 4-7).

*Jensen Settlement Agreement Comprehensive Plan of Action*  
March 2018 Annual Compliance Report  
Reporting Period: January 1, 2017 to December 31, 2017

**Evaluation Criteria 4:**

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

**Responsible Party:** Minnesota Life Bridge Manager

**Current Status**

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

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

If a person stays at Minnesota Life Bridge for more than a year, staff review the Rights Notices and grievance policy at the annual team meeting with the person, their legal representative and family, if they choose to attend the meeting. In May 2017, Minnesota Life Bridge initiated a new process of sending to the legal representative of each resident an Annual Notification Letter that provides the name and contact information for the supervisor of the home and Minnesota Life Bridge management and information on how to file a grievance or complaint. The Minnesota Life Bridge Information Coordinator sent letters for all then-current residents on May 31, 2017. Going forward, Minnesota Life Bridge will send the Annual Notification Letter at the time of the resident's annual meeting, if the resident has not been discharged. For more information about the Rights Notices and grievance policy, see the status updates for ECs 65-66 in this report, pages 39-43.

Additionally, Minnesota Life Bridge sends out consumer satisfaction surveys to treatment homes residents, their legal representatives and case managers. Consumer satisfaction surveys are triggered by a person's one-year anniversary of admission to Minnesota Life Bridge and by discharge from Minnesota Life Bridge, and are sent electronically to a person's support team.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 March 2018 Annual Compliance Report  
 Reporting Period: January 1, 2017 to December 31, 2017

Minnesota Life Bridge is implementing new processes for ensuring delivery of consumer satisfaction surveys to legal representatives and filled the Transition Coordinator vacancy in May 2017. During this reporting period, the Minnesota Life Bridge Manager reviewed updated survey information and survey responses monthly, and, if indicated, the Minnesota Life Bridge Manager and the site's Community Residential Supervisor addressed any concerns raised.

### **Verification**

JOQACO verified the content of the Rights Notices and grievance policy by reviewing copies of these documents. JOQACO also reviewed copies of the forms signed by residents and their legal representatives to acknowledge receipt of the Rights Notices and grievance policy.

JOQACO confirmed through this review that Minnesota Life Bridge had signed acknowledgments on file for the 14 persons served at Minnesota Life Bridge treatment homes during the reporting period and that these forms had been signed within the last year (either during admission or during an annual review of the Rights Notices and grievance policy).

Of the 14 persons who were served at Minnesota Life Bridge treatment homes during this reporting period, JOQACO confirmed through interviews with Minnesota Life Bridge staff and through review of returned surveys that Minnesota Life Bridge offered a consumer satisfaction survey to the four people (██████████) who had a one-year anniversary of admission to Minnesota Life Bridge, and to the seven people (██████████) who were discharged from Minnesota Life Bridge during this reporting period.

As part of its verification process, JOQACO reviews Minnesota Life Bridge's satisfaction survey summary.<sup>19</sup> During this reporting period, one concern was identified in the satisfaction survey summary.<sup>20</sup> This concern has since been resolved by Minnesota Life Bridge. JOQACO has verified the resolution of this concern through its direct involvement with the transition process and interviews with the resident during site visits.

### ***Follow-up to Previous Report***

The Department previously reported in the March 2017 Annual Report that "JOQACO was unable to confirm through interviews with Minnesota Life Bridge staff if Consumer Satisfaction Surveys were sent to the legal representatives for three of these people. JOQACO followed up with Minnesota Life Bridge administration, who attributed this oversight to the departure of the Minnesota Life Bridge Transition Coordinator." (Doc. No. 621 page 19.) During this reporting

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<sup>19</sup> The Minnesota Life Bridge satisfaction survey summary lists by month the following: surveys sent out (type and recipient), surveys returned, issues identified, and follow-up actions taken.

<sup>20</sup>

(See Doc. No. 676 at 24.)

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 March 2018 Annual Compliance Report  
 Reporting Period: January 1, 2017 to December 31, 2017

period, Minnesota Life Bridge sent out the three surveys that could not be confirmed previously. JOQACO verified these surveys were sent by reviewing Minnesota Life Bridge's satisfaction survey summary.

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

### **Evaluation Criteria 38**

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

**Responsible Party:** Minnesota Life Bridge Manager

### **Current Status**

EC 38 requires that other reports, investigations, analyses, and follow up were made in each case of restraint use at the Minnesota Life Bridge treatment homes. Minnesota Life Bridge staff report on each incident of EUMR in multiple ways, including the DHS 3654 Notification Form, the DHS 3653 Individual Incident Report Review Form, and the EUMR Review Form.

During this reporting period, there were 33 incidents involving emergency use of manual restraint (EUMR). These incidents are listed below in Table 4 below.

**Table 4: 2017 Emergency Use of Manual Restraint (EUMR) Related Incidents**

	EUMR	EUMR & PRN <sup>21</sup>	EUMR & 911 Call <sup>22</sup>	EUMR & PRN & 911 Call	TOTALS
Jan. 2017	3	1	2		6
Feb. 2017	2	1	2		5
March 2017	1	2	3		6

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

<sup>22</sup> As previously reported (*e.g.*, Doc. No. 643 at 19-21 and Doc. No. 676 at 15- 18), the *Jensen* Internal Reviewer monitors and follows up on 911 calls at the Minnesota Life Bridge treatment homes. In reviewing all 911 calls at Minnesota Life Bridge treatment homes during this reporting period, the *Jensen* Internal Reviewer found no evidence of inappropriate use of 911 calls by Minnesota Life Bridge staff. The *Jensen* Internal Reviewer observed that, in accordance with professionally-accepted standards of practice, all 911 calls made by Minnesota Life Bridge staff during this reporting period were made under circumstances when staff reasonably believed that emergency assistance was necessary for the safety of residents and/or staff.

*Jensen* Settlement Agreement Comprehensive Plan of Action  
 March 2018 Annual Compliance Report  
 Reporting Period: January 1, 2017 to December 31, 2017

	EUMR	EUMR & PRN <sup>21</sup>	EUMR & 911 Call <sup>22</sup>	EUMR & PRN & 911 Call	TOTALS
April 2017		1			1
May 2017	2 <sup>23</sup>		1	1	4
June 2017				2	2
July 2017			1		1
Aug. 2017					0
Sept. 2017				1	1
Oct. 2017					0
Nov. 2017	2		3		5
Dec. 2017			1	1	2
<b>TOTALS</b>	<b>10</b>	<b>5</b>	<b>13</b>	<b>5</b>	<b>33</b>

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

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

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<sup>23</sup> This number reflects an increase of one additional incident of EUMR not included in Table 1: Monthly Summary of DHS 3654 Forms Completed in the August 2017 Semi-Annual Report (Doc. No. 643 at 19). After the August 2017 Report was filed, JOQACO discovered a tabulation error which resulted in the incident being incorrectly included in the 911 Call only column. That error is corrected here.

*Jensen* Settlement Agreement Comprehensive Plan of Action  
 March 2018 Annual Compliance Report  
 Reporting Period: January 1, 2017 to December 31, 2017

Bridge Information Coordinator facilitated the weekly calls and maintained a spreadsheet that tracked Minnesota Life Bridge's progress toward completing the recommendations for incident follow-up. The *Jensen* Internal Reviewer provided this spreadsheet as an attachment to each *Jensen* Internal Reviewer Monthly Report.

During this reporting period, JOQACO received all reports of EUMR use and other emergency behavioral interventions at Minnesota Life Bridge treatment homes—including DHS-3653 Incident Report forms and DHS-3654 Notification forms—and reviewed these reports to determine whether additional notifications, investigation, follow-up, or analysis was needed. Additionally, the *Jensen* Internal Reviewer received and reviewed Behavioral Intervention Report Forms relating to Minnesota Life Bridge residents. As necessary, JOQACO followed up on incident notifications with Minnesota Life Bridge management and clinical staff, the *Jensen* Internal Reviewer, the Department's Compliance Office, the Office of Ombudsman for Mental Health and Developmental Disabilities, or other appropriate entities.<sup>24</sup>

### **Verification**

JOQACO staff and the *Jensen* Internal Reviewer were able to confirm the information reported in this EC regarding the process for reports, investigations, follow-up and analysis of incidents of restraint use because JOQACO and the *Jensen* Internal Reviewer received copies of the relevant incident notifications and reports and were personally involved in the review and follow-up activities described. JOQACO also reviewed the *Jensen* Internal Reviewer Monthly Reports from this reporting period, which summarize the *Jensen* Internal Reviewer's activities regarding follow-up to incidents. To confirm the number of incidents of EUMR during this reporting period and that staff made appropriate reports for each incident, the Minnesota Life Bridge manager and JOQACO reviewed all DHS 3654 Notification Forms and DHS 3653 Incident Report Forms completed during this reporting period for incidents of EUMR.

### ***Follow-up to Previous Report***

During this reporting period, based on the review of incident reports and notifications, JOQACO identified opportunities for performance improvement. As previously reported in the August 2017 Semi-Annual Report (Doc. No. 643 at 20), 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-

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<sup>24</sup> Examples of how JOQACO followed up on incident notifications include: (a) directing improved clinical support (for many people as noted in the monthly reports), and (b) directing consultation with health practitioners, including psychiatrists (e.g., [REDACTED]). [REDACTED]

*Jensen* Settlement Agreement Comprehensive Plan of Action  
March 2018 Annual Compliance Report  
Reporting Period: January 1, 2017 to December 31, 2017

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. In the February 2018 Semi-Annual Report (Doc. No. 676 at 18), 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.

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

With the support of JOQACO, the *Jensen* Internal Reviewer, and clinicians from other areas of the Department, Minnesota Life Bridge has made steady progress toward resolving the challenges that prevented timely completion of internal reviews. During this reporting period, the *Jensen* Internal Reviewer provided monthly updates on this progress in the *Jensen* Internal Reviewer Monthly Reports.<sup>25</sup> Notably, in May and June 2017, Minnesota Life Bridge submitted one incident review outside of the five-day internal deadline and that was due to an error in electronic notifications for the Clinical Coordinator; this problem was reported and the Clinical Coordinator has received all subsequent notifications. Additionally, the *Jensen* Internal Reviewer has observed that the reviews and recommendations completed by the new Minnesota Life Bridge Clinical Coordinator, who started in March 2017 and is now completing the bulk of the reviews, have been of high quality—notably including interventions that include skill development for Minnesota Life Bridge residents. See the June 2017 *Jensen* Internal Reviewer Monthly Report, submitted to the Court on July 17, 2017, for more information.

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<sup>25</sup> For more information about the actions taken to resolve the challenges that prevented timely completion of internal reviews, see the *Jensen* Internal Reviewer Monthly Reports for this reporting period, January 2017-June 2017.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
March 2018 Annual Compliance Report  
Reporting Period: January 1, 2017 to December 31, 2017

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

### **Evaluation Criteria 45**

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

**Responsible Party:** Minnesota Life Bridge Manager

### **Current Status**

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

### **Verification**

During this reporting period, JOQACO did not receive any requests for access or concerns regarding access to the Facility and its records from the Office of Ombudsman for Mental Health and Developmental Disabilities, the Disability Law Center, or Plaintiffs' Class Counsel. JOQACO confirmed with the Minnesota Life Bridge Manager and the Community Support Services Program Manager that neither had received any requests for access or concerns related to access to Minnesota Life Bridge treatment homes or records during this reporting period.

### **Evaluation Criteria 46**

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

**Responsible Party:** Minnesota Life Bridge Manager

### **Current Status**

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



*Jensen Settlement Agreement Comprehensive Plan of Action*  
March 2018 Annual Compliance Report  
Reporting Period: January 1, 2017 to December 31, 2017

**Verification**

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

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

**Evaluation Criteria 54**

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

**Responsible Party:** Minnesota Life Bridge Manager

**Current Status**

EC 54 requires that Minnesota Life Bridge treatment home staff receive training in the following topics: positive behavioral supports, person-centered approaches, therapeutic interventions, personal safety techniques, crisis intervention and post-crisis evaluation. For Minnesota Life Bridge treatment home staff, the training areas identified in EC 54 are included in the following trainings that are part of Minnesota Life Bridge's established staff training program:

1. Positive Behavioral Supports (12 hours for existing employees and 24 hours for new employees);
2. Person Centered Training (12 hours for existing employees and 16 hours for new employees);
3. Effective and Safe Engagement (EASE) 2.0 Assess & Plan and Skills Demonstration (16 hours), which covers therapeutic interventions and personal safety techniques;
4. Minnesota Life Bridge Therapeutic Interventions and Emergency Use of Personal Safety Techniques (TI/PST)/EASE Procedure (one hour), which also addresses therapeutic interventions and personal safety techniques; and
5. Crisis Intervention/Post Crisis Intervention and Assessment (four hours).<sup>26</sup>

To ensure that Minnesota Life Bridge staff have received and will continue to receive training on the topics identified in EC 54, Minnesota Life Bridge has and will continue to monitor staff attendance at training sessions for the listed topics. Minnesota Life Bridge scheduled training

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<sup>26</sup> The Minnesota Life Bridge staff-training program also includes an hour of training on Medically Monitored Restraint, a topic not listed in EC 54 but included in Actions 54.1 and 54.2.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 March 2018 Annual Compliance Report  
 Reporting Period: January 1, 2017 to December 31, 2017

for both new and existing employees throughout the training year to ensure all staff receive the required hours in each area. See Table 5 below.

**Table 5: Minnesota Life Bridge Training Opportunities**

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

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

Because the Minnesota Life Bridge staff training year runs March 12 to March 11, based on the date upon which the CPA was approved,<sup>27</sup> this reporting period encompasses the end of the previous training year (March 12, 2016-March 11, 2017) and the beginning of the current training year (March 12, 2017-March 11, 2018).

For additional information on staff training completion, see the status updates in this report for ECs 56 and EC 58, pages 30-32 and 33-35.

### Verification

As explained in the status update for this EC, information about Minnesota Life Bridge staff

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<sup>27</sup> The CPA was approved March 12, 2014. (Doc. Nos. 283, 284.)

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 March 2018 Annual Compliance Report  
 Reporting Period: January 1, 2017 to December 31, 2017

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

On October 13, 2017, Minnesota Life Bridge initiated a new training participant list (TPL) submission process. Minnesota Life Bridge TPLs are submitted to the Minnesota Life Bridge Office and Administration Specialist for review. If corrections are needed, the TPL is returned to the supervisor of the site location for corrections to ensure that the hours are accurately reflected. Once the TPL is verified for accuracy, it is submitted to Direct Care and Treatment Learning and Development electronically. Direct Care and Treatment Learning and Development staff ensure that training hours are updated in Pathlore.

The Minnesota Life Bridge Manager and Community Residential Supervisors (CRS) review the training progress of new and current employees on required training on a monthly basis at the Minnesota Life Bridge supervisor meeting. The Minnesota Life Bridge Manager and CRS run individual Pathlore transcripts if questions arise regarding individual employees. The Minnesota Life Bridge Manager and CRS also review progress of returning employees who have been on a leave of absence as well as reviewing a report from DHS Human Resources showing staff changes.

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

#### **Evaluation Criteria 55**

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

**Responsible Party:** Minnesota Life Bridge Manager

*Jensen* Settlement Agreement Comprehensive Plan of Action  
March 2018 Annual Compliance Report  
Reporting Period: January 1, 2017 to December 31, 2017

**Current Status**

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

Consistent with EC 55, Minnesota Life Bridge staff received training that is consistent with applicable best practices and is competency-based. Each course in the Minnesota Life Bridge staff-training curriculum has a competency component. The developers of the training determine how competency will be evaluated for each training. In some trainings, written competencies are required as an indicator of understanding the concepts or information provided. Other trainings require demonstration of skills to show competency.

The developers of the training and/or presenters of the training in each area forward any changes or modifications to the training to the Minnesota Life Bridge Manager. The Minnesota Life Bridge Manager forwards these changes to the *Jensen* Internal Reviewer for review. Each course in the Minnesota Life Bridge staff-training curriculum is reviewed and updated for consistency with best practices at least every three years as follows:

**Effective and Safe Engagement (EASE):** The EASE Curriculum was updated during this reporting period by the EASE Instructor team. Additionally, the EASE Instructor Team made changes to the curriculum in 2016 based on recommendations of the *Jensen* Internal Reviewer. (See Doc. No. 572 at 7-8.) The EASE Instructor team compares and contrasts the EASE training curriculum with similar learning programs on an ongoing basis. Ongoing research on crisis management, behavioral interventions and de-escalation strategies influences changes made to the curriculum.

**Positive Behavioral Supports (PBS):** Members of the Department's PBS Leadership group, which is led by the Department's Clinical Director for Positive Behavior Supports, update the curriculum materials as needed. The PBS Leadership group members are linked with national associations providing guidance on best practices for PBS. Minnesota Life Bridge has a significant presence within the PBS Leadership group. The Department's Direct Care and Treatment division formed Communities of Practice for PBS in 2016, which support the spread of best practices in PBS training across the Department—including at Minnesota Life Bridge.

A variety of factors drive curriculum development for this training module, including relevant state statutes and Department policies. Subject matter experts (Minnesota Life Bridge supervisors) update this module as needed. Participation in licensing reviews and review of incidents of EUMR has informed the curriculum. During this reporting period, the subject matter experts forwarded modifications to the *Jensen* Internal Reviewer for review of best practices; the *Jensen* Internal Reviewer found the curriculum continued to meet best practices standards.

*Jensen* Settlement Agreement Comprehensive Plan of Action  
 March 2018 Annual Compliance Report  
 Reporting Period: January 1, 2017 to December 31, 2017

**Person Centered Training (PCT):** The Learning Community on Person Centered Practices develops PCT training materials. The Learning Community exists to identify and promulgate best practices in Person Centered Planning. Department trainers coordinate within the state and at an annual gathering to learn about curriculum updates and effective training methods. The PCT Instructor team develops Minnesota Life Bridge PCT coaches. The *Jensen* Internal Reviewer revised the Person Centered Thinking training during this reporting period

**Crisis Intervention/Post Crisis Intervention and Assessment:** Department behavioral health practitioners developed the original Crisis Intervention/Post Crisis Intervention and Assessment curriculum. Current Minnesota Life Bridge trainers review and make any needed revisions to aid in delivery of the training. Minnesota Life Bridge trainers consult with a subject matter expert in the Department's Learning and Development Division who is active within the crisis response community in Minnesota and researches best practices internationally for curriculum adjustments as appropriate. During this reporting period, the subject matter experts involved with the Crisis Intervention/Post Crisis Intervention and Assessment curriculum reviewed and made modifications to that curriculum. During this reporting period, the subject matter experts forwarded the modifications to the *Jensen* Internal Reviewer for review of best practices; the *Jensen* Internal Reviewer found the curriculum continued to meet best practices standards. At that time, no changes were made to the Post Crisis Intervention and Assessment competency evaluation.

**Medically Monitoring Restraint:** The Minnesota Life Bridge/Community Based Services RN Consultant developed the curriculum for this training and reviews it annually. The RN Consultant made curriculum content changes in 2016 based on recommendations of the *Jensen* Internal Reviewer (see Doc. No. 572 at 12) and comments regarding trauma-informed care. During this reporting period, the RN Consultant revised this training based on review of incidents of EUMR. In October 2017, the RN Consultant forwarded changes to the Medically Monitoring Restraint curriculum to the *Jensen* Internal Reviewer for review of best practices. The *Jensen* Internal Reviewer determined that the curriculum continued to meet best practices standards.

### **Verification**

JOQACO reviewed the information provided in the status update for EC 55 regarding curriculum development and updates obtained from the Minnesota Life Bridge Manager and the Department's Training and Development Supervisor.

During this reporting period, the *Jensen* Internal Reviewer assessed all components of Minnesota Life Bridge's staff training curriculum (Effective and Safe Engagement, Positive Behavior Supports, Person Centered Thinking (PCT), Crisis/Post Crisis Intervention and Assessment, and Medically Monitored Restraint (MMR) for compliance with the requirements of EC 55—that

*Jensen* Settlement Agreement Comprehensive Plan of Action  
 March 2018 Annual Compliance Report  
 Reporting Period: January 1, 2017 to December 31, 2017

training be competency-based and consistent with applicable best practices, including those from the Association for Positive Behavior Supports.<sup>28</sup>

All five of these curricula were revised during this reporting period: (1) Effective and Safe Engagement; (2) Positive Behavior Supports; (3) Person-Centered Thinking; and (4) Crisis/Post Crisis Intervention and Assessment and (5) Medically Monitoring Restraint. The *Jensen* Internal Reviewer found that these trainings met applicable best practices. The *Jensen* Internal Reviewer recommended minor revisions to one training curricula, Positive Behavior Supports; those suggested revisions were made. The *Jensen* Internal Reviewer recommended that culturally diverse examples be included in the Person Centered Thinking Training, and has shared that recommendation with the Department.

### **Evaluation Criteria 56**

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

**Responsible Party:** Minnesota Life Bridge Manager

### **Current Status**

EC 56 requires that Minnesota Life Bridge treatment home staff receive the specified hours of training in Therapeutic Interventions, Personal Safety Techniques, and Medically Monitoring Restraint. During this reporting period Minnesota Life Bridge provided this training to staff as follows: Therapeutic Interventions and Personal Safety Techniques covered by the EASE training (16 hours) and the Minnesota Life Bridge Therapeutic Interventions and Emergency Use of Personal Safety Techniques (TI/PST)/EASE Procedure training (one hour) and Medically Monitored Restraint (one hour) as a separate course. For additional information regarding the curricula for these courses, see the status update in this report for EC 55, pages 27-30.

As of the end of this reporting period, the 2017-2018 annual training period is in progress. As of December 31, 2017, for the 46 active<sup>29</sup> Minnesota Life Bridge treatment home staff<sup>30</sup> (12 new staff and 34 existing staff):

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<sup>28</sup> APBS Standards of Practice website: <http://www.apbs.org/standards-of-practice.html>

<sup>29</sup> For the purpose of these percentages, "active staff" includes all new staff, even if not yet assigned to provide direct support services. "Active staff" excludes staff who were on a leave of absence as of December 31, 2017, or who, as of December 31, 2017 had left employment with Minnesota Life Bridge.

<sup>30</sup> Treatment home staff includes all new and existing staff of Minnesota Life Bridge treatment homes including direct support professionals, clinical staff (i.e., behavior analysts) and administrative staff (i.e., community residential supervisors).

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 March 2018 Annual Compliance Report  
 Reporting Period: January 1, 2017 to December 31, 2017

- 65% (30/46) had completed the required 16 hours of Effective and Safe Engagement (EASE) 2.0 Assess & Plan and Skills Demonstration annual training;
- 80% (37/46) had completed the required one hour of Minnesota Life Bridge Therapeutic Interventions and Emergency Use of Personal Safety Techniques (TI/PST)/EASE Procedure annual training; and
- 98% (45/46) had completed the required one hour of Medically Monitored Restraint annual training.

Minnesota Life Bridge is conducting a number of staff trainings between January 1, 2018, and the end of their training year on March 11, 2018. JOQACO is monitoring staff attendance at trainings to ensure compliance with the EC 56 training requirements by the end of the training year.<sup>31</sup>

### **Verification**

As explained in the status update for EC 54, page 25, information about Minnesota Life Bridge staff training completion is maintained in the Department's web-based Learning Management System, Pathlore. During this reporting period, the Department's Direct Care and Treatment Learning and Development Division reviewed and entered information about Minnesota Life Bridge staff training completion, including staff competency results, into Pathlore for each of the training areas listed in EC 56.

On October 13, 2017, Minnesota Life Bridge initiated a new training participant list (TPL) submission process. Minnesota Life Bridge TPLs are submitted to the Minnesota Life Bridge Office and Administration Specialist for review. If corrections are needed, the TPL is returned to the supervisor of the site location for corrections to ensure that the hours are accurately reflected. Once the TPL is verified for accuracy, it is submitted to Direct Care and Treatment Learning and Development electronically. Direct Care and Treatment Learning and Development staff ensure that training hours are updated in Pathlore.

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<sup>31</sup> As of the end of the 2017/2018 training year (March 11, 2018), except for new hires and staff on leaves of absence, all active Minnesota Life Bridge treatment home staff had completed the required hours of annual training for EASE, Minnesota Life Bridge Therapeutic Interventions and Emergency Use of Personal Safety Techniques (TI/PST)/EASE Procedure, and Medically Monitored Restraint. Four new Minnesota Life Bridge staff completed training as of March 16, 2018. The remaining four new Minnesota Life Bridge staff started employment on February 21, 2018 and will take additional time to complete the initial training. Two Minnesota Life Bridge staff are on leaves of absence and will complete training upon their return. JOQACO will continue to monitor Minnesota Life Bridge training to ensure that all training is completed in a timely fashion.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 March 2018 Annual Compliance Report  
 Reporting Period: January 1, 2017 to December 31, 2017

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

JOQACO continues to track the hours for staff on a leave of absence and carry forward any missing hours into the next training year.

### **Evaluation Criteria 57**

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

**Responsible Party:** Minnesota Life Bridge Manager

### **Current Status**

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

During this reporting period, there were 33 instances of EUMR (See EC 38, Table 4, page 20). All staff involved in these incidents had received the EASE and Medically Monitored Restraint training courses, which cover the topics required by EC 57.

### **Verification**

JOQACO's data analyst reviewed Pathlore reports during this reporting period, to verify that all new Minnesota Life Bridge treatment home staff received the training specified in EC 57 and that all existing treatment home staff were current on these trainings.

Additionally, the JOQACO data analyst verified, through review of training data in Pathlore, that all staff involved in each of the 33 incidents of EUMR that occurred during the reporting



*Jensen Settlement Agreement Comprehensive Plan of Action*  
 March 2018 Annual Compliance Report  
 Reporting Period: January 1, 2017 to December 31, 2017

period had completed training on Therapeutic Interventions, Personal Safety Techniques, and Medically Monitored Restraint prior to involvement in the incident of EUMR. All staff newly hired during the reporting period involved in imposing restraint received all of the required training on these topics prior to the incident of EUMR. All existing staff members were current on the training for these topics as of the date of their involvement in the incident of EUMR.

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

### **Evaluation Criteria 58**

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

**Responsible Party:** Minnesota Life Bridge Manager

### **Current Status**

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

As of the end of this reporting period, the 2017/2018 annual training period was in progress. As of December 31, 2017, for the 46 active <sup>32</sup> Minnesota Life Bridge treatment home staff <sup>33</sup> (includes 12 new staff and 34 existing staff):

- 72% (33/46) had completed the required hours of Person Centered Thinking annual training;
- 96% (44/46) had completed the required hours of Crisis Intervention/Post Crisis Intervention and Assessment annual training; and

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<sup>32</sup> For the purpose of these percentages, “active staff” includes all new staff, even if not yet assigned to provide direct support services. “Active staff” excludes staff who were on a leave of absence as of December 31, 2017, or who, as of December 31, 2017 had left employment with Minnesota Life Bridge.

<sup>33</sup> Treatment home staff includes all new and existing staff of Minnesota Life Bridge treatment homes including direct support professionals, clinical staff (i.e., behavior analysts) and administrative staff (i.e., community residential supervisors).

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 March 2018 Annual Compliance Report  
 Reporting Period: January 1, 2017 to December 31, 2017

- 89% (41/46) had completed the required hours of Positive Behavioral Supports training.

Minnesota Life Bridge is conducting a number of staff trainings between January 1, 2018, and the end of their training year on March 11, 2018. JOQACO is monitoring staff attendance at trainings to ensure compliance with the training requirements by the end of the training year.<sup>34</sup>

### **Verification**

As explained in the status update for EC 54, page 25, information about Minnesota Life Bridge staff training completion is maintained in the Department's web-based Learning Management System, Pathlore. During this reporting period, the Department's Direct Care and Treatment Learning and Development Division reviewed and entered information about Minnesota Life Bridge staff training completion, including staff competency results, into Pathlore for each of the training areas listed in EC 58.

On October 13, 2017, Minnesota Life Bridge initiated a new training participant list (TPL) submission process. Minnesota Life Bridge TPLs are submitted to the Minnesota Life Bridge Office and Administration Specialist for review. If corrections are needed, the TPL is returned to the supervisor of the site location for corrections to ensure that the hours are accurately reflected. Once the TPL is verified for accuracy, it is submitted to Direct Care and Treatment Learning and Development electronically. The Direct Care and Treatment Learning and Development staff ensure that training hours are updated in Pathlore.

The Minnesota Life Bridge Manager and Community Residential Supervisor (CRS) review the training progress of new and current employees on required training on a monthly basis at the Minnesota Life Bridge supervisor meeting. The Minnesota Life Bridge Manager and CRS run individual Pathlore transcripts if questions arise regarding individual employees. The Minnesota Life Bridge Manager and CRS also review progress of returning

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<sup>34</sup> As of the end of the 2017/2018 training year (March 11, 2018), except for new hires and staff on leaves of absence, all active Minnesota Life Bridge treatment home staff had completed the required hours of annual training for EASE, Minnesota Life Bridge Therapeutic Interventions and Emergency Use of Personal Safety Techniques (TI/PST)/EASE Procedure, and Medically Monitored Restraint. Four new Minnesota Life Bridge staff completed training as of March 16, 2018. The remaining four new Minnesota Life Bridge staff started employment on February 21, 2018 and will take additional time to complete the initial training. Two Minnesota Life Bridge staff are on leaves of absence and will complete training upon their return. JOQACO will continue to monitor Minnesota Life Bridge training to ensure that all training is completed in a timely fashion.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
March 2018 Annual Compliance Report  
Reporting Period: January 1, 2017 to December 31, 2017

employees who have been on a leave of absence as well as reviewing a report from DHS Human Resources showing staff changes.

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

The JOQACO data analyst continues to track the hours for staff on a leave of absence and will carry forward missing hours, if any, into the next training year.

***Follow-up from Previous Report***

The Department reported in the March 2017 Annual Report that a number of Minnesota Life Bridge active staff had outstanding training hours at the end of the 2016/2017 training year because they were (1) on leave or had just returned from leave at the end of the 2016/2017 training year or (2) hired by Minnesota Life Bridge less than 90 days before the end of the training year. (Doc. No. 621 at 38.) The JOQACO data analyst has verified that all active staff have completed all training requirements for the 2016/2017 training year. The JOQACO data analyst has also verified completion of outstanding training hours for the one staff member who failed to complete the required hours of PBS training before the end of the 2016/2017 training year.

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

**Evaluation Criteria 59**

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

**Responsible Party:** Minnesota Life Bridge Manager

**Current Status**

EC 59 requires that Minnesota Life Bridge treatment home residents are permitted unscheduled and scheduled visits with immediate family and/or guardians, unless reasonably determined to be contraindicated by the interdisciplinary team. Consistent with EC 59, all Minnesota Life

*Jensen* Settlement Agreement Comprehensive Plan of Action  
 March 2018 Annual Compliance Report  
 Reporting Period: January 1, 2017 to December 31, 2017

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

During this reporting period, the 14 people served at Minnesota Life Bridge treatment homes were permitted visits with family, guardians, and friends whenever they wanted. No persons served at Minnesota Life Bridge treatment homes during this reporting period had restrictions on visitors based on a determination of the interdisciplinary team.

Minnesota Life Bridge encourages home visits or visits with the people important to each resident. Treatment home supervisors work with residents and their support teams to determine what visits are important to the person and to work with staff to facilitate these social opportunities. In addition to on-site visits, during this reporting period, Minnesota Life Bridge staff assisted with coordinating off-site visits with family and friends for 13 of the 14 residents.

Many Minnesota Life Bridge residents self-initiate scheduling visits with their family. To help residents visit with family, staff provide transportation and other support. During this reporting period, resident visits with family frequently involved overnight stays [REDACTED]

### Verification

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

*Jensen* Settlement Agreement Comprehensive Plan of Action  
March 2018 Annual Compliance Report  
Reporting Period: January 1, 2017 to December 31, 2017

**Evaluation Criteria 60**

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

**Responsible Party:** Minnesota Life Bridge Manager

**Current Status**

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

During this reporting period, visitors of the 14 people served at Minnesota Life Bridge treatment homes had no limits on access to living areas, with attention paid to all residents' rights to privacy.

**Verification**

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

*Jensen* Settlement Agreement Comprehensive Plan of Action  
March 2018 Annual Compliance Report  
Reporting Period: January 1, 2017 to December 31, 2017

**Evaluation Criteria 61**

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

**Responsible Party:** Minnesota Life Bridge Manager

**Current Status**

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

During this reporting period, the 14 people served at Minnesota Life Bridge treatment homes were permitted visits with family, guardians, and friends in private without staff supervision.

**Verification**

The *Jensen* Internal Reviewer reviewed the applicable Minnesota Life Bridge policy—Minnesota Life Bridge Procedure #15899 - Involvement with Family, Legal Representatives and Friends—and determined that it complies with the requirements of EC 61. The Minnesota Life Bridge Community Residential Supervisors confirmed with the *Jensen* Internal Reviewer that residents are permitted visits in private without staff supervision. During this reporting period, no concerns were reported to Minnesota Life Bridge regarding the ability of residents to visit freely with family, guardians, or friends. JOQACO also received no reports of concerns regarding the ability of Minnesota Life Bridge residents to visit freely with family, guardians, or friends during this reporting period.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
March 2018 Annual Compliance Report  
Reporting Period: January 1, 2017 to December 31, 2017

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

**Evaluation Criteria 62**

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

**Responsible Party:** Minnesota Life Bridge Manager

**Current Status**

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

**Verification**

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

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

**Evaluation Criteria 65**

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

**Responsible Party:** Minnesota Life Bridge Manager

**Current Status**

EC 65 requires Minnesota Life Bridge treatment homes to post a Resident Rights Notice that includes specified information.

There are three versions of Rights Notices used by Minnesota Life Bridge to comply with federal, state, and CPA requirements. One version contains the Minnesota Department of Health Patient, Resident and Home Care Bill of Rights (Minnesota Statutes section 144.651). Another version contains the Department's Home and Community-based Services Service Recipient Rights (Minnesota Statutes, section 245D.04). The third version has a pictorial section with a one-page

*Jensen Settlement Agreement Comprehensive Plan of Action*  
March 2018 Annual Compliance Report  
Reporting Period: January 1, 2017 to December 31, 2017

summary of the Minnesota Department of Health Patient, Resident and Home Care Bill of Rights, and is at a reading level of Flesch-Kincaid Grade Level 5.0. Minnesota Life Bridge also has a Grievance Policy and a Contact Information Sheet.

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

- An explanation of how to file a grievance with Minnesota Life Bridge.
- The address and phone number for the Department's Licensing Division, which is the entity responsible for licensing the Minnesota Life Bridge treatment homes. The policy explains that Licensing can be of assistance regarding complaints about the facility.
- The local and toll-free number to contact the Office of Ombudsman for Mental Health and Developmental Disabilities. This is included on the standard Minnesota Department of Health Patient, Resident and Home Care Bill of Rights and the one-page summary of this Bill of Rights. The one-page summary states, "If you have questions or feel we denied you any of these rights, talk to treatment staff or contact the Ombudsman's Office at 651-757-1800 or 1-800-657-3506. We must give you a written response to any complaint you have if you ask for it." The grievance policy includes the phone number, mailing address, and e-mail address for the Office of Ombudsman for Mental Health and Developmental Disabilities and states that the Office can be of assistance regarding complaints about the facility.

The Contact Information Sheet lists the names and phone numbers of persons to contact at the specific Minnesota Life Bridge treatment home to make inquiries about care and treatment.

During this reporting period, all three Rights Notices, the Grievance Policy and the applicable Contact Information Sheet were posted at each Minnesota Life Bridge treatment home, as follows:

- **Broberg's Lake:** The Rights, Grievance Policy, and Contact Information Sheet are posted by the downstairs entry, and in the upstairs common area.
- **Eagle Pointe 1:** The Rights Notices, Grievance Policy, and Contact Information Sheet are posted next to the entry door of the apartment.
- **Eagle Pointe 2:** The Rights Notices, Grievance Policy, and Contact Information Sheet are posted on a bulletin board in the common area.
- **Stratton Lake:** The Rights Notices, Grievance Policy and Contact Information Sheet are posted in the main floor hallway between the kitchen and the door to the garage.

Upon admission, Minnesota Life Bridge also provides each resident with a copy of a Rights Notice, the Grievance Policy and the applicable Contact Information Sheet. In May 2017, Minnesota Life Bridge initiated a new process of sending to the legal representative of each



*Jensen Settlement Agreement Comprehensive Plan of Action*  
 March 2018 Annual Compliance Report  
 Reporting Period: January 1, 2017 to December 31, 2017

resident an Annual Notification Letter that provides the name and contact information for the supervisor of the home and Minnesota Life Bridge management and information on how to file a grievance or complaint. The Minnesota Life Bridge Information Coordinator sent letters for all then-current residents on May 31, 2017. Going forward, Minnesota Life Bridge will send the Annual Notification Letter at the time of the resident's annual meeting, if the resident has not been discharged.

### **Verification**

During this reporting period, JOQACO verified posting of the Rights Notices, Grievance Policy and Contact Information Sheet at each treatment home by viewing the postings in person during site visits, as follows:

- **Broberg's Lake:** In the lower level hallway and the upper level common area of the Broberg's Lake home during site visits in April, May, June, August, September, November, and December 2017.
- **Eagle Pointe Apartments:** In the common areas of both Eagle Pointe apartments during site visits in May, June, August, September, and November 2017.
- **Stratton Lake:** In the main floor hallway between the kitchen and the door to the garage during site visits in April, May, June, August, September, November, and December 2017.

JOQACO verified that the Rights Notices and/or Grievance Policy contained the elements described in the status update for EC 65 by viewing the postings in person during site visits over several months during 2017.

JOQACO also verified during site visits during this reporting period that the names and phone numbers of persons to contact at Minnesota Life Bridge with inquiries about care and treatment posted in each treatment home are accurate.

### **Evaluation Criteria 66**

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

**Responsible Party:** Minnesota Life Bridge Manager

### **Current Status**

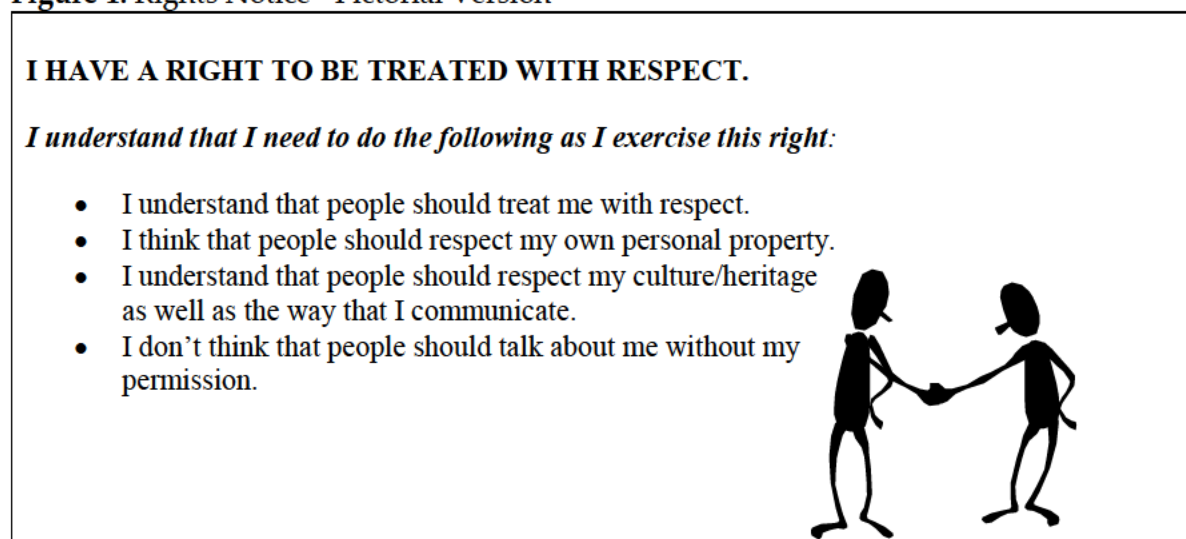
EC 66 requires that Rights Notices posted in the Minnesota Life Bridge treatment homes be in a form and with content that is understandable by residents, family members, and guardians. As reported in the status update for EC 65, page 39, of this report, there are three versions of Rights

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 March 2018 Annual Compliance Report  
 Reporting Period: January 1, 2017 to December 31, 2017

Notices used by Minnesota Life Bridge to comply with federal, state, and CPA requirements. One of these three versions includes a pictorial section, a one-page summary of the Minnesota Department of Health Patient, Resident and Home Care Bill of Rights, and is at a reading level understandable by residents and their family members or guardian (Flesch-Kincaid Grade Level 5.0). This version of the Rights Notice is posted in each of the Minnesota Life Bridge treatment homes.

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

**Figure 1: Rights Notice - Pictorial Version**



The Minnesota Department of Health Patient, Resident and Home Care Bill of Rights are available in languages other than English, if needed. Minnesota Life Bridge provides the person, their legal representative, family as appropriate, and others on the person's support team with a written copy of the Rights Notices, Grievance Policy, and Contact Information Sheet upon admission and annually thereafter.

### Verification

JOQACO reviewed copies of the Rights Notices to confirm that they are provided in a form and with content that is understandable by residents and their families or guardians and reviewed the Minnesota Life Bridge Admission Packet to confirm that it contains the Rights Notices. JOQACO also verified through interviews with treatment home supervisors that all three versions of the Rights Notices as well as the Grievance Policy and Contact Information Sheet are provided to persons and their family or legal representatives at admission. See the Verification section for EC

*Jensen Settlement Agreement Comprehensive Plan of Action*  
March 2018 Annual Compliance Report  
Reporting Period: January 1, 2017 to December 31, 2017

65 in this report, page 41, regarding the posting of the Rights Notices, Grievance Policy, and Contact Information Sheet.

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

**Evaluation Criteria 80**

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

**Responsible Party:** DHS Deputy Senior Counsel

**Current Status**

EC 80 requires that the Department not seek a waiver of the Positive Supports Rule for any of the Minnesota Life Bridge treatment homes. As a Home and Community-Based Services license holder, Minnesota Life Bridge must maintain compliance with licensing standards in Minnesota Statutes, Chapter 245D and all related rules and laws, including Minnesota Rules, chapter 9544 – referred to as the Positive Supports Rule.

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

**Verification**

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

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

**Evaluation Criteria 81**

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

*Jensen Settlement Agreement Comprehensive Plan of Action*  
March 2018 Annual Compliance Report  
Reporting Period: January 1, 2017 to December 31, 2017

**Responsible Parties:** Executive Medical Director, Direct Care and Treatment; Executive Director, Forensic Services

**Current Status**

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

**Verification**

The Responsible Party verified on a weekly basis that there were no transfers to or placements at the Minnesota Security Hospital during the reporting period of persons solely committed as a person with a developmental disability by using the AVATAR<sup>35</sup> PM (Practice Management) Report - Admission Report to review admissions. The Responsible Party then cross-referenced the Admission Report with the weekly AVATAR Report – DD for Forensics<sup>36</sup> to verify there were no new admissions or transfers of persons solely committed as a person with a developmental disability.

JOQACO reviewed the AVATAR reports for January, February and March 2017, and Minnesota Security Hospital census data for the entire reporting period to verify that there were no transfers or placements at the Minnesota Security Hospital of persons committed solely as a person with a developmental disability.

**Evaluation Criteria 83**

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

**Responsible Parties:** Executive Medical Director, Direct Care and Treatment; Executive Director, Forensic Services

**Current Status**

EC 83 requires that there be no change in the commitment status of any person at the Minnesota

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<sup>35</sup> AVATAR is the electronic health record system used by Minnesota Security Hospital.

<sup>36</sup> This report lists all persons with a diagnosis of developmental disabilities being served by Minnesota Security Hospital Forensic Services.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 March 2018 Annual Compliance Report  
 Reporting Period: January 1, 2017 to December 31, 2017

Security Hospital who was originally committed solely as a person with a developmental disability without appropriate notice to the person's parent and/or guardian and a full hearing before the proper adjudicative body. During this reporting period, no person who was originally committed solely as a person with a developmental disability was at the Minnesota Security Hospital. Accordingly, during this reporting period, there was no change in commitment status of any person at the Minnesota Security Hospital that falls within the scope of EC 83.

### **Verification**

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

### **Evaluation Criteria 84**

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

**Responsible Parties:** Executive Medical Director, Direct Care and Treatment; Executive Director, Forensic Services

### **Current Status**

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

### **Verification**

To verify the information reported in the status update for EC 84, as previously reported, JOQACO reviewed a 2013 census report from the Minnesota Security Hospital of persons with a developmental disability. The report confirmed that, as of November 21, 2013, the Minnesota Security Hospital had discharged all persons committed solely as a person with a developmental disability and who were not admitted with other forms of commitment or predatory offender

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 March 2018 Annual Compliance Report  
 Reporting Period: January 1, 2017 to December 31, 2017

status. The discharge of persons from the Minnesota Security Hospital who were committed solely as a person with a developmental disability prior to the adoption of the CPA is also confirmed in a report, Independent Review of Minnesota Security Hospital Transitions, which was completed by the University of Minnesota Institute on Community Integration. This report was filed with the Court on May 12, 2014 as an exhibit to the Department's Second Compliance Report.

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

### **Evaluation Criteria 89**

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

**Responsible Party:** Minnesota Life Bridge Manager

### **Current Status**

EC 89 requires that staff hired for new positions, or to fill vacancies at Minnesota Life Bridge treatment homes, will have experience in community-based, crisis, behavioral, and person-centered services and qualifications that are consistent with the JSA and currently accepted professional standards. During this reporting period, Minnesota Life Bridge hired 29 new staff, including a new Clinical Coordinator and a new Transition Coordinator. This includes one staff person who was hired but withdrew their candidacy after the hiring process was completed. Minnesota Life Bridge supervisors determined that staff hired for new positions or to fill vacancies during this reporting period had experience and qualifications consistent with the requirements of EC 89 by reviewing staff qualifications prior to the interview.

As part of the interview process, Minnesota Life Bridge queried candidates and their references about the candidate's experience in community-based, crisis, behavioral and person-centered services. Additionally, each newly hired Minnesota Life Bridge staff member receives the training outlined in the status update for EC 54 in this report, pages 25-27, which emphasizes delivery of community-based, person-centered services for persons with developmental disabilities who present challenging behavior. Some of these training courses (EASE, Medically Monitored Restraint) are completed by new employees before they are assigned to provide direct support services to treatment home residents. Others (Minnesota Life Bridge Therapeutic Interventions

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 March 2018 Annual Compliance Report  
 Reporting Period: January 1, 2017 to December 31, 2017

and Emergency Use of Personal Safety Techniques (TI/PST)/EASE Procedure) must be completed within the first few days of on-site employee training. New employees are typically scheduled to complete the remaining courses in Minnesota Life Bridge's training program (Positive Behavior Supports, Person-Centered Thinking, and Crisis Intervention/Post Crisis Intervention and Assessment) within the first four months of employment. For additional information about staff training at Minnesota Life Bridge, see the status updates for ECs 54-58 in this report, pages 25-35.

### **Verification**

The Responsible Party reviewed the resumes of Minnesota Life Bridge staff hired during this reporting period to verify experience in the areas specified in EC 89. In preparation for this report, the *Jensen* Internal Reviewer reviewed the resumes of the 29 Minnesota Life Bridge staff who were hired by or transferred to Minnesota Life Bridge during the reporting period. Based on this review, the *Jensen* Internal Reviewer concluded that 28 out of the 29 resumes for new staff established that the staff had the experience and qualifications required by EC 89.

The *Jensen* Internal Reviewer noted that clarification was needed regarding the sufficiency of one new employee's prior work experience. The *Jensen* Internal Reviewer requested additional information from Minnesota Life Bridge about this person's experience and qualifications. The supervisor confirmed with the Responsible Party that they deemed the employee's experience relevant to the delivery of services at Minnesota Life Bridge. The *Jensen* Internal Reviewer learned that the candidate's work at other Department-operated residential programs had given the candidate ample experience with people who present complex support needs. During the interview, this candidate showed significant knowledge about support strategies and displayed an excellent attitude about supporting people with disabilities. After receiving the requested additional information, the *Jensen* Internal Reviewer determined that this staff did meet the experience and qualifications requirements of EC 89. Minnesota Life Bridge, in consultation with the *Jensen* Internal Reviewer, has reviewed this staff's performance to determine if there is any need to remediate deficiencies related to having less experience at the point of hire. This staff person has performed well at Minnesota Life Bridge and works effectively with Minnesota Life Bridge residents. No additional training needs have been identified.

### ***Follow-up from Previous Report***

In the March 2017 Annual Report, the Department reported that "After receiving the requested additional information, the *Jensen* Internal Reviewer determined that these two new staff did not meet the experience and qualifications requirements of EC 89. Minnesota Life Bridge, in consultation with the *Jensen* Internal Reviewer, is reviewing these hires to determine how any deficiencies in their qualifications or experience can be remedied by additional training and other professional development activities." (Doc. No. 621 at 53). During this reporting period, the

*Jensen* Settlement Agreement Comprehensive Plan of Action  
 March 2018 Annual Compliance Report  
 Reporting Period: January 1, 2017 to December 31, 2017

*Jensen* Internal Reviewer learned that one of these hires was no longer working at Minnesota Life Bridge, so no follow-up was necessary. The *Jensen* Internal Reviewer requested additional information from Minnesota Life Bridge about the other new hire's performance. Minnesota Life Bridge reported that this staff person displayed no skill deficiencies and was an excellent staff person who worked very well with [REDACTED] in particular. After reviewing the requested additional information, the *Jensen* Internal Reviewer determined that no additional training or professional development is necessary.

### **Evaluation Criteria 90**

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

**Responsible Party:** Minnesota Life Bridge Manager

### **Current Status**

EC 90 requires that the Minnesota Life Bridge treatment homes provide integrated vocational options to residents. As previously reported, JOQACO initiated the procedure for an Independent Subject Matter Expert review related to EC 90's integrated vocational options requirement in December 2016. (See, Doc. No. 621 at 56.) The Independent Subject Matter Expert developed recommendations to guide Minnesota Life Bridge in providing integrated vocational options to residents in a more coordinated and systematic manner.

JOQACO received the Independent Subject Matter Expert's final report and recommendations during this reporting period, in June 2017. With guidance from JOQACO and the *Jensen* Internal Reviewer, Minnesota Life Bridge has implemented the Independent Subject Matter Expert's recommendations. As of the end of this reporting period, all Minnesota Life Bridge residents were receiving integrated vocational support or were in the customized employment process.

During this reporting period, Minnesota Life Bridge met with each resident's support team as a preliminary step towards employment. The Skills Development Specialist explained to the person and their support team the expectations and process of customized employment during the first meeting and at each monthly meeting thereafter.

The Minnesota Life Bridge Skills Development Specialist meets with each person on an ongoing basis. The residents are at different stages of the Customized Employment process, but the majority is working with the employment specialist in the discovery phase, which includes the following activities: home and community observations, interviews with those who support the job seeker, observations as they engage in activities and other items as they are discovered and identified. Other employment activities that the Skills Development Specialist has offered include



*Jensen Settlement Agreement Comprehensive Plan of Action*  
March 2018 Annual Compliance Report  
Reporting Period: January 1, 2017 to December 31, 2017

benefits analysis, one to one support towards resume building, instruction on how to job search and navigating the internet, creating an email account for employment purposes, preparing for job interviews and answering difficult questions, and other activities specific to each person.

The Skills Development Specialist has developed a training for Minnesota Life Bridge staff specific to their roles and responsibilities in the customized employment effort. This training covers informational interviews, descriptive writing, discovery visits, observations, and other topics. The Skills Development Specialist met with Vocational Rehabilitation Services<sup>37</sup> to discuss roles in promoting integrated vocational options for Minnesota Life Bridge residents. These discussions addressed funding, support, and supervision levels. Minnesota Life Bridge has added Vocational Rehabilitation Services support considerations to Minnesota Life Bridge's intake paperwork to expedite the process of pursuing integrated vocational options.

Currently, each Minnesota Life Bridge resident referred has been approved for Vocational Rehabilitation Services. These services initially are in the form of a vocational assessment, which will be completed by the Minnesota Life Bridge Skills Development Specialist. This aims to discover the person's interests, abilities, and skills to identify vocational strengths, needs and career potential. All appropriate, interested Minnesota Life Bridge residents will be referred to Vocational Rehabilitation Services.

During this reporting period, the Skills Development Specialist met with local employers to build relationships that will benefit Minnesota Life Bridge residents; a process referred to as Job Development. Additionally, Minnesota Life Bridge residents have been entered into the Minnesota State Operated Community Services (MSOCS) Vocational Services payroll system and have been approved for payment of paid work trials, job tryouts, and internships.

The following is a summary of the integrated vocational supports or customized employment processes of Minnesota Life Bridge residents during this reporting period:

■ [REDACTED]

■ [REDACTED]

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<sup>37</sup> Vocational Rehabilitation Services (VRS) is part of the Minnesota Department of Employment and Economic Development. VRS helps people with disabilities prepare for, find, and keep jobs that are consistent with their skills, strengths, and interests.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
March 2018 Annual Compliance Report  
Reporting Period: January 1, 2017 to December 31, 2017



As of the end of December 2017, Minnesota Life Bridge assisted the eight current residents to achieve the following outcomes related to integrated vocational options:

- Four residents are participating in competitive integrated employment ( [REDACTED] )
- Three residents are actively seeking competitive integrated employment ( [REDACTED] )
- One resident is planning or preparing for competitive integrated employment ( [REDACTED] )

**Verification**

The Responsible Party verified the information reported to JOQACO by reviewing the minutes of treatment home residents' monthly team meetings and resident progress reports. The Responsible Party submitted these supporting documents to JOQACO. JOQACO reviewed the documents submitted by the Responsible Party and confirmed that the documentation supported

*Jensen* Settlement Agreement Comprehensive Plan of Action  
March 2018 Annual Compliance Report  
Reporting Period: January 1, 2017 to December 31, 2017

the information reported. Additionally, JOQACO and the *Jensen* Internal Reviewer were personally involved in the meeting with Minnesota Life Bridge management referenced in the status update in this report for EC 90.

Interviews with Minnesota Life Bridge residents and the *Jensen* Internal Reviewer or JOQACO while conducting site visits have confirmed the accuracy of the information reported relating to EC 90. 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.

### **Evaluation Criteria 91**

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

**Responsible Party:** Minnesota Life Bridge Manager

### **Current Status**

EC 91 requires that all CPA requirements in the area of person-centered planning are met for each person served at Minnesota Life Bridge treatment homes. The CPA requirements in the area of person-centered planning are contained in ECs 2 and 50. During this reporting period, the person-centered planning requirements of ECs 2 and 50 were met for each person served at Minnesota Life Bridge treatment homes. For information about how these requirements were met during the reporting period, see the status updates for ECs 2 and 50 in the August 2017 and February 2018 Semi-Annual Reports. (Doc. No. 643 at 8-9 and 37-39 and Doc. No. 676 at 7-13 and 30-32.)

### **Verification**

See the Verification sections for ECs 2 and 50 in the August 2017 and February 2018 Semi-Annual Reports. (Doc. No. 643 at 10 and 39 and Doc. No. 676 at 9 and 32.)

### ***Follow-up from Previous Report***

As reported in the March 2017 Annual Report, following that reporting period, JOQACO updated its interview protocols to include additional questions relating to person-centered planning and transition planning for Minnesota Life Bridge residents. (Doc. No. 621 at 57-58, n. 53 and n. 54.) JOQACO began using this updated protocol during this reporting period.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
March 2018 Annual Compliance Report  
Reporting Period: January 1, 2017 to December 31, 2017

**Evaluation Criteria 92**

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

**Responsible Party:** Minnesota Life Bridge Manager

**Current Status**

EC 92 requires that all CPA requirements in the area of transition planning are met for each person served at Minnesota Life Bridge treatment homes. The CPA requirements in the area of transition planning are contained in ECs 47-53. During this reporting period, the transition planning requirements of ECs 47-53 were met for each person served at Minnesota Life Bridge treatment homes. For information about how these requirements were met during the reporting period, see the status updates for ECs 47-53 in the August 2017 and February 2018 Semi-Annual Reports. (Doc. No. 643 at 24 -45 and Doc. No. 676 at 20 -41.)

**Verification**

See the Verification sections for ECs 47-53 in the August 2017 and February 2018 Semi-Annual Reports. (Doc. No. 643 at 25, 31-35, 37-39, 41 and 44-45 and Doc. No. 676 at 21, 25-28, 30, 32, 36 and 39-41.)

**Evaluation Criteria 94**

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

**Responsible Party:** Minnesota Life Bridge Manager

**Current Status**

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

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 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.

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 March 2018 Annual Compliance Report  
 Reporting Period: January 1, 2017 to December 31, 2017

## **Verification**

JOQACO confirmed that Minnesota Life Bridge treatment homes were appropriately and timely licensed by maintaining copies of all Minnesota Life Bridge licenses and by checking the status of these licenses through the Department's publicly available Licensing Lookup web page.<sup>38</sup>

## **Evaluation Criteria 96**

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

**Responsible Party:** Community Supports Services Director

## **Current Status**

As reported in the August 2016, February 2017, August 2017 and February 2018 Semi-Annual Reports, Community Support Services' (CSS) mobile teams provide augmentative service supports, consultation, mobile teams and training to those supporting the person for purposes of EC 93. (Doc. No. 589 at 52-53; Doc. No. 614-1 at 71-72; Doc. No 643 at 73 – 80; and Doc. No. 676 at 69 – 74.) EC 96, which comes under the same section of the CPA as EC 93 (relating to the closure of MSHS-Cambridge and its replacement with community homes and services), requires that the training plan for the staff providing such services: (1) emphasize providing tools and support services in a person's home as quickly as possible; and (2) encompass delivery of community-based programs and processes.

The training plan for CSS new employee orientation and annual training includes training on Positive Behavior Supports, Person-Centered Service Planning, Organizational Positive Behavior Supports/Person-Centered Thinking, the Positive Supports Rule, and Functional Behavior Assessment. Training content includes Case Formulation, Consultation, and Clinical Guidance. Consistent with the requirements of EC 96, this training plan emphasizes the provision of tools and supports in a person's home as quickly as possible through teaching effective consultation practices. Training includes instruction on assessing individual and system considerations, methods for building the capacity of persons' support networks, finding appropriate clinical resources, and generating case outcomes. Training includes tools needed for effective positive support, such as Person-Centered Service Planning, Validation, and Positive Behavior Supports. Multiple aspects of the CSS staff training plan—including training on Positive Behavior Supports and Person-Centered Service Planning and portions of the Case Formulation, Stages of Change, Problem Definition, and Clinical Guidance training curriculums—address community life for

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<sup>38</sup> <https://mn.gov/dhs/general-public/licensing/>

*Jensen Settlement Agreement Comprehensive Plan of Action*  
March 2018 Annual Compliance Report  
Reporting Period: January 1, 2017 to December 31, 2017

persons with developmental disabilities and delivery of community-based programs and processes.

### **Verification**

The CSS Director reviewed the CSS training plan and training curricula and provided these materials to JOQACO. The *Jensen* Internal Reviewer verified that the training plan for CSS mobile team staff meets the requirements of EC 96 by reviewing the training plan, course curricula, and other training materials/resources provided to CSS mobile team staff. Additionally, the *Jensen* Internal Reviewer personally participated in the Department's Organizational Positive Behavior Support/Person-Centered Thinking efforts.

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

#### **Evaluation Criteria 100**

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

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

**Responsible Party:** DHS Deputy Senior Counsel

#### **Current Status**

The Department published the Notice of Adoption of Minnesota Rules, chapter 9544, in the August 17, 2015, edition of the *Minnesota State Register* (40 SR 179), completing the promulgation

*Jensen Settlement Agreement Comprehensive Plan of Action*  
 March 2018 Annual Compliance Report  
 Reporting Period: January 1, 2017 to December 31, 2017

of the rule. The Positive Supports Rule (Chapter 9544, Positive Support Strategies and Restrictive Interventions)<sup>39</sup> became effective on August 31, 2015.

### **Verification**

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

### **Evaluation Criteria 101**

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

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

**Responsible Party:** DHS Deputy Senior Counsel

### **Current Status**

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

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

### **Verification**

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

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<sup>39</sup> <https://www.revisor.mn.gov/rules/?id=9544>

*Jensen* Settlement Agreement Comprehensive Plan of Action  
March 2018 Annual Compliance Report  
Reporting Period: January 1, 2017 to December 31, 2017

Revisor of Statutes website.

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