

*Jensen v. Department of Human Services* , No. 09-cv-1775 (D. Minn.)

Comprehensive Plan of Action<sup>1</sup>

**DEFENDANTS' SECOND  
COMPLIANCE UPDATE REPORT**

Bi-monthly Data Covering February 1 through April 30, 2014

Filing Date: May 11, 2014

Filed with the Court  
and submitted to David Ferleger, Court Monitor

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<sup>1</sup> See Order of March 12, 2014 (Dkt. 284); Order of August 28, 2014 (Dkt. 224).

<b>INSTRUCTIONS</b>
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1. Defendants' Compliance Update Reports will be submitted every two months. Each report will include two months of data.

2. The information in the Reports shall be accurate, complete, timely and verifiable.

3. Each report shall include the following elements:

- **Evaluation Criteria and Actions.** Verbatim from the CPA.

- **Deadline.** The deadline for compliance with each Evaluation Criterion, and for achievement of each Action.

- **Person Responsible.** The state official/staff who is specifically responsible for implementation of the listed item. The individual is also responsible for the accuracy and completeness of the associated information in the report, and of the submitted documentation for verification. The Jensen Implementation Team is additionally accountable for the accuracy and completeness of the associated information in the report, and of the submitted documentation for verification.

- **State of Compliance; Verification Documentation.**

"State of Compliance" describes the progress achieved during the report period, and the current situation regarding compliance. Information on requested and/or approved deadline revisions will appear here.

"Verification Documentation" designates the documentation material (and copies where possible) which supports and demonstrates the status of compliance. The documentation shall be filed in a separate volume of "exhibits" with each status report. Where an exhibit includes client names, the exhibit may be filed under seal.

- **Obstacles and Next Steps.** A description of any obstacles encountered which may impede or delay timely compliance, followed by summary of the next steps to be taken to advance timely compliance. Any grounds for any requested modification of deadlines or actions will appear here.<sup>2</sup>

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<sup>2</sup> The report may not be utilized to request modifications of the CPA.

- **Status.** A statement of Defendants assertion of the status of the item as “completed,” or “incomplete.” In the report subsequent to Defendants reporting a “completed” status, the Status column will be marked “Maintaining completion achieved [date].”

4. The Second Compliance Update Report shall be filed on or before May 11, 2014 and shall address the substantive requirements of the Comprehensive Plan of Action.<sup>3</sup> The Second Compliance Update Report shall include data covering March 1 to April 30, 2014. Thereafter, each bi-monthly report shall be filed on or before the 15th of the month the report is due, and shall include the data for the preceding two calendar months.

5. “The CPA includes Evaluation Criteria (EC) and accompanying Actions. The ECs set forth the outcomes to be achieved and are enforceable. The Actions under the ECs are not enforceable requirements. Compliance with an EC will be deemed to have been achieved if the EC's Actions are taken. However, the Department of Human Services may undertake alternate actions to achieve satisfaction of the EC. The Actions may be modified pursuant to the modification process set forth in the Order of August 28, 2013. ECs are indicated by whole Arabic numbers (e.g., 1, 2) and, in the original, by blue shading. Actions are indicated by Arabic numbers with consecutive decimals (e.g., 1.1, 1.2, 1.3, 2.1, 2.2, 2.3).” CPA.

6. To permit the reader of any report to determine the history of compliance reporting for each item, each report shall be a rolling report. The prior entries for Status of Compliance, Verification Documentation, and Obstacles and Next Steps shall be repeated (with a bold heading showing the report date).<sup>5</sup>

7. The report may not be utilized to request modifications to the CPA. The separate modification request procedure shall be used for that purpose.

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<sup>3</sup> The 1st Update will already have been filed pursuant to the Order of March 12, 2014.

<sup>4</sup> To the extent that March 1 through 12 data does not exist, Defendants shall so note.

<sup>5</sup> This method mirrors the DHS reporting approach in the four bi-monthly reports filed during 2012-2013.

**DEFENDANTS' NOTES****4/11/2014**

1. This is the first Compliance Update Report for the March 12, 2014, Comprehensive Plan of Action. As directed by the Court Monitor, the only columns with data entered are the Evaluation Criteria and Actions column, the Person(s) Responsible column, and the Deadline column. Future Compliance Reports will include data in other columns as appropriate.
2. The Evaluation Criteria (EC) deadlines reflect the latest deadline of all actions under that Evaluation Criteria. Some actions under the EC might have an earlier deadline than the EC and are so noted.
3. Some of the ECs and actions in this CPA have been completed prior to the Court Order for the final CPA , therefore they have a deadline date that precedes the date of the March 12, 2014 Amended Court Order for the final CPA.
4. Terminology disclaimer: The terminology used to describe people with disabilities has changed over time. The Minnesota Department of Human Services ("Department") supports the use of "People First" language. Although outmoded and offensive terms might be found within this report or its exhibits, the Department does not endorse these terms.
5. The Exhibits for this report are numbered sequentially.

**5/11/2014**

1. This is the second Compliance Update Report for the March 12, 2014, Comprehensive Plan of Action. As directed, information has been included in additional fields within the "State of Compliance; Documentation for Verification", "Obstacles and Next Steps", and "Status" columns.
2. As with the First Compliance Update Report, the Exhibits for this report are numbered sequentially following the numbering of the Exhibits for that First Report.
3. The Department received feedback to the draft of this Second Compliance Update Report from the Court Monitor, the Minnesota Office of Ombudsman For Mental Health and Developmental Disabilities, and the Minnesota Governor's Council on Developmental Disabilities. The Department appreciates and was able to address some but not all of this feedback, including suggestions for more detail and documentation on progress made. The Department intends to incorporate additional detail and documentation in its Third Compliance Update Report.

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## SECOND AMENDED

**COMPREHENSIVE PLAN OF ACTION****INTRODUCTION**

On December 5, 2011, the United States District Court for the District of Minnesota adopted the Settlement Agreement in this class action. The settlement was intended to bring significant improvements to the care and treatment of individuals with developmental and other disabilities in the State of Minnesota. This Comprehensive Plan of Action (CPA) is established pursuant to the Court's Order of August 28, 2013, and with the agreement of the parties.

Part I of the CPA covers elements of the Settlement Agreement and the closure and replacement of the MSHS-Cambridge facility with community services. Part II covers the Rule 40 modernization plan. Part III is the *Olmstead* Plan, which is being finalized pursuant to the Court's orders.

**MANAGEMENT**

The Department of Human Services will establish a Jensen Implementation Team ("Team") comprised of at least four full-time professional staff, with clerical assistance, which will be responsible for management and coordination of this Part I and also Part II of this Plan. The Team will have a designated leader skilled in leadership in the field of developmental disabilities, and will have sufficient resources to fulfill its responsibilities. At least two additional professional staff will be responsible for the Department of Human Services elements of the *Olmstead* Plan.

The Jensen Implementation Team is responsible for bi-monthly updates to the Court and Court Monitor, and for promptly providing all information requested by the Court Monitor. The bi-monthly updates will be provided ten days in advance in draft to the Court Monitor, Plaintiffs' Class Counsel, the Ombudsman for Mental Health and Developmental Disabilities, and the Executive Director of the Minnesota Governor's Council on Developmental Disabilities.

**STRUCTURE**

The CPA includes Evaluation Criteria (EC) and accompanying Actions. The ECs set forth the outcomes to be achieved and are enforceable. The Actions under the ECs are not enforceable requirements. Compliance with an EC will be deemed to have been achieved if the EC's Actions are taken. However, the Department of Human Services may undertake alternate actions to achieve satisfaction of the EC. The Actions may be modified pursuant to the modification process set forth in the Order of August 28, 2013.

ECs are indicated by whole Arabic numbers (e.g., 1, 2) and, in the original, by blue shading. Actions are indicated by Arabic numbers with consecutive decimals (e.g., 1.1, 1.2, 1.3, 2.1, 2.2, 2.3).

### DEFINITIONS

For the purposes of this Comprehensive Plan of Action, "Facility" and "Facilities" means MSHS-Cambridge, the MSOCS East Central home established under the Settlement Agreement, and the treatment homes established (or to be established) under this Comprehensive Plan of Action. The provisions of this Comprehensive Plan of Action regarding the fact and process for closure of MSHS-Cambridge and the list of discharges refer to the facility at 1425 East Rum River Drive South, Cambridge, MN 55008, and not to the MSOCS East Central home in the town of Cambridge, MN.

The Settlement Agreement states that its provisions under "System Wide Improvements" on "long term monitoring, crisis management and training represent the Department's goals and objectives; they do not constitute requirements." §X.A. For the purposes of this Comprehensive Plan of Action, the related Evaluation Criteria are to be understood as, and to be subject to, a "best efforts" standard. These are: EC 68 and 69 (long term monitoring); 70, 71 and 72 (crisis management); 73, 74 and 75 (training).

The Settlement Agreement Definitions (§III. Definitions) apply, except to the extent of the meaning of "Facility" under this Comprehensive Plan of Action, and that the "scope of DHS obligations" to individuals with developmental disabilities under the System Wide Improvements (§X) is not limited to residents of the Facility.

### APPLICABILITY

This Comprehensive Plan of Action applies to the Defendant Department of Human Services, an agency of the State of Minnesota and, with regard to the *Olmstead* Plan, to the State of Minnesota. Consistent with its obligations under the Settlement Agreement, applicable law, and the federal court orders in this case, the Department of Human Services shall utilize best efforts to require counties and providers to comply with the Comprehensive Plan of Action through all necessary means within the Department of Human Services' authority, including but not limited to incentives, rule, regulation, contract, rate-setting, and withholding of funds.



## EVALUATION CRITERIA AND ACTIONS

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>Settlement Agreement Section IV. METO CLOSURE</b>					
1. The Facilities will comply with <i>Olmstead v. L.C.</i> The Facilities are and will remain licensed to serve people with developmental disabilities. The Facility will eliminate unnecessary segregation of individuals with developmental disabilities. People will be served in the most integrated setting to which they do not object. Each individual's program will include multiple opportunities on an ongoing basis to engage with: (1) citizens in the community, (2) regular community settings, (3) participating in valued activities (4) as members of the community. These community activities will be highly individualized, drawn from the person-centered planning processes, and developed alongside the individual.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	8/31/2014	<p><b>5/11/2014 Update</b></p> <p>The facility is in the process of complying with <i>Olmstead v. L.C.</i> The Narrative section of this Compliance Update Report includes details on the status of compliance.</p> <p>The Facility is eliminating unnecessary segregation of individuals with developmental disabilities. There has been progress in refining and updating the processes and templates for transitioning clients out of MSHS-Cambridge. An example of a completed Transition Plan of an individual who has transitioned out of MSHS-C and a sample work-in-progress Transition Plan of an individual who has not yet transitioned out of MSHS-C illustrate the changes can be found in Exhibit 8.</p> <p><b>(Exhibit 8 Sample Positive Support Transition Plan)</b></p>	<p><b>5/11/2014 Update</b></p> <p>Obstacles: Additional staff time and training are likely needed to support the pace of change.</p> <p>Next Steps: Identify specific resource needs, including the likely need for additional staff time and training, and make a plan to address these resource needs. Continue to work with DSD and refine the Transition Plan template if needed, and continue refining portfolios and transition plans of people who are still at MSHS-C. Continue to develop individualized community activities. Maintain licensure.</p>	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
1. [continued]			<p>A Portfolio is created for each client, containing their PCP, transition plan, and other relevant information.  <b>(Exhibit 9 Sample Portfolio Documents)</b></p> <p>All facilities are currently licensed.  <b>(Exhibit 10 MSHS-Cambridge DHS and MDH licenses)</b>  <b>(Exhibit 11 MN Life Bridge homes DHS licenses)</b></p>		
1.1 Each individual's planning processes will specifically address integration within the following life areas: (1) home; (2) work; (3) transportation; (4) lifelong learning and education; (5) healthcare and healthy living; and (6) community and civic engagement.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	8/31/2014	<p><b>5/11/2014 Update</b></p> <p>Planning processes and plans are being reviewed and revised as necessary to address integration within the six life areas.  <b>(Exhibit 9 Sample Portfolio Documents)</b></p>	<p><b>5/11/2014 Update</b></p> <p>Next Steps:  Continue to update and implement individuals' plans and opportunities, addressing integration within the six life areas.</p>	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<p>1.2 Cambridge and successor facilities apply strong efforts to individualize and personalize the interior setting of the home. This includes exerting maximal feasible efforts to assist individuals to personalize and individualize their bedrooms and common areas, to make each common area aesthetically pleasing, and to actively support individuals to bring, care for, acquire, and display personal possessions, photographs and important personal items. Consistent with person-centered plans, this may include the program purchasing such items which will build towards transition to a new place to live.</p>	<p>Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)</p>	<p>8/31/2014</p>	<p><b>5/11/2014 Update</b></p> <p>Efforts are focused on making sure that individuals have opportunities to personalize their homes. Some examples: They have a choice of mattress size (single or full) and bedding for their bedrooms. They can choose the paint color, and what if any decorations, pictures, photos, etc. are placed in rooms. One resident's choice is to sleep in a tent. He was not comfortable with the first tent purchased for him, but he likes the second one.</p> <p><b>(Exhibit 13 Photos of individual choices for personalizing their bedroom)</b></p>	<p><b>5/11/2014 Update</b></p> <p>Next Steps: Continue to apply strong efforts to individualize and personalize the interior setting of the homes.</p>	<p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>2. Facilities utilize person-centered planning principles and positive behavioral supports consistent with applicable best practices including, but not limited to the Association of Positive Behavior Supports, Standards of Practice for Positive Behavior Supports .</b>	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	<b>5/11/2014 Update</b>  The facilities are currently using a person centered planning (PCP) process and positive behavioral supports and transitions planning. <b>(Exhibit 8 Sample Positive Support Transition Plan)</b> <b>(Exhibit 9 Sample Portfolio Documents)</b> <b>(Exhibit 12: Planning form template)</b>	<b>5/11/2014 Update</b>  Next steps: Complete reviews of existing documents and processes to ensure they are in compliance this Plan.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<p>2.1 Each individual will be involved to the greatest extent possible in the development of a person-centered profile centering on learning from the person and those who know the person best about their history, preferences, life experiences, interests, talents, and capacities among other areas within 30 days of admission. This profile will be updated and revised as more is learned over time on at least a monthly basis.</p> <p>A revised person-centered profile format will be developed from the current person-centered description to include the above areas and to include a method to note when revisions and additions are made, by whom, and in what venue (e.g., a person-centered meeting of the support team, interview, an individual update by a staff member, a phone call).</p>	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	<p><b>5/11/2014 Update</b></p> <p>Clients at MSHS-C are involved in the development of their PCP to the greatest extent possible. Clients at MSHS-C have a monthly meeting of their interdisciplinary team (IDT) and a bi-monthly meeting of the person and their staff. These are opportunities to further update and revise the PCP.</p> <p>The facility is in the process of updating documents to meet this requirement. A "Picture of a Life" depicting person centered planning is included for a current resident at MSHS-Cambridge.</p> <p><b>(Exhibit 14 Picture of Life for a current MSHS-C resident)</b></p>	<p><b>5/11/2014 Update</b></p> <p>Next steps: Complete reviews of existing documents and processes to ensure they are in compliance with this Plan.</p>	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
2.2 From the understanding in the person-centered profile, a person-centered plan will be completed which includes the development of a shared vision of the future to work towards within 30 days of admission, as well as agreements and shared objectives and commitments to work towards.	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	<b>5/11/2014 Update</b>  Clients at MSHS-Cambridge have a person centered plan. The facility is using the "Picture of Life" which is the PCP tool used by the facility. Processes and forms are being reviewed for compliance with this CPA. <b>(Exhibit 14 Picture of Life for a current MSHS-C resident)</b>	<b>5/11/2014 Update</b>  Next Steps: Complete the initial development of the PCP within 30 days for new admissions.	Incomplete
2.3 The person-centered plan will directly inform the development of the individualized program plan (or Coordinated Service Support Plan). Such plans will build on the strengths and interests of the individual, and moving towards increasing relationships, roles, and community integration in these areas of life.	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	<b>5/11/2014 Update</b>  The PCP informs the Individual Program Plan (IPP) or the Coordinated Service Support Plan Addendum (CSSPA) for clients at MSHS-Cambridge. Processes and forms are being reviewed for compliance with the terminology and format of this CPA. <b>(Exhibit 9 Sample Portfolio Documents)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to assure that the PCP informs the Positive Support Transition Plan (PSTP).	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
2.4 The person-centered plan will directly inform the development of a Positive Behavior Support Plan. Life direction, talents, and interests will be capitalized on in any planned intervention. Each behavior support plan will include teaching strategies to increase competencies and build on the strengths of the person.	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	<b>5/11/2014 Update</b>  The PCP currently informs the development of a Positive Behavior Support Plan (the tool that has been used is titled "Positive Support Transition Plan"). Processes and forms are being reviewed for compliance with this CPA. <b>(Exhibit 9 Sample Portfolio Documents)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to assure that the PCP informs the Positive Support Transition Plan (PSTP). Discussions with DSD on how to meet the requirements of both 245D and the JSA CPA in an efficient manner.	Incomplete
2.5 Each behavior support plan will be unique to each individual. The use of token economies, and contingent reinforcement will be used sparingly, not for punishment, and only when weighed again the potential risks to the person's image and competencies in terms of exercising personal autonomy.	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	<b>5/11/2014 Update</b>  Each behavior support plan is unique to each individual. Token economies and contingent reinforcement are used sparingly and only on an individual basis. Processes and forms are being reviewed for compliance with this CPA.	<b>5/11/2014 Update</b>  Next steps: Continue implementation of the CPA.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
2.6 Each behavior support plan will include a summary of the person's history and life experiences, the difficulties and problems the person is experiencing, past strategies and results, and a comprehensive functional behavioral analysis, from which strategies are derived.	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	<b>5/11/2014 Update</b>  Each behavior support plan includes a summary of the person's history and life experiences, the difficulties and problems the person is experiencing, past strategies and results. A diagnostic assessment has been conducted for clients.  <b>(Exhibit 14 Picture of Life for a current MSHS-C resident)</b>	<b>5/11/2014 Update</b>  Next Steps: Discussions with DSD on how to meet the requirements of both 245D and the JSA CPA efficiently. Continue to refine the process to meet CPA requirements.	Incomplete



Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<p>2.7 Each Functional Behavioral Analysis will include a:</p> <ul style="list-style-type: none"> <li>a. Review of records for psychological, health and medical factors which may influence behaviors</li> <li>b. Assessment of the person's likes and dislikes (events / activities / objects / people)</li> <li>c. Interviews with individual, caregivers and team members for their hypotheses regarding the causes of the behavior;</li> <li>d. Systematic observation of the occurrence of the identified behavior for an accurate definition/description of the frequency, duration and intensity;</li> <li>e. Review of the history of the behavior and previous interventions, if available;</li> <li>f. Systematic observation and analysis of the events that immediately precede each instance of the identified behavior;</li> <li>g. Systematic observation and analysis of the consequences following the identified behavior;</li> <li>h. Analysis of functions that these behaviors serve for the person;</li> </ul>	<p>MN Life Bridge Clinical Director (Tim Moore)</p>	<p>8/31/2014</p>	<p><b>5/11/2014 Update</b></p> <p>We are reviewing current processes and documentation for form and substance to ensure compliance with the CPA. The FBA is currently being updated to reflect an "Analysis" rather than an "Assessment" as it is now called.</p> <p><b>(Exhibit 15 Examples of Functional Behavior Assessments)</b></p>	<p><b>5/11/2014 Update</b></p> <p>Next Steps: Rename the Functional Behavior Assessment form to Functional Behavioral Analysis form. Revise processes and documentation in form and substance to ensure compliance with the CPA.</p>	<p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<p>2.7 continued</p> <p>i. Analysis of the settings in which the behavior occurs most/least frequently. Factors to consider include the physical setting, the social setting, the activities occurring and available, degree of participation and interest, the nature of teaching, schedule, routines, the interactions between the individual and others, degree of choice and control, the amount and quality of social interaction, etc.</p> <p>j. Synthesis and formulation of all the above information to formulate a hypothesis regarding the underlying causes and/or function of the targeted behavior.</p> <p>or shall be consistent with the standards of the Association of Positive Behavior Supports, Standards of Practice for Positive Behavior Supports (<a href="http://apbs.org">http://apbs.org</a>).</p>	<p>MN Life Bridge Clinical Director (Tim Moore)</p>	<p>8/31/2014</p>	<p><b>5/11/2014 Update</b></p> <p>We are reviewing current processes and documentation for form and substance to ensure compliance with the CPA. For example, the FBA is being updated to reflect an "Analysis" rather than an "Assessment" as it is now called.</p> <p><b>(Exhibit 15 Examples of Functional Behavior Assessments)</b></p>	<p><b>5/11/2014 Update</b></p> <p>Next Steps: Rename the Functional Behavior Assessment form to Functional Behavioral Analysis form. Revise processes and documentation in form and substance to ensure compliance with the CPA.</p>	<p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<p>2.8 Each positive behavior support plan will include: 1. Understanding how and what the individual is communicating; 2. Understanding the impact of others' presence, voice, tone, words, actions and gestures; 3. Supporting the individual in communicating choices and wishes; 4. Supporting workers to change their behavior when it has a detrimental impact; 5. Temporarily avoiding situations which are too difficult or too uncomfortable for the person; 6. Enabling the individual to exercise as much control and decision making as possible over day-to-day routines; 7. Assisting the individual to increase control over life activities and environment; 8. Teaching the person coping, communication and emotional self-regulation skills; 9. Anticipating situations that will be challenging, and assisting the individual to cope or calm; 10. Offering an abundance of positive activities, physical exercise, and relaxation, and 11. As best as possible, modifying the environment to remove stressors (such as noise, light, etc.).</p>	<p>MN Life Bridge Clinical Director (Tim Moore)</p>	<p>8/31/2014</p>	<p><b>5/11/2014 Update</b></p> <p>The positive behavior support plans are being reviewed to ensure they contain all the items listed in Action Item 2.8. The tool that has been in use to document positive behavior support plans is called the Positive Support Transition Plan.</p> <p><b>(Exhibit 8 Sample Positive Support Transition Plan)</b></p>	<p><b>5/11/2014 Update</b></p> <p>Next Steps : Positive behavior support plans will be revised as necessary to address the items listed here.</p>	<p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
2.9 The format used for Positive Behavioral Support Plans will be revised to include each of the above areas, and will be used consistently.	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	<b>5/11/2014 Update</b>  The positive behavior support plans are being reviewed and will be revised as necessary to ensure they contain all the items listed in Action Item 2.8.	<b>5/11/2014 Update</b>  Next Steps : Positive behavior support plans will be revised as necessary to address the items listed here.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<p><b>3. Facilities serve only "Minnesotans who have developmental disabilities and exhibit severe behaviors which present a risk to public safety."</b></p> <p>(EC continued in next row)</p>	<p>Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)</p>	<p>12/31/2013</p>	<p><b>5/11/2014 Update</b></p> <p>The facilities serve only "Minnesotans who have developmental disabilities and exhibit severe behaviors which present a risk to public safety." There are pre-admission reviews of all potential admissions to ensure they meet the requirements before continuing on an admission process. These pre-admission reviews are done when a Facility first hears about a potential admission (for example, when the Admissions Coordinator gets a phone call or email about a person in need of services), or when Central Pre-Admissions hears about a potential admission.</p> <p><b>(Exhibit 16 DHS Bulletin 12-76-01)</b>  <b>(Exhibit 18 MSHS-Cambridge Admission packet)</b></p> <p>(continued in next row)</p>	<p><b>5/11/2014 Update</b></p> <p>Next Steps: Continue to assure potential admissions meet criteria.</p>	<p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
EC 3. continued			(Exhibit 51 DHS Bulletin # 14-76-01 Transition of Minnesota Specialty Health System (MSHS) - Cambridge to Minnesota Life Bridge: Admission and Discharge Processes, Transition Planning and Community Mobile Support Services)		
3.1 All referrals for admission will be reviewed by the admissions coordinator to assure that they are persons with a Developmental Disability and meet the criteria of exhibiting severe behaviors and present a risk to public safety taking into account court ordered admissions.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	<b>5/11/2014 Update</b>  All referrals for admission are reviewed by the admissions coordinator to assure they meet the admissions criteria. <b>(Exhibit 16 DHS Bulletin 12-76-01)</b> <b>(Exhibit 18 MSHS-Cambridge Admission packet)</b> <b>(Exhibit 51 DHS Bulletin # 14-76-01 Transition of Minnesota Specialty Health System (MSHS) - Cambridge to Minnesota Life Bridge: Admission and Discharge Processes, Transition Planning and Community Mobile Support Services)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to assure potential admissions meet criteria.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>4. Facilities notify legal representatives of residents and/or family to the extent permitted by law, at least annually, of their opportunity to comment in writing, by e-mail, and in person, on the operation of the Facility.</b>	MN Life Bridge Program Manager (Tiffany Byers-Draeger)	8/31/2014	<b>5/11/2014 Update</b>  Facilities notify legal representatives of residents and/or family to the extent permitted by law, at least annually, of their opportunity to comment in writing, by e-mail, and in person, on the operation of the Facility. Satisfaction surveys have been sent out approximately twice a year, and are sent out after a discharge or transition out of the Facility. <b>(Exhibit 19 Satisfaction Survey)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to notify legal representatives and/or family at least annually. Review recommendations from QAPI.	Incomplete
4.1 Initiate annual written survey process to all legal representatives of residents and/or family to the extent permitted by law whose individual of interest was served within the past year which solicits input on the operation of the Facility. Each survey will be in the relevant language, and will include notification that comments on Facility operations may be offered in person or by mail or telephone by contacting Facility director or designee.	MN Life Bridge Program Manager (Tiffany Byers-Draeger)	8/31/2014	<b>5/11/2014 Update</b>  Surveys have been sent approximately twice a year, and following discharges. <b>(Exhibit 19 Satisfaction Survey)</b> <b>(Exhibit 20 Survey Aggregate Results)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue annual survey process. Review recommendations from QAPI.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<p>4.2 Aggregate data will be collected from survey responses received from each survey process. Facility -staff will develop an action plan to outline changes which will be made as a result of survey data, and implement those changes.</p>	<p>MN Life Bridge Program Manager (Tiffany Byers-Draeger)</p>	<p>8/31/2014</p>	<p><b>5/11/2014 Update</b></p> <p>Aggregate data is being collected and reviewed. The statistics are documented in the quarterly Performance Improvement Meeting minutes.</p> <p>An action plan is being developed by facility staff to outline changes to be made as a result of survey data, and will implement those changes.</p> <p><b>(Exhibit 20 Survey Aggregate Results)</b></p>	<p><b>5/11/2014 Update</b></p> <p>Obstacles: There is a small number of legal representatives and/or family to send the surveys, and an even smaller number of survey responses returned. People not responding.</p> <p>Next Steps: Discuss options to get a higher response rate.</p>	<p>Incomplete</p>



Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>SETTLEMENT AGREEMENT SECTION V.A. PROHIBITED TECHNIQUES – RESTRAINT</b>					
<b>5. The State/DHS immediately and permanently discontinues all the prohibited restraints and techniques.</b>	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	6/30/2014	<b>5/11/2014 Update</b>  All staff providing direct care to clients are trained using the "Attachment A" curriculum approved by the Court Monitor. The Court Monitor is sent the Notification forms (DHS-3654) and the Emergency Use of Manual Restraint (EUMR) forms. No prohibited restraints have been used in this reporting period or for nearly three years since the start of the Settlement Agreement. <b>(Exhibit 21 Training curricula and PowerPoint presentation on the Jensen Settlement Agreement Attachment A)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue implementing the policy, training staff, and providing documentation of restraint use to the Court Monitor as required if an event occurs.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<p>5.1 DHS will issue a memorandum to all Facility staff confirming the Department's commitment to provide services and supports which are consistent with best practices including: 1) Providing individuals with a safe and therapeutic environment which includes positive behavioral supports and training on behavioral alternatives; 2) Recognizing that restraints are not a therapeutic intervention; 3) An immediate prohibition on prone restraint, mechanical restraints, seclusion and time out; 4) The Facilities' goal towards immediate reduction and eventual elimination of restraint use whenever possible; and 5) Restraint use is permitted only 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.</p>	<p>Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)</p>	<p>4/30/2014</p>	<p><b>5/11/2014 Update</b></p> <p>Facility staff are provided training and information on the Department's commitment to provide services and supports according to the JSA and this Plan.</p> <p>A memo was distributed to staff on April 30, 2014 to specifically address the points in this Action Item.</p> <p><b>(Exhibit 22 April 2014 Memo to Staff)</b></p>	<p><b>5/11/2014 Update</b></p> <p>Next Steps: Continue confirming DHS commitment to provide services and supports which are consistent with best practices.</p>	<p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
5.2. The Facility shall remove "mechanical restraint," "prone restraint," "prone hold" and all other prohibited techniques from all current Facility forms and protocols.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	6/30/2014	<b>5/11/2014 Update</b>  The Facility has removed "mechanical restraint," "prone restraint," "prone hold" and all other prohibited techniques from Facility forms and protocols. Dozens of documents have been reviewed for compliance and to date none have been found to include prohibited terms.  <b>(Exhibit 23 MSHS-C policy # 15868 as approved by Court Order)</b> <b>(Exhibit 26 SOS Form DHS-3654 Notification Form)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue review of documents to assure compliance with this Plan.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<p>5.3 Facility policy(s) on Emergency Interventions shall minimally include: 1) The type of emergency interventions permitted and prohibited; 2) The protocol for administering emergency interventions; 3) The authorization and supervision needed for each emergency intervention; 4) The medical monitoring required during and after each restraint; 5) The review requirements of each emergency intervention (administrative, internal and external); 6) The data collection and aggregate data review of restrictive intervention usage. The Facility policy shall separate and clearly delineate "therapeutic interventions" from "emergency restraint / interventions."</p> <p>Current Facility policy/procedures shall be revised to comply with these requirements.</p>	<p>Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)</p>	<p>6/30/2014</p>	<p><b>5/11/2014 Update</b></p> <p>The current policies and procedures are being reviewed for unintended remaining prohibited language, and will be revised as necessary to assure compliance with this Plan. The process is estimated to be 90% complete and is expected to be completed by 6/30/2014. The process for data review and collection needs to be formatted and finalized - that has not been started yet. <b>(Exhibit 23 MSHS-C policy 15868 as approved by Court Order)</b> <b>(Exhibit 25 SOS Policy # 6260 Effective and Safe Engagement (EASE) Learning Program)</b></p>	<p><b>5/11/2014 Update</b></p> <p>Next Steps: Review current facility policies / procedures and revise as needed to comply with this CPA. Discuss how data collection and aggregate data review are formatted and completed.</p>	<p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
5.4 All Facility staff members have received competency-based training on the policy / procedures identified immediately above.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	6/30/2014	<b>5/11/2014 Update</b>  Facility staff members received training on the policies and procedures identified in Action Item 5.3. Staff that were not on duty, out ill, or out on leave, received the training as they returned to work, before providing direct care and supports to residents. <b>(Exhibit 21 Training curricula and PowerPoint presentation on the Jensen Settlement Agreement Attachment A)</b> <b>(Exhibit 27 Sign In sheets for Attachment A training)</b>	<b>5/11/2014 Update</b>  Next Steps: Train staff on procedures upon return to work or when changes are made, to comply with this Plan.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
5.5 Competency-based training on the policy / procedures identified above has been incorporated into Facility orientation and annual training curricula.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	6/30/2014	<b>5/11/2014 Update</b>  New Facility hires receive the "Attachment A" training and competency evaluation. It is also incorporated into annual training curricula.  Other current competency-based training is being reviewed for compliance with this CPA, and will be incorporated into Facility orientation and annual training curricula.  Efforts to comply with new MN Statutes Chapter 245D requirements align with requirements in this plan; we estimate that work is 90% complete.	<b>5/11/2014 Update</b>  Next Steps: Complete review of training curricula to ensure incorporation of policies and procedures identified in EC 5 by the 6/30/2014 deadline.	Incomplete
6. The State/DHS has not used any of the prohibited restraints and techniques.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	6/30/2014	<b>5/11/2014 Update</b>  No prohibited restraints and techniques have been used during this reporting period and none since the Settlement Agreement was signed.	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance with this Plan.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
6.1 Facility Staff will specify on Restraint Form which emergency technique was employed, verifying that a prohibited technique was not used.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	6/30/2014	<b>5/11/2014 Update</b>  The Notification form includes spaces to specify which emergency technique was employed, verifying that a prohibited technique was not used. The form was edited during this reporting period. <b>(Exhibit 26 SOS Form DHS-3654 Notification Form)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance with this plan. Continue to instruct staff to follow the form requirements whenever an incident may occur.	Incomplete
6.2 The supervisor will review each restraint with staff by the end of his/her shift, verifying that: 1) The threat of imminent harm warranted the emergency intervention, 2) The intervention was an approved technique and no suspicion exists that a prohibited technique was used; and 3) When applicable, what immediate corrective measures / administrative actions need to be taken.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	6/30/2014	<b>5/11/2014 Update</b>  No prohibited restraints or techniques were used and no reviews of the same were necessary during this reporting period. Staff are trained to describe the actual actions that occurred. The supervisor (or the supervisor's designee if the supervisor is not available) reviews the restraint use with staff by the end of the staff's shift, and, when applicable, determines what immediate corrective measures or administrative actions need to be taken.	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
6.3 Any/all use of prohibited techniques, e.g., prone restraints, mechanical restraints, seclusion, timeout, etc., will be investigated as potential allegations of abuse. Facility Staff are required to immediately report any suspected use of prohibited restraints / techniques to their supervisor.)	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	6/30/2014	<b>5/11/2014 Update</b>  There has been no use of prohibited techniques during this reporting period. If there is, that will be investigated internally, and reported to the Common Entry Point (CEP) as appropriate. <b>(Exhibit 28 MSHS-C Procedure # 15853 Maltreatment Reporting)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Incomplete
6.4 Reporting and review forms/procedures are revised, and utilized, to incorporate the above 6.1, 6.2 and 6.3.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	6/30/2014	<b>5/11/2014 Update</b>  The revision of reporting and review forms and procedures is in progress and is completed on 50% of the forms.  100% of Facility staff providing direct cares received the "Attachment A" training, which includes the reporting and review forms to be used in the use of a restraint. <b>(Exhibit 27 Sign In sheets for Attachment A training)</b>	<b>5/11/2014 Update</b>  Next Steps: Complete review and revision of forms and procedures before the 6/30/14 timeline; implement the use of revised forms and procedures by the timeline.	Incomplete



Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>7. Medical restraint, and psychotropic/ neuroleptic medication have not been administered to residents for punishment, in lieu of habilitation, training, behavior support plans, for staff convenience or as behavior modification.</b>	MN Life Bridge RN Senior (Janet Marciniak)	8/31/2014	<b>5/11/2014 Update</b>  During this reporting period, no medical restraint and psychotropic/ neuroleptic medication have been administered to residents for punishment, in lieu of habilitation, training, behavior support plans, for staff convenience or as behavior modification. <b>(Exhibit 29 DC&amp;T Policy # 6100 Administration of Neuroleptic Medication to Persons with Mental Illness)</b> <b>(Exhibit 30 MSHS-C Procedure 15904 Administration of Psychotropic Medication)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Incomplete
7.1 Facility policy shall specifically forbid the use of restrictive interventions, including medical restraints and/or psychotropic/neuroleptic medication for: the purposes of punishment; in lieu of habilitation, training, or behavior support plans; for staff convenience; or as a behavior modification.	MN Life Bridge RN Senior (Janet Marciniak)	6/30/2014	<b>5/11/2014 Update</b>  MSHS-C Policy # 15868 (Attachment A) includes language forbidding these actions. Other facility policies are being reviewed to ensure they specifically forbid the use of the listed restrictive interventions. <b>(Exhibit 23 MSHS-C policy # 15868 as approved by Court Order)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
7.2 Facility policy will specify medication management protocols consistent with best practices in the support and treatment of individuals with cognitive and/or mental health disabilities.	MN Life Bridge RN Senior (Janet Marciniak)	8/31/2014	<b>5/11/2014 Update</b>  Policies are being reviewed and revised as necessary to address specific medication management protocols.	<b>5/11/2014 Update</b>  Next Steps: Complete the review and any necessary revisions to policies.	Incomplete
<b>SETTLEMENT AGREEMENT SECTION V. B. PROHIBITED TECHNIQUES - POLICY</b>					
<b>8. Restraints are used only in an emergency.</b>	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	<b>5/11/2014 Update</b>  During this reporting period, permitted restraints have only been used in an emergency where the client's conduct poses an imminent risk of physical harm to self or others and less restrictive behavioral support strategies have been ineffective in sustaining safety, and only concurrent with the uncontrolled behavior. <b>(Exhibit 26 SOS Form DHS-3654 Notification Form)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<p>8.1 Facility Staff will clearly document, on the restraint form, the circumstances leading up to the restraint and what imminent risk of harm precipitated the application of the restraint. This shall include what antecedent behaviors were present, what de-escalation and intervention strategies were employed and their outcomes.</p>	<p>Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)</p>	<p>12/31/2013</p>	<p><b>5/11/2014 Update</b></p> <p>Facility staff document on the restraint form the circumstances leading up to the restraint, what imminent risk of harm precipitated the application of the restraint, observations during the restraint use, antecedent and subsequent behaviors, de-escalation and intervention strategies and outcomes.</p> <p><b>(Exhibit 26 SOS Form DHS-3654 Notification Form)</b></p> <p><b>(Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms)</b></p>	<p><b>5/11/2014 Update</b></p> <p>Next Steps: Continue to ensure compliance.</p>	<p>Complete</p>
<p>8.2 In the event a restraint was used in the absence of imminent risk of harm, staff will be immediately retrained on Facility policies addressing the "Therapeutic Interventions and Emergency Use of Personal Safety Techniques" policy with such retraining being entered into their training file.</p>	<p>Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)</p>	<p>12/31/2013</p>	<p><b>5/11/2014 Update</b></p> <p>During this reporting period, permitted restraints have only been used in an emergency where there was imminent risk of physical harm to self or others and less restrictive strategies would not achieve safety.</p> <p>In the event a restraint is used in the absence of imminent risk of harm, we will document that issue and retrain staff involved.</p> <p><b>(Exhibit 23 MSHS-C policy # 15868 as approved by Court Order)</b></p>	<p><b>5/11/2014 Update</b></p> <p>Next Steps: Continue to ensure compliance.</p>	<p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>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</b>	MN Life Bridge Clinical Director (Tim Moore)	*	<b>5/11/2014 Update</b>  During this reporting period, staff did attempt to follow the Policy in each instance of manual restraint. Any lapses will be reviewed and corrective action such as re-training will occur for any staff involved in lapses in following the policy. <b>(Exhibit 31: Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Incomplete
<b>9.1 As part of its data management processes, the Facility will collect, review and analyze information related to staff's adherence to restraint policy.</b>	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	<b>5/11/2014 Update</b>  The Facility does collect, review and analyze information related to staff's adherence to restraint policy. The Clinical Director and Operations Manager review the information and determine if there needs to be any additional follow up to any incident. <b>(Exhibit 26 SOS Form DHS-3654 Notification Form)</b> <b>(Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>10. There were no instances of prone restraint, chemical restraint, seclusion or time out.</b> [Seclusion: evaluated under Sec. V.C. Chemical restraint: evaluated under Sec. V.D.]	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	<b>5/11/2014 Update</b>  During this reporting period, there were no instances of prone restraint, chemical restraint, seclusion or time out.	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Complete
10.1 Facility policy shall clearly identify prone restraint, chemical restraint, seclusion and timeout as "prohibited."	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	<b>5/11/2014 Update</b>  Facility policies have been reviewed and this statement is clearly reflected in the policies. <b>(Exhibit 23 MSHS-C policy # 15868 as approved by Court Order)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Complete
<b>SETTLEMENT AGREEMENT SECTION V.C. PROHIBITED TECHNIQUES – SECLUSION AND TIME OUT</b>					
<b>11. There were zero instances of the use of Seclusion. Facility policy shall specify that the use of seclusion is prohibited.</b>	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	<b>5/11/2014 Update</b>  During this reporting period there were zero instances of the use of Seclusion. Facility policy specifies that the use of seclusion is prohibited. <b>(Exhibit 23 MSHS-C policy # 15868 as approved by Court Order)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>12. There were zero instances of the use of Room Time Out from Positive Reinforcement. Facility policy shall specify that the use of time out from positive reinforcement is prohibited.</b>	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	<b>5/11/2014 Update</b>  During the reporting period, there were zero 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. <b>(Exhibit 23 MSHS-C policy # 15868 as approved by Court Order)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>SETTLEMENT AGREEMENT SECTION V.D. PROHIBITED TECHNIQUES – CHEMICAL RESTRAINT</b>					
<b>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.</b>	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	<b>5/11/2014 Update</b>  During this reporting period, 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. <b>(Exhibit 23 MSHS-C policy # 15868 as approved by Court Order)</b> <b>(Exhibit 26 SOS Form DHS-3654 Notification Form)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Complete
<b>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.</b>	MN Life Bridge RN Senior (Janet Marciniak)	12/31/2013	<b>5/11/2014 Update</b>  During this reporting period 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. <b>(Exhibit 23 MSHS-C policy # 15868 as approved by Court Order)</b> <b>(Exhibit 26 SOS Form DHS-3654 Notification Form)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>SETTLEMENT AGREEMENT SECTION V.E. PROHIBITED TECHNIQUES – 3rd PARTY EXPERT</b>					
<b>15. There is a protocol to contact a qualified Third Party Expert.</b>	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	<b>5/11/2014 Update</b>  As of 3/17/2013, the Department was not able to secure the services of qualified third party experts. In accordance with sections V.E. and V.F. of the Settlement Agreement, the Medical Officer Review was initiated.	<b>5/11/2014 Update</b>  Obstacles: Finding qualified professionals willing to be a Third Party Expert.  Next Steps: DHS will try again to locate and contract with Third Party Experts for the purposes of the JSA and this Plan.	Complete
15.1 Facility policy stipulates that a Third Party Expert will be consulted within 30 minutes of the emergency's onset.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	<b>5/11/2014 Update</b>  As of 3/17/2013, the Department was not able to secure the services of qualified third party experts. In accordance with sections V.E. and V.F. of the Settlement Agreement, the Medical Officer Review was initiated.	<b>5/11/2014 Update</b>  Obstacles: Finding qualified professionals willing to be a Third Party Expert.  Next Steps: DHS will try again to locate and contract with Third Party Experts for the purposes of the JSA and this Plan.	Complete



Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>16. There is a list of at least 5 Experts pre-approved by Plaintiffs &amp; Defendants. In the absence of this list, the DHS Medical or designee shall be contacted.</b>	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	<b>5/11/2014 Update</b>  As of 3/17/2013, the Department was not able to secure the services of qualified third party experts. In accordance with sections V.E. and V.F. of the Settlement Agreement, the Medical Officer Review was initiated.	<b>5/11/2014 Update</b>  Obstacles: Finding qualified professionals willing to be a Third Party Expert.  Next Steps: DHS will try again to locate and contract with Third Party Experts for the purposes of the JSA and this Plan.	Complete
<b>17. DHS has paid the Experts for the consultations.</b>	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	<b>5/11/2014 Update</b>  As of 3/17/2013, the Department was not able to secure the services of qualified third party experts. In accordance with sections V.E. and V.F. of the Settlement Agreement, the Medical Officer Review was initiated.	<b>5/11/2014 Update</b>  Obstacles: Finding qualified professionals willing to be a Third Party Expert.  Next Steps: DHS will try again to locate and contract with Third Party Experts for the purposes of the JSA and this Plan.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>18. A listed Expert has been contacted in each instance of emergency use of restraint.</b>	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	<b>5/11/2014 Update</b>  As of 3/17/2013, the Department was not able to secure the services of qualified third party experts. In accordance with sections V.E. and V.F. of the Settlement Agreement, the Medical Officer Review was initiated.	<b>5/11/2014 Update</b>  Obstacles: Finding qualified professionals willing to be a Third Party Expert.  Next Steps: DHS will try again to locate and contract with Third Party Experts for the purposes of the JSA and this Plan.	Complete
<b>19. Each consultation occurred no later than 30 minutes after presentation of the emergency.</b>	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	<b>5/11/2014 Update</b>  As of 3/17/2013, the Department was not able to secure the services of qualified third party experts. In accordance with sections V.E. and V.F. of the Settlement Agreement, the Medical Officer Review was initiated.	<b>5/11/2014 Update</b>  Obstacles: Finding qualified professionals willing to be a Third Party Expert.  Next Steps: DHS will try again to locate and contract with Third Party Experts for the purposes of the JSA and this Plan.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>20. Each use of restraint was an “emergency.”</b>	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	<b>5/11/2014 Update</b>  As of 3/17/2013, the Department was not able to secure the services of qualified third party experts. In accordance with sections V.E. and V.F. of the Settlement Agreement, the Medical Officer Review was initiated.  Each use of a restraint was an "emergency" for this reporting period and all prior periods under the Jensen Settlement Agreement.	<b>5/11/2014 Update</b>  Next Steps: Continued commitment to prohibitions by all staff at all times.	Complete
<b>21. The consultation with the Expert was to obtain professional assistance to abate the emergency condition, including the use of positive behavioral supports techniques, safety techniques, and other best practices. If the Expert was not available, see V.F. below.</b>	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	<b>5/11/2014 Update</b>  As of 3/17/2013, the Department was not able to secure the services of qualified third party experts. In accordance with sections V.E. and V.F. of the Settlement Agreement, the Medical Officer Review was initiated.	<b>5/11/2014 Update</b>  Obstacles: Finding qualified professionals willing to be a Third Party Expert.  Next Steps: DHS will try again to locate and contract with Third Party Experts for the purposes of the JSA and this Plan.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
21.1 On the restraint form, Facility staff will identify the Third Party or other expert and will document all recommendations given by the consultant, techniques, and the efficacy and outcomes of such interventions. When reviewing the restraint form 24 hrs post-restraint, Designated Coordinator will verify that Facility staff contacted the medical officer within 30 minutes of the emergency's onset.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	<b>5/11/2014 Update</b>  The restraint notification form (Form 3654 Notifications) has been revised to include spaces to document recommendations given by the consultant, and verification by the Designated Coordinator that staff contacted the medical officer within 30 minutes of the emergency's onset. The most recent revision to Form 3654 was in March 2014.  <b>(Exhibit 26 SOS Form DHS-3654 Notification Form)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Complete
<b>SETTLEMENT AGREEMENT SECTION V.F. PROHIBITED TECHNIQUES – MEDICAL OFFICER REVIEW</b>					
22. The responsible Facility supervisor contacted the DHS medical officer on call not later than 30 minutes after the emergency restraint use began.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	<b>5/11/2014 Update</b>  Staff are contacting the medical officer within 30 minutes after the emergency restraint use began. This is documented on the Restraint Form.  <b>(Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms)</b>	<b>5/11/2014 Update</b>  Next Steps: Discussions with the medical officer and refining the process.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
23.1 On the Restraint Form, the Facility supervisor will document both the date / time that the emergency restraint began and the date / time s/he contacted the designated medical officer.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	<b>5/11/2014 Update</b>  The Restraint Forms document both the date/time that the emergency restraint began and the date/time s/he contacted the designated medical officer. <b>(Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<p><b>23. The medical officer assessed the situation, suggested strategies for de-escalating the situation, and approved of, or discontinued the use of restraint.</b></p>	<p>MN Life Bridge Operations Manager (Mark Brostrom)</p>	<p>4/30/2014</p>	<p><b>5/11/2014 Update</b></p> <p>This is current policy and practice.  <b>(Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms)</b></p>	<p><b>5/11/2014 Update</b></p> <p>Obstacles:  There can be challenges contacting the medical officer within 30 minutes after the emergency restraint use began. Often within 30 minutes the emergency is resolved, before the contact with the medical officer can even be made.</p> <p>Next Steps:  Continue to ensure compliance.  Continued communication with the medical officer(s) regarding situations.  Continue refining the process.  Discussions with the medical officer and refining the process.</p>	<p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
23.1 The Facility supervisor will document on the restraint form and in the resident's record, the medical officer's de-escalation strategies, the outcome of those strategies used, and whether approval was needed and/or given for continued restraint use.	MN Life Bridge RN Senior (Janet Marciniak) / MN Life Bridge Operations Manager (Mark Brostrom)	4/30/2014	<b>5/11/2014 Update</b>  Staff are contacting the medical officer within 30 minutes after the emergency restraint use began. The Notification form (#3654) was revised in March 2014 to address this Plan, and is a part of the resident's record. <b>(Exhibit 26 SOS Form DHS-3654 Notification Form)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance. Revise file index for resident medical records to accommodate the form # 3654.	Complete
24. The consultation with the medical officer was documented in the resident's medical record.	MN Life Bridge Operations Manager (Mark Brostrom)	4/30/2014	<b>5/11/2014 Update</b>  Staff are contacting the medical officer within 30 minutes after the emergency restraint use began. The Notification form (#3654) was revised in March 2014 to address this Plan, and is a part of the resident's record. <b>(Exhibit 26 SOS Form DHS-3654 Notification Form)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
24.1 When conducting his/her post-restraint review, the Designated Coordinator will verify that the supervisor contacted the medical officer within 30 minutes of the emergency restraint and documented the details in the resident's medical record.	MN Life Bridge RN Senior (Janet Marciniak) / MN Life Bridge Operations Manager (Mark Brostrom)	4/30/2014	<b>5/11/2014 Update</b>  Staff are contacting the medical officer within 30 minutes after the emergency restraint use began.  The Notification form (#3654) was revised in March 2014 to address this Plan, and is a part of the resident's record.  <b>(Exhibit 26 SOS Form DHS-3654 Notification Form)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Complete
<b>SETTLEMENT AGREEMENT SECTION V.G. PROHIBITED TECHNIQUES – ZERO TOLERANCE FOR ABUSE AND NEGLECT</b>					
25. All allegations were fully investigated and conclusions were reached. Individuals conducting investigations will not have a direct or indirect line of supervision over the alleged perpetrators; the DHS Office of the Inspector General satisfies this requirement. Individuals conducting investigations, interviews and/or writing investigative reports will receive competency-based training in best practices for conducting abuse / neglect investigations involving individuals with cognitive and/or mental health disabilities and interviewing.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	8/31/2014	<b>5/11/2014 Update</b>  All staff are trained to report any allegations of abuse or neglect to the supervisor and/or the Common Entry Point (CEP) as required by State Law. All allegations will be fully investigated and conclusions reached. The CEP must follow State law in submission of substantiated Vulnerable Adult allegations to the county attorney for prosecution.  (continued in next row below)	<b>5/11/2014 Update</b>  Obstacles: There are few DHS employees who currently have had this training. Training opportunities may need to be developed.  Next Steps: Identify and develop training opportunities and mechanisms to monitor and ensure training completion.	Incomplete



Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			<p>There are a number of levels of investigations that may occur, depending on the situation and allegation:</p> <ul style="list-style-type: none"> <li>- The Facility will conduct an internal investigation.</li> <li>- DHS may arrange or contract for an external investigation.</li> <li>- DHS Licensing, DHS Adult Protective Services, the Common Entry Point (CEP) process, or the MDH Office of Health Facility Complaints may conduct an investigation, or may determine there is insufficient cause to investigate.</li> </ul> <p><b>(Exhibit 33 DHS Adult Protection Program)</b></p>		
25.1 DHS employees having responsibility for investigative duties will receive 8 hours of continuing education or in-service training each year specific to investigative practices.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	8/31/2014	<p><b>5/11/2014 Update</b></p> <p>We are determining which peer and supervisory employees have already had the investigative practices training, and whether that number is sufficient for this Plan or whether more people need that initial and annual training specific to investigative practices.</p>	<p><b>5/11/2014 Update</b></p> <p>Obstacles: There are few DHS employees who currently have had this training. Training opportunities may need to be developed.</p> <p>Next Steps: Identify and develop training opportunities and mechanisms to monitor and ensure training completion.</p>	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
25.2 Each investigation will undergo a quality review by a peer or supervisor who has, at minimum been trained in the requirements set forth in this Implementation Plan.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	8/31/2014	<b>5/11/2014 Update</b>  We are determining which peer and supervisory employees have already had the investigative practices training, and whether that number is sufficient for this Plan or whether more people need that initial and annual training specific to investigative practices.	<b>5/11/2014 Update</b>  Obstacles: There are few DHS employees who currently have had this training. Training opportunities may need to be developed.  Next Steps: Identify and develop training opportunities and mechanisms to monitor and ensure training completion.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
25.3 The Department will maintain an electronic data management system, to track all information relevant to abuse/neglect investigations. This data management system will minimally include: 1) Incident date; 2) Report date; 3) Incident location; 4) Provider; 5) Allegation type; 6) Alleged victim; 7) Alleged perpetrator(s); 8) Injuries sustained; 9) Assigned investigator; 10) Date investigative report is completed; 11) Substantiation status; 12) Systemic issues identified and the corrective measures taken to resolve such issue; 13) Whether or not the case was referred to the county attorney; and 14) Whether or not charges were filed; and 15) Outcome of charges.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	8/31/2014	<b>5/11/2014 Update</b>  There is an existing electronic data management system that collects most of these items; it is being reviewed and there are discussions on revising it or using it as the basis for a new system.	<b>5/11/2014 Update</b>  Obstacles: Not all the listed information items will be immediately available when a record of an abuse/neglect investigation is created. For example, items 13, 14, and 15 may not be known by the Facility or the Department.  Next Steps: Determine system to use to track the information listed. Implement that system and develop report templates.	Incomplete
25.4 Allegations substantiated by DHS Licensing (Office of Inspector General) will be documented in the client's Facility record.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	8/31/2014	<b>5/11/2014 Update</b>  Substantiated allegations will be documented in the client's record.	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>26. All staff members found to have committed abuse or neglect were disciplined pursuant to DHS policies and collective bargaining agreement, if applicable.</b>	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	3/31/2014	<b>5/11/2014 Update</b>  DHS Licensing has found no substantiated allegations of abuse or neglect. If a staff member is found to have committed abuse or neglect they are subject to discipline pursuant to DHS policies and their collective bargaining agreement if applicable.	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Complete
26.1 All substantiated allegations of staff abuse or neglect are referred to Human Resources for human resources action in accordance with the definitions set forth under the Vulnerable Adults Act. All perpetrators will be disciplined in accordance with DHS policies and procedures and Union Contracts.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	3/31/2014	<b>5/11/2014 Update</b>  DHS Licensing has found no substantiated allegations of abuse or neglect. If a staff member is found to have committed abuse or neglect they are subject to discipline pursuant to DHS policies and their collective bargaining agreement if applicable.	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>27. Where appropriate, the State referred matters of suspected abuse or neglect to the county attorney for criminal prosecution.</b>	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	<b>5/11/2014 Update</b>  There have been no matters of suspected abuse or neglect to refer to the County Attorney. There was one allegation of medication mismanagement. The allegation was submitted to the CEP; there was no substantiation of medication mismanagement from the CEP. The employee separated employment from DHS. <b>(Exhibit 34 VA Maltreatment Report 10/11/2013)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Complete
27.1 All allegations of abuse or neglect related to care of residents of a Facility will be submitted to the common entry point to determine whether or not the case will be referred to the county attorney for criminal prosecution.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	<b>5/11/2014 Update</b>  There have been no matters of suspected abuse or neglect to refer to the County Attorney. There was one allegation of medication mismanagement. The allegation was submitted to the CEP; there was no substantiation of medication mismanagement from the CEP. The employee separated employment from DHS. <b>(Exhibit 34 VA Maltreatment Report 10/11/2013)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>SETTLEMENT AGREEMENT SECTION VI.A. RESTRAINT REPORTING &amp; MGMT – FORM 31032</b>					
<b>28. Form 31032 (or its successor) was fully completed whenever use was made of manual restraint.</b>	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	<b>5/11/2014 Update</b>  Forms were completed whenever use was made of a manual restraint. The Court Monitor is on the email distribution list for the Notifications (form # 3654) and the Emergency Use of Manual Restraint forms.  Note: The forms have been revised since the date of the JSA, and are continually being reviewed and discussed to best keep the Facility, the Department, and the Court and Court Monitor fully informed.  <b>(Exhibit 26 SOS Form DHS-3654 Notification Form)</b> <b>(Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Complete
28.1 When reviewing the restraint form 24 hrs post-restraint, the Designated Coordinator will verify that Form 31032 (or any successor) was completed timely, accurately and in its entirety.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	<b>5/11/2014 Update</b>  There is a space on the form for the designated coordinator to sign to verify their review of the form completion.  <b>(Exhibit 26 SOS Form DHS-3654 Notification Form)</b> <b>(Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>29. For each use, Form 31032 (or its successor) was timely completed by the end of the shift.</b>	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	<b>5/11/2014 Update</b>  The Incident Report is completed by the end of the staff's shift. The Notification Form is then completed within 24 hours of the emergency use of a restraint or by the next business day, in accordance with the JSA.	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Complete
<b>29.1 When reviewing the restraint form 24 hrs post-restraint, the Designated Coordinator will verify that Form 31032 (or any successor) was completed timely, accurately and in its entirety.</b>	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	<b>5/11/2014 Update</b>  There is a space on the form for the designated coordinator to sign to verify their review of the form completion. <b>(Exhibit 26 SOS Form DHS-3654 Notification Form)</b> <b>(Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Complete
<b>30. Each Form 31032 (or its successor) indicates that no prohibited restraint was used.</b>	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	<b>5/11/2014 Update</b>  During this reporting period, there has been no use of a prohibited restraint at MSHS-C or a successor facility.	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
30.1 Staff will indicate what type of restraint was used on Form 31032 (or any successor).	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	<b>5/11/2014 Update</b>  During this reporting period, there has been no use of a prohibited restraint at MSHS-C or a successor facility. There is a section on the form to indicate what type of restraint was used. <b>(Exhibit 26 SOS Form DHS-3654 Notification Form)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Complete
30.2 When reviewing the restraint form 24 hrs or one business day post-restraint, the Designated Coordinator will verify that no prohibited techniques were used.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	<b>5/11/2014 Update</b>  There is a space on the form for the designated coordinator to sign to verify their review of the form completion. <b>(Exhibit 26 SOS Form DHS-3654 Notification Form)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Complete



Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>SETTLEMENT AGREEMENT SECTION VI.B RESTRAINT REPORTING &amp; MGMT - NOTIFICATIONS</b>					
<b>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.</b>	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	<b>5/11/2014 Update</b>  The Office of Health Facility Complaints is on the distribution list for these forms. Notification Forms are sent within 24 hours, or one business day, of the emergency use of a restraint. <b>(Exhibit 26 SOS Form DHS-3654 Notification Form)</b> <b>(Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Complete
31.1 Form 31032 (or its successor) is sent to the Office of Health Facility Complaints within 24 hours or no later than one business day.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	<b>5/11/2014 Update</b>  The Office of Health Facility Complaints is on the distribution list for these forms. Notification Forms are sent within 24 hours, or one business day, of the emergency use of a restraint. <b>(Exhibit 26 SOS Form DHS-3654 Notification Form)</b> <b>(Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>32. Within 24 hours, and no later than one business day, Form 31032 (or its successor) in each instance was submitted to the Ombudsman for MH &amp; DD</b>	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	<b>5/11/2014 Update</b>  The Minnesota Office of the Ombudsman for Mental Health and Developmental Disabilities is on the distribution list for these forms. Notification Forms are sent within 24 hours, or one business day, of the emergency use of a restraint. <b>(Exhibit 26 SOS Form DHS-3654 Notification Form)</b> <b>(Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Complete
32.1 Form 31032 (or its successor) is sent to the Ombudsman for MH & DD within 24 hours or no later than one business day.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	<b>5/11/2014 Update</b>  The Minnesota Office of the Ombudsman for Mental Health and Developmental Disabilities is on the distribution list for these forms. Notification Forms are sent within 24 hours, or one business day, of the emergency use of a restraint. <b>(Exhibit 26 SOS Form DHS-3654 Notification Form)</b> <b>(Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>33. Within 24 hours, and no later than one business day, Form 31032 (or its successor) in each instance was submitted to the DHS Licensing</b>	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	<b>5/11/2014 Update</b>  The DHS Licensing Division is on the distribution list for these forms. Notification Forms are sent within 24 hours, or one business day, of the emergency use of a restraint. <b>(Exhibit 26 SOS Form DHS-3654 Notification Form)</b> <b>(Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Complete
33.1 Form 31032 (or its successor) is sent to DHS Licensing within 24 hours or no later than one business day.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	<b>5/11/2014 Update</b>  The DHS Licensing Division is on the distribution list for these forms. Notification Forms are sent within 24 hours, or one business day, of the emergency use of a restraint. <b>(Exhibit 26 SOS Form DHS-3654 Notification Form)</b> <b>(Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>34. Within 24 hours, and no later than one business day, Form 31032 (or its successor) in each instance was submitted to the Court Monitor and to the DHS Internal Reviewer</b>	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	<b>5/11/2014 Update</b>  The Court Monitor and the Internal Reviewer are on the distribution list for these forms. Notification Forms are sent within 24 hours, or one business day, of the emergency use of a restraint. <b>(Exhibit 26 SOS Form DHS-3654 Notification Form)</b> <b>(Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Complete
34.1 Form 31032 (or its successor) is sent to the Court Monitor and to the DHS Internal Reviewer within 24 hours or no later than one business day.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	<b>5/11/2014 Update</b>  The Court Monitor and the Internal Reviewer are on the distribution list for these forms. Notification Forms are sent within 24 hours, or one business day, of the emergency use of a restraint. <b>(Exhibit 26 SOS Form DHS-3654 Notification Form)</b> <b>(Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>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.</b>	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	<b>5/11/2014 Update</b>  The legal representative and/or any designated family member are on the distribution list for these forms. Notification Forms are sent within 24 hours, or one business day, of the emergency use of a restraint. <b>(Exhibit 26 SOS Form DHS-3654 Notification Form)</b> <b>(Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Complete
<b>35.1 Form 31032 (or its successor) is sent to the legal representative, and/or family to the extent permitted by law, within 24 hours or no later than one business day.</b>	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	<b>5/11/2014 Update</b>  The legal representative and/or any designated family member are on the distribution list for these forms. Notification Forms are sent within 24 hours, or one business day, of the emergency use of a restraint. <b>(Exhibit 26 SOS Form DHS-3654 Notification Form)</b> <b>(Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>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.</b>	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	<b>5/11/2014 Update</b>  The lead agency case manager (when the person has one) is on the distribution list for these forms. Notification Forms are sent within 24 hours, or one business day, of the emergency use of a restraint. <b>(Exhibit 26 SOS Form DHS-3654 Notification Form)</b> <b>(Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Complete
36.1 Form 31032 (or its successor) is sent to sent to the case manager within 24 hours or no later than one business day.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	<b>5/11/2014 Update</b>  The lead agency case manager (when the person has one) is on the distribution list for these forms. Notification Forms are sent within 24 hours, or one business day, of the emergency use of a restraint. <b>(Exhibit 26 SOS Form DHS-3654 Notification Form)</b> <b>(Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>37. Within 24 hours, and no later than one business day, Form 31032 (or its successor) in each instance was submitted to the Plaintiffs' Counsel.</b>	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	<b>5/11/2014 Update</b>  The Plaintiffs' Counsel is on the distribution list for these forms. Notification Forms are sent within 24 hours, or one business day, of the emergency use of a restraint. <b>(Exhibit 26 SOS Form DHS-3654 Notification Form)</b> <b>(Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Complete
37.1 Form 31032 (or its successor) is sent to the Plaintiffs' Counsel within 24 hours or no later than one business day.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	<b>5/11/2014 Update</b>  The Plaintiffs' Counsel is on the distribution list for these forms. Notification Forms are sent within 24 hours, or one business day, of the emergency use of a restraint. <b>(Exhibit 26 SOS Form DHS-3654 Notification Form)</b> <b>(Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>SETTLEMENT AGREEMENT SECTION VI.C. RESTRAINT RESPONSES ARE NOT TO REPLACE OTHER INCIDENT REPORTING, INVESTIGATION, ANALYSIS &amp; FOLLOW-UP</b>					
<b>38. Other reports, investigations, analyses and follow up were made on incidents and restraint use.</b>	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Operations Manager (Mark Brostrom)	10/31/2014	<b>5/11/2014 Update</b>  We are identifying and reviewing other reports, investigations, analyses and follow up for applicability and compliance with this EC. Where applicable, these have been forwarded to the Court Monitor.	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Incomplete
38.1 The Designated Coordinator will review each client incident, injury and/or restraint use within 1 business day of its occurrence to: 1) Evaluate the immediate health and safety of the individual(s) involved; 2) Ensure no prohibited techniques were used; 3) Ensure all documentation and notifications were properly made; and 4) Determine what, if any, immediate measures must be taken.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	<b>5/11/2014 Update</b>  The Designated Coordinator reviewed each client incident, injury and/or restraint use within 1 business day of its occurrence and followed up as appropriate.	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Incomplete



Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<p>38.2 The Designated Coordinator will convene an Interdisciplinary Team (IDT) meeting within 5 business days of a restraint to: 1) Review the circumstances surrounding the behavioral emergency; 2) Determine what factors likely contributed to the behavioral emergency, i.e. life event, environmental, relational discord, etc.; 3) Identify what therapeutic interventions, including individualized strategies, were employed and why they were unsuccessful in de-escalating the situation; 4) Review and assess the efficacy of the individual's PBS plan, making changes as needed; 5) Determine if trends/patterns can be identified with this individual or this living area; and 6) Take all corrective measures deemed necessary, indicating what actions are being taken, the party responsible for taking such actions, the date by which these actions will be taken, and how the efficacy of such actions will be monitored. Documentation of the IDT meeting, including attendees, review and actions taken will be thoroughly documented in the individual's record.</p>	<p>MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Operations Manager (Mark Brostrom) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger)</p>	<p>6/30/2014</p>	<p><b>5/11/2014 Update</b></p> <p>The Designated Coordinator convenes an interdisciplinary team meeting within five business days of the use of a restraint. Current practices and forms are being reviewed and revised as necessary to ensure they include all the steps listed in this Action Item.</p> <p><b>(Exhibit 35 Form DHS-3653 Consultation with Expanded Interdisciplinary Team (EIDT) Following Emergency Use of Manual Restraint) (Exhibit 37 Example of Five-Point Reviews)</b></p>	<p><b>5/11/2014 Update</b></p> <p>Next Steps: Continue to ensure compliance. Verify that all the steps in this Action Item are addressed in the meeting documentation.</p>	<p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
38.3 When changes to an individual's program plan and/or PBS plan are recommended during the IDT's restraint review, the Designated Coordinator will ensure that such changes are made within 2 business days of the IDT meeting related to the restraint use.	MN Life Bridge Clinical Director (Tim Moore)	6/30/2014	<b>5/11/2014 Update</b>  When changes to an individual's program plan and/or PBS plans are recommended during the IDT's restraint review, the designated coordinator will follow up to ensure the changes are made within 2 business days of that IDT meeting.	<b>5/11/2014 Update</b>  Next Steps: Continue implementing this Action Item and update practices as needed to comply.	Incomplete
38.4 A facility-based Positive Behavioral Supports Review (PBSR), comprised of both behavioral analysts and non-clinical staff, will be established and maintained for the purposes of: 1) Reviewing all positive behavioral support plans to ensure they adhere to current best practice; 2) Approving and monitoring the efficacy of all positive behavioral support plans; 3) Reviewing the use of any restrictive and/or emergency interventions, i.e. restraints, 911 calls, etc. The PBSR Committee will meet on a monthly basis.	MN Life Bridge Clinical Director (Tim Moore)	6/30/2014	<b>5/11/2014 Update</b>  Work is being done to develop the team and process described here. There are existing semi-monthly meetings of clinical and non-clinical teams, for the purpose of reviewing data, plans, and discussing next steps in supports.	<b>5/11/2014 Update</b>  Next Steps: We will discern whether the requirements of this EC can be met through these existing meetings, if an additional meeting process will need to be developed, or if we need to discontinue existing process and begin de novo.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
38.5 The PBSR committee will maintain meeting minutes detailing attendance (person/title); chairperson; individual and aggregate data review; issues and trends identified (individual and systemic); corrective measures to be taken; dates by which such corrective measures are to be completed; responsible parties, and follow-up of the previous month's action plans.	MN Life Bridge Clinical Director (Tim Moore)	6/30/2014	<b>5/11/2014 Update</b>  Work is being done to develop the team and process. There are existing semi-monthly meetings of clinical and non-clinical teams, for the purpose of reviewing and discussing a person's plans and status. We will discuss whether these items are an appropriate addition to those meetings or if separate meetings need to be scheduled.	<b>5/11/2014 Update</b>  Next Steps: The team and process will be set up by the 6/30/2014 deadline. Hold PBSR committee meetings and maintain meeting minutes.	Incomplete
38.6 The Department will identify and address any trends or patterns from investigations.	MN Life Bridge Clinical Director (Tim Moore) / Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	10/31/2014	<b>5/11/2014 Update</b>  Work is being done to develop the team and process. Work will be done to develop practices or expectations for identifying and addressing any trends or patterns from investigations related to the emergency use of restraints.	<b>5/11/2014 Update</b>  Next Steps: Discuss and develop practices or expectations for this item.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>SETTLEMENT AGREEMENT SECTION VII.B. RESTRAINT REVIEW - INTERNAL REVIEWER</b>					
<b>39. In consultation with the Court Monitor during the duration of the Court's jurisdiction, DHS designates one employee as Internal Reviewer whose duties include a focus on monitoring the use of, and on elimination of restraints.</b>	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	4/30/2014	<b>5/11/2014 Update</b>  Dr. Richard Amado is the current designated Internal Reviewer whose duties include a focus on monitoring the use of, and on elimination of restraints. <b>(Exhibit 38 2014 Internal Reviewer Monthly Reports)</b>	<b>5/11/2014 Update</b>  Next Steps: There will continue to be an employee designated, in consultation with the Court Monitor during the duration of the Court's jurisdiction, as the Internal Reviewer	Complete
<b>40. The Facility provided Form 31032 (or its successor) to the Internal Reviewer within 24 hours of the use of manual restraint, and no later than one business day.</b>	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	<b>5/11/2014 Update</b>  The Internal Reviewer is on the distribution list for these forms. The Notification Form is sent electronically within 24 hours and no later than one business day of the manual restraint. <b>(Exhibit 26 SOS Form DHS-3654 Notification Form)</b> <b>(Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
40.1 The shift supervisor/administrator on duty will notify the Internal Reviewer of the restraint within 24 hours and no later than one business day. Notification will be made electronically along with the completed Form 31032 (or its successor).	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	<b>5/11/2014 Update</b>  The Internal Reviewer is on the distribution list for these forms. The Notification Form is sent electronically within 24 hours and no later than one business day of the manual restraint. <b>(Exhibit 26 SOS Form DHS-3654 Notification Form)</b> <b>(Exhibit 31 Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Complete
41. The Internal Reviewer will consult with staff present and directly involved with each restraint to address: 1) Why/how de-escalation strategies and less restrictive interventions failed to abate the threat of harm; 2) What additional behavioral support strategies may assist the individual; 3) Systemic and individual issues raised by the use of restraint; and 4) the Internal Reviewer will also review <i>Olmstead</i> or other issues arising from or related to, admissions, discharges and other separations from the facility.	Internal Reviewer / Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	8/31/2014	<b>5/11/2014 Update</b>  The Internal Reviewer consults with staff to address the incident, and creates a monthly report addressing the items under EC 41. These monthly reports are sent to the Court Monitor. <b>(Exhibit 38 2014 Internal Reviewer Monthly Reports)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue the Internal Reviewer's responsibilities.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
41.1 The Internal Reviewer will consult with staff present and directly involved with each restraint to address: 1) Why/how deescalation strategies and less restrictive interventions failed to abate the threat of harm; 2) What additional behavioral support strategies may assist the individual; 3) Systemic and individual issues raised by the use of restraint; and 4) the Internal Reviewer will also review <i>Olmstead</i> or other issues arising from or related to, admissions, discharges and other separations from the facility.	Internal Reviewer / Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	8/31/2014	<b>5/11/2014 Update</b>  The Internal Reviewer consults with staff to address the incident, and creates a monthly report addressing the items under EC 41. These monthly reports are sent to the Court Monitor. <b>(Exhibit 38 2014 Internal Reviewer Monthly Reports)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue the Internal Reviewer's responsibilities.	Incomplete
<b>SETTLEMENT AGREEMENT SECTION VII.B. RESTRAINT REVIEW - EXTERNAL REVIEWER</b>					
<b>42. On April 23, 2013, the Court appointed the Court Monitor as the External Reviewer, with the consent of Plaintiffs and Defendants. DHS funds the costs of the external reviewer.</b>	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	4/23/2013	<b>5/11/2014 Update</b>  This EC is in place, based on the Court Order of 4/23/2013.	<b>5/11/2014 Update</b>  Next steps: Continue funding the costs of the Court Monitor.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>43. After providing Plaintiffs' Class Counsel and the Department the opportunity to review and comment on a draft, the External Reviewer issues written quarterly reports informing the Department whether the Facility is in substantial compliance with the Agreement and the incorporated policies, enumerating the factual basis for its conclusions.</b>	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	4/23/2013	<b>5/11/2014 Update</b>  This EC is in place, based on the Court Order of 4/23/2013.	<b>5/11/2014 Update</b>  Next steps: Continue to review and comment on draft reports from the Court Monitor.	Complete
<b>44. In conjunction with duties and responsibilities under the Order of July 17, 2012, the Court Monitor reviews and makes judgments on compliance, makes recommendations and offers technical assistance in his discretion, and files quarterly and other reports with the Court. Timing of reports is subject to the Court's needs, results of Monitor's reviews, and to the monitoring plan pursuant to the Order of August 28, 2013.</b>	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	8/28/2013	<b>5/11/2014 Update</b>  This EC is in place, based on the Court Order of 4/23/2013.	<b>5/11/2014 Update</b>  Next steps: Continue to address Court Monitor judgments, recommendations, and reports.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>EXTERNAL ENTITY AND PLAINTIFFS' ACCESS</b>					
<b>45. The following have access to the Facility and its records: The Office of Ombudsman for Mental Health and Developmental Disabilities, The Disability Law Center, and Plaintiffs' Class Counsel.</b>	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	<b>5/11/2014 Update</b>  There has been and will be no limits on access to the Facility and its records for the Office of Ombudsman for Mental Health and Developmental Disabilities, the Disability Law Center, and Plaintiffs' Class Counsel.	<b>5/11/2014 Update</b>  Next steps: Continue to allow access to the Facility and its records for the Office of Ombudsman for Mental Health and Developmental Disabilities, the Disability Law Center, and Plaintiffs' Class Counsel.	Complete
45.1 Open access to the Facility, its successors, and their records is given to the Office of Ombudsman-MH/DD, The Disability Law Center and Plaintiffs' Class Counsel.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	<b>5/11/2014 Update</b>  There has been and will be no limits on access to the Facility and its records for the Office of Ombudsman for Mental Health and Developmental Disabilities, the Disability Law Center, and Plaintiffs' Class Counsel.	<b>5/11/2014 Update</b>  Next steps: Continue to allow access to the Facility and its records for the Office of Ombudsman for Mental Health and Developmental Disabilities, the Disability Law Center, and Plaintiffs' Class Counsel.	Complete



Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>46. The following exercised their access authority: The Office of Ombudsman for Mental Health and Developmental Disabilities, The Disability Law Center, and Plaintiffs' Counsel.</b>	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	12/31/2013	<b>5/11/2014 Update</b>  There has been and will be no limits on access to the Facility and its records for the Office of Ombudsman for Mental Health and Developmental Disabilities, the Disability Law Center, and Plaintiffs' Class Counsel.	<b>5/11/2014 Update</b>  Next steps: Continue to allow access to the Facility and its records for the Office of Ombudsman for Mental Health and Developmental Disabilities, the Disability Law Center, and Plaintiffs' Class Counsel.	Complete
46.1 The Ombudsman-MH/DD, Disability Law Center and Plaintiffs' counsel have all exercised their authority to access the Facility, its successors, and their records.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	12/31/2013	<b>5/11/2014 Update</b>  There has been and will be no limits on access to the Facility and its records for the Office of Ombudsman for Mental Health and Developmental Disabilities, the Disability Law Center, and Plaintiffs' Class Counsel.	<b>5/11/2014 Update</b>  Next steps: Continue to allow access to the Facility and its records for the Office of Ombudsman for Mental Health and Developmental Disabilities, the Disability Law Center, and Plaintiffs' Class Counsel.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>SETTLEMENT AGREEMENT SECTION VIII. TRANSITION PLANNING</b>					
<b>47. The State undertakes best efforts to ensure that each resident is served in the most integrated setting appropriate to meet such person's individualized needs, including home or community settings. Each individual currently living at the Facility, and all individuals admitted, will be assisted to move towards more integrated community settings. These settings are highly individualized and maximize the opportunity for social and physical integration, given each person's legal standing. In every situation, opportunities to move to a living situation with more freedom, and which is more typical, will be pursued.</b>	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger)	10/31/2014	<b>5/11/2014 Update</b>  There is a team meeting every 30 days to review and update the resident's plans, services, and supports. There is a meeting scheduled every two weeks with the person and their staff to review the person's status and to continue developing and refining their PCP and transition plans.  The Jensen Implementation Office and the DHS Disability Services Division (DSD) are working together to support the residents. DSD has created a Community Capacity Building Team that will provide another level of support and assistance to develop more integrated settings. Staff assigned to that Team have experience working with clients, families, and legal representatives. They have experience providing technical assistance and supports to case managers and care coordinators, and to providers of services.	<b>5/11/2014 Update</b>  Next Steps: Continue to work with providers willing to serve residents with complex behaviors and needs.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
47. (continued)			<p>As of April 25, 2014, there were five residents remaining at MSHS-Cambridge; they all have transition plans in ongoing development as further planning and refining of needs and wants continues.</p> <p>(Exhibit 2 Transition Plan for individual transitioned on 09/20/2013)</p> <p>(Exhibit 3 Transition Plan for individual transitioned on 10/29/2013)</p> <p>(Exhibit 4 Transition Plan for individual transitioned on 11/08/2013)</p> <p>(Exhibit 5 Transition Plan for individual transitioned on 12/03/2013)</p> <p>(Exhibit 6 Transition Plan for individual transitioned on 12/20/2013)</p> <p>(Exhibit 7 Transition Plan for individual transitioned on 03/18/2014)</p> <p>(Exhibit 41 Transition Plans for 5 Individuals at MSHS-Cambridge)</p>		

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
47.2 Regarding transition planning for individuals entering more restrictive settings, the tasks under Evaluation Criteria 48 to 53 shall be fulfilled.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger)	8/31/2014	(Exhibit 41 Transition Plans for 5 Individuals at MSHS-Cambridge)	<b>5/11/2014 Update</b>  Next Steps: Continue implementing the ECs.	Incomplete
<b>48. The State actively pursues the appropriate discharge of residents and provided them with adequate and appropriate transition plans, protections, supports, and services consistent with such person's individualized needs, in the most integrated setting and to which the individual does not object.</b>	MN Life Bridge Clinical Director (Tim Moore)	6/30/2014	<b>5/11/2014 Update</b>  As of April 25, 2014, there were five residents remaining at MSHS-Cambridge; they all have transition plans in ongoing development as further planning and refining of needs and wants continues. <b>(Exhibit 41 Transition Plans for 5 Individuals at MSHS-Cambridge)</b>	<b>5/11/2014 Update</b>  Obstacles: Finding or developing sufficient providers willing and trained to serve residents with complex behaviors and needs.  Next Steps: Continue actively pursuing appropriate discharges.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
48.1 Each individual currently living at MSHS-Cambridge, and any individuals admitted prior to its closure, will have an appropriate transition plan developed within 30 days of admission in accordance with the individual needs and preference for the most integrated setting possible . (For this purpose "admission" and "commitment" are treated the same.).	MN Life Bridge Clinical Director (Tim Moore)	6/30/2014	<b>5/11/2014 Update</b>  As of April 25, 2014, there were five residents remaining at MSHS-Cambridge; they all have transition plans in ongoing development as further planning and refining of needs and wants continues. <b>(Exhibit 41 Transition Plans for 5 Individuals at MSHS-Cambridge)</b>	<b>5/11/2014 Update</b>  Obstacles: Finding or developing sufficient providers willing and trained to serve residents with complex behaviors and needs.  Next Steps: Continue actively pursuing appropriate discharges.	Incomplete
48.2 For individuals who may by law or court order be required to enter more restrictive and less integrated circumstances, such as incarceration in a prison, person-centered planning and transition planning is given the same importance as voluntary admissions. All efforts will be towards preparation and transition, safeguarding, negotiating with facilities, supports while in a facility, and implementing immediate post-facility transition into well-matched supports.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger)	6/30/2014	<b>5/11/2014 Update</b>  Transition planning is done with and for all residents regardless of their known or unknown future circumstances. Sometimes the planning is for a more long term future.	<b>5/11/2014 Update</b>  Obstacles: Certain settings may not have sufficient support systems in place.  Next Steps: Discuss and plan for ways to address potential settings without sufficient supports.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>49. Each resident, the resident's legal representative and/or family to the extent permitted by law, has been permitted to be involved in the team evaluation, decision making, and planning process to the greatest extent practicable, using whatever communication method he or she (or they) prefer.</b>	MN Life Bridge Clinical Director (Tim Moore)	12/31/2013	<b>5/11/2014 Update</b>  The individual, the individual's family and/or legal representative have been invited to be involved in the team evaluation, decision making, and planning process, unless the individual would specifically request someone not be invited.	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Complete
49.1 Each individual and/or the individual's family and/or legal representative as desired by the individual or required by guardianship is permitted, actively encouraged, and welcomed to be involved in the individual's person-centered planning and decision making to the greatest extent practicable utilizing whatever communication method the individual prefers and respecting the individual's right to choose the participants. Invitations to all planning and evaluation meetings will be extended. Alternate means of participation will be extended to those who cannot travel or attend, including phone and video conferencing.	MN Life Bridge Clinical Director (Tim Moore)	12/31/2013	<b>5/11/2014 Update</b>  The individual, the individual's family and/or legal representative have been invited to be involved in the team evaluation, decision making, and planning process, unless the individual would specifically request someone not be invited.	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<p>49.2 Each individual will be invited and encouraged to participate in and take leadership in the person-centered planning processes when this is possible and desired by the person. In all circumstances, the person-centered planning process will be engaged in for and with all individuals, with the understanding that transition and change will happen, that the people are vulnerable, and may need the alliance and support of other allies to support the process of moving forward. High quality person-centered planning, including the development of person-centered profiles, plans, and transition plans, will not be delayed or minimized by a person's perceived level of readiness to take leadership of the process, or willingness to engage in the process.</p>	<p>MN Life Bridge Clinical Director (Tim Moore)</p>	<p>12/31/2013</p>	<p><b>5/11/2014 Update</b></p> <p>This has been and will continue to be current practice in Minnesota.  <b>(Exhibit 9 Sample Portfolio Documents)</b>  <b>(Exhibit 14 Picture of Life for a current MSHS-C resident)</b></p>	<p><b>5/11/2014 Update</b></p> <p>Next Steps: Continue to ensure compliance.</p>	<p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<p><b>50. To foster each resident's self-determination and independence, the State uses person-centered planning principles at each stage of the process to facilitate the identification of the resident's specific interests, goals, likes and dislikes, abilities and strengths, as well as support needs.</b></p>	<p>MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)</p>	<p>9/30/2014</p>	<p><b>5/11/2014 Update</b></p> <p>The State uses person centered planning principles to develop client plans. There are a variety of tools, methodologies, and techniques in person centered planning, and Facility staff and administration select the tool or tools that will best document the individual's status and choices that day.</p> <p><b>(Exhibit 9 Sample Portfolio Documents)</b>  <b>(Exhibit 14 Picture of Life for a current MSHS-C resident)</b>  <b>(Exhibit 42 Example of DHS 6622 Coordinated Service and Support Plan (CSSP) Addendum)</b></p>	<p><b>5/11/2014 Update</b></p> <p>Next Steps: Continue to ensure compliance.</p>	<p>Incomplete</p>



Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<p>50.1 Person-centered planning: 1) Will be started immediately upon meeting the person, before admission if possible; 2) Will be on-going; 3) Will be supported by a team of people who represent the interests of the person, if need be; 4) Without exception, and only if the person objects to the inclusion of specific people, the support team will include willing family members, case managers, current, past and future service workers, and at least one individual who is in a freely-given relationship with the person which is conflict-free. This can include a community advocate, citizen advocate, family member, or other individual who only has the welfare of the individual to consider. If the individual is unable or unwilling to participate, people who know about and care for the individual, with the individual's approval, will still be invited to engage in sharing their perspectives about what that positive future can be and what is needed to bring it about. This process will begin at first contact, with a first person-centered plan drawn up by day 30 after admission or 45 days from approval of this Plan.</p>	<p>MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)</p>	<p>8/31/2014</p>	<p><b>5/11/2014 Update</b></p> <p>Planning begins immediately upon meeting the person, if not sooner (generally, it begins as soon as MSHS-Cambridge / MN Life Bridge is made aware of a potential admission). Current client plans are being updated to comply with this CPA.</p> <p><b>(Exhibit 9 Sample Portfolio Documents)</b>  <b>(Exhibit 14 Picture of Life for a current MSHS-C resident)</b>  <b>(Exhibit 42 Example of DHS 6622 Coordinated Service and Support Plan (CSSP) Addendum)</b></p>	<p><b>5/11/2014 Update</b></p> <p>Obstacles:  Many individuals we serve have minimal "freely-given, conflict-free" relationships. Part of the MSHS-Cambridge and MN Life Bridge program is to assist individuals to connect to the community and to learn to develop healthy relationships.</p> <p>Next Steps:  Continue to ensure compliance.</p>	<p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<p>50.2 Each Person-Centered Plan will be enriched, altered and moved forward at least every 30 days as the person becomes better known and moves toward a new living situation. As plans for this new living situation emerge, each plan will include all activities relevant for transition to a new living situation, relevant and necessary supports to assure the person will have good success, and protections that need to be in place.</p>	<p>MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)</p>	<p>8/31/2014</p>	<p><b>5/11/2014 Update</b></p> <p>Person centered plans are enriched and moved forward.</p> <p>There are bi-weekly meetings with the resident and their staff to discuss the resident's status.</p> <p>There are monthly meetings with the interdisciplinary team (IDT).</p> <p>These are opportunities to add to and refine the person's plans. In addition, staff make notes of things that happen throughout the week, and those may be used to review the plans for possible updating.</p> <p><b>(Exhibit 9 Sample Portfolio Documents)</b>  <b>(Exhibit 14 Picture of Life for a current MSHS-C resident)</b></p>	<p><b>5/11/2014 Update</b></p> <p>Next Steps: Continue enriching the person's plans, activities, supports, and protections.</p>	<p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
50.3 The information from each Person-Centered Plan will be fully incorporated into each person's transition plan, Positive Behavior Support Plan, goal plans, and service objectives within any Individual Service Plan.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)	8/31/2014	<b>5/11/2014 Update</b>  Person centered thinking and planning is taught to staff and is used throughout the planning process and throughout daily activities. The forms that have been in use are being reviewed and revised as necessary to match the terminology required in this Plan. <b>(Exhibit 42 Example of DHS 6622 Coordinated Service and Support Plan (CSSP) Addendum)</b> <b>(Exhibit 43 DHS 6810, 6810A, and 6810B Positive Support Transition Plan form, Review form, and Instructions)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue reviewing and revising as necessary forms, procedures, policies, training, daily terminology used to match that required by this Plan.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<p>50.4 All plan facilitators will have, or function under the active supervision of a staff person who has, significant experience and background in facilitation, social devaluation and its consequences, and the principles of Normalization / Social Role Valorization, person-centered thinking, and the various and vast array of useful tools and techniques which may be of use for a particular person. Any such supervisor shall co-sign and be responsible for the plan and plan process. In this manner, a thoughtful, authentic, individualized and successful planning process will result in meaningful outcomes. Evidence of use of various, individualized techniques for different individual people will be clear in the development of person -centered plans. (PATH, MAPS, Personal Futures Planning, One Page Profiles, and Helen Sanderson's Person-Centered -Thinking, are examples)</p>	<p>MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)</p>	<p>8/31/2014</p>	<p><b>5/11/2014 Update</b></p> <p>Dr. Stacy Danov meets the qualifications listed in this Action Item. Various, individualized techniques are used for different people in developing their initial plan at admission, and other plans throughout their stay in the program. Depending on the person's status at the time, there are different needs and wants ("important to" and "important for") to be addressed in the plan at that time. Many people upon admission are in some sort of crisis situation and it is important to and for the person to address that right away.</p> <p><b>(Exhibit 44 CV and Training Record for the Psychologist 3)</b></p>	<p><b>5/11/2014 Update</b></p> <p>Obstacles: There are very few people in Minnesota who could meet the qualification listed here.</p> <p>Next Steps: Continue implementing this Action Item and using person centered planning techniques individualized to the person.</p>	<p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<p>50.5 An annual learning and professional development plan which includes the above areas will be developed with and for each facilitator of person-centered processes. It may include reading, research, formal, and informal training, mentoring, and development events. These learning and professional development plans will include a minimum of 25 hours per year of educational activities (formal and informal) focused on person-centered planning, and will be completed as planned. Attendance at professional conferences, in and out of state, will be supported and facilitated.</p>	<p>MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)</p>	<p>9/30/2014</p>	<p><b>5/11/2014 Update</b></p> <p>Staff learning and professional development planning is under review to assure compliance with the Plan. <b>(Exhibit 44 CV and Training Record for the Psychologist 3)</b></p>	<p><b>5/11/2014 Update</b></p> <p>Next Steps: Complete the review of staff learning and development planning practices for compliance with this Plan.</p>	<p>Incomplete</p>
<p>50.6 Person-Centered Planning will include the intentional development of each support team's understanding and analysis of the individual's particular life experiences and how they have impacted the person. Themes, patterns, potential responses, and lessons should be drawn from this knowledge. Biographical timelines, or other person-centered means to capture histories and understand the person will be conducted for each person, with the collaboration of the person and family, if appropriate.</p>	<p>MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)</p>	<p>8/31/2014</p>	<p><b>5/11/2014 Update</b></p> <p>Staff are aware of the concept of trauma-informed care, and of how they need to be aware of their own behaviors due to trauma they may have experienced. <b>(Exhibit 45 Examples of History Maps)</b></p>	<p><b>5/11/2014 Update</b></p> <p>Next Steps: Continue implementation and compliance.</p>	<p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
50.7 The development of a person-centered description or personal profile will be used to develop the initial person-centered plan.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)	8/31/2014	<b>5/11/2014 Update</b>  The PCD or profile are used to develop the initial PCP. Current forms, procedures and terminology are being reviewed and revised as necessary to comply with the terminology required by this Plan.  <b>(Exhibit 9 Sample Portfolio Documents)</b> <b>(Exhibit 14 Picture of Life for a current MSHS-C resident)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue implementation and revisions as necessary.	Incomplete
50.8 The formats for the Person-Centered Plan, person-centered description or personal profile will be revised to comply with the content requirements of this CPA. The Individual Program Plan will incorporate the Person-Centered Plan.  The Person-Centered Plan will be re-designed to reflect a person-centered approach and style. This will include adding: 1) The focus person's goals, interests and vision for the future; 2) The identification of any actions and plans towards achieving those goals; 3) Support to be provided and by whom; 4) Use of everyday, informal language and avoidance of unnecessary service jargon. Objectives for the Person-Centered Plan will be drawn directly from the person-centered description / profile.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov) / MN Life Bridge Program Manager (Tiffany Byers - Draeger)	8/31/2014	<b>5/11/2014 Update</b>  Formats are being reviewed and revised as necessary to comply with the content requirements of this Plan.  The Person-Centered Plan is being re-designed to reflect the person-centered approach and style described in this Plan.  <b>(Exhibit 9 Sample Portfolio Documents)</b> <b>(Exhibit 14 Picture of Life for a current MSHS-C resident)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue implementation and revisions as necessary.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>51. Each resident has been given the opportunity to express a choice regarding preferred activities that contribute to a quality life.</b>	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov) / MN Life Bridge Program Manager (Tiffany Byers - Draeger)	6/30/2014	<b>5/11/2014 Update</b>  This is current practice and will continue. All residents are given choices (and opportunities to express their choice) regarding their preferred activities - what they feel contributes to a quality life.  Forms are being reviewed for any necessary revisions to comply with terminology, format, and style required by this Plan.  <b>(Exhibit 9 Sample Portfolio Documents)</b> <b>(Exhibit 14 Picture of Life for a current MSHS-C resident)</b> <b>(Exhibit 43 DHS 6810, 6810A, and 6810B Positive Support Transition Plan form, Review form, and Instructions)</b> <b>(Exhibit 46 Examples of Daily Data Sheets)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue implementation and revisions as necessary.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
51.1 For each person served at a Facility, the Person-Centered Plan will include preferred activities, areas in which the person wants to learn and grow, relationships to strengthen, and competencies to learn.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov) / MN Life Bridge Program Manager (Tiffany Byers - Draeger)	6/30/2014	<b>5/11/2014 Update</b>  PCPs include the clients' preferred activities and choices for their goals and how they want to spend their time. Forms are being reviewed for any necessary revisions to comply with terminology, format, and style required by this Plan. <b>(Exhibit 9 Sample Portfolio Documents)</b> <b>(Exhibit 14 Picture of Life for a current MSHS-C resident)</b> <b>(Exhibit 46 Examples of Daily Data Sheets)</b> <b>(Exhibit 47 Example of Daily Client Schedule)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue implementation and revisions as necessary.	Incomplete



Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<p>51.2 Frequent, daily opportunities will be built into daily life for each person to engage in meaningful activities that are personalized, individualized, and selected by the person. These will be activities planned with the person, and carried out in an individualized fashion. "House activities" will generally not be consistent with providing individualized, person-centered activities which the person freely chooses to engage in.</p>	<p>MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov) / MN Life Bridge Program Manager (Tiffany Byers - Draeger)</p>	<p>6/30/2014</p>	<p><b>5/11/2014 Update</b></p> <p>This is current practice and will continue. Opportunities for activities are offered for each person to chose from, and are provided. Forms are being reviewed for any necessary revisions to comply with terminology, format, and style required by this Plan.</p> <p><b>(Exhibit 9 Sample Portfolio Documents)</b>  <b>(Exhibit 14 Picture of Life for a current MSHS-C resident)</b>  <b>(Exhibit 46 Examples of Daily Data Sheets)</b>  <b>(Exhibit 47 Example of Daily Client Schedule)</b></p>	<p><b>5/11/2014 Update</b></p> <p>Next Steps: Continue implementation and revisions as necessary.</p>	<p>Incomplete</p>
<p><b>52. It is the State's goal that all residents be served in integrated community settings and services with adequate protections, supports and other necessary resources which are identified as available by service coordination. If an existing setting or service is not identified or available, best efforts will be utilized to create the appropriate setting or service using an individualized service design process.</b></p>	<p>MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger)</p>	<p>10/31/2014</p>	<p><b>5/11/2014 Update</b></p> <p>The language in this EC is the State's goal. This Plan provides support to the efforts to have people served in integrated community settings and services with adequate protections, supports and other necessary resources. The resources of DHS are available to meet the needs of the individual.</p>	<p><b>5/11/2014 Update</b></p> <p>Next Steps: Continue to work with providers willing to serve residents with complex behaviors and needs. Work with DSD Community Capacity Building team to locate or provide support or assistance to develop new services and new community residences.</p>	<p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<p>52.1 Each individual's Person-Centered Plan will embody continuously increasing clarity at each revision/ development meeting on what an ideal living situation may look like for the person. These will support and describe "must haves" components which must be in place in any considered situation. This may include living situations which are not offered in existing structured services. It may also be impossible to "show" a person a service that matches their needs, even though they may select that option from several.</p>	<p>MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger) / MN Life Bridge Psychologist 3 (Stacy Danov)</p>	<p>8/31/2014</p>	<p><b>5/11/2014 Update</b></p> <p>There are monthly IDT meetings, and bi-weekly meetings with the person and their staff.</p> <p>Client plans include their choices for where they want to live and how the environment, roommates, and staff will interact with them. These are developed and refined over time, as the person moves past the crisis or emergent situation that led to their admission, and prepares for transition back to the community.</p> <p>Efforts are made to "show" a person services similar to their PCP or similar to meet their needs.</p> <p>Residents transitioning out of MSHS-Cambridge have had opportunities to find out about existing residential openings, and have visited them and made their selection of where to move.</p>	<p><b>5/11/2014 Update</b></p> <p>Next Steps:</p> <p>Continue to have residents actively involved in PCP and making choices of services, supports, and settings.</p> <p>Continue to work with providers willing to serve residents with complex behaviors and needs.</p> <p>Work with DSD Community Capacity Building team to locate or provide support or assistance to develop new services and new community residences.</p>	<p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
52.2 If an existing service/living situation is identified and selected by the individual with assistance from the support team, alterations, enhancements, and additional supports will be added whenever appropriate to ensure robust community supports which meet the essential needs for assistance, structure, and support as outlined in the Person-Centered Plan. "Must haves" identified as in 52.1 are required to be in place.	Director of Jensen Implementation Office (Peg Booth) / MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger)	8/31/2014	<b>5/11/2014 Update</b>  The resources of DHS are available to address each individual's Person Centered Plan.  The process of developing a person's Person Centered Plan occurs over a period of time. There can be a variety of alterations, enhancements, and additional supports needed to be added to an existing service / living situation, and some take longer to achieve than others. Supports and services will be provided that meet the plans as much as possible while others are being developed or located.	<b>5/11/2014 Update</b>  Next Steps: Continue to work with providers willing to serve residents with complex behaviors and needs.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
52.3 If an existing residential service is not identified or available, the appropriate services must be created, using an individualized service design process.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger)	6/30/2014	<b>5/11/2014 Update</b>  The resources of DHS are available to address each individual's Person Centered Plan. New services and settings identified in the person's Person Center Plan will be created using an individualized service design process.	<b>5/11/2014 Update</b>  Obstacles: A potential obstacle is the availability of a structure or trained staff. Another obstacle can be public perception and opinions. There have been concerns raised by neighbors of the two new community homes.  Next Steps: Offer and encourage staff training. Continue recruitment of staff and providers. Continue to foster open discussions with neighbors.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
52.4 When a living situation is identified as a possibility, the individual and the support team as appropriate will have multiple opportunities to visit, meet potential house-mates, interview the staff and provider, spend time in the situation, and be given the opportunity to make a choice about the living situation, request program enhancements or adjustments, or decline the option.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger)	6/30/2014	<b>5/11/2014 Update</b>  As people have been transitioning from MSHS-Cambridge, they and their support staff have been given opportunities to visit potential living sites, meet with potential house-mates and staff, and they have the opportunity to make choices about the living situation. <b>(Exhibit 2 Transition Plan for individual transitioned on 09/20/2013)</b> <b>(Exhibit 3 Transition Plan for individual transitioned on 10/29/2013)</b> <b>(Exhibit 4 Transition Plan for individual transitioned on 11/08/2013)</b> <b>(Exhibit 5 Transition Plan for individual transitioned on 12/03/2013)</b> <b>(Exhibit 6 Transition Plan for individual transitioned on 12/20/2013)</b> <b>(Exhibit 7 Transition Plan for individual transitioned on 03/18/2014)</b> <b>(Exhibit 41 Transition Plans for 5 Individuals at MSHS-Cambridge)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue implementation.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<p>52.5 When a discharge into an alternative living situation is agreed upon, the transition plan will be further developed and finalized. This pre-discharge iteration of the transition plan will include not only the sharing of information and documents transfers between providers, 1) An individualized plan to facilitate a smooth move; 2) Assistance to the person to navigate the move with ease, and arrange for safeguarding and transfer of the person's belongings ; 3) Planning for and making purchases for new home, ; 4) Assistance to become familiar with new neighborhood, area, town; 5) Planning for packing and move day ; 6) Personalization of new home; 7) Notification of family and friends ; 8) Post office and utility changes ; 9) Introductions to neighbors; 10) Setting up opportunities to deepen relationships with future housemates; 11) Celebrations, welcoming, and farewells; 12) Designing layout of space, window treatments, etc. These types of considerations are a part of the typical processes that valued adults in our culture when preparing to move, and these and others shall be considered.</p>	<p>MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger)</p>	<p>6/30/2014</p>	<p><b>5/11/2014 Update</b></p> <p>Transition plans are created and further developed and refined throughout the person's stay. Forms and practices are being reviewed for compliance with the order, style, and terminology in this Plan.</p> <p><b>(Exhibit 2 Transition Plan for individual transitioned on 09/20/2013)</b></p> <p><b>(Exhibit 3 Transition Plan for individual transitioned on 10/29/2013)</b></p> <p><b>(Exhibit 4 Transition Plan for individual transitioned on 11/08/2013)</b></p> <p><b>(Exhibit 5 Transition Plan for individual transitioned on 12/03/2013)</b></p> <p><b>(Exhibit 6 Transition Plan for individual transitioned on 12/20/2013)</b></p> <p><b>(Exhibit 7 Transition Plan for individual transitioned on 03/18/2014)</b></p> <p><b>(Exhibit 41 Transition Plans for 5 Individuals at MSHS-Cambridge)</b></p>	<p><b>5/11/2014 Update</b></p> <p>Next Steps: Continue implementation. Review and revise forms and practices as necessary.</p>	<p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
52.6 The format for the transition plan will incorporate and provide for address of the elements in 52.5 above.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger)	6/30/2014	<b>5/11/2014 Update</b>  Transition plans are created and further developed and refined throughout the person's stay. Forms and practices are being reviewed for compliance with the order, style, and terminology in this Plan. <b>(Exhibit 8 Sample Positive Support Transition Plan)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue implementation. Review and revise forms and practices as necessary.	Incomplete
<b>53. The provisions under this Transition Planning Section have been implemented in accord with the <i>Olmstead</i> decision.</b>	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger) / MN Life Bridge Operations Manager (Mark Brostrom)	8/31/2014	<b>5/11/2014 Update</b>  Interaction between the Jensen Implementation Office and the Olmstead Implementation Office occurs on an ad hoc basis, as well as at regularly scheduled meetings. Future revisions to the <i>Olmstead</i> Plan will be reviewed and addressed as needed.	<b>5/11/2014 Update</b>  Next Steps: Continue to implement this Transition Planning Section in accord with the <i>Olmstead</i> Plan. There is a next iteration of the <i>Olmstead</i> Plan due out this summer.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
53.1 Any living arrangement, day service, or other service which is administered or organized in a segregated manner must be justified in writing as a part of the transition plan as being necessary. In a "segregated manner" means that the people served are all people with disabilities who have not specifically chosen to live or be served together. This justification will be accompanied by objectives to increase social and physical integration which will be included in service planning objectives and program planning.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator / MN Life Bridge Operations Manager (Mark Brostrom)	8/31/2014	<b>5/11/2014 Update</b>  Any details for a "segregated" setting and objectives for increasing integration are to be included in the person's transition plan.	<b>5/11/2014 Update</b>  Next Steps: Continue to implement this Action Item.	Incomplete



Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
53.2 All services provided and planned for, and transitioned into must be adequate, appropriate, and carefully monitored. This need for monitoring will be carefully weighed by each person-centered team and addressed. This includes services at the Facility and new living and working situations into which a person is transitioning.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)	8/31/2014	<b>5/11/2014 Update</b>  Currently, the person's PCP includes information about the person and monitoring their needs and services. Planning for implementation of this Action Item for people who transition out of MSHS-Cambridge, MSOCS East Central, and successor facilities is ongoing. DHS Community Support Services (CSS) has an option for people to choose what has been called "long term monitoring", where CSS maintains contact with the person after they have transitioned out of CSS services. More planning is in process.  <b>(Exhibit 41 Transition Plans for 5 Individuals at MSHS-Cambridge)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to implement this Action Item and refine planning for future monitoring efforts.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
53.3 All services provided will include assisting people to have meaningful roles in community life, civic life, relationships, work and career, home, and areas of personal interest. When appropriate, these areas of engagement will be envisioned by the team alongside the individual served, and opportunities will be created for this engagement in everyday life. These roles and engagements will be consistently identified and addressed within the Person-Centered Planning, Transition, and the Positive Behavior Support Plans development processes.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)	8/31/2014	<b>5/11/2014 Update</b>  Plans are being reviewed and revised as needed to comply with the language in this Plan. <b>(Exhibit 9 Sample Portfolio Documents)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to implement this Action Item. Review plans and revise as necessary to comply with the language in this Plan.	Incomplete
53.4 The above areas of engagement (community life, civic life, relationships, career, home, personal interests) will be included in each Person-Centered Plan as focus areas for planning and related objectives.	MN Life Bridge Psychologist 3 (Stacy Danov)	8/31/2014	<b>5/11/2014 Update</b>  Plans are being reviewed and revised as needed to comply with the language in this Plan. <b>(Exhibit 9 Sample Portfolio Documents)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to implement this Action Item. Review plans and revise as necessary to comply with the language in this Plan.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>SETTLEMENT AGREEMENT SECTION IX.A. OTHER PRACTICES AT THE FACILITY – STAFF TRAINING</b>					
<b>54. Facility treatment staff received training in positive behavioral supports, person-centered approaches, therapeutic interventions, personal safety techniques, crisis intervention and post crisis evaluation.</b>	MN Life Bridge Operations Manager (Mark Brostrom)	8/31/2014	<b>5/11/2014 Update</b>  The staff training programs are being reviewed for compliance with this Plan. <b>(Exhibit 21 Training Curricula and PowerPoint presentation on the Jensen Settlement Agreement Attachment A)</b> <b>(Exhibit 48 Description of Training Programs)</b> <b>(Exhibit 49 MSHS-Cambridge Training Tracker)</b>	<b>5/11/2014 Update</b>  Next Steps: Review staff training plans and revise as necessary. Review staff training records to assure compliance.	Incomplete
<b>54.1 Facility staff in all positions receive annual standardized training in:</b> 1. Therapeutic Interventions 2. Personal safety techniques 3. Medically monitoring restraint 4. Positive Behavior Supports 5. Person-Centered Approaches 6. Crisis Intervention 7. Post-Crisis Evaluation and Assessment	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	<b>5/11/2014 Update</b>  The staff training programs are being reviewed for compliance with this Plan. <b>(Exhibit 21 Training Curricula and PowerPoint presentation on the Jensen Settlement Agreement Attachment A)</b> <b>(Exhibit 48 Description of Training Programs)</b> <b>(Exhibit 49 MSHS-Cambridge Training Tracker)</b>	<b>5/11/2014 Update</b>  Next Steps: Review staff training plans and revise as necessary. Review staff training records to assure compliance.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
54.2 All new or temporary Facility staff in all positions receive standardized pre-service training in: 1. Therapeutic Interventions 2. Personal safety techniques 3. Medically monitoring restraint 4. Positive Behavior Supports 5. Person-Centered Approaches 6. Crisis Intervention 7. Post-Crisis Evaluation and Assessment	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	<b>5/11/2014 Update</b>  The staff training programs are being reviewed for compliance with this Plan. <b>(Exhibit 21 Training Curricula and PowerPoint presentation on the Jensen Settlement Agreement Attachment A)</b> <b>(Exhibit 48 Description of Training Programs)</b> <b>(Exhibit 49 MSHS-Cambridge Training Tracker)</b>	<b>5/11/2014 Update</b>  Next Steps: Review staff training plans and revise as necessary. Review staff training records to assure compliance.	Incomplete
54.3 The Department will record, monitor and follow-up with the Facility administration to ensure that all facility treatment staff receive all necessary training including, but not limited to, EC 62-64, below.	MN Life Bridge Operations Manager (Mark Brostrom)	8/31/2014	<b>5/11/2014 Update</b>  Staff training records are maintained, and are shared with the Jensen Implementation Office and DHS, and with the Attorney General's Office as requested. <b>(Exhibit 49 MSHS-Cambridge Training Tracker)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to maintain staff training records. JIO will monitor compliance.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>55. Facility staff training is consistent with applicable best practices, including but not limited to the Association of Positive Behavior Supports, Standards of Practice for Positive Behavior Supports (<a href="http://apbs.org">http://apbs.org</a>). Staff training programs will be competency-based with staff demonstrating current competency in both knowledge and skills.</b>	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Operations Manager (Mark Brostrom) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)	10/31/2014	<b>5/11/2014 Update</b>  There is a didactic approach to staff training. We are reviewing and revising as necessary all staff training programs to be competency based.	<b>5/11/2014 Update</b>  Next Steps : Review staff training programs and curricula and revise as necessary to comply with this Plan.	Incomplete
55.1 All Facility staff training programs will be competency-based with staff demonstrating current competency in both knowledge and skills.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Operations Manager (Mark Brostrom) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)	8/31/2014	<b>5/11/2014 Update:</b>  All staff training programs and curricula are being reviewed and revised to include a competency evaluation in both knowledge and skills.	<b>5/11/2014 Update</b>  Next Steps : Review staff training programs and curricula and revise as necessary to comply with this Plan.	Incomplete
55.2 Training curricula are developed, based on, and consistent with best practices in: 1) Positive Behavioral Supports; 2) Person-Centered approaches/practices; 3) Therapeutic Intervention Strategies; 4) Personal safety techniques; and 5) Crisis intervention and post crisis evaluation.	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	<b>5/11/2014 Update</b>  Training curricula are created and revised as necessary to be consistent with best practices.	<b>5/11/2014 Update</b>  Next Steps : Continue implementing this Item.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
55.3 Each training program (that is, 1) Positive Behavioral Supports; 2) Person-Centered approaches/practices; 3) Therapeutic Intervention Strategies; 4) Personal Safety techniques; and 5) Crisis intervention & post crisis evaluation), will be evaluated at least annually and revised, if appropriate, to ensure adherence to evidence-based and best practices.	MN Life Bridge Operations Manager (Mark Brostrom)	10/31/2014	<b>5/11/2014 Update</b>  Training programs have been periodically revised and updated as appropriate. Plans for a schedule to evaluate each training program on an annual basis will be developed.	<b>5/11/2014 Update</b>  Next Steps: Develop plan for annual evaluations of each training program.	Incomplete
55.4 DHS will ensure training programs promote sensitivity awareness surrounding individuals with cognitive and mental health disabilities and how their developmental level, cultural/familial background, history of physical or sexual abuse and prior restraints may affect their reactions during behavioral emergencies.	Forensics Medical Director (Steve Pratt) / DCT-SOS Learning & Development Director (Charles Lawler)	6/30/2014	<b>5/11/2014 Update</b>  Training programs are being reviewed to verify these items are addressed, and will be revised if that is not the case.	<b>5/11/2014 Update</b>  Next Steps : Continue implementing this Item.	Incomplete
55.5 DHS will ensure that training programs are designed to also develop staff's self-awareness of how their own experiences, perceptions and attitudes affect their response to behavioral issues and emergencies.	Forensics Medical Director (Steve Pratt) / DCT-SOS Learning & Development Director (Charles Lawler)	8/31/2014	<b>5/11/2014 Update</b>  Training programs are being reviewed to verify these items are addressed, and will be revised if that is not the case.	<b>5/11/2014 Update</b>  Next Steps : Continue implementing this Item.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>56. Facility staff receive the specified number of hours of training: Therapeutic interventions (8 hours); Personal safety techniques (8 hours); Medically monitoring restraint (1 hour).</b>	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	<b>5/11/2014 Update</b>  These number of hours of training have been the standard of practice. <b>(Exhibit 21 Training curricula and PowerPoint presentation on the Jensen Settlement Agreement Attachment A)</b> <b>(Exhibit 48 Description of Training Programs)</b> <b>(Exhibit 49 MSHS-Cambridge Training Tracker)</b>	<b>5/11/2014 Update</b>  Next Steps : Continue implementing this Item.	Incomplete
56.1 Competency-based training curriculum is developed which minimally provides 8 hours training in Therapeutic Interventions; Personal Safety Techniques and 1 hour in Medically Monitoring Restraints.	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	<b>5/11/2014 Update</b>  These number of hours of training have been the standard of practice. <b>(Exhibit 21 Training curricula and PowerPoint presentation on the Jensen Settlement Agreement Attachment A)</b> <b>(Exhibit 48 Description of Training Programs)</b> <b>(Exhibit 49 MSHS-Cambridge Training Tracker)</b>	<b>5/11/2014 Update</b>  Next Steps : Continue implementing this Item.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
56.2 All current employees receive 8 hours of competency-based training on Therapeutic Interventions.	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	<b>5/11/2014 Update</b>  These number of hours of training have been the standard of practice. <b>(Exhibit 21 Training curricula and PowerPoint presentation on the Jensen Settlement Agreement Attachment A)</b> <b>(Exhibit 48 Description of Training Programs)</b> <b>(Exhibit 49 MSHS-Cambridge Training Tracker)</b>	<b>5/11/2014 Update</b>  Next Steps : Continue implementing this Item.	Incomplete
56.3 All current employees receive 8 hours of competency-based training on Personal Safety Techniques.	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	<b>5/11/2014 Update</b>  This number of hours of personal safety techniques training has been the standard of practice. <b>(Exhibit 21 Training curricula and PowerPoint presentation on the Jensen Settlement Agreement Attachment A)</b> <b>(Exhibit 48 Description of Training Programs)</b> <b>(Exhibit 49 MSHS-Cambridge Training Tracker)</b>	<b>5/11/2014 Update</b>  Next Steps : Continue implementing this Item.	Incomplete



Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
56.4 All current employees receive 1 hour of competency-based training on Medically Monitoring restraints.	MN Life Bridge RN Senior (Janet Marciniak)	6/30/2014	<b>5/11/2014 Update</b>  These number of hours of training have been the standard of practice. <b>(Exhibit 21 Training curricula and PowerPoint presentation on the Jensen Settlement Agreement Attachment A)</b> <b>(Exhibit 48 Description of Training Programs)</b> <b>(Exhibit 49 MSHS-Cambridge Training Tracker)</b>	<b>5/11/2014 Update</b>  Next Steps : Continue implementing this Item.	Incomplete
57. For each instance of restraint, all Facility staff involved in imposing restraint received all the training in Therapeutic Interventions, Personal Safety Techniques, Medically Monitoring Restraint.	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	<b>5/11/2014 Update</b>  Training records of staff are maintained by the Operations Manager. Staff currently providing direct care successfully completed the Attachment A training as approved by the Court and Court Monitor. Staff receive training on Attachment A of the JSA at hire and annually. <b>(Exhibit 49 MSHS-Cambridge Training Tracker)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue training programs and tracking staff attendance and completion of training programs.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
57.1 No staff member is permitted to be assigned to direct support services until having received all required orientation and/or annual inservice training on all elements of EC 56, above.	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	<b>5/11/2014 Update</b>  Training records of staff are maintained. Staff receive training on Attachment A of the JSA at hire and annually. Staff are not assigned to direct supports services until they have successfully completed required training. <b>(Exhibit 49 MSHS-Cambridge Training Tracker)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue training programs and tracking staff attendance and completion of training programs.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>SETTLEMENT AGREEMENT SECTION IX.B. OTHER PRACTICES AT THE FACILITY – HOURS OF TRAINING</b>					
<b>58. Facility staff receive the specified number of hours of training: Person-centered planning and positive behavior supports (with at least sixteen (16) hours on person-centered thinking / planning); a total 40 hours; Post Crisis Evaluation and Assessment (4 hours).</b>	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	<b>5/11/2014 Update</b>  Staff receive the specified number of hours of training. The Operations Manager monitors the Training Tracker to ensure staff successfully complete necessary training before being put in work that requires that training. <b>(Exhibit 49 MSHS-Cambridge Training Tracker)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue training programs and tracking staff attendance and completion of training programs.	Incomplete
<b>SETTLEMENT AGREEMENT SECTION IX.C. OTHER PRACTICES AT THE FACILITY – VISITOR POLICY</b>					
<b>59. Residents are permitted unscheduled and scheduled visits with immediate family and/or guardians, at reasonable hours, unless the Interdisciplinary Team (IDT) reasonably determines the visit is contraindicated.</b>	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	<b>5/11/2014 Update</b>  This is Facility policy and practice. If there are any limits on visitors, that is noted in the resident's PCP and/or records. <b>(Exhibit 50 MSHS-C Procedure 15899 Involvement with Family, Guardians, and Friends)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue implementation of and compliance with this EC.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
59.1 Facilitate and allow all individuals to have scheduled and unscheduled visits with immediate family and/or guardians and other visitors if not contraindicated by court order or person-centered plans.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	<b>5/11/2014 Update</b>  This is Facility policy and practice. If there are any limits on visitors, that is noted in the resident's PCP and/or records.  <b>(Exhibit 50 MSHS-C Procedure 15899 Involvement with Family, Guardians, and Friends)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue implementation of and compliance with this EC.	Complete
60. Visitors are allowed full and unrestricted access to the resident's living areas, including kitchen, living room, social and common areas, bedroom and bathrooms, consistent with all residents' rights to privacy.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	<b>5/11/2014 Update</b>  Visitors have access to living areas unless there are specific risk factors or court orders limiting that access. If there are any limits on visitors, that is noted in the resident's PCP.  <b>(Exhibit 50 MSHS-C Procedure 15899 Involvement with Family, Guardians, and Friends)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue implementation of and compliance with this EC.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
60. 1 Facilitate all visitors access to the individual's living areas, including kitchen, living room, social and common areas, bedroom and bathrooms, with attention paid to the right of individual privacy and person-centered plans or court requirements.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	<b>5/11/2014 Update</b>  This is Facility policy and practice. If there are any limits on visitors, that is noted in the resident's PCP and/or records. This can be and is discussed at resident house meetings if there are any questions, concerns, or issues. <b>(Exhibit 50 MSHS-C Procedure 15899 Involvement with Family, Guardians, and Friends)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue implementation of and compliance with this EC.	Complete
61. Residents are allowed to visit with immediate family members and/or guardians in private without staff supervision, unless the IDT reasonably determines this is contraindicated.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	<b>5/11/2014 Update</b>  This is Facility policy and practice. If there are limits on privacy during visits, that is noted in the person's PCP. This can be and is discussed at resident house meetings if there are any questions, concerns, or issues. <b>(Exhibit 50 MSHS-C Procedure 15899 Involvement with Family, Guardians, and Friends)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue implementation of and compliance with this EC.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
61.1 Provide privacy, if desired by the individual, for all individuals when visiting with immediate family members and/or guardians, unless the person-centered plans reasonably determines this is contraindicated or visitation rules are court ordered.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	<b>5/11/2014 Update</b>  Visitors have access to living areas unless there are specific risk factors or court orders limiting that access. Privacy is provided as the individual desires, and in accordance with the PCP. This can be and is discussed at resident house meetings if there are any questions, concerns, or issues.  <b>(Exhibit 50 MSHS-C Procedure 15899 Involvement with Family, Guardians, and Friends)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue implementation of and compliance with this EC.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>SETTLEMENT AGREEMENT SECTION IX.D. OTHER PRACTICES AT THE FACILITY – NO INCONSISTENT PUBLICITY</b>					
<b>62. There is no marketing, recruitment of clients, or publicity targeted to prospective residents at the Facility.</b>	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	4/30/2014	<b>5/11/2014 Update</b>  There has not been and will not be marketing, recruitment of clients, or publicity targeted to prospective residents of MSHS-Cambridge. With the opening of Stratton Lakes, admissions to MSHS-C are closed. The Department disseminated Bulletin # 14--76-01 in an effort to comply with Action Item 63.1. <b>(Exhibit 51 DHS Bulletin # 14-76-01 Transition of Minnesota Specialty Health System (MSHS) - Cambridge to Minnesota Life Bridge: Admission and Discharge Processes, Transition Planning and Community Mobile Support Services)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<p><b>63. The Facility purpose is clearly stated in a bulletin to state court judges, county directors, social service supervisors and staff, county attorneys and Consumers and Families and Legal Representatives of consumers of Developmental Disabilities services. Any admission will be consistent with the requirements of this bulletin.</b></p>	<p>Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)</p>	<p>4/30/2014</p>	<p><b>5/11/2014 Update</b></p> <p>DHS Bulletin # 14-76-01 was written and issued to address the requirements of this EC. The Court Monitor provided final edits to the Bulletin on 4/29/2014, and the Bulletin was issued and distributed to meet the deadline of 4/30/2014, to state court judges, county directors, social service supervisors and staff, county attorneys, consumers, families, and legal representatives of consumers of Developmental Disabilities services.</p> <p>It is common practice for DHS and divisions within DHS to a new bulletin upon its issuance to interested parties who have an interest in notification.</p> <p><b>(Exhibit 51 DHS Bulletin # 14-76-01 Transition of Minnesota Specialty Health System (MSHS) - Cambridge to Minnesota Life Bridge: Admission and Discharge Processes, Transition Planning and Community Mobile Support Services)</b></p>	<p><b>5/11/2014 Update</b></p> <p>Next Steps: Continue to respond to requests for information, answer questions and address concerns about plans and situations relating to the Facility, implementation of the JSA and this Plan.</p>	<p>Complete</p>



Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
63.1 Clearly state the Facility's purpose in a bulletin to state court judges, county directors, social service supervisors and staff, county attorneys and Consumers and Families and Legal Representatives of consumers of Developmental Disabilities services.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen) / Deputy Commissioner (Anne Barry)	4/30/2014	<b>5/11/2014 Update</b>  DHS Bulletin # 14-76-01 was written and issued to address the requirements of this EC. The Court Monitor provided final edits to the Bulletin on 4/29/2014, and the Bulletin was issued and distributed to meet the deadline of 4/30/2014, to state court judges, county directors, social service supervisors and staff, county attorneys, consumers, families, and legal representatives of consumers of Developmental Disabilities services.  It is common practice for DHS and divisions within DHS to a new bulletin upon its issuance to interested parties who have an interest in notification. <b>(Exhibit 40 DHS Today Bulletin Announcement)</b>  (63.1 is continued in next row)	<b>5/11/2014 Update</b>  Next Steps: Continue to respond to requests for information, answer questions and address concerns about plans and situations relating to the Facility, implementation of the JSA, and this Plan.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
63.1 continued			(Exhibit 51 DHS Bulletin # 14-76-01 Transition of Minnesota Specialty Health System (MSHS) - Cambridge to Minnesota Life Bridge: Admission and Discharge Processes, Transition Planning and Community Mobile Support Services) (Exhibit 64 April 30 2014 Bulletin Memo for consumers, families, legal reps)		
64. The Facility has a mission consistent with the Settlement Agreement and this Comprehensive Plan of Action.	Director of MSHS- Cambridge and MN Life Bridge (Steve Jensen)	4/30/2014	<b>5/11/2014 Update</b>  The mission statement for Minnesota Life Bridge is "Successful Transition to a Successful Life". Information about the Facility is included in DHS Bulletin # 14-76-01. (Exhibit 51 DHS Bulletin # 14-76-01 Transition of Minnesota Specialty Health System (MSHS) - Cambridge to Minnesota Life Bridge: Admission and Discharge Processes, Transition Planning and Community Mobile Support Services)	<b>5/11/2014 Update</b>  Next Steps: Continue to ensure compliance.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>SETTLEMENT AGREEMENT SECTION IX.E. OTHER PRACTICES AT THE FACILITY – POSTING REQUIREMENTS</b>					
<b>65. The Facility posts a Patient / Resident Rights or Bill of Rights, or equivalent, applicable to the person and the placement or service, the name and phone number of the person within the Facility to whom inquiries about care and treatment may be directed, and a brief statement describing how to file a complaint with the appropriate licensing authority.</b>	MN Life Bridge Program Manager (Tiffany Byers-Draeger)	4/30/2014	<b>5/11/2014 Update</b>  There are three versions of the Resident Rights notice posted at MSHS-Cambridge, Stratton Lakes, and Broberg Lake. These are the MN Department of Health Patient/Resident Bill of Rights (as required by the MDH license), the DHS 245D resident rights notice (as required by the DHS Chapter 245D license), and a pictorial version (reviewed and updated by MSHS-C in late 2013) to provide the information is a way easier to understand for people with limited reading skills. All three versions are included in admission packets. <b>(Exhibit 52 MN Department of Health Health Care Bill of Rights)</b> <b>(Exhibit 53 Minnesota Statutes Chapter 245D Service Recipient Rights)</b> <b>(Exhibit 54 Pictorial Version and Reading Level Version of Rights Notices)</b>	<b>5/11/2014 Update</b>  Next Steps: Maintain compliance with licensure requirements, JSA requirements, and this Plan regarding posting of the Resident Rights notices.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>66. The Patient / Resident Bill of Rights posting is in a form and with content which is understandable by residents and family / guardians.</b>	MN Life Bridge Program Manager (Tiffany Byers-Draeger)	4/30/2014	<b>5/11/2014 Update</b>  All three versions of the Rights Notices are included in admission packets and posted in the homes. <b>(Exhibit 52 MN Department of Health Health Care Bill of Rights)</b> <b>(Exhibit 53 Minnesota Statutes Chapter 245D Service Recipient Rights)</b> <b>(Exhibit 54 Pictorial Version and Reading Level Version of Rights Notices)</b>	<b>5/11/2014 Update</b>  Next Steps: Maintain compliance with licensure requirements, JSA requirements, and this Plan regarding posting of the Resident Rights notices.	Complete
66.1 Apart from any Patient/Resident Rights or Bill of Rights format which may be required by state law, an alternative version at an appropriate reading level for residents, and with clearly understandable content, will be posted and provided to individuals, parents and guardians on admission, reviewed at IDT meetings, and annually thereafter.	MN Life Bridge Program Manager (Tiffany Byers-Draeger)	4/30/2014	<b>5/11/2014 Update</b>  All three versions of the Rights Notices are included in admission packets and posted in the Facilities. They are reviewed at IDT meetings and annually thereafter. <b>(Exhibit 52 MN Department of Health Health Care Bill of Rights)</b> <b>(Exhibit 53 Minnesota Statutes Chapter 245D Service Recipient Rights)</b> <b>(Exhibit 54 Pictorial Version and Reading Level Version of Rights Notices)</b>	<b>5/11/2014 Update</b>  Next Steps: Maintain compliance with licensure requirements, JSA requirements, and this Plan regarding posting of the Resident Rights notices.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>SETTLEMENT AGREEMENT SECTION X.A. SYSTEM WIDE IMPROVEMENTS – EXPANSION OF COMMUNITY SUPPORT SERVICES</b>					
<p><b>67. The expansion of community services under this provision allows for the provision of assessment, triage, and care coordination to assure persons with developmental disabilities receive the appropriate level of care at the right time, in the right place, and in the most integrated setting in accordance with the U.S. Supreme Court decision in <i>Olmstead v. L.C.</i> , 527 U.S. 582 (1999).</b></p> <hr/>	Director of Community Support Services (Steve Dahl)	10/31/2014	<p><b>5/11/2014 Update</b></p> <p>CSS is providing assessment, triage, and care coordination to assure people receive the right care at the right time in the right place, in the most integrated setting that meets that person's needs. CSS is hiring additional staff to fulfill this EC:</p> <p>CSS hired an administrative assistant, scheduled to start 5/21/14.</p> <p>CSS anticipates hiring for the Director position by 6/1/2014.</p> <p>CSS anticipates filling the new Regional Manager positions by 8/31/14.</p> <p><b>(Exhibit 55 Examples of Weekly Admissions and Diversion meeting notes)</b></p> <p><b>(Exhibit 56 CSS Organizational Chart)</b></p> <p><b>(Exhibit 57 Descriptions of CSS and MSOCS)</b></p>	<p><b>5/11/2014 Update</b></p> <p>Next Steps: Continue to implement this Action Item. Continue to provide assessment, triage, and care coordination.</p>	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
67.1 Community Support Services (CSS) provides assessment, triage, and care coordination so that persons with developmental disabilities can receive the appropriate level of care in the most integrated setting.	Director of Community Support Services (Steve Dahl)	10/31/2014	<b>5/11/2014 Update</b>  The Action Item describes what CSS does. <b>(Exhibit 57 Descriptions of CSS and MSOCS)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to implement this Action Item. Continue to provide assessment, triage, and care coordination.	Incomplete
67.2 Collect and manage data to track CSS interventions noted in 67.1 and their outcomes.	Director of Community Support Services (Steve Dahl)	10/31/2014	<b>5/11/2014 Update</b>  Data is already being collected, but not necessarily all in the same database. A database and workflow will be developed to efficiently capture, report, and review this data. <b>(Exhibit 55 Examples of Weekly Admissions and Diversion meeting notes)</b>	<b>5/11/2014 Update</b>  Next steps: Establish a workgroup to map the workflow and develop database parameters. Work with Management Analyst to develop database.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
67.3 Provide necessary administrative/ management support within CSS to accomplish data management and analysis.	Director of Community Support Services (Steve Dahl)	10/31/2014	<b>5/11/2014 Update</b>  CSS is hiring additional staff to fulfill this EC: CSS hired an administrative assistant, scheduled to start 5/21/14. HR has posted the Director position, and CSS anticipates filling the position by 6/1/2014. CSS anticipates filling the new Regional Manager positions by 8/31/14. <b>(Exhibit 55 Examples of Weekly Admissions and Diversion meeting notes)</b> <b>(Exhibit 56 CSS Organizational Chart)</b> <b>(Exhibit 58 Posting for Permanent CSS Program Director)</b>	<b>5/11/2014 Update</b>  Obstacles: DHS is requiring that a permanent Director must be hired before posting Regional Manager positions. (Current Director is interim.)  Next steps: Director position posting ended 4/28/14; we anticipate hiring the permanent Director by 6/1/14.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<p>67.4 Focus weekly "diversion" meetings to include person-centered development strategies rather than considering only existing vacancies and challenges. From this perspective: 1) Review any proposed admissions to more restrictive settings and consider all possible diversion strategies; 2) Review status of transition planning for all living at the Facility, 3) Add active, individualized planning / development focus to these transition discussions which is consistent with the <i>Olmstead</i> Plan and includes such activities as developing a person-centered request for proposals for any person or persons at the Facility without an identified and appropriate targeted home in the community.</p>	<p>Director of Community Support Services (Steve Dahl)</p>	<p>10/31/2014</p>	<p><b>5/11/2014 Update</b></p> <p>Implementation of this Action Item is in progress and is current practice. These meetings have been beneficial to all entities involved, and will be continued. With the creation of the Community Capacity Building Team, that team is invited to participate in these weekly meetings.</p> <p><b>(Exhibit 55 Examples of Weekly Admissions and Diversion meeting notes)</b></p>	<p><b>5/11/2014 Update</b></p> <p>Next Steps: Continue implementation of and compliance with this Action Item. Continue having weekly meetings, and continue to focus meetings as described.</p>	<p>Incomplete</p>
<p>67.5 Weekly diversion meetings consider all individuals in danger of losing their living situation with an emphasis upon development of integrated alternatives where none are available.</p>	<p>Director of Community Support Services (Steve Dahl) / MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Operations Manager (Mark Brostrom)</p>	<p>6/30/2014</p>	<p><b>5/11/2014 Update</b></p> <p>These meetings focus on all individuals known to be in danger of losing their living situation and on referrals made to MSHS-C, CSS, MSOCS East Central, Stratton Lakes, and Broberg Lakes.</p> <p><b>(Exhibit 55 Examples of Weekly Admissions and Diversion meeting notes)</b></p>	<p><b>5/11/2014 Update</b></p> <p>Next steps: Continue to focus weekly diversion meetings to emphasize development of integrated alternatives.</p>	<p>Incomplete</p>



Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
67.6 CSS has additional administrative / managerial support to insure documentation and analysis of all diversion efforts and their impact on individuals' stability regarding living situations and behavioral / mental health.	Director of Community Support Services (Steve Dahl)	10/31/2014	<b>5/11/2014 Update</b>  CSS has hired an additional administrative assistant, scheduled to start 5/21/14. We anticipate filling the CSS Program Director position by 6/1/2014, and the new Regional Manager positions by 8/31/14. <b>(Exhibit 58 Posting for Permanent CSS Program Director)</b>	<b>5/11/2014 Update</b>  Obstacles: DHS is requiring that a permanent Director must be hired before posting Regional Manager positions. (Current Director is interim.)  Next steps: Director position posting ended 4/28/14; we anticipate hiring the permanent Director by 6/1/14.	Incomplete
67.7 CSS provides continuous and on-going diversion from institutionalization and placement in less integrated settings whenever possible by establishing procedures for assessment, care planning, and providing additional services, supports and expertise for individuals in jeopardy of losing their placements or living situations due to behavioral or mental health problems.	Director of Community Support Services (Steve Dahl)	10/31/2014	<b>5/11/2014 Update</b>  This is a description of what CSS offers. <b>(Exhibit 57 Descriptions of CSS and MSOCS)</b>	<b>5/11/2014 Update</b>  Next steps: Continue to provide diversion and support in most integrated setting safely possible.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
67.8 The Department will collect and review data relative to admissions and transitions. This shall include, but not be limited to: 1) individual's name, date of birth and county of origin; 2) current residence, provider and type of residential setting, e.g., independent living, family of origin, group home, ICF/ID, etc.; 3) date the individual moved to or was admitted to current residence; 4) previous residences, providers and residential settings; 5) dates of previous admissions and transitions including reason(s) for moves.	Director of Community Support Services (Steve Dahl)	10/31/2014	<b>5/11/2014 Update</b>  Data is already collected for many of the items listed, but not necessarily electronically in the same location. We will be developing a database and workflow to efficiently capture, report, and review this data.	<b>5/11/2014 Update</b>  Obstacles: Need to hire additional administrative support (see 67.2 and 67.3).  Next steps: Establish a workgroup to map the workflow and develop database parameters. Work with Management Analyst to develop database.	Incomplete
<b>68. The Department identifies, and provides long term monitoring of, individuals with clinical and situational complexities in order to help avert crisis reactions, provide strategies for service entry changing needs, and to prevent multiple transfers within the system.</b>	Deputy Commissioner (Anne Barry)	10/31/2014	<b>5/11/2014 Update</b>  DHS Community Support Services offers long term monitoring services to people that CSS has served and who have chosen that long term monitoring. The Department is developing plans and position descriptions to create a new unit to provide monitoring of individuals and support to case managers to help avert crisis reactions, provide strategies for service entry changing needs, and to prevent multiple transfers within the system.	<b>5/11/2014 Update</b>  <b>Next Steps:</b> <b>Continue implementing this EC.</b> <b>MN Life Bridge administrators are creating position descriptions for the therapeutic follow-up team. It is expected that posting of positions can begin in July 2014, when the FY2015 state budget goes into effect.</b>	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<p>68.1 For DHS-operated services, the Department will maintain State and regional quality assurance committees to review data on a monthly basis. This review will include: 1) identifying individuals at heightened risk and determining intervention strategies; 2) reviewing data by county, region and provider to determine if trends or patterns exist and necessary corrective measures; and 3) maintaining meeting minutes detailing attendance (person/title), chairperson, individual and aggregate data review, issues and trends identified (individual and systemic), corrective measures to be taken, dates by which such corrective measures are to be completed, responsible parties, and follow-up of the previous months' action plans.</p>	<p>Deputy Commissioner (Anne Barry)</p>	<p>10/31/2014</p>	<p><b>5/11/2014 Update</b></p> <p>DHS is considering collaborating with existing quality assurance committees and processes to avoid duplication and increase opportunities for data analysis.</p>	<p><b>5/11/2014 Update</b></p> <p>Next Steps: Determine and implement process(es) to efficiently comply with this EC, to avoid duplication of efforts and increase opportunities for data analysis, to improve processes and efforts to support individuals.</p>	<p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
68.2 The Department will maintain an electronic data collection system which tracks the status of all corrective action plans generated by State and regional quality assurance committees, following up with the appropriate provider or county to ensure task completion.	Deputy Commissioner (Anne Barry)	10/31/2014	<b>5/11/2014 Update</b>  There have been discussions on whether there is any existing data collection system that can be useful in implementing this EC, or whether one needs to be created.  DHS Licensing maintains an online database of all licensing correction orders; it can be found at <a href="http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&amp;RevisionSelectionMethod=LatestReleased&amp;dDocName=id_054422#">http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&amp;RevisionSelectionMethod=LatestReleased&amp;dDocName=id_054422#</a> .	<b>5/11/2014 Update</b>  Obstacles: There are different systems in place that include different data fields.  Next Steps: Continue implementing this EC. Research the existing data collection systems to determine appropriateness and applicability, or to determine it is necessary to create a new data collection system.	Incomplete
69. Approximately seventy five (75) individuals are targeted for long term monitoring.	Director of Community Support Services (Steve Dahl)	6/30/2014	<b>5/11/2014 Update</b>  CSS is currently providing long-term monitoring to 43 individuals with DD. Initial eligibility criteria used were narrower to ensure focus on those who would benefit most from long-term monitoring. Participation in the long-term monitoring has been voluntary.	<b>5/11/2014 Update</b>  Next steps: Redefining broader eligibility criteria and reviewing all current CSS cases serving individuals with DD to screen for appropriateness for long-term monitoring.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
69.1 CSS will identify individuals with clinical and situational complexities who have been served by CSS and who would likely benefit from more intensive monitoring.	Director of Community Support Services (Steve Dahl)	6/30/2014	<b>5/11/2014 Update</b>  CSS is currently providing long-term monitoring to 43 individuals with DD. CSS can review records of individuals that have been served by CSS and other individuals who would likely benefit from more intensive monitoring. One potential source of individuals is the people discussed at the weekly Admissions and Diversions meetings.	<b>5/11/2014 Update</b>  Next Steps: Continue implementing this Action Item.	Incomplete
69.2 Seventy five individuals who are significantly at-risk for institutionalization or loss of home due to behavioral or other challenges will be identified for intensive monitoring and, if needed, intervention with additional supports and services.	Director of Community Support Services (Steve Dahl)	6/30/2014	<b>5/11/2014 Update</b>  CSS is currently providing long-term monitoring to 43 individuals with DD.	<b>5/11/2014 Update</b>  Next Steps: Continue implementing this Action Item.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
69.3 These 75 individuals will be identified by CSS in collaboration with lead agency case managers based upon frequency of behaviors dangerous to self or others, frequency of interactions with the criminal justice system, sudden increases in usage of psychotropic medications, multiple hospitalizations or transfers within the system, serious reported incidents, repeated failed placements, or other challenges identified in previous monitoring or interventions and cost of placement. The status of these individuals will be reviewed at least semi-annually by CSS.	Director of Community Support Services (Steve Dahl)	6/30/2014	<b>5/11/2014 Update</b>  CSS is currently providing long-term monitoring to 43 individuals with DD. Current practices for identifying people who may benefit from long term monitoring are being reviewed and will be revised as needed to comply with this Plan.	<b>5/11/2014 Update</b>  Next Steps: Continue implementing this Action Item. Review current practices for compliance with this Plan; revise as needed.	Incomplete
<b>70. CSS mobile wrap-around response teams are located across the state for proactive response to maintain living arrangements.</b>	Director of Community Support Services (Steve Dahl)	10/31/2014	<b>5/11/2014 Update</b>  CSS has response teams located throughout the state. There are 9 teams that have been established in 23 locations throughout the state to serve clients locally with the ability to use statewide CSS resources. CSS provides services statewide where they are needed, including: individual homes, group living settings, hospitals and long term care facilities, work sites and schools, and DHS facilities. <b>(Exhibit 59 CSS Office Locations Listing April 2014)</b>	<b>5/11/2014 Update</b>  Next steps: Maintain locations of teams/staff to provide effective supports.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
70.1 Describe locations of the 9 teams that have been established in 23 locations throughout the state.	Director of Community Support Services (Steve Dahl)	4/30/2014	<b>5/11/2014 Update</b>  Having teams located around the state allows for a quick response time for initial visits and crisis situations, and allows for responses in the local settings (home, work, school, etc.). Eight of the 23 locations for a regional or home office are located in the greater Twin Cities metropolitan area. Fifteen of the 23 locations are located in what is often termed "outstate" or "greater" Minnesota. The outstate locations are generally located in towns or cities that are regional hubs that provide access to less populated areas of the state. <b>(Exhibit 59 CSS Office Locations Listing April 2014)</b>	<b>5/11/2014 Update</b>  Next steps: Maintain locations of teams/staff to provide effective supports.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
70.2 Provide CSS with administrative / managerial support for the 9 teams to insure sufficient data collection and central data management	Director of Community Support Services (Steve Dahl)	10/31/2014	<b>5/11/2014 Update</b>  CSS is hiring additional staff to fulfill this EC: CSS hired an administrative assistant, scheduled to start 5/21/14. HR has posted the Director position, and CSS anticipates filling it by 6/1/2014. CSS anticipates filling the new Regional Manager positions by 8/31/14. <b>(Exhibit 58 Posting for Permanent CSS Program Director)</b>	<b>5/11/2014 Update</b>  Obstacles: DHS is requiring that a permanent Director must be hired before posting Regional Manager positions. (Current Director is interim.)  Next steps: Director position posting ended 4/28/14; we anticipate hiring the permanent Director by 6/1/14.	Incomplete
70.3 Document responses from CSS to individual's satisfaction surveys.	Director of Community Support Services (Steve Dahl)	10/31/2014	<b>5/11/2014 Update</b>  We will continue to regularly review and document satisfaction surveys received. There were no concerns needing follow-up in those surveys reviewed since the last report on responses (4/11/14).	<b>5/11/2014 Update</b>  Next steps: Continue reviewing and documenting survey responses regularly and respond to concerns as appropriate; document responses on Stakeholder Concern Response Log.	Incomplete
<b>71. CSS arranges a crisis intervention within three (3) hours from the time the parent or legal guardian authorizes CSS' involvement.</b>	Director of Community Support Services (Steve Dahl)	12/31/2013	<b>5/11/2014 Update</b>  It is current practice to arrange a crisis intervention within three hours from the time the service request is authorized.	<b>5/11/2014 Update</b>  Next steps: Continue to arrange as described.	Complete



Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
71.1 Strategically establish nine teams in 23 locations throughout the State to respond within 3 hours of a request for service. CSS admissions contacts the person's case manager as soon as they learn of a potential or actual crisis situation.	Director of Community Support Services (Steve Dahl)	12/31/2013	<b>5/11/2014 Update</b>  There are 9 teams that have been established in 23 locations throughout the state to serve clients locally with the ability to use statewide CSS resources. Eight of the 23 locations for a regional or home office are located in the greater Twin Cities metropolitan area. Fifteen of the 23 locations are located in what is often termed "outstate" or "greater" Minnesota. The outstate locations are generally located in towns or cities that are regional hubs that provide access to less populated areas of the state. The teams can respond within three hours of an authorization for crisis services. CSS contacts and collaborates with the person's lead agency case manager so the service is authorized for MA payment where possible. <b>(Exhibit 59 CSS Office Locations Listing April 2014)</b>	<b>5/11/2014 Update</b>  Next steps: Continue to respond as described.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
71.2 Streamline authorization procedure to facilitate CSS' response to reported crises as quickly as possible.	Director of Community Support Services (Steve Dahl)	12/31/2013	<b>5/11/2014 Update</b>  By having teams located across the state, CSS responds to reported crises as quickly as possible. The authorization procedure will be reviewed periodically and when applicable regulations change, to determine whether it can be streamlined any further.	<b>5/11/2014 Update</b>  Next steps: Continue to respond as described. Periodically review procedure for possible streamlining.	Complete
<b>72. CSS partners with Community Crisis Intervention Services to maximize support, complement strengths, and avoid duplication.</b>	Director of Community Support Services (Steve Dahl)	10/31/2014	<b>5/11/2014 Update</b>  CSS partners with a variety of community crisis intervention services providers to maximize support, complement strengths, and avoid duplication. Many of the people served by CSS have a Medicaid HCBS waiver, and one way duplication can be avoided is the requirement for the lead agency case manager to authorize services and document them in the person's plan. <b>(Exhibit 61 Example of Minutes from Quarterly MCCP/CSS Meeting)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue to collaborate with private sector crisis intervention providers.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
72.1 There is ongoing collaboration with the Metro Crisis Coordination Program (MCCP), whose intent is to provide a crisis safety net range of services for persons with developmental disabilities or related conditions; MCCP is a collaborative effort of seven counties in the Twin Cities metropolitan area. (metrocrisis.org)	Director of Community Support Services (Steve Dahl)	12/31/2013	<b>5/11/2014 Update</b>  There is ongoing collaboration with MCCP, with quarterly meetings and ongoing interaction as needed to serve individuals.  <b>(Exhibit 60 MORA - MCCP Training Program 2014 04 25)</b> <b>(Exhibit 61 Example of Minutes from Quarterly MCCP/CSS Meeting)</b>	<b>5/11/2014 Update</b>  Next steps: Continue to collaborate with MCCP.	Complete
72.2 Each county, and tribe as relevant, will have a system of locally available and affordable services to serve persons with developmental disabilities.	Director of Community Support Services (Steve Dahl)	10/31/2014	<b>5/11/2014 Update</b>  DHS licenses service providers for the HCBS waiver programs; a list of providers is available on the DHS website and through county and tribal case management entities.  <b>(Exhibit 62 CSS Payment Eligibility Review Framework)</b> <b>(Exhibit 63 Examples of CSS Individual Payment Eligibility Review forms)</b>	<b>5/11/2014 Update</b>  Next steps: Continue to provide safety net crisis prevention and remediation services to eligible individuals with developmental disabilities.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
72.3 Continue quarterly meetings with MCCP.	Director of Community Support Services (Steve Dahl)	12/31/2013	<b>5/11/2014 Update</b>  There is ongoing communication and collaboration with MCCP, with quarterly meetings and ongoing interaction as needed to address client needs. <b>(Exhibit 60 MORA - MCCP Training Program 2014 04 25)</b> <b>(Exhibit 61 Example of Minutes from Quarterly MCCP/CSS Meeting)</b>	<b>5/11/2014 Update</b>  Next steps: Continue to collaborate with MCCP.	Complete
<b>73. CSS provides augmentative training, mentoring and coaching.</b>	Director of Community Support Services (Steve Dahl)	8/31/2014	<b>5/11/2014 Update</b>  CSS provides augmentative training, mentoring, and coaching. Current practices, policies, and forms are being reviewed to determine whether they comply with this Plan terminology. <b>(Exhibit 57 Descriptions of CSS and MSOCS)</b>	<b>5/11/2014 Update</b>  Next steps: Continue to provide augmentative training mentoring, and coaching.	Incomplete
73.1 CSS Staff will offer and provide training, as requested or determined to be lacking, on coaching, mentoring and Augmentative training.	Director of Community Support Services (Steve Dahl)	8/31/2014	<b>5/11/2014 Update</b>  CSS provides augmentative training, mentoring, and coaching. Current practices, policies, and forms are being reviewed to determine whether they comply with this Plan terminology. <b>(Exhibit 57 Descriptions of CSS and MSOCS)</b>	<b>5/11/2014 Update</b>  Next steps: Continue to provide augmentative training mentoring, and coaching.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
73.2 CSS will update training manual as necessary.	Director of Community Support Services (Steve Dahl)	8/31/2014	<b>5/11/2014 Update</b>  CSS Is updating their training manual. Workgroups of qualified trainers/subject matter experts are currently reviewing curricula and researching current applicable best practices.	<b>5/11/2014 Update</b>  Next Steps: CSS will review curricula at least annually and update as appropriate.	Incomplete
73.3 CSS will have sufficient administrative/managerial staff to track/analyze training as well as mentoring and coaching services provided.	Director of Community Support Services (Steve Dahl)	8/31/2014	<b>5/11/2014 Update</b>  CSS is hiring additional staff to fulfill this EC: CSS hired an administrative assistant, scheduled to start 5/21/14. HR has posted the Director position, and CSS anticipates filling it by 6/1/2014. CSS anticipates filling the new Regional Manager positions by 8/31/14. <b>(Exhibit 58 Posting for Permanent CSS Program Director)</b>	<b>5/11/2014 Update</b>  Obstacles: DHS is requiring that a permanent Director must be hired before posting Regional Manager positions. (Current Director is interim.)  Next steps: Director position posting ended 4/28/14; we anticipate hiring the permanent Director by 6/1/14.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>74. CSS provides staff at community based facilities and homes with state of the art training encompassing person-centered thinking, multi- modal assessment, positive behavior supports, consultation and facilitator skills, and creative thinking.</b>	Director of Community Support Services (Steve Dahl)	8/31/2014	<b>5/11/2014 Update</b>  CSS provides staff training in the community, and can tailor the training to meet the needs of the person(s) served and the staff knowledge. <b>(Exhibit 57 Descriptions of CSS and MSOCS)</b>	<b>5/11/2014 Update</b>  Next steps: Continue to provide augmentative training mentoring, and coaching.	Incomplete
74.1 CSS determines locations for teams and/or home-based staff. CSS creates position descriptions that identify the necessary knowledge, skills, and abilities. CSS hires or trains staff with necessary qualifications and skills to provide training.	Director of Community Support Services (Steve Dahl)	8/31/2014	<b>5/11/2014 Update</b>  Currently there are 9 teams that have been established in 23 locations throughout the state. Those locations can be adjusted based on needs assessments. CSS position descriptions and job postings list the necessary qualifications and skills for the position, and the State of MN hiring process begins with a review of applications for those qualifications and skills. <b>(Exhibit 59 CSS Office Location Listing)</b> <b>(Exhibit 65 CSS Position Descriptions)</b>	<b>5/11/2014 Update</b>  Next steps: Review Position Descriptions as needed and continue to hire appropriately qualified staff.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
74.2 CSS insures that all vacant trainer positions are filled as efficiently as possible and with appropriately qualified staff.	Director of Community Support Services (Steve Dahl)	8/31/2014	<b>5/11/2014 Update</b>  CSS currently has 3 trainer position vacancies; two are in the interview stage of the hiring process, and one vacancy is to be posted by 5/15/2014. <b>(Exhibit 56 CSS Organizational Chart)</b>	<b>5/11/2014 Update</b>  Obstacles: Continued difficulty recruiting qualified individuals in greater Minnesota.  Next steps: Continue to work with HR to aggressively recruit qualified candidates.	Incomplete
74.3 Training curricula are reviewed routinely to insure consistency with best practices.	Director of Community Support Services (Steve Dahl)	8/31/2014	<b>5/11/2014 Update</b>  Workgroups of qualified trainers/subject matter experts are currently reviewing curricula and researching current applicable best practices.	<b>5/11/2014 Update</b>  Next Steps: CSS will review curricula at least annually and update as appropriate.	Incomplete
75. CSS' mentoring and coaching as methodologies are targeted to prepare for increased community capacity to support individuals in their community.	Director of Community Support Services (Steve Dahl)	8/31/2014	<b>5/11/2014 Update</b>  CSS targets their training, mentoring, and coaching to fit the needs of the customer, with the goal of increasing capacity to support individuals in their community. Current documentation is being reviewed to ensure compliance with this Plan terminology.	<b>5/11/2014 Update</b>  Next steps: Continue to provide augmentative training mentoring, and coaching.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
75.1 CSS will mentor and develop coaches in the community with a vision to support individuals in communities.	Director of Community Support Services (Steve Dahl)	8/31/2014	<b>5/11/2014 Update</b>  CSS targets their training, mentoring, and coaching to fit the needs of the customer, with the goal of increasing capacity to support individuals in their community. Current documentation is being reviewed to ensure compliance with this Plan terminology.	<b>5/11/2014 Update</b>  Next steps: Continue to provide augmentative training mentoring, and coaching.	Incomplete
75.2 Track issues including frequency of behaviors dangerous to self or others, frequency of interactions with the criminal justice system, sudden increases in usage of psychotropic medications, multiple hospitalizations or transfers within the system, serious reported incidents, repeated failed placements, or other challenges identified in previous monitoring or interventions and cost of placement.	Director of Community Support Services (Steve Dahl)	8/31/2014	<b>5/11/2014 Update</b>  A database and workflow will be developed to efficiently capture, report, and review this data. <b>(Exhibit 55 Examples of Weekly Admissions and Diversion meeting notes)</b>	<b>5/11/2014 Update</b>  Obstacles: Need to hire additional administrative support (see 67.3 and 75.3).  Next steps: Establish a workgroup to map the workflow and develop database parameters. Work with Management Analyst to develop database.	Incomplete



Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
75.3 Provide additional administrative/ managerial support to CSS sufficient to enable timely and complete data collection, entry and analysis.	Director of Community Support Services (Steve Dahl)	8/31/2014	<b>5/11/2014 Update</b>  CSS is hiring additional staff to fulfill this EC: CSS hired an administrative assistant, scheduled to start 5/21/14. CSS anticipates filling the Director position by 6/1/14. CSS anticipates filling the new Regional Manager positions by 8/31/14. <b>(Exhibit 58 Posting for Permanent CSS Program Director)</b> <b>(Exhibit 66 CSS Recruiting Plans and Communications with HR)</b>	<b>5/11/2014 Update</b>  Obstacles: DHS is requiring that a permanent Director must be hired before posting Regional Manager positions. (Current Director is interim.)  Next steps: Director position posting ended 4/28/14; we anticipate hiring the permanent Director by 6/1/14.	Incomplete
<b>76. An additional fourteen (14) full time equivalent positions were added between February 2011 and June 30, 2011, configured as follows: Two (2) Behavior Analyst 3 positions; One (1) Community Senior Specialist 3; (2) Behavior Analyst 1; Five (5) Social Worker Specialist positions; and Five (5) Behavior Management Assistants.</b>	Director of Community Support Services (Steve Dahl)	12/31/2013	<b>5/11/2014 Update</b>  Positions descriptions were developed and notices of the available positions were posted. Staff were hired to fill the positions. <b>(Exhibit 56 CSS Organizational Chart)</b>	<b>5/11/2014 Update</b>  Next steps: Continue to hire and retain qualified individuals for/in these positions.	Complete
76.1 Review position descriptions, update as necessary.	Director of Community Support Services (Steve Dahl)	12/31/2013	<b>5/11/2014 Update</b>  Position descriptions were reviewed and updated as necessary. <b>(Exhibit 65 CSS Position Descriptions)</b>	<b>5/11/2014 Update</b>  Next steps: Review Position Descriptions as needed.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
76.2 Work with DHS Human Resources on advertising positions.	Director of Community Support Services (Steve Dahl)	12/31/2013	<b>5/11/2014 Update</b>  CSS works with DHS Human Resources on advertising positions. The Human Resources Division provides human resource management services for the department and administers the Merit System, which provides human resource management services for the human services employees in 75 of Minnesota's counties (72 human services/social services agencies). In general, applications for employment within DHS are processed by Minnesota Management & Budget (MMB). <b>(Exhibit 66 CSS Recruiting Plans and Communications with HR)</b>	<b>5/11/2014 Update</b>  Next steps: Continue to aggressively recruit qualified candidates.	Complete
76.3 Fill any vacancies in functionally equivalent positions, with the required qualifications. As necessary to fulfill this Comprehensive Plan of Action, fill any position.	Director of Community Support Services (Steve Dahl)	12/31/2013	<b>5/11/2014 Update</b>  Any vacancies are filled as quickly as possible. CSS works with HR to create postings for vacancies. Position descriptions detail the tasks to be done and the knowledge, skills, and abilities needed for the position. In general, applications for employment within DHS are processed by Minnesota Management & Budget (MMB). <b>(Exhibit 56 CSS Organizational Chart)</b>	<b>5/11/2014 Update</b>  Next steps: Continue to hire and retain qualified individuals for/in these positions.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
77. None of the identified positions are vacant.	Director of Community Support Services (Steve Dahl)	12/31/2013	<b>5/11/2014 Update</b>  Staff were recruited and hired for the identified positions. CSS monitors staffing on an ongoing basis. CSS works very actively with DHS Human Resources to post and quickly fill vacant positions with qualified candidates. In general, applications for employment within DHS are processed by Minnesota Management & Budget (MMB). <b>(Exhibit 56 CSS Organizational Chart)</b>	<b>5/11/2014 Update</b>  Obstacles: Staff resignations and turnover are anticipated. There has been some turnover since CSS was created.  Next Steps: If there is turnover, other staff fill in where possible to maintain services. CSS recruits very quickly and very actively for any vacancies. Continue to hire and retain qualified individuals for/in these positions.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
77.1 Fill as quickly as possible and with qualified applicants all vacancies in these and other functionally equivalent positions. Provide sufficient salary, bonus and other structures and incentives to ensure that the positions are filled.	Director of Community Support Services (Steve Dahl)	12/31/2013	<b>5/11/2014 Update</b>  CSS monitors staffing on an ongoing basis. CSS works very actively with DHS Human Resources to post and quickly fill vacant positions with qualified candidates. In general, applications for employment within DHS are processed by Minnesota Management & Budget (MMB). <b>(Exhibit 56 CSS Organizational Chart)</b>	<b>5/11/2014 Update</b>  Obstacles: Staff resignations and turnover are anticipated. There has been some turnover since CSS was created.  Next Steps: If there is turnover, other staff fill in where possible to maintain services. CSS recruits very quickly and very actively for any vacancies. Continue to hire and retain qualified individuals for/in these positions.	Complete
<b>78. Staff conducting the Functional Behavioral Assessment or writing or reviewing Behavior Plans shall do so under the supervision of a Behavior Analyst who has the requisite educational background, experience, and credentials recognized by national associations such as the Association of Professional Behavior Analysts. Any supervisor will co-sign the plan and will be responsible for the plan and its implementation.</b>	Director of Community Support Services (Steve Dahl)	8/31/2014	<b>5/11/2014 Update</b>  There is a workgroup of behavior analysts (including BCBAs and Licensed Psychologists with behavioral expertise) researching best practices for FBA and clinical supervision.	<b>5/11/2014 Update</b>  Next steps: The workgroup is to develop and implement supervision procedures based on best practices and in compliance with this Plan.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>SETTLEMENT AGREEMENT SECTION X.B. SYSTEM WIDE IMPROVEMENTS – OLMSTEAD PLAN</b>					
79. The State and the Department developed a proposed <i>Olmstead</i> Plan, and will implement the Plan in accordance with the Court's orders. The Plan will be comprehensive and will use measurable goals to increase the number of people with disabilities receiving services that best meet their individual needs and in the "Most Integrated Setting," and which is consistent and in accord with the U.S. Supreme Court's decision in <i>Olmstead v. L.C.</i> , 527 U.S. 581 (1999). The <i>Olmstead</i> Plan is addressed in <del>Part 3</del> of this Comprehensive Plan of Action.	<i>Olmstead</i> Subcabinet (Mike Tessner)	10/31/2014	<b>5/11/2014 Update</b>  The Court issued an Order on 1/22/14 which provisionally approved the <i>Olmstead</i> Plan and directed specific modifications to the Plan to be submitted to the Monitor by 7/5/14 and to the Court by 7/15/14. Additionally, the Court directed the Subcabinet to report progress bimonthly beginning 4/22/14. The initial bimonthly report was submitted on 4/22/2014.	<b>5/11/2014 Update</b>  Next Steps: Maintain interaction with the <i>Olmstead</i> Implementation Team and awareness of the future iterations of the <i>Olmstead</i> Plan.	Incomplete
<b>SETTLEMENT AGREEMENT SECTION X.C. SYSTEM WIDE IMPROVEMENTS – RULE 40 MODERNIZATION</b>					
80. Rule 40 modernization is addressed in Part 2 of this Comprehensive Plan of Action. DHS will not seek a waiver of Rule 40 (or its successor) for a Facility.	Director of Disability Services Division (Alex Bartolic)	4/30/2014	<b>5/11/2014 Update</b>  Rule 40 modernization is addressed in Part 2 of this Plan. No waiver of Rule 40 has been or will be requested or granted. See Part 2 of this Plan for more details.	<b>5/11/2014 Update</b>  Next Steps: Maintain compliance. No waiver has been or will be requested or granted.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>SETTLEMENT AGREEMENT SECTION X.D. SYSTEM WIDE IMPROVEMENTS – MINNESOTA SECURITY HOSPITAL</b>					
<b>81. The State takes best efforts to ensure that there are no transfers to or placements at the Minnesota Security Hospital of persons committed solely as a person with a developmental disability.</b>	Forensics Medical Director (Steven Pratt) / Executive Director of Forensic Treatment Services (Carol Olson)/ Director of Jensen Implementation Office (Peg Booth)	12/31/2013	<b>5/11/2014 Update</b>  There have been zero and will be no transfers to or placements at the Minnesota Security Hospital of persons committed solely as a person with a developmental disability since December 2013. All potential admissions and transfers are reviewed by Central Pre-Admissions to assure compliance with the JSA and to assure the most appropriate placement for the individual.	<b>5/11/2014 Update</b>  Next steps: Continue review of all potential admissions for compliance with the JSA requirements.	Complete
<b>82. There are no transfers or placements of persons committed solely as a person with a developmental disability to the Minnesota Security Hospital (subject to the exceptions in the provision).</b>	Forensics Medical Director (Steven Pratt) / Executive Director, Forensic Treatment Services (Carol Olson)/ Central Pre-Admissions / Director of Jensen Implementation Office (Peg Booth)	4/30/2014	<b>5/11/2014 Update</b>  There have been zero and will be no transfers to or placements at the Minnesota Security Hospital of persons committed solely as a person with a developmental disability. All potential admissions and transfers are reviewed by Central Pre-Admissions to assure compliance with the JSA and to assure the most appropriate placement for the individual.	<b>5/11/2014 Update</b>  Next steps: Continue review of all potential admissions for compliance with the JSA requirements.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<p>82.1 DHS will communicate to all County Attorneys and state courts responsible for commitments, and to all county directors and case managers, that, pursuant to the order of the federal court approving this Plan, no person committed with a sole diagnosis of developmental disability may be transferred or placed at the Minnesota Security Hospital. Such communication will be made from the Commissioner within 30 days of the order approving this plan and, in addition, by DHS staff who become aware of any such proposed commitment or transfer.</p>	<p>Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)</p>	<p>4/30/2014</p>	<p><b>5/11/2014 Update</b></p> <p>The first memo from Deputy Commissioner Anne Barry on transitioning people at MSHS-C to community settings was sent in December 2013 to the Minnesota courts system, county attorneys, county and tribal administrators, case management staff, and other organizations.</p> <p>Another memo from Deputy Commissioner Anne Barry was sent April 11, 2014, stating that no person with a sole diagnosis of developmental disability may be transferred or placed at the Minnesota Security Hospital or at AMRTC. The memo also provided an update on MSHS-Cambridge and transitioning people to the community, and a thank you for continued efforts to discard outmoded terminology and use People First language. This memo was sent to the Minnesota Courts systems, county attorneys, county directors, case managers, and tribal agencies, and was posted for providers and other members of the public to view. This memo was sent within 30 days of the March Order approving this Plan.</p> <p><b>(Exhibit 68: 2013 12 26 Memo and 2014 04 11 memo)</b></p>	<p><b>5/11/2014 Update</b></p> <p>Next Steps: DHS will continue to monitor potential admissions and transfers to MSH and AMRTC. The Central Pre-Admissions Unit reviews potential admissions for compliance with the JSA requirements. DHS staff who become aware of any proposed commitment or transfer of a person with a sole diagnosis of developmental disabilities will communicate the requirements of the JSA and this CPA to the appropriate person(s) - the applicant, case manager, family, support staff, health care professionals, etc.</p>	<p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
82.2 The Jensen Implementation Team will document any proposed transition to or placement at MSH of any person committed solely as a person with a developmental disability, including but not limited to any diversion efforts prior to transfer or placement and any subsequent placements.	Forensics Medical Director (Steven Pratt) / Executive Director, Forensic Treatment Services (Carol Olson)/ Central Pre-Admissions / Director of Jensen Implementation Office (Peg Booth)	4/30/2014	<b>5/11/2014 Update</b>  The Jensen Implementation Team (JIT) is documenting any proposed transition to or placement at MSH of any person committed solely as a person with a developmental disability. All potential admissions and transfers are reviewed by Central Pre-Admissions to assure compliance with the JSA and to assure the most appropriate placement for the individual. Any proposed transition to or placement at MSH of a person committed solely as a person with a developmental disability, including but not limited to any diversion efforts prior to transfer or placement and any subsequent placements, will be documented.	<b>5/11/2014 Update</b>  Next Steps: The JIT will continue to monitor and document potential admissions and transfers so there are no people committed solely as a person with a developmental disability to MSH.	Complete



Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>83. There has been no change in commitment status of any person originally committed solely as a person with a developmental disability without proper notice to that person's parent and/or guardian and a full hearing before the appropriate adjudicative body.</b>	Forensics Medical Director (Steven Pratt) / Executive Director, Forensic Treatment Services (Carol Olson)/ Executive Medical Director for Behavior Health ( ) / Central Pre-Admissions / Director of Jensen Implementation Office (Peg Booth)	4/30/2014	<b>5/11/2014 Update</b>  There has been no change in commitment status of any person originally committed solely as a person with a developmental disability without proper notice to that person's parent and/or guardian and a full hearing before the appropriate adjudicative body.  There are no people committed solely as a person with a developmental disability at MSH or AMRTC. Those people have been transitioned to other settings.	<b>5/11/2014 Update</b>  Next Steps: All potential admissions and transfers are reviewed by Central Pre-Admissions to assure compliance with the JSA and to assure the most appropriate placement for the individual.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
83.1 The Jensen Implementation Team will document any changes in commitment status of a person originally committed solely as a person with a developmental disability. The documentation will include any notifications and a description of any hearing, and copies of petitions and other papers submitted in connection with notification and/or hearing.	Jensen Implementation Officer (Christina Baltes) / Central Pre-Admissions / Admissions and Diversions Team	4/30/2014	<p><b>5/11/2014 Update</b></p> <p>The Jensen Implementation Team will document any changes in commitment status of a person originally committed solely as a person with a developmental disability. The documentation will include any notifications and a description of any hearing, and copies of petitions and other papers submitted in connection with notification and/or hearing.</p> <p>There no longer are people committed solely as a person with a developmental disability at MSH or AMRTC. Those people have been transitioned to other settings.</p>	<p><b>5/11/2014 Update</b></p> <p>Next Steps: The Jensen Implementation Team will continue to monitor potential admissions and transfers so there are no people committed to MSH or AMRTC solely as a person with a developmental disability.</p>	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<p><b>84. All persons presently confined at Minnesota Security Hospital who were committed solely as a person with a developmental disability and who were not admitted with other forms of commitment or predatory offender status set forth in paragraph 1, above, are transferred by the Department to the most integrated setting consistent with <i>Olmstead v. L.C.</i> , 527 U.S. 581 (1999).</b></p>	Executive Director, Forensic Treatment Services (Carol Olson) / Director of Jensen Implementation Office (Peg Booth)	12/31/2013	<p><b>5/11/2014 Update</b></p> <p>Any person confined at Minnesota Security Hospital who was committed solely as a person with a developmental disability and who was not admitted with other forms of commitment or predatory offender status has been transferred to a community setting. Efforts are made to develop the most integrated settings consistent with Olmstead. The University of Minnesota Institute for Community Integration reported on their findings on the transitions of the last three people at MSH solely with a DD diagnosis.</p> <p><b>(Exhibit 67 An Independent Review of Transitions: Three individuals with Developmental Disabilities Who Moved from the Minnesota Security Hospital to the Community (UMN Independent Review of Minnesota Security Hospital Transitions, FINAL 4/7/2014)</b></p>	<p><b>5/11/2014 Update</b></p> <p>Next Steps: DHS will continue to monitor potential admissions and transfers so there are no people committed solely as a person with a developmental disability to MSH.</p>	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
84.1 Provide current census, and identifying information, of any people living at MSH committed solely as a person with a developmental disability.	Executive Director, Forensic Treatment Services (Carol Olson)/ Director of Jensen Implementation Office (Peg Booth)	12/31/2013	<b>5/11/2014 Update</b>  There are no people committed solely as a person with a developmental disability at MSH.	<b>5/11/2014 Update</b>  Next Steps: DHS will continue to monitor potential admissions and transfers so there are no people committed solely as a person with a developmental disability to MSH.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
84.2 Provide documentation of any transition/placement from MSH since 12/5/2011 of any persons committed solely as a person with a developmental disability. Any such transfer/placement shall be to the most integrated setting consistent with <i>Olmstead v. L.C.</i> , 527 U.S. 581 (1999).  <hr/>	Director of Social Services, Forensic Services (Rebecca Robinson)	12/31/2013	<p><b>5/11/2014 Update</b></p> <p>Since 12/5/2011, three individuals committed solely as a person with a developmental disability have transitioned from MSH to the community. A review of their transition to the community was done.</p> <p>There are currently no individuals committed solely as a person with a developmental disability at MSH.</p> <p><b>(Exhibit 67 An Independent Review of Transitions: Three individuals with Developmental Disabilities Who Moved from the Minnesota Security Hospital to the Community (UMN Independent Review of Minnesota Security Hospital Transitions, FINAL 4/7/2014)</b></p>	<p><b>5/11/2014 Update</b></p> <p>Next Steps: DHS will continue to monitor potential admissions and transfers so there are no people committed to MSH or AMRTC solely as a person with a developmental disability.</p>	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>SETTLEMENT AGREEMENT SECTION X.E. SYSTEM WIDE IMPROVEMENTS – ANOKA METRO REGIONAL TREATMENT CENTER</b>					
85. All AMRTC residents committed solely as a person with a developmental disability and who do not have an acute psychiatric condition are transferred from AMRTC to the most integrated setting consistent with <i>Olmstead v. L.C.</i> , 527 U.S. 581 (1999). <a href="#">_____</a>	Medical Director, DC&T (Steven Pratt) / AMRTC Interim Hospital Administrator (Tina Sneen)/ Director of Jensen Implementation Office (Peg Booth)	4/30/2014	<b>5/11/2014 Update</b>  All AMRTC residents committed solely as a person with a developmental disability and who do not have an acute psychiatric condition have been transferred from AMRTC to more integrated settings consistent with Olmstead.	<b>5/11/2014 Update</b>  Next Steps: DHS will continue to monitor potential admissions and transfers so there are no people committed solely as a person with a developmental disability to AMRTC.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<p>85.1 DHS will communicate to all County Attorneys and state courts responsible for commitments, and to all county directors and case managers, that, pursuant to the order of the federal court approving this Plan, no person committed with a sole diagnosis of developmental disability may be transferred or placed at the Anoka Metro Regional Treatment Center. Such communication will be made from the Commissioner within 30 days of the order approving this plan and, in addition, by DHS staff who become aware of any such proposed commitment or transfer.</p>	<p>Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)</p>	<p>4/11/2014</p>	<p><b>5/11/2014 Update</b></p> <p>A memo on transitioning MSHS-C to community settings from Deputy Commissioner Anne Barry was sent in December 2013 to the Minnesota courts system, county attorneys, county and tribal administrators, case management staff, and other organizations.</p> <p>A memo from Deputy Commissioner Anne Barry was sent April 11, 2014, stating that no person with a sole diagnosis of developmental disability may be transferred or placed at the Minnesota Security Hospital or at AMRTC. The memo also provided an update on MSHS-Cambridge and transitioning people to the community, and a thank you for continued efforts to discard outmoded terminology and use People First language. This memo was sent to the Minnesota Courts systems, county attorneys, county directors, case managers, and tribal agencies, and was posted for providers and other members of the public to view.</p> <p><b>(Exhibit 68 2013 12 26 Memo and 2014 04 11 Memo)</b></p>	<p><b>5/11/2014 Update</b></p> <p>Next Steps: We will continue to monitor and document potential admissions and transfers to MSH and AMRTC. DHS staff who become aware of any proposed commitment or transfer of a person with a sole diagnosis of developmental disabilities will communicate the requirements of the JSA and this Plan.</p> <p>Any time the JIO notices or is informed of outmoded terminology, we contact the information owner and inform them they need to remove that language or add the disclaimer.</p>	<p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
85.2 The Jensen Implementation Team will document any proposed transition to or placement at Anoka Metro Regional Treatment Center of any person committed solely as a person with a developmental disability, including but not limited to any diversion efforts prior to transfer or placement and any subsequent placements.	Forensics Medical Director (Steven Pratt) / AMRTC Interim Hospital Administrator (Tina Sneen) / Central Pre-admission / AMRTC Social Services, AMRTC (Tona Willand) / AMRTC Social Services Department Supervisor (Don Burns)	4/30/2014	<b>5/11/2014 Update</b>  The Jensen Implementation Team (JIT) is documenting any proposed transition to or placement at AMRTC of any person committed solely as a person with DD. The Central Pre-Admission Team is the first reviewer of potential admissions to AMRTC. If a potential admission does not meet the admission requirements, they cannot be admitted, and the Central Pre-Admission Team will deny that admission. The second review step is the AMRTC Bed Management process, where compliance with the admission criteria is verified.	<b>5/11/2014 Update</b>  Next Steps: The JIT will continue to monitor and document potential admissions and transfers to AMRTC to ensure compliance. DHS staff who become aware of any proposed commitment or transfer of a person with a sole diagnosis of developmental disabilities will communicate the requirements of the JSA and this Plan.	Complete



Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>SETTLEMENT AGREEMENT SECTION X.F. SYSTEM WIDE IMPROVEMENTS – LANGUAGE</b>					
86. The term “mental retardation” has been replaced with “developmental disabilities” in any DHS policy, bulletin, website, brochure, or other publication. DHS will continue to communicate to local government agencies, counties, tribes, courts and providers that they should adhere to this standard.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	12/31/2013	<b>5/11/2014 Update</b>  Outdated terminology has been replaced, and the disclaimer statement has been added to webpages. A DHS employee was assigned to do web searches for the outdated terminology, notifying and following up with other staff of the standards and their responsibilities, and adding the disclaimer language where appropriate. Position descriptions have been updated. <b>(Exhibit 68 2013 12 26 Memo and 2014 04 11 Memo)</b> <b>(Exhibit 69 2014 DHS Bulletin Template with Disclaimer)</b>	<b>5/11/2014 Update</b>  Next Steps: Ongoing notification to other entities when outdated terminology is found on their website or in materials. Continue to ensure compliance.	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<p>86.1 All references to outdated terminology used to describe persons with Developmental Disabilities have been updated with clarification on the Departments use of people first language inserted in areas where historical documents are found. In addition to, or in lieu of, updating each webpage, DHS shall maintain the previously established "disclaimer" language to explain the presence in historical documents of outdated terminology.</p>	<p>Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)</p>	<p>12/31/2013</p>	<p><b>5/11/2014 Update</b></p> <p>The DHS Communications Office conducted web searches to locate outdated references, and provided instructions and assistance to remove it, replace it, and / or add the disclaimer language. There is ongoing notification to other entities when outdated terminology is found on their website or in their materials.</p> <p>The disclaimer language has been added to document templates (such as the DHS Bulletin format), on web pages, and in many people's email signatures.</p> <p><b>(Exhibit 69 2014 DHS Bulletin template with disclaimer)</b></p>	<p><b>5/11/2014 Update</b></p> <p>Next Steps: Ongoing notification to other entities when outdated terminology is found on their website or in materials. Continue to ensure compliance.</p>	<p>Complete</p>
<p><b>87. DHS drafted and submitted a bill for the Minnesota Legislature that will require the replacement of terms such as "insane," "mentally incompetent," "mental deficiency," and other similar inappropriate terms that appear in Minnesota statutes and rules.</b></p>	<p>Director of Disability Services Division (Alex Bartolic)</p>	<p>7/1/2013</p>	<p><b>5/11/2014 Update</b></p> <p>DHS drafted and submitted a bill to the 2013 Minnesota Legislature to replace outdated terminology. The bill passed, and is incorporated into state statute.</p> <p><b>(Exhibit 70 2013 Laws of Minnesota, Chapter 62 and 2013 Laws of Minnesota, Chapter 59, Article 3)</b></p>	<p><b>5/11/2014 Update</b></p> <p>Next Steps: Ongoing notification to other entities when outdated terminology is found on their website or in materials. Continue to ensure compliance.</p>	<p>Complete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
87.1 On the removal of inappropriate terms that appear in Minnesota statutes and Rules, see 2013 legislation at Chapter 62 and Chapter 59, Article 3, section 21 signed by the Governor on May 16, 2013. DHS will not seek to repeal or replace this legislation.	Director of Disability Services Division (Alex Bartolic)	7/1/2013	<b>5/11/2014 Update</b>  DHS drafted and submitted a bill to the 2013 Minnesota Legislature to replace outdated terminology. The bill passed, and is incorporated into state statute. <b>(Exhibit 70 2013 Laws of Minnesota, Chapter 62 and 2013 Laws of Minnesota, Chapter 59, Article 3)</b>	<b>5/11/2014 Update</b>  Next Steps: Ongoing notification to other entities when outdated terminology is found on their website or in materials. Continue to ensure compliance.	Complete
<b>CLOSURE OF MSHS-CAMBRIDGE AND REPLACEMENT WITH COMMUNITY HOMES AND SERVICES</b>					
<b>88. MSHS-Cambridge will be closed. There will be community treatment homes dispersed geographically. Any need for additional community treatment homes beyond four will be determined based on a specific assessment of need based on client needs with regard to such criteria as those at risk for institutionalization or re-institutionalization, behavioral or other challenges, multiple hospitalizations or other transfers within the system, serious reported injuries, repeated failed placements, or other challenges identified in previous monitoring or interventions.</b>	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	8/31/2014	<b>5/11/2014 Update</b>  <b>Two community homes have been licensed. One is open with one client residing there. Admissions to MSHS-Cambridge are closed. There will be discussions with DSD about their recent needs assessment and how those results could be used to assist in planning for any future community homes. (Exhibit 51 DHS Bulletin # 14-76-01 Transition of Minnesota Specialty Health System (MSHS) - Cambridge to Minnesota Life Bridge: Admission and Discharge Processes, Transition Planning and Community Mobile Support Services)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue implementation of this EC. It is expected that the last clients will be transitioned out of MSHS-Cambridge soon. It may take some time after the last client transitions out to close down the campus.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<p><b>89. Staff hired for new positions as well as to fill vacancies, will only be staff who have experience in community based, crisis, behavioral and person-centered services and whose qualifications are consistent with the Settlement Agreement and currently accepted professional standards. Staff reassigned from MSHS-Cambridge will receive additional orientation training and supervision to meet these qualifications within 6 months of reassignment.</b></p>	<p>MN Life Bridge Operations Manager (Mark Brostrom) / MN Life Bridge Clinical Director (Tim Moore)</p>	<p>10/31/2014</p>	<p><b>5/11/2014 Update</b></p> <p>Job descriptions and postings will be created to match CPA language. There will be more discussions on how to locate potential employees that have these qualifications prior to hire. <b>(Exhibit 65 CSS Position Descriptions)</b></p>	<p><b>5/11/2014 Update</b></p> <p>Obstacles: There are few people that meet these requirements prior to hire.</p> <p>Next Steps: Review existing position descriptions, and update as necessary to comply with this Plan. Create new position descriptions in compliance. Continue discussions on possible sources to locate potential qualified candidates.</p>	<p>Incomplete</p>
<p><b>90. Provide integrated vocational options including, for example, customized employment.</b></p>	<p>MN Life Bridge Operations Manager (Mark Brostrom)</p>	<p>6/30/2014</p>	<p><b>5/11/2014 Update</b></p> <p>There are vocational options available for clients, especially when they have moved past the crisis situation that placed them in MSHS-C or a successor facility.</p>	<p><b>5/11/2014 Update</b></p> <p>Next Steps: Continue offering vocational options. Continue developing and refining clients' PCP, and providing opportunities for vocational training, assistance with applying for jobs, supports needed to attain and maintain a job.</p>	<p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>91. All requirements in this Comprehensive Plan of Action are fully met for each individual served in the area of Person-Centered Planning.</b>	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)	8/31/2014	<b>5/11/2014 Update</b>  MSHS-Cambridge is reviewing, and revising as necessary, PCP documents of current clients for compliance with this Plan. DHS is currently reviewing and revising policies, practices, forms, and templates for PCPs and the Profile to comply with the terminology of this Plan.	<b>5/11/2014 Update</b>  Next Steps: Continue implementing this EC. Continue reviews and necessary revisions.	Incomplete
<b>92. All requirements in this Comprehensive Plan of Action are fully met for each individual served in the area of Transition Planning.</b>	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)	8/31/2014	<b>5/11/2014 Update</b>  DHS is currently reviewing and revising policies, practices, forms, and templates for transition planning to comply with the terminology of this plan.	<b>5/11/2014 Update</b>  Next Steps: Continue implementing this EC. Continue reviews and necessary revisions.	Incomplete
<b>93. DHS will provide augmentative service supports, consultation, mobile teams, and training to those supporting the person. DHS will create stronger diversion supports through appropriate staffing and comprehensive data analysis.</b>	MN Life Bridge Operations Manager (Mark Brostrom) / MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)	8/31/2014	<b>5/11/2014 Update</b>  DHS will provide services and supports as described in this EC. DHS will review position descriptions and training programs. DHS will conduct further data analysis. <b>(Exhibit 57 Descriptions of CSS and MSOCS)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue implementing this EC. Continue reviews and necessary revisions. Develop and maintain databases and perform data analyses.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>94. All sites, programs and services established or utilized under this Comprehensive Plan of Action shall be licensed as required by state law.</b>	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen) / MN Life Bridge Operations Manager (Mark Brostrom) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)	4/30/2014	<b>5/11/2014 Update</b>  All facilities are currently licensed. <b>(Exhibit 10 MSHS-Cambridge licenses from DHS and MN Department of Health)</b> <b>(Exhibit 11 Stratton Lakes and Broberg Lake DHS licenses)</b>	<b>5/11/2014 Update</b>  Next Steps: Maintain licensure status. Reapply / relicense annually or as otherwise required.	Complete
<b>95. Residents currently at MSHS-Cambridge transition to permanent community homes.</b>	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	6/30/2014	<b>5/11/2014 Update</b>  Efforts are actively being made to transition each individual currently residing at MSHS-Cambridge to permanent community homes. As of April 30, 2014, there were five individuals remaining on campus. <b>(Exhibit 8 Sample Positive Support Transition Plan)</b>	<b>5/11/2014 Update</b>  Obstacles: It will take time to develop a home for at least one individual because of a history of behavior issues. DHS is actively working on plans for his transition. An interim alternate placement is being discussed with SOS and DSD and the Court Monitor, as a first step to preparing him for successful community living.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<p><b>96. Training plan for staff strongly emphasizes providing tools and support services in a person's home as quickly as possible. Staff will also be trained in delivering community based programs and processes.</b></p>	<p>MN Life Bridge Operations Manager (Mark Brostrom) / MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)</p>	<p>10/31/2014</p>	<p><b>5/11/2014 Update</b></p> <p>The staff training plan for MN Life Bridge and for CSS strongly emphasizes providing tools and support services for the individual. MSHS-Cambridge staff moving to MN Life Bridge community homes are receiving training in delivering community based programs and processes before they begin work there. Ongoing training will be provided as needed.</p>	<p><b>5/11/2014 Update</b></p> <p>Next Steps: Continue staff training plans.</p>	<p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>THERAPEUTIC FOLLOW-UP OF CLASS MEMBERS AND CLIENTS DISCHARGED FROM METO/MSHS-CAMBRIDGE</b>					
<b>98. DHS will maintain therapeutic follow-up of Class Members, and clients discharged from METO/MSHS-Cambridge since May 1, 2011, by professional staff to provide a safety network, as needed, to help prevent re-institutionalization and other transfers to more restrictive settings, and to maintain the most integrated setting for those individuals.</b>	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)	8/31/2014	<b>5/11/2014 Update</b>  Initial contacts have been made with identified case managers to verify the current location of Class Members and other clients discharged from MSHS-Cambridge, their provider (usually their residential provider), their guardianship status and guardian(s) if any, and their case manager or lead agency contact person. Contacts have been made and information verified or updated for over 90% of the list of Class Members and other clients discharged from MSHS-Cambridge since May 1, 2011. Some of the people on the list do not currently have a case manager, so providers, guardians, the individual, and other sources are being contacted in search of the information to be verified or updated.  (continued in next row)	<b>5/11/2014 Update</b>  Next Steps: Continue implementing this EC. Create position descriptions for follow-up team positions. Continue working with HR so the posting / hiring process can begin as soon as possible.	Incomplete



Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
EC 98 continued			<p>MN Life Bridge administrators are creating position descriptions for the therapeutic follow-up team. These will be ready by Mid-June. It is expected that posting of positions can begin in July 2014 or sooner, when the FY2015 state budget goes into effect.</p> <p>A detailed work schedule is being developed and should be in place by June 1, 2014 or sooner.</p>		

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>PART II</b>					
<b>Modernization of Rule 40</b>					
<b>BACKGROUND</b>					
<p>"Rule 40," <i>Use of Aversive and Deprivation Procedures in Licensed Facilities Serving Persons with Developmental Disabilities</i> , implements Minnesota Statute Section 245.825 by setting standards for the use of aversive and deprivation procedures with persons who have a developmental disability and who are served by a DHS license holder.</p> <p>Rule 40 was promulgated in 1987 and was intended to represent best practices at the time. However, it does not represent current best practices, including those supported by the Association of Positive Behavior Supports. The Settlement Agreement required the appointment of an advisory committee for the following purposes:</p> <p><i>"to study, review and advise the Department on how to modernize Rule 40 to reflect current best practices, including, but not limited to the use of positive and social behavioral supports, and the development of placement plans consistent with the principle of the 'most integrated setting' and 'person centered planning, and development of an 'Olmstead Plan'" consistent with the U.S. Supreme Court's decision in Olmstead v. L.C., 527 U.S. 582 (1999)."</i> Settlement Agreement at §X.C.</p>					
<b>THE ADVISORY COMMITTEE REPORT WAS ACCEPTED BY THE DEPARTMENT</b>					

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<p>The advisory committee studied the literature, received consultation regarding best practices, and deliberated over many months to formulate a detailed and comprehensive analysis with recommendations. Rule 40 Advisory Committee Recommendations on Best Practices and Modernization of Rule 40 (Final Version - July 2013). The recommendations were fully accepted by the Department which wrote the introduction to the Committee's report:</p> <p>"Ensuring that the Minnesotans who receive services are treated with respect and dignity is a key element of the mission of the Department of Human Services (the Department or DHS). As an agency with responsibilities for the administration and oversight of services, as well as a provider of services, we are committed to fulfilling our mission consistent with the current best practices and principles that support inclusive community living and quality of life.</p> <p>To that end, DHS will prohibit procedures that cause pain, whether physical, emotional or psychological, and establish a plan to prohibit use of seclusion and restraints for programs and services licensed or certified by the department. It is our expectation that service providers, including state operated services, will seek out and implement therapeutic interventions and positive approaches that reflect best practices."</p> <p>"Current best practices include, but are not limited to, the use of positive and social behavioral supports, prohibitions on use of restraints and seclusion, trauma informed care, and the development of community support plans that are consistent with the principles of the "most integrated setting" and "person centered planning," consistent with the U.S. Supreme Court's decision in <i>Olmstead v. L.C.</i>, 527 U.S. 581 (1999). * * * To achieve these changes across our service system, we will create a culture that honors the trust placed in us both as a provider and as a department responsible for the administration and oversight of many of the services that support citizens."</p> <p>Quotations from DHS, Introduction to Rule 40 Advisory Committee Recommendations on Best Practices and Modernization of Rule 40 (Final Version - July 2013) at page 1.</p>					

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>SCOPE OF RULE 40 MODERNIZATION</b>					
99. The scope of the Rule 40 modernization shall include all individuals with developmental disabilities served in programs, settings and services licensed by the Department, regardless of the setting in which they live or the services which they receive. As stated in the Settlement Agreement, the modernization of Rule 40 which will be adopted under this Comprehensive Plan of Action shall reflect current best practices, including, but not limited to the use of positive and social behavioral supports, and the development of placement plans consistent with the principle of the 'most integrated setting' and 'person centered planning, and development of an 'Olmstead Plan'" consistent with the U.S. Supreme Court's decision in <i>Olmstead v. L.C.</i> , 527 U.S. 582 (1999)."	Chief Compliance Officer (Gregory Gray) / Administrative Law Manager (Beth Scheffer)	12/31/2014	<b>5/11/2014 Update</b>  The scope of the rulemaking project is consistent with this Plan EC. There is ongoing opportunities for public and parties involvement in reviewing draft rule language.  <b>(Exhibit 71 Positive Supports Rule - Abbreviated Rulemaking Schedule for 2014-2015)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue developing draft rule for review.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>ADOPTION OF RULE 40 MODERNIZATION</b>					
100. ¶1 Within the scope set forth above, the rule-making process initiated by the Department of Human Services pursuant to the Settlement Agreement, the Department shall by <b>December 31, 2014</b> propose a new rule in accordance with this Comprehensive Plan of Action ("Proposed Rule"). This deadline may be extended for good cause shown upon application to the Court not later than 20 days prior to the deadline.	Chief Compliance Officer (Gregory Gray) / Administrative Law Manager (Beth Scheffer)	12/31/2014	<b>5/11/2014 Update</b>  DHS is developing the initial draft rule for internal vetting within DHS. By the end of May, DHS anticipates providing a draft rule to the Court Monitor, Plaintiffs' Class Counsel, the Ombudsman for DD and MH, and the Executive Director of the Governor's Council on Developmental Disabilities (collectively, the Jensen Party Representatives). The DHS rulemaking schedule highlights involvement by the Jensen Party Representatives.  <b>(Exhibit 71 Positive Supports Rule - Abbreviated Rulemaking Schedule for 2014-2015)</b>	<b>5/11/2014 Update</b>  Next Steps: Continue developing draft rule for review.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<p>100. ¶2 Should the Department of Human Services believe that it requires additional rule-making authority to satisfy the requirements of this Plan, in order to apply the rule to all providers covered by Rule 40 and the scope of this Plan, the Department will seek an amendments to statutes in the 2014 Minnesota Legislative session to ensure that the scope of the Rule 40 modernization stated above is fulfilled and will apply to all of the facilities and services to persons with developmental disabilities governed by Rule 40. Any proposed amendment(s) are subject to the notice and comment process under EC __ below.</p>	<p>Director of Disability Services Division (Alex Bartolic)</p>	<p>5/31/2014</p>	<p><b>5/11/2014 Update</b></p> <p>Additional legislative rule authority is being sought. DHS proposed an amendment to its statutory rulemaking authority to clarify that DHS has authority for this broad rule applicability. The bill is now making its way through the Legislature. Both the House and Senate versions of the bill have identical language clarifying the scope of the rule, and an amendment with further clarification as agreed upon by the consultants to the Parties, and the Disability Law Center is being recommended by the Governor for inclusion during conference committee .</p> <p>DHS is optimistic that the legislation will be adopted, and is therefore preparing the draft rule as it would if the legislation had already been passed.</p>	<p><b>5/11/2014 Update</b></p> <p>Obstacles: Stakeholders might raise concerns to legislators. The amendment may not be approved, or the final legislation may not include the agreed upon provisions. Both are unlikely obstacles, since there is agreement on language with House and Senate.</p> <p>Next Steps: We are monitoring the conference committee. Having the Governor recommend the amendment increases its likelihood of being included in the final bill.</p>	<p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
100. ¶3 If legislative approval for the requested authority is not obtained in the 2014 Minnesota Legislative session, the Court may use its authority to ensure that the Adopted Rule will apply consistent with the scope set forth in EC 99.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	5/31/2014	<b>5/11/2014 Update</b>  DHS is awaiting Legislative decisions.	<b>5/11/2014 Update</b>  Next Steps: Monitor legislation.	Incomplete
100. ¶4 By <b>August 31, 2015</b> , the Department of Human Services shall adopt a new rule to modernize Rule 40 ("Adopted Rule"). This deadline may be extended for good cause shown upon application to the Court not later than 60 days prior to the deadline.	Chief Compliance Officer (Gregory Gray) / Administrative Law Manager (Beth Scheffer)	8/31/2015	<b>5/11/2014 Update</b>  DHS is on track with the rulemaking process and schedule. <b>(Exhibit 71 Positive Supports Rule - Abbreviated Rulemaking Schedule for 2014-2015)</b>	<b>5/11/2014</b>  Obstacles: Some events in the rulemaking process are outside of DHS' control. Most notably, the administrative law judge could disapprove the legality of the rule or the process.  Next Steps: Continue with the rulemaking process and schedule. Address obstacles if they arise.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>TEMPORARY TAPERED USE OF MEDICAL RESTRAINT</b>					
<p>101. The Proposed Rule shall address the temporary use and tapering of carefully monitored individual medical restraints for self-injurious behavior while non-restraint positive behavior supports are implemented under professional supervision.</p> <p>In formulating the Proposed Rule, and any other methods or tools of implementation, the Department shall carefully consider the recommendations of Dr. Fredda Brown, whose consultation on the Rule 40 modernization the Department requested with regard to matters on which the Advisory Committee had not reached consensus. The Department shall document the results of this review.</p>	Chief Compliance Officer (Gregory Gray) / Administrative Law Manager (Beth Scheffer) / Legal Analyst (Bob Klukas)	12/31/2014	<p><b>5/11/2014 Update</b></p> <p>The draft rule that DHS is preparing addresses the use of positive supports and the phasing out of prohibited restrictive interventions, consistent with the requirements of Minnesota Statutes, Chapter 245D and this Plan. In formulating the draft rule, related documents and implementation plans, DHS is carefully considering Dr. Brown's recommendations.</p> <p><b>(Exhibit 71 Positive Supports Rule - Abbreviated Rulemaking Schedule for 2014-2015)</b></p>	<p><b>5/11/2014 Update</b></p> <p>Next Steps: Continue the rulemaking process and schedule.</p>	Incomplete



Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>THE PROPOSED RULE</b>					
102. ¶1 The Proposed Rule shall be consistent with and incorporate, to the extent possible in rule, the Rule 40 Advisory Committee's consensus recommendations stated in its <i>Recommendations on Best Practices and Modernization of Rule 40 (Final Version - July 2013)</i> . During the rule-making process, the Department shall advocate that the final rule be fully consistent with the Rule 40 Advisory Committee's recommendations. The phrase "to the extent possible in rule" above is intended to recognize that some elements of the Committee's recommendations are not susceptible to the format of rules and, therefore, will be implemented by the Department through policies, bulletins, contract provisions, and by other means.	Chief Compliance Officer (Gregory Gray) / Administrative Law Manager (Beth Scheffer) / Legal Analyst (Bob Klukas)	8/31/2015	<b>5/11/2014 Update</b>  DHS is developing the initial draft rule so that it is consistent, to the extent possible in rule, consensus with the Rule 40 Advisory Committee Recommendations, and is developing related documents and implementation plans to further carry out these recommendations.  <b>(Exhibit 71 Positive Supports Rule - Abbreviated Rulemaking Schedule for 2014-2015)</b>	<b>5/11/2014</b>  Obstacles: Legislative changes proposed by stakeholders to Minnesota Statutes, Chapter 245D may impact DHS' ability to fulfill some Advisory Committee Recommendations.  Next Steps: Continue with the rulemaking process and schedule. Address obstacles if they arise.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<p>102. ¶2 Not later than (30) days prior to public notice of the content of the Proposed Rule, the Department shall provide a draft of the rule to Plaintiffs' Class Counsel, the Court Monitor, the Ombudsman for Mental Health and Developmental Disabilities, and the Executive Director of the Governor's Council on Developmental Disabilities for review and comment and, if requested by any of these entities, for discussion in a conference prior to public notice of the content of the Proposed Rule. The Department will share with these entities the intended final content not later than five (5) days prior to the public notice.</p>	<p>Chief Compliance Officer (Gregory Gray) / Administrative Law Manager (Beth Scheffer)</p>	<p>10/15/2014</p>	<p><b>5/11/2014 Update</b></p> <p>DHS will be providing a draft rule to the Jensen Representatives before the noted deadlines of 30 and 5 days before publication of the Notice of Hearing and Proposed Rule in the Minnesota State Register and mass mailing of the Notice of Hearing and Proposed Rule in December 2014.</p> <p>If any Jensen Representative, Party, Counsel, or the Court Monitor wishes to request a conference, the request should be made by August or early September to permit time for draft rule changes. At the very latest, the request should be made by the end of September. Due to requirements largely in play during November, and an early December State Register copy deadline, October is the last month for draft rule modifications.</p> <p><b>(Exhibit 71 Positive Supports Rule - Abbreviated Rulemaking Schedule for 2014-2015)</b></p>	<p><b>5/11/2014 Update</b></p> <p>Next Steps: Continue the rulemaking process and schedule.</p>	<p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>REFERRAL OF UNRESOLVED ISSUES TO THE <i>OLMSTEAD</i> PLAN PROCESS</b>					
103. Within thirty (30) days of the promulgation of the Adopted Rule, Plaintiffs' Class Counsel, the Court Monitor, the Ombudsman for Mental Health and Developmental Disabilities, or the Executive Director of the Governor's Council on Developmental Disabilities may suggest to the Department of Human Services and/or to the <i>Olmstead</i> Implementation Office that there are elements in the Rule 40 Advisory Committee Recommendations on Best Practices and Modernization of Rule 40 (Final Version - July 2013) which have not been addressed, or have not adequately or properly been addressed in the Adopted Rule. In that event, those elements shall be considered within the process for modifications of the <i>Olmstead</i> Plan. The State shall address these suggestions through <i>Olmstead</i> Plan sub-cabinet and the <i>Olmstead</i> Implementation Office. Unresolved issues may be presented to the Court for resolution by any of the above, and will be resolved by the Court.	Plaintiffs' Class Counsel, Court Monitor, the Ombudsman for Mental Health and Developmental Disabilities, or the Executive Director of the Governor's Council on Developmental Disabilities	9/30/2015	<b>5/11/2014 Update</b>  The draft rule will be provided to the parties mentioned prior to the final rule process. <b>(Exhibit 71 Positive Supports Rule - Abbreviated Rulemaking Schedule for 2014-2015)</b>	<b>5/11/2014 Update</b>  Next Steps: Involvement of parties mentioned through the rule making process will assist in addressing as much as possible in the rule.	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
<b>IMPLEMENTATION</b>					
104. The Department of Human Services shall implement the Adopted Rule and take other steps to implement the recommendations of the Rule 40 Advisory Committee.	Director of Disability Services Division (Alex Bartolic)	12/31/2015	<b>5/11/2014 Update</b>  DHS continues its Community of Practice (documentation of topics), and contract with the Research and Training Center on Community Living Institute on Community Integration, University of Minnesota (ICI) to provide person centered training and cohort training to increase community capacity (dates of training and cohort initiation). Access to the College of Direct Supports was made available to providers. Data collection continues of emergency use of manual restraints and Positive Support Transition Plans (Summary of data; reports are available for review). The Governor's budget included request for resources to increase technical assistance and training (Governor's budget proposal; current House and Senate tracking). <b>(Exhibit 72 College of Direct Support - Core Curriculum)</b>	<b>5/11/2014 Update</b>  Obstacles: Legislative appropriations may not be included in the final bill for technical assistance and training as recommended by the Rule 40 Advisory Committee.  Next Steps: Monitoring of the conference committee will occur, and if funding is not granted, the issue will be raised with department leadership.	Incomplete

## CHRONOLOGICAL DISPLAY OF DEADLINES

### PART I - COMPREHENSIVE PLAN OF ACTION

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
<b>42. On April 23, 2013, the Court appointed the Court Monitor as the External Reviewer, with the consent of Plaintiffs and Defendants. DHS funds the costs of the external reviewer.</b>	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	4/23/2013	Complete
<b>43. After providing Plaintiffs' Class Counsel and the Department the opportunity to review and comment on a draft, the External Reviewer issues written quarterly reports informing the Department whether the Facility is in substantial compliance with the Agreement and the incorporated policies, enumerating the factual basis for its conclusions.</b>	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	4/23/2013	Complete
<b>87. DHS drafted and submitted a bill for the Minnesota Legislature that will require the replacement of terms such as "insane," "mentally incompetent," "mental deficiency," and other similar inappropriate terms that appear in Minnesota statutes and rules.</b>	Director of Disability Services Division (Alex Bartolic)	7/1/2013	Complete
<b>87.1 On the removal of inappropriate terms that appear in Minnesota statutes and Rules, see 2013 legislation at Chapter 62 and Chapter 59, Article 3, section 21 signed by the Governor on May 16, 2013. DHS will not seek to repeal or replace this legislation.</b>	Director of Disability Services Division (Alex Bartolic)	7/1/2013	Complete
<b>44. In conjunction with duties and responsibilities under the Order of July 17, 2012, the Court Monitor reviews and makes judgments on compliance, makes recommendations and offers technical assistance in his discretion, and files quarterly and other reports with the Court. Timing of reports is subject to the Court's needs, results of Monitor's reviews, and to the monitoring plan pursuant to the Order of August 28, 2013.</b>	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	8/28/2013	Complete
<b>10. There were no instances of prone restraint, chemical restraint, seclusion or time out. [Seclusion: evaluated under Sec. V.C. Chemical restraint: evaluated under Sec. V.D.]</b>	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
<b>10.1 Facility policy shall clearly identify prone restraint, chemical restraint, seclusion and timeout as "prohibited."</b>	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
11. There were zero instances of the use of Seclusion. Facility policy shall specify that the use of seclusion is prohibited.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
12. There were zero instances of the use of Room Time Out from Positive Reinforcement. Facility policy shall specify that the use of time out from positive reinforcement is prohibited.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
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.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
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.	MN Life Bridge RN Senior (Janet Marciniak)	12/31/2013	Complete
15. There is a protocol to contact a qualified Third Party Expert.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete
15.1 Facility policy stipulates that a Third Party Expert will be consulted within 30 minutes of the emergency's onset.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete
16. There is a list of at least 5 Experts pre-approved by Plaintiffs & Defendants. In the absence of this list, the DHS Medical or designee shall be contacted.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete
17. DHS has paid the Experts for the consultations.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete
18. A listed Expert has been contacted in each instance of emergency use of restraint.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
<b>19. Each consultation occurred no later than 30 minutes after presentation of the emergency.</b>	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete
<b>20. Each use of restraint was an “emergency.”</b>	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete
<b>21. The consultation with the Expert was to obtain professional assistance to abate the emergency condition, including the use of positive behavioral supports techniques, safety techniques, and other best practices. If the Expert was not available, see V.F. below.</b>	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
21.1 On the restraint form, Facility staff will identify the Third Party or other expert and will document all recommendations given by the consultant, techniques, and the efficacy and outcomes of such interventions. When reviewing the restraint form 24 hrs post-restraint, Designated Coordinator will verify that Facility staff contacted the medical officer within 30 minutes of the emergency's onset.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
<b>22. The responsible Facility supervisor contacted the DHS medical officer on call not later than 30 minutes after the emergency restraint use began.</b>	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
23.1 On the Restraint Form, the Facility supervisor will document both the date / time that the emergency restraint began and the date / time s/he contacted the designated medical officer.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
<b>27. Where appropriate, the State referred matters of suspected abuse or neglect to the county attorney for criminal prosecution.</b>	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete
27.1 All allegations of abuse or neglect related to care of residents of a Facility will be submitted to the common entry point to determine whether or not the case will be referred to the county attorney for criminal prosecution.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete
<b>28. Form 31032 (or its successor) was fully completed whenever use was made of manual restraint.</b>	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
28.1 When reviewing the restraint form 24 hrs post-restraint, the Designated Coordinator will verify that Form 31032 (or any successor) was completed timely, accurately and in its entirety.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
<b>29. For each use, Form 31032 (or its successor) was timely completed by the end of the shift.</b>	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
29.1 When reviewing the restraint form 24 hrs post-restraint, the Designated Coordinator will verify that Form 31032 (or any successor) was completed timely, accurately and in its entirety.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
<b>3. Facilities serve only "Minnesotans who have developmental disabilities and exhibit severe behaviors which present a risk to public safety."</b>	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete
3.1 All referrals for admission will be reviewed by the admissions coordinator to assure that they are persons with a Developmental Disability and meet the criteria of exhibiting severe behaviors and present a risk to public safety taking into account court ordered admissions.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete
<b>30. Each Form 31032 (or its successor) indicates that no prohibited restraint was used.</b>	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
30.1 Staff will indicate what type of restraint was used on Form 31032 (or any successor).	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
30.2 When reviewing the restraint form 24 hrs or one business day post-restraint, the Designated Coordinator will verify that no prohibited techniques were used.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
<b>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.</b>	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
31.1 Form 31032 (or its successor) is sent to the Office of Health Facility Complaints within 24 hours or no later than one business day.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
<b>32. Within 24 hours, and no later than one business day, Form 31032 (or its successor) in each instance was submitted to the Ombudsman for MH &amp; DD</b>	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
32.1 Form 31032 (or its successor) is sent to the Ombudsman for MH & DD within 24 hours or no later than one business day.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
<b>33. Within 24 hours, and no later than one business day, Form 31032 (or its successor) in each instance was submitted to the DHS Licensing</b>	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
33.1 Form 31032 (or its successor) is sent to DHS Licensing within 24 hours or no later than one business day.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
<b>34. Within 24 hours, and no later than one business day, Form 31032 (or its successor) in each instance was submitted to the Court Monitor and to the DHS Internal Reviewer</b>	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete



Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
34.1 Form 31032 (or its successor) is sent to the Court Monitor and to the DHS Internal Reviewer within 24 hours or no later than one business day.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
<b>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.</b>	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
35.1 Form 31032 (or its successor) is sent to the legal representative, and/or family to the extent permitted by law, within 24 hours or no later than one business day.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
<b>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.</b>	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
36.1 Form 31032 (or its successor) is sent to sent to the case manager within 24 hours or no later than one business day.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
<b>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.</b>	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
37.1 Form 31032 (or its successor) is sent to the Plaintiff's Counsel within 24 hours or no later than one business day.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
<b>40. The Facility provided Form 31032 (or its successor) to the Internal Reviewer within 24 hours of the use of manual restraint, and no later than one business day.</b>	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
40.1 The shift supervisor/administrator on duty will notify the Internal Reviewer of the restraint within 24 hours and no later than one business day. Notification will be made electronically along with the completed Form 31032 (or its successor).	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	Complete
<b>45. The following have access to the Facility and its records: The Office of Ombudsman for Mental Health and Developmental Disabilities, The Disability Law Center, and Plaintiffs' Class Counsel.</b>	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete
45.1 Open access to the Facility, its successors, and their records is given to the Office of Ombudsman-MH/DD, The Disability Law Center and Plaintiffs' Class Counsel.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete
<b>46. The following exercised their access authority: The Office of Ombudsman for Mental Health and Developmental Disabilities, The Disability Law Center, and Plaintiffs' Counsel.</b>	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	12/31/2013	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
46.1 The Ombudsman-MH/DD, Disability Law Center and Plaintiffs' counsel have all exercised their authority to access the Facility, its successors, and their records.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	12/31/2013	Complete
<b>49. Each resident, the resident's legal representative and/or family to the extent permitted by law, has been permitted to be involved in the team evaluation, decision making, and planning process to the greatest extent practicable, using whatever communication method he or she (or they) prefer.</b>	MN Life Bridge Clinical Director (Tim Moore)	12/31/2013	Complete
49.1 Each individual and/or the individual's family and/or legal representative as desired by the individual or required by guardianship is permitted, actively encouraged, and welcomed to be involved in the individual's person-centered planning and decision making to the greatest extent practicable utilizing whatever communication method the individual prefers and respecting the individual's right to choose the participants. Invitations to all planning and evaluation meetings will be extended. Alternate means of participation will be extended to those who cannot travel or attend, including phone and video conferencing.	MN Life Bridge Clinical Director (Tim Moore)	12/31/2013	Complete
49.2 Each individual will be invited and encouraged to participate in and take leadership in the person-centered planning processes when this is possible and desired by the person. In all circumstances, the person-centered planning process will be engaged in for and with all individuals, with the understanding that transition and change will happen, that the people are vulnerable, and may need the alliance and support of other allies to support the process of moving forward. High quality person-centered planning, including the development of person-centered profiles, plans, and transition plans, will not be delayed or minimized by a person's perceived level of readiness to take leadership of the process, or willingness to engage in the process.	MN Life Bridge Clinical Director (Tim Moore)	12/31/2013	Complete
<b>59. Residents are permitted unscheduled and scheduled visits with immediate family and/or guardians, at reasonable hours, unless the Interdisciplinary Team (IDT) reasonably determines the visit is contraindicated.</b>	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete
59.1 Facilitate and allow all individuals to have scheduled and unscheduled visits with immediate family and/or guardians and other visitors if not contraindicated by court order or person-centered plans.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
60. 1 Facilitate all visitors access to the individual's living areas, including kitchen, living room, social and common areas, bedroom and bathrooms, with attention paid to the right of individual privacy and person-centered plans or court requirements.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete
<b>60. Visitors are allowed full and unrestricted access to the resident's living areas, including kitchen, living room, social and common areas, bedroom and bathrooms, consistent with all residents' rights to privacy.</b>	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete
<b>61. Residents are allowed to visit with immediate family members and/or guardians in private without staff supervision, unless the IDT reasonably determines this is contraindicated.</b>	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete
61.1 Provide privacy, if desired by the individual, for all individuals when visiting with immediate family members and/or guardians, unless the person-centered plans reasonably determines this is contraindicated or visitation rules are court ordered.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete
<b>71. CSS arranges a crisis intervention within three (3) hours from the time the parent or legal guardian authorizes CSS' involvement.</b>	Director of Community Support Services (Steve Dahl)	12/31/2013	Complete
71.1 Strategically establish nine teams in 23 locations throughout the State to respond within 3 hours of a request for service. CSS admissions contacts the person's case manager as soon as they learn of a potential or actual crisis situation.	Director of Community Support Services (Steve Dahl)	12/31/2013	Complete
71.2 Streamline authorization procedure to facilitate CSS' response to reported crises as quickly as possible.	Director of Community Support Services (Steve Dahl)	12/31/2013	Complete
72.1 There is ongoing collaboration with the Metro Crisis Coordination Program (MCCP), whose intent is to provide a crisis safety net range of services for persons with developmental disabilities or related conditions; MCCP is a collaborative effort of seven counties in the Twin Cities metropolitan area. (metrocrisis.org)	Director of Community Support Services (Steve Dahl)	12/31/2013	Complete
72.3 Continue quarterly meetings with MCCP.	Director of Community Support Services (Steve Dahl)	12/31/2013	Complete
<b>76. An additional fourteen (14) full time equivalent positions were added between February 2011 and June 30, 2011, configured as follows: Two (2) Behavior Analyst 3 positions; One (1) Community Senior Specialist 3; (2) Behavior Analyst 1; Five (5) Social Worker Specialist positions; and Five (5) Behavior Management Assistants.</b>	Director of Community Support Services (Steve Dahl)	12/31/2013	Complete
76.1 Review position descriptions, update as necessary.	Director of Community Support Services (Steve Dahl)	12/31/2013	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
76.2 Work with DHS Human Resources on advertising positions.	Director of Community Support Services (Steve Dahl)	12/31/2013	Complete
76.3 Fill any vacancies in functionally equivalent positions, with the required qualifications. As necessary to fulfill this Comprehensive Plan of Action, fill any position.	Director of Community Support Services (Steve Dahl)	12/31/2013	Complete
<b>77. None of the identified positions are vacant.</b>	Director of Community Support Services (Steve Dahl)	12/31/2013	Complete
77.1 Fill as quickly as possible and with qualified applicants all vacancies in these and other functionally equivalent positions. Provide sufficient salary, bonus and other structures and incentives to ensure that the positions are filled.	Director of Community Support Services (Steve Dahl)	12/31/2013	Complete
<b>8. Restraints are used only in an emergency.</b>	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete
8.1 Facility Staff will clearly document, on the restraint form, the circumstances leading up to the restraint and what imminent risk of harm precipitated the application of the restraint. This shall include what antecedent behaviors were present, what de-escalation and intervention strategies were employed and their outcomes.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete
8.2 In the event a restraint was used in the absence of imminent risk of harm, staff will be immediately retrained on Facility policies addressing the "Therapeutic Interventions and Emergency Use of Personal Safety Techniques" policy with such retraining being entered into their training file.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete
<b>81. The State takes best efforts to ensure that there are no transfers to or placements at the Minnesota Security Hospital of persons committed solely as a person with a developmental disability.</b>	Forensics Medical Director (Steven Pratt) / Executive Director of Forensic Treatment Services (Carol Olson)/ Director of Jensen Implementation Office (Peg Booth)	12/31/2013	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
<b>84. All persons presently confined at Minnesota Security Hospital who were committed solely as a person with a developmental disability and who were not admitted with other forms of commitment or predatory offender status set forth in paragraph 1, above, are transferred by the Department to the most integrated setting consistent with <i>Olmstead v. L.C.</i> , 527 U.S. 581 (1999).</b>	Executive Director, Forensic Treatment Services (Carol Olson) / Director of Jensen Implementation Office (Peg Booth)	12/31/2013	Complete
84.1 <del>vide current</del> Provide current census, and identifying information, of any people living at MSH committed solely as a person with a developmental disability.	Executive Director, Forensic Treatment Services (Carol Olson)/ Director of Jensen Implementation Office (Peg Booth)	12/31/2013	Complete
84.2 Provide documentation of any transition/ placement from MSH since 12/5/2011 of any persons committed solely as a person with a developmental disability. Any such transfer/placement shall be to the most integrated setting consistent with <i>Olmstead v. L.C.</i> , 527 U.S. 581 (1999).	Director of Social Services, Forensic Services (Rebecca Robinson)	12/31/2013	Complete
<b><del>86. The term “mental retardation” has been replaced with “developmental disabilities” in any DHS policy, bulletin, website, brochure, or other publication. DHS will continue to communicate to local government agencies, counties, tribes, courts and providers that they should adhere to this standard.</del></b>	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	12/31/2013	Complete
86.1 All references to outdated terminology used to describe persons with Developmental Disabilities have been updated with clarification on the Departments use of people first language inserted in areas where historical documents are found. In addition to, or in lieu of, updating each webpage, DHS shall maintain the previously established "disclaimer" language to explain the presence in historical documents of outdated terminology.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	12/31/2013	Complete
<b>26. All staff members found to have committed abuse or neglect were disciplined pursuant to DHS policies and collective bargaining agreement, if applicable.</b>	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	3/31/2014	Complete
26.1 All substantiated allegations of staff abuse or neglect are referred to Human Resources for human resources action in accordance with the definitions set forth under the Vulnerable Adults Act. All perpetrators will be disciplined in accordance with DHS policies and procedures and Union Contracts.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	3/31/2014	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
85.1 DHS will communicate to all County Attorneys and state courts responsible for commitments, and to all county directors and case managers, that, pursuant to the order of the federal court approving this Plan, no person committed with a sole diagnosis of developmental disability may be transferred or placed at the Anoka Metro Regional Treatment Center. Such communication will be made from the Commissioner within 30 days of the order approving this plan and, in addition, by DHS staff who become aware of any such proposed commitment or transfer.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	4/11/2014	Complete
<b>23. The medical officer assessed the situation, suggested strategies for de-escalating the situation, and approved of, or discontinued the use of restraint.</b>	MN Life Bridge Operations Manager (Mark Brostrom)	4/30/2014	Complete
23.1 The Facility supervisor will document on the restraint form and in the resident's record, the medical officer's de-escalation strategies, the outcome of those strategies used, and whether approval was needed and/or given for continued restraint use.	MN Life Bridge RN Senior (Janet Marciniak) / MN Life Bridge Operations Manager (Mark Brostrom)	4/30/2014	Complete
<b>24. The consultation with the medical officer was documented in the resident's medical record.</b>	MN Life Bridge Operations Manager (Mark Brostrom)	4/30/2014	Complete
24.1 When conducting his/her post-restraint review, the Designated Coordinator will verify that the supervisor contacted the medical officer within 30 minutes of the emergency restraint and documented the details in the resident's medical record.	MN Life Bridge RN Senior (Janet Marciniak) / MN Life Bridge Operations Manager (Mark Brostrom)	4/30/2014	Complete
<b>39. In consultation with the Court Monitor during the duration of the Court's jurisdiction, DHS designates one employee as Internal Reviewer whose duties include a focus on monitoring the use of, and on elimination of restraints.</b>	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	4/30/2014	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
5.1 DHS will issue a memorandum to all Facility staff confirming the Department's commitment to provide services and supports which are consistent with best practices including: 1) Providing individuals with a safe and therapeutic environment which includes positive behavioral supports and training on behavioral alternatives; 2) Recognizing that restraints are not a therapeutic intervention; 3) An immediate prohibition on prone restraint, mechanical restraints, seclusion and time out; 4) The Facilities' goal towards immediate reduction and eventual elimination of restraint use whenever possible; and 5) Restraint use is permitted only 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 and emergency.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	4/30/2014	Complete
<b>62. There is no marketing, recruitment of clients, or publicity targeted to prospective residents at the Facility.</b>	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	4/30/2014	Complete
<b>63. The Facility purpose is clearly stated in a bulletin to state court judges, county directors, social service supervisors and staff, county attorneys and Consumers and Families and Legal Representatives of consumers of Developmental Disabilities services. Any admission will be consistent with the requirements of this bulletin.</b>	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	4/30/2014	Complete
63.1 Clearly state the Facility's purpose in a bulletin to state court judges, county directors, social service supervisors and staff, county attorneys and Consumers and Families and Legal Representatives of consumers of Developmental Disabilities services.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen) / Deputy Commissioner (Anne Barry)	4/30/2014	Complete
<b>64. The Facility has a mission consistent with the Settlement Agreement and this Comprehensive Plan of Action.</b>	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	4/30/2014	Complete
<b>65. The Facility posts a Patient / Resident Rights or Bill of Rights, or equivalent, applicable to the person and the placement or service, the name and phone number of the person within the Facility to whom inquiries about care and treatment may be directed, and a brief statement describing how to file a complaint with the appropriate licensing authority.</b>	MN Life Bridge Program Manager (Tiffany Byers-Draeger)	4/30/2014	Complete



Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
<b>66. The Patient / Resident Bill of Rights posting is in a form and with content which is understandable by residents and family / guardians.</b>	MN Life Bridge Program Manager (Tiffany Byers-Draeger)	4/30/2014	Complete
66.1 Apart from any Patient/Resident Rights or Bill of Rights format which may be required by state law, an alternative version at an appropriate reading level for residents, and with clearly understandable content, will be posted and provided to individuals, parents and guardians on admission, reviewed at IDT meetings, and annually thereafter.	MN Life Bridge Program Manager (Tiffany Byers-Draeger)	4/30/2014	Complete
70.1 Describe locations of the 9 teams that have been established in 23 locations throughout the state.	Director of Community Support Services (Steve Dahl)	4/30/2014	Complete
<b>80. Rule 40 modernization is addressed in Part 2 of this Comprehensive Plan of Action. DHS will not seek a waiver of Rule 40 (or its successor) for a Facility.</b>	Director of Disability Services Division (Alex Bartolic)	4/30/2014	Complete
<b>82. There are no transfers or placements of persons committed solely as a person with a developmental disability to the Minnesota Security Hospital (subject to the exceptions in the provision).</b>	Forensics Medical Director (Steven Pratt) / Executive Director, Forensic Treatment Services (Carol Olson)/ Central Pre-Admissions / Director of Jensen Implementation Office (Peg Booth)	4/30/2014	Complete
82.1 DHS will communicate to all County Attorneys and state courts responsible for commitments, and to all county directors and case managers, that, pursuant to the order of the federal court approving this Plan, no person committed with a sole diagnosis of developmental disability may be transferred or placed at the Minnesota Security Hospital. Such communication will be made from the Commissioner within 30 days of the order approving this plan and, in addition, by DHS staff who become aware of any such proposed commitment or transfer.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	4/30/2014	Complete



Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
82.2 The Jensen Implementation Team will document any proposed transition to or placement at MSH of any person committed solely as a person with a developmental disability, including but not limited to any diversion efforts prior to transfer or placement and any subsequent placements.	Forensics Medical Director (Steven Pratt) / Executive Director, Forensic Treatment Services (Carol Olson)/ Central Pre-Admissions / Director of Jensen Implementation Office (Peg Booth)	4/30/2014	Complete
<b>83. There has been no change in commitment status of any person originally committed solely as a person with a developmental disability without proper notice to that person's parent and/or guardian and a full hearing before the appropriate adjudicative body.</b>	Forensics Medical Director (Steven Pratt) / Executive Director, Forensic Treatment Services (Carol Olson)/ Executive Medical Director for Behavior Health ( ) / Central Pre-Admissions / Director of Jensen Implementation Office (Peg Booth)	4/30/2014	Complete
83.1 The Jensen Implementation Team will document any changes in commitment status of a person originally committed solely as a person with a developmental disability. The documentation will include any notifications and a description of any hearing, and copies of petitions and other papers submitted in connection with notification and/or hearing.	Jensen Implementation Officer (Christina Baltes) / Central Pre-Admissions / Admissions and Diversions Team	4/30/2014	Complete
<b>85. All AMRTC residents committed solely as a person with a developmental disability and who do not have an acute psychiatric condition are transferred from AMRTC to the most integrated setting consistent with <i>Olmstead v. L.C.</i> , 527 U.S. 581 (1999).</b>	Medical Director, DC&T (Steven Pratt) / AMRTC Interim Hospital Administrator (Tina Sneen)/ Director of Jensen Implementation Office (Peg Booth)	4/30/2014	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
85.2 The Jensen Implementation Team will document any proposed transition to or placement at Anoka Metro Regional Treatment Center of any person committed solely as a person with a developmental disability, including but not limited to any diversion efforts prior to transfer or placement and any subsequent placements.	Forensics Medical Director (Steven Pratt) / AMRTC Interim Hospital Administrator (Tina Sneen) / Central Pre-admission / AMRTC Social Services, AMRTC (Tona Willand) / AMRTC Social Services Department Supervisor (Don Burns)	4/30/2014	Complete
<b>94. All sites, programs and services established or utilized under this Comprehensive Plan of Action shall be licensed as required by state law.</b>	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen) / MN Life Bridge Operations Manager (Mark Brostrom) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)	4/30/2014	Complete
38.1 The Designated Coordinator will review each client incident, injury and/or restraint use within 1 business day of its occurrence to: 1) Evaluate the immediate health and safety of the individual(s) involved; 2) Ensure no prohibited techniques were used; 3) Ensure all documentation and notifications were properly made; and 4) Determine what, if any, immediate measures must be taken.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
38.2 The Designated Coordinator will convene an Interdisciplinary Team (IDT) meeting within 5 business days of a restraint to: 1) Review the circumstances surrounding the behavioral emergency; 2) Determine what factors likely contributed to the behavioral emergency, i.e. life event, environmental, relational discord, etc.; 3) Identify what therapeutic interventions, including individualized strategies, were employed and why they were unsuccessful in de-escalating the situation; 4) Review and assess the efficacy of the individual's PBS plan, making changes as needed; 5) Determine if trends/patterns can be identified with this individual or this living area; and 6) Take all corrective measures deemed necessary, indicating what actions are being taken, the party responsible for taking such actions, the date by which these actions will be taken, and how the efficacy of such actions will be monitored. Documentation of the IDT meeting, including attendees, review and actions taken will be thoroughly documented in the individual's record.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Operations Manager (Mark Brostrom) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger)	6/30/2014	Incomplete
38.3 When changes to an individual's program plan and/or PBS plan are recommended during the IDT's restraint review, the Designated Coordinator will ensure that such changes are made within 2 business days of the IDT meeting related to the restraint use.	MN Life Bridge Clinical Director (Tim Moore)	6/30/2014	Incomplete
38.4 A facility-based Positive Behavioral Supports Review (PBSR), comprised of both behavioral analysts and non-clinical staff, will be established and maintained for the purposes of: 1) Reviewing all positive behavioral support plans to ensure they adhere to current best practice; 2) Approving and monitoring the efficacy of all positive behavioral support plans; 3) Reviewing the use of any restrictive and/or emergency interventions, i.e. restraints, 911 calls, etc. The PBSR Committee will meet on a monthly basis.	MN Life Bridge Clinical Director (Tim Moore)	6/30/2014	Incomplete
38.5 The PBSR committee will maintain meeting minutes detailing attendance (person/title); chairperson; individual and aggregate data review; issues and trends identified (individual and systemic); corrective measures to be taken; dates by which such corrective measures are to be completed; responsible parties, and follow-up of the previous month's action plans.	MN Life Bridge Clinical Director (Tim Moore)	6/30/2014	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
<b>48. The State actively pursues the appropriate discharge of residents and provided them with adequate and appropriate transition plans, protections, supports, and services consistent with such person's individualized needs, in the most integrated setting and to which the individual does not object.</b>	MN Life Bridge Clinical Director (Tim Moore)	6/30/2014	Incomplete
48.1 Each individual currently living at MSHS-Cambridge, and any individuals admitted prior to its closure, will have an appropriate transition plan developed within 30 days of admission in accordance with the individual needs and preference for the most integrated setting possible. (For this purpose "admission" and "commitment" are treated the same.).	MN Life Bridge Clinical Director (Tim Moore)	6/30/2014	Incomplete
48.2 For individuals who may by law or court order be required to enter more restrictive and less integrated circumstances, such as incarceration in a prison, person-centered planning and transition planning is given the same importance as voluntary admissions. All efforts will be towards preparation and transition, safeguarding, negotiating with facilities, supports while in a facility, and implementing immediate post-facility transition into well-matched supports.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger)	6/30/2014	Incomplete
<b>5. The State/DHS immediately and permanently discontinues all the prohibited restraints and techniques.</b>	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	6/30/2014	Incomplete
5.2. The Facility shall remove "mechanical restraint," "prone restraint," "prone hold" and all other prohibited techniques from all current Facility forms and protocols.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	6/30/2014	Incomplete
5.3 Facility policy(s) on Emergency Interventions shall minimally include: 1) The type of emergency interventions permitted and prohibited; 2) The protocol for administering emergency interventions; 3) The authorization and supervision needed for each emergency intervention; 4) The medical monitoring required during and after each restraint; 5) The review requirements of each emergency intervention (administrative, internal and external); 6) The data collection and aggregate data review of restrictive intervention usage. The Facility policy shall separate and clearly delineate "therapeutic interventions" from "emergency restraint / interventions."  Current Facility policy/procedures shall be revised to comply with these requirements.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	6/30/2014	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
5.4 All Facility staff members have received competency-based training on the policy / procedures identified immediately above.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	6/30/2014	Incomplete
5.5 Competency-based training on the policy / procedures identified above has been incorporated into Facility orientation and annual training curricula.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	6/30/2014	Incomplete
<b>51. Each resident has been given the opportunity to express a choice regarding preferred activities that contribute to a quality life.</b>	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov) / MN Life Bridge Program Manager (Tiffany Byers - Draeger)	6/30/2014	Incomplete
51.1 For each person served at a Facility, the Person-Centered Plan will include preferred activities, areas in which the person wants to learn and grow, relationships to strengthen, and competencies to learn.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov) / MN Life Bridge Program Manager (Tiffany Byers - Draeger)	6/30/2014	Incomplete
51.2 Frequent, daily opportunities will be built into daily life for each person to engage in meaningful activities that are personalized, individualized, and selected by the person. These will be activities planned with the person, and carried out in an individualized fashion. "House activities" will generally not be consistent with providing individualized, person-centered activities which the person freely chooses to engage in.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov) / MN Life Bridge Program Manager (Tiffany Byers - Draeger)	6/30/2014	Incomplete
52.3 If an existing residential service is not identified or available, the appropriate services must be created, using an individualized service design process.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger)	6/30/2014	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
52.4 When a living situation is identified as a possibility, the individual and the support team as appropriate will have multiple opportunities to visit, meet potential house-mates, interview the staff and provider, spend time in the situation, and be given the opportunity to make a choice about the living situation, request program enhancements or adjustments, or decline the option.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger)	6/30/2014	Incomplete
52.5 When a discharge into an alternative living situation is agreed upon, the transition plan will be further developed and finalized. This pre-discharge iteration of the transition plan will include not only the sharing of information and documents transfers between providers, 1) An individualized plan to facilitate a smooth move; 2) Assistance to the person to navigate the move with ease, and arrange for safeguarding and transfer of the person's belongings ; 3) Planning for and making purchases for new home, ; 4) Assistance to become familiar with new neighborhood, area, town; 5) Planning for packing and move day ; 6) Personalization of new home; 7) Notification of family and friends ; 8) Post office and utility changes ; 9) Introductions to neighbors; 10) Setting up opportunities to deepen relationships with future housemates; 11) Celebrations, welcoming, and farewells; 12) Designing layout of space, window treatments, etc. These types of considerations are a part of the typical processes that valued adults in our culture when preparing to move, and these and others shall be considered.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger)	6/30/2014	Incomplete
52.6 The format for the transition plan will incorporate and provide for address of the elements in 52.5 above.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger)	6/30/2014	Incomplete
54.1 Facility staff in all positions receive annual standardized training in: 1. Therapeutic Interventions 2. Personal safety techniques 3. Medically monitoring restraint 4. Positive Behavior Supports 5. Person-Centered Approaches 6. Crisis Intervention 7. Post-Crisis Evaluation and Assessment	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
54.2 All new or temporary Facility staff in all positions receive standardized pre-service training in: 1. Therapeutic Interventions 2. Personal safety techniques 3. Medically monitoring restraint 4. Positive Behavior Supports 5. Person-Centered Approaches 6. Crisis Intervention 7. Post-Crisis Evaluation and Assessment	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	Incomplete
55.2 Training curricula are developed, based on, and consistent with best practices in: 1) Positive Behavioral Supports; 2) Person-Centered approaches/practices; 3) Therapeutic Intervention Strategies; 4) Personal safety techniques; and 5) Crisis intervention and post crisis evaluation.	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	Incomplete
55.4 DHS will ensure training programs promote sensitivity awareness surrounding individuals with cognitive and mental health disabilities and how their developmental level, cultural/familial background, history of physical or sexual abuse and prior restraints may affect their reactions during behavioral emergencies.	Forensics Medical Director (Steve Pratt) / DCT-SOS Learning & Development Director (Charles Lawler)	6/30/2014	Incomplete
<b>56. Facility staff receive the specified number of hours of training: Therapeutic interventions (8 hours); Personal safety techniques (8 hours); Medically monitoring restraint (1 hour).</b>	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	Incomplete
56.1 Competency-based training curriculum is developed which minimally provides 8 hours training in Therapeutic Interventions; Personal Safety Techniques and 1 hour in Medically Monitoring Restraints.	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	Incomplete
56.2 All current employees receive 8 hours of competency-based training on Therapeutic Interventions.	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	Incomplete
56.3 All current employees receive 8 hours of competency-based training on Personal Safety Techniques.	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	Incomplete
56.4 All current employees receive 1 hour of competency-based training on Medically Monitoring restraints.	MN Life Bridge RN Senior (Janet Marciniak)	6/30/2014	Incomplete
<b>57. For each instance of restraint, all Facility staff involved in imposing restraint received all the training in Therapeutic Interventions, Personal Safety Techniques, Medically Monitoring Restraint.</b>	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
57.1 No staff member is permitted to be assigned to direct support services until having received all required orientation and/or annual inservice training on all elements of EC 56, above.	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	Incomplete
<b>58. Facility staff receive the specified number of hours of training: Person-centered planning and positive behavior supports (with at least sixteen (16) hours on person-centered thinking / planning): a total 40 hours; Post Crisis Evaluation and Assessment (4 hours).</b>	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	Incomplete
<b>6. The State/DHS has not used any of the prohibited restraints and techniques.</b>	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	6/30/2014	Incomplete
6.1 Facility Staff will specify on Restraint Form which emergency technique was employed, verifying that a prohibited technique was not used.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	6/30/2014	Incomplete
6.2 The supervisor will review each restraint with staff by the end of his/her shift, verifying that: 1) The threat of imminent harm warranted the emergency intervention, 2) The intervention was an approved technique and no suspicion exists that a prohibited technique was used; and 3) When applicable, what immediate corrective measures / administrative actions need to be taken.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	6/30/2014	Incomplete
6.3 Any/all use of prohibited techniques, e.g., prone restraints, mechanical restraints, seclusion, timeout, etc., will be investigated as potential allegations of abuse. Facility Staff are required to immediately report any suspected use of prohibited restraints / techniques to their supervisor.)	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	6/30/2014	Incomplete
6.4 Reporting and review forms/procedures are revised, and utilized, to incorporate the above 6.1, 6.2 and 6.3.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	6/30/2014	Incomplete
67.5 Weekly diversion meetings consider all individuals in danger of losing their living situation with an emphasis upon development of integrated alternatives where none are available.	Director of Community Support Services (Steve Dahl) / MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	Incomplete



Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
<b>69. Approximately seventy five (75) individuals are targeted for long term monitoring.</b>	Director of Community Support Services (Steve Dahl)	6/30/2014	Incomplete
69.1 CSS will identify individuals with clinical and situational complexities who have been served by CSS and who would likely benefit from more intensive monitoring.	Director of Community Support Services (Steve Dahl)	6/30/2014	Incomplete
69.2 Seventy five individuals who are significantly at-risk for institutionalization or loss of home due to behavioral or other challenges will be identified for intensive monitoring and, if needed, intervention with additional supports and services.	Director of Community Support Services (Steve Dahl)	6/30/2014	Incomplete
69.3 These 75 individuals will be identified by CSS in collaboration with lead agency case managers based upon frequency of behaviors dangerous to self or others, frequency of interactions with the criminal justice system, sudden increases in usage of psychotropic medications, multiple hospitalizations or transfers within the system, serious reported incidents, repeated failed placements, or other challenges identified in previous monitoring or interventions and cost of placement. The status of these individuals will be reviewed at least semi-annually by CSS.	Director of Community Support Services (Steve Dahl)	6/30/2014	Incomplete
7.1 Facility policy shall specifically forbid the use of restrictive interventions, including medical restraints and/or psychotropic/neuroleptic medication for: the purposes of punishment; in lieu of habilitation, training, or behavior support plans; for staff convenience; or as a behavior modification.	MN Life Bridge RN Senior (Janet Marciniak)	6/30/2014	Incomplete
<b>90. Provide integrated vocational options including, for example, customized employment.</b>	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	Incomplete
<b>95. Residents currently at MSHS-Cambridge transition to permanent community homes.</b>	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	6/30/2014	Incomplete
<b>1. The Facilities will comply with <i>Olmstead</i> v. L.C. The Facilities are and will remain licensed to serve people with developmental disabilities. The Facility will eliminate unnecessary segregation of individuals with developmental disabilities. People will be served in the most integrated setting to which they do not object. Each individual's program will include multiple opportunities on an ongoing basis to engage with: (1) citizens in the community, (2) regular community settings, (3) participating in valued activities (4) as members of the community. These community activities will be highly individualized, drawn from the person-centered planning processes, and developed alongside the individual.</b>	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	8/31/2014	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
1.1 Each individual's planning processes will specifically address integration within the following life areas: (1) home; (2) work; (3) transportation; (4) lifelong learning and education; (5) healthcare and healthy living; and (6) community and civic engagement.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	8/31/2014	Incomplete
1.2 Cambridge and successor facilities apply strong efforts to individualize and personalize the interior setting of the home. This includes exerting maximal feasible efforts to assist individuals to personalize and individualize their bedrooms and common areas, to make each common area aesthetically pleasing, and to actively support individuals to bring, care for, acquire, and display personal possessions, photographs and important personal items. Consistent with person-centered plans, this may include the program purchasing such items which will build towards transition to a new place to live.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	8/31/2014	Incomplete
<b>2. Facilities utilize person-centered planning principles and positive behavioral supports consistent with applicable best practices including, but not limited to the Association of Positive Behavior Supports, Standards of Practice for Positive Behavior Supports .</b>	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	Incomplete
2.1 Each individual will be involved to the greatest extent possible in the development of a person-centered profile centering on learning from the person and those who know the person best about their history, preferences, life experiences, interests, talents, and capacities among other areas within 30 days of admission. This profile will be updated and revised as more is learned over time on at least a monthly basis.  A revised person-centered profile format will be developed from the current person-centered description to include the above areas and to include a method to note when revisions and additions are made, by whom, and in what venue (e.g., a person-centered meeting of the support team, interview, an individual update by a staff member, a phone call).	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	Incomplete
2.2 From the understanding in the person-centered profile, a person-centered plan will be completed which includes the development of a shared vision of the future to work towards within 30 days of admission, as well as agreements and shared objectives and commitments to work towards.	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
2.3 The person-centered plan will directly inform the development of the individualized program plan (or Coordinated Service Support Plan). Such plans will build on the strengths and interests of the individual, and moving towards increasing relationships, roles, and community integration in these areas of life.	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	Incomplete
2.4 The person-centered plan will directly inform the development of a Positive Behavior Support Plan. Life direction, talents, and interests will be capitalized on in any planned intervention. Each behavior support plan will include teaching strategies to increase competencies and build on the strengths of the person.	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	Incomplete
2.5 Each behavior support plan will be unique to each individual. The use of token economies, and contingent reinforcement will be used sparingly, not for punishment, and only when weighed against the potential risks to the person's image and competencies in terms of exercising personal autonomy.	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	Incomplete
2.6 Each behavior support plan will include a summary of the person's history and life experiences, the difficulties and problems the person is experiencing, past strategies and results, and a comprehensive functional behavioral analysis, from which strategies are derived.	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
<p>2.7 Each Functional Behavioral Analysis will include a:</p> <ul style="list-style-type: none"> <li>a. Review of records for psychological, health and medical factors which may influence behaviors</li> <li>b. Assessment of the person's likes and dislikes (events / activities / objects / people)</li> <li>c. Interviews with individual, caregivers and team members for their hypotheses regarding the causes of the behavior;</li> <li>d. Systematic observation of the occurrence of the identified behavior for an accurate definition/description of the frequency, duration and intensity;</li> <li>e. Review of the history of the behavior and previous interventions, if available;</li> <li>f. Systematic observation and analysis of the events that immediately precede each instance of the identified behavior;</li> <li>g. Systematic observation and analysis of the consequences following the identified behavior;</li> <li>h. Analysis of functions that these behaviors serve for the person;</li> <li>i. Analysis of the settings in which the behavior occurs most/least frequently. Factors to consider include the physical setting, the social setting, the activities occurring and available, degree of participation and interest, the nature of teaching, schedule, routines, the interactions between the individual and others, degree of choice and control, the amount and quality of social interaction, etc.</li> <li>j. Synthesis and formulation of all the above information to formulate a hypothesis regarding the underlying causes and/or function of the targeted behavior.</li> </ul> <p>or shall be consistent with the standards of the Association of Positive Behavior Supports, Standards of Practice for Positive Behavior Supports (<a href="http://apbs.org">http://apbs.org</a>).</p>	<p>MN Life Bridge Clinical Director (Tim Moore)</p>	<p>8/31/2014</p>	<p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
2.8 Each positive behavior support plan will include: 1. Understanding how and what the individual is communicating; 2. Understanding the impact of others' presence, voice, tone, words, actions and gestures; 3. Supporting the individual in communicating choices and wishes; 4. Supporting workers to change their behavior when it has a detrimental impact; 5. Temporarily avoiding situations which are too difficult or too uncomfortable for the person; 6. Enabling the individual to exercise as much control and decision making as possible over day-to-day routines; 7. Assisting the individual to increase control over life activities and environment; 8. Teaching the person coping, communication and emotional self-regulation skills; 9. Anticipating situations that will be challenging, and assisting the individual to cope or calm; 10. Offering an abundance of positive activities, physical exercise, and relaxation, and 11. As best as possible, modifying the environment to remove stressors (such as noise, light, etc.).	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	Incomplete
2.9 The format used for Positive Behavioral Support Plans will be revised to include each of the above areas, and will be used consistently.	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	Incomplete
<b>25. All allegations were fully investigated and conclusions were reached. Individuals conducting investigations will not have a direct or indirect line of supervision over the alleged perpetrators; the DHS Office of the Inspector General satisfies this requirement. Individuals conducting investigations, interviews and/or writing investigative reports will receive competency-based training in best practices for conducting abuse / neglect investigations involving individuals with cognitive and/or mental health disabilities and interviewing.</b>	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	8/31/2014	Incomplete
25.1 DHS employees having responsibility for investigative duties will receive 8 hours of continuing education or in-service training each year specific to investigative practices.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	8/31/2014	Incomplete
25.2 Each investigation will undergo a quality review by a peer or supervisor who has, at minimum been trained in the requirements set forth in this Implementation Plan.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	8/31/2014	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
25.3 The Department will maintain an electronic data management system, to track all information relevant to abuse/neglect investigations. This data management system will minimally include: 1) Incident date; 2) Report date; 3) Incident location; 4) Provider; 5) Allegation type; 6) Alleged victim; 7) Alleged perpetrator(s); 8) Injuries sustained; 9) Assigned investigator; 10) Date investigative report is completed; 11) Substantiation status; 12) Systemic issues identified and the corrective measures taken to resolve such issue; 13) Whether or not the case was referred to the county attorney; and 14) Whether or not charges were filed; and 15) Outcome of charges.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	8/31/2014	Incomplete
25.4 Allegations substantiated by DHS Licensing (Office of Inspector General) will be documented in the client's Facility record.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	8/31/2014	Incomplete
<b>4. Facilities notify legal representatives of residents and/or family to the extent permitted by law, at least annually, of their opportunity to comment in writing, by e-mail, and in person, on the operation of the Facility.</b>	MN Life Bridge Program Manager (Tiffany Byers-Draeger)	8/31/2014	Incomplete
4.1 Initiate annual written survey process to all legal representatives of residents and/or family to the extent permitted by law whose individual of interest was served within the past year which solicits input on the operation of the Facility. Each survey will be in the relevant language, and will include notification that comments on Facility operations may be offered in person or by mail or telephone by contacting Facility director or designee.	MN Life Bridge Program Manager (Tiffany Byers-Draeger)	8/31/2014	Incomplete
4.2 Aggregate data will be collected from survey responses received from each survey process. Facility staff will develop an action plan to outline changes which will be made as a result of survey data, and implement those changes.	MN Life Bridge Program Manager (Tiffany Byers-Draeger)	8/31/2014	Incomplete
<b>41. The Internal Reviewer will consult with staff present and directly involved with each restraint to address: 1) Why/how de-escalation strategies and less restrictive interventions failed to abate the threat of harm; 2) What additional behavioral support strategies may assist the individual; 3) Systemic and individual issues raised by the use of restraint; and 4) the Internal Reviewer will also review <i>Olmstead</i> or other issues arising from or related to, admissions, discharges and other separations from the facility.</b>	Internal Reviewer / Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	8/31/2014	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
41.1 The Internal Reviewer will consult with staff present and directly involved with each restraint to address: 1) Why/how deescalation strategies and less restrictive interventions failed to abate the threat of harm; 2) What additional behavioral support strategies may assist the individual; 3) Systemic and individual issues raised by the use of restraint; and 4) the Internal Reviewer will also review <i>Olmstead</i> or other issues arising from or related to, admissions, discharges and other separations from the facility.	Internal Reviewer / Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	8/31/2014	Incomplete
47.2 Regarding transition planning for individuals entering more restrictive settings, the tasks under Evaluation Criteria 48 to 53 shall be fulfilled.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger)	8/31/2014	Incomplete
50.1 Person-centered planning: 1) Will be started immediately upon meeting the person, before admission if possible; 2) Will be on-going; 3) Will be supported by a team of people who represent the interests of the person, if need be; 4) Without exception, and only if the person objects to the inclusion of specific people, the support team will include willing family members, case managers, current, past and future service workers, and at least one individual who is in a freely-given relationship with the person which is conflict-free. This can include a community advocate, citizen advocate, family member, or other individual who only has the welfare of the individual to consider. If the individual is unable or unwilling to participate, people who know about and care for the individual, with the individual's approval, will still be invited to engage in sharing their perspectives about what that positive future can be and what is needed to bring it about. This process will begin at first contact, with a first person-centered plan drawn up by day 30 after admission or 45 days from approval of this Plan.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)	8/31/2014	Incomplete
50.2 Each Person-Centered Plan will be enriched, altered and moved forward at least every 30 days as the person becomes better known and moves toward a new living situation. As plans for this new living situation emerge, each plan will include all activities relevant for transition to a new living situation, relevant and necessary supports to assure the person will have good success, and protections that need to be in place.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)	8/31/2014	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
50.3 The information from each Person-Centered Plan will be fully incorporated into each person's transition plan, Positive Behavior Support Plan, goal plans, and service objectives within any Individual Service Plan.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)	8/31/2014	Incomplete
50.4 All plan facilitators will have, or function under the active supervision of a staff person who has, significant experience and background in facilitation, social devaluation and its consequences, and the principles of Normalization / Social Role Valorization, person-centered thinking, and the various and vast array of useful tools and techniques which may be of use for a particular person. Any such supervisor shall co-sign and be responsible for the plan and plan process. In this manner, a thoughtful, authentic, individualized and successful planning process will result in meaningful outcomes. Evidence of use of various, individualized techniques for different individual people will be clear in the development of person -centered plans. (PATH, MAPS, Personal Futures Planning, One Page Profiles, and Helen Sanderson's Person-Centered -Thinking, are examples)	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)	8/31/2014	Incomplete
50.6 Person-Centered Planning will include the intentional development of each support team's understanding and analysis of the individual's particular life experiences and how they have impacted the person. Themes, patterns, potential responses, and lessons should be drawn from this knowledge. Biographical timelines, or other person-centered means to capture histories and understand the person will be conducted for each person, with the collaboration of the person and family, if appropriate.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)	8/31/2014	Incomplete
50.7 The development of a person-centered description or personal profile will be used to develop the initial person-centered plan.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)	8/31/2014	Incomplete



Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
<p>50.8 The formats for the Person-Centered Plan, person-centered description or personal profile will be revised to comply with the content requirements of this CPA. The Individual Program Plan will incorporate the Person-Centered Plan.</p> <p>The Person-Centered Plan will be re-designed to reflect a person-centered approach and style. This will include adding: 1) The focus person's goals, interests and vision for the future; 2) The identification of any actions and plans towards achieving those goals; 3) Support to be provided and by whom; 4) Use of everyday, informal language and avoidance of unnecessary service jargon. Objectives for the Person-Centered Plan will be drawn directly from the person centered description / profile.</p>	<p>MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov) / MN Life Bridge Program Manager (Tiffany Byers - Draeger)</p>	<p>8/31/2014</p>	<p>Incomplete</p>
<p>52.1 Each individual's Person-Centered Plan will embody continuously increasing clarity at each revision/ development meeting on what an ideal living situation may look like for the person. These will support and describe "must haves" components which must be in place in any considered situation. This may include living situations which are not offered in existing structured services. It may also be impossible to "show" a person a service that matches their needs, even though they may select that option from several.</p>	<p>MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger) / MN Life Bridge Psychologist 3 (Stacy Danov)</p>	<p>8/31/2014</p>	<p>Incomplete</p>
<p>52.2 If an existing service/living situation is identified and selected by the individual with assistance from the support team, alterations, enhancements, and additional supports will be added whenever appropriate to ensure robust community supports which meet the essential needs for assistance, structure, and support as outlined in the Person-Centered Plan. "Must haves" identified as in 52.1 are required to be in place.</p>	<p>Director of Jensen Implementation Office (Peg Booth) / MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger)</p>	<p>8/31/2014</p>	<p>Incomplete</p>
<p><b>53. The provisions under this Transition Planning Section have been implemented in accord with the <i>Olmstead</i> decision.</b></p>	<p>MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger) / MN Life Bridge Operations Manager (Mark Brostrom)</p>	<p>8/31/2014</p>	<p>Incomplete</p>

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
53.1 Any living arrangement, day service, or other service which is administered or organized in a segregated manner must be justified in writing as a part of the transition plan as being necessary. In a "segregated manner" means that the people served are all people with disabilities who have not specifically chosen to live or be served together. This justification will be accompanied by objectives to increase social and physical integration which will be included in service planning objectives and program planning.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator / MN Life Bridge Operations Manager (Mark Brostrom)	8/31/2014	Incomplete
53.2 All services provided and planned for, and transitioned into must be adequate, appropriate, and carefully monitored. This need for monitoring will be carefully weighed by each person-centered team and addressed. This includes services at the Facility and new living and working situations into which a person is transitioning.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)	8/31/2014	Incomplete
53.3 All services provided will include assisting people to have meaningful roles in community life, civic life, relationships, work and career, home, and areas of personal interest. When appropriate, these areas of engagement will be envisioned by the team alongside the individual served, and opportunities will be created for this engagement in everyday life. These roles and engagements will be consistently identified and addressed within the Person-Centered Planning, Transition, and the Positive Behavior Support Plans development processes.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)	8/31/2014	Incomplete
53.4 The above areas of engagement (community life, civic life, relationships, career, home, personal interests) will be included in each Person-Centered Plan as focus areas for planning and related objectives.	MN Life Bridge Psychologist 3 (Stacy Danov)	8/31/2014	Incomplete
<b>54. Facility treatment staff received training in positive behavioral supports, person-centered approaches, therapeutic interventions, personal safety techniques, crisis intervention and post crisis evaluation.</b>	MN Life Bridge Operations Manager (Mark Brostrom)	8/31/2014	Incomplete
54.3 The Department will record, monitor and follow-up with the Facility administration to ensure that all facility treatment staff receive all necessary training including, but not limited to, EC 62-64, below.	MN Life Bridge Operations Manager (Mark Brostrom)	8/31/2014	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
55.1 All Facility staff training programs will be competency-based with staff demonstrating current competency in both knowledge and skills.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Operations Manager (Mark Brostrom) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)	8/31/2014	Incomplete
55.5 DHS will ensure that training programs are designed to also develop staff's self-awareness of how their own experiences, perceptions and attitudes affect their response to behavioral issues and emergencies.	Forensics Medical Director (Steve Pratt) / DCT-SOS Learning & Development Director (Charles Lawler)	8/31/2014	Incomplete
<b>7. Medical restraint, and psychotropic/ neuroleptic medication have not been administered to residents for punishment, in lieu of habilitation, training, behavior support plans, for staff convenience or as behavior modification.</b>	MN Life Bridge RN Senior (Janet Marciniak)	8/31/2014	Incomplete
7.2 Facility policy will specify medication management protocols consistent with best practices in the support and treatment of individuals with cognitive and/or mental health disabilities.	MN Life Bridge RN Senior (Janet Marciniak)	8/31/2014	Incomplete
<b>73. CSS provides augmentative training, mentoring and coaching.</b>	Director of Community Support Services (Steve Dahl)	8/31/2014	Incomplete
73.1 CSS Staff will offer and provide training, as requested or determined to be lacking, on coaching, mentoring and Augmentative training.	Director of Community Support Services (Steve Dahl)	8/31/2014	Incomplete
73.2 CSS will update training manual as necessary.	Director of Community Support Services (Steve Dahl)	8/31/2014	Incomplete
73.3 CSS will have sufficient administrative/ managerial staff to track/analyze training as well as mentoring and coaching services provided.	Director of Community Support Services (Steve Dahl)	8/31/2014	Incomplete
<b>74. CSS provides staff at community based facilities and homes with state of the art training encompassing person-centered thinking, multi- modal assessment, positive behavior supports, consultation and facilitator skills, and creative thinking.</b>	Director of Community Support Services (Steve Dahl)	8/31/2014	Incomplete
74.1 CSS determines locations for teams and/or home-based staff. CSS creates position descriptions that identify the necessary knowledge, skills, and abilities. CSS hires or trains staff with necessary qualifications and skills to provide training.	Director of Community Support Services (Steve Dahl)	8/31/2014	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
74.2 CSS insures that all vacant trainer positions are filled as efficiently as possible and with appropriately qualified staff.	Director of Community Support Services (Steve Dahl)	8/31/2014	Incomplete
74.3 Training curricula are reviewed routinely to insure consistency with best practices.	Director of Community Support Services (Steve Dahl)	8/31/2014	Incomplete
<b>75. CSS' mentoring and coaching as methodologies are targeted to prepare for increased community capacity to support individuals in their community.</b>	Director of Community Support Services (Steve Dahl)	8/31/2014	Incomplete
75.1 CSS will mentor and develop coaches in the community with a vision to support individuals in communities.	Director of Community Support Services (Steve Dahl)	8/31/2014	Incomplete
75.2 Track issues including frequency of behaviors dangerous to self or others, frequency of interactions with the criminal justice system, sudden increases in usage of psychotropic medications, multiple hospitalizations or transfers within the system, serious reported incidents, repeated failed placements, or other challenges identified in previous monitoring or interventions and cost of placement.	Director of Community Support Services (Steve Dahl)	8/31/2014	Incomplete
75.3 Provide additional administrative/ managerial support to CSS sufficient to enable timely and complete data collection, entry and analysis.	Director of Community Support Services (Steve Dahl)	8/31/2014	Incomplete
<b>78. Staff conducting the Functional Behavioral Assessment or writing or reviewing Behavior Plans shall do so under the supervision of a Behavior Analyst who has the requisite educational background, experience, and credentials recognized by national associations such as the Association of Professional Behavior Analysts. Any supervisor will co-sign the plan and will be responsible for the plan and its implementation.</b>	Director of Community Support Services (Steve Dahl)	8/31/2014	Incomplete
<b>88. MSHS-Cambridge will be closed. There will be community treatment homes dispersed geographically. Any need for additional community treatment homes beyond four will be determined based on a specific assessment of need based on client needs with regard to such criteria as those at risk for institutionalization or re-institutionalization, behavioral or other challenges, multiple hospitalizations or other transfers within the system, serious reported injuries, repeated failed placements, or other challenges identified in previous monitoring or interventions.</b>	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	8/31/2014	Incomplete
<b>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</b>	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	Incomplete
9.1 As part of its data management processes, the Facility will collect, review and analyze information related to staff's adherence to restraint policy.	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
<b>91. All requirements in this Comprehensive Plan of Action are fully met for each individual served in the area of Person-Centered Planning.</b>	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)	8/31/2014	Incomplete
<b>92. All requirements in this Comprehensive Plan of Action are fully met for each individual served in the area of Transition Planning.</b>	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)	8/31/2014	Incomplete
<b>93. DHS will provide augmentative service supports, consultation, mobile teams, and training to those supporting the person. DHS will create stronger diversion supports through appropriate staffing and comprehensive data analysis.</b>	MN Life Bridge Operations Manager (Mark Brostrom) / MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)	8/31/2014	Incomplete
<b>98. DHS will maintain therapeutic follow-up of Class Members, and clients discharged from METO/MSHS-Cambridge since May 1, 2011, by professional staff to provide a safety network, as needed, to help prevent re-institutionalization and other transfers to more restrictive settings, and to maintain the most integrated setting for those individuals.</b>	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)	8/31/2014	Incomplete
<b>50. To foster each resident's self-determination and independence, the State uses person-centered planning principles at each stage of the process to facilitate the identification of the resident's specific interests, goals, likes and dislikes, abilities and strengths, as well as support needs.</b>	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)	9/30/2014	Incomplete
50.5 An annual learning and professional development plan which includes the above areas will be developed with and for each facilitator of person-centered processes. It may include reading, research, formal, and informal training, mentoring, and development events. These learning and professional development plans will include a minimum of 25 hours per year of educational activities (formal and informal) focused on person-centered planning, and will be completed as planned. Attendance at professional conferences, in and out of state, will be supported and facilitated.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)	9/30/2014	Incomplete
<b>38. Other reports, investigations, analyses and follow up were made on incidents and restraint use.</b>	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Operations Manager (Mark Brostrom)	10/31/2014	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
38.6 The Department will identify and address any trends or patterns from investigations.	MN Life Bridge Clinical Director (Tim Moore) / Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	10/31/2014	Incomplete
<b>47. The State undertakes best efforts to ensure that each resident is served in the most integrated setting appropriate to meet such person's individualized needs, including home or community settings. Each individual currently living at the Facility, and all individuals admitted, will be assisted to move towards more integrated community settings. These settings are highly individualized and maximize the opportunity for social and physical integration, given each person's legal standing. In every situation, opportunities to move to a living situation with more freedom, and which is more typical, will be pursued.</b>	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger)	10/31/2014	Incomplete
<b>52. It is the State's goal that all residents be served in integrated community settings and services with adequate protections, supports and other necessary resources which are identified as available by service coordination. If an existing setting or service is not identified or available, best efforts will be utilized to create the appropriate setting or service using an individualized service design process.</b>	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger)	10/31/2014	Incomplete
<b>55. Facility staff training is consistent with applicable best practices, including but not limited to the Association of Positive Behavior Supports, Standards of Practice for Positive Behavior Supports (<a href="http://apbs.org">http://apbs.org</a>). Staff training programs will be competency-based with staff demonstrating current competency in both knowledge and skills.</b>	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Operations Manager (Mark Brostrom) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)	10/31/2014	Incomplete
55.3 Each training program (that is, 1) Positive Behavioral Supports; 2) Person-Centered approaches/practices; 3) Therapeutic Intervention Strategies; 4) Personal Safety techniques; and 5) Crisis intervention & post crisis evaluation), will be evaluated at least annually and revised, if appropriate, to ensure adherence to evidence-based and best practices.	MN Life Bridge Operations Manager (Mark Brostrom)	10/31/2014	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
<b>67. The expansion of community services under this provision allows for the provision of assessment, triage, and care coordination to assure persons with developmental disabilities receive the appropriate level of care at the right time, in the right place, and in the most integrated setting in accordance with the U.S. Supreme Court decision in <i>Olmstead v. L.C.</i> , 527 U.S. 582 (1999).</b>	Director of Community Support Services (Steve Dahl)	10/31/2014	Incomplete
67.1 Community Support Services (CSS) provides assessment, triage, and care coordination so that persons with developmental disabilities can receive the appropriate level of care in the most integrated setting.	Director of Community Support Services (Steve Dahl)	10/31/2014	Incomplete
67.2 Collect and manage data to track CSS interventions noted in 67.1 and their outcomes.	Director of Community Support Services (Steve Dahl)	10/31/2014	Incomplete
67.3 Provide necessary administrative/ management support within CSS to accomplish data management and analysis.	Director of Community Support Services (Steve Dahl)	10/31/2014	Incomplete
67.4 Focus weekly "diversion" meetings to include person-centered development strategies rather than considering only existing vacancies and challenges. From this perspective: 1) Review any proposed admissions to more restrictive settings and consider all possible diversion strategies; 2) Review status of transition planning for all living at the Facility, 3) Add active, individualized planning / development focus to these transition discussions which is consistent with the <i>Olmstead</i> Plan and includes such activities as developing a person-centered request for proposals for any person or persons at the Facility without an identified and appropriate targeted home in the community.	Director of Community Support Services (Steve Dahl)	10/31/2014	Incomplete
67.6 CSS has additional administrative / managerial support to insure documentation and analysis of all diversion efforts and their impact on individuals' stability regarding living situations and behavioral / mental health.	Director of Community Support Services (Steve Dahl)	10/31/2014	Incomplete
67.7 CSS provides continuous and on-going diversion from institutionalization and placement in less integrated settings whenever possible by establishing procedures for assessment, care planning, and providing additional services, supports and expertise for individuals in jeopardy of losing their placements or living situations due to behavioral or mental health problems.	Director of Community Support Services (Steve Dahl)	10/31/2014	Incomplete



Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
67.8 The Department will collect and review data relative to admissions and transitions. This shall include, but not be limited to: 1) individual's name, date of birth and county of origin; 2) current residence, provider and type of residential setting, e.g., independent living, family of origin, group home, ICF/ID, etc.; 3) date the individual moved to or was admitted to current residence; 4) previous residences, providers and residential settings; 5) dates of previous admissions and transitions including reason(s) for moves.	Director of Community Support Services (Steve Dahl)	10/31/2014	Incomplete
<b>68. The Department identifies, and provides long term monitoring of, individuals with clinical and situational complexities in order to help avert crisis reactions, provide strategies for service entry changing needs, and to prevent multiple transfers within the system.</b>	Deputy Commissioner (Anne Barry)	10/31/2014	Incomplete
68.1 For DHS-operated services, the Department will maintain State and regional quality assurance committees to review data on a monthly basis. This review will include: 1) identifying individuals at heightened risk and determining intervention strategies; 2) reviewing data by county, region and provider to determine if trends or patterns exist and necessary corrective measures; and 3) maintaining meeting minutes detailing attendance (person/title), chairperson, individual and aggregate data review, issues and trends identified (individual and systemic), corrective measures to be taken, dates by which such corrective measures are to be completed, responsible parties, and follow-up of the previous months' action plans.	Deputy Commissioner (Anne Barry)	10/31/2014	Incomplete
68.2 The Department will maintain an electronic data collection system which tracks the status of all corrective action plans generated by State and regional quality assurance committees, following up with the appropriate provider or county to ensure task completion.	Deputy Commissioner (Anne Barry)	10/31/2014	Incomplete
<b>70. CSS mobile wrap-around response teams are located across the state for proactive response to maintain living arrangements.</b>	Director of Community Support Services (Steve Dahl)	10/31/2014	Incomplete
70.2 Provide CSS with administrative / managerial support for the 9 teams to insure sufficient data collection and central data management	Director of Community Support Services (Steve Dahl)	10/31/2014	Incomplete
70.3 Document responses from CSS to individual's satisfaction surveys.	Director of Community Support Services (Steve Dahl)	10/31/2014	Incomplete
<b>72. CSS partners with Community Crisis Intervention Services to maximize support, complement strengths, and avoid duplication.</b>	Director of Community Support Services (Steve Dahl)	10/31/2014	Incomplete



Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
72.2 Each county, and tribe as relevant, will have a system of locally available and affordable services to serve persons with developmental disabilities.	Director of Community Support Services (Steve Dahl)	10/31/2014	Incomplete
<b>79. The State and the Department developed a proposed <i>Olmstead</i> Plan, and will implement the Plan in accordance with the Court's orders. The Plan will be comprehensive and will use measurable goals to increase the number of people with disabilities receiving services that best meet their individual needs and in the "Most Integrated Setting," and which is consistent and in accord with the U.S. Supreme Court's decision in <i>Olmstead v. L.C.</i>, 527 U.S. 581 (1999). The <i>Olmstead</i> Plan is addressed in Part 3 of this Comprehensive Plan of Action.</b>	<i>Olmstead</i> Subcabinet (Mike Tessneer)	10/31/2014	Incomplete
<b>89. Staff hired for new positions as well as to fill vacancies, will only be staff who have experience in community based, crisis, behavioral and person-centered services and whose qualifications are consistent with the Settlement Agreement and currently accepted professional standards. Staff reassigned from MSHS-Cambridge will receive additional orientation training and supervision to meet these qualifications within 6 months of reassignment.</b>	MN Life Bridge Operations Manager (Mark Brostrom) / MN Life Bridge Clinical Director (Tim Moore)	10/31/2014	Incomplete
<b>96. Training plan for staff strongly emphasizes providing tools and support services in a person's home as quickly as possible. Staff will also be trained in delivering community based programs and processes.</b>	MN Life Bridge Operations Manager (Mark Brostrom) / MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)	10/31/2014	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
<b>Part II. Modernization of Rule 40</b>			
100. ¶12 Should the Department of Human Services believe that it requires additional rule-making authority to satisfy the requirements of this Plan, in order to apply the rule to all providers covered by Rule 40 and the scope of this Plan, the Department will seek an amendments to statutes in the 2014 Minnesota Legislative session to ensure that the scope of the Rule 40 modernization stated above is fulfilled and will apply to all of the facilities and services to persons with developmental disabilities governed by Rule 40. Any proposed amendment(s) are subject to the notice and comment process under EC __ below.	Director of Disability Services Division (Alex Bartolic)	5/31/2014	Incomplete
100. ¶13 If legislative approval for the requested authority is not obtained in the 2014 Minnesota Legislative session, the Court may use its authority to ensure that the Adopted Rule will apply consistent with the scope set forth in EC 99.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	5/31/2014	Incomplete
102. ¶12 Not later than (30) days prior to public notice of the content of the Proposed Rule, the Department shall provide a draft of the rule to Plaintiffs' Class Counsel, the Court Monitor, the Ombudsman for Mental Health and Developmental Disabilities, and the Executive Director of the Governor's Council on Developmental Disabilities for review and comment and, if requested by any of these entities, for discussion in a conference prior to public notice of the content of the Proposed Rule. The Department will share with these entities the intended final content not later than five (5) days prior to the public notice.	Chief Compliance Officer (Gregory Gray) / Administrative Law Manager (Beth Scheffer)	10/15/2014	Incomplete
100. ¶11 Within the scope set forth above, the rule-making process initiated by the Department of Human Services pursuant to the Settlement Agreement, the Department shall by <b>December 31, 2014</b> propose a new rule in accordance with this Comprehensive Plan of Action ("Proposed Rule"). This deadline may be extended for good cause shown upon application to the Court not later than 20 days prior to the deadline.	Chief Compliance Officer (Gregory Gray) / Administrative Law Manager (Beth Scheffer)	12/31/2014	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
<p>101. The Proposed Rule shall address the temporary use and tapering of carefully monitored individual medical restraints for self-injurious behavior while non-restraint positive behavior supports are implemented under professional supervision.</p> <p>In formulating the Proposed Rule, and any other methods or tools of implementation, the Department shall carefully consider the recommendations of Dr. Fredda Brown, whose consultation on the Rule 40 modernization the Department requested with regard to matters on which the Advisory Committee had not reached consensus. The Department shall document the results of this review.</p>	Chief Compliance Officer (Gregory Gray) / Administrative Law Manager (Beth Scheffer) / Legal Analyst (Bob Klukas)	12/31/2014	Incomplete
<p>99. The scope of the Rule 40 modernization shall include all individuals with developmental disabilities served in programs, settings and services licensed by the Department, regardless of the setting in which they live or the services which they receive. As stated in the Settlement Agreement, the modernization of Rule 40 which will be adopted under this Comprehensive Plan of Action shall reflect current best practices, including, but not limited to the use of positive and social behavioral supports, and the development of placement plans consistent with the principle of the 'most integrated setting' and 'person centered planning, and development of an 'Olmstead Plan'" consistent with the U.S. Supreme Court's decision in <i>Olmstead v. L.C.</i>, 527 U.S. 582 (1999)."</p>	Chief Compliance Officer (Gregory Gray) / Administrative Law Manager (Beth Scheffer)	12/31/2014	Incomplete
<p>100. ¶14 By <b>August 31, 2015</b>, the Department of Human Services shall adopt a new rule to modernize Rule 40 ("Adopted Rule"). This deadline may be extended for good cause shown upon application to the Court not later than 60 days prior to the deadline.</p>	Chief Compliance Officer (Gregory Gray) / Administrative Law Manager (Beth Scheffer)	8/31/2015	Incomplete
<p>102. ¶1 The Proposed Rule shall be consistent with and incorporate, to the extent possible in rule, the Rule 40 Advisory Committee's consensus recommendations stated in its <i>Recommendations on Best Practices and Modernization of Rule 40 (Final Version - July 2013)</i>. During the rule-making process, the Department shall advocate that the final rule be fully consistent with the Rule 40 Advisory Committee's recommendations. The phrase "to the extent possible in rule" above is intended to recognize that some elements of the Committee's recommendations are not susceptible to the format of rules and, therefore, will be implemented by the Department through policies, bulletins, contract provisions, and by other means.</p>	Chief Compliance Officer (Gregory Gray) / Administrative Law Manager (Beth Scheffer) / Legal Analyst (Bob Klukas)	8/31/2015	Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
<p>103. Within thirty (30) days of the promulgation of the Adopted Rule, Plaintiffs' Class Counsel, the Court Monitor, the Ombudsman for Mental Health and Developmental Disabilities, or the Executive Director of the Governor's Council on Developmental Disabilities may suggest to the Department of Human Services and/or to the <i>Olmstead</i> Implementation Office that there are elements in the Rule 40 Advisory Committee Recommendations on Best Practices and Modernization of Rule 40 (Final Version - July 2013) which have not been addressed, or have not adequately or properly been addressed in the Adopted Rule. In that event, those elements shall be considered within the process for modifications of the <i>Olmstead</i> Plan. The State shall address these suggestions through Olmstead Plan sub-cabinet and the <i>Olmstead</i> Implementation Office. Unresolved issues may be presented to the Court for resolution by any of the above, and will be resolved by the Court.</p>	<p>Plaintiff's Class Counsel, Court Monitor, the Ombudsman for Mental Health and Developmental Disabilities, or the Executive Director of the Governor's Council on Developmental Disabilities</p>	<p>9/30/2015</p>	<p>Incomplete</p>
<p>104. The Department of Human Services shall implement the Adopted Rule and take other steps to implement the recommendations of the Rule 40 Advisory Committee.</p>	<p>Director of Disability Services Division (Alex Bartolic)</p>	<p>12/31/2015</p>	<p>Incomplete</p>

## **UPDATE OF CAMBRIDGE CLOSURE NARRATIVE**

### **Minnesota Specialty Health Services-Cambridge Closure and Replacement April 11, 2014 Report to the Court**

This report is an update on the closure of MSHS-Cambridge and its replacement with community-based services, as required by this Court's Orders of August 28, 2013, Dkt. No. 224 and March 12, 2014, Dkt. No. 284.

#### **I. Court Orders**

In its Order of August 28, 2013, this Court required the Comprehensive Plan of Action to separately include information regarding the replacement of the Cambridge facility with community-based services. The Court specified: "(a) a timetable for all tasks and activities; (b) identification of resources to be reallocated to the community services, including funding and staffing for such services; (c) the nature, quantity and location of the community-based services (residential and non-residential), sufficient to serve current Cambridge clients and those who would otherwise be served if the Cambridge facility had been maintained; and (d) a description of the mechanisms through which the DHS will carefully track and monitor the replacement process." Order of August 28, 2013, Dkt. No. 224, para. 3.

In its Order of March 12, 2014, this Court required the first update to "include a revised narrative and the additional information for the MSHS-Cambridge closure and replacement" required by the Order of August 28, 2013.

This report is submitted in response to those Orders.

#### **II. Minnesota Life Bridge**

MSHS-Cambridge is transitioning to Minnesota Life Bridge (“MN Life Bridge”), a community-based program, with mobile support services for individuals with developmental disabilities who exhibit severe behaviors that present a risk to public safety. The supports provided are community based and are intended to be in line with *Olmstead* principles, the *Jensen* Settlement Agreement, and the Comprehensive Plan of Action. As a community based program, Minnesota Life Bridge will be able to provide a more integrated service model with greater emphasis on person centered programs, positive behavioral supports, and more rapid transition to the most integrated settings in communities of choice. The mission statement for Minnesota Life Bridge is, “Successful Transition to a Successful Life.”

On March 4, 2014, MSHS – Cambridge stopped accepting admissions and MN Life Bridge began accepting them. The eligibility and admission criteria, however, have not changed. Currently, five individuals remain at MSHS-Cambridge. All will move to integrated settings within the next several weeks. After the last individual leaves, MSHS-Cambridge will wind down its affairs and, it is expected by August 31, 2014, it will cease to exist as an entity.

**A. Timetable for All Tasks and Activities:**

The timetable for tasks and activities regarding replacement of MSHS-Cambridge with community-based services may be found in the Comprehensive Plan of Action (CPA), Evaluation Criteria (EC) 88-96, filed herewith.

In addition, activities and timelines are noted below.

**B. Identification of Resources to be Reallocated to Community Services, including funding and staffing:**

**1. Funding**

Approximately \$4.2 million has been appropriated to MSHS – Cambridge through FY 2014, ending June 30, 2014. DHS has budgeted revenue of \$4.2 to MN Life Bridge in FY 2015 and also to fund the MN Life Bridge program. As more fully described below, there are currently two treatment homes beginning operations with two more treatment homes under development. The projected revenue sources for each home derive from budget appropriations and Medicaid waived services, in an amount projected to be up to \$1.14 million annually for each home. Because waived services are paid as fee-for-service, the actual revenue may be higher once the treatment homes are opened and serving clients.

In addition to the appropriated amount for FY 2014, State Operated Services has funded the start-up costs for the two new MN Life Bridge treatment homes. Those costs included initial leasing, remodeling, furnishing, and decorating the treatment homes.

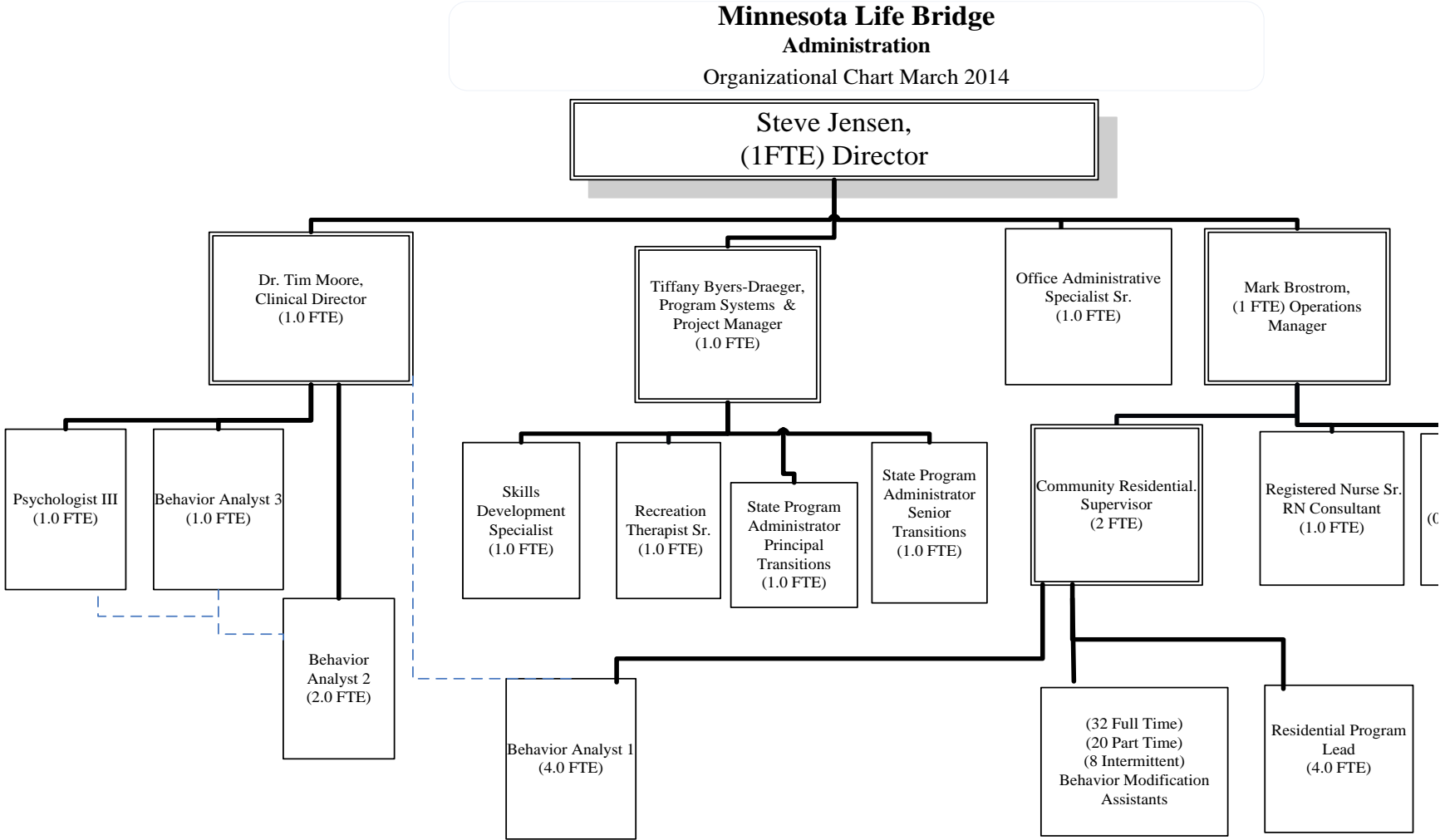
## **2. Staffing**

MSHS – Cambridge is licensed to serve up to 16 people. For this capacity, MSHS – Cambridge had 45 – 50 direct support professional staff.

MN Life Bridge has two treatment homes beginning operations and two more treatment homes under development. Together, these four treatment homes will be licensed to serve 15 people.

MN Life Bridge is designed to have up to 61 full-time-equivalency (FTE) direct support professional staff. This is a greater number than at MSHS – Cambridge because MN Life Bridge staff will also provide mobile support services. However, since the MN Life Bridge treatment homes and mobile support services are not yet fully developed, MN Life Bridge does not currently have 61 FTE direct support professional staff.

MN Life Bridge administrative staff are currently located at MSHS–Cambridge and now oversee the MSHS – Cambridge campus, the two new treatment homes, the development of two additional treatment homes, and the creation of our mobile support services. Our organizational chart below depicts the current administrative structure of MN Life Bridge.





In addition, some MSHS – Cambridge direct support professional positions have changed to reflect the change in duties from providing care at MSHS – Cambridge to providing support in community settings. For example, the former Unit Supervisor positions are now Community Residential Supervisor positions, which provide supervision of dispersed staff and programs in the community. Also, several MSHS – Cambridge direct care staff have been redistributed to the two new MN Life Bridge treatment homes. Some staff continue to work at MSHS – Cambridge to provide support to the five individuals who remain there. As the transition from MSHS – Cambridge to MN Life Bridge proceeds, some staff may choose to retire or seek reassignment to another Direct Care and Treatment program. In those cases, new staff will be hired to fill vacancies. During the transition period from MSHS – Cambridge to MN Life Bridge, an Assistant Group Supervisor and some additional staff have been assisting MN Life Bridge. These staff will move to other parts of Direct Care and Treatment once the MSHS – Cambridge campus closes. As the two new treatment homes are developed and accept individuals, MN Life Bridge will hire staff for those treatment homes.

**C. The nature, quantity and location of the community-based services (residential and non-residential), sufficient to serve current Cambridge clients and those who would otherwise be served if the Cambridge facility had been maintained:**

MN Life Bridge will provide crisis stabilization, transition, and supportive services in the most integrated setting. MN Life Bridge is designed to: 1) provide temporary housing and transitional support to individuals without a home; 2) prevent individuals from having to leave their current home; and 3) support individuals in the community once they have left a MN Life Bridge treatment home. MN Life Bridge provides community based supports for individuals at its treatment homes and community mobile support services.

**1. MN Life Bridge Treatment Homes**

**a. Nature**

MN Life Bridge treatment homes are designed to: 1) provide temporary housing and treatment support as close as possible to an individual's preferred home, family, friends and job; and 2) to support an individual's transition from MN Life Bridge to the most integrated setting appropriate to his or her needs.

**b. Quantity and Location**

On March 4, 2014, MN Life Bridge opened a home called “Stratton Lake,” just south of the town of Isanti. That same day, Stratton Lake accepted its first individual for services. Stratton Lake is licensed for up to four individuals. In addition, on April 13, 2014, MN Life Bridge plans to open a second home called “Broberg’s Lake,” just west of Cambridge. Broberg’s Lake is licensed for up to three individuals.

Both Stratton Lake and Broberg’s Lake are in the Cambridge area. In addition to these locations, MN Life Bridge is developing treatment homes in northeastern Minnesota and in the west or south-metro area. MN Life Bridge has a goal of acquiring a site in northern Minnesota (tentatively called “West Arrowhead”) by July 1, 2014, with licensing to occur by September 1, 2014. In addition, MN Life Bridge has a goal of acquiring a west or south-metro area site by September 1, 2014, and to license it by November 1, 2014.

**2. MN Life Bridge Mobile Support Services**

A core service is to divert individuals from needing out-of-home placement by providing supports to avert crises. To this end, over the next several months, MN Life Bridge will devote important management and clinical resources to developing mobile support services. In coordination with Community Support Services (CSS), Minnesota Life Bridge has already dispatched clinicians to individuals in their community homes to provide supports. Early experiences have been mixed, with some success and some lessons learned about what is necessary to collaborate for best results.

**a. Nature**

MN Life Bridge mobile support services are intended to serve individuals in their current setting. MN Life Bridge mobile support services can provide augmentative service supports, consultation, mobile teams, and training to the individual and those supporting the individual in his or her own home, family home, group home, work place and throughout the community as quickly as possible to provide a safety network, as needed, to help prevent re-institutionalization and other transfers to a more restrictive setting, and to maintain the individual in the most integrated setting. These services will be provided in collaboration with the Community Support Services (CSS) and other crisis services.

**b. Quantity and Location**

MN Life Bridge is working with the DHS Disabilities Services Division to seek data that will help project how many individuals might need our mobile support services and what kind of activity is expected regionally across the state. MN Life Bridge intends to provide mobile support services to anyone who is eligible and requires the service.

**D. Mechanisms through which DHS will carefully track and monitor the replacement process:**

DHS has monitored and continues to monitor and track the transition from MSHS – Cambridge to MN Life Bridge through the following mechanisms:

**1. Logistics**

During the key time of development of the community based alternatives in Isanti County a DHS Repurposing Committee met weekly to review all development needs including: personnel, labor, public policy, communications with local leaders and citizens, legal concerns, licensing, property acquisition and financial questions. The committee met almost every week from mid-September, 2014 through mid-March 2014 and included the DHS Deputy Commissioner, Human Resources Director, Communications Director, Legislative Director, the MN Life Bridge Director, and others. A Gantt chart served as a tool to track and monitor the replacement process.

Upon entering key phases of future home development, the committee will reconvene to guide the development in the same manner.

**2. Financial**

Tracking budget and financial information for the replacement process is a core responsibility for DHS at every level. Annual budgets are created by MN Life Bridge, in processes overseen by the Deputy Commissioner, DHS Finance, and others throughout the administration based on the budgets authorized by the Legislature and approved by the Governor. Detailed financial information is available and monthly financials are produced for review by supervisors, managers, and administrators to assure proper application of revenue and expenses and to note potential problems and address them. For MN Life Bridge, a budget is submitted for each site and each budget is together in a rollup for the whole organization.

### **3. Individuals we serve**

A Census is recorded daily for both MSHS-Cambridge and individual MN Life Bridge treatment homes. As MN Life Bridge treatment homes and mobile support services extend across Minnesota, census will be tracked and updated. In addition, we hold weekly diversion meetings to assess and track individuals who could potentially need our services.

**Minnesota Specialty Health Services-Cambridge Closure and Replacement**  
**Second Compliance Update Report**  
**May 11, 2014**

This is an update on the closure of MSHS-Cambridge and its replacement with community-based services, as required by the Court's Orders of August 28, 2013, Dkt. No. 224 and March 12, 2014, Dkt. No. 284.

Those sections of the April 11, 2014 Narrative with updates in this report are provided below.

**1. Funding**

Approximately \$4.2 million has been appropriated to MSHS – Cambridge through FY 2014, ending June 30, 2014. DHS has budgeted revenue of \$4.2 to MN Life Bridge in FY 2015 and also to fund the MN Life Bridge program. As more fully described below, there are currently two treatment homes beginning operations with two more treatment homes under development. The projected revenue sources for each home derive from budget appropriations and Medicaid waived services, in an amount projected to be up to \$1.14 million annually for each home. Because waived services are paid as fee-for-service, the actual revenue may be higher once the treatment homes are opened and serving clients.

In addition to the appropriated amount for FY 2014, State Operated Services has funded the start-up costs for the two new MN Life Bridge treatment homes. Those costs included initial leasing, remodeling, furnishing, and decorating the treatment homes

**UPDATE 5/11/2014**

We are waiting for legislative approval of the funding.

## 2. Staffing

In addition, some MSHS – Cambridge direct support professional positions have changed to reflect the change in duties from providing care at MSHS – Cambridge to providing support in community settings. For example, the former Unit Supervisor positions are now Community Residential Supervisor positions, which provide supervision of dispersed staff and programs in the community. Also, several MSHS – Cambridge direct care staff have been redistributed to the two new MN Life Bridge treatment homes. Some staff continue to work at MSHS – Cambridge to provide support to the five individuals who remain there. As the transition from MSHS – Cambridge to MN Life Bridge proceeds, some staff may choose to retire or seek reassignment to another Direct Care and Treatment program. In those cases, new staff will be hired to fill vacancies. During the transition period from MSHS – Cambridge to MN Life Bridge, an Assistant Group Supervisor and some additional staff have been assisting MN Life Bridge. These staff will move to other parts of Direct Care and Treatment once the MSHS – Cambridge campus closes. As the two new treatment homes are developed and accept individuals, MN Life Bridge will hire staff for those treatment homes.

<b>UPDATE 5/11/2014</b>
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Staff who have and will be moving to the community homes have had 2 days of training to introduce them to community based services. Hands-on training will begin on May 1, 2014 to enhance the staff application of Positive Behavioral Support Interventions both on the MSHS-Cambridge campus and in the community treatment homes.
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## II. Minnesota Life Bridge

MSHS-Cambridge is transitioning to Minnesota Life Bridge ("MN Life Bridge"), a community-based program, with mobile support services for individuals with developmental disabilities who exhibit severe behaviors that present a risk to public safety. The supports provided are community based and are intended to be in line with *Olmstead* principles, the *Jensen* Settlement Agreement, and the Comprehensive Plan of Action. As a community based program, Minnesota Life Bridge will be able to provide a more integrated service model with greater emphasis on person centered programs, positive behavioral supports, and more rapid transition to the most integrated settings in communities of choice. The mission statement for Minnesota Life Bridge is "Successful Transition to a Successful Life".

On March 4, 2014, MSHS - Cambridge stopped accepting admissions and MN Life Bridge began accepting them. The eligibility and admission criteria, however, have not changed. Currently, five individuals remain at MSHS-Cambridge. All of them will move to integrated settings within the next several weeks. After the last individual leaves, MSHS-Cambridge will wind down its affairs, and it is expected by August 31, 2014, it will cease to exist as an entity.

**UPDATE 5/11/2014**

DHS Bulletin 14-76-01 Transition of Minnesota Specialty Health System (MSHS) – Cambridge to Minnesota Life Bridge: Admission and Discharge Processes, Transition Planning and Community Mobile Support Services, was issued on April 29, 2014. It was sent to County Directors, Social Service Supervisors and Staff, State Court Judges, County Attorneys, Advocates, consumers, legal representatives and families, and posted on the DHS bulletins webpage and in listservs.

Five individuals remain on the Cambridge Campus. In the next three weeks, three of them will transition to their newly chosen homes and communities within three weeks, and the remaining two people continue to develop and refine their transition plans. One had a set-back resulting in his not being able to return to his previous community and home due to issues with roommates and concerns over negative relationships. Another opportunity in a city close to other family he prefers is under review with him as he had expressed interest and preference.

The individual in the Stratton Lake Community Based Treatment home is engaged in transition planning with her family and team. They are hoping to find her a desirable setting in or around Kanabec County where her family lives and where she grew up. She is exploring future employment opportunities that might be available there as well.

**C. The nature, quantity and location of the community-based services (residential and non-residential), sufficient to serve current Cambridge clients and those who would otherwise be served if the Cambridge facility had been maintained:**

**2. MN Life Bridge Mobile Support Services**

A core service is to divert individuals from needing out-of-home placement by providing supports to avert crises. To this end, over the next several months, MN Life Bridge will devote important management and clinical resources to developing mobile support services. In coordination with Community Support Services (CSS), Minnesota Life Bridge has already dispatched clinicians to individuals in their community homes to provide supports. Early experiences have been mixed, with some success and some lessons learned about what is necessary to collaborate for best results.

**UPDATE 5/11/2014**

A current effort involving mobility staff is one where MN Life Bridge is engaged with an individual from southwestern Minnesota who is a class member and who received a discharge notice from a community provider who has supported him for nine years. MN Life Bridge has teamed up with DHS Disability Services Division, the county, and CSS to meet with the provider and find out more about their decision, and to explain what supports may be available to assist them in managing their concerns. Once this review of the provider's status is complete, MN Life Bridge wishes to connect with the family and the rest of the team to help figure out how to support the man so he may stay in his long time home and with his long time staff.

**b. Quantity and Location**

MN Life Bridge is working with the DHS Disabilities Services Division to seek data that will help project how many individuals might need our mobile support services and what kind of activity is expected regionally across the state. MN Life Bridge intends to provide mobile support services to anyone who is eligible and requires the service.

**UPDATE 5/11/2014**

MN Life Bridge Administration has a first meeting set with DSD staff to review their data and see how it may be sorted or extended to help with resource location decisions.

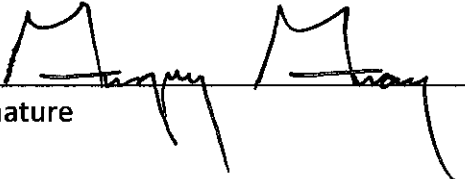


**SUBMISSION OF REPORT AND DOCUMENTS FOR VERIFICATION**

The information in this Second Compliance Update Report is accurate and complete to the best of my knowledge and belief.

Affirmed and submitted to the Court and to its Court Monitor.

By:

  
Signature

Gregory Gray

Printed Name

Chief Compliance Officer

Title

For the Defendants and the Department of Human Services

Date May 12, 2014

*Jensen v. Department of Human Services* , No. 09-cv-1775 (D. Minn.)

Comprehensive Plan of Action<sup>1</sup>

**DEFENDANTS' SECOND  
COMPLIANCE UPDATE REPORT:  
EXHIBITS**

Bi-monthly Data Covering February 1 through April 30, 2014

Filing Date: May 11, 2014

## INDEX OF EXHIBITS

Terminology disclaimer: The terminology used to describe people with disabilities has changed over time. The Minnesota Department of Human Services ("Department") supports the use of "People First" language. Although outmoded and offensive terms might be found within this report or its exhibits, the Department does not endorse these terms.

Number	Sealed	Title
Exhibit 8	Sealed	Sample Positive Support Transition Plan
Exhibit 9	Sealed	Sample Portfolio Documents
Exhibit 10		MSHS-Cambridge licenses from DHS and MN Department of Health
Exhibit 11		Stratton Lakes and Broberg Lake DHS licenses
Exhibit 12		(This exhibit number intentionally left blank)
Exhibit 13		Photos of individual choices for personalizing their bedroom
Exhibit 14	Sealed	Picture of Life for a current MSHS-C resident
Exhibit 15	Sealed	Examples of Functional Behavioral Assessments
Exhibit 16		DHS Bulletin 12-76-01
Exhibit 17		(This exhibit number intentionally left blank)
Exhibit 18		MSHS-Cambridge Admission packet
Exhibit 19		Satisfaction Survey
Exhibit 20		Survey Aggregate Results
Exhibit 21		Training Curricula and PowerPoint presentation on the Jensen Settlement Agreement Attachment A
Exhibit 22		April 2014 Memo to Staff
Exhibit 23		MSHS-C Policy # 15868 as approved by Court Order
Exhibit 24		(This exhibit number intentionally left blank)

Exhibit 25		SOS Policy # 6260 Effective and Safe Engagement (EASE) Learning Program
Exhibit 26		SOS Form DHS-3654 Notification Form
Exhibit 27		Sign In sheets for Attachment A training
Exhibit 28		MSHS-C Procedure # 15853 Maltreatment Reporting
Exhibit 29		DC&T Policy # 6100 Administration of Neuroleptic Medication to Persons with Mental Illness
Exhibit 30		MSHS-C Procedure # 15904 Administration of Psychotropic Medication
Exhibit 31	Sealed	Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms
Exhibit 32		(This exhibit number intentionally left blank)
Exhibit 33		DHS Adult Protection Program
Exhibit 34	Sealed	VA Maltreatment Report 10/11/2013
Exhibit 35		Form DHS-3653 Consultation with Expanded Interdisciplinary Team (EIDT) Following Emergency Use of Manual Restraint
Exhibit 36		(This exhibit number intentionally left blank)
Exhibit 37	Sealed	Example of Five-Point Reviews
Exhibit 38	Sealed	2014 Internal Reviewer Monthly Reports
Exhibit 39		(This exhibit number intentionally left blank)
Exhibit 40		DHS Today Bulletin Announcement
Exhibit 41	Sealed	Transition Plans for 5 Individuals at MSHS-Cambridge
Exhibit 42	Sealed	Example of DHS 6622 Coordinated Service and Support Plan (CSSP) Addendum
Exhibit 43		DHS 6810, 6810A, and 6810B Positive Support Transition Plan form, Review form, and Instructions
Exhibit 44		CV and Training Record for the Psychologist 3
Exhibit 45	Sealed	Examples of History Maps
Exhibit 46	Sealed	Examples of Daily Data Sheets
Exhibit 47	Sealed	Example of Daily Client Schedule
Exhibit 48		Description of Training Programs
Exhibit 49		MSHS-Cambridge Training Tracker
Exhibit 50		MSHS-C Procedure 15899 Involvement with Family, Guardians, and Friends

Exhibit 51		DHS Bulletin # 14-76-01 Transition of Minnesota Specialty Health System (MSHS) - Cambridge to Minnesota Life Bridge: Admission and Discharge Processes, Transition Planning and Community Mobile Support Services
Exhibit 52		MN Department of Health Health Care Bill of Rights
Exhibit 53		Minnesota Statutes Chapter 245D Service Recipient Rights
Exhibit 54		Pictorial Version and Reading Level Version of Rights Notices
Exhibit 55	Sealed	Examples of Weekly Admissions and Diversion meeting notes
Exhibit 56		CSS Organizational Chart
Exhibit 57		Descriptions of CSS and MSOCS
Exhibit 58		Posting for Permanent CSS Program Director
Exhibit 59		CSS Office Locations Listing April 2014
Exhibit 60		MORA - MCCP Training Program 2014 04 25
Exhibit 61		Example of Minutes from Quarterly MCCP/CSS Meeting
Exhibit 62		CSS Payment Eligibility Review Framework
Exhibit 63	Sealed	Examples of CSS Payment Eligibility Review forms
Exhibit 64		April 30 2014 Bulletin Memo for consumers, families, legal reps
Exhibit 65		CSS Position Descriptions
Exhibit 66		CSS Recruiting Plans and Communications with HR
Exhibit 67	Sealed	An Independent Review of Transitions: Three individuals with Developmental Disabilities Who Moved from the Minnesota Security Hospital to the Community (UMN Independent Review of Minnesota Security Hospital Transitions, FINAL 4/7/2014)
Exhibit 68		2013 12 26 Memo and 2014 04 11 Memo
Exhibit 69		2014 DHS Bulletin template with disclaimer
Exhibit 70		2013 Laws of Minnesota, Chapter 62 and 2013 Laws of Minnesota, Chapter 59, Article 3
Exhibit 71		Positive Supports Rule - Abbreviated Rulemaking Schedule for 2014-2015
Exhibit 72		College of Direct Support - Core Curriculum