

Jensen Settlement Agreement Comprehensive Plan of Action (CPA)

August 2018 Semi-Annual
Compliance Report
Reporting Period: January 1, 2018 – June 30, 2018



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Introduction

This is the *Jensen* Settlement Agreement (JSA) Comprehensive Plan of Action (CPA) August 2018 Semi-Annual Compliance Report created in response to the February 22, 2016 Order for Reporting on Settlement Agreement (Doc. Nos. 545, 545-1). The Department based this report on data, documentation and information from January 1, 2018 through June 30, 2018. This report addresses the following Evaluation Criteria (EC), as scheduled: 2, 3, 39, 41, 47-53, 64, 67-79, 93, 98 and 103. (See Doc. No. 545-1.)

As of August 1, 2018, the *Jensen/Olmstead* Quality Assurance and Compliance Office (JOQACO) changed its name to Quality Assurance and Disability Compliance Services (QADC Services). While continuing in its role of managing and coordinating JSA and CPA obligations, QADC Services is developing its role with its new name to continue its work beyond court oversight. For additional information concerning QADC Services, see section below on Components of the Department's Internal Oversight System.

QADC Services developed this report from information submitted and verified by parties identified as being responsible for each Evaluation Criteria. The Responsible Party for each Evaluation Criteria is identified by title.

QADC Services completed additional verification and analysis of the information submitted by the Responsible Parties. QADC Services' compliance monitoring and verification process is explained in more detail below. The update for each Evaluation Criteria in this report includes a description of the verification efforts specific to that Evaluation Criteria. If QADC Services identifies an opportunity for performance improvement, QADC Services will provide follow-up in the next scheduled report for the relevant Evaluation Criteria unless a concern is noted requiring exception reporting. (See [Doc. No. 545 at 3-4](#)).

Background

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

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Components of the Department's Internal Oversight System

Quality Assurance and Disability Compliance Services

As required by the CPA, the Department established the *Jensen* Implementation Office in 2014 to manage and coordinate this plan. In 2016, the *Jensen* Implementation Office moved to the Department's Compliance Office and was renamed the *Jensen/Olmstead* Quality Assurance and Compliance Office (JOQACO). (See Doc. No. 589 at 5.)

The organizational and name changes for JOQACO were accompanied by a shift in focus from implementation and coordination to quality assurance and compliance monitoring and measurement. Consistent with this new focus, JOQACO developed enhanced verification protocols and expanded the Internal Reviewer responsibilities.

The Successful Life Project became part of JOQACO in April 2016. (See [Doc. No. 589 at 58.](#)) Successful Life Project staff currently includes board-certified behavior analysts and the Successful Life Project Coordinator.¹ The Internal Reviewer provides clinical oversight of the board-certified behavior analysts.

Over the past two years, JOQACO responsibilities have evolved and expanded. Although JOQACO responsibilities continue to include management and coordination of *Jensen* Settlement Agreement (JSA) and CPA obligations, JOQACO is becoming more involved with compliance and quality assurance activities that reach beyond the CPA. Accordingly, JOQACO needs a name that conveys this expanded focus and connects with additional stakeholders.

As of August 1, 2018, JOQACO changed its name to Quality Assurance and Disability Compliance Services (QADC Services). While continuing in its role of managing and coordinating JSA and CPA obligations, QADC Services is developing its role with its new name to continue its work beyond court oversight. Ongoing efforts include:

- Identifying and addressing issues before they become compliance concerns through the ongoing oversight and verification system;
- Verifying information reported in multiple ways; and

¹ As of the date of this report, a registered nurse has accepted a position to begin in September 2018 with the Successful Life Project. The Department is also actively recruiting to fill a position for a licensed social worker.

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- Proactively monitoring the therapeutic follow-up group cohort, to determine needed supports to help prevent re-institutionalization and other transfers to settings that are more restrictive.

The Department has reflected the name change from JOQACO to QADC Services in this report.

QADC Services includes four full-time professionals and one full-time support staff, as required by the CPA. (Doc. No. 283 at 1.) The full-time professionals include a director, analyst, data analyst and the Internal Reviewer. The current Internal Reviewer joined the Department on December 1, 2015. In June 2016, the Department assigned an attorney to the office.

Independent Compliance Oversight and Verification Process

In previous reports (*e.g.*, Doc. Nos. 589, 614-1, 643, 676 and 683), JOQACO reported on the development of a multi-approach process to continuously monitor compliance with the JSA and CPA, address identified areas for improvement, and verify information submitted to JOQACO and reported to the Court. 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, implemented and exercised independently within the Department, continues to be used by QADC Services 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. QADC Services, 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. QADC Services' independent compliance and verification reviews include the following activities:

1. On-site compliance reviews involving client interviews,² 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

² 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. (See Doc. No. 614-1 at 6, n.3.)

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services that do not operate out of a single site—such as mobile support services provided by Community Support Services; and

3. Review of key documents, treatment records, and data from the programs areas. This includes review of program area policies, client person-centered plans (referred to at Minnesota Life Bridge as “Person-Centered Descriptions/Plans”) and transition plans (referred to at Minnesota Life Bridge as “Transition Summary and Plan” or “Transition Plan”), case notes, training records and curricula, databases, and required notifications.

Through QADC Services’ independent oversight and verification system, the Department is identifying and addressing issues before they become compliance concerns. While this process is fully developed and implemented, QADC Services continues to monitor for necessary refinements, including the frequency and content of updates for specific Evaluation Criteria (ECs) from program areas to QADC Services. The compliance monitoring and verification efforts conducted by program areas and QADC Services, as well as the information obtained through these efforts, are explained in more detail in the status updates for the relevant ECs.

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

Settlement Agreement Section IV. METO Closure (EC 2 and 3)

Evaluation Criteria 2

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

Responsible Party: Minnesota Life Bridge Manager

Current Status

Consistent with the requirements of EC 2, the Minnesota Life Bridge treatment homes³ utilize person-centered planning principles and positive behavioral supports at all stages of a resident’s

³ There are four Minnesota Life Bridge treatment homes: Stratton Lake, Broberg’s Lake, and the two Eagle Pointe apartments. The term “treatment home” comes from the CPA. (See Doc. No. 283 at 2, 29.) As of the end of this reporting period, Minnesota Life Bridge was in the midst of implementing a relocation plan for the Eagle Pointe treatment homes to a former Minnesota State Operated Community Services (MSOCS) home in a nearby community. This move will have the effect of increasing Minnesota Life Bridge’s licensed capacity by one bed and decreasing the total number of homes to three. Minnesota Life Bridge will conduct this relocation in conformity with ECs 88 and 94.

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treatment program, which starts with the support team's development of the resident's Person Centered Description/Plan, and is further guided by development of the resident's Functional Behavior Assessment, Coordinated Service Support Plan Addendum (CSSP-A), and Positive Behavior Support Plan. The relationships between these documents and the processes by which these documents are developed are described in previous updates for EC 2 ([Doc. 614-1 at 9-10](#), Doc. No. 643 at 8-15 and Doc. No. 676 at 7-13) and with the following updates for this reporting period:

- Six of the six persons admitted to Minnesota Life Bridge during this reporting period had an initial Person Centered Description/Plan completed within 30 days of admission;
- Thirteen of the 13 persons served at a Minnesota Life Bridge treatment home during this reporting period had a Person Centered Description/Plan, Coordinated Services and Supports Plan - Addendum (CSSP-A), Support Plan, Functional Behavior Assessment, and a Positive Behavior Support Plan; and
- Twelve of the 12 persons served for at least thirty consecutive days at a Minnesota Life Bridge treatment home during this reporting period had their Person Centered Description/Plan updated on at least a monthly basis after the initial team meeting.^{4,5}

The following are examples of how Minnesota Life Bridge staff use person-centered principles and positive behavior supports, reflected in residents' key documents, to support residents on a daily basis. Minnesota Life Bridge provided these examples in response to QADC Services' request for information for a sample of clients during one month from this reporting period (April 2018):

- [REDACTED]

⁴ [REDACTED]

⁵ [REDACTED]

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[REDACTED]

- [REDACTED]

- [REDACTED]

Verification

The Responsible Party verified the information submitted to QADC Services for EC 2 through review of Minnesota Life Bridge Residents' Person Centered Descriptions/Plans, person-centered planning meeting minutes, and Functional Behavior Assessment documents. The Responsible Party assured that QADC Services has ongoing access to these documents.

During this reporting period, QADC Services monitored and verified the use of person-centered planning principles and positive behavior supports at Minnesota Life Bridge treatment homes, consistent with EC 2, in multiple ways. First, the *Jensen* Internal Reviewer monitored the use of positive behavior support strategies and consistency with applicable best practices on an ongoing basis through review of support strategies used by Minnesota Life Bridge in response to occurrences of challenging behavior. This included the *Jensen* Internal Reviewer's participation in weekly calls with Minnesota Life Bridge to review progress on improvement of positive supports for treatment home residents. For more information about the activities of the *Jensen* Internal Reviewer, see the status updates for ECs 39 and 41, pages 17 – 19, and 20 - 21.

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

The third method used by QADC Services to monitor compliance with and to verify information reported for EC 2 was to conduct on-site visits at the Minnesota Life Bridge treatment homes. During this reporting period, QADC Services staff conducted four visits each to Broberg's Lake and Stratton Lake, and three visits to the Eagle Pointe apartments. During these visits, QADC Services staff interviewed residents, when available and willing to be interviewed, as well as Minnesota Life Bridge staff. QADC Services staff also looked over the physical plant for any concerns. Prior to site visits, QADC Services staff review each resident's Person Centered Description/Plan and QADC Services is respectful to persons who do not want to meet or engage with new people.

During this reporting period, QADC Services conducted the following announced visits:

- **Broberg's Lake:** QADC Services visited Broberg's Lake on January 16, March 20, April 17, and June 19, 2018;
- **Stratton Lake:** QADC Services visited Stratton Lake on January 16, March 20, April 17, and June 19, 2018; and
- **Eagle Pointe Homes:** QADC Services visited the Eagle Pointe apartments on January 8, March 7, and April 5, 2018.

The following is information gathered during the on-site visits that reflects implementation of person-centered planning principles and positive behavior supports:

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Broberg’s Lake:

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

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[REDACTED]

Stratton Lake:

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

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Eagle Pointe:

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

⁶ As of the end of this reporting period, Minnesota Life Bridge was in the midst of implementing a relocation plan for the Minnesota Life Bridge Eagle Pointe treatment homes to a former Minnesota State Operated Community Services (MSOCS) home in a nearby community. This move will have the effect of increasing Minnesota Life Bridge's licensed capacity by one bed and decreasing the total number of homes to three. Minnesota Life Bridge will conduct this relocation in conformity with ECs 88 and 94. [REDACTED]
[REDACTED]
[REDACTED]

⁷ [REDACTED]

⁸ [REDACTED]
[REDACTED]

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During this reporting period, the *Jensen* Internal Reviewer also made two separate on-site visits to the Minnesota Life Bridge treatment homes to interview residents. 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:

- ■: March 2018 *Jensen* Internal Reviewer Monthly Report (distributed to the Court on April 16, 2018, pages 2-5); and
- ■ June 2018 *Jensen* Internal Reviewer Monthly Report (distributed to the Court on July 16, 2018, pages 2-6).

Follow-up on Previously Identified Opportunities for Improvement

Person Centered Descriptions/Plans

During the previous reporting period, in regard to JOQACO's review of Minnesota Life Bridge residents' Person Centered Description/Plans and Transition Plans, it was noted that for ■ there was a gap of more than one month between updates of the Person Centered Description/Plan and Transition Plan. See the February 2018 Semi-Annual Compliance Report (Doc. No. 676) During this reporting period, Minnesota Life Bridge and QADC Services staff continued to monitor and track the development and updating of Person Centered Descriptions/Plans and Transition Plans to ensure their timely completion. Thirteen of the 13 persons served at a Minnesota Life Bridge treatment home during this reporting period had their Person Centered Description/Plan and Transition Plan updated on at least a monthly basis after the initial team meeting.

Minnesota Life Bridge Person-Centered Planning Process

In the August 2017 Semi-Annual Report, the Department explained that Minnesota Life Bridge was developing a quarterly review process in which supervisors and staff would discuss the connection between residents' Person Centered Descriptions/Plans and their daily activities, as well as how the person-centered documents relate to the overall plans and processes for Minnesota Life Bridge residents. (Doc. No. 643 at 15.) JOQACO verified through review of training participant lists that the quarterly review process began in September 2017. (See Doc. No. 676 at 13.)

As noted in the September 2017 *Jensen* Internal Reviewer Monthly Report (submitted to the Court on October 16, 2017), "The *Jensen* Internal Reviewer convened a meeting in August 2017 at which the representatives from each Minnesota Life Bridge (MLB) site shared their updated practices and discussed how to improve the efficiency and effectiveness of these update processes. As a follow-up to this meeting, MLB developed a strategy to assure consistent, effective approaches to be used across MLB in doing the Person Centered Description/Plan updates. The *Jensen* Internal Reviewer confirmed the sufficiency of MLB's identified strategy, and [the office] will monitor implementation."

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QADC Services verified through email communications with the Minnesota Life Bridge Supervisor and Minnesota Life Bridge Transition Coordinator that each Minnesota Life Bridge facility is completing quarterly trainings on the connection between residents' Person Centered Descriptions/Plans and their daily activities, as previously planned. The reviews of each topic are conducted at scheduled staff meetings. In addition, during the monthly Support and Progress Review Meetings, the Minnesota Life Bridge RN, Clinical Director, PCT Facilitator/Trainer, Transition Coordinator, and various staff members discuss changes made to the Person Centered Descriptions/Plans, and adjustments to programming to address the changes. During monthly staff meetings, direct service professionals and the home supervisor also discuss what a Minnesota Life Bridge resident wants and how they can support the resident to get what he/she wants. The Minnesota Life Bridge PCT Facilitator/Trainer encourages staff to provide recommended updates to the Person Centered Description/Plan throughout the month.

Evaluation Criteria 3

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

Responsible Party: Minnesota Life Bridge Manager

Current Status

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

To determine whether a person meets the first admission criterion—being a person with a developmental disability—the Minnesota Life Bridge Transition Coordinator reviews professional assessments and/or court documents to determine if the person has been diagnosed with a developmental disability.

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

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

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

Prior to the final admission decision, the Minnesota Life Bridge Manager reviews the determination of the Transition Coordinator for meeting both required criteria.

If there are discrepancies in the referral documentation or insufficient information to make a determination as to whether the person meets the admission criteria, the Minnesota Life Bridge Transition Coordinator seeks additional information from the person's case manager to resolve the discrepancy. If necessary, in situations where there is insufficient information to make a determination as to whether the person meets the admission criteria, the Department's Community Based Services Short-term Residential Program Manager, in collaboration with the Minnesota Life Bridge Transition Coordinator and Minnesota Life Bridge Manager, will review admission materials and make a determination.

During this reporting period, Minnesota Life Bridge admitted six people to a Minnesota Life Bridge treatment home and Minnesota Life Bridge determined that each of the six persons admitted to a treatment home during the reporting period met the EC 3 criteria for admission.

Verification

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

- [REDACTED] March 2018 *Jensen* Internal Reviewer Monthly Report (distributed to the Court on April 16, 2018, pages 6-7);
- [REDACTED] April 2018 *Jensen* Internal Reviewer Monthly Report (distributed to the Court on May 15, 2018, pages 3-4);
- [REDACTED]: May 2018 *Jensen* Internal Reviewer Monthly Report (distributed to the Court on June 15, 2018, page 3);
- [REDACTED] May 2018 *Jensen* Internal Reviewer Monthly Report (distributed to the Court on June 15, 2018, page 4);
- [REDACTED] June 2018 *Jensen* Internal Reviewer Monthly Report (distributed to the Court on July 16, 2018, pages 7-8); and
- [REDACTED] June 2018 *Jensen* Internal Reviewer Monthly Report (distributed to the Court on July 16, 2018, pages 8-10).

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Based on review of referral documentation, the *Jensen* Internal Reviewer determined that all the individuals listed above are persons with developmental disabilities who exhibited severe behaviors that present a risk to public safety — consistent with the requirements of EC 3.

In the June 2018 *Jensen* Internal Reviewer Monthly Report (distributed to the Court on July 16, 2018, pg. 8), the Internal Reviewer stated, [REDACTED]

[REDACTED]

Settlement Agreement Section VII.B. Resident Review - Internal Reviewer (EC 39 and 41)

Evaluation Criteria 39

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

Responsible Party: QADC Services Director

Current Status

Consistent with EC 39, and without objection by the Court Monitor, Plaintiffs' Class Counsel or the Court Consultants, the Department designated Dr. Dan Baker as the *Jensen* Internal Reviewer. Dr. Baker has been in this role since December 1, 2015. Also consistent with EC 39, the *Jensen* Internal Reviewer's duties include a focus on monitoring the use and elimination of restraints at the Minnesota Life Bridge treatment homes.

Following each incident of Emergency Use of Manual Restraint (EUMR), 911 call, or use of *pro re nata* (PRN) medication at the request of the client, Minnesota Life Bridge internal procedures require Minnesota Life Bridge clinical staff to prepare a set of recommendations for improved positive supports to reduce the risk of recurrence of the challenging behavior that led to the incident. The *Jensen* Internal Reviewer then verifies that these recommendations are consistent with best practices and likely to be effective. The *Jensen* Internal Reviewer provides feedback to pertinent staff through

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Minnesota Life Bridge's procedures as appropriate and monitors progress toward completing these recommendations.

The *Jensen* Internal Reviewer also reports monthly on Minnesota Life Bridge's efforts to respond to incidents in the *Jensen* Internal Reviewer Monthly Report. For a summary of the process by which the *Jensen* Internal Reviewer monitors the use and elimination of restraint, as well as the use of PRN medication at the request of the client and 911 calls at the Minnesota Life Bridge treatment homes, see the status update for EC 39 in the Department's February 2017 Semi-Annual Report (Doc. No. 614-1 at 18-19).

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

- Balancing "important to" and "important for"
- Best practices in use of reward systems
- Best practices in staff training
- Data collection
- Employment supports
- Fetal Alcohol Spectrum Disorder behavioral phenotype
- Gender identity issues
- Incident review
- Indirect means of coaching Minnesota Life Bridge residents
- Medication side effects (resident-specific focus)
- Mental rumination
- Multi-modal assessment
- Naturalistic instruction
- Promoting independent living
- Sleep hygiene
- Social skills
- Specific positive supports strategies
- Sustainability strategies
- Team development
- Understanding diagnoses
- Using positive supports
- Signs of mental illness among people with intellectual or developmental disabilities
- Support implications for escape-motivated behavior related to mental health disorders

During this reporting period, Minnesota Life Bridge reported 12 incidents⁹ involving PRN at the request of the client, a 911 call, and/or EUMR. Minnesota Life Bridge is required to report incidents involving the use of such emergency behavioral interventions through completion and submission of the DHS 3654 Form. Table 1, page 19, presents a summary of these incidents.

⁹ This is a continued decrease from the last reporting period when there were 37 incidents and the previous reporting period when there were 77 incidents involving PRN at the request of the client, a 911 call, Emergency Use of Manual Restraint (EUMR), or a combination of two or more of these types of interventions.

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During this reporting period, there was one incident when the EUMR notification to the Medical Officer did not occur within 30 minutes. The notification occurred at 42 minutes, as the Minnesota Life Bridge staff involved in the incident continued providing de-escalation supports to the Minnesota Life Bridge resident. The Internal Reviewer inspected available documentation and interviewed the Community Residential Supervisor for the site, and verified that the minimal delay in notification was reasonable and not a concern. The Internal Reviewer reminded Minnesota Life Bridge of the importance of timely notification.

The *Jensen* Internal Reviewer monitors, on an ongoing basis, the timeliness and quality of incident reviews. Minnesota Life Bridge met timelines for development of recommendations for improving positive supports following incidents for every instance in this reporting period. The Internal Reviewer also notes that during this reporting period, the frequency of challenging behavior among the residents of Minnesota Life Bridge has been at extraordinarily low rates even with the added higher-risk time of multiple admissions. Challenging behavior can be a significant barrier to quality of life and numerous Evaluation Criteria in the CPA relate to the effective provision of person-centered positive behavior support.

Table 1: Monthly Summary of DHS 3654 Forms Completed

Month	Location	PRN	911 Call	PRN & 911 Call	EUMR	EUMR & PRN	EUMR & 911 Call	EUMR & PRN & 911 Call
Jan 2018	StrattonLake							
	Broberg's Lake							
	Eagle Pointe	1						
Feb 2018	StrattonLake							
	Broberg's Lake							
	Eagle Pointe							
March 2018	StrattonLake							
	Broberg's Lake				1			
	Eagle Pointe							
April 2018	StrattonLake	2						
	Broberg's Lake				1			
	Eagle Pointe							
May 2018	StrattonLake	1			1			
	Broberg's Lake		4					
	Eagle Pointe							
June 2018	StrattonLake							
	Broberg's Lake		1					
	Eagle Pointe							
TOTALS		4	5	0	3	0	0	0

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Verification

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

Evaluation Criteria 41

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

Responsible Party: QADC Services Director

Current Status

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

Following each incident of Emergency Use of Manual Restraint (EUMR), 911 call, or use of *pro re nata* (PRN) medication at the request of the client, Minnesota Life Bridge internal procedures require Minnesota Life Bridge clinical staff present or involved in the use of restraint, 911 calls or use of PRN medication to prepare a set of recommendations for improved positive supports to reduce the risk of recurrence of the challenging behavior that led to the incident. The *Jensen* Internal Reviewer then verifies that these recommendations are consistent with best practices and likely to be effective. The

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Jensen Internal Reviewer provides feedback to pertinent staff through Minnesota Life Bridge's procedures as appropriate and monitors progress toward completing these recommendations.

The *Jensen* Internal Reviewer also reports monthly on Minnesota Life Bridge's efforts to respond to incidents in the *Jensen* Internal Reviewer Monthly Report. For a summary of the process by which the *Jensen* Internal Reviewer monitors the use and elimination of restraint, as well as the use of PRN medication at the request of the client and 911 calls at the Minnesota Life Bridge treatment homes, see the status update for EC 39 in the Department's February 2017 Semi-Annual Report (Doc. No. 614-1 at 18-19).

Through weekly calls with Minnesota Life Bridge, the *Jensen* Internal Reviewer consults with staff regarding restraint use and provides ongoing guidance in the improvement of positive supports at the treatment homes and acts as a source of information and referral.

EC 41 also directs the *Jensen* Internal Reviewer to review Olmstead or other issues arising from or related to admissions, discharges, and other separations from the Facility. During this reporting period, the *Jensen* Internal Reviewer reviewed each Minnesota Life Bridge admission and discharge and included this review in the *Jensen* Internal Reviewer Monthly Report with a summary of the implications of that admission or discharge for Minnesota's Olmstead vision. The *Jensen* Internal Reviewer's review of admissions also includes an assessment of whether the person meets the criteria for admission to Minnesota Life Bridge set out in EC 3. For more information about these assessments, see the Verification section for EC 3, pages 16-17.

During this reporting period, the *Jensen* Internal Reviewer also provided training to internal and external audiences, including providers and lead agency staff (counties and health plans), on a variety of topics relevant to support of Minnesota Life Bridge residents and *Jensen* Class Members. The training sessions that the *Jensen* Internal Reviewer provided during the reporting period are summarized in Table 2, page 22.

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Table 2: *Jensen* Internal Reviewer Training

Date	Topic	Audience
1/5/2018	Mental Wellness for people with Intellectual and Developmental Disability (IDD)	Providers
1/23/2018	Support during transitions	Providers
1/25/2018	Positive Support Interventions	Provider
2/2/2018	Positive Support Interventions	Providers
2/14/2018	Positive Supports	Children's Services Case Managers
3/13/2018	Stress Management for Care Providers	Providers
4/12/2018	Population health management strategies	DHS - CSS
4/20/2018	Mental Wellness for people with IDD	Providers
5/9/2018	Positive behavior supports	State conference
5/10/2018	Population health management strategies	DHS – CSS, Crisis Homes, and MLB
5/15/2018	Direct Support Workforce	Providers

The *Jensen* Internal Reviewer is also an active participant in the following Department work groups and committees:

- Disability Services Division/Direct Care and Treatment Project Core/Steering Team
- External Program Review Committee
- Minnesota Association of Positive Behavior Support
- Person-Centered Work Group
- Positive Behavior Support Leadership Group
- Positive Supports Gathering Planning Committee
- Quality Assurance Leadership Team
- Research Focus Group
- Root Cause Analysis Team
- Training Outcome Evaluation Team

Additionally, during this reporting period, as a component of therapeutic follow-up, the *Jensen* Internal Reviewer created six new Resource Guides targeted to providers and families supporting

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persons with intellectual/developmental disabilities. Topics were selected based on support needs of the therapeutic follow-up group members.¹⁰ These Resource Guides are available on the DHS website.¹¹ See EC 98 (page 91) for more information and a list of the resource guides.

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

Verification

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

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

Evaluation Criteria 47

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

Responsible Party: Minnesota Life Bridge Manager

Current Status

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

¹⁰ The therapeutic follow-up group includes class members and clients discharged from METO from May 1, 2011 to June 20, 2011, and additionally, persons who received treatment at MSHS-Cambridge between July 1, 2011 and August 20, 2014.

¹¹ The *Jensen* Settlement DHS webpage at:
<https://mn.gov/dhs/general-public/featured-programs-initiatives/jensen-settlement/>

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Minnesota Life Bridge serves residents in community-based treatment homes. As described in more detail in this report under EC 2, pages 7-9 and EC 50, pages 35-37, each treatment home resident receives person-centered supports in these community-based settings while they plan, with the assistance of their support teams and Minnesota Life Bridge, for transition to the most integrated setting appropriate to their needs and legal status. Minnesota Life Bridge begins the person-centered and transition planning processes upon admission to the treatment homes and these processes continue throughout the person's stay at these sites. The person-centered and transition planning processes not only guide the provision of supports while the person is at Minnesota Life Bridge, but also inform Minnesota Life Bridge's efforts to assist the person in moving toward more integrated community settings. More detailed information about the person-centered and transition-planning processes at Minnesota Life Bridge and Minnesota Life Bridge's efforts to pursue the appropriate discharge of residents to the most integrated setting that is consistent with the person's needs and preferences are provided in the status updates in this report for EC 2, pages 7-9 and ECs 48-53, pages 24-29,33-34,35-37,38-42,43-46, and 47.

Verification

Refer to the Verification sections for EC 2, pages 9-15 and ECs 48-53, pages 29-33,35,37-38,42-43,46,and 47.

Evaluation Criteria 48

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

Responsible Party: Minnesota Life Bridge Manager

Current Status

EC 48 relates to the Department's active pursuit of appropriate discharge for residents of the Minnesota Life Bridge treatment homes. The process of transition planning starts upon admission and is central to the pursuit of appropriate discharge, informing the steps taken to identify and explore potential providers, homes, and communities, as well as to determine the services, supports, and protections necessary to facilitate a successful transition. In other words, transition planning is critical to defining what an appropriate discharge looks like for each person and to make sure that the needs and preferences of the person are at the center of the discharge process. For a more detailed description of the transition planning process at Minnesota Life Bridge see the status update for EC 48 in the February 2017 Semi-Annual Report (Doc. No. 614-1 at 25-26).

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During this reporting period, 12 of the 12 persons served for at least thirty consecutive days^{12 13} at Minnesota Life Bridge treatment homes had transition plans that staff updated on a monthly basis. For additional information, see EC 2, page 8, FNs 4 and 5, and EC 50, page 36, FNs 24 and 25.

During this reporting period, Minnesota Life Bridge's efforts to pursue the appropriate discharge of residents resulted in the transition of five people [REDACTED] to community-based homes. Minnesota Life Bridge facilitated the discharge of these residents through adequate and appropriate transition plans, protections, supports, and services consistent with their individualized needs in accordance with EC 48. Minnesota Life Bridge also discharged one person [REDACTED] who was court ordered to county jail. Information for individuals follows:

[REDACTED]

[REDACTED]

¹² [REDACTED]

¹³ [REDACTED]

[REDACTED] calculated the length of stay using the Days Calculator: Days between Two Dates at timeanddate.com. The date of discharge was not included in the calculation.

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

15 [REDACTED]

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[REDACTED]

[REDACTED]

Efforts and progress toward discharge for other treatment home residents

For the other seven residents served at Minnesota Life Bridge treatment homes during this reporting period, Minnesota Life Bridge actively worked with each person and their team to pursue appropriate discharge through the transition planning process. As of the end of this reporting period, two residents [REDACTED] had future providers identified. Minnesota Life Bridge staff are working with these residents and their teams to develop their transition plans further.

The following is a summary of the progress toward appropriate discharge for the seven residents not discharged from Minnesota Life Bridge as of the end of this reporting period:

[REDACTED]

[REDACTED]

¹⁶ [REDACTED]

¹⁷ As of the end of this reporting period, Minnesota Life Bridge was in the midst of implementing a relocation plan for the Minnesota Life Bridge Eagle Pointe treatment homes to a former Minnesota State Operated Community Services (MSOCS) home in a nearby community. This move will have the effect of increasing

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Minnesota Life Bridge's licensed capacity by one bed and decreasing the total number of homes to three. Minnesota Life Bridge will conduct this relocation in conformity with ECs 88 and 94. [REDACTED]

[REDACTED]

18 [REDACTED]

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[REDACTED]

[REDACTED]

Length of Time to Discharge

In previous reports, the Department has addressed the length of time to discharge for Minnesota Life Bridge treatment home residents. The intent of these discussions was to illustrate the Department's active pursuit of appropriate discharge notwithstanding challenges posed by residents' backgrounds (e.g., criminal history), factors impacting stabilization (e.g., need for medication adjustment or management), the availability of community providers able or willing to serve individuals with challenging behaviors, or the time required to develop a new site when an existing setting would not serve the individual's needs.

It should be emphasized, though, that while Minnesota Life Bridge is intended to be a temporary provider, no provision of the JSA or CPA sets a timeframe within which a treatment home resident must be discharged.²⁰ (See generally Doc. Nos. 136-1, 283.) To the contrary, the CPA requires pursuit of appropriate discharge—a standard that focuses on discharging an individual when the individual's circumstances support transition and the individual's needs can be met in a more integrated setting. (See Doc. No. 283 at EC 48.)

Verification

The Responsible Party verified information submitted to QADC Services by reviewing person-centered planning and transition planning documentation, progress reports, minutes of

¹⁹ [REDACTED]

²⁰ While a previous—and expired—version of the Minnesota Life Bridge Bulletin stated 90 days as a goal for discharge from Minnesota Life Bridge, this is not a requirement of the JSA or CPA, nor is it the Department's policy. Subsequent versions of the Bulletin—including the current version—have corrected this.

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monthly team meetings for residents, and 45-day post-discharge reviews for people transitioned out of Minnesota Life Bridge.

QADC Services reviewed the supporting documentation submitted by the Responsible Party to verify the information reported, including the existence of Transition Plans for each Minnesota Life Bridge treatment home resident, the timeliness of Transition Plans, the number and timing of discharges, the circumstances surrounding discharges (pages 25-27), and the summaries of progress toward discharge for all other residents (pages 27-30).

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

- [REDACTED] January 2018 *Jensen* Internal Reviewer Monthly Report (distributed to the Court on February 15, 2018, pages 3-4);
- [REDACTED] February 2018 *Jensen* Internal Reviewer Monthly Report (distributed to the Court on March 15, 2018, pages 3-4);
- [REDACTED] March 2018 *Jensen* Internal Reviewer Monthly Report (distributed to the Court on April 16, 2018, page 7);
- [REDACTED] April 2018 *Jensen* Internal Reviewer Monthly Report (distributed to the Court on May 15, 2018, page 4);
- [REDACTED] April 2018 *Jensen* Internal Reviewer Monthly Report (distributed to the Court on May 15, 2018, page 4); and
- [REDACTED] May 2018 *Jensen* Internal Reviewer Monthly Report (distributed to the Court on June 15, 2018, page 4).

[REDACTED]
[REDACTED]
[REDACTED] The Minnesota Life Bridge team has now added CSS support requests to their transition process checklist.

For information related to discharge planning obtained from on-site visits to Minnesota Life Bridge treatment homes, refer to the Verification section for EC 2, pages 10-13.

Follow-up Regarding Discharges

To further verify that Minnesota Life Bridge pursued the appropriate discharge of residents through transition planning for each of the six people who transitioned from Minnesota Life Bridge treatment

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homes during this reporting period, QADC Services followed up with the Minnesota Life Bridge facility supervisor, the case manager, the guardian and/or family members and the new residential provider of each person, as well as CSS and Successful Life Project as appropriate.

QADC Services utilized a standardized interview protocol which asked: (1) as part of the transition planning process, was the Minnesota Life Bridge Transition Plan developed for the person useful?; (2) has the transition plan been used in the creation of supports in the person's new home?; and (3) are things identified as "important to" the person in the transition summary reflected in what is being delivered to the person?

For the six people who transitioned during this reporting period, QADC Services received responses from Minnesota Life Bridge site supervisors as well as six case managers, three providers, four CSS staff, one Successful Life Project staff and five guardians and/or family members. Overall comments regarding the Minnesota Life Bridge transition planning process were positive. Providers commented that they planned to utilize the plans in the new community home and that the Minnesota Life Bridge transition planning process should serve as a model for others. Individual summaries follow:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

21 [REDACTED]

22 [REDACTED]

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[REDACTED]

Evaluation Criteria 49

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

Responsible Party: Minnesota Life Bridge Manager

Current Status

EC 49 applies to the Minnesota Life Bridge treatment homes and relates to the involvement of the resident and the resident's legal representative and/or family in the person-centered and transition planning processes. Consistent with Actions²³ 49.1 and 49.2, 13 of 13 persons served at Minnesota Life Bridge treatment homes during the reporting period had Person Centered Descriptions/Plans and Transition Summary Plans that Minnesota Life Bridge developed through the participation of the person, with the assistance of the Minnesota Life Bridge Person-Centered Thinking/Training Facilitator, and the person's support team.

Consistent with Action 49.1, Minnesota Life Bridge encourages and facilitates the involvement not only of the person, but also of the person's legal representative and/or family (as permitted by law and desired by the person) in the planning and decision-making process. During this reporting

²³ The term "Actions" comes from the CPA. The CPA states that "[t]he ECs set forth the outcomes to be achieved and are enforceable" while "[t]he Actions under the ECs are not enforceable requirements." (Doc. No. 283 at 1.) Wherever the terms "Action" or "Actions" are referenced in this report, they have this meaning as defined in the CPA.

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period, six Minnesota Life Bridge residents chose not to include family members in their decision-making and planning process:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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

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

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Verification

The Responsible Party verified information submitted to QADC Services regarding EC 49 by reviewing the Monthly Progress Review Meeting minutes for residents of the Minnesota Life Bridge treatment homes.

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

Evaluation Criteria 50

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

Responsible Party: Minnesota Life Bridge Manager

Current Status

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

- Thirteen of the 13 persons served at Minnesota Life Bridge treatment homes engaged with the Minnesota Life Bridge Person-Centered Thinking/Training Facilitator to contribute to their Person Centered Descriptions/Plans.
- Thirteen of the 13 persons served at Minnesota Life Bridge treatment homes had a Person Centered Description/Plan developed through participation in Picture of a Life, Planning Alternative Tomorrow with Hope (PATH) and McGill Action Planning Systems (MAPS).

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- Twelve of the 12 persons served for at least thirty consecutive days at a Minnesota Life Bridge treatment home during this reporting period,^{24,25} had their Person Centered Description/Plan and Transition Plan updated on a monthly basis after the initial team meeting.

The Minnesota Life Bridge Person-Centered Thinking/Training Facilitator's training plan includes professional development activities hours over the minimum requirement of 25 hours annually, consistent with Action 50.5. See Table 3 (below) for a listing of professional development activities that the Minnesota Life Bridge Person-Centered Thinking/Training Facilitator has participated during this reporting period.

Table 3: Minnesota Life Bridge Person-Centered Thinking/Training Facilitator - Professional Development Activities

Professional Development Activity	Trainer	Date	Hours
1:1 Mentorship	Amado	4/10/2018	1
PCT Community of Practice	Gabois	1/8/2018	2
PCT Community of Practice	Gabois	4/9/2018	2
PCT Community of Practice	Gabois	5/11/2018	2
PCP Method Sessions ²⁶	Gabois	1/8/2018	2
PCP Method Sessions	Gabois	4/9/2018	2
PCP Method Sessions	Gabois	5/14/2018	2
PCT Coaches & Leaders MLB Group ²⁷	Sjostedt	3/15/2018	4
PCT Coaches & Leaders MLB Group	Buckingham	6/21/2018	2
PCT 2 day - Observation of updated curriculum	Trabake	5/30/2018-5/31/2018	14
PCT 2 day - PCT Curriculum Orientation with Mentor	Gabois	6/7/2018	6
Total Hours			39

²⁴ [REDACTED]

²⁵ [REDACTED]

²⁶ Person-Centered Planning Method Sessions is a workshop designed to help facilitators promote person-centered practices, including PATH and MAPS, in their programs and for the people supported.

²⁷ PCT Coaches & Leaders MLB Group is a workshop designed to help Minnesota Life Bridge and Crisis promote person-centered practices.

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During this reporting period, the Minnesota Life Bridge Person-Centered Thinking/Training Facilitator also provided Person-Centered Thinking (PCT) training. (See Table 4)

Table 4: Minnesota Life Bridge Person-Centered Thinking/Training Facilitator - PCT trainings

Trainings Conducted	Date	Audience	Hours
PCT Two-Day workshop	1/22-1/23/2018	DHS Employees	12
PCT – Level One Changes ²⁸	4/11/2018	MLB Employees	6
PCT – Level One Changes	4/18/2018	MLB Employees	6
PCT – Choice	6/13/2018	MLB Employees	6
PCT – Choice	6/27/2018	MLB Employees	6
Total Hours			36

Verification

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

QADC Services reviewed the supporting documentation submitted by the responsible party to verify the Minnesota Life Bridge Person Centered Thinking/Training Facilitator's qualifications and ongoing professional development activities. This included the Minnesota Life Bridge Person-Centered Thinking/Training Facilitator's certificates from trainings and training transcript. The *Jensen* Internal Reviewer and QADC Services also reviewed the Minnesota Life Bridge Person-Centered Thinking/Training Facilitator's training plan to ensure that, consistent with Action 50.5, the plan includes a minimum of 25 hours per year of educational activities - formal and informal - focused on person-centered planning.

See the Verification section for EC 2, pages 9-14 for additional detail about QADC Services' verification efforts related to person-centered planning at Minnesota Life Bridge treatment homes and

²⁸ This training reviews strategies for implementing person-centered thinking. Strategies learned include practicing mindfulness, use of positive language, behavior specific praise and feedback, active listening, improvisational approach, and handling conflict.

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the Verification section for EC 48, pages 29-33, for additional detail about QADC Services' verification efforts related to transition planning at Minnesota Life Bridge treatment homes.

Evaluation Criteria 51

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

Responsible Party: Minnesota Life Bridge Manager

Current Status

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

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

The information in Minnesota Life Bridge Residents' Person Centered Descriptions/Plans, in combination with staff's daily experience and conversation with residents, informs how staff provide support to residents in selecting and planning their preferred activities. Staff offer suggestions for activities based on a resident's expressed preferences and goals and look for ways for residents to expand their horizons with community activities.

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

The following are examples of how Minnesota Life Bridge provided residents with daily opportunities to express a choice regarding preferred activities during this reporting period.²⁹ These examples were provided in response to QADC Services' request for information regarding preferred

²⁹ [REDACTED]

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activities of clients from across the four treatment homes, for randomly selected weeks during the reporting period:

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

Vocational/Employment Activities

During this reporting period, Minnesota Life Bridge's Skills Development Specialist engaged Minnesota Life Bridge residents in activities related to integrated vocational options, including informational interviews, job shadow opportunities, job trials, job-seeking activities, intake with

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Vocational Rehabilitation Services, and competitive integrated employment.³⁰ As of the end of the reporting period:

- [REDACTED]
- [REDACTED]
[REDACTED]
- [REDACTED]³¹

Five of the six residents³² discharged by Minnesota Life Bridge before the end of the reporting period also participated in employment-related activities. Information regarding participation follows:

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

³⁰ The DHS Community Based Services Manual defines competitive employment as employment in which the employee is compensated at or above the minimum wage and is employed on a full-time or part-time basis in an integrated and competitive labor market.

³¹ It is important to note that the number of people in each stage of employment change month to month based on census and employment status.

³² [REDACTED]
[REDACTED]
[REDACTED]

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[REDACTED]

- [REDACTED]

In June 2018, a representative from the Division of Vocational Rehabilitation Services met with Minnesota Life Bridge supervisors and explained what employment-related services were available through their program. The Division of Vocational Rehabilitation Services also provided information on transition services for persons under 21 years of age and the Customized Employment process and contact information for local offices of the Division of Vocational Rehabilitation Services in each relevant county. This connection between the Division of Vocational Rehabilitation Services and Minnesota Life Bridge will expedite employment efforts post-transition from Minnesota Life Bridge.

Verification

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

QADC Services and the *Jensen* Internal Reviewer's on-site visits to Minnesota Life Bridge provided verification that Minnesota Life Bridge residents are given the opportunity to express choice regarding preferred activities that contribute to quality of life. Refer to the Verification section for EC 2, pages 10-14, for further information on site visits.

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

- [REDACTED]

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- [REDACTED]

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

Evaluation Criteria 52

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

Responsible Party: Minnesota Life Bridge Manager

Current Status

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

As explained in previous sections (*e.g.*, status updates for EC 2, EC 50), Minnesota Life Bridge uses person-centered planning principles throughout the transition planning process to identify what is important to and for the person.

The information from the Person Centered Description/Plan directly inform residents’ Transition Plans, which highlight what is important to and for the person and explain how the future setting or service, as well as the supports provided during transition, can meet the person’s identified needs and preferences. The elements addressed by the Transition Plan include, but are not limited to: location; elements that contribute to a good day for the person; recreation; family, friends and relationships; characteristics of housemates; characteristics of people who support the person best; behavioral supports; medical and dietary supports; and transition/continuum of support needs.

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With respect to the last of these categories, the Transition Plan format requires each of the considerations listed in Action 52.5 to be addressed. As previously explained, an initial draft of the Transition Plan is to be created within 30 days of admission to a Minnesota Life Bridge treatment home. The Transition Plan is further developed and finalized after the team agrees on a new living situation. Minnesota Life Bridge ensures best efforts are made to work with providers to create a setting for each person with adequate protections, supports and other necessary resources, which are identified in the Transition Summary and Plan. Additionally, Minnesota Life Bridge, Successful Life Project and CSS are available to provide support and technical assistance after the person is discharged from Minnesota Life Bridge.

During this reporting period, Minnesota Life Bridge's efforts to pursue the appropriate discharge of residents resulted in the transition of five people, [REDACTED] to community-based homes:³³

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED].

³³ [REDACTED]
[REDACTED]
[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

34 [REDACTED]

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██

For additional information about how Minnesota Life Bridge assisted treatment home residents during this reporting period to identify future living situations that meet their preferences in the most integrated setting possible, and to plan for transition to these situations, see the status update for EC 48, pages 25-29.

Verification

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

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

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

- ██████ discharge in the May 2018 *Jensen* Internal Reviewer Monthly Report (distributed to the Court on June 15, 2018, page 4);
- ██████ discharge in the March 2018 *Jensen* Internal Reviewer Monthly Report (distributed to the Court on April 16, 2018, page 7);
- ██████ discharge in the January 2018 *Jensen* Internal Reviewer Monthly Report (distributed to the Court on February 15, 2018, pages 3-4);
- ██████ discharge in the April 2018 *Jensen* Internal Reviewer Monthly Report (distributed to the Court on May 15, 2018, page 4);
- ██████ discharge in the April 2018 *Jensen* Internal Reviewer Monthly Report (distributed to the Court on May 15, 2018, page 4); and
- ██████ discharge in the February 2018 *Jensen* Internal Reviewer Monthly Report (distributed to the Court on March 15, 2018, pages 3-4).

For more information about QADC Services' verification efforts relating to transition planning and discharges, see the Verification section for EC 48, pages 29-33.

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Evaluation Criteria 53

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

Responsible Party: Minnesota Life Bridge Manager

Current Status

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

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

[REDACTED]

[REDACTED]

[REDACTED]

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

Verification

See the Verification sections for EC 2, pages 9-15 and ECs 48-52, pages 29-33, 35, 37-38, 42-43 and 46.

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

Evaluation Criteria 64

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

Responsible Party: Minnesota Life Bridge Manager

Current Status

The mission of Minnesota Life Bridge can be described by the phrase “Successful Transition to a Successful Life,” consistent with the JSA and CPA. Consistent with EC 3, Minnesota Life Bridge serves Minnesotans who have a developmental disability and exhibit severe behavior that presents a risk to public safety. Minnesota Life Bridge treatment homes are intended to provide temporary residential services, lasting no longer than necessary to stabilize the person’s behavioral crises and facilitate successful transition to a living situation of their choosing. The amount of time necessary to stabilize a person will vary depending on the person’s clinical circumstances. Consistent with the JSA and CPA, Minnesota Life Bridge also requires the use of positive behavior supports and person-centered planning approaches and prohibits the use of mechanical restraint, prone restraint, chemical restraint, seclusion and time out, and all other aversive or deprivation practices. The Department describes these principles in its Minnesota Life Bridge Bulletin (Bulletin 16-76-02), policies, and its page in the Community Based Services Manual.³⁵ The Bulletin³⁶ and the Community-Based Services Manual³⁷ are publicly available on the Department’s website.

For more detail about admissions to Minnesota Life Bridge treatment homes, use of person-centered principles and positive behavior supports at Minnesota Life Bridge treatment homes, and Minnesota Life Bridge’s pursuit of the appropriate discharge of treatment home residents, see the status updates in this report for ECs 2-3, pages 7-9 and 15-16, and ECs 47-53, pages 23-24, 24-29, 33-34, 35-36, 38-42, 43-46 and 47.

³⁵ The Community Based Services Manual is a resource for lead agencies who administer home and community-based services that support older Minnesotans and people with disabilities.

³⁶ Minnesota Life Bridge Bulletin, DHS Bulletin
No. 16-76-02: <http://www.dhs.state.mn.us/main/groups/publications/documents/pub/dhs-291254.pdf>.

³⁷ Community Based Services Manual webpage on Minnesota Life Bridge:
http://www.dhs.state.mn.us/main/dhs16_195872.

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Verification

See Verification Sections for ECs 2-3, pages 9-15 and 16-17, and ECs 47-53, pages 24, 29-33, 35, 37-38, 42-43 and 46.

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

Evaluation Criteria 67

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

Responsible Party: Community Supports Services Director

Current Status

EC 67 acknowledges the expansion of community services to allow for the provision of assessment, triage, and care coordination in an effort to assure persons with developmental disabilities receive the appropriate level of care at the right time, in the right place, and in the most integrated setting.³⁸ (Doc. No. 283 at EC 67.) With nine mobile teams, each team minimally including two members, and 24 office locations around the state, Community Support Services (CSS) has expanded its community services and provides assessment, triage, and care coordination to persons with developmental disabilities on a statewide basis. This allows persons and their teams to receive support from Community Support Services where the person is, in the most integrated setting possible.

During this reporting period, CSS mobile teams provided statewide assessment, triage, and care coordination to 164 people with developmental disabilities.³⁹ Information on Long-Term Monitoring

³⁸ “The Settlement Agreement states that its provisions under ‘System Wide Improvements’ on ‘long term monitoring, crisis management, and training represent the Department’s goals and objectives; they do not constitute requirements.’ § X.A.” (Doc. No. 283 at 2.)

³⁹ This number does not include persons who only received long-term monitoring services from CSS (see ECs 68 and 69) during the reporting period. This number does include persons who received Standard Supports from CSS during the reporting period and during the reporting period subsequently moved to the long-term monitoring group.

CSS provided information on 10 people randomly selected from the 164 people with developmental disabilities who received “standard” (meaning not long-term monitoring) supports from Community Support Services mobile teams during this reporting period.⁴⁰ The following is a summary of the information obtained from CSS lead workers, supplemented by case notes, for the 10 people in the random sample for this EC.⁴¹

⁴¹ The following summaries include references to events and supports that occurred outside this reporting period.

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

⁴² [REDACTED]

⁴³ The “4 plus 1 questions” tool is a person-centered tool focusing discussion and asks: (1) what have you tried?; (2) what have you learned?; (3) what are you pleased about?; and (4) what are you concerned about? The answers to the initial four questions lead to the “plus 1” question, which asks: based on what we know, what should we do next?

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

Diversion Meetings

Consistent with Actions 67.4, 67.5, and 67.7, the Department provides on-going efforts to divert persons from institutionalization or placement in more restrictive settings through weekly diversion meetings. Minnesota Life Bridge facilitates the weekly diversion meetings, which involve representation from multiple areas of the Department including CSS, Community-Based Services, Direct Care and Treatment Central Pre-Admission, and Minnesota State Operated Community Services. These meetings consider all persons with developmental disabilities known to be at risk of losing their living situation, as well as residents of Minnesota Life Bridge treatment homes.⁴⁴ Weekly diversion meetings include person-centered development strategies as well as consideration of existing community vacancies and challenges posed by a person's history and current mental health. This involves reviewing any proposed admissions to more restrictive settings and considering all possible diversion strategies; reviewing status of transition planning for all individuals living at Minnesota Life Bridge treatment homes; and incorporating an active, individualized planning or development focus in these transition discussions. These efforts and discussions are summarized in the Diversion Meeting minutes, which include updates on the current status of diversion efforts and next steps for these efforts, with detail about what is to be addressed, who is assigned to follow through, when resolution is expected for the item, and escalation of the issue as appropriate to upper management, if any. Minnesota Life Bridge sends the Diversion Meeting minutes to QADC Services, and QADC Services distributes the minutes to the Consultants, the Attorney General's Office, as well as selected internal DHS staff.

QADC Services and Successful Life Project participate in the weekly Diversion Meetings. QADC Services monitors the Diversion Meeting minutes and follows up on issues raised as appropriate, and escalates significant issues to the QADC Services Director. Examples of QADC Services/Successful Life Project follow-up during this reporting period included:

⁴⁴ The Department's Single Point of Entry system also supports diversion efforts for persons with developmental disabilities at risk of losing their current living situation.

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

Verification

To verify accuracy of the data reported to QADC Services regarding the persons with developmental disabilities served by CSS during the reporting period, CSS drew a random sample of five percent of the total number of persons who received CSS Standard Supports during this reporting period.⁴⁵ For the randomly selected sample cases, CSS reviewed supporting documentation, including case notes and reports, to confirm services that CSS provided. CSS also verified case opening and closure dates in the CSS data system.

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

In the August 2017 Semi-Annual Report ([Doc. No. 643 at 52](#)) and February 2018 Semi-Annual Report (Doc. No. 676 at 47), the Department reported issues regarding two regional teams that were not correctly coding people with developmental disabilities in CSS' database.

During this reporting period, a small number of CSS teams were still not correctly coding individuals with developmental disabilities in CSS' database. QADC Services followed up, and has been informed that this coding error should be resolved moving forward as new staff are being added to

⁴⁵ To draw their random sample, CSS used Random.org (<https://www.random.org/>) to generate random numbers and correlated those to row numbers on a spreadsheet of individuals.

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the process and training is being provided. Additionally, to help reduce some of the errors, CSS is changing the way they are making program assignments in CareManager to separate the referral processing from actual clinical services. QADC Services will continue to monitor this issue.

CSS submitted data showing 164 individuals received Standard Supports from CSS during this reporting period. During the review by CSS and QADC Services, it was discovered that CSS retroactively coded 15 people as receiving Standard Supports during this reporting period that should have been reported on in the February 2018 Semi-Annual Report (Doc. No. 676). Three of the individuals should also have been included in the data submitted in the August 2017 Semi-Annual Report (Doc. No. 643). The data reported in this report reflects these updates, and QADC Services continues to monitor the timeliness of CSS data entry.

To obtain additional information about how CSS mobile team supports are being used to assure that persons with developmental disabilities receive the appropriate level of care at the right time, in the right place, and in the most integrated setting possible, QADC Services reviewed case notes and contacted CSS lead workers for the random sample of 10 people with developmental disabilities who received Standard Supports from CSS mobile teams during the reporting period. This information is summarized in the status update for EC 67, above.

To verify the information provided by CSS lead workers for the 10 people in the random sample who received Standard Supports during the reporting period, and to obtain additional detail about how the supports have impacted these people and their teams, QADC Services staff contacted case managers, providers, and family members or guardians (where available). QADC services did not contact a number of persons for the following reasons:

- One case manager had retired and the CSS case closed before the county assigned a new case manager.
- One provider did not work with CSS during this reporting period.
- Four guardians due to extenuating circumstances, including health and medical issues of the guardians and the clients.

QADC Services utilized a standardized interview protocol that asked: (1) why the person was referred to CSS for services?; (2) what services and supports were provided by CSS to the person and their community support network?; and (3) if and how the services provided supported the person to remain in and/or become more involved in the community.

For the 10 people in the random sample who received CSS Standard Supports during the reporting period, QADC Services received responses from 8 case managers, 8 providers, and 3 guardians or family members. Information provided by respondents regarding the reason(s) for referral and services provided by CSS were generally consistent with the information contained in the case notes

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or reported during the interviews with CSS staff. Most respondents felt that the services CSS provided had a positive impact on the person's behavior and their involvement in the community. The focus for CSS for a number of individuals included an increase in aggressive behaviors, health issues, staff training and transition planning. One respondent (parent/guardian) was very unhappy with CSS' recommendations regarding weight management and withdrew his/her consent to continue to work with CSS.⁴⁶

The following are quotes from the responses received by QADC Services:

- *Adaptations at both home and work have made a difference in how [Client] handles situations and gets through [Client's] day.*
- *By getting [Client's] behaviors under control as well as the correct meds, it is the [team's] hope that [Client] will have a better quality of life, and can access and be involved with more community events and outings.*
- *CSS opened up our eyes to really see what [Client] was telling us. [Client] was not happy with where [he/she] was working and CSS was able to provide us with feedback that the work staff was not able to.*
- *I look forward to working with them [CSS] for years to come!*

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

⁴⁶ On 8/8/2018, QADC Services contacted the Community Supports Services Director regarding the concerns shared with QADC Services.

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Evaluation Criteria 68

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

Responsible Party: Community Supports Services Director

Current Status

EC 68 sets a goal that the Department engages in best efforts⁴⁷ to identify and provide long-term monitoring of individuals with clinical and situational complexities in order to help avert crisis reactions, provide strategies for service entry changing needs, and to prevent multiple transfers within the system. (Doc. No. 283 at EC 68.)

During this reporting period, CSS provided Long-Term Monitoring (CSS refers to this as “extended supports”) to 84 people with developmental disabilities and clinical and situational complexities. During this reporting period, CSS closed five Long-Term Monitoring cases and opened five new ones.

Through its Long-Term Monitoring activities, CSS works to help avert crisis reactions by:

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

For an overview of CSS’ Long-Term Monitoring process, refer to the status update for EC 68 in the Department’s February 2017 Semi-Annual Report (Doc. No. 614-1 at 51-53).

⁴⁷ The CPA states that ECs 68-75 are goals that are subject to a “best efforts” standard. (Doc. No. 283 at 2.) This is based on the statement in the JSA that its long-term monitoring, crisis management, and training provisions under “System Wide Improvements” represent the Department’s goals and objectives and do not constitute requirements. (Doc. No. 136-1 at X.A.1.)

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As of the end of the reporting period, of the 84 persons receiving Long-Term Monitoring during this reporting period:

- 47 people (56%) were assigned to Category One;
- 22 people (26%) were assigned to Category Two; and
- 15 people (18%) were assigned to Category Three.⁴⁸

CSS provided information on 10 people randomly selected from the 84 people who were in the Long-Term Monitoring group (Extended Supports) during this reporting period.⁴⁹ The following is a summary of the information obtained from CSS lead workers, supplemented by case notes, for the 10 people in the random sample for this EC:⁵⁰

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

⁴⁸ Persons assigned to Category Three are in situations that require extensive CSS support, persons assigned to Category Two have a support network that demonstrates the capacity to effectively address issues with moderate CSS support, and persons assigned to Category One have a support network that demonstrates effective implementation of strategies to address the person's changing needs with little or no CSS support. For additional information about these service level categories, refer to the status update for EC 68 in the February 2017 Semi-Annual Report (Doc No. 614-1 at 51-52).

⁴⁹ To monitor CSS Long-Term Monitoring services, QADC Services pulled a random sample from the list of people who received long-term monitoring services from CSS between January 1 and June 30, 2018. QADC Services alphabetized and numbered the list of people who received Long-Term Monitoring services from CSS during the relevant time period. QADC Services then used Random.org (<https://www.random.org/>) to generate 10 random numbers based on the total number of people who received supports from CSS during the reporting period. QADC Services then matched the numbers generated to the alphabetized list of names.

⁵⁰ The following summaries include references to events and supports that occurred outside this reporting period.

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

Verification

To verify accuracy of the data reported to QADC Services regarding the persons with developmental disabilities receiving Long-Term Monitoring during the reporting period, CSS drew a random sample of five percent of the total number of persons who received Long-Term Monitoring during this reporting period.⁵¹ For the randomly selected sample cases, CSS reviewed supporting documentation, including case notes and reports, to confirm documented services that were provided. CSS also verified case opening and closure dates in the CSS data system.

QADC Services' data analyst confirmed with the CSS data analyst that the documented process CSS used to pull data from its database did not change from the last reporting period, and continues to

⁵¹ To draw their random sample, CSS used Random.org (<https://www.random.org/>) to generate random numbers and correlated those to row numbers on a spreadsheet of individuals.

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provide QADC Services with information needed to monitor and to report on the supports provided by CSS.

In the August 2017 Semi-Annual Report ([Doc. No. 643 at 52](#)) and February 2018 Semi-Annual Report (Doc. No. 676 at 54), the Department reported issues regarding two regional teams that were not correctly coding people with developmental disabilities in CSS' database.

During this reporting period, a small number of CSS teams were still not correctly coding individuals with developmental disabilities in CSS' database. QADC Services followed up, and has been informed that this coding error should be resolved moving forward as new staff are being added to the process and training is being provided. Additionally, to help reduce some of the errors, CSS is changing the way they are making program assignments in CareManager to separate the referral processing from actual clinical services. QADC Services will continue to monitor this issue.

CSS submitted data for 84 people receiving Long-Term Monitoring during this reporting period. During the review by CSS and QADC Services, it was discovered that CSS retroactively coded one person as receiving Long-Term Monitoring during this reporting period that should have been reported on in the February 2018 Semi-Annual Report (Doc. No. 676). The data reported in this report reflects this update, and QADC Services continues to monitor the timeliness of CSS data entry.

To obtain additional information about how CSS Long-Term Monitoring is being used to help avert crisis reactions, provide strategies for service entry changing needs, and prevent multiple transfers within the system, QADC Services reviewed case notes and followed up with CSS lead workers for the random sample of 10 of the 84 people who received Long-Term Monitoring from CSS during the reporting period. This information is summarized in the status update for EC 68, above.

To verify the information provided by CSS case workers for people in the Long-Term Monitoring random sample, and to obtain additional detail about how these supports have helped these people and their teams, QADC Services staff followed up with case managers, providers, and family members or guardians (where available). QADC Services did not contact one guardian because that person was on vacation until the end of August.

QADC Services utilized a standardized interview protocol that asked: (1) why the person was referred to CSS for services?; (2) what services and supports were provided to the person and their community support network?; (3) if and how the services provided by CSS supported the person to remain in and/or becoming more involved in the community?; and (4) how they feel the receipt of long-term monitoring has benefited the person?

For the 10 people in the random sample who received CSS Long-Term Monitoring during the reporting period, QADC Services received responses from 10 case managers, 7 providers, and 6 guardians or family members. Information provided by respondents regarding services provided by

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CSS was generally consistent with information reflected in the case notes or reported during the interviews with CSS staff. Although several providers and case managers did not fully understand the difference between CSS Standard Supports and Long-Term Monitoring (Extended Supports), common reasons provided for CSS involvement included complex medical or significant behavioral issues and previous failed placements. A number of the case managers and providers were new and not aware of the history of involvement with CSS. The following are a few quotes QADC Services received from respondents:

- *By utilizing the tools that CSS suggested, I believe staff were able to identify [Client's] behaviors or ward off behaviors that could escalate - meaning [he/she] was able to participate in more community events*
- *[CSS] involvement thus far has been beneficial to remind the team of the struggles that [Client] has in retaining and understanding consequences due to [Client's] TBI. This has especially been beneficial to new staff.*
- *Since CSS has been involved [Client] has been more comfortable with staff and peers, [he/she] has been able to participate more in activities as well because [his/her] agitation with others and situations have declined.*
- *CSS/[CSS worker name] helped get a cohesive plan together for the group home staff. [He/she] helped specify what symptoms were behavioral and what were mental illnesses.*

Evaluation Criteria 69

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

Responsible Party: Community Supports Services Director

Current Status

EC 69 sets a goal that the Department engages in best efforts to target “approximately seventy-five (75) individuals” for Long-Term Monitoring. (Doc. No. 283 at EC 69.) Action 69.1 indicates that these individuals are to be identified from the population of people “who have been served by CSS.”

As discussed in this report’s status update for EC 68, CSS provided Long-Term Monitoring to 84 people with clinical and situational complexities during this reporting period. This number is fluid and impacted by how many people are identified by CSS as appropriate candidates for Long-Term Monitoring, how many of these many people (or their legal representatives) consent to receive Long-Term Monitoring services, and how many people are discontinued from Long-Term Monitoring.

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

Verification

To obtain additional information about how CSS utilizes Long-Term Monitoring to help avert crisis reactions, provide strategies for service entry changing needs, and prevent multiple transfers within the system, QADC Services reviewed case notes and followed up with CSS lead workers, case managers, and providers from a random sample of the 84 people who were in the Long-Term Monitoring group during this reporting period. For a summary of the information that QADC Services obtained regarding the services provided to persons in this random sample, see the status update for EC 68 in this report, pages 57-60.

For additional information, see the Verification section for EC 68, pages 60-62.

Evaluation Criteria 70

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

Responsible Party: Community Supports Services Director

Current Status

EC 70 sets a goal that the Department engage in best efforts to have CSS mobile wrap-around response teams located across the state for "proactive response to maintain living arrangements." Consistent with Action 70.1. CSS maintained nine mobile wrap-around response teams ("mobile teams") at 24 office locations across the state during this reporting period.⁵²

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

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

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

CSS staffs each mobile team with at least two people experienced and trained in behavior analysis, social work, psychology, nursing, and/or organization development and training. During this reporting period, the nine teams minimally included two members. When CSS mobile supports are engaged, at least one member of the mobile team provides outreach services, in consultation with other mobile team members. To build collaborative support networks around persons supported, CSS mobile teams work in coordination with the person's team and community resources to prevent or resolve behavioral crises. For more information about the supports provided by CSS mobile teams, see the status updates for ECs 67-69 in this report, pages 49-54, 57-60 and 62-63.

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

During this reporting period, CSS sent out consumer satisfaction surveys to persons who received mobile team supports from CSS, their legal representatives, if applicable, and county case managers. CSS received responses from six persons receiving services, 10 legal representatives, and 20 case managers.

As part of their survey process, CSS maintains a Client and Customer Concern Log, which tracks concerns and CSS responses to concerns. Three respondents identified concerns during this reporting period. CSS followed up with the three survey respondents to gather information to understand more fully their identified concerns. Concerns expressed by the three respondents included:

1. Survey respondent (County Case Manager), in response to the survey items "I am satisfied with services" and the "Request for services and/or expected outcomes were achieved" indicated "So-So." CSS called and left a voicemail for the case manager,

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requesting the County Case Manager call CSS back to provide information regarding services provided to the individual. No return call has been received.

2. Survey respondent (County Case Manager) responded in the negative to all survey items and included a comment that several questions are not applicable. CSS left a message for the case manager to find out more information and discuss what CSS could do to improve services. No return call has been received.
3. Survey respondent (County Case Manager) disagreed with all items on the survey. The CSS Supervisor spoke with the CSS lead concerning disconnects in the case. The CCM and a CSS Regional Manager discussed the matter including takeaways and lessons learned from the survey. QADC Services followed-up with CSS leadership who was aware of the concerns and asked the CSS Regional Manager to look into what happened and to identify opportunities for Improvement.

Verification

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

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

QADC Services reviewed the following documents submitted by CSS to confirm that these documents supported the information provided by CSS and to obtain additional information, where needed:

- CSS staff directory, which includes lists of the nine CSS mobile teams and their staff;
- List of CSS office locations; and
- CSS Client and Customer Concern Response Log; and spreadsheets documenting responses to CSS Consumer Satisfaction Surveys from clients, case managers and legal representatives during the reporting period.

In reviewing the responses to consumer satisfaction surveys received during the reporting period, QADC Services reviewed comments from three respondents who had identified concerns and CSS' documentation of the specific follow-up actions taken. Information provided by respondents regarding services provided by CSS was generally consistent with information reflected in the case notes or reported during the interviews with CSS staff.

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Evaluation Criteria 71

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

Responsible Party: Community Supports Services Director

Current Status

EC 71 sets a goal that CSS engage in best efforts to arrange a crisis intervention within three hours from the time the parent or their legal guardian authorizes CSS' involvement, which is the time that CSS receives written consent from the parent or legal guardian. According to Department policy, a written consent, which includes a consent for release of information, is necessary for CSS to obtain protected health information about the person from the person's providers. The signed consent starts the three-hour window for crisis intervention.

During this reporting period, four referrals met crisis criteria.⁵³ CSS defines crisis criteria as a behavioral crisis that puts the person at risk of losing their current living situation. In three of the four cases, CSS arranged a crisis intervention within three hours from the time the parent or their legal guardian authorized CSS' involvement (with an average crisis-intervention response time of 58 minutes).

In the fourth case, documentation reflected a crisis-intervention response time of 23 hours. The Community Supports Services Director followed-up with both the CSS staff and the case manager (the referral agent) who clarified that when the CSS staff contacted the person's support team upon receipt of signed consents and authorization to provide service, the team requested a delay until the following morning in order to arrange a face-to-face meeting. Upon review of this request, QADC Services verified that CSS stood ready to meet with the team within three hours. However, the person's team elected postponement in order to have a face-to-face meeting.

During CSS meetings with the Metro Crisis Coordination Program (MCCP) and with lead agencies,⁵⁴ CSS continues to urge stakeholders to contact CSS as early as possible when concerns arise and states that CSS triages referrals based on identified urgency to preserve community living whenever safely possible.

⁵³ Those referrals that did not meet crisis criteria still resulted in CSS opening cases to provide supports.

⁵⁴ Lead agencies include counties, tribes and managed care organizations.

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Verification

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

QADC Services reviewed the supporting documentation submitted by CSS, including the list of referrals for persons with developmental disabilities and progress notes from the CSS Progress Tracking System and verified response time. QADC Services also cross-referenced all CSS referrals received during this reporting period for persons with developmental disabilities against the list of persons in crisis entered into the Department's Single Point of Entry, which uses the same criteria for crisis as CSS—a behavioral crisis that puts the person at risk of losing their current living situation.⁵⁵

QADC Services' review identified that all four referrals were entered in the Single Point of Entry. However, the date entered into the Single Point of Entry for one referral did not match the date identified on the Diversion Meeting notes. QADC Services communicated this finding to the CSS Director. The CSS Director contacted the Minnesota Life Bridge Transition Coordinator who indicated that an incorrect date was erroneously entered, and the date was corrected in the Diversion Meeting notes.

Beginning in the February 2017 Semi-Annual Compliance Report ([Doc. 614-1 at 62](#)), QADC Services noted CSS' progress toward a central referral process. QADC Services has verified that the final testing of the universal referral form for the Department's Community Based Services is completed and the form is fully functional. However, prior to launching the universal referral form, the Department had to re-program a number of automated processes to align with the new centralized and integrated referral process. The Department launched full implementation of the Universal Referral form and related referral processes on April 1, 2018.⁵⁶ The Department will continue to evaluate processes on an on-going basis to make enhancements and further increase efficiencies in this process.

⁵⁵ The Department's Single Point of Entry is a system that coordinates crisis resolution responses for individuals with developmental disabilities.

⁵⁶ Additional information on the referral process for Community-Based Services (CBS) crisis and residential services can be found in the Community Based Services Manual (CBSM): http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_143031#.

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Evaluation Criteria 72

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

Responsible Party: Community Supports Services Director

Current Status

EC 72 sets a goal that CSS engage in best efforts to partner with Community Crisis Intervention Services to maximize support, complement strengths, and avoid duplication. CSS engages in ongoing collaboration with the Metro Crisis Coordination Program (MCCP), meeting at least quarterly. During this reporting period, CSS participated in meetings with the MCCP and other partners. See Table 5 for meeting dates and topics discussed.

Table 5: CSS Collaborative Meeting

Date	Meeting	Topics	Present
1/18/2018	MCCP & CSS Collaboration Meeting	How to maximize support, complement strengths, and avoid duplication	MCCP and CSS
2/15/2018	MCCP & CSS Collaboration Meeting	How to maximize support, complement strengths, and avoid duplication	MCCP and CSS
2/21/2018	Region 3 - Carlton County Presentation-Options For People Experiencing Residential Placement Crisis	Crisis system needs and DHS responses to crises for people with developmental disabilities	Community Based Services, CSS, MSOCS, Disability Services Division and Carlton County case managers and supervisors
4/13/2018	MCCP Steering Committee	Shared issues	MCCP and CSS
6/28/2018	Statewide-Mental Health Crisis Providers Meeting	CSS mobile team services	CSS, Mobile Mental Health Crisis Teams, and DHS Behavioral Health Division

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

Verification

The Responsible Party reviewed supporting documentation, including agenda and minutes for meetings between CSS and MCCP (held January 18, 2018, February 15, 2018 and April 13, 2018) and

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meetings with other partners (held February 21, 2018 and June 28, 2018). The Responsible Party personally participated in three of these meetings:

QADC Services reviewed the documentation submitted by the Responsible Party, including minutes, agenda, and/or sign-in sheets from the meetings between CSS and the MCCP or other partners during this reporting period, and confirms that the documentation supported the information reported.

Evaluation Criteria 73

CSS provides augmentative training, mentoring and coaching.

Responsible Party: Community Supports Services Director

Current Status

EC 73 sets a goal that CSS engage in best efforts to provide augmentative training, mentoring, and coaching. During this reporting period, CSS provided 24 augmentative training sessions to 247 members of individuals' community support networks.

These training sessions covered a variety of topics related to support of persons with developmental disabilities, including Behavioral Assessment, Diagnosis-Specific Strategies, Crisis Prevention and Management, Motivational Interviewing Strategies, Dialectical Behavior Therapy Strategies, and General Positive Support Strategies.

CSS provided training sessions statewide to staff from private community providers, staff providing support at community-based state-operated homes, mobile mental health crisis teams, persons from lead agencies and internal CSS staff supporting people with developmental disabilities. Training participants were asked to complete a training satisfaction survey. Of the 185 survey respondents, 98% agreed with the statements: I would recommend this training to others; and, The training was useful/valuable.

CSS also mentors and coaches support networks for persons with developmental disabilities by providing the services described in the status updates for ECs 67-69, pages 49-54, 57-60 and 62-63.

CSS continues to review and update its training curricula to ensure consistency with best practices. The CSS Training Committee includes the CSS Director and three CSS Managers, one of whom is a NADD-CC-credentialed behavioral psychologist, and all of whom have extensive training and experience in person-centered organizational leadership.

During this reporting period, CSS began working toward standardizing a common Positive Behavior Supports training curriculum to align with the Minnesota Life Bridge classroom training, with materials tailored to mobile team needs. This standardization will create opportunities for cross

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training, develop a larger pool of qualified trainers, and promote common language and case formulation approaches. Completion of this review and update process is anticipated in the next reporting period.

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

Verification

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

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

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

Evaluation Criteria 74

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

Responsible Party: Community Supports Services Director

Current Status

EC 74 sets a goal that CSS engage in best efforts to provide staff at community-based facilities and homes with state of the art training encompassing specified skills. During this reporting period, CSS provided 24 augmentative training sessions to 247 members of community support networks, as explained in the status update for EC 73. These training sessions addressed the skills listed in EC 74 as indicated by the topics covered, including:

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Behavior Technical & Assessment

- Mentally Ill & Dangerous Training for Providers

Diagnosis-Specific Strategies

- Autism Spectrum Disorder and Related Supports
- Borderline Personality & Anxiety
- Borderline Personality Disorder & Using Dialectical Behavior Therapy (DBT) Skills
- Client Diagnosis Specific Interventions Strategies
- Communication/Axis 2/Problem Solving
- Dementia and Down Syndrome
- General DBT
- Overview of Autism Spectrum Disorder
- Sensory Information

General Positive Support Strategies

- Intro to Trauma-Informed Supports
- Client Specific
- Motivational Interviewing
- Program Review/History

Health

- Pharmacological Consult

Technical

- Introduction to Avatar⁵⁷
- CareManager User Training

As explained in the status update for EC 73, CSS continues to review and update its training curricula to ensure consistency with best practices. The CSS Training Committee includes the CSS Director and three CSS Managers, one of whom is a NADD-CC-credentialed behavioral psychologist, and all of whom have extensive training and experience in person-centered organizational leadership.

During this reporting period, CSS began working toward standardizing a common Positive Behavior Supports training curriculum to align with the Minnesota Life Bridge classroom training, with

⁵⁷ Avatar is an electronic health record.

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materials tailored to mobile team needs. This standardization will create opportunities for cross training, develop a larger pool of qualified trainers, and promote common language and case formulation approaches. Completion of this review and update process is anticipated in the next reporting period.

Verification

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

Evaluation Criteria 75

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

Responsible Party: Community Supports Services Director

Current Status

EC 75 sets a goal that CSS engage in best efforts to target its mentoring and coaching methodologies to increase community capacity to support individuals in their community. CSS targets its mentoring and coaching to increase community capacity to support individuals in their communities is by providing augmentative training sessions to members of community support networks. During this reporting period, CSS provided 24 augmentative training sessions to 247 members of community support networks, including private community providers, staff providing support at community-based state-operated homes, and staff from lead agencies. As illustrated by the example topics listed in the status updates for ECs 73 and 74, CSS targeted these sessions to increase community capacity by training people to provide effective supports in community settings. CSS also mentored and coached members of individual persons' support networks to increase their capacity for supporting the person in the community through the services described in the status updates for ECs 67-69, pages 49-54, 57-60 and 62-63.

Verification

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

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Evaluation Criteria 76

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

Responsible Party: Community Supports Services Director

Current Status

CSS continues to maintain the positions specified in EC 76. During this reporting period, there were no vacancies created in the identified positions.

Verification

QADC Services reviewed the supporting documentation submitted by the Responsible Party, including the CSS Hiring Tracking Spreadsheet, and confirmed that these documents support the information reported.

Evaluation Criteria 77

None of the identified positions are vacant.

Responsible Party: Community Supports Services Director

Current Status

During this reporting period, there were no vacancies created in the identified positions.

For more information, see the status update for EC 76, page 73.

Verification

See the Verification section for EC 76, page 73.

Evaluation Criteria 78

Staff conducting the Functional Behavioral Assessment or writing or reviewing Behavior Plans shall do so under the supervision of a Behavior Analyst who has the requisite educational background, experience, and

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credentials recognized by national associations such as the Association of Professional Behavior Analysts. Any supervisor will co-sign the plan and will be responsible for the plan and its implementation.

Responsible Party: Community Supports Services Director

Current Status

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

CSS completed three functional behavior assessments during this reporting period and had one functional behavior assessment in development as of the end of the reporting period. Two of the completed functional behavior assessments were developed by one of the six nationally credentialed behavior analysts. CSS assigned one of the nationally accredited behavior analysts as co-signer to the third completed functional behavior assessment. CSS assigned one of the nationally credentialed behavior analysts to the one functional behavior assessment under development.

Verification

QADC Services has reviewed the NADD Clinical Certification credential for the team's supervisor and has a copy of this certification, as well as the supervisor's resume, on file. The supervisor is listed on the NADD-CC website.⁵⁸

The Responsible Party reviewed the resumes of the other five behavior analysts and verified their status as Board-Certified Behavior Analysts through the Behavior Analyst Certification Board (BACB) Certificant Registry website.⁵⁹ QADC Services also reviewed the resumes and other supporting documentation submitted by the Responsible Party for these five behavior analysts. QADC Services has also verified that these staff are listed as Board-Certified Behavior Analysts on the Behavior Analyst Certification Board Certificant Registry website.

⁵⁸Listing of NADD Certified Clinicians:

<http://thenadd.org/products/accreditation-and-certification-programs/nadd-certified-clinicians/>

⁵⁹ Behavior Analyst Certification Board (BACB) Certificant Registry: <http://info.bacb.com/o.php?page=100155>.

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

Evaluation Criteria 79

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

Responsible Party: Director of Compliance, Olmstead Implementation Office

Current Status

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

During this reporting period, January 1 through June 30, 2018, the following reports were completed and approved by the Subcabinet, and filed with the Court within the specified timelines:

- February 26, 2018 Quarterly Report on Olmstead Plan Measurable Goals
- March 26, 2018 Annual Olmstead Plan Revision
- May 21, 2018 Quarterly Report on Olmstead Plan Measurable Goals

Verification

QADC Services has verified that the Annual Olmstead Plan Revision and two Quarterly Reports referenced above were filed with the Court and can be found on the Minnesota's Olmstead Plan website.⁶⁰

⁶⁰ Minnesota's Olmstead Plan website:

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=opc_home.

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

Evaluation Criteria 93

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

Responsible Party: Community Supports Services Director

Current Status

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

Augmentative Service Supports, Consultation, Mobile Teams and Training

Consistent with EC 93, CSS mobile teams provide augmentative service supports, consultation, mobile teams, and training to those supporting the person. As described in the status update for EC 70 in this report and in the current Minnesota Life Bridge Bulletin,⁶¹ CSS mobile teams promote positive supports and build collaborative support networks to strengthen the integrated community living of persons with complex behavioral challenges. To prevent and resolve behavioral crises, which can interfere with a person's ability to maintain the most integrated setting possible, CSS mobile teams provide outreach services including:

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

⁶¹ Minnesota Life Bridge Bulletin, DHS Bulletin No.16-76-02:
<http://www.dhs.state.mn.us/main/groups/publications/documents/pub/dhs-291254.pdf>.

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

During this reporting period, CSS mobile teams provided “Standard Supports” (meaning services other than long-term monitoring) to 164 people and their support networks, and long-term monitoring to 84 people with situational and behavioral complexities and their support networks. Additionally, Community Support Services provided 24 training sessions to 247 members of community support networks during this reporting period. For more information about these services, refer to the status updates for ECs 67-69, pages 49-54, 57-60 and 62-63 and ECs 73-75, pages 69-72.

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

During this reporting period, CSS provided mobile team supports to 23 people. Eleven people (████████████████████) were admitted to and/or transitioning out of Minnesota Life Bridge. CSS provided consultation, training, long-term monitoring, or augmentative staffing supports to these individuals and their support networks during their placement with Minnesota Life Bridge.

The other 12 people were referred to Minnesota Life Bridge for services during this reporting period but were not admitted. CSS provided consultation, training, engagement and coordination with community resources, and/or long-term monitoring services to these persons and their support teams as they navigated the challenges that led to a referral to Minnesota Life Bridge. Of the 12 people who were not admitted to Minnesota Life Bridge:

- Four people (████████████████████) started receiving Standard Supports from CSS during the reporting period;
- Three people (████████████████████) were already receiving Standard Supports from CSS;
- Four people (████████████████████) were already receiving Long-Term Monitoring from CSS (██████████ was closed to CSS Long-Term Monitoring during this reporting period); and
- One person (██████████) started receiving Long-Term Monitoring during this reporting period.

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CSS provided information on five people randomly selected from the list of 23 people referred to or at Minnesota Life Bridge during this reporting period who received supports from CSS.⁶² The following is a summary of the information obtained from CSS lead workers for these five people:⁶³

[REDACTED]

[REDACTED]

[REDACTED]

⁶² To monitor CSS support services, QADC Services pulled a random sample from the list of people who received support services from CSS between January 1 and June 20, 2018. QADC Services alphabetized and numbered the list of people who received support services from CSS during the relevant time period. QADC Services used Random.org (<https://www.random.org/>) to generate five random numbers based on the total number of people who received supports from CSS during this reporting period. QADC Services then matched the numbers generated to the alphabetized list of names.

⁶³ The following summaries include references to events and supports that occurred outside this reporting period.

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[REDACTED]

[REDACTED]

[REDACTED]

Appropriate Staffing and Comprehensive Data Analysis for Diversion Supports

As explained in the status updates for ECs 76-78 in this report, CSS maintains appropriate staffing through continued efforts to ensure that the positions specified in EC 76 are filled. Additionally, other entities in the Department also provide diversion supports. For example, Successful Life Project provides therapeutic follow-up to *Jensen* Class Members and people who received services at Minnesota Specialty Hospital System (MSHS)-Cambridge to prevent re-institutionalization and transfers to more restrictive settings, and to maintain the most integrated setting.⁶⁴ When their purview overlaps, CSS and Successful Life Project coordinate efforts to determine which entity is best suited to provide the person and their team with needed supports.

Both CSS and Successful Life Project are connected with the Department's Single Point of Entry system. The Single Point of Entry system coordinates crisis resolution responses for individuals with developmental disabilities. More specifically, the Single Point of Entry coordinates responses from

⁶⁴ Refer to the status update for EC 98 for additional detail about the services and supports provided by Successful Life Project.

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

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

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

The Department is also in the process of strengthening diversion supports through comprehensive data analysis of the Single Point of Entry system. With the successful launch of the universal referral form (see EC 71, page 67), as part of Direct Care and Treatment's on-going process improvements, Minnesota Life Bridge and Community Supports Services continue to review opportunities for improvement related to the existing referral process. For example, Community Support Services staff and leadership met during this reporting period to look at the referral process as a whole and the overall data it receives to review the process and to identify opportunities for improving the integrity of data for the purposes of data analysis. A subsequent meeting is scheduled for fall 2018 to conduct additional analysis.

Verification

To verify accuracy of the finalized list of individuals awaiting transition to Minnesota Life Bridge who are receiving CSS mobile services, CSS drew a random sample of 10% of the total number of persons who received CSS Mobile Supports during this reporting period.⁶⁵ For the randomly selected sample

⁶⁵ To draw their random sample, CSS used Random.org (<https://www.random.org/>) to generate random numbers and correlated those to row numbers on a spreadsheet of individuals.

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cases, CSS reviewed supporting documentation, including case notes and reports. CSS verified case opening and closure dates in the CSS data system.

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

In the August 2017 Semi-Annual Report ([Doc. No. 643 at 52](#)) and February 2018 Semi-Annual Report (Doc. No. 676 at 47), the Department reported issues regarding two regional teams that were not correctly coding people with developmental disabilities in the CSS' database.

During this reporting period, a small number of CSS teams were still not correctly coding individuals with developmental disabilities in CSS' database. QADC Services followed up, and have been informed that this coding error should be resolved moving forward as new staff are being added to the process and training is being provided. Additionally, to help reduce some of the errors, CSS is changing the way they are making program assignments in CareManager to separate the referral processing from actual clinical services. QADC Services will continue to monitor this issue.

To obtain additional information about how CSS mobile teams provided augmentative service supports, consultation, mobile teams, and training to those supporting the person during the reporting period, QADC Services reviewed case notes and contacted CSS lead workers for a random sample of the 23 people who were referred to or at Minnesota Life Bridge and received CSS supports during this reporting period. This information is summarized above in the status update for EC 93.

To verify the information provided by CSS lead workers for the five people in the random sample and to obtain additional detail about how CSS supports have impacted these people and their teams, QADC Services staff contacted case managers, providers and family members or guardians (where available).

In conducting these interviews, QADC Services utilized a standardized interview protocol that asked: (1) why was the person referred to CSS for services?; (2) what services and supports were provided by CSS to the person and to the people who support the person?; (3) if and how the services provided to the person helped the person remain in or become more involved in the community?

For the five people in the random sample whose information is summarized above in the status update for EC 93, QADC Services received responses from three case managers, five CSS leads, three providers, and four families/guardians. Comments received from respondents included the following:

- *CSS Extended Supports have been essential to getting connected with the right services at the right time and shaping those services to better meet [Client's name] needs.*

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- *CSS assisted us by coming to staff meetings giving suggestions on how to deescalate situations calmly during [Client's name] [behavioral incidents].*
- *I feel that especially in the transition from AMRTC to the community, CSS was critical in their assistance in the training of new staff, and assisting in establishing programming that really benefits [Client's name].*
- *CSS has been a wonderful support. I don't know what we would have done with [Client's name] if not for them.*

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

Evaluation Criteria 98

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

Responsible Party: QADC Services Director

Current Status

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

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

Should a petition for civil commitment be initiated, however, Minnesota Statutes, Chapter 253B, governing civil commitments does not give the Department of Human Services authority to be

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involved as it is not a party to such proceedings.⁶⁶ The Department also does not have authority over a court's decision to order a person confined pending commitment proceedings.

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

Therapeutic Follow-up Group Status

As part of its on-going monitoring of the therapeutic follow-up group, QADC Services regularly runs reports from the database used to manage *Jensen*-related information on the status of therapeutic follow-up group members. The overall status of therapeutic follow-up group members as of the end of this reporting period is summarized in Table 6.

Table 6: Status of Therapeutic Follow-up Group Members

Status	Number
Original TFU members	343
TFU members known deceased	37
TFU members believed living	306
TFU members currently in jail/prison in Minnesota	4
TFU members whose whereabouts are unknown	27

Of the 306 living therapeutic follow-up group members, 277 were known to be in Minnesota and receiving state-funded services as of the end of the reporting period. Of these 277 individuals, about 87% were living in community-based settings through corporate foster care, in their own home, or in the home of a family member or friend.

Table 7 summarizes the living situations of the therapeutic follow-up group members known to be in state and receiving state-funded services as of the end of the reporting period.

⁶⁶ See also *In re Thomas*, No. C6-95-735, 1995 WL 465611, *1, *2 (Minn. App. Aug. 8, 1995) (unpublished); *In re Bowers*, 456 N.W.2d 734, 736-37 (Minn. App. 1990).

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Table 7: Living Arrangements of TFU Members Receiving State-Funded Services

Living Arrangement	Number	%
Corporate Foster Care ⁶⁷	215	77.6%
Family Foster care	1	0.4%
Home - Own	17	6.1%
Home - Family/Friend	9	3.2%
State Operated Facility ⁶⁸	11	4.0%
Skilled Nursing Facility	1	0.4%
Unknown	11	4.0%
ICF/DD	4	1.4%
Crisis Home	5	1.8%
Board and Care	1	0.4%
Other	2	0.7%
TOTAL	277	

As reported in the February 2018 Semi-Annual Compliance Report (Doc. No. 676 at 77), as part of QADC Services' on-going efforts to support therapeutic follow-up group members, QADC Services worked with an investigator to attempt to locate therapeutic follow-up group members whose location was unknown. The investigator was able to locate a last known address for all but two therapeutic follow-up group members.⁶⁹ During this reporting period, QADC Services searched through available DHS databases including MMIS and MAXIS,⁷⁰ and worked with county financial workers and case managers, in an attempt to locate the 27 therapeutic follow-up members whose location was unknown. Through these efforts, QADC Services found verifiable addresses for nine people who are eligible for therapeutic follow-up but were not currently receiving case management services.

In June 2018, QADC Services sent letters to these nine therapeutic follow-up members. The letters invited the recipients to contact the QADC office to talk about available supports. QADC Services

⁶⁷ Includes Minnesota State Operated Community Services (MSOCS) Corporate Foster Care homes.

⁶⁸ State Operated Facilities include the Minnesota Security Hospital, Minnesota Sex Offender Program, and Minnesota Life Bridge.

⁶⁹ The date of the last known address varies from a few years old to more than 10 years old.

⁷⁰ County financial workers use the MMIS and MAXIS systems to document people eligible for state and federal funded services.

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also included information regarding the Disability Hub and Successful Life Project. Through this effort, QADC Services hopes to build additional relationships and connect more individuals to Successful Life Project services.

Preventing Re-Institutionalization and Transfers to More Restrictive Settings

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

- Review of Behavior Intervention Report Forms and other incident notifications related to behavioral interventions;
- Identification of therapeutic follow-up group members entered into the Department's Single Point of Entry System;
- Review of investigative reports from Licensing involving therapeutic follow-up group members;
- Review of reports that QADC Services or Successful Life Project may receive from the Office of the Ombudsman for Mental Health and Developmental Disabilities; and
- Ongoing contact with case managers and/or providers of therapeutic follow-up group members.

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

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

During this reporting period, 53 members of the therapeutic follow-up group received individualized Successful Life Project services or supports. During this reporting period, the Successful Life Project nurse provided individualized nursing supports to 19 of these 53 individuals.

To provide people and their teams with the appropriate level of support, Successful Life Project groups therapeutic follow-up group members based on the level of support needed. Persons receiving "priority level" supports have a potential loss of their current living situation due to

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challenging behaviors and/or the presence of significant risk factors. Persons receiving “secondary level” support present challenging behaviors, but their placement is not threatened. Persons not receiving primary or secondary level supports are assigned to the “proactive” group. For more information about support levels, see the Department’s February 2017 Semi-Annual Report (Doc. No. 614-1 at 80-81).

Of the 53 members of the therapeutic follow-up group that received individualized Successful Life Project services or supports during the reporting period, seven members received priority level supports, 31 members received secondary level supports, and 28 members received individualized proactive level supports.⁷¹ During this reporting period, 11 members of the therapeutic follow-up group moved between different support levels:

- Four people moved from secondary to proactive
- Four people moved from priority to secondary
- One person from proactive to secondary
- One person moved from secondary, to proactive, to priority
- One person moved from priority, to secondary, to proactive

See Tables 8 and 9 for a breakdown of instances of individualized supports and services provided by Successful Life Project staff during this reporting period.

⁷¹ Persons who changed to a different support level during the reporting period are counted in more than one category.

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Table 8: Successful Life Project Behavior Analyst Supports and Services

Successful Life Project Behavior Analyst Supports and Services	Instances
Consultation	13
Functional Behavioral Analysis	9
Positive Behavior Support Plan	13
Positive Behavior Support System Evaluation Tool (PBS SET) ⁷²	4
Person-Centered Plan	10
Individual Proactive Level Consultation ⁷³	0
Technical Assistance/Consultation	26
Training	6
Other ⁷⁴	18
TOTAL	99

Table 9: Successful Life Project Nursing Supports and Services

Successful Life Project Nursing Supports and Services	Instances
Consultation	5
Health Assessment	1
Health Education	4
Medication Review	2
Technical Assistance/Consultation	10
Other ⁷⁵	1
TOTAL	23

⁷² The PBS SET (Positive Behavior Support System Evaluation Tool) is a tool used by the Successful Life Project team to guide technical assistance and support for *Jensen* class members. The PBS SET was developed to evaluate service delivery within the framework of person-centered practices and positive behavior support. The PBS SET was based on the Positive Environment Checklist originally developed by the Rehabilitation Research and Training Center on Positive Behavior Supports.

⁷³ "Individual Proactive level consultation" would be a consultation phone call or a single in-person meeting.

⁷⁴ Successful Life Project Behavior Analyst "Other" activities include follow-up on Behavior Intervention Report Forms (BIRFs) submitted to DHS, completion of an Effective Environmental Checklist, and follow-up phone calls for persons in the priority or secondary group.

⁷⁵ Successful Life Project Nursing "Other" activities include helping the person's team to develop health-related protocols and to set up health care consultations or health-related supports in the community.

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People who received individual supports from Successful Life Project during the reporting period were in various living situations over the reporting period (See Table 10).

Table 10: Living Arrangements of Persons Receiving Successful Life Project Supports

Living Arrangement	Total - Beginning of Reporting Period	Total – End of Reporting Period	Change
Corporate Foster Care	39	39	0
Family Foster Care	0	1	+1
Crisis Home	4	3	-1
Home-Own	6	3	-3
Hospital	0	2	+2
ICF-DD	1	1	0
Jail-Detention Center	0	1	+1
Skilled Nursing Facility	1	1	0
State Operated Facility ⁷⁶	2	2	0
TOTAL	53	53	

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

- Two people [REDACTED] transitioned from a crisis home to a corporate foster care; and
- One person [REDACTED] transitioned from corporate foster care to family foster care.

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

- Two people [REDACTED] transitioned from own-home to corporate foster care;
- One person [REDACTED] transitioned from corporate foster care to State Operated Facility (Minnesota Life Bridge);
- One person [REDACTED] transitioned from corporate foster care to a crisis home;

⁷⁶ State Operated Facilities include the Minnesota Security Hospital, Minnesota Sex Offender Program, and Minnesota Life Bridge.

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- Two people [REDACTED] transitioned from a corporate foster care to hospital; and
- One person [REDACTED] transitioned from Minnesota Life Bridge to county jail.⁷⁷

Successful Life Project provided information on 10 people randomly selected from the 53 therapeutic follow-up group members who received individualized supports from Successful Life Project during the reporting period.⁷⁸ The following is a summary of the information obtained from Successful Life Project staff, supplemented by information from Successful Life Project case notes, for each of the 10 people in the random sample:⁷⁹

[REDACTED]

[REDACTED]

⁷⁷ [REDACTED]

⁷⁸ To monitor Successful Life Project supports, QADC Services pulled a random sample from the list of people who received individual supports from Successful Life Project between January 1 and June 30, 2018. QADC Services alphabetized and numbered the list of people who received supports from Successful Life Project during the relevant time period. QADC Services used Random.org (<https://www.random.org/>) to generate 10 random numbers based on the total number of people who received supports from Successful Life Project during the reporting period and QADC Services then matched the numbers generated to the alphabetized list of names.

⁷⁹ The following summaries include references to events and supports that occurred outside this reporting period.

⁸⁰ The Effective Environmental Checklist is a tool developed by Successful Life Project to discover the ideal living environment for the person served; this tool is then used to assist with finding new residential placement.

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Population-Level Supports Provided

Proactive supports also include population-level support strategies, such as providing training or sharing information on topics and best practices that are generally relevant to persons in the therapeutic follow-up group. During this reporting period, the *Jensen* Internal Reviewer worked collaboratively with Successful Life Project staff and other colleagues in the Department to create the following six Resource Guides targeted to providers and families of therapeutic follow-up group members. Topics were selected based on support needs of the therapeutic follow-up group members, and include:

1. Anxiety Disorders and Intellectual/Developmental Disability
2. Communication and Intellectual/Developmental Disability
3. Depressive Disorders in People with Intellectual/Developmental Disabilities
4. Personality Disorders and Intellectual/Developmental Disability

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5. Social Skill Development in People with Intellectual/Developmental Disabilities
6. Trauma and Post-Traumatic Stress Disorder

These accompany the four Resource Guides previously developed and are available on the Department's *Jensen* Settlement webpage.⁸¹

Training

During this reporting period, Successful Life Project staff provided ten training sessions to providers and lead agencies supporting therapeutic follow-up group members. These sessions educated providers and lead agency staff about Successful Life Project's services as well as providing training on topics relevant to effective support of therapeutic follow-up group members in community settings. For a list of these trainings, see Table 11.

Table 11: Successful Life Project Provider Training Sessions during the Reporting Period

Date	Topic (s)	Audience	No. of Attendees
2/13/2018	1. Person-centered Planning tools 2. Developing Person-centered Supports	Direct care staff	7
3/1/2018	Introduction to Positive Behavior Support	Direct care staff	6
3/12/2018	Why Punishment Doesn't Work - Introduction to Positive Behavior Support	Direct care staff	6
3/19/2018	Data collection	Direct care staff	5
3/28/2018	Proactive Behavior Support – What to do when consequences don't work	Direct care staff	2
3/29/2018	Introduction to Positive Behavior Supports	Direct care staff	12
6/14/2018	Behavior Intervention Program - Proactive and reactive strategies	Direct care staff	4
6/20/2018	PEARL Training ⁸²	Direct care staff	6
6/25/2018	PEARL Training	Direct care staff	7

⁸¹ DHS Jensen Settlement webpage:

<https://mn.gov/dhs/general-public/featured-programs-initiatives/jensen-settlement/>

⁸² PEARL is a framework for implementation of positive behavior supports that is geared to direct care staff.

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Date	Topic(s)	Audience	No. of Attendees
6/28/2018	Stress Management	Direct care staff	6

Consumer Satisfaction Surveys

As previously reported, QADC Services sends out consumer satisfaction surveys to therapeutic follow-up group members who receive Successful Life Project services and supports and who move to a different level of supports (See Doc No. 614-1 at 86; Doc. No. 643 at 93; and Doc. No. 676 at 86).

In February 2018, Successful Life Project sent consumer satisfaction surveys to 23 therapeutic follow-up group members who had a change in status as well as their case manager, guardian and residential provider. No completed surveys were returned. As part of QADC Services' on-going process improvement efforts, during this report period, QADC Services reviewed and streamlined the consumer satisfaction survey sent to family members/guardians, case managers and providers as well as created an online option. Therapeutic follow-up group members will continue to receive a hard copy of the original survey as approved by the Department's Institutional Review Board via US mail including a self-addressed stamped envelope (Doc No. 614-1 at 86).

In August 2018, QADC Services will send consumer satisfaction surveys and a self-addressed stamped envelope via US mail to all therapeutic follow-up group members who received priority or secondary Successful Life Project services during this reporting period. QADC Services will also send consumer satisfaction surveys via email to the case managers, guardians and providers of these therapeutic follow-up group members.⁸³

Verification

Because Successful Life Project is a part of QADC Services and receives clinical supervision from the *Jensen* Internal Reviewer, the QADC Services Director and *Jensen* Internal Reviewer both have personal knowledge of the structure of Successful Life Project and the way it provides services.

To obtain additional information about the supports provided by Successful Life Project during the reporting period, QADC Services reviewed case notes and interviewed the assigned Successful Life Project behavior analyst and/or the Successful Life Project nurse for the 10 people included in the

⁸³ On August 16, 2018, QADC Services sent out consumer satisfaction surveys to 26 case managers, 30 guardians/family members and 20 providers of 34 therapeutic follow-up members. QADC Services plans to send consumer satisfaction surveys to therapeutic follow-up group members who are their own guardians and to therapeutic follow-up group members whose guardians do not object by September 1, 2018.

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Successful Life Project random sample. This information is summarized in the status update for EC 98.

To verify the information provided by Successful Life Project staff about the supports summarized above, and to obtain additional detail about how these supports have helped people and their teams, QADC Services contacted case managers, providers and family members or guardians (where available). QADC Services did not contact a number of persons for the following reasons:

- If guardians/family member had no involvement or contact with Successful Life Project; or
- If case managers who worked with Successful Life Project changed positions.

QADC Services utilized a standardized interview protocol that asked the following questions: (1) why Successful Life Project became involved in providing supports to the person?; (2) what services and supports were provided by Successful Life Project?; and (3) if and how the services provided supported the person to remain in and/or become more involved in the community?

For the 10 people in the random sample who received Successful Life Project supports during reporting period, QADC Services received responses from 9 case managers, 5 providers, and 3 guardians or family members. The information QADC Services received from case managers, providers and guardians/family members was generally consistent with what the Successful Life Project behavior analysts and/or nurse reported to QADC Services and what QADC Services obtained from case notes. The following are responses received from case managers, providers and guardians/family members regarding the experience of working with Successful Life Project:

- *Successful Life Project has been vital to the success of [Client's] current placement. Skills [he/she] has learned through Successful Life Project will help [him/her] be successful in [his/her] new job.*
- *I absolutely believe that with [Successful Life Project staff's] help [Client] has been able to be successful in the community and I am unsure if [he/she] would've been able to be so successful without the services [Successful Life Project staff] provided us.*
- *I cannot say enough good things about Successful Life Project.*
- *Going through the PCP process has helped [Client] to get [his/her] ideas organized, prioritized, and planned. [Client] has always tried to be involved in the community, but I think [he/she] has discovered a lot of ideas about how to be more effective in [his/her] efforts by talking through [his/her] ideas and making plans.*

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Modernization of Rule 40 (EC 103)

Evaluation Criteria 103

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

Responsible Party: DHS Deputy Senior Counsel

Current Status

The Department, the Office of Ombudsman for Mental Health and Developmental Disabilities, and the Governor's Council on Developmental Disabilities met from summer 2016 through November 2017 to discuss elements of the Rule 40 Advisory Committee recommendations that may not be adequately or properly addressed by the Positive Supports Rule. The group reviewed the recommendations of the Rule 40 Advisory Committee and the efforts of the Department. Early in its work, the group determined that none of the elements which remained under discussion would be the subject of a proposed amendment to the measurable goals of the Minnesota Olmstead Plan. Of the 47 elements of the Rule 40 Advisory Committee recommendations under discussion, the group agreed that 43 are complete. The group agreed to suspend future meetings unless and until more discussion is needed. To date, there has been no request for further discussion. To date, no unresolved issues have been presented to the court for resolution. From the Department's perspective, the Rule 40 Advisory Committee recommendations have been addressed and nothing further is required under this EC.

Verification

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

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Addendum

In 2015, at the direction of the Court, the parties began to discuss a revised scheme for reporting on compliance with the CPA. These discussions resulted in a spreadsheet, which separated the Evaluation Criteria into four categories: ECs requiring annual reporting; ECs requiring semi-annual reporting; ECs requiring exception reporting; and ECs that no longer require reporting. This process ultimately resulted in the Court's February 22, 2016 Order on Reporting (Doc. No. 545), following submissions by the parties which contained identical spreadsheets, marked Exhibit A. The Department has been filing reports according to the Court's Order and Exhibit A since that time.

At the bi-annual conference held on July 12, 2018, attendees discussed the reporting scheme, specifically the status of the ECs in the exception reporting category and the ECs that no longer require reporting (commonly referred to as "retired"). Following the bi-annual conference, the Court issued an Order (Doc. No. 693) indicating an intent to evaluate next steps. To aid the Court to identify next steps, Quality Assurance and Disability Compliance Services (QADC Services) provides below a summary of actions taken since the Department began submitting reports in accordance with the Court's Order on Reporting (Doc. No. 545) to manage and coordinate JSA and CPA obligations related to the ECs in the exception reporting category and the ECs that no longer require reporting.⁸⁴

Exception Reporting Evaluation Criteria

Exception reporting is to be in accordance with the time frame and for the reasons listed in Exhibit A, with the exclusion of reports for Emergency Use of Manual Restraint (EUMR) which are governed by the terms of the Stipulated Class Action Settlement Agreement (Doc. No. 136-1) (Doc No. 545 at 4). Exception Reporting has the meaning that the reporting will occur more frequently than semi-annually *if concerns are noted*. As applied to all ECs categorized for Exception Reporting, no concern was noted that required exception reporting where the EC was complied with. The following 24 ECs are included in Exception Reporting: 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 22, 23, 24, 25, 28, 29, 30, 32, 33, 35, 36, 40, 82, and 85.

⁸⁴ The Addendum includes information previously reported as well as some new information. Where QADC Services undertook additional verification of information, those efforts are noted in the narrative.

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Settlement Agreement Section V.A. Prohibited Techniques – Restraint (EC 5, 6 and 7)

Evaluation Criteria 5

The State/DHS immediately and permanently discontinues all the prohibited restraints and techniques.

Evaluation Criteria 6

The State/DHS has not used any of the prohibited restraints and techniques.

The scope of the Department's obligations under Evaluation Criteria 5 and 6 is limited to the Facility.

The *Jensen* Internal Reviewer reviews each instance of restraint use at Minnesota Life Bridge on an ongoing and continuous basis through inspection of documentation including but not limited to incident reports and DHS 3654 Forms, and through scheduled weekly phone calls with Minnesota Life Bridge. In addition, the *Jensen* Internal Reviewer provides follow-up as needed, including daily contact when appropriate.

As indicated in the Department's compliance reporting, as well as in the *Jensen* Internal Reviewer Monthly Reports, the *Jensen* Internal Reviewer has monitored the use of restraints at Minnesota Life Bridge since the schedule for compliance reporting was established (Doc. No. 545), and has found that Minnesota Life Bridge has used no prohibited restraints or techniques. For more information on use of restraint at Minnesota Life Bridge, refer to EC 39 and 41 in this and previous reports.

As additional verification in preparation for this report, the *Jensen* Internal Reviewer inspected a sample of DHS 3654 Forms related to major incidents from three time periods:

- Two DHS 3654 Forms chosen at random⁸⁵ from the time period of October 1, 2015 (following submission of the 9th Compliance Update) to February 22, 2016 (the filing date of Doc. No. 545);
- Twenty DHS 3654 Forms chosen at random from the time period of February 22, 2016 (following the filing date of Doc No. 545) to December 31, 2017; and
- All DHS 3654 Forms in the current reporting period of January 1, 2018 to June 30, 2018.

In this sample, the *Jensen* Internal Reviewer found no use of any prohibited restraints or techniques.

⁸⁵ To draw the random sample used in the verification for this and subsequent ECs, the *Jensen* Internal Reviewer used Random.org (<https://www.random.org/>) to generate random numbers and correlated those to relevant incidents arrayed in chronological order.

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The *Jensen* Internal Reviewer selected two incidents involving an EUMR at random from the sample noted above and summarized these incidents to serve as illustrative examples:

[REDACTED]

Evaluation Criteria 7

Medical restraint, and psychotropic/neuroleptic medication have not been administered to residents for punishment, in lieu of habilitation, training, behavior support plans, for staff convenience or as behavior modification.

The scope of the Department's obligations under Evaluation Criteria 7 is limited to the Facility.

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The *Jensen* Internal Reviewer reviews each instance of restraint use and PRN use of psychotropic/neuroleptic medication at Minnesota Life Bridge on an ongoing and continuous basis through inspection of documentation including but not limited to incident reports and DHS 3654 Forms, and through scheduled weekly phone calls with Minnesota Life Bridge. In addition, the *Jensen* Internal Reviewer provides follow-up as needed, including daily contact when appropriate.

As indicated in the Department's compliance reporting, as well as in the *Jensen* Internal Reviewer Monthly Reports, the *Jensen* Internal Reviewer has monitored the use of restraints at Minnesota Life Bridge since the schedule for compliance reporting was established (Doc. No. 545), and has found that Minnesota Life Bridge has not used medical restraint or PRN psychotropic/neuroleptic medications for punishment, in lieu of habilitation, training, behavior support plans, for staff convenience or as behavior modification. The *Jensen* Internal Reviewer confirmed that all instances of PRN behavioral medication use occurred in a manner consistent with the PRN criteria established by the prescriber. For more information on use of restraint at Minnesota Life Bridge, refer to EC 39 and 41 in this and previous reports.

As additional verification in preparation for this report, the *Jensen* Internal Reviewer inspected a sample of DHS 3654 Forms related to major incidents from three time periods:

- Two DHS 3654 Forms chosen at random from the time period of October 1, 2015 (following submission of the 9th Compliance Update) to February 22, 2016 (the filing date of Doc. No. 545);
- Twenty DHS 3654 Forms chosen at random from the time period of February 22, 2016 (following the filing date of Doc. Nos. 545) to December 31, 2017; and
- All DHS 3654 Forms in the current reporting period of January 1, 2018 to June 30, 2018.

In this sample, the *Jensen* Internal Reviewer found no use of medical restraint or psychotropic/neuroleptic medication for punishment, in lieu of habilitation, training, behavior support plans, for staff convenience or as behavior modification.

Settlement Agreement Section V.B. Prohibited Technique – Policy (EC 8, 9, and 10)

Evaluation Criteria 8

Restraints are used only in an emergency.

The scope of the Department's obligations under Evaluation Criteria 8 is limited to the Facility.

The *Jensen* Internal Reviewer reviews each instance of restraint use at Minnesota Life Bridge on an ongoing and continuous basis through inspection of documentation including but not limited to incident reports and DHS 3654 Forms, and scheduled weekly phone calls with Minnesota Life Bridge.

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In addition, the *Jensen* Internal Reviewer provides follow-up as needed, including daily contact when appropriate.

As indicated in the Department's compliance reporting, as well as in the *Jensen* Internal Reviewer Monthly Reports, the *Jensen* Internal Reviewer has monitored the use of restraints at Minnesota Life Bridge since the schedule for compliance reporting was established (Doc. No. 545), and has found that Minnesota Life Bridge has used restraints only on an emergency basis (i.e., when a person's conduct poses an imminent risk of physical harm to self or others and less restrictive strategies would not achieve safety). For more information on use of restraint at Minnesota Life Bridge, refer to EC 39 and 41 in this and previous reports.

As additional verification in preparation for this report, the *Jensen* Internal Reviewer inspected a sample of DHS 3654 Forms related to major incidents from three time periods:

- Two DHS 3654 Forms chosen at random from the time period of October 1, 2015 (following submission of the 9th Compliance Update) to February 22, 2016 (the filing date of Doc No. 545);
- Twenty DHS 3654 Forms chosen at random from the time period of February 22, 2016 (following the filing date of Doc. No. 545) to December 31, 2017; and
- All DHS 3654 Forms in the current reporting period of January 1, 2018 to June 30, 2018.

In this sample, the *Jensen* Internal Reviewer found that all use of restraints occurred only in an emergency.

See the illustrative examples under Evaluation Criteria 5 and 6 above for details of two randomly selected instances of EUMR.

Evaluation Criteria 9

The Policy (Settlement Agreement Att. A, as it may be revised after court approval, dissemination and staff training) was followed in each instance of manual restraint.

The scope of the Department's obligations under Evaluation Criteria 9 is limited to the Facility.

The *Jensen* Internal Reviewer reviews each instance of restraint use at Minnesota Life Bridge on an ongoing and continuous basis through inspection of documentation including but not limited to incident reports and DHS 3654 Forms, and scheduled weekly phone calls with Minnesota Life Bridge. In addition, the *Jensen* Internal Reviewer provides follow-up as needed, including daily contact when appropriate.

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As indicated in the Department's compliance reporting, as well as in the *Jensen* Internal Reviewer Monthly Reports, the *Jensen* Internal Reviewer has monitored the use of restraints at Minnesota Life Bridge since the schedule for compliance reporting was established (Doc. No. 545), and has found that Minnesota Life Bridge followed the Policy, as amended, in all uses of manual restraint. For more information on use of restraint at Minnesota Life Bridge, refer to EC 39 and 41 in this and previous reports.

As additional verification in preparation for this report, the *Jensen* Internal Reviewer inspected a sample of DHS 3654 Forms related to major incidents from three time periods:

- Two DHS 3654 Forms chosen at random from the time period of October 1, 2015 (following submission of the 9th Compliance Update) to February 22, 2016 (the filing date of Doc. No. 545);
- Twenty DHS 3654 Forms chosen at random from the time period of February 22, 2016 (following the filing date of Doc No. 545) to December 31, 2017; and
- All DHS 3654 Forms in the current reporting period of January 1, 2018 to June 30, 2018.

In this sample, the *Jensen* Internal Reviewer found that the Policy, as amended, was followed in all uses of manual restraint.

The *Jensen* Internal Reviewer and QADC Services have inspected the Policy and Minnesota Life Bridge's current relevant policies, including DCT Reference Policy Number 6260, procedure number 15868 and DCT Reference Policy Number 6100, procedure number 15904, and have found that Minnesota Life Bridge's policies comport with the Policy. As previously reported in Report to Court In Response to March 18, 2016 Order (Doc. No. 572), the *Jensen* Internal Reviewer completed an extensive review of EASE, the crisis intervention training utilized by the Facility, and found that the training complies with the Policy, as amended.

Evaluation Criteria 10

There were no instances of prone restraint, chemical restraint, seclusion or time out. [Seclusion: evaluated under Sec. V.C. Chemical restraint: evaluated under Sec. V.D.]

The scope of the Department's obligations under Evaluation Criteria 10 is limited to the Facility.

The *Jensen* Internal Reviewer reviews each instance of restraint use at Minnesota Life Bridge on an ongoing and continuous basis through an inspection of documentation including but not limited to incident reports and DHS 3654 Forms, and scheduled weekly phone calls with Minnesota Life Bridge. In addition, the *Jensen* Internal Reviewer provides follow-up as needed, including daily contact when appropriate.

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As indicated in the Department's compliance reporting, as well as in the *Jensen* Internal Reviewer Monthly Reports, the *Jensen* Internal Reviewer has monitored the use of restraints at Minnesota Life Bridge since the schedule for compliance reporting was established (Doc. No. 545), and has found that Minnesota Life Bridge has used no prone restraint, chemical restraint, seclusion or time out. For more information on use of restraint at Minnesota Life Bridge, refer to EC 39 and 41 in this and previous reports.

As additional verification in preparation for this report, the *Jensen* Internal Reviewer inspected a sample of DHS 3654 Forms related to major incidents from three time periods:

- Two DHS 3654 Forms chosen at random from the time period of October 1, 2015 (following submission of the 9th Compliance Update) to February 22, 2016 (the filing date of Doc. No. 545);
- Twenty DHS 3654 Forms chosen at random from the time period of February 22, 2016 (following the filing date of Doc. No. 545) to December 31, 2017; and
- All DHS 3654 Forms in the current reporting period of January 1, 2018 to June 30, 2018.

In this sample, the *Jensen* Internal Reviewer found no use of prone restraint, chemical restraint, seclusion or time out.

Settlement Agreement Section V.C. Prohibited Techniques – Seclusion and Time Out (EC 11 and 12)

Evaluation Criteria 11

There were zero instances of the use of Seclusion. Facility policy shall specify that the use of seclusion is prohibited.

The scope of the Department's obligations under Evaluation Criteria 11 is limited to the Facility.

The *Jensen* Internal Reviewer reviews each instance of restraint use at Minnesota Life Bridge on an ongoing and continuous basis through an inspection of documentation including but not limited to incident reports and DHS 3654 Forms, and scheduled weekly phone calls with Minnesota Life Bridge. In addition, the *Jensen* Internal Reviewer provides follow-up as needed, including daily contact when appropriate.

As indicated in the Department's compliance reporting, as well as in the *Jensen* Internal Reviewer Monthly Reports, the *Jensen* Internal Reviewer has monitored the use of restraints at Minnesota Life Bridge since the schedule for compliance reporting was established (Doc. No. 545), and has found that Minnesota Life Bridge has had zero instances of the use of seclusion. For more information on use of restraint at Minnesota Life Bridge, refer to EC 39 and 41 in this and previous reports.

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As additional verification in preparation for this report, the *Jensen* Internal Reviewer inspected a sample of DHS 3654 Forms related to major incidents from three time periods:

- Two DHS 3654 Forms chosen at random from the time period of October 1, 2015 (following submission of the 9th Compliance Update) to February 22, 2016 (the filing date of Doc. No. 545);
- Twenty DHS 3654 Forms chosen at random from the time period of February 22, 2016 (following the filing date of Doc. No. 545) to December 31, 2017; and
- All DHS 3654 Forms in the current reporting period of January 1, 2018 to June 30, 2018.

In this sample, the *Jensen* Internal Reviewer found zero instances of the use of seclusion.

The *Jensen* Internal Reviewer inspected the relevant Facility policy (DCT Reference Policy Number 6260, procedure number 15868) and found that the policy specifies that use of seclusion is prohibited.

Evaluation Criteria 12

There were zero instances of the use of Room Time Out from Positive Reinforcement. Facility policy shall specify that the use of time out from positive reinforcement is prohibited.

The scope of the Department's obligations under Evaluation Criteria 12 is limited to the Facility.

The *Jensen* Internal Reviewer reviews each instance of restraint use at Minnesota Life Bridge on an ongoing and continuous basis through an inspection of documentation including but not limited to incident reports and DHS 3654 Forms, and scheduled weekly phone calls with Minnesota Life Bridge. In addition, the *Jensen* Internal Reviewer provides follow-up as needed, including daily contact when appropriate.

As indicated in the Department's compliance reporting, as well as in the *Jensen* Internal Reviewer Monthly Reports, the *Jensen* Internal Reviewer has monitored the use of restraints at Minnesota Life Bridge since the schedule for compliance reporting was established (Doc. No. 545), and has found that Minnesota Life Bridge has had zero instances of the use of room time out from positive reinforcement. For more information on use of restraint at Minnesota Life Bridge, refer to EC 39 and 41 in this and previous reports.

As additional verification in preparation for this report, the *Jensen* Internal Reviewer inspected a sample of DHS 3654 Forms related to major incidents from three time periods:

- Two DHS 3654 Forms chosen at random from the time period of October 1, 2015 (following submission of the 9th Compliance Update) to February 22, 2016 (the filing date of Doc. No. 545);

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- Twenty DHS 3654 Forms chosen at random from the time period of February 22, 2016 (following the filing date of Doc. No. 545) to December 31, 2017; and
- All DHS 3654 Forms in the current reporting period of January 1, 2018 to June 30, 2018.

In this sample, the *Jensen* Internal Reviewer found zero instances of the use of room time out from positive reinforcement.

The *Jensen* Internal Reviewer inspected the relevant Facility policy (DCT Reference Policy Number 6260, procedure number 15868) and found that the policy specifies that any use of time out is prohibited.

Settlement Agreement Section V.D. Prohibited Techniques – Chemical Restraint (EC 13 and 14)

Evaluation Criteria 13

There were zero instances of drug / medication use to manage resident behavior OR to restrain freedom of movement. Facility policy specifies the Facility shall not use chemical restraint. A chemical restraint is the administration of a drug or medication when it is used as a restriction to manage the resident's behavior or restrict the resident's freedom of movement and is not a standard treatment or dosage for the resident's condition.

The scope of the Department's obligations under Evaluation Criteria 13 is limited to the Facility.

The *Jensen* Internal Reviewer reviews each instance of PRN behavioral medication at Minnesota Life Bridge on an ongoing and continuous basis through a review of documentation including but not limited to incident reports and DHS 3654 Forms, and scheduled weekly phone calls with Minnesota Life Bridge. In addition, the *Jensen* Internal Reviewer provides follow-up as needed, including daily contact when appropriate.

As indicated in the Department's compliance reporting, as well as in the *Jensen* Internal Reviewer Monthly Reports, the *Jensen* Internal Reviewer has monitored the use of restraints at Minnesota Life Bridge since the schedule for compliance reporting was established (Doc. No. 545), and has found that Minnesota Life Bridge has had zero instances of drug/medication use to manage resident behavior or to restrain freedom of movement. For more information on use of restraint at Minnesota Life Bridge, refer to EC 39 and 41 in this and previous reports.

As additional verification in preparation for this report, the *Jensen* Internal Reviewer inspected a sample of DHS 3654 Forms related to major incidents from three time periods:

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- Two DHS 3654 Forms chosen at random from the time period of October 1, 2015 (following submission of the 9th Compliance Update) to February 22, 2016 (the filing date of Doc. No. 545);
- Twenty DHS 3654 Forms chosen at random from the time period of February 22, 2016 (following the filing date of Doc No. 545) to December 31, 2017; and
- All DHS 3654 Forms in the current reporting period of January 1, 2018 to June 30, 2018.

In this sample, the *Jensen* Internal Reviewer found zero instances of drug/medication use to manage resident behavior or to restrain freedom of movement.

The *Jensen* Internal Reviewer inspected the relevant Facility policies (DCT Reference Policy Number 6100, procedure number 15904 and DCT Reference Policy Number 6260, procedure number 15868) and found that the policies specify chemical restraint is prohibited.

Evaluation Criteria 14

There were zero instances of PRN orders (standing orders) of drug / medication used to manage behavior or restrict freedom of movement. Facility policy specifies that PRN / standing order medications are prohibited from being used to manage resident behavior or restrict one's freedom of movement.

The scope of the Department's obligations under Evaluation Criteria 14 is limited to the Facility.

The *Jensen* Internal Reviewer reviews each instance of PRN behavioral medication use at Minnesota Life Bridge on an ongoing and continuous basis through an inspection of documentation including but not limited to incident reports and DHS 3654 Forms, and scheduled weekly phone calls with Minnesota Life Bridge. In addition, the *Jensen* Internal Reviewer provides follow-up as needed, including daily contact when appropriate.

As indicated in the Department's compliance reporting, as well as in the *Jensen* Internal Reviewer Monthly Reports, the *Jensen* Internal Reviewer has monitored the use of restraints at Minnesota Life Bridge since the schedule for compliance reporting was established (Doc. No. 545), and has found that all instances of PRN behavioral medication use at Minnesota Life Bridge have occurred consistent with PRN criteria established by the prescriber. For more information on use of restraint at Minnesota Life Bridge, refer to EC 39 and 41 in this and previous reports.

As verification in preparation for this report, the *Jensen* Internal Reviewer inspected five PRN protocols chosen at random from the time period of October 1, 2015 to the end of the current reporting period. In this sample, the *Jensen* Internal Reviewer found zero instances of PRN orders (standing orders) of drug/medication used to manage behavior or restrict freedom of movement. All PRN orders were individualized and utilized diagnosis-based symptoms, and thus were not standing orders. Each PRN protocol additionally included interventions to be utilized prior to PRN medication

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being considered for administration, including strategies such as de-escalation, positive behavior specific praise, validating feelings and encouraging relaxation.

The *Jensen* Internal Reviewer inspected the relevant Facility policy (DCT Reference Policy Number 6260, procedure number 15868) and found that the policy specifies PRN/standing order medications are prohibited for chemical restraint (defined as being used to manage resident behavior or restrict one's freedom of movement).

Settlement Agreement Section V.F. Prohibited Techniques – Medical Officer Review (EC 22, 23 and 24)

Evaluation Criteria 22

The responsible Facility supervisor contacted the DHS medical officer on call not later than 30 minutes after the emergency restraint use began.

The scope of the Department's obligations under Evaluation Criteria 22 is limited to the Facility.

The *Jensen* Internal Reviewer reviews each instance of restraint use at Minnesota Life Bridge on an ongoing and continuous basis through an inspection of documentation including but not limited to incident reports and DHS 3654 Forms, and scheduled weekly phone calls with Minnesota Life Bridge. In addition, the *Jensen* Internal Reviewer provides follow-up as needed, including daily contact when appropriate.

As indicated in the Department's compliance reporting, the *Jensen* Internal Reviewer and QADC Services monitor the timeliness of contacting the Medical Officer following an EUMR and follow up as required. As previously reported, in the first half of 2017, there were three instances in which staff did not contact the Medical Officer within 30 minutes after initiation of EUMR. QADC Services (then known as JOQACO) followed up on these instances and verified that Minnesota Life Bridge developed and completed an action plan to address the issue (Doc. No. 643 at 20). Also as previously reported, in the second half of 2017, there was one instance in which staff was unable to contact the Medical Officer within 30 minutes after initiation of EUMR. QADC Services (then known as JOQACO) followed up on that instance and did not identify the need for corrective action (Doc. No. 676 at 18). None of these instances required exception reporting, as follow-up by the *Jensen* Internal Reviewer and QADC Services indicated that a concern was not noted.

During this reporting period, there was one instance when the EUMR notification to the Medical Officer did not occur within 30 minutes. See EC 39 in this report for more information. The notification occurred at 42 minutes, as the Minnesota Life Bridge staff involved in the incident were continuing provide de-escalation supports to the Minnesota Life Bridge resident. The Internal Reviewer inspected available documentation and interviewed the Community Residential Supervisor for the site, and verified that the minimal delay in notification was reasonable and not a concern. The

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Internal Reviewer reminded Minnesota Life Bridge of the importance of timely notification. This instance did not require exception reporting, as follow-up by the *Jensen* Internal Reviewer and QADC Services indicated that a concern was not noted.

For more information on use of restraint at Minnesota Life Bridge, refer to EC 39 and 41 in this and previous reports.

As additional verification in preparation for this report, the *Jensen* Internal Reviewer inspected a sample of DHS 3654 Forms related to major incidents from three time periods:

- Two DHS 3654 Forms chosen at random from the time period of October 1, 2015 (following submission of the 9th Compliance Update) to February 22, 2016 (the filing date of Doc. No. 545);
- Twenty DHS 3654 Forms chosen at random from the time period of February 22, 2016 (following the filing date of Doc. No. 545) to December 31, 2017; and
- All DHS 3654 Forms in the current reporting period of January 1, 2018 to June 30, 2018.

In this sample, the *Jensen* Internal Reviewer found that in two cases, the notification to the Medical Officer did not occur within 30 minutes. In one case, the Medical Officer was contacted at 2 hours and 32 minutes. This incident involved a 911 call and the resident was ultimately transported to the local hospital for emergency department assistance. The Minnesota Life Bridge staff involved in this incident were occupied with de-escalation of the individual and working with the community responders, and were unable to contact the Medical Officer within 30 minutes. The *Jensen* Internal Reviewer inspected available documentation and verified that the delay in notification was reasonable and there were no concerns noted. In the second incident, the Medical Officer was contacted at 53 minutes. This incident also included a 911 call, and the individual spent time outside the residence. The *Jensen* Internal Reviewer inspected available documentation and verified that the delay in notification was reasonable and there were no concerns noted. Both of these incidents occurred in 2016 and preceded the follow-up by the *Jensen* Internal Reviewer and QADC Services detailed in the reports noted above (Doc. No. 643, Doc. No. 676). The *Jensen* Internal Reviewer began including notification of the Medical Officer in his regular review of DHS 3654 Forms in January 2017. Given the refinement of procedures and the corrective actions taken since these incidents, no further follow-up is needed at this time.

It should be noted that at the current time, Minnesota Life Bridge staff involved in an EUMR call the Medical Officer directly rather than waiting for the Facility Supervisor. This is in order to expedite notification to the Medical Officer and due to differences in staffing patterns between Minnesota Life Bridge and the predecessor Facility.

Evaluation Criteria 23

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The medical officer assessed the situation, suggested strategies for deescalating the situation, and approved of or discontinued the use of restraint.

The scope of the Department's obligations under Evaluation Criteria 23 is limited to the Facility.

The *Jensen* Internal Reviewer reviews each instance of restraint use at Minnesota Life Bridge on an ongoing and continuous basis through an inspection of documentation including but not limited to incident reports and DHS 3654 Forms, and scheduled weekly phone calls with Minnesota Life Bridge. In addition, the *Jensen* Internal Reviewer provides follow-up as needed, including daily contact when appropriate.

As indicated in the Department's compliance reporting, as well as in the *Jensen* Internal Reviewer Monthly Reports, the *Jensen* Internal Reviewer has monitored the use of restraints at Minnesota Life Bridge since the schedule for compliance reporting was established (Doc. No. 545), and has found that in each instance of EUMR, documentation notes that the Medical Officer assessed the situation, suggested strategies for deescalating the situation, and approved or discontinued the use of restraint. For more information on use of restraint at Minnesota Life Bridge, refer to EC 39 and 41 in this and previous reports.

As additional verification in preparation for this report, the *Jensen* Internal Reviewer inspected a sample of DHS 3654 Forms related to major incidents from three time periods:

- Two DHS 3654 Forms chosen at random from the time period of October 1, 2015 (following submission of the 9th Compliance Update) to February 22, 2016 (the filing date of Doc. No. 545);
- Twenty DHS 3654 Forms chosen at random from the time period of February 22, 2016 (following the filing date of Doc. No. 545) to December 31, 2017; and
- All DHS 3654 Forms in the current reporting period of January 1, 2018 to June 30, 2018.

In this sample, the *Jensen* Internal Reviewer found that in all instances that included EUMR, documentation notes that the Medical Officer assessed the situation, suggested strategies for deescalating the situation, and approved or discontinued the use of restraint.

As noted under Evaluation Criteria 5 and 6 above, the *Jensen* Internal Reviewer selected two incidents involving an EUMR at random from the sample noted above and summarized these incidents to serve as illustrative examples. In those two instances, the following conversations occurred with the Medical Officer:

[REDACTED]

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[REDACTED]

Evaluation Criteria 24

The consultation with the medical officer was documented in the resident's medical record.

The scope of the Department's obligations under Evaluation Criteria 24 is limited to the Facility.

Minnesota Life Bridge records the consultation with the Medical Officer on the DHS 3654 Form, which Minnesota Life Bridge enters into the relevant resident's chart.

The *Jensen* Internal Reviewer reviews each instance of restraint use at Minnesota Life Bridge on an ongoing and continuous basis through an inspection of documentation including but not limited to incident reports and DHS 3654 Forms, and scheduled weekly phone calls with Minnesota Life Bridge. In addition, the *Jensen* Internal Reviewer provides follow-up as needed, including daily contact when appropriate.

As indicated in the Department's compliance reporting, as well as in the *Jensen* Internal Reviewer Monthly Reports, the *Jensen* Internal Reviewer has monitored the use of restraints at Minnesota Life Bridge since the schedule for compliance reporting was established (Doc. No. 545), and has found that in each instance of EUMR, the DHS 3654 Form, which is part of the relevant resident's chart, documents the consultation with the Medical Officer. For more information on use of restraint at Minnesota Life Bridge, refer to EC 39 and 41 in this and previous reports.

As additional verification in preparation for this report, the *Jensen* Internal Reviewer inspected a sample of DHS 3654 Forms related to major incidents from three time periods:

- Two DHS 3654 Forms chosen at random from the time period of October 1, 2015 (following submission of the 9th Compliance Update) to February 22, 2016 (the filing date of Doc. No. 545);
- Twenty DHS 3654 Forms chosen at random from the time period of February 22, 2016 (following the filing date of Doc. No. 545) to December 31, 2017; and
- All DHS 3654 Forms in the current reporting period of January 1, 2018 to June 30, 2018.

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In this sample, the *Jensen* Internal Reviewer found that in all instances that included EUMR, the DHS 3654 Form, which is part of the relevant resident's chart, documents the consultation with the Medical Officer.

Settlement Agreement Section V.G. Prohibited Techniques – Zero Tolerance for Abuse and Neglect (EC 25)

Evaluation Criteria 25

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

The scope of the Department's obligations under Evaluation Criteria 25 is limited to the Facility.

As previously reported ([Doc. No. 614-1](#)), on August 16, 2016, the DHS Office of the Inspector General (OIG) entered into a Memorandum of Understanding with QADC Services (then known as JOQACO) to investigate all allegations of abuse or neglect at Minnesota Life Bridge.

As part of the Memorandum of Understanding QADC Services (then known as JOQACO) and the *Jensen* Internal Reviewer developed a training curriculum to ensure that all Licensing employees who investigate allegations of abuse or neglect receive eight hours of competency-based training in best practices for conducting investigations involving individuals with cognitive and/or mental health disabilities and interviewing.

Between August 23, 2016 and June 26, 2018, the OIG received and investigated 50 allegations involving Minnesota Life Bridge. The QADC Services Director receives and reviews all reports. All allegations were fully investigated. Final Disposition for the 50 incidents investigated include:

- Allegation not Maltreatment or Licensing Violation (1)
- Inconclusive (3)
- Investigation Open (1)
- Licensing Violation Determined (4)
- Licensing Violation Not Determined (3)
- Resolved or Risk Reduced (37)
- Substantiated (1)

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Allegation Types for the 50 incidents investigated include:

- Abuse (3)
- Client Care (Licensing) (21)
- Neglect (VAA) (25)
- Personnel (Licensing) (2)

The QADC Services Director receives and reviews all training attestations and tests. In January 2017, 24 investigators/assessors/supervisors completed the annual training to meet the requirements in the Memorandum of Understanding and Action 25.1 in the CPA. In January 2018, 26 investigators/assessors/supervisors completed the annual training to meet the requirements in the Memorandum of Understanding and Action 25.1 in the CPA.

**Settlement Agreement Section VI.A Restraint Reporting & MGMT – Form 31032
(EC 28, 29 and 30)**

Evaluation Criteria 28

Form 31032 (or its successor) was fully completed whenever use was made of manual restraint.

The scope of the Department's obligations under Evaluation Criteria 28 is limited to the Facility.

The *Jensen* Internal Reviewer reviews each instance of restraint use at Minnesota Life Bridge on an ongoing and continuous basis through an inspection of documentation including but not limited to incident reports and DHS 3654 Forms⁸⁶, and scheduled weekly phone calls with Minnesota Life Bridge.

As indicated in the Department's compliance reporting, as well as in the *Jensen* Internal Reviewer Monthly Reports, the *Jensen* Internal Reviewer has monitored the use of restraints at Minnesota Life Bridge since the schedule for compliance reporting was established (Doc. No. 545), and has found that in each instance of EUMR, Minnesota Life Bridge fully completed the DHS 3654 Form. For more information on use of restraint at Minnesota Life Bridge, refer to EC 39 and 41 in this and previous reports.

As additional verification in preparation for this report, the *Jensen* Internal Reviewer inspected a sample of DHS 3654 Forms related to major incidents from three time periods:

⁸⁶ DHS 3654 Form is the successor to Form 31032.

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- Two DHS 3654 Forms chosen at random from the time period of October 1, 2015 (following submission of the 9th Compliance Update) to February 22, 2016 (the filing date of Doc. No. 545);
- Twenty DHS 3654 Forms chosen at random from the time period of February 22, 2016 (following the filing date of Doc. No. 545) to December 31, 2017; and
- All DHS 3654 Forms in the current reporting period of January 1, 2018 to June 30, 2018.

In this sample, the *Jensen* Internal Reviewer found in all instances that included EUMR, Minnesota Life Bridge fully completed DHS 3654 Form.

Evaluation Criteria 29

For each use Form 31032 (or its successor) was timely completed by the end of the shift.

The scope of the Department's obligations under Evaluation Criteria 29 is limited to the Facility.

The *Jensen* Internal Reviewer reviews each instance of restraint use at Minnesota Life Bridge on an ongoing and continuous basis through an inspection of documentation including but not limited to incident reports and DHS 3654 Forms, and scheduled weekly phone calls with Minnesota Life Bridge.

As indicated in the Department's compliance reporting, as well as in the *Jensen* Internal Reviewer Monthly Reports, the *Jensen* Internal Reviewer has monitored the use of restraints at Minnesota Life Bridge since the schedule for compliance reporting was established (Doc. No. 545). Under current Minnesota Life Bridge practices, staff involved in an incident concurrently complete the incident report and relevant sections of the DHS 3654 Form. Involved staff email the partially completed DHS 3654 Form to the appropriate Community Residential Supervisor and Behavior Analyst prior to leaving the facility at the end of their shift. The Community Residential Supervisor and/or Behavior Analyst then complete the form by the end of the next business day. For more information on use of restraint at Minnesota Life Bridge, refer to EC 39 and 41 in this and previous reports.

As additional verification in preparation for this report, the *Jensen* Internal Reviewer inspected a sample of DHS 3654 Forms related to major incidents from three time periods:

- Two DHS 3654 Forms chosen at random from the time period of October 1, 2015 (following submission of the 9th Compliance Update) to February 22, 2016 (the filing date of Doc. No. 545);
- Twenty DHS 3654 Forms chosen at random from the time period of February 22, 2016 (following the filing date of Doc. No. 545) to December 31, 2017; and
- All DHS 3654 Forms in the current reporting period of January 1, 2018 to June 30, 2018.

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In this sample, the *Jensen* Internal Reviewer found that in all instances, Minnesota Life Bridge staff completed the relevant sections of the DHS 3654 Form prior to leaving the facility at the end of their shift.

Evaluation Criteria 30

Each Form 31032 (or its successor) indicates that no prohibited restraint was used.

The scope of the Department's obligations under Evaluation Criteria 30 is limited to the Facility.

The *Jensen* Internal Reviewer reviews each instance of restraint use at Minnesota Life Bridge on an ongoing and continuous basis through an inspection of documentation including but not limited to incident reports and DHS 3654 Forms, and scheduled weekly phone calls with Minnesota Life Bridge.

As indicated in the Department's compliance reporting, as well as in the *Jensen* Internal Reviewer Monthly Reports, the *Jensen* Internal Reviewer has monitored the use of restraints at Minnesota Life Bridge since the schedule for compliance reporting was established (Doc. No. 545), and has found that that each DHS 3654 Form indicates no use of prohibited restraint. For more information on use of restraint at Minnesota Life Bridge, refer to EC 39 and 41 in this and previous reports.

As additional verification in preparation for this report, the *Jensen* Internal Reviewer inspected a sample of DHS 3654 Forms related to major incidents from three time periods:

- Two DHS 3654 Forms chosen at random from the time period of October 1, 2015 (following submission of the 9th Compliance Update) to February 22, 2016 (the filing date of Doc. No. 545);
- Twenty DHS 3654 Forms chosen at random from the time period of February 22, 2016 (following the filing date of Doc. No. 545) to December 31, 2017; and
- All DHS 3654 Forms in the current reporting period of January 1, 2018 to June 30, 2018.

In this sample, the *Jensen* Internal Reviewer found that each DHS 3654 Form indicates no use of prohibited restraint.

Settlement Agreement Section VI.B Restraint Reporting & MGMT – Notifications (EC 32, 33, 35 and 36)

Evaluation Criteria 32

Within 24 hours and no later than one business day, Form 31032 (or its successor) in each instance was submitted to the Ombudsman for MH & DD.

The scope of the Department's obligations under Evaluation Criteria 32 is limited to the Facility.

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The *Jensen* Internal Reviewer reviews each instance of restraint use at Minnesota Life Bridge on an ongoing and continuous basis through an inspection of documentation including but not limited to incident reports and DHS 3654 Forms, and scheduled weekly phone calls with Minnesota Life Bridge.

As indicated in the Department's compliance reporting, as well as in the *Jensen* Internal Reviewer Monthly Reports, the *Jensen* Internal Reviewer has monitored the use of restraints at Minnesota Life Bridge since the schedule for compliance reporting was established (Doc. No. 545), and has found that Minnesota Life Bridge submitted DHS 3654 Forms in each instance to the Ombudsman for Mental Health and Developmental Disabilities within 24 hours and no later than one business day.

As additional verification in preparation for this report, the *Jensen* Internal Reviewer inspected a sample of DHS 3654 Forms related to major incidents from three time periods:

- Two DHS 3654 Forms chosen at random from the time period of October 1, 2015 (following submission of the 9th Compliance Update) to February 22, 2016 (the filing date of Doc. No. 545);
- Twenty DHS 3654 Forms chosen at random from the time period of February 22, 2016 (following the filing date of Doc. No. 545) to December 31, 2017; and
- All DHS 3654 Forms in the current reporting period of January 1, 2018 to June 30, 2018.

In this sample, the *Jensen* Internal Reviewer found that in all instances, Minnesota Life Bridge submitted the DHS 3654 Form to the Ombudsman for Mental Health and Developmental Disabilities within 24 hours and no later than one business day. In one instance, Minnesota Life Bridge did not complete the checkbox on the DHS 3654 Form noting distribution, but the *Jensen* Internal Reviewer inspected the email and verified that Minnesota Life Bridge had distributed the notification to the Ombudsman for Mental Health and Developmental Disabilities.

Evaluation Criteria 33

Within 24 hours and no later than one business day, Form 31032 (or its successor) in each instance was submitted to the DHS licensing.

The scope of the Department's obligations under Evaluation Criteria 33 is limited to the Facility.

The *Jensen* Internal Reviewer reviews each instance of restraint use at Minnesota Life Bridge on an ongoing and continuous basis through an inspection of documentation including but not limited to incident reports and DHS 3654 Forms, and scheduled weekly phone calls with Minnesota Life Bridge.

As indicated in the Department's compliance reporting, as well as in the *Jensen* Internal Reviewer Monthly Reports, the *Jensen* Internal Reviewer has monitored the use of restraints at Minnesota Life Bridge since the schedule for compliance reporting was established (Doc. No. 545), and has found that

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Minnesota Life Bridge submitted DHS 3654 Forms in each instance to DHS Licensing within 24 hours and no later than one business day.

As additional verification in preparation for this report, the *Jensen* Internal Reviewer inspected a sample of DHS 3654 Forms related to major incidents from three time periods:

- Two DHS 3654 Forms chosen at random from the time period of October 1, 2015 (following submission of the 9th Compliance Update) to February 22, 2016 (the filing date of Doc. No. 545);
- Twenty DHS 3654 Forms chosen at random from the time period of February 22, 2016 (following the filing date of Doc. No. 545) to December 31, 2017; and
- All DHS 3654 Forms in the current reporting period of January 1, 2018 to June 30, 2018.

In this sample, the *Jensen* Internal Reviewer found that in all instances, Minnesota Life Bridge submitted the DHS 3654 Form to DHS Licensing within 24 hours and no later than one business day. In one instance, Minnesota Life Bridge did not complete the checkbox on the DHS 3654 Form noting distribution, but the *Jensen* Internal Reviewer inspected the email and verified that Minnesota Life Bridge had distributed the notification to DHS Licensing.

Evaluation Criteria 35

Within 24 hours and no later than one business day, Form 321032 (or its successor) in each instance was submitted to the legal representative and/or family to the extent permitted by law.

The scope of the Department's obligations under Evaluation Criteria 35 is limited to the Facility.

The *Jensen* Internal Reviewer reviews each instance of restraint use at Minnesota Life Bridge on an ongoing and continuous basis through an inspection of documentation including but not limited to incident reports and DHS 3654 Forms, and scheduled weekly phone calls with Minnesota Life Bridge.

As indicated in the Department's compliance reporting, as well as in the *Jensen* Internal Reviewer Monthly Reports, the *Jensen* Internal Reviewer has monitored the use of restraints at Minnesota Life Bridge since the schedule for compliance reporting was established (Doc. No. 545), and has found that Minnesota Life Bridge submitted DHS 3654 Forms in each instance to the legal representative and/or family within 24 hours and no later than one business day.

As additional verification in preparation for this report, the *Jensen* Internal Reviewer inspected a sample of DHS 3654 Forms related to major incidents from three time periods:

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- Two DHS 3654 Forms chosen at random from the time period of October 1, 2015 (following submission of the 9th Compliance Update) to February 22, 2016 (the filing date of Doc. No. 545);
- Twenty DHS 3654 Forms chosen at random from the time period of February 22, 2016 (following the filing date of Doc. No. 545) to December 31, 2017; and
- All DHS 3654 Forms in the current reporting period of January 1, 2018 to June 30, 2018.

In this sample, the *Jensen* Internal Reviewer found that in all instances, Minnesota Life Bridge submitted the DHS 3654 Form to the legal representative and/or family within 24 hours and no later than one business day. In one instance, Minnesota Life Bridge did not complete the checkbox on the DHS 3654 Form noting distribution, but the *Jensen* Internal Reviewer inspected the email and verified that Minnesota Life Bridge had distributed the notification to the legal representative and/or family.

Evaluation Criteria 36

Within 24 hours and no later than one business day, Form 31032 (or its successor) in each instance was submitted to the Case Manager.

The scope of the Department's obligations under Evaluation Criteria 36 is limited to the Facility.

The *Jensen* Internal Reviewer reviews each instance of restraint use at Minnesota Life Bridge on an ongoing and continuous basis through an inspection of documentation including but not limited to incident reports and DHS 3654 Forms, and scheduled weekly phone calls with Minnesota Life Bridge.

As indicated in the Department's compliance reporting, as well as in the *Jensen* Internal Reviewer Monthly Reports, the *Jensen* Internal Reviewer has monitored the use of restraints at Minnesota Life Bridge since the schedule for compliance reporting was established (Doc. No. 545), and has found that Minnesota Life Bridge submitted DHS 3654 Forms in each instance to the case manager within 24 hours and no later than one business day.

As additional verification in preparation for this report, the *Jensen* Internal Reviewer inspected a sample of DHS 3654 Forms related to major incidents from three time periods:

- Two DHS 3654 Forms chosen at random from the time period of October 1, 2015 (following submission of the 9th Compliance Update) to February 22, 2016 (the filing date of Doc. No. 545);
- Twenty DHS 3654 Forms chosen at random from the time period of February 22, 2016 (following the filing date of Doc. No. 545) to December 31, 2017; and
- All DHS 3654 Forms in the current reporting period of January 1, 2018 to June 30, 2018.

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In this sample, the *Jensen* Internal Reviewer found that in all instances, Minnesota Life Bridge submitted the DHS 3654 Form to the case manager within 24 hours and no later than one business day. In one instance, Minnesota Life Bridge did not complete the checkbox on the DHS 3654 Form noting distribution, but the *Jensen* Internal Reviewer inspected the email and verified that Minnesota Life Bridge had distributed the notification to the case manager.

Settlement Agreement Section VII.B – Internal Reviewer (EC 40)

Evaluation Criteria 40

The Facility provided Form 31032 (or its successor) to the Internal Reviewer within 24 hours of the use of manual restraint and no later than one business day.

The scope of the Department's obligations under Evaluation Criteria 40 is limited to the Facility.

The *Jensen* Internal Reviewer reviews each instance of restraint use at Minnesota Life Bridge on an ongoing and continuous basis through an inspection of documentation including but not limited to incident reports and DHS 3654 Forms, and scheduled weekly phone calls with Minnesota Life Bridge.

As indicated in the Department's compliance reporting, as well as in the *Jensen* Internal Reviewer Monthly Reports, the *Jensen* Internal Reviewer has monitored the use of restraints at Minnesota Life Bridge since the schedule for compliance reporting was established (Doc. No. 545), and has found that Minnesota Life Bridge submitted DHS 3654 Forms in each instance to the Internal Reviewer within 24 hours and no later than one business day.

As additional verification in preparation for this report, the *Jensen* Internal Reviewer inspected a sample of DHS 3654 Forms related to major incidents from three time periods:

- Two DHS 3654 Forms chosen at random from the time period of October 1, 2015 (following submission of the 9th Compliance Update) to February 22, 2016 (the filing date of Doc. No. 545);
- Twenty DHS 3654 Forms chosen at random from the time period of February 22, 2016 (following the filing date of Doc. No. 545) to December 31, 2017; and
- All DHS 3654 Forms in the current reporting period of January 1, 2018 to June 30, 2018.

In this sample, the *Jensen* Internal Reviewer found that in all instances, Minnesota Life Bridge submitted the DHS 3654 Form to the Internal Reviewer within 24 hours and no later than one business day. In one instance, Minnesota Life Bridge did not complete the checkbox on the DHS 3654 Form noting distribution, but the *Jensen* Internal Reviewer inspected the email and verified that Minnesota Life Bridge had distributed the notification to the Internal Reviewer.

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Settlement Agreement Section X.D System Wide Improvements – Minnesota Security Hospital (EC 82)

Evaluation Criteria 82

There are no transfers or placements of persons committed solely as a person with a developmental disability to the Minnesota Security Hospital (subject to the exceptions in the provision).

Since adoption of the CPA, one person has been committed solely as a person with a developmental disability to Minnesota Security Hospital (subject to the exceptions in the provision). On May 19, 2015, Minnesota Security Hospital admitted a person committed solely as a person with a developmental disability (Doc. No. 444, Doc. No. 531). Following the admission, the Department actively pursued transition planning and provided the Court Monitor, Plaintiffs' Counsel, and Consultants with weekly updates on the status of the transition for this person. The Minnesota Security Hospital discharged the person to the community in June 2016. For additional information, see previous compliance reports. (E.g., Doc. No. 531 at 53-54, Doc. No. 553-1 at 23-24, and Doc. No. 589 at 70.) EC 81, a related EC, is monitored by QADC Services and reported on in the Annual Compliance Reports. There have been no other transfers or placements of persons committed solely as a person with a developmental disability to the Minnesota Security Hospital (subject to the exceptions in the provision) (Doc. No. 553-1, Doc. No. 621, Doc. No. 683).

Settlement Agreement Section X.E System Wide Improvements – Anoka Metro Regional Treatment Center (EC 85)

Evaluation Criteria 85

All AMRTC residents committed solely as a person with a developmental disability and who does not have an acute psychiatric condition are transferred from AMRTC to the most integrated setting, consistent with Olmstead v. L.C., 527 U.S. 581 (1999).

Per AMRTC Procedure No. 16910, no person, with or without a developmental disability, is admitted to AMRTC unless they meet criteria which constitute an acute psychiatric condition. QADC Services has reviewed the policy.

A person with a developmental disability who is at risk of admission to AMRTC is included in the weekly diversion meetings facilitated by Minnesota Life Bridge and QADC Services. For more information about diversion efforts, see EC 67 in this and previous reports.

QADC Services verified that, as of August 27, 2018, there were no residents at AMRTC who were committed solely as a person with a developmental disability and who does not also have an acute psychiatric condition.

The Minnesota Olmstead Plan also includes a goal related to EC 85, Transition Services Goal Two:

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By June 30, 2019, the percent of people under mental health commitment at Anoka Metro Regional Treatment Center (AMRTC) who do not require hospital level of care and are currently awaiting discharge to the most integrated setting will be reduced to 30% (based on daily average).

For more information on this goal, as well as efforts and progress towards it, see Olmstead Plan quarterly and annual reporting.

Evaluation Criteria No Longer Requiring Reporting

The following Evaluation Criteria were determined by the parties and the Court to no longer require reporting - 15, 16, 17, 18, 19, 20, 21, 26, 27, 31, 34, 37, 42, 43, 44, 63, 86, 87, 88, 95, 99, 102 and 104. As noted above, these Evaluation Criteria were omitted from Exhibit A of the Court's Order on Reporting (Doc. No. 545).

Settlement Agreement Section V.E. Prohibited Techniques – 3rd Party Experts (EC 15, 16, 17, 18, 19, 20 and 21)

Evaluation Criteria 15

There is a protocol to contact a qualified Third Party Expert.

Evaluation Criteria 16

There is a list of at least 5 Experts pre-approved by Plaintiffs & Defendants. In the absence of this list, the DHS Medical or designee shall be contacted.

Evaluation Criteria 17

DHS has paid the Experts for the consultations.

Evaluation Criteria 18

A listed Expert has been contacted in each instance of emergency use of restraint.

Evaluation Criteria 19

Each consultation occurred no later than 30 minutes after presentation of the emergency.

Evaluation Criteria 20

Each use of restraint was an "emergency."

Evaluation Criteria 21

The consultation with the Expert was to obtain professional assistance to abate the emergency condition, including the use of positive behavioral supports techniques, safety techniques, and other best practices. If the Expert was not available, see V.F. below.

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The scope of the Department's obligations under ECs 15, 16, 17, 18, 19, 20 and 21 is limited to the Facility.

As previously reported ([Doc. No. 299](#), Doc No. 531), the Department vigorously tried but was not able to secure the services of qualified third party experts. In accordance with sections V.E. and V.F. of the JSA, the Department initiated the Medical Officer Review protocol in place of the use of qualified third party experts.

The Department continues to utilize the Medical Officer Review protocol. Exhibit A of the Court's Order on Reporting (Doc. No. 545) identifies the Medical Officer Review EC 22, 23 and 24 for Exception Reporting. Current Status of EC 22, 23 and 24 are provided on pages 106-110 in this report.

The *Jensen* Internal Reviewer also reviews each emergency use of a restraint at Minnesota Life Bridge. For more information, refer to EC 39 and 41 in this and previous reports.

Settlement Agreement Section V.G. Prohibited Techniques – Zero Tolerance for Abuse and Neglect (EC 26 and 27)

Evaluation Criteria 26

All staff members found to have committed abuse or neglect were disciplined pursuant to DHS policies and collective bargaining agreement, if applicable.

The scope of the Department's obligations under EC 26 is limited to the Facility.

As previously reported ([Doc. No. 328](#), [Doc. No. 531](#)), on May 20, 2014, the DHS Office of the Inspector General (OIG) issued an Investigation Memorandum that substantiated one allegation of neglect against three Minnesota Life Bridge Staff for an incident that took place on March 17, 2014. That finding was later reversed on appeal with respect to two of the employees.⁸⁷

The OIG also investigated an incident at a Minnesota Life Bridge site that took place on July 14, 2017. It was reported that a vulnerable adult left the facility and entered a neighbor's garage without staff persons' knowledge. On September 1, 2017, the OIG issued an Investigation Memorandum, which indicated the Disposition of Substantiated as to neglect of a vulnerable adult by a staff person. In accordance with Minnesota Statutes, section 245C.02, and based upon information obtained by the OIG, in combination with the September 1, 2017 report, the staff person was disqualified for recurring maltreatment. Specifically, the staff person responsible was disqualified from a position allowing direct contact with, or access to, persons receiving services from facilities licensed by the Department of Human Services, the Department of Health, facilities serving children or youth licensed by the

⁸⁷ The third employee, who did not appeal, left employment at Minnesota Life Bridge as of January 2015.

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Department of Corrections, and unlicensed Personal Care Provider Organizations. Internal review completed by QADC Services has determined that Minnesota Life Bridge followed Department policies and procedures.

Minnesota Life Bridge and QADC Services continue to monitor investigations of abuse or neglect at the Facility, and to follow the Department's policy and union contracts regarding discipline of staff members.

Evaluation Criteria 27

Where appropriate, the State referred matters of suspected abuse or neglect to the county attorney for criminal prosecution.

The scope of the Department's obligations under EC 27 is limited to the Facility.

There have been no matters of suspected abuse or neglect identified as appropriate to refer to the county attorney for criminal prosecution. EC 27 was last reported on in the Ninth Compliance Update Report (Doc. No. 531), and there have been no instances appropriate to refer to the county attorney for criminal prosecution since that report. Minnesota Life Bridge and QADC Services continue to monitor for suspected abuse or neglect at the Facility.

Settlement Agreement Section VI.B Restraint Reporting and MGMT – Notifications (EC 31, 34 and 37)

Evaluation Criteria 31

Within 24 hours, and no later than one business day, Form 31032 (or its successor) in each instance was submitted to the Office of Health Facility Complaints.

Evaluation Criteria 34

Within 24 hours, and no later than one business day, Form 31032 (or its successor) in each instance was submitted to the Court Monitor and to the DHS Internal Reviewer.

Evaluation Criteria 37

Within 24 hours, and no later than one business day, Form 31032 (or its successor) in each instance was submitted to the Plaintiffs' Counsel.

The scope of the Department's obligations under EC 31, 34 and 37 is limited to the Facility.

Minnesota Life Bridge Policy 15868 governs the use of the DHS 3654 Form and directs the completed form be sent to the Office of Health Facility Complaints, the Court Monitor, the *Jensen* Internal Reviewer, and Plaintiffs' counsel (among others) within 24 hours and no later than one business day.

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The *Jensen* Internal Reviewer reviews each DHS 3654 Form on an ongoing and continuous basis. The *Jensen* Internal Reviewer continues to monitor the use of restraints at Minnesota Life Bridge. For more information, refer to EC 39 and 41 in this and previous reports.

As part of his review of DHS 3654 Forms for EC 5 and 6 in this report (see pages 97-98), the *Jensen* Internal Reviewer also verified that the forms reviewed were sent to the Office of Health Facility Complaints, the Court Monitor, himself, and Plaintiffs' counsel, in accordance with EC 31, 34 and 37.

Current Status on other ECs related to DHS 3654 Forms, identified for Exception Reporting, specifically ECs 28, 29, 30, 32, 33, 35, 36, 40, are provided on pages 111-118 in this report.

Settlement Agreement Section VII.B Restraint Review – External Reviewer (EC 42, 43 and 44)

Evaluation Criteria 42

On April 23, 2013, the Court appointed the Court Monitor as the External Reviewer, with the consent of Plaintiffs and Defendants. DHS funds the costs of the external reviewer.

Evaluation Criteria 43

After providing Plaintiffs' Class Counsel and the Department the opportunity to review and comment on a draft, the External Reviewer issues written quarterly reports informing the Department whether the Facility is in substantial compliance with the Agreement and the incorporated policies, enumerating the factual basis for its conclusions.

Evaluation Criteria 44

In conjunction with duties and responsibilities under the Order of July 17, 2012, the Court Monitor reviews and makes judgments on compliance, makes recommendations and offers technical assistance in his discretion, and files quarterly and other reports with the Court. Timing of reports is subject to the Court's needs, results of Monitor's reviews, and to the monitoring plan pursuant to the Order of August 28, 2013.

On April 23, 2013, the Court appointed the Court Monitor as the External Reviewer with duties in accordance with EC 42, 43 and 44 (Doc. No. 211). On June 15, 2015, the Court Monitor's reporting was stayed (Doc. No. 462). As of this report, the Court Monitor's duties are stayed (Doc. No. 612).

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Settlement Agreement Section IX.D. Other Practices at the Facility – No Inconsistent Publicity (EC 63)

Evaluation Criteria 63

The Facility purpose is clearly stated in a bulletin to state court judges, county directors, social service supervisors and staff, county attorneys and Consumers and Families and Legal Representatives of consumers of Developmental Disabilities services. Any admission will be consistent with the requirements of this bulletin.

As previously reported ([Doc. No. 299](#), Doc No. 606-2), DHS issued Bulletin No. 14-76-01: Transition of Minnesota Specialty Health System (MSHS) – Cambridge to Minnesota Life Bridge: Admission and Discharge Processes, Transition Planning and Community Mobile Support Services on April 29, 2014, and Bulletin No. 16-76-02: DHS Provides Information on the Minnesota Life Bridge Program on November 18, 2016. The bulletins clearly state the facility purpose and describe Minnesota Life Bridge admission criteria. For more information on Minnesota Life Bridge admissions, refer to EC 3 in this and previous reports, as well as the *Jensen* Internal Reviewer Monthly Reports.

Settlement Agreement Section X.F. System Wide Improvements – Language (EC 86 and 87)

Evaluation Criteria 86

The term “mental retardation” has been replaced with “developmental disabilities” in any DHS policy, bulletin, website, brochure, or other publication. DHS will continue to communicate to local government agencies, counties, tribes, courts and providers that they should adhere to this standard.

As previously reported ([Doc. No. 299](#), [Doc. No. 531](#)), the Department has replaced outdated terminology when identified in any Department policy, bulletin, website, brochure, or other publication. The Department has included a Terminology disclaimer statement to the Department’s webpages and the Department’s Bulletin Template.⁸⁸

⁸⁸ Terminology Disclaimer - The terminology used to describe people with disabilities has changed over time. The Minnesota Department of Human Services ("Department") supports the use of "People First" language. Although outmoded and offensive terms might be found within documents on the Department's website, the Department does not endorse these terms.

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Evaluation Criteria 87

DHS drafted and submitted a bill for the Minnesota Legislature that will require the replacement of terms such as "insane," "mentally incompetent," "mental deficiency," and other similar inappropriate terms that appear in Minnesota statutes and rules.

As previously reported ([Doc. No. 299](#), [Doc. No. 328](#), [Doc. No. 531](#)), changes to statute and rule language took place in 2013, and those remain in place. The 2014 Minnesota Legislature made additional changes to state statute and rule mostly changing the word "deficient."

Closure of MSHS-Cambridge and Replacement with Community Homes and Services (EC 88 and 95)

Evaluation Criteria 88

MSHS-Cambridge will be closed. There will be community treatment homes dispersed geographically. Any need for additional community treatment homes beyond four will be determined based on a specific assessment of need based on client needs with regard to such criteria as those at risk for institutionalization or re-institutionalization, behavioral or other challenges, multiple hospitalizations or other transfers within the system, serious reported injuries, repeated failed placements, or other challenges identified in previous monitoring or interventions.

Evaluation Criteria 95

Residents currently at MSHS-Cambridge transition to permanent community homes.

As previously reported ([Doc. No. 9-15-14](#), [Doc. No. 531](#)), on August 29, 2014, the last person transitioned out of the Minnesota-Specialty Health System-Cambridge to a permanent community home and the Department closed the facility as part of the terms of the JSA. Minnesota Specialty Health System (MSHS)-Cambridge later transitioned to Minnesota Life Bridge.

PART II - Modernization of Rule 40 (EC 99, 102 and 104)

Evaluation Criteria 99

*The scope of the Rule 40 modernization shall include all individuals with developmental disabilities served in programs, settings and services licensed by the Department, regardless of the setting in which they live or the services which they receive. As stated in the Settlement Agreement, the modernization of Rule 40 which will be adopted under this Comprehensive Plan of Action shall reflect current best practices, including, but not limited to the use of positive and social behavioral supports, and the development of placement plans consistent with the principle of the 'most integrated setting' and 'person centered planning, and development of an 'Olmstead Plan'' consistent with the U.S. Supreme Court's decision in *Olmstead v. L.C.*, [527 U.S. 582](#) (1999)."*

Evaluation Criteria 102

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The Proposed Rule shall be consistent with and incorporate, to the extent possible in rule, the Rule 40 Advisory Committee's consensus recommendations stated in its Recommendations on Best Practices and Modernization of Rule 40 (Final Version - July 2013). During the rule-making process, the Department shall advocate that the final rule be fully consistent with the Rule 40 Advisory Committee's recommendations. The phrase "to the extent possible in rule" above is intended to recognize that some elements of the Committee's recommendations are not susceptible to the format of rules and, therefore, will be implemented by the Department through policies, bulletins, contract provisions, and by other means.

Evaluation Criteria 104

The Department of Human Services shall implement the Adopted Rule and take other steps to implement the recommendations of the Rule 40 Advisory Committee.

As previously reported ([Doc. No. 531](#)), the Department published the Notice of Adoption of Minnesota Rules, Chapter 9544 in the in the August 17, 2015 edition of the Minnesota State Register (40 SR 179), completing the promulgation of the Positive Supports Rule. The rule became effective on August 31, 2015, and has been implemented since that time.

The Positive Supports Rule, as promulgated, applied to all individuals with developmental disabilities served in programs, settings and services licensed by the Department⁸⁹ and reflected current best practices and Olmstead principles. The Rule is consistent with and incorporates, to the extent possible, the Rule 40 Advisory Committee's recommendations.

For more information about the Positive Supports Rule and recommendations of the Advisory Committee, refer to EC 100, 101 and 103 in this and previous reports.

⁸⁹ In 2018, over the objection of the Department, the Minnesota Legislature passed a law exempting child care providers from the application of the Positive Supports Rule. (Minnesota Session Laws, Ch. 163, Sec. 1.)