



October 25, 2019

The Honorable Donovan W. Frank
United States District Court
District of Minnesota
316 North Robert Street
St. Paul, Minnesota 55101

Re: *Jensen, et al. v. Minnesota Department of Human Services, et al.*
Court File No.: 09-CV-01775 DWF/BRT

Dear Judge Frank:

Enclosed please find the Department's Subject Matter Expert's reports on (1) Use of Prohibited Techniques and (2) Staff Training. These reports are filed pursuant to the Court's June 17, 2019 Order (Doc. No. 737).

Sincerely,

A handwritten signature in black ink, appearing to read 'Charles E. Johnson', written over a horizontal line.

Charles E. Johnson
Deputy Commissioner

CC: Shamus O'Meara, Plaintiffs' Class Counsel
Colleen Wieck, Executive Director for the Governor's Council on Developmental Disabilities
Roberta Opheim, Ombudsman for Mental Health and Developmental Disabilities

Review of Documents to Determine if the Directives of the Court Order Document 737, Dated June 17, 2019, in Jensen v. Minnesota Department of Human Services, Have Been Met

Report #1

Use of Prohibited Techniques

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I. Introduction. This report was requested by The State of Minnesota's Department of Human Services in order to meet the requirements of the Court's June 17, 2019 Order. Specifically, the necessary documents were to be provided by the State and reviewed by the author of this report to determine whether or not the State is meeting the identified Evaluation Criteria (EC's) established in the Comprehensive Plan of Action regarding the use of prohibited techniques. This report is organized around two separate evaluations. The first evaluation was based on a review of incident reports by the Department's Minnesota Life Bridge facilities and related documentation (including Form 3654, Incident Reviews, Minnesota Life Bridge (MLB) Direct Care and Treatment Policies and Positive Support Plans and Functional Behavior Assessments) from March 1, 2015 – June 30, 2019. This was to determine if the Department of Human Services had met the requirements of ECs 5-24 and 28-40. MLB was focused on as it is defined as the "facility" in the Comprehensive Plan of Action. The second evaluation was based on a review of allegations of abuse from the Department's three Minnesota Life Bridge facilities for the same time period. This was to determine if DHS had met the requirements of EC 25-27.

II. Methodology for First Evaluation – Prohibited Restraint Use (EC 5-24; EC 28-40). To prepare for this review, I was provided an excel spread sheet on which, for each behavioral incident that occurred as defined by the Incident Review Policy, there was an entry indicating the occurrence date, the reporting MLB home, the incident number, the resident ID number, the incident type, and whether the incident involved a PRN, Emergency Use of Manual Restraint (EUMR), and/or a 911 call. From March 2, 2015 there were over 350 incidents reported by the Minnesota Life Bridge homes for the period under review. Therefore, it was not practical for a full review of all these incidents. Accordingly, a random sample of incidents was selected for a thorough review using a random number generator available on-line.

https://www.mathgoodies.com/calculators/random_no_custom

Using this method, I randomly selected 12 incidents for the period July 1, 2018 to June 30, 2019 and one for each month from March 1, 2015 to June 30, 2018. A random selection of incidents of this size would allow valid conclusions that would apply to the entire set of over 350 incidents. I then asked for the reports for these incidents and all related documents for my review, including:

- a. Incident Report Form – Detail (SQL 2016 Incident Extract)

- b. Psychotropic PRN Medication Use Report, Documentation for Emergency Use of Manual Restraint. Emergency/911 Call Documentation and Notification of Incident (DHS – 3654 (11/15))
- c. Individual Incident Report Review and EUMR Review (DHS – 3653 (06/14))
- d. Client - Specific Psychotropic PRN Criteria (DHS – 3703 (10/15))
- e. Use of Emergency Intervention Review
- f. Functional Behavior Analysis (DHS – 6834 (02/15))
- g. Initial 30 Day Functional Behavior Assessment (DHS – 6834A (03/18))
- h. #30 – CBS Functional Behavior Assessment & Support Recommendations (Revised 2016-06)
- i. Progress Report and Recommendations (DHS – 6836 (06/17))
- j. Positive Support Transition Plan (DHS – 6810-ENG)

I also received and reviewed relevant policies which are provided in **Attachment A** to this report. **Attachment A** includes the Incident Response Policy, which states that MLB “will respond to incidents that occur while providing services in a timely and effective manner as required by this policy and applicable statute;” the Incident Review Policy, which states that “MLB conducts reviews of incidents that occur as outlined in this policy;” the Incident Reporting Policy, which states that MLB “will report incidents that occur while providing services in a timely and effective manner that meets all statutory requirements,” the Vulnerable Adult Reporting – Internal Review and Investigation Policy, which states “all employees, agents, or persons (including consultants and volunteers) who provide support to Minnesota Life Bridge (MLB) are mandatory reporters, and will report, investigate and review suspected abuse, neglect, or financial exploitation that comes to their attention, according to this policy and the Vulnerable Adult Act,” and the Policy covering the Emergency Use of Manual Restraint.

To further prepare for my review and evaluation, I prepared a summary for each of the 51 randomly selected incidents, which are provided in **Attachment B**. Each summary provides the following information:

Sample #

- Incident Date –
- Incident # -
- MREC # -

Incident type

Procedures of Concern (Those that apply are indicated)

Psychotropic PRN

Emergency Use of Manual Restraint (EUMR)

911 Call

Documents Reviewed (Those that were available for review were indicated)

1. Incident Report dated
2. Psychotropic PRN Medication Use Report, Documentation for Emergency Use of Manual Restraint. Emergency/911 Call Documentation and Notification of Incident
3. Client Specific Psychotropic PRN Criteria dated
4. Use of Emergency Intervention Review
5. Functional Behavior Analysis dated
6. Progress Reports dated
7. Positive Support Transition Plan dated
8. Other

III. Findings Regarding Compliance with Evaluation Criteria (EC) 5-24 and EC 28-40. Based on a review of the available documentation for the selected sample, evaluation as to whether or not the required criteria had been met resulted in the following findings:

a. EC 5. *The State/DHS immediately and permanently discontinues all prohibited restraints and techniques.* This commitment for MLB not to use any prohibited restraints or other prohibited techniques is confirmed in the Jensen Settlement Agreement Comprehensive Plan of Action that applies to "...the Department of Human Services..." which shall "utilize best efforts to require counties and providers to comply with the plan of action through all necessary means." Based on a detailed review of the sample incidents summarized in **Attachment B**, Minnesota MLB, for the period reviewed, immediately and permanently discontinued all prohibited restraints and other techniques. Such prohibited techniques are defined in the MLB Policy (# 215-2151) covering the Emergency Use of Manual Restraint provided in **Attachment A** to this report.

b. EC 6. *The State/DHS has not used any of the prohibited restraints and techniques.* Based on a detailed review of the sample incidents summarized in **Attachment B**, The State/DHS has not used any of the prohibited restraints and techniques.

c. EC 7. *Medical restraint and psychotropic/neuroleptic medication have not been administered to residents for punishment in lieu of habilitation, behavior support plans, for staff convenience or as behavior modification.* Based on a detailed review of the sample incidents summarized in **Attachment B**, not a single incident was found to involve medical restraint and psychotropic/neuroleptic medication being administered to residents for punishment in lieu of habilitation, behavior support plans, for staff convenience or as behavior modification.

d. EC 8. *Restraints are used only in an emergency.* Based on a detailed review of the sample incidents summarized in **Attachment B**, restraints are only used in an emergency when no other options are available.

e. EC 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.*** Based on a detailed review of the sample incidents summarized in **Attachment B** and having read the Settlement Agreement, including the Comprehensive Plan of Action, the policy governing the use of manual restraints, as provided in **Attachment A** to this report, was followed in each of the incidents reviewed.

f. EC 10. ***There were no incidents of prone restraint, chemical restraint, seclusion, or time out (Seclusion: evaluated under Sec. V. C. Chemical restraint: evaluated under Sec. V.D.)*** Based on a detailed review of the sample incidents summarized in **Attachment B**, there were no incidents of prone restraint, chemical restraint, seclusion, or time out.

g. EC 11. ***There were zero instances of the use of Seclusion. Facility policy shall specify that the use of seclusion is prohibited.*** Based on a detailed review of the sample incidents summarized in **Attachment B**, as required by facility policy, there were zero instances of the use of Seclusion.

h. EC 12. ***There were no 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.*** Based on a detailed review of the sample incidents summarized in **Attachment B**, there were no instances of the use of Room Time Out from Positive Reinforcement. Facility policy specifies that the use of time out from positive reinforcement is prohibited.

i. EC 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.*** Based on a detailed review of the sample incidents summarized in **Attachment B**, there were zero instances of drug/medication use to manage resident behavior or to restrain freedom of movement. Facility policy specifies that 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 resident behavior or restrict the resident's freedom of movement and is not a standard treatment or dosage for the resident's condition.

j. EC 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.*** Based on a detailed review of the sample incidents summarized in **Attachment B**, there were zero instances of PRN 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.

k. EC 15. ***There is a protocol to contact a qualified Third Party Expert.*** I received an email from DHS personnel informing me that the Department utilizes the medical officer to meet the ECs requirements referring to Third Party Experts. As stated in EC 16 (see below), in the absence of listed Third Party Experts, the DHS Medical Officer shall be contacted.

l. EC 16. ***There is a list of at least of at least 5 Experts pre-approved by Plaintiffs and Defendants. In the absence of this list, the DHS Medical or designee shall be contacted.*** See EC 15.

m. EC 17. ***DHS has paid the Experts for the consultation.*** See EC 15.

n. EC 18. ***A listed expert has been contacted in each instance of emergency use of restraint.*** See EC 15.

o. EC 19. ***Each consultation occurred no later than 30 minutes after presentation of the emergency.*** See EC 15.

p. EC 20. ***Each use of restraint was an “emergency.”*** See EC 15. Also, based on a detailed review of the sample incidents summarized in **Attachment B**, each use of restraint was an emergency.

q. EC 21. ***The consultation with the Expert was to obtain professional assistance to abate the emergency condition, including the use of positive behavioral support techniques, and other best practices. If the Expert was not available, see V.F. below.*** See EC 15.

r. EC 22. ***The responsible Facility supervisor contacted the DHS medical officer on call not later than 30 minutes after the emergency restraint began.*** Based on a detailed review of the sample incidents summarized in **Attachment B**, all required notifications were made. It did appear, though, that the 30-minute criterion was not always met to the minute, although my opinion is that all required notifications were timely. In fact, DHS has a process and the internal reviewer consistently monitors any incidents in which the 30 minute timeline is not met and takes follow-up steps if necessary.

s. EC 23. ***The medical officer assessed the situation, suggested strategies for de-escalating the situation and approved of, or discontinued the use of restraint.*** Based on a detailed review of the sample incidents summarized in **Attachment B**, the medical officer contacted assessed the situation and made suggestions accordingly.

t. EC 24. ***The consultation with the medical officer was documented in the resident’s medical record.*** Based on a detailed review of the sample incidents summarized in **Attachment B**, the consultation with the medical officer was always documented in the resident’s medical record.

u. EC 28. *Form 31032 (or its successor) was fully completed whenever use was made of manual restraint.* Based on a detailed review of the sample incidents summarized in **Attachment B**, the successor of Form 31032, Form 3654, was fully completed whenever use was made of manual restraint.

v. EC 29. *For each use, Form 31032 (or its successor) was timely completed by the end of the shift.* Based on a detailed review of the sample incidents summarized in **Attachment B**, Form 3654 was completed in a timely manner.

w. EC 30. *Each Form 31032 (or its successor) indicates that no prohibited restraint was used.* Based on a detailed review of the sample incidents summarized in **Attachment B**, the Form 3654, the incident report and other documents indicate that no prohibited restraint was used.

x. EC 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.* Based on a detailed review of the sample incidents summarized in **Attachment B**, the details of all the incidents were submitted to the Office of Health Facilities Complaints.

y. EC 32. *Within 24 hours, and no later than one business day, Form 31032 (or its successor) in each instance was submitted to the Office of Ombudsman for MH & DD.* Based on a detailed review of the sample incidents summarized in **Attachment B**, the criterion was met by all.

z. EC 33. *Within 24 hours, and no later than one business day, Form 31032 (or its successor) in each instance was submitted to DHS Licensing.* Based on a detailed review of the sample incidents summarized in **Attachment B**, the criterion was met by all.

aa. EC 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 the DHS Internal Reviewer.* Based on a detailed review of the sample incidents summarized in **Attachment B**, the criterion was met by all.

bb. EC 35. *Within 24 hours, and no later than one business day, Form 31032 (or its successor) in each instance was submitted to the legal representative and/or family to the extent permitted by law.* Based on a detailed review of the sample incidents summarized in **Attachment B**, the criterion was met by all.

cc. EC 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.* Based on a detailed review of the sample incidents summarized in **Attachment B**, the criterion was met by all.

dd. EC 37. ***Within 24 hours, and no later than one business day, Form 31032 (or its successor) in each instance was submitted to the Plaintiff's Counsel.*** Based on a detailed review of the sample incidents summarized in **Attachment B**, the criterion was met by all, assuming in one case, the "Class Counsel" refers to "Plaintiff's Counsel." Plaintiff's Counsel did not receive notification of all of these incidents because he waived being notified as of July 2015. The form was accordingly changed.

ee. EC 38. ***Other reports, investigations, analyses and follow up were made on incidents and restraint use.*** Based on a detailed review of the sample incidents summarized in **Attachment B**, the criterion was met by all.

ff. EC 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 an elimination of restraints.*** Dan Baker has been designated as the Internal Reviewer. With his Ph.D., NADD-CC, and CCEP credentials, he is also designated as the Positive Supports Compliance Specialist, & Successful Life Project Clinical Supervisor and is responsible for Quality Assurance and Disability Compliance Services. Prior to Dr. Baker, Dr. Richard Amado filled this position.

gg. EC 40. ***The Facility provided Form 31032 (or its successor) to the Internal Reviewer within 24 hours of the use of manual restraints, and no later than one business day.*** Based on a detailed review of the sample incidents summarized in **Attachment B**, the criterion was met by all.

IV. Conclusions Regarding ECs 5-24 and ECs 28-40. I conclude that Evaluation Criteria 5-24 and Evaluation Criteria 28-40 are being met at an exceptionally high level, including the timely notifications required by EC 22. I believe this is due to the detailed policies that are in place and the values that drive the services provided by Minnesota Life Bridge. I believe it is also due to the detailed templates that are provided for staff to fill out to document the services being provided and the circumstances and details related to incidents that occur involving PRNs, Emergency Use of Manual Restraint and/or 911 calls.

V. Methodology for Second Evaluation – Allegations of Abuse (Evaluation Criteria 25-27). To prepare for this review, I was provided two excel spreadsheets. The first listed ten allegations of abuse/neglect investigations involving MLB residents between March 1, 2015 and August 16, 2016. The second listed 62 investigations between August 16, 2016 and June 30, 2019. To determine satisfaction of EC 25-27, I randomly selected 1 from the first list and 10 from the second list for review and evaluation using the random number generator referenced in the first evaluation above. A random selection of incidents of this size would allow valid conclusions that would apply to the entire set. For this review, I also referenced the Memorandum of Understanding dated 8/16/16 between Margaret Fletcher-Booth (Director, DHS Jensen /Olmstead Quality Assurance and Compliance Office) and Regina Wagner (Deputy Inspector General, Licensing), shown below in **Table 1: Figure 1** below illustrates the process that is to be followed in response to an allegation of abuse or neglect.

Table 1
MEMORANDUM OF UNDERSTANDING

The purpose of this Memorandum is to memorialize the transfer of the investigative and quality review responsibilities under Evaluation Criteria 25 of the Jensen Settlement Agreement Comprehensive Plan of Action ("CPA"; [Doc. No. 284](#)) to the DHS Office of the Inspector General, Licensing Division ("Licensing"), and to clarify what these responsibilities entail. Evaluation Criteria 25 requires that all allegations of abuse/neglect at the "Facility," meaning the successor facilities to the Minnesota Extended Treatment Options program and MSHS-Cambridge,¹ be fully investigated by individuals who do not have a direct or indirect line of supervision over the alleged perpetrator. Evaluation Criteria 25 specifically states that DHS Office of the Inspector General satisfies this requirement.

In order to meet the investigative and quality review requirements of Evaluation Criteria 25 and the corresponding "actions steps" outlined in the CPA, Licensing will:

1. Assess all allegations of abuse/neglect at the Facility and determine which require further investigation as suspected maltreatment through an out-of-office investigation, which is consistent with Licensing's existing responsibility to complete maltreatment investigations² in DHS-licensed settings.
2. Ensure that the reason for not assigning an allegation of abuse/neglect for an out-of-office investigation is documented and subjected to quality review by a peer or supervisor;
3. Summarize all findings, conclusions, and necessary corrective action from each out-of-office investigation in a written report(s);
4. Ensure that every investigation of an allegation of abuse/neglect at the Facility is subjected to quality review by a peer or supervisor;
5. Ensure that all Licensing employees who investigate allegations of abuse/neglect at the Facility and who conduct quality review of these investigations receive eight hours of continuing education or in-service training each year specific to investigative practices. This yearly training must include competency-based training in best practices for conducting abuse/neglect investigations involving individuals with cognitive and/or mental health disabilities and interviewing;
6. Timely provide the Jensen/Olmstead Quality Assurance and Compliance Office (JOQACO) and the Facility with copies of all quality-reviewed investigative reports relating to allegations of abuse/neglect at the Facility -including decisions to not

¹ As of the date of this memorandum, the "Facility" consists of Minnesota Life Bridge East Central, Minnesota Life Bridge Stratton Lake, Minnesota Life Bridge Brobergs Lake, and the two Minnesota Life Bridge apartments (Eagle Pointe) in Hastings.

² See Minn. Stat. §§ 626.556 (Maltreatment of Minors Act), 626.557 (Vulnerable Adults Act.)

assign an allegation of abuse/neglect for an out-of-office investigation at the Facility;
and

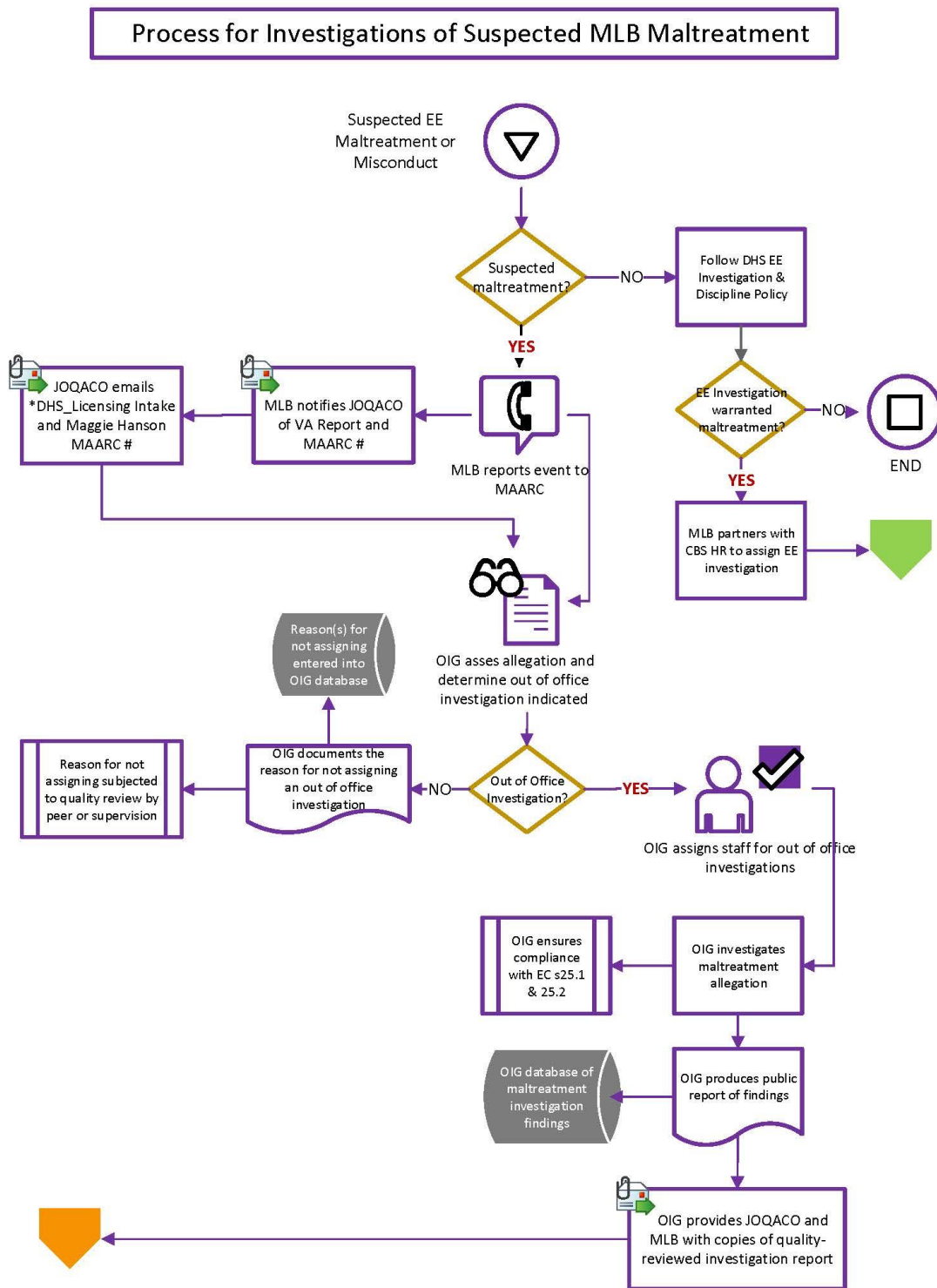
7. Provide JOQACO with documentation that all Licensing employees who investigate allegations of abuse/neglect at the Facility and who conduct quality review of these abuse/neglect investigations received the required annual training (number 5, above).

With respect to Evaluation Criteria 25, the Jensen/Olmstead Quality Assurance and Compliance Office will:

1. Ensure that all allegations of abuse/neglect at the Facility are reported to the Minnesota Adult Abuse reporting Center (MAARC). Once the JOQACO is notified by the Facility that a report of suspected abuse/neglect has been made to MAARC, the JOQACO will notify the Licensing Division of the MAARC number;
2. Ensure that the Facility maintains an electronic data management system to track all information relevant to abuse/neglect investigations, including, at a minimum, the information specified in the CPA, Action 25.3;
3. Ensure that all allegations of abuse/neglect at the Facility that are substantiated by Licensing are documented in the client's Facility record; and
4. Report to the Court on DHS's compliance with Evaluation Criteria 25, as required.

Agreed to starting August 16, 2016

Figure 1
Investigation Process



Following is the list of the eleven allegations being addressed and reviewed. Those who investigate allegations of abuse or neglect must complete a competency based, criterion

referenced training program (**Attachment C**) and sign a statement that they have met the criteria annually.

1. Incident Date: 12/14/16. I had the opportunity to read the very impressive Investigation Report written by Greg Wiley, Investigator with Minnesota Employment Investigations, PC. Mr. Wiley reached a nuanced finding concluding that while staff failed to exercise appropriate professional judgement, this was mitigated by staff being responsible for two residents who had conflicting needs. Staff made a judgement to address one need which inherently meant not being able to address the other need. Those involved felt the staff member involved appeared to do the best possible. Corrective actions were made to avoid similar situations in the future.
2. Report ID: 20165021. This incident was subjected to the independent quality review required by EC 25. This quality review was carried out by Maggie Hanson, Central Intake Unit Supervisor in Office of the Inspector General – Licensing Division. The quality review investigated whether or not a vulnerable adult had their rights to client care violated. The investigation did not reveal any License Violation and that therefore, no action was required.
3. Report ID: 20166905. This incident was subjected to the independent quality review required by EC 25. This quality review was carried out by Maggie Hanson, Central Intake Unit Supervisor in Office of the Inspector General – Licensing Division. In summary, she reported that a vulnerable adult observed a staff person sleeping during an overnight shift. The reporting resident said she felt unsafe. The facility was required to complete and submit an internal review and the facility terminated the staff person. An out-of-office investigation was not conducted given that the risk was “Resolved” or “Reduced.”
4. Report ID 20167494. This incident was subjected to the independent quality review required by EC 25. This quality review was carried out by Maggie Hanson, Central Intake Unit Supervisor in Office of the Inspector General – Licensing Division. As reported by Ms. Hanson, this report was described to be in the form of an email forwarded to licensing division from the Isanti County Licensing Unit. No MAARC report was made. The allegations involved the background of a facility staff person. The facility looked into the allegations and determined them to be either unfounded or unrelated to the staff person’s work at the facility. The facility staff person disclosed that s/he was dealing with personal issues with a former spouse, and felt the allegations were false. An out-of-office investigation was not conducted given that the risk was “Resolved” or “Reduced.”
5. Report ID 20167596. After an independent quality review, this incident was assigned for an out-of-office investigation, the results of which I had access to online. The Investigation Memorandum provided a summary of findings regarding the report that a vulnerable adult told a staff person she was going to commit suicide and that the staff person said “go ahead and kill yourself. The facility completed an Internal Review and concluded that policies and procedures were adequate and followed. However, the staff person was temporarily transferred to a different facility. The vulnerable person’s records were updated to reflect his/her history of making false reports.
6. Complaint ID 20171641. After the independent quality review, this incident was assigned for licensing investigation, the results of which I had access to online. According to the Investigation Memorandum, it was reported that, when a vulnerable adult (VA) had a behavioral episode, the

staff threw the VA's possessions into the office, splashed water on the VA, and pushed the VA onto the couch. The facility completed the internal review and determined that policies and procedures were adequate and that relevant staff received additional training regarding the reporting requirements of the Reporting of Maltreatment of Vulnerable Adults Act. No further action was taken by the Department of Human Services.

7. Complaint ID 20171838. This incident was subjected to the independent quality review required by EC 25. This quality review was carried out by Maggie Hanson, Central Intake Unit Supervisor in the Office of the Inspector General – Licensing Division. She concluded that an out-of-office investigation was not conducted because the risk of abuse or neglect was resolved or reduced.
8. Complaint ID 20174556. This incident was subjected to the independent quality review required by EC 25. This quality review was carried out by Maggie Hanson, Central Intake Unit Supervisor in the Office of the Inspector General – Licensing Division. She concluded that an out-of-office investigation was not conducted because the risk of abuse or neglect was resolved or reduced.
9. Complaint ID 20174638. In addition to the independent quality review, this incident was assigned for an out-of-office investigation, the results of which I had access to online. The suspected maltreatment involved a report that a vulnerable adult had left the facility and entered a neighbor's garage without the staff person's knowledge. Although the facilities internal review determined that policies and procedures were adequate and followed, the Dept. of Human Services, Office of Inspector General concluded that the staff person was disqualified from a position allowing direct contact with vulnerable people. This conclusion and that the staff person was responsible for maltreatment and the disqualification of the staff person were each subject to appeal. An email from the licensing investigator reported that there were no appeals.
10. Complaint ID 20177499. This incident was subjected to the independent quality review required by EC 25. This quality review was carried out by Maggie Hanson, Central Intake Unit Supervisor in the Office of the Inspector General – Licensing Division. An out-of-office investigation was not conducted because the risk was resolved or reduced.
11. Complaint ID 201900721. In addition to the independent quality review, this incident was assigned for an out-of-office investigation, the results of which I had access to online. It had been reported that the facility was aware that two vulnerable adults (VA's) may have had sexual contact and that VA1 was more susceptible to abuse and that the facility was not addressing the situation. The facility completed the internal review and determined that its policies and procedures were adequate and established procedures and guidelines to further protect VAs' from any potential abuse.

VI. Findings Regarding Compliance with Evaluation Criteria 25-27. Based on a review of the available documentation for the selected sample, evaluation as to whether or not the required criteria had been met resulted in the following findings:

a. Evaluation Criterion 25. ***All allegations were fully investigated and conclusions were reached. Individual 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.*** Based on my review of the allegations made regarding the randomly selected sample, all allegations were fully investigated and conclusions were reached. Further, none of the individuals conducting investigations of these allegations had direct or indirect line of supervision over the alleged perpetrators. (The DHS Office of the Inspector General satisfies this requirement.) All those conducting investigations, interviews and/or writing investigative reports received competency-based training in best practices for conducting abuse/neglect investigations regarding individuals with cognitive and/or mental health disabilities. (**Attachment A, Attachment C, Table 1 and Figure 1**)

b. Evaluation Criterion 26. ***All staff members found to have committed abuse or neglect were disciplined pursuant to DHS policies and collective bargaining agreement, if applicable.*** Of the eleven allegations I reviewed, only 1 staff member was found to have committed neglect at the level requiring significant discipline. Specifically, the staff was documented as disqualified to work with the population of concern. In accordance, this finding was subject to appeal. According to the documentation available, an appeal has not been filed.

c. Evaluation Criterion 27. ***Where appropriate, the State referred matters of suspected abuse or neglect to the county attorney for criminal prosecution.*** This is not applicable since none of the allegations or findings reviewed for this report justified referring the matter to the county attorney for criminal prosecution.

VII. Conclusions Regarding Compliance with EC 25-27. I conclude that Evaluation Criteria 25-27 are being consistently met. I believe this is due to the required competency-based training, detailed policies that are in place, and the values and culture that drive the services provided by Minnesota Life Bridge.

VIII. Recommendations. Given the high standards that are being met by Minnesota Life Bridge Treatment Homes, I have only two recommendations to make. The first recommendation is that an internal, formal process be even further developed and implemented, in accordance with an established schedule, for an ongoing review and continuous quality improvement. This is not to unilaterally change or revise the

Comprehensive Plan of Action and the related Evaluation Criteria nor to suggest any shortcomings in the current plan and criteria at all. Rather, it is to acknowledge that excellence requires continuous and ongoing growth and development.

My second recommendation may not be necessary as it may already have occurred. If not, however, I recommend that a plan be developed and implemented to migrate the system of excellence that is present in Minnesota Life Bridge Treatment Homes to other services in the State providing support to children, adolescents and adults who face developmental and/or mental health challenges.

Attachment A

MLB Policies

INCIDENT RESPONSE

Minnesota Life Bridge

Issue Date: October 2, 2018

Effective Date: November 6, 2018

Policy Number: 215-2311

POLICY

Minnesota Life Bridge (MLB) will respond to incidents that occur while providing services in a timely and effective manner as required by this policy and applicable statute.

AUTHORITY:

[Minn. Stat. § 245A.042 \(Home and Community-Based Services; Additional Standards and Procedures\)](#)

[Minn. Stat. § 245D.02, subd. 11 \(Definitions\)](#)

[Minn. Stat. § 245D.06, subd. 1 \(Protection Standards\)](#)

[Minn. Stat. § 245.91, subd. 6 \(Definitions\)](#)

[Minn. Stat. § 626.557 \(Vulnerable Adults\)](#)

[Minn. Stat. § 626.556 \(Maltreatment of Minors\)](#)

Jensen Settlement Agreement

[Jensen Comprehensive Plan of Action](#)

APPLICABILITY:

Minnesota Life Bridge (MLB) wide.

PURPOSE:

This policy establishes standards for staff to respond to incidents that occur.

DEFINITIONS:

Serious conduct between individuals served – an individual exhibiting conduct against another individual receiving services that is so severe, pervasive, or objectively offensive that it substantially interferes with an individual's opportunities to participate in or receive service or support; places the individual in actual and reasonable fear of harm; places the individual in actual and reasonable fear of damage to property of the individual; or substantially disrupts the orderly operation of the program.

PROCEDURES**A. Serious injury.**

1. In the event of a serious injury, staff will provide emergency first aid.
2. Summon additional staff, if they are immediately available, to assist in providing emergency first aid or seeking emergency medical care.
3. Seek medical attention, including calling 911 for emergency medical care, as soon as possible.

B. Death.

1. If staff are alone, immediately call 911 and follow directives given ~~to you~~ by the emergency responder. If applicable notify emergency responder of DNR/DNI.
2. If available, ask additional staff to call 911, and follow directives given by the emergency responder.

See the following DCT policies. DCT Policy 120-1035, [Expected Death](#), and DCT Policy 120-1040, [Unexpected Death](#).

- C. Medical emergency, unexpected serious illness, or significant unexpected change in an illness or medical condition.
1. Assess if the situation requires a call to 911, seek physician treatment, or hospitalization.
 2. When staff believes that an individual is experiencing a life threatening medical emergency, or as indicated by the Flip Chart, they must immediately call 911. If applicable, staff will provide medical personnel with DNR/DNI.
 3. Staff will provide emergency first aid until emergency medical care arrives at the program or the individual is taken to a physician or hospital for treatment.
- D. Mental Health Crisis
- When staff believes that an individual is experiencing a mental health crisis they must:
1. call the on-call clinician if available;
 2. 911; or
 3. mental health crisis intervention team, at [Mental Health Crisis Contact Numbers](#), as noted on the site emergency phone numbers list.
- E. Involving 911, law enforcement, or fire department.
1. For incidents requiring law enforcement or the fire department, staff will call 911.
 2. For non-emergency incidents requiring law enforcement, staff will call the local number from the list of emergency numbers posted in a prominent location.
 3. For non-emergency incidents requiring the fire department, staff will call the local number from the list of emergency numbers posted in a prominent location.
 4. Staff will explain the need for assistance to the emergency personnel.
 5. Staff will answer questions asked, and follow any instruction given by the emergency personnel responding to the call.
- F. Unauthorized or unexplained absence, follow MLB Policy 120-2121, Missing Person.
- G. Serious conduct by an individual receiving services against another individual receiving services.
- When this occurs, staff will take the following steps:
1. Summon additional staff, if available.
 2. Separate the individuals.
 3. If injury to an individual has occurred or there is imminent possibility of injury to an individual, implement approved Effective and Safe Engagement (EASE) procedures following the policy on Emergency Use of Manual Restraints ([MLB Policy 215-2151, Emergency Use of Manual Restraint](#)).
 4. As applicable, implement the Coordinated Service and Support Plan Addendum (CSSPA) for the individual(s).

5. Provide first aid if injury to an individual has occurred.
6. After the situation is brought under control, question the individual(s) as to any injuries and visually observe their condition for any signs of injury. If injuries are noted, provide necessary treatment and contact medical personnel if indicated.

H. Sexual activity involving force or coercion

If an individual receiving services is involved in sexual activity with another individual receiving services and that sexual activity involves force or coercion, staff will take the following steps:

1. If the individual does not respond to calm verbal redirection, intervene to protect the individual from force or coercion, following the EUMR Policy as needed.
2. Summon additional staff if necessary and feasible.
3. If the individuals are unclothed, provide them with appropriate clothing. To preserve potential evidence, staff will strongly encourage them to dress into different clothing than worn during the sexual incident. Staff will follow DCT Policy 145-1035, [Evidence Handling by Staff](#).
4. To preserve potential evidence, staff will strongly encourage the individual not to bathe or shower until law enforcement has responded and cleared this action.
5. Contact law enforcement as soon as possible and follow all instructions.
6. As soon as possible after the incident, staff will accompany and/or transport the individual to the Emergency Room for follow-up medical care.

I. Maltreatment

Follow [MLB Policy 215-2511, Maltreatment of Minors](#), or [MLB Policy 215-2501, Vulnerable Adult Reporting](#).

J. Emergency

Follow the MLB Policy 120-2131 Fire, Other Disasters Threats and Relocation of Services.

K. Once staff have taken immediate action to maintain the health and safety of individuals, follow [MLB Policy 215-2301, Incident Reporting](#).

REFERENCES

[Minn. Stat. § 245A \(Human Services Licensing Act\)](#)
[Minn. Stat. § 245D.02, subd. 11 \(Definitions\)](#)
[Minn. Stat. § 245D.06 \(Protection Standards\)](#)
[Minn. Stat. § 245.91 \(Definitions\)](#)
[Minn. Stat. § 626.557 \(Vulnerable Adults\)](#)
[Minn. Stat. § 626.556 \(Maltreatment of Minors\)](#)
[DCT Policy 120-1035 “Expected Death”](#)
[DCT Policy 120-1040 “Unexpected Death”](#)
[MLB Policy 215-2151 “Emergency Use of Manual Restraint”](#)
[DCT Policy 145-1035 “Evidence Handling By Staff”](#)
[MLB Policy 215-2511 “Maltreatment of Minors”](#)
[MLB Policy 215-2501 “Vulnerable Adult”](#)

ATTACHMENTS: None

SUPERSESION:

MLB Policy 15852 Incident Reports and Review, Clinical Internal Reviews, and EUMR Reviews, dated June 30, 2014

All program area policies, procedures, memos, or other communications whether verbal, written or transmitted by electronic means regarding this topic.

/s/

Donovan Chandler, Executive Director
Community Based Services
Department of Human Services

INCIDENT REVIEW

Minnesota Life Bridge

Issue Date: October 2, 2018

Effective Date: November 6, 2018

Policy Number: 215-2321

POLICY:

Minnesota Life Bridge (MLB) conducts reviews of incidents that occur as outlined in this policy.

AUTHORITY:

[Minn. Stat. § 246.014, subd. \(d\) \(Services\)](#)

[Minn. Stat. § 245D.06 \(Incident response and reporting\)](#)

[Jensen Settlement Agreement](#)

[Jensen Corrective Plan of Action](#)

APPLICABILITY:

Minnesota Life Bridge (MLB) wide.

PURPOSE:

To outline the process for conducting reviews of incidents that have occurred in Minnesota Life Bridge (MLB).

DEFINITIONS:

None

PROCEDURES:

- A. The administrative reviewer/designated manager/site supervisor monitors incident report reviews. They ensure incidents are reviewed according to this policy.
- B. Incident Review Process
 - 1. For all incidents the administrative reviewer/designated manager/site supervisor will:
 - a) review the incident with staff directly involved;
 - b) review the written report for accuracy and completeness, ensuring the Incident Report does not include personally identifiable information about any other individual;
 - c) document the following in the administrative review;
 - (1) note the identification of trends or patterns, if any, and determine if corrective action is needed;
 - (2) note the likelihood of reoccurrence of the incident, and determine if corrective action is needed; and
 - (3) ensure that any identified corrective action has been taken, completed, and documented.
 - d) complete a review within one business day of the incident using ([DHS-3653](#)) Individual Incident Report and Review and EUMR Review and complete Section A for all Incident Reports. DHS-3653 may be completed by a designated coordinator if assigned by the designated manager.

2. For all incidents involving death, serious injury, or implementing an Emergency Use of Manual Restraint (EUMR) the administrative reviewer/designated manager will:
 - a) review incidents with staff directly involved;
 - b) review and correct the written Incident Report for accuracy and completeness, ensuring the documentation does not include personally identifiable information about any other individual;
 - c) if a serious injury or death, complete Section A of the DHS 3653 form within one business day of the incident and complete Section C within five business days. DHS-3653 may be completed by a designated coordinator if assigned by the designated manager;
 - d) if EUMR, complete DHS-3653 Section A within one business day of the incident while Sections B, C and D must be completed within five business days of the incident;
 - e) ensure the review using DHS-3653 evaluated whether:
 - (1) the individual's service and support strategies were developed according to sections 245D.07 and 245D.071 need to be revised;
 - (2) related policies and procedures were followed;
 - (3) the policies and procedures were adequate;
 - (4) there is a need for additional staff training;
 - (5) the reported event is similar to past events with the individuals or the services involved to identify incident patterns; and
 - (6) there is a need for corrective action by the program, including any that occurred immediately or soon after, to protect the health and safety of the individuals receiving services.
 - f) if EUMR and after consultation with the Expanded Support Team (DHS-3653 –Section D), will make any needed modifications to the Coordinated Services and Support Plan Addendum (CSSPA) within two business days.
 - e) when completing the "Administrative Review" section of the Incident Report, and DHS-3653, use information forwarded from the initial reporter. DHS-3653 can be referenced when completing the Administrative Review section of the Incident Report.
 - f) based on the results of the internal review using DHS-3653, ensure a corrective action plan (CAP) is developed, documented on DHS-3653 and implemented. The CAP is designed to prevent future lapses in the performance of staff and/or the provision of services.
 - g) ensure appropriate persons/agencies are notified of incident reviews/conclusions as required.

3. for all incidents involving major Jensen Notifications (911 for staff assistance, implementing an EUMR or an individual receiving a requested Psychotropic PRN), the Clinical Coordinator/designated manager/designee will:
 - a) complete a verbal review with the staff involved in the incident;
 - b) review all applicable documents pertaining to the incident;
 - c) complete a written clinical review including a summary of the incident, contributing factors, including diagnosis, actions already taken, current on-going supports for the individual, and recommendations addressing any areas of concern (intended to improve the quality of positive supports and reduce the risk of recurrence of concerns) with due dates arranged in collaboration with site leadership;
 - d) submit recommendations to the Jensen Internal Reviewer within five business days of the incident; and
 - e) collaborate with the Jensen Internal Reviewer's evaluation of the review and regularly meet with the Jensen Internal Reviewer, clinical staff, site staff, RN Consultant and Transition Coordinator to assess the progress toward achieving the final recommendations.

C. Incident Review Report record keeping

1. the review of an incident will be documented on the incident reporting form, and will include all required information.
2. Incident Reports will be filed in a secured administrative file, which is considered an additional record of individual kept by the site supervisor.
3. completed DHS 3653 forms will be electronically stored in a MLB administrative folder.

REVIEW:

Annually

REFERENCES:

42 CFR 483.420 (d) 2

[Minn. Stat. § Chapter 245A \(Licensing Act\)](#)

[Minn. Stat. § 245D.02, subd. 11 \(Definitions\)](#)

[Minn. Stat. § 245D.06 \(Incident reporting and response\)](#)

[Minn. Stat. § 245.91 \(Definitions\)](#)

[Minn. Stat. § 626.557 \(Vulnerable Adult Act\)](#)

[Minn. Stat. § 626.556 \(Maltreatment of Minors Act\)](#)

ATTACHMENTS:

[DHS-3653](#) Individual Incident Report and Review and EUMR Review

SUPERSESSION:

MLB Policy 15852 – Incident Reports and Review, Clinical Internal Reviews and EUMR Reviews, June 30, 2014

All program area policies, procedures, memos, or other communications whether verbal, written or transmitted by electronic means regarding this topic.

/s/

Donovan Chandler, Executive Director
Community Based Services
Department of Human Services

INCIDENT REPORTING

Minnesota Life Bridge

Issue Date: October 2, 2018

Effective Date: November 6, 2018

MLB Policy 215-2301

POLICY

Minnesota Life Bridge will report incidents that occur while providing services in a timely and effective manner that meets all statutory requirements.

AUTHORITY:

[Minn. R. part 9515.3040 \(Treatment Program Services\)](#)

[Minn. Stat. § 245D.02, subd. 11 \(Definitions\)](#)

[Minn. Stat. § 245D.06 \(Protection Standards\)](#)

[Minn. Stat. § 245.91 \(Definitions\)](#)

[Minn. Stat. § 609.341 subd 3 and 14 \(Definitions\)](#)

Jensen Settlement Agreement

Jensen Comprehensive Plan of Action

APPLICABILITY:

Minnesota Life Bridge (MLB) wide.

PURPOSE:

This policy defines the term incident, and establishes standards for documenting and reporting of incidents.

DEFINITIONS:

Emergency – any event that affects the ordinary daily operation of the program including, but not limited to, fires, severe weather, natural disasters, power failures, or other events that threaten the immediate health and safety of an individual receiving services and that require calling 911, emergency evacuation, moving to an emergency shelter, or temporary closure or relocation of the program to another facility or service site for more than 24 hours.

Incident- an occurrence which involves an individual and requires the program to make a response that is not part of the program's ordinary provision of services to that individual, and includes:

- A. Serious injury of an individual;
 - 1. fractures;
 - 2. dislocations;
 - 3. evidence of internal injuries;
 - 4. head injuries with loss of consciousness or potential for a closed head injury or concussion without loss of consciousness requiring a medical assessment by a health care professional, whether or not further medical attention was sought;
 - 5. lacerations involving injuries to tendons or organs and those for which complications are present;

6. extensive second degree or third degree burns and other burns for which complications are present;
 7. extensive second degree or third degree frostbite, and other frostbite for which complications are present;
 8. irreversible mobility or avulsion of teeth;
 9. injuries to the eyeball;
 10. ingestion of foreign substances and objects that are harmful;
 11. near drowning;
 12. heat exhaustion or sunstroke;
 13. attempted suicide; and
 14. all other injuries considered serious by a health care professional, including but not limited to self-injurious behavior, a medication error requiring medical treatment, a suspected delay of medical treatment, a complication of a previous injury, or a complication of medical treatment for an injury.
- B. An individual's death;
- C. Any medical emergency, unexpected serious illness, or significant unexpected change in an illness or medical condition of an individual that requires the program to call 911, physician treatment, or hospitalization;
- D. Any mental health crisis that requires the program to call 911 or a mental health crisis intervention team, or a similar mental health response team or service when available or appropriate;
- E. An act or situation involving an individual that requires the program to call 911, law enforcement, or the fire department;
- F. An individual's unauthorized or unexplained absence from a program;
- G. Conduct by an individual receiving services against another individual receiving services that:
1. is so severe, pervasive, or objectively offensive that it substantially interferes with an individual's opportunities to participate in or receive service or support;
 2. places the individual in actual and reasonable fear of harm;
 3. places the individual in actual and reasonable fear of damage to property of the individual; or
 4. substantially disrupts the orderly operation of the program.
- H. Any sexual activity between individuals receiving services involving force or coercion.

1. “Force” means the infliction, attempted infliction, or threatened infliction by the actor of bodily or commission or threat of any other crime by the actor against the complainant or another, harm which (a) causes the complainant to reasonably believe that the actor has the present ability to execute the threat and (b) if the actor does not have a significant relationship to the complainant, also causes the complainant to submit.
 2. “Coercion” means words or circumstances that cause the complainant reasonably to fear that the actor will inflict bodily harm upon, or hold in confinement, the complainant or another, or force the complainant to submit to sexual penetration or contact, proof of coercion does not require proof of a specific act or threat).
- I. Any emergency use of manual restraint (EUMR).
 - J. A report of alleged or suspected child or vulnerable adult maltreatment.
 - K. Any administration of a PRN psychotropic medication.
 - L. Attached are definitions that assist with the electronic Incident Reporting system. [Incident Report Terms and Definitions](#).

REPORTING PROCEDURES

- A. Any employee who has witnessed or discovered an incident, or been made aware of an incident that was not reported by another provider, will follow all procedures for reporting the incident.
- B. In the event of a site emergency (defined above) the site will follow its posted emergency operations plan.
- C. Completing a report
 1. Incident reports will be completed as soon as possible after the occurrence, but no later than 24 hours after the incident occurred or when the program became aware of the occurrence. The written report will include: [DCT Incident Report](#)
 - a) medical record number (MREC) of the individual or individuals involved in the incident;
 - b) date, time, and location of the incident;
 - c) description of the incident;
 - d) description of the response to the incident and whether an individual’s coordinated service and support plan addendum(CSSPA) and that applicable program policies and procedures were implemented;
 - e) name of the staff who responded to the incident or were involved in the incident; and
 - f) results of the review of the incident (see section IV of the DCT incident report).
 2. When the incident involves more than one individual, MLB will not disclose personally identifiable information about any other individual when making the report to the legal

representative or designated emergency contact and case manager, unless this program has consent of the individual. The written report will not contain the name or initials of the other individual(s) involved in the incident.

3. Staff will complete (DHS 3654) Psychotropic PRN Medication Use Report, Documentation for Emergency Use of Manual Restraint, Emergency/911 Call Documentation and Notification of Incident, for all incidents involving staff initiated 911, EUMR or administration of any Psychotropic PRN, by the end of the shift.
 - a) complete all sections applicable to the incident being reported.
 - b) The DHS 3654 is individual specific. MLB will not disclose personally identifiable information about other individuals involved in the incident.
 - c) Staff involved in an EUMR must contact the DCT Medical Director within the 30 minutes of starting the EUMR. If the Medical Director does not answer or is unavailable, staff will call Central Pre-Admissions to speak to the On-Call Medical Director/designee.
 - d) Staff will ask the Medical Director the specific questions listed on DHS-3654. Staff will ask the Medical Director to:
 - (1) assess the reported situation;
 - (2) suggest de-escalation strategies or techniques, and
 - (3) approve, if needed, the continuation of the manual restraint or if the EUMR must be discontinued.

D. Reporting incidents to team members

1. Incidents must be reported to agency/site supervisor, MLB manager and to the individual's legal representative or designated emergency contact and case manager:
 - a) within 24 hours of the incident occurring while services were provided;
 - b) within 24 hours of discovery or receipt of information that an incident occurred; or
 - c) as otherwise directed in an individual's CSSP or CSSP/A.
2. For medical issues the site's RN Consultant must be notified.
3. If an incident involves suspected maltreatment, the individual's case manager must be informed, unless the case manager's involvement is suspected, of the nature of the activity or occurrence reported and the agency that received this report.
4. MLB will not report an incident when it has reason to know that the incident has already been reported.

Any EUMR must be verbally reported to the individual's legal representative or designated emergency contact and case manager within 24 hours of the occurrence. The written report must be completed according to the requirements in the MLB Policy 215-2151 Emergency Use of Manual Restraint.

E. Additional reporting requirements for deaths and serious injuries

1. A report of the death or serious injury of an individual must be reported to both the Department of Human Services Licensing Division and to the Office of Ombudsman for Mental Health and Developmental Disabilities. [MN Death Report](#) [Serious Injury Report](#)
[Death or Serious Injury Fax cover sheet](#)
 2. The site supervisor or designee will report within 24 hours of the death or serious injury occurring while services were provided, or within 24 hours of receipt of information that the death or serious injury occurred. If forms were mailed rather than faxed, the above agencies will have to be called within 24 hours by the site supervisor or designee.
 3. MLB will not report a death or serious injury when it has a reason to know that the death or serious injury has already been reported to the required agencies.
- F. When a reported incident is later determined to be suspected maltreatment.
1. The case manager must be informed of the report, unless there is reason to believe that the case manager is involved in the suspected maltreatment.
 2. The report to the case manager must disclose the nature of the activity or occurrence reported and the agency that received the maltreatment report.
 3. Follow the [MLB Policy 215-2501, Vulnerable Adult Reporting – Internal Review and Investigation](#) and [MLB Policy 215-2511, Maltreatment of Minors](#) reporting policies.
 4. Ensure notifications are documented, include the name of the individual spoken with
- G. Additional reporting requirements for emergency use of manual restraint (EUMR) are found in MLB Policy 215-2151, [Emergency Use of Manual Restraint](#).
- H. Ensure notifications are documented, and include the name of the person spoken with, date, time, and fax receipt if possible.
- I. Incident Reports will be filed in a secured administrative file, which is considered an additional record of the individual kept by the site supervisor.

REFERENCES

42 CFR 483.420 (d) 2 (Condition of participation: Client protections)

[Minn. Stat. § 245A \(Human Services Licensing Act\)](#)

[Minn. Stat. § 245D.06 \(Protection Standards\)](#)

[Minn. Stat. § 626.557 \(Vulnerable Adults\)](#)

[Minn. Stat. § 626.556 \(Maltreatment of Minors\)](#)

[Fire, Other Disasters Threats and Relocation of Services](#)

[MLB Policy - Emergency Use of Manual Restraint 215-2151, \(Therapeutic Intervention and Emergency Use of Personal Safety Techniques – Procedure 15868\)](#)

ATTACHMENTS:

[DHS 3654](#), Psychotropic PRN Medication Use Report, Documentation for Emergency Use of Manual Restraint, Emergency/911 Call Documentation and Notification of Incident Form

SUPERSESSION:

MLB Policy 15852 Incident Reports and Review, Clinical Internal Reviews, and EUMR Reviews dated June 30, 2014.

All program area policies, procedures, memos, or other communications whether verbal, written or transmitted by electronic means regarding this topic.

/s/

Donovan Chandler, Executive Director
Community Based Services
Department of Human Services

VULNERABLE ADULT REPORTING - INTERNAL REVIEW AND INVESTIGATION

Minnesota Life Bridge

Issue Date: December 11, 2018

Effective Date: January 14, 2019

Policy Number: 215-2501

POLICY:

All employees, agents, or persons (including consultants and volunteers) who provide support to Minnesota Life Bridge (MLB) are mandatory reporters, and will report, investigate and review suspected abuse, neglect, or financial exploitation that comes to their attention, according to this policy and the Vulnerable Adult Act.

AUTHORITY:

[42 C.F.R. § 483.410](#) (b) (Notice of rights and services)

[42 C.F.R. § 483.420](#) (a) (5) (Standard: protection of clients' rights)

[42 C.F.R. § 483.420](#) (d) (1)-(4) (Standard: staff treatment of clients)

[Minn. Stat. § 626.557](#) (Reporting of Maltreatment of Vulnerable Adults)

[Minn. Stat. § 144.651](#) (Health Care Bill of Rights)

[Minn. Stat. § 245A](#) (Human Services Licensing)

[Minn. Stat. § 245D](#) (Home and Community-Based Services Standards)

[Minn. Stat. § 626.5572](#) (Definitions for the Vulnerable Adult Act)

Jensen Settlement Agreement

Jensen Comprehensive Plan of Action

APPLICABILITY:

Minnesota Life Bridge (MLB) - wide.

PURPOSE:

To establish procedures for reporting suspected abuse, neglect, or financial exploitation, and to require investigation and review of these reports.

DEFINITIONS:

Abuse – defined in [Minn. Stat. § 626.5572 subd 2](#).

Accident – defined in [Minn. Stat. § 626.5572 subd 2](#).

Administrator of Record – The designated manager/site supervisor designated by MLB management to review the accuracy and completeness of reports, to determine the need for further review, and to initiate the review process.

Caregiver – defined in [Minn. Stat. § 626.5572 subd 2](#).

Client to client aggression – Allegations of physical, psychological or sexual abuse or neglect; including physical aggression by a client against another client that causes, or is intended to cause, physical pain, injury, or persistent emotional distress, including, but not limited to: hitting, slapping, kicking, scratching, pinching, biting, pushing and spitting.

Designated Manager (DM) – MLB managerial/supervisory staff person who meets the education and work experience criteria and has responsibilities for program management and oversight including evaluation of the program quality and program improvement for services provided by the license holder as identified in [Minn. Stat. § 245D.081 subdivision 3](#)

Falsified reports – A person or facility who intentionally makes a false report under the provisions of this will be liable in a civil suit for any actual damages suffered by the reported facility, person or persons and for punitive damages up to \$10,000 and attorney fees.

Financial Exploitation – defined in [Minn. Stat. § 626.5572 subd 9](#).

Immediately – As soon as possible, but no longer than 24 hours from the time initial knowledge that the incident occurred has been received.

Individual – Any vulnerable adult who receives services from MLB.

Injuries of unknown source – the injury was not observed by any person, or the source of the injury could not be explained by the individual, or the individual's past incidents and documentation in the individual's record did not show a reasonable explanation for an injury of an unknown cause.

Maltreatment – defined in [Minn. Stat. § 626.5572 subd. 15](#).

Mandated Reporter – defined in [Minn. Stat. § 626.5572 subd 17](#).

Minnesota Adult Abuse Reporting Center (MAARC) – The statewide entity designated responsible for receiving reports of maltreatment to Vulnerable Adults.

Neglect – defined in [Minn. Stat. § 626.5572 subd. 17](#).

Support – The resources and individual strategies necessary to promote the development, education, interests, and personal well-being of individuals using MLB as a provider

Therapeutic Conduct – The provision of program services, health care, or other personal care services done in good faith in the interests of the vulnerable adult by:

1. An individual, facility, employee, or person providing services in a facility under the rights, privileges and responsibilities conferred by state license, certification, or registration; or
2. A caregiver.

PROCEDURES:

A. Staff Training

1. The DM or site supervisor will ensure all mandated reporters receive orientation within 72 hours of first providing direct contact services to a vulnerable adult. Mandated reporters will receive this training on an annual basis ongoing.
2. The initial and annual orientation will provide information of the reporting requirements and the definitions, the requirements of the Program Abuse Prevention Plan (PAPP), and Individual Abuse Prevention Plan (IAPP).

B. The DM or site supervisors will ensure:

1. The posting of the MAARC telephone number and web address;
2. The posting of [Reporting of Maltreatment of VA Posting form \(MLB 215-2500a\)](#);
3. An orientation to the internal and external reporting procedures to all individuals receiving services and their legal representative as applicable occurs. A person's legal representative must be notified of the orientation. The orientation will include:
 - a) the telephone number and web address for MAARC;
 - b) how to make an internal report;
 - c) this orientation must be provided within 24 hours of admission for each new individual, or the orientation may take place within 72 hours for individuals who would benefit more from a later orientation; and
 - d) upon request, a copy of this policy will be made available to anyone.

C. Reporting Suspected Maltreatment

1. Any mandated reporter who witnesses, has knowledge of, or has reason to believe that a vulnerable adult is being or has been maltreated or who themselves are directly involved with any behavior which might be defined as maltreatment will:
 - a) immediately intervene and ensure the individual's safety via any available resource or assistance required.
 - b) immediately contact MAARC via phone 844-880-1574 or the internet <http://edocs.dhs.state.mn.us/lfserver/Public/DHS-6303-ENG>. The [Vulnerable Adult Maltreatment Report form \(CBS 215-2500b\)](#) can be used to assist in gathering the data for the MAARC. Complete an Incident Report;
 - c) record the assigned case number received from MAARC on the Incident Report;
 - d) call the site supervisor or designee (employees are not required by law to report suspected maltreatment internally); and
2. Employees are never required by law to report the suspected maltreatment internally.
3. To report internally:
 - a) the employee reports to their supervisor (primary); or
 - b) to their program manager (secondary).

If the primary person is suspected of the maltreatment, staff will report to the supervisor on-call, or program manager.

4. The MLB program manager (or designee) must notify DHS Quality Assurance and Disability Compliance Services (QADCS) when staff report an allegation of abuse or neglect involving an MLB individual and, where applicable, provide DHS QADCS with the MAARC report confirmation number.

D. Error in the Provisions of Therapeutic Conduct

1. If an employee believes the incident was the result of an error in the provision of therapeutic conduct, the employee will bring this to the attention of the immediate supervisor. If the primary supervisor is not available, staff will report to the supervisor on-call, or program manager.
2. The site supervisor will:
 - a) complete the [Therapeutic Error Documentation form \(CBS 215-2500c\)](#); and
 - b) review if:
 - (1) the staff made an error in the provision of therapeutic conduct to a vulnerable adult which did not result in injury or harm which reasonably requires medical or mental health care; or
 - (2) the staff made an error in the provision of therapeutic conduct to a vulnerable adult that resulted in injury or harm, which reasonably required the care of a physician, and if so, was necessary care provided in a timely fashion as dictated by the condition of the vulnerable adult and;
 - (3) after receiving care, the health status of the vulnerable adult can be reasonably expected to be restored to the vulnerable adult's preexisting condition, as determined by the attending physician;
 - (4) the error is not part of a pattern of errors by the staff; and
 - (5) the error is immediately reported and recorded internally.
 - c) attach documentation from the attending physician and any other applicable documentation to the [Therapeutic Error Documentation form \(CBS 215-2500c\)](#);
 - d) in consultation with the RN Consultant, develop a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or the service provided and document on the [Therapeutic Error Documentation form \(CBS 215-2500c\)](#);
 - e) complete an Incident Report;
 - f) maintain a copy of the Incident Report along with the Therapeutic Error Documentation form and any other applicable documentation at the program; and
 - g) ensure there is sufficient documentation for review and evaluation by the program and any applicable licensing, certification, and ombudsman agency.

E. Response to an Internal Maltreatment Report

1. If notified, the site supervisor will:
 - a) take immediate steps to secure and protect the individual from additional maltreatment by whatever administrative means necessary.
 - b) communicate all allegations of maltreatment to the program manager/director. Depending upon the nature and/or severity of the allegation, consult with the program manager/director, to request to reassign or place staff on investigatory leave until such

time as an investigation can be completed.

- c) communicate that a report of alleged maltreatment was made to the individual's case manager and disclose the nature of the activity or occurrence reported and the agency that received the report (unless there is reason to believe that the case manager is involved in the suspected maltreatment), within 24 hours.
 - d) ensure an Incident Report has been properly completed.
 - e) if there is a visible injury, ensure a photograph is taken immediately and submit it to the program manager/director, labeling the photograph(s) with the name of the individual, date and time picture was taken. As applicable, obtain written statements from the staff who first reported the alleged maltreatment, any witnesses present and any health care professional if the individual was injured, and was examined.
 - f) staff are not to discuss the alleged maltreatment amongst themselves.
2. For an internal report, the site supervisor/manager will send [Notice of Status of Report of Suspected Maltreatment \(CBS 215-2500a\)](#) to the employee reporting the alleged maltreatment within two working days and in a manner that protected the confidentiality of the reporter. The supervisor/manager will maintain a copy of this letter for the investigative file.

F. Internal Review:

- 1. If an allegation of suspected maltreatment is reported internally, or when notified of an external report, the designated manager/site supervisor will complete an Individual Incident Report Review and EUMR Review (DHS 3653) form as soon as possible, but no more than 24 hours after the alleged incident of maltreatment. This review includes an:
 - a) evaluation of whether policies and procedures were followed;
 - b) evaluation of adequacy of policies and procedures;
 - c) evaluation of whether there is a need for additional staff training;
 - d) evaluation of whether the reported event is similar to past events with the vulnerable adult(s) and/or services involved; and
 - e) evaluation of whether there was a need to take corrective action to protect the health and safety of vulnerable adult(s).
- 2. If the site supervisor (primary) is suspected of the maltreatment, the program manager or program director will assign another supervisor or manager (secondary) to complete the internal review.
- 3. The completed preliminary Individual Incident Report Review and EUMR Review (DHS 3653) form will be submitted to the program manager and program director.
- 4. Based on the results of the preliminary internal review, the program manager/program director will;
 - a) consult with human resources to initiate a formal investigation following DHS policy

Employee Investigations and Discipline or;

- b) determine no further action is needed and ensure the designated manager/site supervisor marks the Internal Review Conclusion and Evaluation as final.
- 5. Based on results of the formal investigation, the designated manager/site supervisor will complete a final Internal Review Conclusion and Evaluation within 30 days of the alleged incident of maltreatment being reported internally or when MLB was made aware of it.
- 6. The designated manager/site supervisor will develop, document and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or the site.
- 7. All information obtained will be maintained in accordance with the Minnesota Data Practices Act.
- 8. All VA reports and accompanying documentation will be filed in a secure administrative file, which is considered an additional record of the individual kept by the site supervisor.
- 9. Internal Reviews will be made available to the Commissioner upon the Commissioners' request.
- 10. If allegations of abuse or neglect are substantiated by the Department of Human Services Office of Inspector General (OIG), the findings must be documented in the MLB individual's record.
- 11. All OIG substantiated allegations of abuse or neglect by staff will be referred to Human Resources for discipline in accordance with DHS policies and bargaining unit contracts.

G. Program Abuse Prevention Plan (PAPP):

- 1. Each site supervisor/designated manager will develop and enforce an ongoing PAPP. The PAPP will include an assessment of the following:
 - a) the population (this should be written as generic as possible without identifying any one person, their age, disabilities, etc.) including:
 - (1) age;
 - (2) gender;
 - (3) mental functioning;
 - (4) physical and emotional health;
 - (5) individual behaviors;
 - (6) the need for specialized programs of care;
 - (7) the need for staff training to meet identified individual needs; and
 - (8) information regarding previous abuse relevant to minimizing risk of abuse for individuals.

- b) the physical plant:
 - (1) the condition and design of the building as it relates to safety; and
 - (2) areas in the building difficult to supervise.
 - c) the environment within control of MLB:
 - (1) internal programming types;
 - (2) staffing patterns;
 - (3) the location where services are provided;
 - (a) particular neighborhood or community.
 - (b) type of grounds and terrain surrounding the building.
2. The designated manager/site supervisor will:
- a) provide an orientation to the PAPP for individuals receiving services. If applicable, the individual's legal representative must be notified of the orientation. The license holder will provide this orientation for new individual's within 24 hours of admission, or for individuals who would benefit more from a later orientation; the orientation may take place within 72 hours.
 - b) review the plan annually using the assessment factors in the plan. Also after any substantiated maltreatment findings the designated manager should review and revise as necessary any changes to minimize the risk and note the review at the bottom of the PAPP with the date and corresponding Incident Report number.
 - c) the plan will be reviewed annually by the Governing Board/designee, the CBS Executive Director. The CBS Executive Director has designated the area program manager will complete the reviews.
 - d) ensure the plans are updated as individuals' needs change that affect the site overall.
 - e) ensure a copy of the PAPP is posted in a prominent location in the site and be available upon request to mandated reporters, individuals receiving services and legal representatives.
 - f) ensure staff are oriented/trained on the site PAPP as follows:
 - (1) within 72 hours of first direct contact with individuals,
 - (2) annually,
 - (3) after revisions are made.

REFERENCES:

[Incident Report Policy](#) 215-2301

[DHS Employee Investigations and Discipline Policy](#)

MN Data Practices Act

Minn. Stat. § 245A.66 (Maltreatment of Minors)

Minn. Stat. § 626.556 (Reporting of Maltreatment of Minors)

Reporting and Review of Maltreatment of Minors MLB Policy 215-2511

ATTACHMENTS:

“Reporting of Maltreatment of VA Posting” 215-2500a

“Vulnerable Adult Maltreatment Report” 215-2500b

“Therapeutic Error Documentation Form” 215-2500c

“Notice of Status of Report of Suspected Maltreatment” 215-2500d

“Internal Review Conclusion and Evaluation” 215-2500e

“Program Abuse Prevention Plan” 215-2500f

SUPERSESION:

MLB 215-2501, Vulnerable Adult Reporting-Internal Review and Investigation, dated November 6, 2018

All program area policies, procedures, memos, or other communications whether verbal, written or transmitted by electronic means regarding this topic.

/s/

Donovan Chandler, Executive Director

Community Based Services

Department of Human Services

EMERGENCY USE of MANUAL RESTRAINT

Minnesota Life Bridge

THERAPEUTIC INTERVENTIONS AND EMERGENCY USE OF PERSONAL SAFETY TECHNIQUES (Procedure 15868)

Issue Date: October 2, 2018 Effective Date: November 6, 2018 Policy Number: 215-2151

BACKGROUND

Minnesota Life Bridge (MLB) uses positive behavior support strategies as its core means for encouraging alternate behaviors in place of behaviors that inhibit a client's ability to live sustainably in the community. Essential to this approach is fostering and sustaining an environment in which positive behavior support (PBS) strategies are utilized, as well as alternate modalities and methods of communication to assist clients to better meet their needs and have more control over the behaviors that inhibit a client's ability to live sustainably in the community. MLB prohibits the use of any aversive or deprivation procedures as interventions in a client's Individual Program Plan or equivalent program plan documentation.

PURPOSE

Even within the framework of positive behavior support programming in the Program Plan, there are emergencies in which less restrictive behavioral support strategies are ineffective in sustaining safety. When an emergency occurs, it is incumbent on staff to assure the individual's and others' safety in the moment. MLB defines these emergencies as situations where the client's conduct poses an imminent risk of physical harm to self or others and less restrictive strategies would not achieve safety. Client refusal to receive/participate in treatment shall not constitute an emergency.

The *only* time a restraint will be used at MLB, will be as a safety measure when treatment has failed and an emergency results. The only type of emergency restraint permitted at MLB is certain specified manual restraints. MLB shall use the least amount of intervention necessary to safely physically manage an individual, only when less restrictive behavioral support strategies have been ineffective in sustaining safety, and only concurrent with the uncontrolled behavior. These procedures will be continued for the least amount of time necessary to bring the individual's behavior under control and be appropriate to the situation to ensure safety.

Whenever possible, staff shall first attempt to de-escalate these emergencies by implementing the client's Program Plan with specific references to less restrictive alternatives that are known to help that client de-escalate, as well as through negotiation, redirection, distraction, and modifications to the environment all of which are likely to assist the client to utilize alternate behaviors to meet their needs. Restraint shall not be used for disciplinary purposes, for the convenience of staff, or as a substitute for treatment, nor shall restraint be used to compel clients to receive/participate in treatment. MLB has a zero tolerance for misuses of emergency risk reduction procedures and will take appropriate corrective and/or disciplinary action when such misuses are identified.

DEFINITIONS

Client: An individual receiving treatment at MLB.

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Responsible Supervisor: Home Supervisor, Work Supervisor, Administrator on Duty (AOD), or Lead Worker on Duty.

Designated Coordinator the Designated Coordinator is responsible for much of the rest of the intake documentation. The Designated Coordinator collaborates with other team members to produce the client's IPP, under the supervision of a Qualified Developmental Disabilities Professional, (QDDP).

Staff Certified in Therapeutic Intervention and Personal Safety Techniques: A staff member who has successfully completed the State Operated Services standardized and facility approved "Therapeutic Intervention" and "Personal Safety Technique" courses within the past year or taken a "Therapeutic Intervention" and "Personal Safety Technique" refresher classes within the last year.

Therapeutic Interventions: A form of intervention which consists of early identification of potential emergencies; prevention of emergencies through verbal, non-verbal, and nonphysical methods; diversion by providing choices to clients or alternate activities, environments or personal contacts. Prevention is predicated on identification of individual client needs, planning to meet those needs, and the use of specific de-escalation techniques in the client's Program Plan.

Personal Safety Techniques (PST): Application of external physical control by employees to a client only when a client causes an emergency despite the preventive therapeutic intervention strategies attempted. Physical control is based on the principle of using the least amount of force necessary to prevent injury and protect life and physical safety when positive behavior programming and other less restrictive prevention strategies have failed.

Manual Restraint: "Manual restraint" means physical intervention intended to hold a client immobile or limit a client's movement by using body contact as the only source of physical restraint. It is any manual method that restricts freedom of movement or normal access to one's body, including hand or arm holding to escort an individual over his or her resistance to being escorted. The term *does not mean* physical contact used to: facilitate the client's completion of a task or response when the client does not resist or the client's resistance is minimal in intensity and duration; conduct necessary to perform medical examination or treatment; response blocking and brief redirection used to interrupt an individual's limbs or body without holding a client or limiting his or her movement; or holding an individual, with no resistance from that individual, to calm, or comfort.

Mechanical Restraint: Mechanical restraints are prohibited. "Mechanical restraint" means the use of a device to limit a client's movement or hold a client immobile as an intervention precipitated by a client's behavior. The term does not apply to devices used to treat a client's medical needs to protect a client known to be at risk of injury resulting from lack of coordination or frequent loss of consciousness, or to position a client with physical disabilities in a manner specified in the client's Program Plan.

Emergency: Situations when the client's conduct poses an imminent risk of physical harm to self or others and less restrictive strategies would not achieve safety. Client refusal to receive/participate in treatment shall not constitute an emergency.

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Interdisciplinary Team: Interdisciplinary team means a team composed of: the client receiving treatment from MLB; his or her case manager; his or her legal representative and advocate, if any; representatives of providers of residential, day training and habilitation, and support services identified in the client's Program Plan; a health professional, if the client has overriding medical needs; mental health professionals (e.g. Psychologist, Psychiatrist, Counselor) if the client has overriding mental health needs; and a designated coordinator. The designated coordinator must have at least one year of direct experience in assessing, planning, implementing, and monitoring a plan that includes a behavior intervention program.

Program Plan: A plan developed by the Interdisciplinary Team, outlining positive behavior support strategies as the course of treatment intervention intended to encourage alternate behaviors in place of those behaviors that inhibit a client's ability to live sustainably in the community. This plan is developed using the information garnered from a thorough assessment of the function of the undesired behaviors, as well as person centered planning principles consistent with *Olmstead v. L.C.*, 527 U.S. 582 (1999), in order to assist the Interdisciplinary Team in creating treatment interventions that will effectively help the client get his or her needs met by alternate methods.

Prone Restraint: Prone restraints are prohibited. "Prone restraint" means any restraint that places the individual in a facedown position. Prone restraint does not include brief physical holding of an individual who, during an incident of physical restraint, rolls into a prone or supine position, when staff restore the individual to a standing, sitting, or side-lying position as soon as possible.

Restraint: Means the use of manual, mechanical, prone, or chemical restraint.

Chemical Restraint: Chemical restraints are prohibited. Is the administration of a drug or medication when it is used as a restriction to manage the client's behavior or restrict the client's freedom of movement and is not a standard treatment or dosage for the client's condition. Orders or prescriptions for the administration of medications to be used as a restriction to manage the client's behavior or restrict the client's freedom of movement shall not be written as a standing order or on an as-needed basis (PRN).

Seclusion: Seclusion is prohibited. Means the placement of a client alone in a room from which egress is:

- a. non-contingent on the client's behavior; or
- b. prohibited by a mechanism such as a lock or by a device or object positioned to hold the door closed or otherwise prevent the client from leaving the room.

Time Out: Means removing a client from the opportunity to gain positive reinforcement and is employed when a client demonstrates a behavior identified in the individual program plan for reduction or elimination. Room time out means removing a client from an ongoing activity to a room (either locked or unlocked).

RESPONSIBILITIES & PROCEDURES:

A. Assessments

1. Development of the Program Plan: Following admission, the Designated Coordinator for the client's Interdisciplinary team, with the assistance of all other team members will obtain information about the client that could help minimize the use of restraint by identifying the following:
 - a) techniques that would help the individual control his or her behavior;

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- b) the client's need for methods or tools to manage his or her behavior;
 - c) pre-existing medical conditions or any physical disabilities and limitations that would place the individual at greater risk during the use of restraint (see section on "Admission History and Physical and Annual History and Physical assessments");
 - d) any history of sexual or physical abuse or other trauma that would place the individual at greater psychological risk during restraint; and
 - e) techniques identified by the client or his or her family that would help minimize the use of restraint.
2. Admission History and Physical and Annual History and Physical assessments: MLB RN's shall ensure that all MLB clients are assessed by a physician or advanced practice RN (APRN) or nurse practitioner (NP) during the admission physical and at least annually thereafter to determine whether the client has a physical condition, i.e., obesity, asthma, etc., which would make implementation of any restraint medically contraindicated. The physician's statement regarding contraindication of these procedures shall be included in the admission history and physical report, the doctor or APRN's admitting orders (treatments, diagnostic procedures, and administration of medications that must be carried out by a nurse upon written order), and annual physical examination report. Alternatives and/or means under which restraint might be used when there is a medical contraindication will be written as an identifiable treatment order on the client's medical record physician order sheet.

B. Staff Training on Therapeutic Interventions and Emergency Restraint

1. Upon employment, all MLB staff members shall complete the full SOS Therapeutic Interventions and Personal Safety Techniques (TI/PST) course and Positive Behavior Supports course. This training will consist of:
 - a) upon start of employment and annually thereafter, staff are trained in early detection of escalation by an individual during the 12 or more hours of training per year on Positive Behavior Supports (varying based on the length needed to complete computer based portions and test outs of the training);
 - b) upon start of employment, each staff must complete a 16 hour orientation training with mandatory skill check-off and certification. This includes 8 hours of training in therapeutic intervention (including boundaries and negotiation) and 8 hours of training in personal safety techniques. This curriculum includes therapeutic boundaries and risk reduction negotiation techniques; and
 - c) Semi-annually thereafter, or more often if assigned by supervisor, each staff must complete 8 hours of training (4 hours of training in therapeutic intervention, including boundaries and negotiation, and 4 hours of training in personal safety techniques), with mandatory skill check-off and certification.
 - (1) Recommended SOS certified TI/PST instructor to student ratio for refresher training is 2 to 15.

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2. Required level of proficiency: Employee will be able to accurately and independently demonstrate in role play use of therapeutic interventions as documented by a SOS certified TI/PST instructor.
3. All training of employees in Therapeutic Intervention shall be conducted by SOS certified therapeutic intervention instructors.
4. Staff are trained in early detection of escalation for a particular individual, through client specific training on their program plans and what positive behavior support strategies are known to assist a particular client in de-escalation. The Designated Coordinator is responsible for assuring this client specific training occurs every time the IDT modifies the client's Program Plan.

C. Implementation of Therapeutic Interventions and Emergency Restraint:

1. When staff perceive warning signs of a potential emergency they should:
 - a) attempt to utilize Therapeutic Intervention techniques, positive behavior support strategies that are known to work for the individual, or other alternatives or de-escalation strategies to reduce the need for restraint. The focus of the therapeutic interventions is in early detection of escalation of risk taking behavior. Staff will then utilize positive behavior support techniques known to assist a particular client to de-escalate according to their Program Plan;
 - b) ensure, if possible, a 4'x6' mat and a mat for the client's head area is available and used to provide safeguard to the client during those restraints that have a client lay on the floor. Mats are located and available in all areas of the campus where client activities occur. Since these mats are located in areas where they are readily available and staff are trained in early detection of escalation by an individual through the annual Positive Behavior Supports training, training on the use of Therapeutic Interventions, or by specific training on a client's Program Plan and what techniques are known to assist a particular client in de-escalation, it is likely that these mats will be ready for use in emergency situations. If staff are unable to guide the client directly onto the mat or the mat is not readily available, once the client is immobilized the mat will be placed under their body or they will be rolled into a side lying position onto the mat. The small mat will be placed under the client's head if their head is not on the larger mat;
 - c) only initiate the use of restraint if trained in its use, and use only facility approved physical intervention techniques and holds;
 - d) prone restraint is prohibited because positional asphyxiation is a risk factor. The prone restraint (face down) position is only allowed as a transitory position if a client rolls into such position. If a client rolls face down during a restraint they must immediately be moved to a side lying position or restored to a standing position. Applying back pressure while a client is in the prone position is prohibited;
 - e) notify the RN and/or Lead Worker On Duty immediately;

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- f) notify the responsible supervisor immediately;
- g) make sure a #DHS 3654 (Documentation for Emergency Use of Manual Restraint and Notification of Incident) is initiated as soon as is possible following initiation of restraint;
- h) during the use of a restraint, continuously monitor the client's physical condition closely for signs of distress (cardiac, respiratory, circulation, choking, seizure onset) and take immediate action to discontinue restraint and provide emergency first aid (including calling 911) if distress is noted. Take vital signs if directed by RN. Document the results of this monitoring every 15 minutes on #DHS 3654 form;
- i) as soon as reasonably possible upon the emergency presenting, but no later than 30 minutes after the emergency begins, the responsible supervisor shall contact a Third Party Expert from a pre-approved list. The expert shall be consulted in order to obtain professional assistance to abate the emergency condition, including the use of positive behavioral support techniques, safety techniques, and other best practices. If the scheduled qualified Third Party Expert is not immediately available, the responsible supervisor shall contact the Department's medical officer on call in order that the medical officer may assess the situation, suggest strategies for de-escalating the situation, and approve or discontinue the use of restraint. The consultation with the Third Party Expert or medical officer shall be documented in the client's medical record;
- j) during the use of a restraint, timing of checks, prompts, and additional procedural steps begin with the point in time at which the client is immobilized. At this point, staff will inform the client of the release criteria. Release criteria for emergency restraint are sixty (60) seconds wherein (1) the client is physically calm, and (2) without verbal threats/indication of intent to resume imminent risk of physical harm to self or others;
- k) efforts to lessen or discontinue the restraint must be made at least every 2 minutes unless contraindicated and these efforts must be documented. #DHS 3654 form must be used to document these efforts at release. Staff will speak with the client immediately upon application of the procedure, and continually at intervals not to exceed 2 minutes and attempt to determine whether the client will cooperate with staff to enable the safe release of the restraint. If the client indicates a willingness to cooperate, as evidenced by no struggling and no verbal threats, staff will release the restraint. If the client indicates unwillingness to comply safely with the attempt to loosen the restraint, staff will continue the restraint and document the unsuccessful attempt on #DHS 3654 (Documentation for Emergency Use of Manual Restraint and Notification of Incident);
- l) restraint will be continued for the least amount of time necessary to bring the client's behavior under control. The maximum duration for a single episode of restraint without opportunity for mobility or exercise is fifteen (15) minutes. If after fifteen

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minutes and continuous offers at least every 2 minutes to discontinue restraint the client continues to struggle and/or verbalize intent to resume behavior which creates an imminent risk of physical harm, staff will nonetheless discontinue use of manual restraint. If and only if the client's conduct again constitutes an emergency, staff will reinitiate the restraint. Verbal threats alone are insufficient reason to reinitiate restraint. If the client appears calm for 60 seconds, staff will speak with the client and attempt to ascertain whether the client will safely cooperate (i.e. verbalizes he or she does not intend to engage in imminent risk of physical harm to self or others) with release from restraint. If the client indicates a willingness to cooperate, as evidenced by no struggling and no verbal threats to cause imminent risk of physical harm to self or others, staff will release from restraint. If the client re-escalates and again engages in behavior constituting an emergency, staff will re-apply restraint per the above procedures. If restraint is re-imposed, the Third Party Expert must again be consulted and the same protocols for communicating with the client and the same release procedures will be applied. The client must be given an opportunity for release from the manual restraint and for motion and exercise of the restricted body parts for at least five (5) minutes for every fifteen (15) minutes of restraint;

- m) if at any time during use of a restraint staff believe the health or safety of either the client or staff is in jeopardy because of the restraint, staff shall immediately release the client. If it looks like the aggregate time of restraints may exceed 15 minutes, the responsible supervisor shall be asked to conduct an immediate assessment and will do so in consultation with the on call Medical Director or on call Administrator for the program. The responsible supervisor with training/experience working with developmentally disabled adults with comorbid mental health conditions, will assess whether the client's mental health condition is causing him or her to engage in imminent risk of physical harm to self or others and subsequently if there is a need to contact a physician to request the use of a previously prescribed psychotropic medication to manage the client's mental health symptoms more effectively and minimize the need for further restraint to keep the individual safe (MLB Procedure #15904);
- n) following the client's release from the use of restraint, staff should:
 - (1) provide immediate care for any client injuries incurred;
 - (2) assume the occurrence of using restraint may have been traumatic for the individual and debrief with them as he or she permits;
 - (3) try to get the client integrated back into his or her normal routine as quickly as possible; and
 - (4) complete required documentation including #DHS 3654 form.
- o) the Facility shall not use Chemical Restraint;
- p) the Facility shall not use Seclusion or Time Out;

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- q) the Facility shall not use Mechanical Restraint; and
 - r) medical restraint and psychotropic and/or neuroleptic medications shall not be administered to clients for punishment, in lieu of adequate and appropriate habilitation, skills training and behavior supports plans, for the convenience of staff and/or as a form of behavior modification.
- D. Reporting and reviewing emergency use. Any use of restraint must be reported and reviewed as specified in the following items:
1. Staff member who implemented the procedure:
 - a) complete required documentation including #DHS 3654 form. This form must be completed before the end of each staff's shift; and
 - b) a client Incident Report (see SOS Policy 2020 Incident Reporting and Management) shall be completed if the client experienced any physical injury.
 2. Nursing/Designee:
 - a) review and complete designated nursing sections of #DHS 3654 form; and
 - b) ensure that the completed #DHS 3654 form summarizes the opinions of the private vendor who was consulted.
 3. Supervisor/AOD/Lead Worker on Duty:
 - a) review and complete designated supervisory sections of #DHS 3654 form;
 - b) ensure that the completed #DHS 3654 form summarizes the opinions of the private vendor who was consulted;
 - c) ensure that the completed original of #DHS 3654 form is delivered to the HIMS collection area before the end of the shift on which the restraint occurred;
 - d) complete an Employee Injury/Illness Notification Form if any staff experience an injury and deliver to supervisor/supervisor on-call by the end of the shift;
 - e) the completed # DHS 3654 from shall be submitted electronically, faxed or personally delivered (through the United States Postal Service [USPS]) to the following offices or persons. A reasonable effort must be made to submit it within 24 hours, but in no event later than the next business day. See I:\Programs\MLB\GEN\Forms\Client Medical Record\Client Medical Record (DHS Forms)\ Notification Info-EUCP, PRN Use, 911 Calls:
 - DHS Internal Reviewer
 - DHS Licensing
 - Ombudsman for Mental Health & Developmental Disabilities
 - Office of Health Facility Complaints
 - Plaintiff's Counsel
 - Legal Representative

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- County Case Manager
 - Court Monitor
 - Director of Operations Support
 - Compliance Office, Special Projects
 - CEO, State Operated Services
 - MLB Site Director
 - Commissioner's Office, Jensen Compliance Officer
 - Attorney General (2)
- f) if it is discovered that information has been sent to the wrong e-mail address, fax number or USPS mailing address, you must report the error immediately:
- (1) notify DHS Data Privacy Official – (651) 746-4743;
 - (2) notify SOS Health Information Management Services (HIMS):
 - (a) SOS HIMS Director at (651) 295-2302; and
 - (b) SOS Assistant HIMS Director at (612) 390-5626.
 - (3) include the following details in the notification:
 - (a) who the e-mail, fax or letter was sent to;
 - (b) what documents or information were sent;
 - (c) the date the e-mail, fax or letter was sent;
 - (d) the date it was discovered; and
 - (e) if the e-mail was successfully recalled.
 - (4) complete the DHS Privacy - Security Complaint or Incident Report Form 2008 (available on the iNET under Forms/SOS (non-Medical Record) Policy Forms. Submit the form to the DHS Data Privacy Official, SOS HIMS Director and SOS Assistant HIMS Director.
- g) this procedure and referenced process have been reviewed by SOS HIMS personnel and have been deemed to meet HIPAA requirements for privacy.
4. Scan form #DHS 3654 and send copies to the MLB Director and the client's program team. A reasonable effort must be made to submit it within 24 hours, but in no event later than the next business day.
- a) submit a copy of the Emergency Use of Controlled Procedure Report to the Internal Review Committee (IRC), the DHS internal reviewer, and as otherwise required by law within five working days after the IDT review of the emergency use of restraint.

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5. Designated Coordinator:
 - a) **Within five (5) working days, or fewer,** after the use of restraint, members of the IDT must confer to discuss the following:
 - (1) the incident that necessitated the use of restraint;
 - (2) a description of the imminent risk of physical harm to self or others and the plan for reduction or elimination of this behavior in observable and measurable terminology;
 - (3) identify the antecedent or event that gave rise to the imminent risk of physical harm to self or others;
 - (4) identify the perceived function the imminent risk of physical harm to self of others served;
 - (5) determine what modifications should be made to the existing Individual Program Plan to reduce the need for future use of an emergency manual restraint; and
 - (6) documentation of attempts to use less restrictive alternatives.
 - b) The Designated Coordinator will document any recommendations the IDT makes in regards to 1-6 above on MLB Form #DHS 3653 and submit the completed form to HIMS. The HIMS department shall then forward the original to the client's permanent medical record and to the Internal Review Committee.
 - c) The Designated Coordinator will identify in the client's Program Plan any recommendations the IDT makes in regards to 1-6 above.
 - d) The Designated Coordinator shall ensure that the plan for reducing the behavior that caused the emergency, as well as changes made to the adaptive skill acquisition portion of the plan are incorporated into the Program Plan no later than two (2) working days after the IDT review above. The Designated Coordinator shall document the decisions of the IDT in the client's permanent record. During this time, the Designated Coordinator shall document all attempts to use less restrictive alternatives including:
 - (1) strategies that were not successful in reducing the client's engagement in imminent risk of physical harm to self or others;
 - (2) attempts made at less restrictive procedures that failed and why they failed; and
 - (3) rationale for not attempting the use of other less restrictive alternatives.

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- e) The Designated Coordinator for each client shall be responsible to monitor the repeated use of restraint. When restraint occurs more than twice in 30 days for an individual client, it must be reviewed by the IDT, MLB Director or designee, and the DHS internal reviewer to determine if any modifications or adjustments to the program plan would be warranted.
- 5. Internal Review Committee (IRC) The IRC reviews completed #DHS 3653 and #DHS 3654 forms at its regularly scheduled meeting and identifies any concerns they might have regarding the use of restraint and document them in the IRC minutes.
- 6. Critical Action-Review of Experience (CARE) Any time additional staff are needed for intensive negotiations or use of restraint, a CARE meeting will be attempted. Attendance at the CARE meetings is voluntary, confidential and will be used only for information gathering. Facilitators for these meetings are volunteer Human Services Support Specialist and clinical staff. Information will be gathered on what went well during the critical action (so this can be replicated) and identify where staff were not as effective, so that the program can determine alternative prevention measures that can be applied across the program, determine if additional staff training is needed, and provide a communication channel and suggestions for the involved staff to MLB Administration. Completed CARE information will be submitted to the MLB Director and assigned CARE review team for review and follow up with the respective MLB program teams, SOS Therapeutic Intervention instructors, or the Internal Review Committee.
- 7. HIMS shall maintain statistics on the use of restraints. For each use of restraint it shall record: the client's name, the date of the restraint, the type of restraint used, and the length of time the restraint was used. This information shall be provided to the Director and DHS [Internal Reviewer] monthly.

DATA PRIVACY: Staff must ensure compliance with state and federal data privacy regulations.

REFERENCES:

State Operated Services Policy 6260, Therapeutic Intervention

MLB Procedure #15904 – Administration of Psychotropic Medication to Persons with Developmental Disabilities

DHS# 3654 – Psychotropic PRN Medication Use Report, Documentation for Emergency Use of Manual Restraint, Emergency/911 Call Documentation and Notification of Incident Form

DHS# 3653 – Expanded Interdisciplinary Team Documentation Form

CANCELLATIONS: This procedure supersedes MLB Procedure #15868 dated December 4, 2013.

MLB 215-2151

The content of MSHS-Cambridge Procedure 15868, "THERAPEUTIC INTERVENTIONS AND EMERGENCY USE OF PERSONAL SAFETY TECHNIQUES", dated December 4, 2013, has not been altered except to replace outdated references to "MSHS-Cambridge" with "Minnesota Life Bridge" or "MLB."

The terms "Therapeutic Intervention and Personal Safety Techniques" are now understood by employees as "Effective and Safe Engagement" or "EASE".

AUTHENTICATION SIGNATURES:

/s/

Donovan Chandler, Executive Director
Community Based Services
Department of Human Services

MLB 215-2151

The content of MSHS-Cambridge Procedure 15868, "THERAPEUTIC INTERVENTIONS AND EMERGENCY USE OF PERSONAL SAFETY TECHNIQUES", dated December 4, 2013, has not been altered except to replace outdated references to "MSHS-Cambridge" with "Minnesota Life Bridge" or "MLB."

The terms "Therapeutic Intervention and Personal Safety Techniques" are now understood by employees as "Effective and Safe Engagement" or "EASE".

ATTACHMENT B
SAMPLE SUMMARIES

Sample 1

- Incident Date – [REDACTED]
- Incident # - 18174
- MREC # - [REDACTED]

Incident type

Elopement with serious risk factors

Procedures of Concern

911 Call

Documents Reviewed

1. Incident Report dated [REDACTED]
2. Emergency/911 Call Documentation and Notification of Incident
3. Use of Emergency Intervention Review
4. Functional Behavior Analysis dated [REDACTED]
5. Positive Support Transition Plan dated [REDACTED]

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria

Sample 2

- Incident Date – [REDACTED]
- Incident # - 19046
- MREC # - [REDACTED]

Incident type

Individual on staff aggression, Physical assault, Property damage, loss

Procedures of Concern

Emergency Use of Manual Restraint (EUMR)

911 Call

Documents Reviewed

6. Incident Report dated [REDACTED]
7. Emergency Use of Manual Restraint. Emergency/911 Call Documentation and Notification of Incident
8. Individual Incident Report Review and EUMR Review
9. Use of Emergency Intervention Review
10. Positive Support Transition Plan dated [REDACTED]

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 3

- Incident Date – [REDACTED]
- Incident # - 19565 and 19605
- MREC # - [REDACTED]

Incident type

Verbal, Non-verbal Threats

Procedures of Concern

Psychotropic PRN

911 Call

Documents Reviewed

11. Incident Report dated [REDACTED]
12. Psychotropic PRN Medication Use Report, Documentation for Emergency Use of Manual Restraint. Emergency/911 Call Documentation and Notification of Incident
13. Individual Specific Psychotropic PRN Criteria dated [REDACTED]
14. Use of Emergency Intervention Review
15. Functional Behavior Analysis dated [REDACTED]
16. Positive Support Transition Plan dated [REDACTED]

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 4

- Incident Date – [REDACTED]
- Incident # - 20426
- MREC # - [REDACTED]

Incident type

Physical Health

Procedures of Concern

Psychotropic PRN

Documents Reviewed

17. Incident Report dated [REDACTED]
18. Psychotropic PRN Medication Use Report, and Notification of Incident
19. Client-Specific Psychotropic PRN Criteria dated [REDACTED]
20. Incident Report All Data View (Administrative Review)

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 5

- Incident Date – [REDACTED]
- Incident # - 20886
- MREC # - [REDACTED]

Incident type

Physical assault, Elopement, unauthorized absence, walk away, Individual on staff aggression, Property damage, loss, Individual on individual aggression

Procedures of Concern

911 Call

Documents Reviewed

21. Incident Report dated [REDACTED]
22. 911 Call Documentation
23. Individual Incident Report Review
24. Use of Emergency Intervention Review

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 6

- Incident Date - [REDACTED]
- Incident # - 20963
- MREC # - [REDACTED]

Incident type

Not Indicated.

Procedures of Concern

Psychotropic PRN

Documents Reviewed

- 25. Incident Report dated [REDACTED]
- 26. Psychotropic PRN Medication Use Report, Notification of Incident
- 27. Individual Specific Psychotropic PRN Criteria dated [REDACTED]
- 28. Use of Emergency Intervention Review
- 29. Individual Incident Report Review

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 7

- Incident Date – [REDACTED]
- Incident # - 21851
- MREC # - [REDACTED]

Incident type

Not indicated

Procedures of Concern

Psychotropic PRN

Documents Reviewed

30. Incident Report dated [REDACTED]
31. Psychotropic PRN Medication Use Report, and Notification of Incident
32. Individual Specific Psychotropic PRN Criteria dated [REDACTED]
33. Use of Emergency Intervention Review
34. Individual Incident Report Review

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 8

- Incident Date – [REDACTED]
- Incident # - Not included with the indication N/A
- MREC # - [REDACTED]

Incident type

PRN Use

Procedures of Concern

Psychotropic PRN

Documents Reviewed

35. Psychotropic PRN Medication Use Report indicating that the PRN use “corresponded with the pre-established psychotropic PRN criteria,” and that Notification of the Incidents were made by phone
36. Use of Emergency Intervention Review
37. Functional Behavior Analysis dated [REDACTED]

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 9

- Incident Date – [REDACTED]
- Incident # - 22968
- MREC # - [REDACTED]

Incident type

Individual on Individual Aggression

Procedures of Concern

Psychotropic PRN

911 Call

Documents Reviewed

38. Incident Report dated [REDACTED]
39. Psychotropic PRN Medication Use Report, 911 Call Documentation and Notification of Incident
40. Individual Specific Psychotropic PRN Criteria dated [REDACTED]
41. Use of Emergency Intervention Review
42. Individual Incident Report Review

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 10

- Incident Date – [REDACTED]
- Incident # - 23528
- MREC # - [REDACTED]

Incident type

Not indicated

Procedures of Concern

Psychotropic PRN

Documents Reviewed

- 43. Incident Report dated [REDACTED]
- 44. Psychotropic PRN Medication Use Report, Documentation and Notification of Incident
- 45. Individual Specific Psychotropic PRN Criteria dated [REDACTED]
- 46. Use of Emergency Intervention Review

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 11

- Incident Date - [REDACTED]
- Incident # - 24029
- MREC # - [REDACTED]

Incident type

Verbal, Non-verbal threats

Procedures of Concern

Psychotropic PRN

Documents Reviewed

47. Incident Report
48. Psychotropic PRN Medication Use Report, and Notification of Incident
49. Individual Specific Psychotropic PRN Criteria dated [REDACTED]
50. Individual Incident Report Review
51. Functional Behavior Analysis dated [REDACTED]

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 12

- Incident Date – [REDACTED]
- Incident # - 1248
- MREC # - [REDACTED]

Incident type

PRN “as needed” medication use – Community Based Services (CBS) only

Procedures of Concern

Psychotropic PRN

Documents Reviewed

- 52. Incident Report dated [REDACTED]
- 53. Psychotropic PRN Medication Use Report, and Notification of Incident
- 54. Individual Specific Psychotropic PRN Criteria dated [REDACTED]
- 55. Individual Incident Report Review

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 13

- Incident Date – [REDACTED]
- Incident # - 2131
- MREC # [REDACTED]

Incident type

PRN “as needed” medication use - CBS only

Procedures of Concern

Psychotropic PRN

Documents Reviewed

- 56. Incident Report dated [REDACTED]
- 57. Psychotropic PRN Medication Use Report, and Notification of Incident
- 58. Individual Specific Psychotropic PRN Criteria dated [REDACTED]
- 59. Individual Incident Report Review
- 60. Functional Behavior Analysis dated [REDACTED]
- 61. Positive Support Transition Plan dated [REDACTED]

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 14

- Incident Date – [REDACTED]
- Incident # - 2389
- MREC # - [REDACTED]

Incident type

Aggression, individual on staff, Emergency use of manual restraints - CBS only, Injury from Behavioral Intervention, Police calls for Assistance, Property Damage

Procedures of Concern

Emergency Use of Manual Restraint (EUMR)
911 Call

Documents Reviewed

- 62. Incident Report dated [REDACTED]
- 63. Documentation for Emergency Use of Manual Restraint. Emergency/911 Call Documentation and Notification of Incident
- 64. Individual Incident Report Review and EUMR Review
- 65. Functional Behavior Analysis dated [REDACTED]
- 66. Positive Support Transition Plans dated [REDACTED]

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 15

- Incident Date – [REDACTED]
- Incident # - 3690
- MREC # - [REDACTED]

Incident type

Motor vehicle related incident, Police calls for Assistance

Procedures of Concern

911 Call

Documents Reviewed

- 67. Incident Report dated [REDACTED]
- 68. Emergency/911 Call Documentation and Notification of Incident
- 69. Individual Incident Report Review

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 16

- Incident Date – [REDACTED]
- Incident # - 4419
- MREC # - [REDACTED]

Incident type

Aggression, individual on staff, Emergency use of manual restraints - CBS only

Procedures of Concern

Emergency Use of Manual Restraint (EUMR)

Documents Reviewed

- 70. Incident Report dated [REDACTED]
- 71. Documentation for Emergency Use of Manual Restraint. Emergency and Notification of Incident
- 72. Individual Incident Report Review and EUMR Review dated [REDACTED]

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 17

- Incident Date – [REDACTED]
- Incident # - 4770
- MREC # - [REDACTED]

Incident type

Aggression - Physical, individual on individual, Aggression, individual on staff, Elopement, unauthorized absence, walk away, Emergency use of manual restraints - CBS only

Procedures of Concern

Emergency Use of Manual Restraint (EUMR)

Documents Reviewed

- 73. Incident Report dated [REDACTED]
- 74. Documentation for Emergency Use of Manual Restraint and Notification of Incident
- 75. Individual Incident Report Review and EUMR Review dated [REDACTED]

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 18

- Incident Date – [REDACTED]
- Incident # - 5978
- MREC # - [REDACTED]

Incident type

Aggression, individual on "as needed" medication use - CBS only, Police calls for Assistance

Procedures of Concern

Psychotropic PRN

911 Call

Documents Reviewed

76. Incident Report dated [REDACTED]

77. Psychotropic PRN Medication Use Report, Emergency/911 Call Documentation and Notification of Incident

78. Individual Specific Psychotropic PRN Criteria dated [REDACTED]

79. Individual Incident Report Review and EUMR Review dated [REDACTED]

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 19

- Incident Date – [REDACTED]
- Incident # - 6261
- MREC # - [REDACTED]

Incident type

Aggression - Physical on staff during behavioral intervention, Aggression - Physical, individual on staff, Elopement, unauthorized absence, walk away, Emergency use of manual restraints - CBS only, Police calls for Assistance, Self-Injurious Behavior, deliberate self-harm

Procedures of Concern

Emergency Use of Manual Restraint (EUMR)
911 Call

Documents Reviewed

- 80. Incident Report dated [REDACTED]
- 81. Documentation for Emergency Use of Manual Restraint. Emergency/911 Call
Documentation and Notification of Incident
- 82. Individual Incident Report Review and EUMR Review dated [REDACTED]
- 83. Functional Behavior Analysis dated [REDACTED]
- 84. Positive Support Transition Plan dated [REDACTED]

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 20

- Incident Date - [REDACTED]
- Incident # - 7079
- MREC # - [REDACTED]

Incident type

Suicide Attempt

Procedures of Concern

911 Call

Documents Reviewed

- 85. Incident Report dated [REDACTED]
- 86. Emergency/911 Call Documentation and Notification of Incident
- 87. Individual Incident Report Review dated [REDACTED]
- 88. Functional Behavior Analysis [REDACTED]
- 89. Positive Support Transition Plan [REDACTED]

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 21

- Incident Date – [REDACTED]
- Incident # - 7736
- MREC # - [REDACTED]

Incident type

Aggression - Physical, individual on staff

Procedures of Concern

Emergency Use of Manual Restraint (EUMR)

Documents Reviewed

- 90. Incident Report dated [REDACTED]
- 91. Documentation for Emergency Use of Manual Restraint and Notification of Incident
- 92. Individual Incident Report Review and EUMR Review

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 22

- Incident Date – [REDACTED]
- Incident # - 8674
- MREC # - [REDACTED]

Incident type

Aggression, individual on staff

Procedures of Concern

Emergency Use of Manual Restraint (EUMR)

Documents Reviewed

- 93. Incident Report dated [REDACTED]
- 94. Documentation for Emergency Use of Manual Restraint and Notification of Incident
- 95. Individual Incident Report Review and EUMR Review
- 96. Use of Emergency Intervention Review

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 23

- Incident Date – [REDACTED]
- Incident # - 9382
- MREC # - [REDACTED]

Incident type

PRN "as needed" medication use - CBS only

Procedures of Concern

Psychotropic PRN

Documents Reviewed

97. Incident Report dated [REDACTED]
98. Psychotropic PRN Medication Use Report and Notification of Incident
99. Individual Specific Psychotropic PRN Criteria dated [REDACTED]
100. Use of Emergency Intervention Review

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 24

- Incident Date – [REDACTED]
- Incident # - 9912
- MREC # - [REDACTED]

Incident type

Elopement, unauthorized absence, walk away & Police calls for Assistance & Self-Injurious Behavior, deliberate self-harm

Procedures of Concern

911 Call

Documents Reviewed

101. Incident Report dated [REDACTED]
102. Emergency/911 Call Documentation and Notification of Incident
103. Individual Incident Report and EUMR Review dated [REDACTED]
104. Use of Emergency Intervention Review
105. Functional Behavior Analysis dated [REDACTED]
106. Positive Support Transition Plan dated [REDACTED]

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 25

- Incident Date – [REDACTED]
- Incident # - 10542
- MREC # - [REDACTED]

Incident type

Aggression - Physical, individual on staff & PRN "as needed" medication use - CBS only

Procedures of Concern

Psychotropic PRN

Emergency Use of Manual Restraint (EUMR)

Documents Reviewed

107. Incident Report dated [REDACTED]
108. Psychotropic PRN Medication Use Report, Documentation for Emergency Use of Manual Restraint and Notification of Incident
109. Individual Incident Report Review and EUMR Review
110. Individual Specific Psychotropic PRN Criteria dated [REDACTED]
111. Use of Emergency Intervention Review

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 26

- Incident Date - [REDACTED]
- Incident # - 11826
- MREC # - [REDACTED]

Incident type

PRN "as needed" medication use - CBS only

Procedures of Concern

Psychotropic PRN

Documents Reviewed

112. Incident Report dated [REDACTED]
113. Psychotropic PRN Medication Use Report and Notification of Incident
114. Individual Specific Psychotropic PRN Criteria dated [REDACTED]
115. Individual Incident Report Review
116. Use of Emergency Intervention Review
117. Functional Behavior Analysis dated [REDACTED]
118. Positive Support Transition Plan dated [REDACTED]

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 27

- Incident Date – [REDACTED]
- Incident # - 12047
- MREC # - [REDACTED]

Incident type

Aggression, individual on staff & Elopement, unauthorized absence, walk away & Emergency use of manual restraints - CBS only & Self-Injurious Behavior, deliberate self-harm

Procedures of Concern

Emergency Use of Manual Restraint (EUMR)

Documents Reviewed

119. Incident Report dated [REDACTED]
120. Documentation for Emergency Use of Manual Restraint and Notification of Incident
121. Individual Incident Report Review and EUMR Review dated [REDACTED]
122. Use of Emergency Intervention Review
123. Functional Behavior Analysis dated [REDACTED]
124. Positive Support Transition Plan dated [REDACTED]

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 28

- Incident Date – [REDACTED]
- Incident # - 13204
- MREC # - [REDACTED]

Incident type

Aggression, individual on staff & PRN "as needed" medication use - CBS only & Verbal/non-verbal threats, individual on staff

Procedures of Concern

Psychotropic PRN

Documents Reviewed

125. Incident Report dated [REDACTED]
126. Psychotropic PRN Medication Use Report and Documentation and Notification of Incident
127. Individual Incident Report Review dated [REDACTED]
128. Individual Specific Psychotropic PRN Criteria dated [REDACTED]
129. Use of Emergency Intervention Review

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 29

- Incident Date - [REDACTED]
- Incident # - 13538
- MREC # - [REDACTED]

Incident type

PRN "as needed" medication use - CBS only

Procedures of Concern

Psychotropic PRN

Documents Reviewed

130. Incident Report dated [REDACTED]
131. Psychotropic PRN Medication Use Report and Documentation and Notification of Incident
132. Individual Specific Psychotropic PRN Criteria dated [REDACTED]
133. Individual Incident Report Review dated [REDACTED]
134. Use of Emergency Intervention Review

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 30

- Incident Date - [REDACTED]
- Incident # - 14491
- MREC # - [REDACTED]

Incident type

Elopement, unauthorized absence, walk away & Police calls for Assistance

Procedures of Concern

911 Call

Documents Reviewed

135. Incident Report dated [REDACTED]
136. Emergency/911 Call Documentation and Notification of Incident
137. Individual Incident Report Review dated [REDACTED]
138. Use of Emergency Intervention Review

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 31

- Incident Date – [REDACTED]
- Incident # - 14747
- MREC # [REDACTED]

Incident type

Aggression, individual on staff & Elopement, unauthorized absence, walk away & Emergency use of manual restraints - CBS only & PRN "as needed" medication use - CBS only

Procedures of Concern

Psychotropic PRN

Emergency Use of Manual Restraint (EUMR)

Documents Reviewed

139. Incident Report dated [REDACTED]
140. Psychotropic PRN Medication Use Report, Documentation for Emergency Use of Manual Restraint and Notification of Incident
141. Individual Incident Report Review and EUMR Reviews
142. Individual Specific Psychotropic PRN Criteria dated [REDACTED]
143. Use of Emergency Intervention Review

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 32

- Incident Date - [REDACTED]
- Incident # - 15705
- MREC # - [REDACTED]

Incident type

PRN "as needed" medication use - CBS Only

Procedures of Concern

Psychotropic PRN

Documents Reviewed

144. Incident Report [REDACTED]
145. Psychotropic PRN Medication Use Report and Notification of Incident
146. Individual Incident Report Review
147. Use of Emergency Intervention Review
148. Functional Behavior Analysis dated [REDACTED]
149. Positive Support Transition Plan dated 1 [REDACTED]

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 33

- Incident Date – [REDACTED]
- Incident # - 16477
- MREC # - [REDACTED]

Incident type

Aggression, individual on staff & Verbal/non-verbal threats, individual on staff

Procedures of Concern

Psychotropic PRN

Documents Reviewed

150. Incident Report dated [REDACTED] two for one incident
151. Psychotropic PRN Medication Use and Notification of Incident – two of these reports as well
152. Individual Incident Report Review dated [REDACTED]
153. Individual Specific Psychotropic PRN Criteria dated [REDACTED]
154. Use of Emergency Intervention Review

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 34

- Incident Date - [REDACTED]
- Incident # - 16758
- MREC # - [REDACTED]

Incident type

Aggression, individual on staff & Verbal/non-verbal threats, individual on staff

Procedures of Concern

Psychotropic PRN

Documents Reviewed

155. Incident Report dated [REDACTED]
156. Psychotropic PRN Medication Use Report and Notification of Incident
157. Individual Incident Report Review dated [REDACTED]
158. Individual Specific Psychotropic PRN Criteria dated [REDACTED]
159. Use of Emergency Intervention Review

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 35

- Incident Date - [REDACTED]
- Incident # - 17567
- MREC # - [REDACTED]

Incident type

PRN Use

Procedures of Concern

Psychotropic PRN

Documents Reviewed

160. Incident Report
161. Individual Incident Report Review dated [REDACTED]
162. Psychotropic PRN Medication Use Report and Notification of Incident
163. Client-Specific Psychotropic PRN Criteria dated [REDACTED]
164. Use of Emergency Intervention Review dated [REDACTED]

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 36

- Incident Date – [REDACTED]
- Incident # - 19130
- MREC [REDACTED]

Incident type

Aggression, individual on staff & Emergency use of manual restraints - CBS only & Property Damage & Self-Injurious Behavior, deliberate self-harm

Procedures of Concern

Emergency Use of Manual Restraint (EUMR)

Documents Reviewed

165. Incident Report dated [REDACTED]
166. Documentation for Emergency Use of Manual Restraint and Notification of Incident
167. Individual Incident Report Review and EUMR Review dated [REDACTED]

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 37

- Incident Date – [REDACTED]
- Incident # - 5978
- MREC # - [REDACTED]

Incident type

Emergency use of manual restraints – verbal/non-verbal threats to staff.

Procedures of Concern

Emergency use of manual restraint

Documents Reviewed

1. Incident Report ID 19562, [REDACTED]
2. Individual Incident Report Review & EUMR Reviewal
3. Document for Emergency Use of Manual Restraint and Notification of Incident
4. Functional Behavioral Analysis dated [REDACTED]
5. Positive Support Transition Plan updated [REDACTED]

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 38

- Incident Date - [REDACTED]
- Incident # - 20354
- MREC # - [REDACTED]

Incident type

Police/EMS calls for assistance - staff initiated & Property Destruction

Procedures of Concern

911 Call

Documents Reviewed

168. Incident Report dated [REDACTED]
169. Emergency/911 Call Documentation and Notification of Incident
170. Individual Incident Report Review and EUMR Review [REDACTED]
171. Use of Emergency Intervention Review [REDACTED]
172. Positive Support Transition Plan dated [REDACTED]

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 39

- Incident Date [REDACTED]
- Incident # - 21312
- MREC # - [REDACTED]

Incident type

Elopement, unauthorized absence, walk away & Police/EMS calls for assistance - staff initiated & Property Damage & Verbal/non-verbal threats, individual on individual

Procedures of Concern

911 Call

Documents Reviewed

173. Incident Report dated [REDACTED]
174. Emergency/911 Call Documentation and Notification of Incident
175. Individual Incident Report Review and EUMR Review [REDACTED]
176. Use of Emergency Intervention Review
177. Functional Behavior Analysis dated [REDACTED]
178. Positive Support Transition Plan dated [REDACTED]

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 40

- Incident Date – [REDACTED]
- Incident # - 21545
- MREC # - [REDACTED]

Incident type

Elopement, unauthorized absence, walk away

Procedures of Concern

911 Call

Documents Reviewed

179. Incident Report dated [REDACTED]
180. Emergency/911 Call Documentation for 2 calls and Notification of Incident (2-reports)
181. Individual Incident Report Review and EUMR Review
182. Use of Emergency Intervention Review [REDACTED]

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 41

- Incident Date – [REDACTED]
- Incident # - 22346
- MREC # - [REDACTED]

Incident type

PRN "as needed" medication use - CBS only

Procedures of Concern

Psychotropic PRN

Documents Reviewed

183. Incident Report dated [REDACTED]
184. Psychotropic PRN Medication Use Report and Notification of Incident
185. Individual Specific Psychotropic PRN Criteria dated [REDACTED]
186. Individual Incident Report Review and EUMR Review dated [REDACTED]
187. Use of Emergency Intervention Review

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 42

- Incident Date - [REDACTED]
- Incident # - 23133
- MREC # - [REDACTED]

Incident type

PRN "as needed" medication use - CBS only

Procedures of Concern

Psychotropic PRN

Documents Reviewed

188. Incident Report dated [REDACTED]
189. Psychotropic PRN Medication Use Report and Notification of Incident
190. Individual Specific Psychotropic PRN Criteria dated [REDACTED]
191. Individual Incident Report Review and EUMR Review [REDACTED]
192. Use of Emergency Intervention Review [REDACTED]
193. Positive Support Transition Plan dated [REDACTED]
194. Functional Behavior Assessment dated [REDACTED]

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 43

- Incident Date – [REDACTED]
- Incident # - 23650
- MREC # [REDACTED]

Incident type

PRN "as needed" medication use - CBS only & Property Damage & Self-Injurious Behavior, deliberate self-harm

Procedures of Concern

Psychotropic PRN

Documents Reviewed

195. Incident Report dated [REDACTED]
196. Psychotropic PRN Medication Use Report and Notification of Incident
197. Individual Specific Psychotropic PRN Criteria dated [REDACTED]
198. Individual Incident Report Review and EUMR Review dated [REDACTED]
199. Use of Emergency Intervention Review dated [REDACTED]

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 44

- Incident Date - [REDACTED]
- Incident # - 24270
- MREC # - [REDACTED]

Incident type

Elopement, unauthorized absence, walk away & Police/EMS calls for assistance - staff initiated

Procedures of Concern

911 Call

Documents Reviewed

200. Incident Report dated [REDACTED]
201. Emergency/911 Call Documentation and Notification of Incident
202. Individual Incident Report Review and EUMR Review
203. Use of Emergency Intervention Review [REDACTED]

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 45

- Incident Date - [REDACTED]
- Incident # - 25061
- MREC # - [REDACTED]

Incident type

Aggression - Physical, individual on staff & Aggression, individual on staff & Emergency use of manual restraints - CBS only & PRN "as needed" medication use - CBS only & Verbal/non-verbal threats, individual on staff

Procedures of Concern

Psychotropic PRN

Emergency Use of Manual Restraint (EUMR)

Documents Reviewed

- 204. Incident Report [REDACTED]
- 205. Psychotropic PRN Medication Use Report, Documentation for Emergency Use of Manual Restraint and Notification of Incident
- 206. Individual Specific Psychotropic PRN Criteria dated [REDACTED]
- 207. Individual Incident Report Review and EUMR Review dated [REDACTED]
- 208. Use of Emergency Intervention Review [REDACTED]
- 209. Functional Behavior Analysis dated [REDACTED]

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 46

- Incident Date [REDACTED]
- Incident # - 25750
- MREC # [REDACTED]

Incident type

Aggression - Physical, individual on staff & Emergency use of manual restraints - Verbal/non-verbal threats, individual on individual & Verbal/non-verbal threats, individual on staff.

Procedures of Concern

Emergency Use of Manual Restraint (EUMR)s

Documents Reviewed

1. Incident Report ID25750 [REDACTED] 2 reports
2. Use of Emergency Intervention Review [REDACTED]
3. Individual Incident Report Review and EUMR Review
4. Documentation for Emergency use of Manual Restraints and Notification of Incident.

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 47

- Incident Date – [REDACTED]
- Incident # - 25750
- MREC # - [REDACTED]

Incident type

Aggression - Physical, individual on individual & Aggression - Physical, individual on staff & Emergency use of manual restraints - CBS only & Injury from Behavioral Intervention & PRN “as needed” medication use - CBS only & Police/EMS calls for assistance - staff initiated & Property Damage & Verbal/non-verbal threats, individual on individual & Verbal/non-verbal threats, individual on staff

Procedures of Concern

Psychotropic PRN

Emergency Use of Manual Restraint (EUMR)

911 Call – Based on the incident report the call for police assistance was made due to the behavior of a second resident involved in this incident

Documents Reviewed

210. Incident Report dated [REDACTED]
211. Psychotropic PRN Medication Use Report, Documentation for Emergency Use of Manual Restraint. Emergency/911 Call Documentation and Notification of Incident. The EUMR involved another resident and therefore the appropriate documentation is in that resident’s records
212. Individual Specific Psychotropic PRN Criteria dated [REDACTED]
213. Individual Incident Report Review and EUMR Review
214. Use of Emergency Intervention Review [REDACTED]
215. Functional Behavior Analysis dated [REDACTED]
216. Progress Reports dated [REDACTED] and [REDACTED]
217. Positive Support Transition Plan dated [REDACTED]

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 48

- Incident Date – [REDACTED] (Also appears [REDACTED])
- Incident # - 27331
- MREC # - [REDACTED]

Incident type

Aggression - Physical, individual on staff & PRN "as needed" medication use - CBS only

Procedures of Concern

Psychotropic PRN

Documents Reviewed

- 218. Incident Report dated [REDACTED]
- 219. Psychotropic PRN Medication Use Report and Notification of Incident [REDACTED]
- 220. Client-Specific Psychotropic PRN Criteria [REDACTED]
- 221. Individual Incident Report Review and EUMR Review dated [REDACTED]
- 222. Use of Emergency Intervention Review dated [REDACTED]

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 49

- Incident Date - [REDACTED]
- Incident # - 27450
- MREC # - [REDACTED]

Incident type

PRN "as needed" medication use - CBS only

Procedures of Concern

Psychotropic PRN

Documents Reviewed

- 223. Incident Report dated [REDACTED]
- 224. Psychotropic PRN Medication Use Report and Notification of Incident
- 225. Individual Specific Psychotropic PRN Criteria dated [REDACTED]
- 226. Individual Incident Report Review and EUMR Review
- 227. Use of Emergency Intervention Review [REDACTED]

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 50

- Incident Date – [REDACTED] (Also appears as [REDACTED])
- Incident # - 28809
- MREC # - [REDACTED]

Incident type

Elopement, unauthorized absence, walk away & Police/EMS calls for assistance - staff initiated

Procedures of Concern

911 Call

Documents Reviewed

- 228. Incident Report dated [REDACTED]
- 229. Emergency/911 Call Documentation and Notification of Incident
- 230. Individual Incident Report Review dated [REDACTED]
- 231. Use of Emergency Intervention Review dated [REDACTED]

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Sample 50

- Incident Date – [REDACTED] (Also appears as [REDACTED])
- Incident # - 28809
- MREC # - [REDACTED]

Incident type

Elopement, unauthorized absence, walk away & Police/EMS calls for assistance - staff initiated

Procedures of Concern

911 Call

Documents Reviewed

- 232. Incident Report dated [REDACTED]
- 233. Emergency/911 Call Documentation and Notification of Incident
- 234. Individual Incident Report Review dated [REDACTED]
- 235. Use of Emergency Intervention Review dated [REDACTED]

Compliance with Evaluation Criteria 5-24 and 28-40

Based on a review of the documents listed above, all actions by staff regarding this incident were compliant with the Evaluation Criteria.

Attachment C
Mandatory Investigator Training
Jensen Settlement Agreement 25.1
(11/19/2018)

Investigator Name		Employee ID Number		
Title		Approx. Time	Source	Completion Date/Initials
<i>(online reading)</i> Parallels in Time - A History of Developmental Disabilities Part Two - The 1950 to Present 1. Module on Definitions and Perspectives on Disability (0.75 hour) 2. Module on Forging a New Reality in a New Century (0.75 hour) 3. Module on Real Work (0.75 hour)		2.25 hours	MN Governors Council on Developmental Disabilities	
Suffer The Little Children. Pennhurst State Home - Eugenics + Social Services – Pennsylvania: The ground-breaking 1968 NBC10 Expose on Pennhurst State School by Bill Baldini.		0.75 hour	Disability Justice Web Site – Index of Videos	
<i>(internet videos)</i> Human Trafficking of People with Disabilities On April 4, 2017, the Diversity Committee, Minnesota Chapter of the Federal Bar Association, University of Minnesota Law School Division, hosted a CLE event, a panel discussion of human trafficking of people with disabilities. United States District Court Judge Donovan Frank served as moderator for panel members who shared their professional experience with human trafficking, some of the history and evolving legal landscape, and rights and remedies for victims. 1. Disability Rights and the Justice System 5 minutes) 2. Types of Abuse in Human Trafficking (5 minutes) 3. More Human Trafficking Case Examples 5 minutes) <i>(internet reading)</i> FACT SHEET: Trafficking of Persons with Disabilities in the United States (15 minutes)		0.5 hours	MN Governors Council on Developmental Disabilities Disability Justice Web Site	
Total Developmental Disabilities		4 hours		

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Title	Approx. Time	Source	Completion Date/Initials
<p><i>(internet videos)</i></p> <p>Working with people with Disabilities as Witnesses</p> <p>1. Stereotypes and Testifying - A problem major problem facing persons with disabilities testifying in court is that people view cognitive ability as an all or nothing proposition. - Professor Jennifer L. Wright (2 min)</p> <p>2. Stereotypes and the Justice System - The most common stereotype regarding persons with disabilities is they cannot be competent witnesses, which is simply not true. Accommodations can be made to allow victims to testify in a variety of ways. - James Backstrom (2 min)</p> <p>Working with People with Disabilities as Clients</p> <p>1. Progress in the Justice System - Progress has been made in ensuring people with disabilities have access to the justice system and ensuring the legal system recognizes people with disabilities as full participants in the legal community - Pamela Hoopes (4 min)</p> <p>Ensuring Adequate Legal Representation to People with Disabilities</p> <p>1. Barriers to Equal Justice - An outline of steps to help people with developmental disabilities understand their legal rights and how to access the legal process. – Pamela Hoopes (2 min)</p> <p><i>(SharePoint reading)</i> Fact Sheet on Potential reasons for False Reporting (Dan Baker)</p> <p>As opposed to the typical population, false reporting among people with intellectual or developmental disabilities is seen for a wider variety of reasons. These reasons will be explored with illustrative examples. The nature of the intellectual or developmental disability creates a unique set of challenges in reporting.</p> <p><i>(DVD)</i> Serving Crime Victims with Disabilities (April 2007)</p> <p>1. “Meet Us Where We Are,” which presents first person accounts of how crime affects people with disabilities, educates disability service providers and people with disabilities about crime victims’ rights and resources. (Running time – 14 minutes)</p> <p><i>(DVD)</i> Serving Crime Victims with Disabilities (April 2007)</p> <p>2. “The Time Is Now” helps crime victim service providers reach out and serve people with disabilities. (Running time – 18 minutes)</p> <p><i>(DVD)</i></p> <p>3. Victims with Disabilities: The Forensic Interview—Techniques for Interviewing Victims with Communication and/or Cognitive Disabilities (January 2012) (Running time – 1 hour)</p> <p>This 57-minute DVD (NCJ 234678) provides a specific set of guidelines for law enforcement officers, prosecutors, victim advocates, forensic interviewers, and others for interviewing adults and children with</p>	30 minutes	Disability Justice Web Site – Index of Videos	
<p>2 hours</p>		<p>To order:</p> <p>Office of Justice Programs</p> <p>Office for Victims of Crime</p> <p>Go to Library & Multimedia – OVC Videos</p> <p>Select Victims with Disabilities</p>	

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(11/19/2018)

Title	Approx. Time	Source	Completion Date/Initials
<p>communication and/or cognitive disabilities.</p> <p>(DVD) Listen to My Story: Communicating With Victims of Crime How can victim service providers better understand the basics of communicating with victims who have suffered the trauma of crime victimization? (1 hour)</p> <p>OR <i>(reading)</i> Guidelines for Researchers when Interviewing People with an Intellectual Disability (2005)</p> <p>These Guidelines are intended for researchers carrying out interviews with people with an intellectual disability. The guidelines are not intended to be definitive, as further research may offer greater insights on this topic. Equally, researchers should have regard to their own organizations' policy guidelines on interviewing when planning research interviews. (1 hour)</p> <p>OR <i>(reading)</i> Developmental Disabilities Justice Toolkit (Ontario, CA)</p> <p>This toolkit is designed for criminal justice professionals to increase awareness, provide information and practical tips for interacting with individuals with developmental disabilities. It is intended for use by police, corrections, probation and parole officers, crown attorneys, duty counsel, Victim Witness Assistance Program, judiciary, youth justice staff and mental health court workers.</p> <p>Read section 1.1 - 1.2; pp 3-8 Read Sections 2.1 – 2.2; 11-19 Read Sections 3.1-3.3; pp 31-34 and 38-42</p>	1 hour	<p>To Order</p> <p>Office of Justice Programs Office for Victims of Crime Go to Library & Multimedia – OVC Videos - Select Serving Crime Victims</p> <p>National Federation of Voluntary Bodies Publications</p>	
Total Forensic Interviewing 3 hours 30 minutes			
Competency-Based Exam	30 minutes		
Total Developmental Disabilities	4 hour		
Total Forensic Interviewing	3 hours 30 minutes		
Competency-Based Exam	30 minutes		

Attachment C
Mandatory Investigator Training
Jensen Settlement Agreement 25.1
(11/19/2018)

TOTAL	8 hours
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By signing below you acknowledge that you have conducted the trainings above and understand the content within.	
Signature:	Date:

Additional Video Resources		
Working with People with Disabilities as Victims Crimes Against Adults with Disabilities - Criminals target people with disabilities because they are often vulnerable adults who are not in a position to fight back or protect themselves. - James Backstrom	22 minutes	Disability Justice Web Site – Index of Videos
Parallels in Time - A History of Developmental Disabilities Part One: The Ancient Era to the 1950s Part Two - The 1950 to Present	8- 10 hours	MN Governors Council on Developmental Disabilities

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Mandatory Investigator Training
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<p>Interviewing people with developmental disabilities Part I http://www.bing.com/videos/search?q=developmental+disabilities&adl=strict&view=detail&mid=CA6C200BD0D10685676FCAC6C200BD0D10685676F&FORM=VRDGAR (49 minutes)</p> <p>Interviewing people with developmental disabilities Part II http://www.bing.com/videos/search?q=developmental+disabilities&adl=strict&view=detail&mid=2B49B83B11BD16FF406F2B49B83B11BD16FF406F&rvsmid=CA6C200BD0D10685676FCAC6C200BD0D10685676F&fssc=f=0&FORM=VDFSRV (1 hour)</p>		You Tube
Articles/Training Materials/ Additional Resources		
<p>1962/2012 Minnesota Survey of Attitudes Regarding Developmental Disabilities Quantitative Research Study PRESENTATION REPORT prepared by Market Response International</p>	2 hours	MN Governors Council on Developmental Disabilities
<p>Guidelines for Researchers when Interviewing People with an Intellectual Disability (2005) These Guidelines are intended for researchers carrying out interviews with people with an intellectual disability.</p>	1 hour	National Federation of Voluntary Bodies Publications
<p>Forensic Interviewing of Individuals with Cognitive and/or Communication Disabilities (PowerPoint Presentation) Nora J. Baladerian, Ph.D. and Lori Brown</p>		The National Center for Victims of Crime
National Resources		
<p>Communicating and Interviewing People with Intellectual & Developmental Disabilities: Strategies for Advocates, Mental Health Professionals, & Law Enforcement, Part 2 FCASV Sexual Violence Training Summit 2012 Nancy M. Fitzsimons, PhD, MSW, Professor Minnesota State University, Mankato</p>		Florida Council Against Sexual Violence

¹Review of Documents to Determine if the Directives of the Court Order Document 737, Dated June 17, 2019, in *Jensen v. Minnesota Department of Human Services* Have Been Met

Report #2
Staff Training

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I. Introduction. This report summarizes the review of documents provided for the purposes of meeting the directives of the Court Order Document 737, dated June 17, 2019, in *Jensen v. Minnesota Department of Human Services* (DHS), specifically with regards to staff training. This objective and independent review will assess overall compliance with Evaluation Criteria (ECs”) 54-56 in the Comprehensive Plan of Action (CPA), including verifying that each Minnesota Life Bridge staff member has in fact received and achieved competency in the area of required training.

DHS has provided all of the staff training documentation necessary to conduct this review for the period of March 2015 – June 2019. The review included staff employment dates, training records, training curriculum and competency tools. Contractually, this review was limited to determining whether or not the Department of Human Resources has met the requirements of the applicable ECs, and not the “Action Items” associated with the ECs, as defined by the CPA. Further, this review is limited to Minnesota Life Bridge facilities, as defined by the CPA, which provide residential and other services in support of those in crisis. Accordingly, residents are expected to transition to less intensive services after a time-limited period.

II. Methodology. The major methodology supporting this report involved a thorough review and reading of all the forms, materials, documents, spreadsheets, Power Point presentations and other documents related to the training required by EC 54-56. Also provided was an excel document titled CPA Training Grid which provides a big picture of the training program designed to meet the requirements of EC 54-56. (See **Attachment A** to this report.) It first provides a list of training topics. These include: Positive Behavioral Supports, Person-Centered Approaches, Therapeutic Interventions & Personal Safety Techniques, Crisis Intervention & Post Crisis Evaluation, and Medically Monitoring. For each of these topics, the Grid then indicates how many hours of training is provided to new employees and, separately, existing employees, the name referred to for each of these topics for Minnesota Life Bridge (MLB) Training, the number of hours used for each mode of training (class-room, self-study, practice, etc.), and the competency tools that are to be used for each topic (e.g., written test, skills demonstration, etc.).

¹ For the period of review DHS went back to the beginning of the training year that included the Gap Report (Ninth Compliance Update Report - Reporting Period: May 1 – September 30, 2015). The Minnesota Life Bridge staff training year runs March 12 to March 11, based on the date upon which the CPA was approved (March 12, 2014).

DHS also provided an excel spread sheet dated 8/12/2019 that included a lot of important information needed for this review. This spread sheet is entitled SME EC Workbook 8/12/2019 and includes the following tabs: Active Staff List, ECs 54 and 56, EC 55 Competency, ECs 25-27, ECs 5-24, 28-40, Document Description, Specific Terms, and Training General Information. The Active Staff List provided the names of all of the MLB staff from March 2015 to 8/12/19. For each listed staff person, MLB start and, for those who left, stop dates are indicated, as well as the month(s) in which they received training. The documents described are shown in **Table 1** below and are included in this report to inform the reader as to the breadth of information provided to writer of this report.

In addition to the SME EC Workbooks, related Pathlore reports were submitted to me for review. These reports are generated by DHS's web-based Learning Management System which records and tracks completion of training by MLB treatment home staff. To further allow a check that all MLB staff received the required training, a Department of Human Resources Report that listed all present and past staff, their hire dates and, for those who were no longer on staff, their termination dates was provided.

In addition to the above, I also had the following Power Point presentations available, which I went through slide by slide:

- Promoting Positive Control (59-slides)
- Introduction to Positive Behavior Support (66-slides)
- Positive Behavior Supports and Interaction Tools (57-slides)
- Post Crisis Intervention and Skills Training (27-slides)
- Therapeutic Interventions and Emergency Use of Personal Safety Techniques (55-slides)

III. Evaluation Criteria Compliance. Based on the methodology above, this section of the report evaluates the extent to which the Minnesota Department of Human Services (DHS) satisfies EC 54-56. Each will be addressed in turn.

a. EC 54. EC 54 states that ***facility treatment staff received training in positive behavioral supports person-centered approaches, therapeutic intervention, personal safety techniques, crisis intervention and post crisis evaluation.*** As described in **Attachment A**, training in these areas is provided to both new and existing staff for a specified number of hours. The actual carrying out of this planned training over the years is documented both in the SME EC Workbooks and in the Pathlore Reports, with documentation of what staff attended what training. Further documentation is provided in the following Power Point presentations listed above that make up a part of the scheduled training.

Table 1
Document List and Description

JSA Attachment A	Doc. No. 136-1 - THERAPEUTIC INTERVENTIONS AND EMERGENCY USE OF PERSONAL SAFETY TECHNIQUES - Turned into MLB Policy 215 - 2151
Minnesota DHS/DCT Incident Report Form	Form completed by MLB for all incidents
Behavior Incident Report Form (BIRF) (DHS-5148)	Form used to report incidents of emergency use of manual restraint, positive support transition plans and the use of all restrictive interventions and alternative interventions. This includes the use of various forms of restraint, time-out procedures, seclusion and punitive consequences imposed by 245D licensed service providers on recipients of licensed programs and services. This form is NOT referenced in the CPA but is completed by MLB in addition to the DHS 3564 Form
DHS 3654 Form	DHS 3654 Form is the successor to Form 31032. From used only by MLB to report incident involving Psychotropic PRN Medication Use Report, Documentation for Emergency Use of Manual Restraint, Emergency/911 Call Documentation and Notification of Incident The 3654 was revised in July 2015 – at that time, there was no longer a box on the form to note sending it to the Plaintiff's Counsel. It was revised again in November 2015.
PRN Protocol	Criteria for when psychotropic medication can be used PRN. Developed by Dr. Peter Miller shortly after each person's admission.
Person Centered Description – Picture of a Life and Action Planning	Initial plan completed within 30 days; Plan updated every 30 days
Positive Support Transition Plan	Behavior plan for target behaviors. Includes Data Collection of Target Behaviors and Crisis Support Planning and Response
Initial Functional Behavior Assessment	The purpose of the Initial 30 Day Functional Behavior Assessment is to provide historical information and summary of the persons challenging behaviors. It is also meant to create hypotheses for challenging behaviors and skills that could be taught as replacement behaviors. If the person's challenging behaviors continue, increase or new challenging behaviors are observed during his time at Minnesota Life Bridge, a second, more in-depth Functional Behavior Assessment will be completed.

MLB Behavior Plan Review/PSR

MLB holds monthly meetings to review each resident's progress - they use the term "PSR" for these. Attendees include: CRS, house leads, BA Supervisor, one BA3, Skills Development Specialist (Voc), and Dr. Miller. If CSS is involved, CSS workers have participated by phone. The meetings have minutes which document all decisions and discussion

Internal Review (Completed by Internal Reviewer)

Following each incident of restraint, a 911 call, or use of a behavioral PRN medication, Minnesota Life Bridge (MLB) prepares a set of recommendations to provide improved positive supports to reduce the risk of recurrence of the challenging behavior. The internal review document is sent to the Jensen Internal Reviewer who verifies that the strategies identified by MLB are consistent with best practices and are likely to be effective. The Jensen Internal Reviewer provides feedback to Minnesota Life Bridge as appropriate, and upon completion of any indicated revisions, digitally signs the Internal Review form. Quality Assurance and Disability Compliance Services, the MLB Information Coordinator and the Jensen Internal Reviewer keep all signed Internal Review Forms. – copied from monthly report

MLB Policies

Policy Number: 215-2151

MLB Policy Emergency Use of Manual Restraint - Therapeutic Interventions and Emergency Use of Personal Safety Techniques (Procedure 15868)

Policy Number: 215-2301

MLB Incident Reporting Policy

Policy Number: 215-2321

MLB Incident Review Policy

Policy Number: 215-2501

MLB Vulnerable Adult Reporting - Internal Review and Investigation

b. EC 55. EC 55 states that *facility staff training is consistent with applicable best practices, including but not limited to the Association of Positive Behavior Supports, Standards of Practice for Positive Behavior Supports (<http://apbs.org>). Staff training programs will be competency-based with staff demonstrating current competency in both Knowledge and skills.* Having worked in the field of PBS with many populations, in all settings, for 50 years, and having published books and peer reviewed articles on this topic, I believe the following are the **Applicable Best Practices**, inclusive of the Standards of Practice for Positive Behavior Supports published by the Association of Positive Behavior Supports. I found that they align remarkably with DHS staff training topics and material for facility staff training. Further, the criteria for determining whether the require skills and competencies have been mastered are clearly specified.

Perhaps the strongest indicator that staff have learned and implemented best practices has been the effect on the occurrence of behaviors that challenge. Data were available for 3 full years, 2016, 2017, and 2018. (The partial data that was available of some of 2015 and 2019 were not included, as seasons and holidays vary and can have a differential effect on behavior.) The number of incidents within those years that involved 911 calls, the use of PRN's, and/or the emergency use of manual restraints (EUMR) was determined. For 2016, 2017, and 2018, there were 98, 116 and 56, respectively.

Applicable Best Practices

- Desired Outcomes.
 - Continuing improvement in quality of life
 - Social Role Valorization
 - Removing the barriers to quality of life improvement
 - Reducing/eliminating the occurrence of behavioral barriers (i.e., challenging behaviors)
 - If challenging behavior occurs, getting rapid, safe control over the occurrence to minimize its intensity/severity
 - Using methods that are agreeable to the resident, family and staff
 - Generalization of outcomes to non-treatment settings
 - Durability of outcomes over time
 - Absence of negative side-effects
- Functional Assessment/Analysis. To achieve the above outcomes, the process starts with a functional assessment/analysis aimed at understanding the meaning of the behavior from the resident's point of view.
- Methods. Based on the determined function of the behavior, a Positive Support Transition Plan is developed and implemented. These plans include important changes in the resident's environment, teaching the resident a variety of new skills (positive programming), focused support aimed directly at reducing/eliminating the occurrence

of the challenging behavior, and when the behavior occurs, non-aversive reactive strategies aimed at getting rapid, safe control over the situation, preventing, if at all possible the needs for physical management or the use PRN medication.

- Environment (for example)
 - Have a fully developed person-centered plan in place
 - Increase the density of preferred events in the person's life
 - Arrange for appropriate services for psychiatric, psychological, medical or other conditions
 - Roommates, if any, have been agreed to and approved by the resident or a rapport building protocol has been implemented
 - Choice is given regarding meals, activities, etc.
 - A concrete schedule for the day is provided, either written or, for some, in pictures
 - Social attention and praise is provided on a frequent basis and can, but doesn't have to be, asked for

- Positive Programming (Skills that are important to and for the person should be taught)
 - General Skills. These are skills that are typically thought of when we think of skill development. They include both fun skills and useful skills.
 - ◇ Fun Skills (these are skills that important to the person). These might, for example involve teaching the person how to independently cook a meal, how to independently make a purchase in a store, how to independently access a preferred website on their personal computer, or how to ask someone to go out on a date.
 - ◇ Useful Skills (these are skills that are important for the person). Example of these skills may be for the person to be taught how to independently wash and dry their cloths, how to independently wash, dry and put away the dishes after a dinner, how to safely use the cross walk to cross the street, and how to make their bed and clean their room.

 - Functionally Equivalent Skills. Given the meaning of the behavior from the person's point of view, one or more skills should be taught to the person that gets the need met is a socially way. For example, one person I worked with engaged in pica behavior, i.e., ingesting inedible objects. Functionally, this excessive need to ingest was related to the neglect he experienced as a child. One of the skills we taught him was, whenever he wanted, to go to the refrigerator, open the door and take out and eat one the variety of relatively nutritious and low-calorie snacks that were always available. These included such things as low fat yogurt, fresh fruit, deviled eggs, etc.

Another example involved an 18-year-old woman considered to be on the autism spectrum who would run away from home sometimes days at a

time. While gone she would approach many men including, just for example, truck drivers and homeless men and, on her invitation, have sex with them. Based on the assessment and analysis that was carried out, the function of this behavior actually had nothing to do with sex but rather was related to her strong desire to have social interaction and relationships with other people, especially men. The functionally equivalent skills we taught her included how to initiate a social relationship, the different stages in a social relationship, how to move a relationship from one stage to the next, and in what stages of a relationship sexual interaction is safe and socially acceptable.

- Functionally Related Skills. We also needed to teach some functionally related skills. These included teaching her how to discriminate between men who were safe, appropriate and available to develop a social relationship with and those who weren't. In the pica example, one of the functionally related skills we had to teach was how to discriminate between edible and inedible items. (After all, for example, when he went to the refrigerator, we wanted him to eat the yogurt, not the yogurt container.)
- Coping and Tolerance Skills. In the resident's person-centered plan, he or she will be living a full life over which they have control. They will have social relationships, things to do, places to go and continued growth and development. However, a real life brings with it some unavoidable aversive events. In our positive programming, we have to teach the people we support how to cope with and tolerate naturally occurring aversive events without exhibiting their behaviors of concern. Just a small list of such events includes things such as having a loved parent or other loved person pass away, having someone we want to have a relationship with tell us they don't want a relationship with us, not being able to afford something we might really want such as a particular car, being ill or harmed in an accident, etc. Teachable skills for dealing with these sorts of unavoidable aversive events include such things as "positive reframing," focusing on what one has, and engaging in "mindfulness." "Starting small and moving slow" is a particularly effective method for teaching someone how to tolerate an unavoidable aversive event.

For example, I worked with a resident in another agency who would typically exhibit his behaviors of concern when he needed wait for something he wanted. His support staff began to systematically require him to wait for something and redirect him to another activity to occupy him while he waited. Initially, this was initially for a very, very short time, just seconds. However, that time was very gradually increased using, first, increment by seconds, then minutes, then 5-minute intervals, 10-minute intervals, etc. until waiting was no longer a trigger for his behaviors of concern. (I saw some of his support staff at a PBS conference the following year and they shared that waiting was simply not a problem anymore. The resident could say he wants to go swimming in

March and they could say It's too cold and he has to wait until June and it's warmer, and offer him his choice of alternative activities and he is just fine.)

- Focused Support. It can take some time to teach the necessary skills and to arrange for all of the environmental requirements. PBS Focused Support strategies represent artificial and temporary ways of reducing/preventing the occurrence of behaviors of concern until those natural strategies described above take effect. Examples of focused support strategies include schedules of reinforcement, antecedent control, and stimulus satiation.
 - Schedules of Reinforcement. There are a number of different schedules of reinforcement that can be effective in reducing/eliminating behaviors of concern. These involve providing reinforcement for the occurrence of alternative, desirable behavior, providing reinforcement for the absence of the behaviors of concern for a specified period of time, and providing reinforcement for a reduction in the rate of those behaviors of concern. While there is a natural desire to provide social praise and feedback as the operative reinforcer in these schedules, the data from applied behavior analysis research indicates that for a reinforcer to be effective, the person needs to be in a state of deprivation relative to that reinforcer. That is why we recommend a high density of social attention and praise as an environmental strategy. In a focused support schedule of reinforcement, we would consider something more tangible of which the resident, even if the reinforcer is earned at its maximum, would still leave the resident wanting more. This would maintain the motivation intended by the schedule.
 - Antecedent Control. There are two forms of antecedent control that apply here. The first is to remove those triggers identified by the functional analysis that make the behaviors of concern more likely to occur. This may be continued until the resident has been taught to cope with and to tolerate these triggers. For example, if you find yourself saying something like "every time we ask him to set the table, he has an outburst," and this has even been confirmed through the functional analysis, a wise focused support strategy may be to not ask him to set the table. Further, by starting small and moving slow, we would in all likelihood be able to teach him to tolerate this household task.

The second form of antecedent analysis is to introduce those things identified by the functional analysis that make the behaviors of concern less likely to occur. For example, music playing is often associated with a lower likelihood of those behaviors of concern. Accordingly, it may be effective to always have the identified music playing in the background, not requiring a specific request or explicit approval of the person of concern. (It may be that music can have this effect due to neurological factors.)

- Stimulus Satiation. With the knowledge of what has reinforced the behaviors of concern, an effective focused support strategy would be to provide satiation levels of that reinforcer without requiring the behavior's occurrence. For example, if attention has been the operative reinforcer in the past, it should be possible to prevent the behavior by providing a rich schedule of attention and interaction before the behavior occurs.
- Reactive Strategies. A complete behavior support plan must also prescribe reactive strategies should the behavior occur. These should be non-aversive strategies as aversive strategies, such as a punishing consequence, are known to increase the intensity and severity of the behavioral incident. Allowed restrictive strategies, which are also typically aversive, should only be used if the non-aversive reactive strategies (NARS) do not get the required control over the behavioral incident. Some examples of NARS include the following.

In a forensic psychiatric hospital, a resident's physical aggression toward staff had been responded to by physically forcing him into a locked time-out room. This procedure had become disallowed by the governing authority and had to be changed. In carrying out the functional assessment, we learned that he was obsessed with helicopters. When one was flying overhead, you could not get him to do anything but look skyward toward the helicopter until it was both out of sight and out of hearing. The NARS that was planned and implemented was to keep an episode of the TV show MASH cued up on the DVD player and for all staff who worked with him to have in their pocket a remote control device with which they could turn on the DVD with a simple click. The opening scene of every MASH episode of a hovering and landing helicopter was effective in causing the aggression to stop and to have the resident rush over to the TV to enjoy this iconic event.

A second example involved a man whose aggression against staff and self-injury, as determined through a functional assessment, would stop if they simply walked away. This, therefore, was recommended as the primary NARS. Due to the other elements of the support plan, he eventually tolerated, and in fact enjoyed, increasing contact and social interaction with staff and other people.

As another example of a NARS, we have recommended having staff preplan a dramatic stimulus change to interrupt the behavior should it occur such as the entire team breaking out into singing a song.

The services provided by MLB align very closely with the best PBS practices described above. This includes the improvements in each resident's quality of life, improvement in the environments they access, the skills they are taught, the strategies aimed at preventing behaviors of concern from occurring, the positive reactive strategies that are employed to get rapid, safe control over a behavior of concern that occurs.

c. EC 56. EC 56 states that **facility staff receive the specified number of hours of training: Therapeutic interventions (8 hours); Personal safety techniques (8 hours); Medically monitoring restraint (1 hour).** As indicated on the training grid, and as confirmed by the SME EC workbooks and the Pathlore Reports, the specified number of hours of training on these topics is planned for, monitored and confirmed as part of the MLB training program. Further, this competency-based training program is criterion referenced. That is, for each topic included, not only is there a statement as to what competencies are being taught but also a clear description is provided of what criteria need to be met to confirm that the staff person has the required skill. This may include passing, among other criteria, a true or false test, passing a multiple-choice test, being observed during a real or role-played scenario and meeting the specified criteria, etc.

IV. Conclusions Regarding ECs 54-56. Based on all of the above, my conclusion is that the Evaluation Criteria 54-56 are fully met. DHS MLB homes are doing an outstanding job in implementing best practices, including but not limited to the PBS standards published by the Association for Positive Behavior Supports. Based on my review of the records, I conclude that each staff member has in fact received the required training.

V. Recommendations. One of the prominent outcomes DHS MLB has for the people it supports is that the person enjoys an ever increasing quality of life involving, among other things, the continuing process of more choice and control over their life, always learning new skills, going to new places, meeting new people and gaining new friends, etc. That is, DHS helps them have and enjoy a lifelong process of growth and development. In a similar way, as an agency, even if DHS is performing at a high level of excellence and is meeting the required evaluation criteria, it should continue to ask itself how DHS can do even better.

This is largely accomplished through MLB's incident review and positive support review processes. Further, the Positive Support Transition Plans developed by MLB introduce an incredibly rich array of Setting Events into a person's life that may allow an even further reduction in the use of emergency physical management and/or PRN medication through the use of additional non-aversive emergency management strategies without reinforcing the behaviors of concern. That is, a preferred event can be introduced in reaction to a behavior of concern, getting immediate control over that behavior, reducing its intensity and severity, without reinforcing the behavior. The plans at MLB already include many of these necessary setting events and there is a high level of PBS expertise already on board that is capable of continuing to use these settings events, primarily involving the environmental improvement and the increasing skills that are being taught, to prevent the reinforcement of the behaviors of concern even when responding with a preferred event.

My primary recommendation here isn't primarily to use setting events as I describe them, but to continue working on specific ways to improve even more the excellent services that are already being provided.

Thank you for the opportunity to provide this review.

Attachment A
CPA Training Grid

CPA Training Topic	New Employees	Existing Employees	Name of MLB Training(s)	Modality totals hours of - Class-room, CBT, Self-study, etc.	Name of Competency tools (Written Test, Skills demonstration, etc.)
	Hours	Hours			
Positive behavioral supports	24	12	<ul style="list-style-type: none"> MLB PBS Introduction to Positive Behavior Supports (Day1) Positive Behavior Supports and Interaction Tools (Day 2) 	Initial 24 hours Classroom – Annual 12 hour requirements varies from some potential classes, review of individual program plans, updates, etc.	PBS Skills Demo (24 hour class) PBS-CABC (24 hour class) PBS Day 2 – Quiz Annual hours tend to be written/demonstration for initial training on individual plans. Some hours are plan updates, reviews, etc.
Person-centered approaches	16	12	PCT <ul style="list-style-type: none"> PCT 2019 Day 1_Final PCT-2019-Day-2_2019 	16 hours includes 14 hours Classroom and 2 hours of other local/PCP. Annual 12-hour requirements vary from some potential classes, review of individual program plans, updates, etc.	Demonstration/participation main component of the Initial 2-day training Annual hours tend to be written/demonstration for initial training on individual plans. Some hours are plan updates, reviews, classes, etc.
Therapeutic interventions & Personal safety techniques	16	16	Effective and Safe Engagement (EASE) 2.0 Assess & Plan and Skills Demonstration	Initial 16 hours = 2 Day EASE Classroom Annual 16-hour requirements varied classes, and some individual local practice, EASE Academy, etc.	Demonstration/Participation main components of the classes. Local practice tends to be physical practice, skill acquisition.

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	Hours	Hours			
Therapeutic interventions & Personal safety techniques	1	1	Procedure 15868 – Procedure 15868 _TL_PST_TRAINING_12_2013_Revised 1_10_16mb3	Classroom	Written Test Competency Evaluation_EUMR_REAL_FINAL_tm_mmb
Crisis intervention & Post-crisis evaluation	4	4	Post Crisis Intervention and Skills Training Post Crisis Intervention and Skills Training_5_2016	Classroom	Written test and participation <ul style="list-style-type: none"> Post Crisis Intervention and Skills TEST
Medically Monitoring	1	1	Medically Monitored Restraint <ul style="list-style-type: none"> Medically Monitored Restraint 7-28-16 	Classroom	Written <ul style="list-style-type: none"> MMR competency revised 12-05-17

UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

James and Lorie Jensen, et al.,

Case No. 09-cv-01775 DWF/BRT

Plaintiffs,

vs.

Minnesota Department of Human
Services, et al.,

Defendants.

**AFFIDAVIT OF
MARGARET FLETCHER BOOTH,
PH.D., CONCERNING FILING
UNDER SEAL**

STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

MARGARET FLETCHER BOOTH, being first duly sworn on oath, states as follows:

1. I am employed by the Minnesota Department of Human Services (“DHS”) as Manager, Quality Assurance and Disability Compliance Services (“QADC Services”).

I have personal knowledge of the facts in this affidavit.

2. I am familiar with the above-captioned case and settlement.

3. I am familiar with the contents of DHS’s Subject Matter Expert’s (SME) final reports (and attachments thereto) on Use of Prohibited Techniques (SME Report 1) and Staff Training (SME Report 2) in response to the Court’s June 17, 2019 Order.

4. The unredacted version of Attachment B to SME Report 1 being filed under seal contains private welfare data under Minn. Stat. § 13.46, subd. 2(a) and protected health information under 45 C.F.R § 160.103, that DHS is prohibited from publicly disclosing.

FURTHER YOUR AFFIANT SAYETH NOT.


MARGARET FLETCHER BOOTH, Ph.D.

Subscribed and sworn to before me on

October 25, 2019


NOTARY PUBLIC

