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

Comprehensive Plan of Action[1]

DEFENDANTS' EIGHTH COMPLIANCE UPDATE REPORT

Bi-monthly Data Covering March 1 through April 30, 2015

Filing Date: May 15, 2015

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

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 exhibits for this report, the Department does not endorse these terms.

[1] *See* Order of March 12, 2014 (Dkt. 284); Order of August 28, 2013 (Dkt. 224).

INSTRUCTIONS

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.[2]
   - 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.[3] The Second Compliance Update Report shall include data covering March 1 to April 30, 2014.[4] 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).[5]
7. The report may not be utilized to request modifications to the CPA. The separate modification request procedure shall be used for that purpose.

---

[2] The report may not be utilized to request modifications of the CPA.

[3] The 1st Update will already have been filed pursuant to the Order of March 12, 2014.

[4] To the extent that March 1 through 12 data does not exist, Defendants shall so note.

[5] 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.
7/15/2014 1. This is the third Compliance Update Report for the March 12, 2014, Comprehensive Plan of Action. As directed in the instructions provided by the Court Monitor above, for those items that had a "completed" status in the second Compliance Update Report, the Status Column is marked "Maintaining completion achieved [date]."
9/15/2014 1. This is the fourth Compliance Update Report for the March 12, 2014, Comprehensive Plan of Action. The Department appreciates feedback to the draft of this report received from the Court Monitor and the Minnesota Governor's Council on Developmental Disabilities. As requested, this report includes more data and information than previous reports within the State of Compliance / Documentation for Verification column, rather than in Exhibits.

11/17/2014

1. This is the fifth Compliance Update Report for the March 12, 2014, Comprehensive Plan of Action. The Court Monitor provided some recommendations to shorten the report, and they are being implemented. For example, if a response for this Fifth Report is the same as in the Fourth Report, the text in the "State of Compliance; Documentation for Verification" and/ or "Obstacles and Next Steps" column reads "See 9/15/2014 Report". A column is added to the Exhibits table, listing the EC(s) where each Exhibit is referenced.
2. No text has been changed from previous Compliance Update Reports, but line spacing has been decreased in those rows from previous Compliance Update Reports to aid in shortening the length of the full Report.
3. Because November 15, 2014 falls on a Saturday, this report is being filed on the next business day, November 17, 2014, pursuant to Rule 6. The Director of the Jensen Implementation Office discussed this with the Court Monitor, who indicated that is acceptable.

2/13/2015

1. This is the sixth Compliance Update Report for the March 12, 2014, Comprehensive Plan of Action.
2. A request to initiate a one-month reporting lag for these Compliance Update Reports was submitted to the Court Monitor in December 2014 (Doc 372, filed 12/22/2014). To accomplish that lag, DHS proposed that this Sixth Compliance Update Report include documentation for only November 2014. The next, Seventh Compliance Update Report and subsequent Compliance Update Reports would return to inclusion of documentation for two months (for example, the March 16, 2015 report would include December 2014 and January 2015, and the May 15, 2015 report would include February and March 2015). The Court Monitor reported the Judge approved a one-month lag for filing only this report; the next (seventh) report on January and February 2015 activities is due for filing on March 16, 2015. Because March 15, 2015 falls on a Sunday, the report is filed on the next business day, Monday the 16th, pursuant to Rule 6.
3. A request to amend EC 98 was approved by the Court Monitor on 9/12/2014, with final text sent to him by the JIO on 10/16/2014. This report includes the new text and new Action Items. See Exhibit 172.
4. Revisions to the formatting of the Exhibit cites are included, as directed by the Court Monitor in a memo dated January 27, 2015. For those ECs and Action Items where the same Exhibits had been listed multiple times, now they are only listed in the EC rows, and are not repeated in the Action Item rows. For ECs 31 - 37, the Action Item duplicates its Evaluation Criterion, so they are combined.

There have been further discussions and correspondence with the Court Monitor on the Compliance Updates format and deadlines. Suggestions in the Court Monitor's February 5, 2015 memo regarding his approving format changes will be addressed in a separate request document.

3/16/2015

1. This is the seventh Compliance Update Report for the March 12, 2014 Comprehensive Plan of Action.
2. An example of an Executive Summary for the Sixth Compliance Update Report was sent to the Court Monitor, Plaintiff's Counsel, and Parties for review and comments. Revisions are being made to the format based on comments received.
3. The Court Monitor provided an opportunity to give input on possible modifications to the reporting format of these reports. On February 13, 2015, the Jensen Implementation Office (JIO) provided suggestions for the Court Monitor's consideration based on issues listed in his February 5, 2015 memo. Mr. Ferleger's response is dated February 16, 2015, but it was not received by the JIO until March 6, 2015. This report includes changes as instructed.

5/15/2015

1. This is the eighth Compliance Update Report for the March 12, 2014 Comprehensive Plan of Action.
2. Going forward, the facility that has been known as East Central Minnesota State Operated Community Services (ECMSOCS) will be referred to as East Central.

TABLE OF CONTENTS

	Page Number
INSTRUCTIONS	2
DEFENDANTS' NOTES	3
TABLE OF CONTENTS	5
INTRODUCTION TO COMPREHENSIVE PLAN OF ACTION	7
MANAGEMENT	7
STRUCTURE	7
DEFINITIONS	8
APPLICABILITY	8
IV. METO CLOSURE	9
V.A. PROHIBITED TECHNIQUES - RESTRAINT	48
V.B. PROHIBITED TECHNIQUES - POLICY	68
V.C. PROHIBITED TECHNIQUES - SECLUSION & TIME OUT	78
V.D. PROHIBITED TECHNIQUES - CHEMICAL RESTRAINT	79
V.E. PROHIBITED TECHNIQUES - 3rd PARTY EXPERT	81
V.F. PROHIBITED TECHNIQUES - MEDICAL OFFICER REVIEW	94
V.G. PROHIBITED TECHNIQUES - ZERO TOLERANCE FOR ABUSE & NEGLECT	102
VI.A. RESTRAINT REPORTING & MGMT. - FORM 31032	121
VI.B. RESTRAINT REPORTING & MGMT.- NOTIFICATIONS	130
VI.C. RESTRAINT RESPONSES ARE NOT TO REPLACE OTHER INCIDENT REPORTING, INVESTIGATION, ANALYSIS & FOLLOW-UP	130
VII.B. RESTRAINT REVIEW - INTERNAL REVIEWER	146
VII.B. RESTRAINT REVIEW - EXTERNAL REVIEWER	149
EXTERNAL ENTITY & PLAINTIFFS' ACCESS	153
VIII. TRANSITION PLANNING	154
IX.A. OTHER PRACTICES AT THE FACILITY - STAFF TRAINING	223
IX.B. OTHER PRACTICES AT THE FACILITY – HOURS OF TRAINING	256
IX.C. OTHER PRACTICES AT THE FACILITY - VISITOR POLICY	257
IX.D. OTHER PRACTICES AT THE FACILITY - NO INCONSISTENT PUBLICITY	263
IX.E. OTHER PRACTICES AT THE FACILITY - POSTING REQUIREMENTS	268
X.A. SYSTEM WIDE IMPROVEMENTS - EXPANSION OF COMMUNITY SUPPORT SERVICES	273
X.B. SYSTEM WIDE IMPROVEMENTS - *OLMSTEAD* PLAN	352
X.C. SYSTEM WIDE IMPROVEMENTS - RULE 40 MODERNIZATION	355
X.D. SYSTEM WIDE IMPROVEMENTS - MINNESOTA SECURITY HOSPITAL	356

X.E. SYSTEM WIDE IMPROVEMENTS – ANOKA METRO REGIONAL TREATMENT CENTER	367
X.F. SYSTEM WIDE IMPROVEMENTS - LANGUAGE	373
CLOSURE OF MSHS-CAMBRIDGE AND REPLACEMENT WITH COMMUNITY HOMES AND SERVICES	376
THERAPEUTIC FOLLOW-UP OF CLASS MEMBERS & CLIENTS DISCHARGED FROM METO/MSHS-CAMBRIDGE	394
PART II - MODERNIZATION OF RULE 40	419
SCOPE OF RULE 40 MODERNIZATION	420
ADOPTION OF RULE 40 MODERNIZATION	423
TEMPORARY TAPERED USE OF MEDICAL RESTRAINT	431
THE PROPOSED RULE	433
REFERRAL OF UNRESOLVED ISSUES TO THE *OLMSTEAD* PLAN PROCESS	437
IMPLEMENTATION	441
CHRONOLOGICAL DISPLAY OF DEADLINES - CPA	444
CHRONOLOGICAL DISPLAY OF DEADLINES - RULE 40	479
UPDATE OF CAMBRIDGE CLOSURE NARRATIVE	482
INDEX OF EXHIBITS	491

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
Settlement Agreement Section IV. METO CLOSURE					
1. The Facilities will comply with *Olmstead* v. L.C. The Facilities are and will remain licensed to serve people with developmental disabilities. The Facility will eliminate unnecessary segregation of individuals with developmental disabilities. People will be served in the most intregated 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	**5/11/2014 Update** The facility is in the process of complying with Olmstead v. L.C. The Narrative section of this Compliance Update Report includes details on the status of compliance. 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. **Ex. 8, Sample Positive Support Transition Plan** A Portfolio is created for each client, containing their PCP, transition plan, and other relevant information. **Ex. 9, Sample Portfolio Documents** All facilities are currently licensed. **Ex. 10, MSHS-C DHS and MDH licenses** **Ex. 11, MN Life Bridge homes DHS licenses**	**5/11/2014 Update** Obstacles: Additional staff time and training are likely needed to support the pace of change. 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.	**5/11/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update MSHS-Cambridge has remained licensed to serve people with developmental disabilities. 5/5 individuals at MSHS-C, 1/2 at Stratton Lake, and 2/3 at East Central MSOCS have had individualized and multiple opportunities on an ongoing basis to engage with: (1) citizens in the community, (2) regular community settings, (3) participating in valued activities and (4) as members of the community that were drawn from their person-centered planning processes and developed alongside the individual. 1/2 individuals at Stratton Lake and 1/3 individuals at East Central MSOCS were admitted on June 30, 2014; they will have individualized and multiple opportunities on an ongoing basis to engage with the community. Portfolios and transition plans of individuals who were at MSHS-C during this reporting period continued to be refined and enriched as the individual went through the transition process. Individualized community activities were built into their plans. 5/5 individuals at MSHS-C and 1/1 individual at Stratton Lake directed the creation of their transition plan and create and provide training to their future community staff.	**7/15/2014 Update** Next Steps: Continue to maintain licensure. Continue to ensure compliance with this EC.	**7/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update MSHS-Cambridge, MnLB Stratton Lake, MnLB Broberg's Lake, and East Central Minnesota State Operated Community Services (ECMSOCS) remained appropriately licensed through this reporting period. When the last person transitioned out of MSHS-Cambridge (the Facility) on 8/29/2014, the de-licensing process for that program location was begun, to be effective 8/30/2014. MnLB administration will continue to be stationed at the Cambridge campus for the time being, but the program there is closed. During this reporting period, there was one person who received services at MSHS-Cambridge (who moved to the community on 8/29/2014), five people who received services at MnLB Stratton Lake for some period of time, and three people residing at ECMSOCS. The Facility was substantially compliant with eliminating unnecessary segregation of individuals with developmental disabilities. People who had been served at MSHS-Cambridge were assisted to transition to community settings and services, and in the most integrated settings to which they did not object. Each individual's program and plans include opportunities to engage with the community according to the individual's choices, interests, and abilities. These were developed by and with the individual.	**9/15/2014 Update** Next Steps: - Continue to comply with *Olmstead* v. LC. - Continue to maintain appropriate licensure for the community settings. - Continue to work on eliminating unnecessary segregation of individuals with developmental disabilities, and to locate or develop more integrated settings. - Continue to include opportunities for individuals to engage with the community in their person centered and transition planning.	**9/15/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			Admission, person centered planning, and transition documents for people served at MSHS-Cambridge are stored in Op Central (the administrative offices) currently located on the Cambridge campus. Documents for people served at Stratton Lake are stored at Stratton Lake. Documents for people living at East Central MSOCS are stored at East Central MSOCS. **Ex. 113-117 Plans for clients** **11/17/2014 Update** MLB Stratton Lake, MLB Broberg's Lake, and East Central Minnesota State Operated Community Services (ECMSOCS) remain licensed. MSHS-Cambridge was de-licensed effective 8/30/2014, after the last person transitioned out of that program. During this reporting period, a total of 4 people were served at MLB Stratton Lake, 2 people at MLB Broberg's Lake, and 3 people resided at ECMSOCS. **Ex. 125-129, Plans for clients** **2/13/2015 Update** MLB Stratton Lake, MLB Broberg's Lake, and East Central Minnesota State Operated Community Services (ECMSOCS) remain licensed. MSHS-Cambridge was de-licensed effective 8/30/2014, after the last person transitioned out of that program. During November, 2 people were served at MLB Stratton Lake, 2 people were served at MLB Broberg's Lake, and 3 people resided at ECMSOCS.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved 8/31/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			During December, 2 people were served at MLB Stratton Lake, 3 people were served at MLB Broberg's Lake, and 4 people resided at ECMSOCS. **Ex. 152-160, Plans for current residential clients** **3/16/2015 Update** MLB Stratton Lake, MLB Broberg's Lake, and East Central Minnesota State Operated Community Services (ECMSOCS) remain licensed. During this reporting period there were 3 people served at Stratton Lake, 3 people served at Broberg's Lake, and 4 residents of ECMSOCS. **5/15/2015 Update** MLB Stratton Lake, MLB Broberg Lake, and East Central remain licensed. During this reporting period there were: 4 people served at Stratton Lake, including one discharge and one admission; 3 people served at Broberg's Lake, including two discharges, and 4 residents of East Central. The plans for the current residential clients were sent via email to the Court Monitor on April 15, 2015. As in the past, they are also stored in the Jensen Implementation Office SharePoint site; David Ferleger has access permission for that site.		

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	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	**5/11/2014 Update** Planning processes and plans are being reviewed and revised as necessary to address integration within the six life areas.	**5/11/2014 Update** Next Steps: Continue to update and implement individuals' plans and opportunities, addressing integration within the six life areas.	**5/11/2014 Update** Incomplete
			7/15/2014 Update 5/5 individuals at MSHS-C and 1/2 individuals at Stratton Lake have individual plans that include items 1 to 6. 1/2 individuals at Stratton Lake, admitted on June 30, 2014, will have individual plans that include items 1 to 6.	**7/15/2014 Update** Next Steps: Refine and ensure continuity in including items 1 to 6 in all individuals' plan.	**7/15/2014 Update** Incomplete
			9/15/2014 Update During this reporting period, 1/1 individual served at MSHS-Cambridge, 5/5 individuals served at MnLB Stratton Lake, and 4/4 residents of ECMSOCS had individual plans that 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. As individuals' status and plans changes, these plans may be edited to address their current interests and readiness for more integration into various life areas. Documentation for verification is found in individual plans.	**9/15/2014 Update** Next Steps: Continue assisting individuals in creating, enriching and refining their plans, including addressing community integration in these 6 life areas.	**9/15/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			11/17/2014 Update During this reporting period, 4/4 individuals served at Stratton Lake, 2/2 individuals served at Broberg's Lake, and 3/3 residents of ECMSOCS had individual plans that 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. MLB policy includes reviewing and updating plans monthly. ECMSOCS policy includes reviewing and updating plans quarterly, so Ex. 117 from the Fourth Compliance Update Report contains the most recent plans for residents at ECMSOCS. **2/13/2015 Update** 3/3 individuals served at Stratton Lake, 3/3 individuals served at Broberg's Lake, and 4/4 residents of ECMSOCS had individual plans that 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. **3/16/2015 Update** See 2/13/2015 update.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved 8/31/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			5/15/2015 Update 4/4 individuals served at Stratton Lake, 3/3 individuals served at Broberg's Lake, and 4/4 residents of ECMSOCS had individual plans that 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.		
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	**5/11/2014 Update** 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. **Ex. 13, Photos of individual choices** **7/15/2014 Update** Since August 1 2013 - 13/13 people have been provided the opportunity to be involved in decorating their rooms. 13/13 people have made individual choices as to items or decorations in their rooms. 10/13 have chosen to have their rooms painted.	**5/11/2014 Update** Next Steps: Continue to apply strong efforts to individualize and personalize the interior setting of the homes. **7/15/2014 Update** Next Steps: Continue to apply strong efforts to individualize and personalize the interior setting of the homes, to allow individuals to make	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			As individuals have prepared for transition, they visit homes and get to select where they will move to. For example, one of the individuals would like to have a workroom, so that is something he has looked for when he visits potential settings. **9/15/2014 Update** MSHS-Cambridge and successor facilities continue to apply strong efforts to assist individuals to individualize and personalize the interior setting of the home as those individuals choose. 1/1 individuals at MSHS-C, 5/5 individuals at MnLB Stratton Lake, and 4/4 residents of ECMSOCS are aware of and have been given opportunities to individualize and personalize the interior setting of the home. For example, there were individuals who chose to have their room at MSHS-C painted a color they selected. To date, clients at MnLB Stratton Lakes know they can personalize their room, but as yet no one served there has chosen to have their room painted. All individuals at MnLB Stratton Lake have been given the choice of a queen size or single (twin) size bed. One person at MSHS-C chose to have a tent in the bedroom. All individuals are given the opportunity to select bedding of their choice. One person keeps a hamster in her room - at her request and with agreement from roommates.	their choices, and to support those choices. **9/15/2014 Update** Next Steps: Continue to apply strong efforts to individualize and personalize the interior setting of the homes, to allow individuals to make their choices, and to support those choices.	**9/15/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			The individual who remained at MSHS-C for most of this reporting period was actively involved in selecting towns, viewing houses, stating what should be in the home (type of rooms, etc.), and what renovations will need to be made to suit his choices (along with any renovations to the physical plant for accessibility, etc.). He personally selected the furniture for his new home among quality and attractive newer pieces available from the facility upon closure. **11/17/2014 Update** 4/4 individuals served at MLB Stratton Lake, 2/2 individuals served at MLB Broberg's Lake, and 4/4 residents of ECMSOCS are aware of and have been given opportunities to individualize and personalize the interior setting of the home. **2/13/2015 Update** 2/2 individuals served at MLB Stratton Lake, 2/2 individuals served at MLB Broberg's Lake, and 4/4 residents of ECMSOCS are aware of and have been given opportunities to individualize and personalize the interior setting of the home. **3/16/2015 Update** 3/3 individuals served at Stratton Lake, 3/3 individuals served at Broberg's Lake, and 4/4 residents of ECMSOCS are aware of and have been given opportunities to individualize and personalize the interior setting of the home.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved 8/31/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			5/15/2015 Update 4/4 individuals served at Stratton Lake, 3/3 individuals served at Broberg's Lake, and 4/4 residents of East Central are aware of and have been given opportunities to individualize and personalize the interior setting of the home.		
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 .	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	**5/11/2014 Update** The facilities are currently using a person centered planning (PCP) process and positive behavioral supports and transitions planning. **Ex. 8, Sample Positive Support Transition Plan** **Ex. 9, Sample Portfolio Documents** **Ex. 12, Planning form template** **Ex. 14, Picture of Life example**	**5/11/2014 Update** Next steps: Complete reviews of existing documents and processes to ensure they are in compliance this Plan.	**5/11/2014 Update** Incomplete
			7/15/2014 Update Person-centered planning documents and the transition plan document have been reviewed and are consistent with applicable best practices and in compliance with this plan. **Ex. 73, Template - PCD Picture of A Life**	**7/15/2014 Update** Next Steps: Complete review of positive behavior support plan content in the context of required Positive Support Transition Plan format to ensure consistency with best practice and compliance with this plan.	**7/15/2014 Update** Incomplete
			9/15/2014 Update We completed the review of positive behavior support plan content in the PSTP format, and found consistency with best practices and compliance with this plan.	**9/15/2014 Update** Next Steps: - Continue using a person centered planning process and positive behavior	**9/15/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			Documents for individuals served in the successor facilities are stored at their residential site. **Ex. 113-117 Plans for clients** **11/17/2014 Update** Facilities continue to use person-centered planning principles and positive behavioral supports consistent with applicable best practices. **Ex. 125 - 129 Plans for clients** **2/13/2015 Update** See 11/17/2014 response. **Ex. 152-160 Plans for clients** **3/16/2015 Update** **5/15/2015 Update** See 11/17/2014 response.	supports and transition planning. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved 8/31/2014
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	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	**5/11/2014 Update** 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. 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.	**5/11/2014 Update** Next steps: Complete reviews of existing documents and processes to ensure they are in compliance with this Plan.	**5/11/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
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).			**7/15/2014 Update** 7/7 individuals (at MSHS-C and Stratton Lake) were involved in the development of their PCPs. 7/7 PCPs were updated monthly. Person-centered planning documents have been updated to reflect current best practices and compliance with this plan. **9/15/2014 Update** 1/1 individuals served at MSHS-C, 5/5 individuals served at MnLB Stratton Lake, and 3/3 residents of East Central MSOCS were involved in the development of their PCPs. All three of the individuals admitted to MnLB Stratton Lake used the updated version of the DHS-6847 Person Centered Description - Picture of a Life and Action Planning (dated June 2014). For 1/1 individuals receiving services at MSHS-C and 5/5 individuals receiving services at MnLB Stratton Lake, PCPs were updated monthly. For 3/3 individuals residing at East Central MSOCS, PCPs were updated quarterly per policies for that program. There were no individuals served at MnLB Broberg's Lake during this reporting period. Documentation for verification is found in individual plans. **11/17/2014 Update** 4/4 individuals served at MLB Stratton Lake, 2/2 individuals served at MLB Broberg's Lake, and 3/3 residents of East Central MSOCS were involved in the development of their PCPs.	**7/15/2014 Update** Next Steps: Implement the updated PCP documents for the next new admission and continue to timely update PCPs. **9/15/2014 Update** Next Steps: Continue to involve individuals to the extent possible to develop their person centered profile within 30 days of admission. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**7/15/2014 Update** Incomplete **9/15/2014 Update** Complete **11/17/2014 Update - 5/15/2015 Update**

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			Note: one individual was at Stratton Lake and then moved to Broberg's Lake during this reporting period. This report will discuss 4/4 individuals served at MLB Stratton Lake and 2/2 individuals served at Broberg's Lake, but there were actually only 5 people served by MLB during this reporting period. We keep the distinction of For 6/6 individuals receiving services at MLB Stratton Lake and Broberg's Lake, PCPs were updated monthly. For 3/3 individuals residing at East Central MSOCS, PCPs were updated quarterly per policies for that program. **2/13/2015 Update** All individuals served at MLB Stratton Lake, MLB Broberg's Lake, and East Central MSOCS were involved in the development of their PCPs. **3/16/2015 Update** **5/15/2015 Update** See 2/13/2015 response.		Maintaining completion achieved 8/31/2014
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	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	**5/11/2014 Update** 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.	**5/11/2014 Update** Next Steps: Complete the initial development of the PCP within 30 days for new admissions.	**5/11/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
work towards.			**7/15/2014 Update** Person-centered planning documents have been updated to reflect current best practices and compliance with this plan.	**7/15/2014 Update** Next Steps: Implement the updated PCP documents for the next new admission and test against established standards and requirements for compliance with this plan.	**7/15/2014 Update** Incomplete
			9/15/2014 Update From the understanding in the person-centered profile, person-centered plans are developed for all people receiving support, within the timeline (30 days after admission) and with the content and scope described in this EC. The updated DHS-6847 Person Centered Description form has been used for the three MnLB admissions during this reporting period. The plans continue to be developed and enriched throughout the individual's stay. Documentation for verification is found in individual plans.	**9/15/2014 Update** Next Steps: Continue assisting to and developing person-centered plans that contain a vision of the individual's future, in a timely manner.	**9/15/2014 Update** Complete
			11/17/2014 Update Person-centered plans are developed for all people receiving support, from the understanding in the person-centered profile / Picture of a Life, within the timeline (30 days after admission) and with the content and scope described in this EC. The plans continue to be developed and enriched.	**11/17/2014 Update** See 9/15/2014 response.	**11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved 8/31/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			2/13/2015 Update **3/16/2015 Update** **5/15/2015 Update** See 11/17/2014 response.	**2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	
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	**5/11/2014 Update** 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. **7/15/2014 Update** 8/10 PCPs informed the development of the CSSP. 2/10 PCPs will inform the development of the CSSP (one admit to MNLB and one admit to ECMSOCS on 6/30/2014). A revised PCP format for MNLB was submitted to the Court Monitor for review and feedback. **9/15/2014 Update** 1/1 PCPs of individuals served at MSHS-C, 5/5 PCPs of individuals served at MnLB Stratton Lake, and 3/3 residents at East Central MSOCS informed the development of their PSTP / CSSP-A. On a monthly basis, as a matter of practice, Dr. Moore and others review for consistency of documents and process across individuals served as they review records of each client each month.	**5/11/2014 Update** Next Steps: Continue to assure that the PCP informs the Positive Support Transition Plan (PSTP). **7/15/2014 Update** Next Steps: Evaluate consistency of the documents and process across clients and await feedback from the Court Monitor on the PCP format. **9/15/2014 Update** Next Steps: - Continue using the person centered planning process to assist individuals to create and enrich plans for their life. - Continue reviewing for consistency of documents and process.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete **9/15/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			11/17/2014 Update 4/4 PCPs of individuals served at MLB Stratton Lake, 2/2 PCPs of individuals served at Broberg's Lake, and 3/3 residents at East Central MSOCS informed the development of their PSTP / CSSP-A. The MLB monthly review for consistency of documents and process across individuals served continues. **2/13/2015 Update** All people served at MLB Stratton Lake, MLB Broberg's Lake, and East Central MSOCS have PCPs that informed the development of their PSTP / CSSP-A. The MLB monthly review for consistency of documents and process across individuals served continues. **3/16/2015 Update** **5/15/2015 Update** See 2/13/2015 response.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved 8/31/2014
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	**5/11/2014 Update** 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.	**5/11/2014 Update** 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.	**5/11/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update 8/10 PCPs informed the development of the CSSP. 2/10 PCPs will inform the development of the CSSP (one admit to MNLB and one admit to ECMSOCS on 6/30/2014).	**7/15/2014 Update** Next Steps: Evaluate consistency of the documents and process across clients; confirm with DSD and DHS licensing that current documents and process meet requirements.	**7/15/2014 Update** Incomplete
			9/15/2014 Update Meetings and discussions with DSD and DHS licensing confirmed that current documents and process meet the Chapter 245D requirements. 1/1 PCPs of individuals served at MSHS-C, 5/5 PCPs of individuals served at MnLB Stratton Lake, and 3/3 of residents at East Central MSOCS informed the development of the PSTP / CSSP-A. Documentation for verification is found in individual plans.	**9/15/2014 Update** Next Steps: - Individuals will continue to inform the development of the Positive Support Transition Plan (PSTP) and the Coordinated Service and Support Plan (CSSP) and the CSSP- Addendum). - Continue to maintain individual plans and records on individuals served.	**9/15/2014 Update** Complete
			11/17/2014 Update 4/4 PCPs of individuals served at MLB Stratton Lake, 2/2 PCPs of individuals served at Broberg's Lake, and 3/3 of residents at East Central MSOCS informed the development of the PSTP / CSSP-A.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**11/17/2014 Update - 5/15/2015 Update** Maintaining

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			Documentation for verification is found in individual plans. DHS and its partners created the Developing Positive Support Transition Plans (DHS-6810C) as a guide for 245D-licensed home and community-based service providers, to help support teams develop positive support transition plans. The guide (DHS-6810C) is available on the DHS website. A key part of Chapter 245D is the requirement for service providers to phase out and then eliminate the use of aversive procedures to control behavior, de-escalate mental health symptoms, or respond to a "crisis". A designated coordinator or manager from a 245D-licensed provider must submit the DHS-6810D Request for the Authorization of the Emergency Use of Procedures form to request to temporarily continue the use, after 1/1/2015, of an aversive procedure while phasing out that use. The request for authorization form (DHS-6810D) is available on the DHS website. **2/13/2015 Update** Individuals served at MLB Stratton Lake, MLB Broberg's Lake, and East Central MSOCS have PCPs that informed the development of the PSTP / CSSP-A. Documentation for verification is found in individual plans.		completion achieved 8/31/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			3/16/2015 Update **5/15/2015 Update** See 2/13/2015 response.		
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	**5/11/2014 Update** 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. **7/15/2014 Update** 5/5 behavior support plans (Positive Support Transition Plans, or PSTPs) for people who were served at MSHS-Cambridge, and 1/2 for people served at MN Life Bridge during this reporting period are unique to each individual. 5/5 PSTPs for people who were served at MSHS-Cambridge and 1/2 for people served at MN Life Bridge during this reporting period use token economies 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. 1/2 people at MN Life Bridge was admitted on June 30, 2014; their plans are unique and will be developed during the next reporting period.	**5/11/2014 Update** Next steps: Continue implementation of the CPA. **7/15/2014 Update** Next Steps: Continue to engage the individual and the support team to refine plans with regard to the terms of this compliance plan.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update 1/1 behavior support plans (Positive Support Transition Plans, or PSTPs) for people who were served at MSHS-Cambridge, 5/5 for people served at MN Life Bridge, and 3/3 for people residing at ECMSOCS during this reporting period are unique to each individual. 1/1 PSTPs for people who were served at MSHS-Cambridge and 2/5 for people served at MN Life Bridge during this reporting period use token economies 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. 1/3 people living at ECMSOCS has a token economy in their program / plan. It is based on completing all skills for daily living in a day. The individual suggested starting this program as he was reviewing his plans prior to his last meeting; it was put in starting 8/1/2014.	**9/15/2014 Update** Next Steps: - Continue to develop and maintain unique PSTPs for individuals served. - Continue to monitor the use of token economies, and document the outcomes in the individual's record.	**9/15/2014 Update** Complete
			11/17/2014 Update 4/4 behavior support plans (Positive Support Transition Plans, or PSTPs) for people served at Stratton Lake, 2/2 for people served at Broberg's Lake, and 3/3 for people residing at ECMSOCS during this reporting period are unique to each individual. 2/5 PSTPs for people served at MN Life Bridge during this reporting period use token economies 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.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved 8/31/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			1/3 people living at ECMSOCS has a token economy in their program / plan. It is based on completing all skills for daily living in a day. The individual suggested starting this program as he was reviewing his plans prior to his last meeting; it was put in place starting 8/1/2014. This is working very well and the individual likes it. There has been a big increase in completing skills and all daily living tasks. **2/13/2015 Update** In November, 2/2 behavior support plans (Positive Support Transition Plans, or PSTPs) for people served at Stratton Lake, 2/2 for people served at Broberg's Lake, and 3/3 for people residing at ECMSOCS during this reporting period are unique to each individual. 4/4 PSTPs for people served at MN Life Bridge and 2/3 plans for ECMSOCS residents during this reporting period use token economies 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. **3/16/2015 Update** In this reporting period, 3/3 behavior support plans (Positive Support Transition Plans or PSTPs) for people served at Stratton Lake, 3/3 for people served at Brobergs Lake, and 4/4 for people residing at ECMSOCS are unique to each individual.		

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			6/6 PSTPs for people served at MN Life Bridge and 2/4 plans for ECMSOCS residents during this reporting period used token economies 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. **5/15/2015 Update** In this reporting period, 4/4 behavior support plans (Positive Support Transition Plans or PSTPs) for people served at Stratton Lake, 3/3 for people served at Brobergs Lake, and 4/4 for people residing at East Central are unique to each individual. 6/7 PSTPs for people served at MN Life Bridge and 2/4 plans for East Central residents during this reporting period used token economies 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.		
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	**5/11/2014 Update** 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.	**5/11/2014 Update** 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.	**5/11/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update 5/5 Positive Behavior Support plans for people who were served at MSHS-Cambridge during this reporting period include a summary of the person's history and life experiences, the difficulties and problems the person is experiencing, past strategies and results.	**7/15/2014 Update** Next Steps: Continue discussions with DSD and DHS Licensing regarding 245D requirements and compliance with this EC.	**7/15/2014 Update** Incomplete
			9/15/2014 Update 1/1 Positive Behavior Support plans for individuals served at MSHS-C and 5/5 Positive Behavior Support Plans for individuals served at MnLB Stratton Lake during this reporting period include the items listed in this EC. Discussions with DSD concluded that positive behavior support plans should continue to be written using the PSTP document and referencing / attaching the diagnostic assessment and functional behavioral analysis which are readily available in the client file and which all staff must read. Documentation for verification is found in individual plans.	**9/15/2014 Update** Next Steps: Continue to include these items / topics in the Positive Support Transition Plans for each individual served by MnLB and each resident of ECMSOCS.	**9/15/2014 Update** Complete
			11/17/2014 Update The Positive Behavior Support Plans for all five individuals served at MLB homes during this reporting period include the items listed in this EC. **2/13/2015 Update** See 11/17/2014 response.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**11/17/2014 Update - 5/15/2015 Update** Maintaining completion

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			3/16/2015 Update The Positive Behavior Support Plans for all individuals served at MLB homes during this reporting period include the items listed in this EC. **5/15/2015 Update** See 3/16/2015 response.		achieved 8/31/2014
2.7 Each Functional Behavioral Analysis will include a: a. Review of records for psychological, health and medical factors which may influence behaviors b. Assessment of the person's likes and dislikes (events / activities / objects / people) c. Interviews with individual, caregivers and team members for their hypotheses regarding the causes of the behavior; d. Systematic observation of the occurrence of the identified behavior for an accurate definition/description of the frequency, duration and intensity; e. Review of the history of the behavior and previous interventions, if available; f. Systematic observation and analysis of the events that immediately precede each instance of the identified behavior; g. Systematic observation and analysis of the consequences following the identified behavior; h. Analysis of functions that these	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	**5/11/2014 Update** 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. **Ex. 15, Examples of FBAs** **7/15/2014 Update** Processes and documentation were refined for compliance with this EC. The new admission to the program on 6/30/2014 will experience a revised functional behavior analysis per the terms of this EC. **Ex. 75, Template - Functional Behavioral Analysis tool**	**5/11/2014 Update** 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. **7/15/2014 Update** Next Steps: Use the new format with the next admission to the program.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
~~h. Analysis of functions that these~~ behaviors serve for the person; 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. j. Synthesis and formulation of all the above information to formulate a hypothesis regarding the underlying causes and/or function of the targeted behavior. or shall be consistent with the standards of the Association of Positive Behavior Supports, Standards of Practice for			**9/15/2014 Update** 4/4 new admissions to MnLB Stratton Lake during this reporting period have experienced the new format of the functional behavior analysis. All new admissions will continue to receive a functional behavioral analysis using the new format / tool (see Ex. 75). **11/17/2014 Update** All future admissions will continue to experience the new format of the functional behavior analysis, in compliance with this EC. **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 11/17/2014 response.	**9/15/2014 Update** Next Steps: - Continue conducting a functional behavioral analysis for all new admission. - Incorporate the results into the individual's plans as appropriate. - Maintain awareness of the current standards of the APBA, Standards of Practice for PBS. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**9/15/2014 Update** Complete **11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved 8/31/2014
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	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	**5/11/2014 Update** 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. **7/15/2014 Update** Processes and documentation tools were reviewed and refined for compliance with this EC. For example, the Functional Behavior Analysis tool was revised; it will be used with the new admission to the program.	**5/11/2014 Update** Next Steps : Positive behavior support plans will be revised as necessary to address the items listed here. **7/15/2014 Update** Next Steps: Use the revised format for the next admission to the program.	**5/11/2014 Update Incomplete**

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
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.).			5/5 Positive Support Transition Plans (PSTP) for people who were served at MSHS-Cambridge during this reporting period currently meet all requirements of this EC. **Ex. 75, Template - FBA tool** **9/15/2014 Update** The revised format was used for the new admissions during this reporting period. For 1/1 individuals served at MSHS-C, and 5/5 served at MnLB Stratton Lake, PSTPs currently meet all requirements of this EC. **11/17/2014 Update** For 5/5 individuals served at the two MLB homes, PSTPs currently meet all requirements of this EC. **2/13/2015 Update** For 2/2 individuals served at MLB Stratton Lake, 3/3 served at MLB Broberg's Lake, and 4/4 residents of ECMSOCS, PSTPs currently meet all requirements of this EC. **3/16/2015 Update** For 3/3/ individuals served at MLB Stratton Lake, 3/3 served at MLB Brobergs Lake, and 4/4 residents of ECMSOCS, PSTPs currently meet all requirements of this EC.	**9/15/2014 Update** Next Steps: Continue to create and enrich behavior support plans with information learned about the individual, including the items listed in this EC. **11/17/2014 Update** Next Steps: Positive Behavior Support Plans are reviewed and updated / enriched as clients provide additional information and choices. **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 11/17/2014 response.	**11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved 8/31/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			5/15/2015 Update For 4/4 individuals served at MLB Stratton Lake, 3/3 served at MLB Brobergs Lake, and 4/4 residents of East Central, PSTPs currently meet all requirements of this EC.		
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	**5/11/2014 Update** 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. **7/15/2014 Update** For 5/5 individuals served at MSHS-C, and 1/2 served at MNLB, Positive Support Transition Plans (PSTP) currently meet all requirements of this EC. For 1/2 people served at MN Life Bridge (admitted on June 30, 2014), their Positive Support Transition Plan (PSTP) will meet all requirements of this EC. **9/15/2014 Update** For 1/1 individuals served at MSHS-C, 5/5 served at MnLB Stratton Lake, and 3/3 living at ECMSOCS, their PSTPs currently meet all requirements of this EC. The revised tool was used consistently for all new admissions during this reporting period, and will be used for all new and revised behavior support plans (BSPs) going forward. Documentation for verification is found in individual plans.	**5/11/2014 Update** Next Steps : Positive behavior support plans will be revised as necessary to address the items listed here. **7/15/2014 Update** Next Steps: Positive Behavior Support Plans are reviewed and updated / enriched as clients provide additional information and choices. **9/15/2014 Update** See 7/15/2014 response.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Complete **9/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 6/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			11/17/2014 Update For 5/5 individuals served at MLB all PSTPs currently meet all requirements of this EC. DHS and its partners created the DHS-6810C Developing Positive Support Transition Plans document as a guide to help expanded support teams develop positive support transition plans. **2/13/2015 Update** For 2/2 individuals served at MLB Stratton Lake, 3/3 served at MLB Broberg's Lake, and 4/4 residents of ECMSOCS, PSTPs currently meet all requirements of this EC. **3/16/2015 Update** For 3/3/ individuals served at MLB Stratton Lake, 3/3 served at MLB Brobergs Lake, and 4/4 residents of ECMSOCS, PSTPs currently meet all requirements of this EC. **5/15/2015 Update** For 4/4 individuals served at MLB Stratton Lake, 3/3 served at MLB Brobergs Lake, and 4/4 residents of East Central, PSTPs currently meet all requirements of this EC.	**11/17/2014 Update** See 7/15/2014 response. **2/13/2015 Update** See 7/15/2014 response. **3/16/2015 Update** See 7/15/2014 response. **5/15/2015 Update** See 7/15/2014 response.	
3. Facilities serve only "Minnesotans who have developmental disabilities and exhibit severe behaviors which present a risk to public safety."	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	**5/11/2014 Update** 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.	**5/11/2014 Update** Next Steps: Continue to assure potential admissions meet criteria.	**5/11/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			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. **Ex. 16, DHS Bulletin 12-76-01** **Ex. 18, MSHS-Cambridge Admission packet** **Ex. 51, DHS Bulletin # 14-76-01** **7/15/2014 Update** During this reporting period there was a total of 11 referrals to MN Life Bridge: - Reviewed and found to be ineligible for services: 2 - Diverted: 4 - Admitted: 1 - Pending: 0 - Eligible for services: 4 **9/15/2014 Update** The facilities continue to serve only Minnesotans who have developmental disabilities and exhibit severe behaviors which present a risk to public safety. During this reporting period there were 24 people discussed at the weekly Diversion meetings. Not all of these have been referred to MnLB, but all have had crises or other situations that may lead to their needing additional or different services. Some people in the group discussed at the weekly Diversion meetings are eligible for MnLB services and some may not be.	**7/15/2014 Update** Next Steps: Continue to assure potential admissions meet admission criteria. **9/15/2014 Update** Obstacles: Turnover at MnLB, including the admissions coordinator, has made it challenging to maintain some of the data reporting at the prior level / frequency / detail. Next Steps: - Continue to review to assure potential admissions meet	**7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			Some are receiving CSS or other services, diverted from MnLB or while waiting for MnLB services. There were 3 admissions to MnLB Stratton Lake during this reporting period. The Court Monitor, Plaintiff's Counsel, the Office of Ombudsman for Mental Health and Developmental Disabilities, and the Governor's Council on Developmental Disabilities receive the minutes of those weekly Diversion meetings. **11/17/2014 Update** The facilities continue to serve only Minnesotans who have developmental disabilities and exhibit severe behaviors which present a risk to public safety. The admissions coordinator position has been filled, and the new person is on the job. During this reporting period there was a total of 8 referrals to MN Life Bridge. Reviewed and found to be ineligible for services: 1 Eligible: 7 Diverted: 6 Admitted: 1 Discharged: 1	- Train in the new admissions coordinator so data collection, analysis, and reporting continues. **11/17/2014 Update** Obstacles: - Finding property to expand access to the residential community based treatment program takes longer than we like. - We are looking for ways to expedite the process and have acquired support from a DCT staff person to assist with short and long range solutions. Next Steps: - Continue to review to assure potential admissions meet admission criteria.	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
				- The admissions (transition) coordinator has brought the data back up to date with support from the new Information Coordinator. Transition coordination is back on track with admission and discharge activity and now facilitates the diversion meeting.	
			2/13/2015 Update During this reporting period there was a total of 5 referrals to MN Life Bridge. Review and found to be ineligible for services: 0 Eligible: 5 Diverted: 9 Admitted: 1	**2/13/2015 Update** Next Steps: - Continue to review to assure potential admissions meet admission criteria. - Continue to maintain current data	
			3/16/2015 Update During this reporting period there was a total of 5 referrals to MN Life Bridge. Ineligible: 1 Eligible: 3 Diverted: 2 In hospital: 1 Not yet determined (recent commitment): 1 One person referred in a previous reporting period was admitted to MLB.	**3/16/2015 Update** Next Steps: - Continue to review to assure potential admissions meet admission criteria. - Continue to maintain current data - Provide additional summary data to Court Monitor as requested	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			5/15/2015 Update During this reporting period there were a total of 5 referrals to MN Life Bridge. March 2015 yielded: • 4 diversions o 2 submitted referrals to MLB One returned to provider One admitted to MSOCS/Dakota Crisis Eligible: 1 Ineligible: 0 Eligibility under review: 1 o 2 did not submit referrals to MLB Less restrictive: 1 (moved to a new community provider) More restrictive: 1 (admitted to AMRTC then transferred to MSH) April 2015 yielded: • 5 diversions o 3 submitted referrals to MLB One returned to provider One moved to a new community provider One currently in the hospital Eligible: 1 Ineligible: 0 Eligibility under review: 2 o 2 did not submit referrals to MLB Less restrictive: 2 (one returned to provider and the other moved to a new community provider)	**5/15/2015 Update** See 3/16/2015 response.	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
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	**5/11/2014 Update** All referrals for admission were reviewed by the admissions coordinator to assure they meet the admissions criteria. **7/15/2014 Update** During this reporting period there was a total of 11 referrals to MN Life Bridge: - Reviewed and found to be ineligible for services: 2 - Diverted: 4 - Admitted: 1 - Pending: 0 - Eligible for services: 4 **9/15/2014 Update** The facilities continue to serve only "Minnesotans who have developmental disabilities and exhibit severe behaviors which present a risk to public safety." All potential admissions are reviewed for eligibility, and are discussed at the weekly Admissions / Diversions meeting. During this reporting period there were 2 referrals to MN Life Bridge: - Diverted: 1 - Eligible for services: 1 The notes from those meetings are emailed to the Court Monitor, Plaintiff's Counsel, the Ombudsman Office for Mental Health and Developmental Disabilities, and the Minnesota Governor's Council on Developmental Disabilities. They are available through Dr. Tim Moore or the Jensen Implementation Office.	**5/11/2014 Update** Next Steps: Continue to assure potential admissions meet criteria. **7/15/2014 Update** Next Steps: Continue to assure potential admissions meet criteria. **9/15/2014 Update** Next Steps: Continue review process and Diversion meetings to assure potential admissions meet criteria.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			11/17/2014 Update During this reporting period there was a total of 8 referrals to MN Life Bridge. Reviewed and found to be ineligible for services: 1 Eligible: 7 Diverted: 6 Admitted: 1 Discharged: 1 **2/13/2015 Update** During this reporting period there was a total of 5 referrals to MN Life Bridge. Found to be ineligible for services: 0 Eligible: 5 Diverted: 9 Admitted: 1 **3/16/2015 Update** See 3/16/2015 response to EC 3. **5/15/2015 Update** See 5/15/2015 response to EC 3.	**11/17/2014 Update** See 9/15/2014 response. **2/13/2015 Update** Next Steps: - Continue to review to assure potential admissions meet admission criteria. - Continue to maintain current data **3/16/2015 Update** See 3/16/2015 response to EC 3. **5/15/2015 Update** See 5/15/2015 response to EC 3.	
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.	MN Life Bridge Program Manager (Tiffany Byers-Draeger)	8/31/2014	**5/11/2014 Update** 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.	**5/11/2014 Update** Next Steps: Continue to notify legal representatives and/or family at least annually. Review recommendations	**5/11/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			Satisfaction surveys have been sent out approximately twice a year, and are sent out after a discharge or transition out of the Facility. **Ex. 19, Satisfaction Survey** **Ex. 20, Survey Aggregate Results** **7/15/2014 Update** 13 semi-annual surveys were sent out the last week of June to 13 legal representatives/guardian/families of individuals served at MSHS-Cambridge or Stratton Lake during 2014. East Central MSOCS sends out satisfaction surveys annually, but none were sent during May or June 2014. CSS closed 14 cases during this reporting period, so surveys were sent to the individual or their legal representative (sent when the individual declines or is unable to participate), and to the case manager. No issues were reported to be addressed. Type # Sent # Received Client 8 4 Legal Rep 6 3 Case Manager 14 8 **Ex. 76, Templates - East Central MSOCS Satisfaction Survey Tools 2014**	from QAPI. **7/15/2014 Update** Next Steps: - Surveys will be distributed for MSHS-Cambridge and MN Life Bridge residents after all transitions from the facility. - Satisfaction surveys will continue to be sent out at least annually.	**7/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update MnLB and ECMSOCS offers opportunities for individuals, their families /legal representatives and concerned persons, community providers, and case managers to comment on the operation of the facility / program via satisfaction surveys. There are different survey tools for the different groups. *Families / Concerned People:* 13 Semi-annual surveys were sent out the last week in June to Legal Reps / Guardians / Families of individuals served at MSHS Cambridge / MnLB during 2014. Of those 13 sent, 5 were returned (38% return rate) with 100% satisfaction reported. Individuals served: An individual discharged from MnLB during the reporting period completed a satisfaction survey, reporting 100% satisfaction. They also sent a thank you e-mail to MnLB. One individual at MSHS Cambridge completed the semi-annual satisfaction survey on 8/9/14 and reported 56% satisfaction. This was during the time of that person's trying to cope with all of the changes going on in relation to the transition to the new home. Staff talked to the individual about specific areas where more support was needed. One area that was very important to the individual was continuing relationships with certain staff after transitioning. Those staff provided their work phone numbers to keep in touch.	**9/15/2014 Update** Next Steps: - Surveys will be distributed for MSHS-Cambridge, MN Life Bridge, and ECMSOCS clients after all transitions from the facility. - Satisfaction surveys will continue to be sent out at least annually. - Alternate methods of getting results will be implemented, such as telephoning and/or making a follow up call. - Continue to address any issues from the survey results.	**9/15/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			The individual planned and directed the move, including what and how belongings should be packed, transported, and unpacked, and planned a going-away party. The individual stated that he did not have to worry about these concerns anymore. ECMSOCS did not send out any satisfaction surveys during this reporting period. **11/17/2014 Update** During this reporting period there was one satisfaction survey sent to the person transitioned out in September, and there were three satisfaction surveys sent out to family / concerned persons. Zero were received by MLB. There were no satisfaction surveys sent or received by ECMSOCS. **2/13/2015 Update** During this reporting period there were no satisfaction surveys sent out or received by MLB or ECMSOCS. **3/16/2015 Update** See 2/13/2015 response. No surveys were due in or out this reporting period. **5/15/2015 Update** During this reporting period there were 9 satisfaction surveys sent out by MLB, and 5 have been returned. Type # Sent # Received Individual 3 3 Legal Rep 3 1 Case Manager 3 1	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved 8/31/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			There were no satisfaction surveys sent or received by East Central during this reporting period. All satisfaction / feedback surveys under the CPA for MLB for 1/1/2014 - 4/8/2015 were provided to the Court Monitor on April 16, 2015. **Ex 192 MLB Satisfaction Survey Information**		
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	**5/11/2014 Update** Surveys have been sent approximately twice a year, and following discharges. **7/15/2014 Update** 13/13 "family" surveys in the family's primary language (in this case, all in English) were sent during this reporting period regarding individuals served at MSHS-Cambridge and MnLB Stratton Lake. 13/13 surveys contained the full required notification on how comments may be sent to the Facility. **9/15/2014 Update** The semi-annual survey process remains in place. All surveys from MSHS-Cambridge / MnLB were sent in English (the relevant language for all) and contained text on the ability to offer comments at any time. ECMSOCS did not send out any satisfaction surveys during this reporting period.	**5/11/2014 Update** Next Steps: - Continue annual survey process. - Review recommendations from QAPI. **7/15/2014 Update** Next Steps: - Continue to assure that the surveys are in the recipient's primary language and they contain the required notification information. **9/15/2014 Update** Next Steps: - Surveys will be distributed for MSHS-Cambridge, MN Life Bridge, and ECMSOCS clients after all transitions from the facility.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete **9/15/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
				- Satisfaction surveys will continue to be sent out at least annually. - Surveys will be sent in the relevant language and will include notification that comments can be offered in multiple ways to multiple Facility or Successor staff.	
			11/17/2014 Update During this reporting period there was one satisfaction survey sent to the person transitioned out in September, and there were three satisfaction surveys sent out to family / concerned persons. Zero were received by MLB. There were no satisfaction surveys sent or received by ECMSOCS.	**11/17/2014 Update** See 9/15/2014 response.	**11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved 8/31/2014
			2/13/2015 Update During this reporting period there were no satisfaction surveys sent out or received by MLB or ECMSOCS.	**2/13/2015 Update** See 9/15/2014 response.	
			3/16/2015 Update See 3/16/2015 response to EC 4.	**3/16/2015 Update** See 3/16/2015 response to EC 4.	
			5/15/2015 Update See 5/15/2015 response to EC 4.	**5/15/2015 Update** See 5/15/2015 response to EC 4.	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
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	**5/11/2014 Update** Aggregate data is being collected and reviewed. The statistics are documented in the quarterly Performance Improvement Meeting minutes. 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.	**5/11/2014 Update** 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. Next Steps: - Discuss options to get a higher response rate.	**5/11/2014 Update** Incomplete
			7/15/2014 Update During the reporting period, 0 survey results were received from legal representatives or family. To improve the response rate, MSHS-Cambridge is providing the legal representatives and families with the surveys during the individual's final week at MSHS-Cambridge (sometimes referred to as their transition week).	**7/15/2014 Update** Next Steps: Once surveys are returned, data will be collected and incorporated into an action plan for implementation.	**7/15/2014 Update** Incomplete
			9/15/2014 Update As described in the July 15 update, MSHS-Cambridge discussed options to improve the response rate, and implemented the option of providing families and legal representatives with the surveys during the individual's final days or weeks of stay. This created an increase in the survey response rate.	**9/15/2014 Update** Next Steps: - Continue to collect and review data, and incorporate changes into an action plan if changes are indicated by survey responses.	**9/15/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			13 surveys from family/ concerned persons and 2 surveys from individuals served were received by MnLB during this reporting period. A database was created on 7/2/14 to enter and hold the data for quick review and follow up, as needed. The numbers of individuals served is small, so the database contains few responses. One individual at MSHS Cambridge completed the semi-annual satisfaction survey on 8/9/14 and reported 56% satisfaction. The action plan was that staff talked to the individual about specific areas where more support was needed. Supports and opportunities were provided. The individual stated that he did not have to worry about these concerns anymore. Data or information is available from Tiffany Byers-Draeger at MnLB. **11/17/2014 Update** During this reporting period there was one satisfaction survey sent to the person transitioned out in September, and there were three satisfaction surveys sent out to family / concerned persons. Zero were received by MLB. There were no satisfaction surveys sent or received by ECMSOCS. **2/13/2015 Update** During this reporting period there were no satisfaction surveys sent out or received by MLB or ECMSOCS.	- Continue to contact individuals as appropriate regarding their survey responses to be better able to address their concerns. **11/17/2014 Update** See 9/15/2014 response. **2/13/2015 Update** See 9/15/2014 response.	**11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved 8/31/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			3/16/2015 Update See 3/16/2015 response to EC 4. **5/15/2015 Update** See 5/15/2015 response to EC 4.	**3/16/2015 Update** See 3/16/2015 response to EC 4. **5/15/2015 Update** See 5/15/2015 response to EC 4.	
SETTLEMENT AGREEMENT SECTION V.A. PROHIBITED TECHNIQUES – RESTRAINT					
5. The State/DHS immediately and permanently discontinues all the prohibited restraints and techniques.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	6/30/2014	**5/11/2014 Update** 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. **Ex. 21, Training on Attachment A** **Ex. 23, MSHS-C policy # 15868** **Ex. 25, SOS Policy # 6260 EASE** **Ex. 26, SOS Form DHS-3654**	**5/11/2014 Update** Next Steps: Continue implementing the policy, training staff, and providing documentation of restraint use to the Court Monitor as required if an event occurs.	**5/11/2014 Update** Incomplete
			7/15/2014 Update No prohibited techniques were used during this reporting period. **Ex. 77-78, DHS-3654 and DHS-3653 (May)** **Ex. 79, Procedure 15868**	**7/15/2014 Update** Next Steps: Continue compliance with this EC.	**7/15/2014 Update** Complete
			9/15/2014 Update No prohibited techniques were used during this reporting period. The Court Monitor and Parties receive copies of the DHS-3654 Notification forms.	**9/15/2014 Update** Next Steps: - Continue enforcing the prohibition on specified techniques and restraints.	**9/15/2014 Update - 5/15/2015 Update** Maintaining

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
				- Continue including JSA training for new employees so they are aware of the prohibitions.	completion achieved 6/30/2014
			11/17/2014 Update **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	
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	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	4/30/2014	**5/11/2014 Update** Facility staff are provided training and information on the Department's commitment to provide services and supports according to the JSA and this Plan. A memo was distributed to staff on April 30, 2014 to specifically address the points in this Action Item. **Ex. 22, April 2014 Memo to Staff** **7/15/2014 Update** The Department continues its commitment to provide services and supports which are consistent with best practices. **9/15/2014 Update** The Department continues its commitment to provide services and supports which are consistent with best practices. For example, the MN Life Bridge training is consistent with best practices from the Association for Positive Behavior Supports.	**5/11/2014 Update** Next Steps: Continue confirming DHS commitment to provide services and supports which are consistent with best practices. **7/15/2014 Update** Next Steps: Continue reaffirming to staff DHS commitment. **9/15/2014 Update** Next Steps: Continue confirming DHS commitment to provide services and supports which are consistent with best practices.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 4/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
constitute an emergency.			**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	
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	**5/11/2014 Update** 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. **7/15/2014 Update** Those terms have been removed from current Facility protocols and forms. (See Ex. 23 and Ex. 26). **9/15/2014 Update** Those terms have been removed from current Facility protocols and forms. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**5/11/2014 Update** Next Steps: Continue review of documents to assure compliance with this Plan. **7/15/2014 Update** No prohibited techniques were used during this reporting period. **9/15/2014 Update** Next Steps: If any of those terms are found in Facility forms or protocols, the form or protocol "owner" is contacted to have the term removed. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Complete **9/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 6/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
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	**5/11/2014 Update** 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. **7/15/2014 Update** Current policies and procedures have been reviewed and updated where necessary for compliance. (See Ex. 23 and Ex. 26) **9/15/2014 Update** Current policies and procedures are compliant with this EC. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**5/11/2014 Update** 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. **7/15/2014 Update** Next Steps: Continue compliance with this EC. **9/15/2014 Update** Next Steps: - Maintain compliant policies and procedures. - Train new employees and provide annual retraining to employees on prohibited and permitted restraints and techniques. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Complete **9/15/2014 Update - 5/15/2015 Update** Maintaining completion from 6/30/2014

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	**5/11/2014 Update** 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. **Ex. 27, Sign In sheets for Attachment A training**	**5/11/2014 Update** Next Steps: Train staff on procedures upon return to work or when changes are made, to comply with this Plan.	**5/11/2014 Update** Incomplete
			7/15/2014 Update 46/46 current Facility staff received competency based training on the Facility's "Therapeutic Interventions and Emergency Use of Personal Safety Techniques" policy during the trainings between January and March 2014 (see Ex. 27). There have been no new employees hired since the training was provided.	**7/15/2014 Update** Next Steps: Continue to ensure compliance with this EC.	**7/15/2014 Update** Complete
			9/15/2014 Update Training on the Jensen Settlement Agreement is incorporated into New Employee Orientation for all DHS employees. Most of the DHS employees attended a training session on the JSA in May / June 2014, but there were some who were not able to attend at that time (for example, they were out on leave). Additional sessions of the JSA training have been scheduled for this fall at various locations around the state. Training on Attachment A is incorporated into employee training for all MnLB employees, at hire and annual refresher training. There were no new employees hired during this reporting period. Some current employees changed positions.	**9/15/2014 Update** Next Steps: - Continue to include JSA and Procedure 15868 training for new staff members. - Continue to provide annual training to all staff. - Document successful completion of training.	**9/15/2014 Update - 5/15/2015 Update** Maintaining completion from 6/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			11/17/2014 Update Training on Attachment A is incorporated into employee training for all MLB employees, at hire and annual refresher training. Employees (including JP and OS) completed their one-hour Monitoring Medical Restraints training in November 2014; that will be shown on the next Training Tracker. **Ex. 130, Training Tracker as of 10302014** **2/13/2015 Update** Training on Attachment A is incorporated into employee training for all MLB employees, at hire and annual refresher training. **Ex. 170, Training Tracker as of 12312014** **3/16/2015 Update** All MLB staff have had Attachment A training. **Ex. 175 Training Tracker as of 02282015** **5/15/2015 Update** All MLB staff have had Attachment A training. **Ex. 186 Training Tracker as of 04302015**	**11/17/2014 Update** See 9/15/2014 response. **2/13/2015 Update** See 9/15/2014 response. **3/16/2015 Update** See 9/15/2014 response. **5/15/2015 Update** See 9/15/2014 response.	
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	**5/11/2014 Update** 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.	**5/11/2014 Update** Next Steps: Complete review of training curricula to ensure incorporation of policies and procedures identified in EC 5 by the 6/30/2014 deadline.	**5/11/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update Training curricula for the "Therapeutic Interventions and Emergency Use of Personal Safety Techniques" was incorporated into the Facility orientation and annual training curricula. **Ex. 96, Course Description - EASE**	**7/15/2014 Update** Next Steps: Continue to ensure compliance with this EC.	**7/15/2014 Update** Complete
			9/15/2014 Update Training curricula for the "Therapeutic Interventions and Emergency Use of Personal Safety Techniques" (aka Attachment A) has been incorporated into the Facility orientation and annual training curricula.	**9/15/2014 Update** Next Steps: - Continue to include this training in the New Employee Orientation and annual training curriculum. - Maintain documentation of successful completion of the training.	**9/15/2014 Update - 5/15/2015 Update** Maintaining completion from 6/30/2014
			11/17/2014 Update **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	
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	**5/11/2014 Update** No prohibited restraints and techniques have been used during this reporting period and none since the Settlement Agreement was signed. **Ex. 26, SOS Form DHS-3654** **Ex. 28, MSHS-C Procedure # 15853**	**5/11/2014 Update** Next Steps: Continue to ensure compliance with this Plan.	**5/11/2014 Update** Incomplete
			7/15/2014 Update No prohibited restraints and techniques have been used during this reporting period. **Ex. 77-78, DHS 3654 and 3653 (May)**	**7/15/2014 Update** Next Steps: Continue compliance with this EC.	**7/15/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update Zero prohibited restraints and techniques have been used during this reporting period. **11/17/2014 Update** See 9/15/2014 response. **Ex. 131-133, DHS-3654 and DHS-3653 (Sept)** **2/13/2015 Update** See 9/15/2014 response. **Ex. 161, DHS-3654 and DHS-3653 (Nov)** **Ex 162-165, DHS-3654 and DSH-3653 (Dec)** **3/16/2015 Update** See 9/15/2014 response. **Ex. 176 DHS-3654 and DHS-3653 (Feb)** **5/15/2015 Update** See 9/15/2014 response. **Ex. 187 DHS-3654 and DHS-3653 (Apr 2015)**	**9/15/2014 Update** Next Steps: Continue to not allow the use of any of the prohibited restraints and techniques. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**9/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 6/30/2014
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	**5/11/2014 Update** 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.	**5/11/2014 Update** Next Steps: - Continue to ensure compliance with this plan. - Continue to instruct staff to follow the form requirements whenever an incident may occur.	**5/11/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update During this reporting period, staff completed two restraint EUMRs (DHS-3654 Notification Form). In one of the situations, it was unclear to staff at the time of the incident if the action taken could be considered a manual restraint - the staff placed themselves between the individual and a potential danger, without making physical contact. The situation did not meet the definition of "manual restraint", so the EUMR was not for a restraint. It is not included in documentation on restraint EUMRs in this Third Compliance Update Report. In 1/1 instances where a manual restraint was used, staff specified the emergency technique employed and verified that no prohibited restraints and techniques were used.	**7/15/2014 Update** Next Steps: Continue to ensure compliance with this EC.	**7/15/2014 Update** Complete
			9/15/2014 Update There were zero instances of restraint use during this reporting period. **11/17/2014 Update** During this reporting period, staff completed three DHS-3654 Notification Forms for the emergency use of a restraint. In 3/3 instances where a manual restraint was used, staff specified the emergency technique employed and verified that no prohibited restraints or techniques were used.	**9/15/2014 Update** Next Steps: Continue to ensure compliance with this EC. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**9/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 6/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			2/13/2015 Update MLB staff completed one DHS-3654 in November and four DHS-3654s in December for the emergency use of a manual restraint, specifying the emergency technique used and verifying that no prohibited restraints or techniques were used. In November and December 2014, ECMSOCS did not have any emergency use of restraints. **3/16/2015 Update** MLB staff completed one DHS-3654 in February 2015 for the emergency use of a manual restraint, specifying the emergency technique used and verifying that no prohibited restraints or techniques were used. In January and February 2015, ECMSOCS did not have any emergency use of restraints. **5/15/2015 Update** In March 2015, there was one DHS-3654 completed for a 911 call when a person had gone for a walk and did not return to the Stratton Lake home until the next day. In April 2015, there was one DHS-3654 completed for an incident with two 911 calls and the use of manual restraint at Stratton Lake. There were no DHS-3654 forms during this reporting period from East Central or Broberg's Lake..		

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
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	**5/11/2014 Update** 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.	**5/11/2014 Update** Next Steps: Continue to ensure compliance.	**5/11/2014 Update** Incomplete
			7/15/2014 Update In 1/1 instances of manual restraint use, the Supervisor/designee reviewed the instance with staff per the requirements of this EC. No corrective measures or administrative actions needed to be taken.	**7/15/2014 Update** Next Steps: Continue to ensure compliance with this EC.	**7/15/2014 Update** Complete
			9/15/2014 Update There were zero instances of restraint use during this reporting period.	**9/15/2014 Update** Next Steps: - Continue training programs. - Continue documenting and following up on any use of prohibited restraints and techniques.	**9/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 6/30/2014
			11/17/2014 Update In 3/3 instances of manual restraint use, the Supervisor/designee reviewed the instance with staff per the requirements of this EC. No corrective measures or administrative actions needed to be taken.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			2/13/2015 Update MLB staff completed one DHS-3654 for the emergency use of a manual restraint, specifying the emergency technique used and verifying that no prohibited restraints or techniques were used, and four DHS-3654s in December 2014. In November and December 2014, ECMSOCS did not have any emergency use of restraints. **3/16/2015 Update** See 3/16/2015 response to Action Item 6.1. **5/15/2015 Update** In April, MLB staff completed one DHS-3654 for the emergency use of a manual restraint and 2 911 calls, specifying the emergency technique used and verifying that no prohibited restraints or techniques were used.		
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	**5/11/2014 Update** 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. **7/15/2014 Update** There has been no use of prohibited techniques during this reporting period. **9/15/2014 Update** There were zero instances of prohibited techniques used during this reporting period. There were zero instances of staff reporting suspected use of prohibited restraints or techniques.	**5/11/2014 Update** Next Steps: Continue to ensure compliance. **7/15/2014 Update** Next Steps: Continue to ensure compliance with this EC. **9/15/2014 Update** Next Steps: If there is any use of prohibited techniques, that will be investigated as a potential allegation of abuse.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Complete **9/15/2014 Update - 5/15/2015 Update** Maintaining completion

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			11/17/2014 Update **2/13/2015 Update** See 9/15/2014 response. **3/16/2015 Update** **5/15/2015 Update** See 5/11/2014 response to EC 6.	**11/17/2014 Update** **2/13/2015 Update** See 9/15/2014 response. **3/16/2015 Update** **5/15/2015 Update** See 5/11/2014 response to EC 6.	achieved 6/30/2014
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	**5/11/2014 Update** 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. **Ex. 27, Sign In sheets for Att A training**	**5/11/2014 Update** 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.	**5/11/2014 Update** Incomplete
			7/15/2014 Update DHS 3654, used to report EUMR, specifies the emergency technique used, verifies that a prohibited technique was not used, supervisory/ designee review/debrief with staff, reporting and investigation of any prohibited techniques. **Ex. 80, Template - DHS 3654 with notes for EC 6**	**7/15/2014 Update** Next Steps: Continue to ensure compliance with this EC.	**7/15/2014 Update** Complete
			9/15/2014 Update Revised reporting and review forms and procedures are in use. Staff have been trained on their use. Copies of DHS-3654 Notification forms are sent to the Court Monitor, Plaintiffs' Counsel, and the Office of Ombudsman for Mental Health and Developmental Disabilities.	**9/15/2014 Update** Next Steps: Continue to require the completion and sharing of a DHS-3654 Notification form when an incident occurs that warrants the use of that form.	**9/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 6/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			11/17/2014 Update **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	
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.	MN Life Bridge RN Senior (Janet Marciniak)	8/31/2014	**5/11/2014 Update** 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. **Ex. 23, MSHS-C policy # 15868** **Ex. 29, DC&T Policy # 6100** **Ex. 30, MSHS-C Procedure 15904** **7/15/2014 Update** 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. **9/15/2014 Update** 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.	**5/11/2014 Update** Next Steps: Continue to ensure compliance. **7/15/2014 Update** Next Steps: Continue to ensure compliance with this EC. **9/15/2014 Update** Next Steps: Maintain staff training and awareness of this prohibition.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Complete **9/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			MnLB Procedure 15895 Medical Safety Restraint was updated. **Ex. 122, Revised Procedure 15876** **Ex. 123, Revised Procedure 15895** **11/17/2014 Update** During this review period, no restrictive interventions such as medical restraints or psychotropic / neuroleptic medication have been administered for the purposes of punishment, in lieu of habilitation, training, or behavior support plans, for staff convenience, or as a behavior modification. **2/13/2015 Update** See 9/15/2014 response. **3/16/2015 Update** **5/15/2015 Update** See 5/11/2014 response.	**11/17/2014 Update** See 9/15/2014 response. **2/13/2015 Update** See 9/15/2014 response. **3/16/2015 Update** **5/15/2015 Update** See 5/11/2014 response.	6/30/2014
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	**5/11/2014 Update** 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. **7/15/2014 Update** Current facility policies, such as MSHS-C Policy #15868 (Attachment A), includes language that forbids the use of the interventions for the purposes listed in this EC.	**5/11/2014 Update** Next Steps: Continue to ensure compliance. **7/15/2014 Update** Next Steps: Continue to ensure compliance with this EC.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update Facility policy continues to 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. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**9/15/2014 Update** Next Steps: Maintain staff training and awareness of this prohibition. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**9/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 6/30/2014
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	**5/11/2014 Update** Policies are being reviewed and revised as necessary to address specific medication management protocols. **7/15/2014 Update** During this reporting period, revisions have been proposed to MSHS-C procedure #15876 Safe Medication Administration and Assistance to include MSHS-C procedure # 15905 Self-Administration of Medications, to address specific medication management protocols consistent with best practices. The revisions await the internal Policy / Procedure workgroup approval. **9/15/2014 Update** Procedure # 15876 Safe Medication Administration and Assistance has been revised to incorporate procedure # 15905 Self-Administration of Medications and is in the	**5/11/2014 Update** Next Steps: Complete the review and any necessary revisions to policies. **7/15/2014 Update** Next Steps: Continue the review of policies, and revise as necessary to specify current best practices. **9/15/2014 Update** Next Steps: Continue with the revision of policies related to medication management	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete **9/15/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			process of further revisions to address changes in the 245D addendum related to medication set-up. Procedure # 15905 continues in effect until this revision is completed. **11/17/2014 Update** Procedures are implemented, and will be updated as needed. **2/13/2015 Update** Procedure # 15876 Safe Medication Administration and Assistance has been amended to incorporate additional MS §245D changes. The name of the procedure will change to Medication Administration Services, as the procedure has formerly required RN clinical consultation prior to administration of a psychotropic PRN medication to ensure the medication is only being administered for exacerbation of diagnosis based symptoms. Annual Staff Medication Administration training reflects the updates. **3/16/2015 Update** All MLB staff were trained on the revised (245D) version of Procedure 15876 in November 2014. Staff hired since that training were trained on Procedure 15876 in January 2015. **5/15/2015 Update** All MLB staff were trained on the revised (based on changes to MN Stat Chapter 245D) version of Procedure 15876 in November 2014. Staff hired since that training were trained on Procedure 15876 in 2015.	to ensure best practices and compliance with the JSA. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved 8/31/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
SETTLEMENT AGREEMENT SECTION V.B. PROHIBITED TECHNIQUES - POLICY					
8. Restraints are used only in an emergency.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	**5/11/2014 Update** 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. **Ex. 23, MSHS-C policy # 15868 as approved by Court Order** **Ex. 26 SOS Form DHS-3654 Notification Form** **Ex. 31, Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms** **7/15/2014 Update** In 1/1 instances during this reporting period, manual restraints were used only in an emergency. **Ex. 77-78, DHS 3654 and 3653 (May)** **9/15/2014 Update** There were zero instances of restraint use during this reporting period.	**5/11/2014 Update** Next Steps: Continue to ensure compliance. **7/15/2014 Update** Next Steps: Continue to ensure compliance. **9/15/2014 Update** Next Steps: - Continue training programs and staff awareness of prohibited and allowed use of restraints. - Track successful completion of training programs.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			11/17/2014 Update In 3/3 instances during this reporting period, manual restraints were used only in an emergency. **Ex. 131-133, DHS-3654 and DHS-3653 (Sept)** **2/13/2015 Update** In 1/1 instances during November 2014 and 4/4 instances during December 2014, manual restraint was used only in an emergency at MLB. There were no uses of manual restraints at ECMSOCS in November or December 2014. **Ex. 161, DHS-3654 and DHS-3653 (Nov)** **Ex 162-165, DHS-3654 and DSH-3653 (Dec)** **3/16/2015 Update** There were no uses of manual restraints during January 2015 at MLB, nor January or February 2015 at ECMSOCS. There was one use of manual restraint at Stratton Lake during February 2015, in an emergency situation. **Ex. 176 DHS-3654 and DHS-3653 (Feb 2015)** **5/15/2015 Update** In this reporting period, Broberg's Lake and East Central had no emergency use of restraints. There was one emergency use of manual restraint at Stratton Lake in April 2015. **Ex. 187 DHS-3654 and DHS-3653 (Apr 2015)**	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
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	**5/11/2014 Update** 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. **7/15/2014 Update** In 1/1 instances staff documented on the restraint form the circumstances leading up to the restraint. In 1/1 instances staff documented on the restraint form the imminent risk of harm that precipitated the application of the restraint. In 1/1 instances staff documented on the restraint form the antecedent behaviors that were present. In 1/1 instances, staff documented on the restraint form the de-escalation and intervention strategies staff employed and their outcomes. **9/15/2014 Update** There were no instances of restraint use during this reporting period. **11/17/2014 Update** In 3/3 instances staff documented on the restraint form the circumstances leading up to the restraint. In 3/3 instances staff documented on the restraint form the imminent risk of harm that precipitated the application of the restraint.	**5/11/2014 Update** Next Steps: Continue to ensure compliance. **7/15/2014 Update** Next Steps: Continue to ensure compliance with this EC. **9/15/2014 Update** Next Steps: Continue training and staff awareness to ensure compliance. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			In 3/3 instances staff documented on the restraint form the antecedent behaviors that were present. In 3/3 instances, staff documented on the restraint form the de-escalation and intervention strategies staff employed and their outcomes. **2/13/2015 Update** In 1/1 instances in November 2014 and 4/4 instances in December 2014, MLB staff documented on the restraint form: - the circumstances leading up to the restraint, - the imminent risk of harm that precipitated the application of the restraint, - the antecedent behaviors that were present, and - the de-escalation and intervention strategies staff employed and their outcomes. There were no instances of emergency use of manual restraint at ECMSOCS in November or December 2014. **3/16/2015 Update** See 5/11/2014 response. **5/15/2015 Update** In 1/1 instance of EUMR in April 2015, Stratton Lake staff documented 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. **Ex. 187 DHS-3654 and DHS-3653 (Apr 2015)**		

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
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	**5/11/2014 Update** 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. In the event a restraint is used in the absence of imminent risk of harm, we will document that issue and retrain staff involved. **7/15/2014 Update** During this reporting period, no retraining was needed. **9/15/2014 Update** There were no instances of restraint use during this reporting period. **11/17/2014 Update** During this reporting period, no retraining was needed. **2/13/2015 Update** See 11/17/2014 response. **3/16/2015 Update** **5/15/2015 Update** See 5/11/2014 response.	**5/11/2014 Update** Next Steps: Continue to ensure compliance. **7/15/2014 Update** Next Steps: Continue to ensure compliance with this EC. **9/15/2014 Update** Next Steps: Continue training and staff awareness to ensure **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2013
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.	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	**5/11/2014 Update** 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. **Ex. 26, SOS Form DHS-3654** **Ex. 31, Examples of DHS 3654**	**5/11/2014 Update** Next Steps: Continue to ensure compliance.	**5/11/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update In 1/1 instances of manual restraint during this reporting period, staff followed Attachment A. **Ex. 77-78, DHS-3654 and DHS-3653 (May)** **9/15/2014 Update** There were no instances of restraint use during this reporting period. **11/17/2014 Update** In 3/3 instances of manual restraint during this reporting period, staff followed Attachment A. **Ex. 131-133, DHS-3654 and DHS-3653 (Sept)** **2/13/2015 Update** For MLB, in 1/1 instance of manual restraint during November 2014 and 4/4 instances during December 2014, staff followed Attachment A. **Ex. 161, DHS-3654 and DHS-3653 (Nov)** **Ex 162-165, DHS-3654 and DSH-3653 (Dec)** **3/16/2015 Update** For 1/1 emergency manual restraint in February 2015, MLB staff followed Attachment A. **Ex. 176 DHS-3654 and DHS-3653 (Feb 2015)** **5/15/2015 Update** For MLB, in 1/1 instance of manual restraint during April 2015, the EUMR form (DHS-3654) contains evidence of review by the Operations Manager. It is documented that the staff forgot to call the Medical Officer because of the intensity of the situation following the restraint, and the onsite presence of law enforcement. Follow up with staff was provided. **Ex. 187 DHS-3654 and DHS-3653 (Apr 2015)**	**7/15/2014 Update** Next Steps: Continue to ensure compliance with this EC. **9/15/2014 Update** Next Steps: Continue training and staff awareness to ensure compliance. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**7/15/2014 Update** Incomplete **9/15/2014 Update** Complete **11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved 8/31/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
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	**5/11/2014 Update** 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.	**5/11/2014 Update** Next Steps: Continue to ensure compliance.	**5/11/2014 Update** Incomplete
			7/15/2014 Update In 1/1 instances of manual restraint, the EUMR form does contain evidence of review by the Clinical Director and Operations Manager. No issues with staff performance during the incident were found. No staff retraining on policy or procedure was necessary.	**7/15/2014 Update** Next Steps: Continue to ensure compliance with this EC.	**7/15/2014 Update** Incomplete
			9/15/2014 Update There were no instances of restraint use during this reporting period, so there was no new data for this reporting period.	9/15/2014 Update Next Steps: Continue to collect, review, and analyze information.	**9/15/2014 Update** Complete
			11/17/2014 Update In 3/3 instances of manual restraint, the EUMR form does contain evidence of review by the Clinical Director and Operations Manager. No issues with staff performance during the incident were found. No staff retraining on policy or procedure was necessary.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**11/17/2014 Update - 5/15/2015 Update** Maintaining completion

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			2/13/2015 Update For MLB, in 1/1 instance in November 2014 and 4/4 instances in December 2014 of manual restraint, the EUMR form does contain evidence of review by the Clinical Director and Operations Manager. No issues with staff performance during the incident were found. No staff retraining on policy or procedure was necessary. **3/16/2015 Update** For MLB, in 1/1 instances of manual restraint during the current reporting period, the EUMR form does contain evidence of review by the Clinical Director and Operations Manager. No issues with staff performance during the incident were found. No staff retraining on policy or procedure was necessary. **5/15/2015 Update** For MLB, in 1/1 instance of manual restraint during April 2015, the EUMR form (DHS-3654) contains evidence of review by the Operations Manager. It is documented that the staff forgot to call the Medical Officer because of the intensity of the situation following the restraint, and the onsite presence of law enforcement. Follow up with staff was provided. **Ex. 187 DHS-3654 and DHS-3653 (Apr 2015)**		achieved 8/31/2014
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.]	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	**5/11/2014 Update** During this reporting period, there were no instances of prone restraint, chemical restraint, seclusion or time out.	**5/11/2014 Update** Next Steps: Continue to ensure compliance.	**5/11/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update During this reporting period, there were no instances of prone restraint, chemical restraint, seclusion or time out. **9/15/2014 Update** During this reporting period, there were no instances of prone restraint, chemical restraint, seclusion or time out. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**7/15/2014 Update** Next Steps: Continue to ensure compliance with this EC. **9/15/2014 Update** Next Steps: Continue to ensure staff are aware of the prohibition of prone or chemical restraint, seclusion, and time out. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2013
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	**5/11/2014 Update** Facility policies have been reviewed and this statement is clearly reflected in the policies. **Ex. 23, MSHS-C policy # 15868** **7/15/2014 Update** The requirements of this EC are clearly stated in Facility Procedure 15868 "THERAPEUTIC INTERVENTIONS AND EMERGENCY USE OF PERSONAL SAFETY TECHNIQUES". **Ex. 79, Procedure 15868 -TI PST TRAINING** **9/15/2014 Update** The requirements of this EC are clearly stated in Facility Procedure 15868.	**5/11/2014 Update** Next Steps: Continue to ensure compliance. **7/15/2014 Update** Next Steps: Continue to ensure compliance with this EC. **9/15/2014 Update** Next Steps: Continue staff training on prohibited techniques, at New Employee orientation and at annual staff training sessions.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			11/17/2014 Update **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
SETTLEMENT AGREEMENT SECTION V.C. PROHIBITED TECHNIQUES – SECLUSION AND TIME OUT					
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	**5/11/2014 Update** During this reporting period there were zero instances of the use of Seclusion. Facility policy specifies that the use of seclusion is prohibited. **Ex. 23, MSHS-C policy # 15868** **7/15/2014 Update** During this reporting period there were zero instances of the use of Seclusion. Facility policy continues to specify that the use of seclusion is prohibited. **9/15/2014 Update** During this reporting period there were zero instances of the use of Seclusion. Facility policy continues to specify that the use of seclusion is prohibited. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**5/11/2014 Update** Next Steps: Continue to ensure compliance. **7/15/2014 Update** Next Steps: Continue to ensure compliance with this EC. **9/15/2014 Update** Next Steps: Maintain policy and staff training on the prohibition of seclusion. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2013
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	**5/11/2014 Update** 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. **Ex. 23, MSHS-C policy # 15868**	**5/11/2014 Update** Next Steps: Continue to ensure compliance.	**5/11/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update During this reporting period, there were zero instances of the use of Room Time Out from Positive Reinforcement. Facility policy continues to specify that the use of time out from positive reinforcement is prohibited. **9/15/2014 Update** During this reporting period, there were zero instances of the use of Room Time Out from Positive Reinforcement. Facility policy continues to specify that the use of time out from positive reinforcement is prohibited. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**7/15/2014 Update** Next Steps: Continue to ensure compliance with this EC. **9/15/2014 Update** Next Steps: Continue staff training on prohibited techniques. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2013
SETTLEMENT AGREEMENT SECTION V.D. PROHIBITED TECHNIQUES – CHEMICAL RESTRAINT					
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	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	**5/11/2014 Update** 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. **Ex. 23, MSHS-C policy # 15868** **Ex. 26, SOS Form DHS-3654**	**5/11/2014 Update** Next Steps: Continue to ensure compliance.	**5/11/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
freedom of movement and is not a standard treatment or dosage for the resident's condition.			**7/15/2014 Update** During this reporting period, there were zero instances of drug / medication use to manage resident behavior OR to restrain freedom of movement. Facility policy continues to specify the Facility shall not use chemical restraint. **9/15/2014 Update** During this reporting period, there were zero instances of drug / medication use to manage resident behavior OR to restrain freedom of movement. Facility policy continues to specify the Facility shall not use chemical restraint. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**7/15/2014 Update** Next Steps: Continue to ensure compliance with this EC. **9/15/2014 Update** Next Steps: Continue staff training on prohibited techniques. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2013
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	**5/11/2014 Update** 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. **Ex. 23, MSHS-C policy # 15868** **Ex. 26, SOS Form DHS-3654**	**5/11/2014 Update** Next Steps: Continue to ensure compliance.	**5/11/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update During this reporting period, there were no instances of new 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. **9/15/2014 Update** During this reporting period, there were no instances of prohibited use of PRN / standing orders medication. Facility policy specifies that PRN/ standing order medications are prohibited from being used to manage resident behavior or restrict one's freedom of movement. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**7/15/2014 Update** Next Steps: Continue to ensure compliance with this EC. **9/15/2014 Update** Next Steps: Continue staff training on prohibited techniques and on current policies / procedures. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2013
SETTLEMENT AGREEMENT SECTION V.E. PROHIBITED TECHNIQUES – 3rd PARTY EXPERT					
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	**5/11/2014 Update** 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.	**5/11/2014 Update** 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.	**5/11/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update During this reporting period, the Facility did not seek anyone to be a Third Party Expert. We continue to use the approved Medical Officer Review process.	**7/15/2014 Update** Obstacles: Finding qualified professionals willing to be a Third Party Expert continues to be an obstacle. Next Steps: With the shift to community services, DHS, the Plaintiffs' Class Counsel, the OMHDD, and the Minnesota Governor's Council on Developmental Disabilities should discuss the efficacy of using Third Party Experts and communicate the consensus reached to the Court Monitor.	**7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2013
			9/15/2014 Update In discussions with interested persons, including the August Parties meeting, many people preferred that MN Life Bridge continue using the approved Medical Officer Review process rather than attempting to contract with an outside Third Party Expert at this time. We continue to use the approved Medical Officer Review process.	**9/15/2014 Update** Next Steps: Continue using the Medical Officer Review process for instances of restraint use.	
			11/17/2014 Update We continue to use the approved Medical Officer Review process.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update**	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			2/13/2015 Update **3/16/2015 Update** **5/15/2015 Update** See 11/17/2014 response.	**5/15/2015 Update** See 9/15/2014 response.	
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	**5/11/2014 Update** 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.	**5/11/2014 Update** 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.	**5/11/2014 Update** Complete
			7/15/2014 Update During this reporting period, the Facility did not seek anyone to be a Third Party Expert. We continue to use the approved Medical Officer Review process.	**7/15/2014 Update** See Obstacles and Next Steps at EC 15.	**7/15/2014 Update - 5/15/2015 Update**
			9/15/2014 Update In discussions with interested persons, including the August Parties meeting, many people preferred that MN Life Bridge continue using the approved Medical Officer Review process rather than attempting to contract with an outside Third Party Expert at this time. We continue to use the approved Medical Officer Review process.	**9/15/2014 Update** Next Steps: Continue using the Medical Officer Review process for instances of restraint use.	Maintaining completion achieved 12/31/2013
			11/17/2014 Update We continue to use the approved Medical Officer Review process.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update**	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			2/13/2015 Update **3/16/2015 Update** **5/15/2015 Update** See 11/17/2014 response.	**5/15/2015 Update** See 9/15/2014 response.	
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	**5/11/2014 Update** 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.	**5/11/2014 Update** 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.	**5/11/2014 Update** complete
			7/15/2014 Update During this reporting period, the Facility did not seek anyone to be a Third Party Expert. We continue to use the approved Medical Officer Review process.	**7/15/2014 Update** See Obstacles and Next Steps at EC 15.	**7/15/2014 Update - 5/15/2015 Update**
			9/15/2014 Update In discussions with interested persons, including the August Parties meeting, many people preferred that MN Life Bridge continue using the approved Medical Officer Review process rather than attempting to contract with an outside Third Party Expert at this time. We continue to use the approved Medical Officer Review process.	**9/15/2014 Update** Next Steps: Continue using the Medical Officer Review process for instances of restraint use.	Maintaining completion achieved 12/31/2013
			11/17/2014 Update We continue to use the approved Medical Officer Review process.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update**	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			2/13/2015 Update **3/16/2015 Update** **5/15/2015 Update** See 11/17/2014 response.	**5/15/2015 Update** See 9/15/2014 response.	
17. DHS has paid the Experts for the consultations.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	**5/11/2014 Update** 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.	**5/11/2014 Update** 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.	**5/11/2014 Update** Complete
			7/15/2014 Update During this reporting period, the Facility did not seek anyone to be a Third Party Expert. We continue to use the approved Medical Officer Review process.	**7/15/2014 Update** See Obstacles and Next Steps at EC 15.	**7/15/2014 Update - 5/15/2015 Update**
			9/15/2014 Update At this time, we continue to use the approved Medical Officer Review process.	**9/15/2014 Update** Next Steps: Continue using the Medical Officer Review process for instances of restraint use.	Maintaining completion achieved 12/31/2013
			11/17/2014 Update We continue to use the approved Medical Officer Review process. **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
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	**5/11/2014 Update** 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. **7/15/2014 Update** During this reporting period, the Facility did not seek anyone to be a Third Party Expert. We continue to use the approved Medical Officer Review process. **9/15/2014 Update** At this time, we continue to use the approved Medical Officer Review process. **11/17/2014 Update** We continue to use the approved Medical Officer Review process. **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 11/17/2014 response.	**5/11/2014 Update** 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. **7/15/2014 Update** Next Steps: Continue to contact the Medical Officer. **9/15/2014 Update** Next Steps: Continue using the Medical Officer Review process for instances of restraint use. **11/17/2014 Update** See 9/15/2014 response. **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2013
19. Each consultation occurred no later than 30 minutes after presentation of the emergency.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	**5/11/2014 Update** 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	**5/11/2014 Update** Obstacles: Finding qualified professionals willing to be a Third Party Expert.	**5/11/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			Review was initiated.	Next Steps: DHS will try again to locate and contract with Third Party Experts for the purposes of the JSA and this Plan.	
			7/15/2014 Update During this reporting period, the Facility did not seek anyone to be a Third Party Expert. We continue to use the approved Medical Officer Review process. There was one use of manual restraint during this reporting period, and consultation with the Medical Officer occurred within 30 minutes after presentation of the emergency. The Medical Officer heard the information and confirmed that the immediate situation was resolved. 911 had been called, and the EMT that arrived took the individual to the hospital for an evaluation. **Ex. 77-78, DHS-3654 and DHS-3653 (May)**	**7/15/2014 Update** Next Steps: Continue to timely contact the Medical Officer.	**7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2013
			9/15/2014 Update At this time, we continue to use the approved Medical Officer Review process. There were zero instances of manual restraint use during this reporting period.	**9/15/2014 Update** Next Steps: Continue using the Medical Officer Review process for instances of restraint use.	
			11/17/2014 Update We continue to use the approved Medical Officer Review process. **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 11/17/2014 response.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
20. Each use of restraint was an "emergency."	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	**5/11/2014 Update** 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. **7/15/2014 Update** During this reporting period, the Facility did not seek anyone to be a Third Party Expert. We continue to use the approved Medical Officer Review process. The one use of a manual restraint during this reporting period was for an emergency. This was a situation where the individual's conduct posed an imminent risk of physical harm to self and others and less restrictive strategies did not achieve safety. **Ex. 77-78, DHS-3654 and DHS-3653 (May)** **9/15/2014 Update** At this time, we continue to use the approved Medical Officer Review process. There were zero instances of manual restraint use during this reporting period. **11/17/2014 Update** We continue to use the approved Medical Officer Review process.	**5/11/2014 Update** Next Steps: Continued commitment to prohibitions by all staff at all times. **7/15/2014 Update** Next Steps: Assure manual restraint is only used in an emergency. **9/15/2014 Update** Next Steps: Continue using the Medical Officer Review process for instances of restraint use. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update**	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			The three uses of a manual restraint during this reporting period were each for an emergency. The individuals' conduct posed an imminent risk of physical harm to self and others and less restrictive strategies did not achieve safety. **Ex. 131-133, DHS-3654 and DHS-3653 (Sept)** **2/13/2015 Update** We continue to use the approved Medical Officer Review process. **3/16/2015 Update** **5/15/2015 Update** See 2/13/2015 response.	**5/15/2015 Update** See 9/15/2014 response.	
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.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	**5/11/2014 Update** 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. **Ex. 26, SOS Form DHS-3654 Notification Form** **7/15/2014 Update** During this reporting period, the Facility did not seek anyone to be a Third Party Expert. We continue to use the approved Medical Officer Review process.	**5/11/2014 Update** 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. **7/15/2014 Update** Next Steps: Continue to timely contact the Medical Officer.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update**

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			There was one use of manual restraint during this reporting period, and consultation with the Medical Officer occurred within 30 minutes after presentation of the emergency. The Medical Officer heard the information and confirmed that the immediate situation was resolved. 911 had been called, and the EMT that arrived took the individual to the hospital for an evaluation. **Ex. 77-78, DHS-3654 and DHS-3653 (May)** **9/15/2014 Update** At this time, we continue to use the approved Medical Officer Review process. There were zero instances of emergency use of manual restraint during this reporting period. **11/17/2014 Update** We continue to use the approved Medical Officer Review process. There were three instances of emergency use of manual restraint during this reporting period. **Ex. 131-133, DHS-3654 and DHS-3653 (Sept)** **2/13/2015 Update** We continue to use the approved Medical Officer Review process. **Ex. 161, DHS-3654 and DHS-3653 (Nov)** **Ex 162-165, DHS-3654 and DSH-3653 (Dec)** **3/16/2015 Update** We continue to use the approved Medical Officer Review process.	**9/15/2014 Update** Next Steps: Continue using the Medical Officer Review process for instances of restraint use. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			For the one use of a manual restraint at MLB in February 2015, the Medical Officer was contacted but not within 30 minutes of the emergency's onset. The staff person was not able to located the phone number to call the Medical Director. He called the on-call supervisor who provided the number, and then called the Medical Officer. The numbers to call are posted in the home. - The staff have been re-trained to know where to access these numbers. - The client refused a debriefing after the incident. - The expanded interdisciplinary treatment team (EIDT) conducted a review after the incident. The designated coordinator verified the documentation of contact with the Medical Officer on the DHS-3654 form. The DHS-3654 was verified as completed, completed timely and accurately. It was incorporated into the medical record. **Ex. 176 DHS-3654 and DHS-3653 (Feb 2015)** **5/15/2015 Update** We continue to use the approved Medical Officer Review process. For MLB, in 1/1 instance of manual restraint during April 2015, the EUMR form (DHS-3654) contains evidence of review by the Operations Manager.		

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			It is documented that the staff forgot to call the Medical Officer because of the intensity of the situation following the restraint, and the onsite presence of law enforcement. Staff did contact the RN during the evening. The form was created and distributed timely. It includes the date and time of the EUMR, and of the incidents that happened that evening. Follow up with staff was done to ensure they are aware of the requirements. All staff were reminded by email, and at the next scheduled staff meeting on 5/20/15 (Stratton Lake) and 6/3/15 (Broberg's Lake), the procedure will be reviewed at an all staff meeting. **Ex. 187 DHS-3654 and DHS-3653 (Apr 2015)**		
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	**5/11/2014 Update** The restraint notification form (Form 3654 Notifications) has been revised to includes 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. **7/15/2014 Update** **D**uring this reporting period, the Facility did not seek anyone to be a Third Party Expert. We continue to use the approved Medical Officer Review process. For the one use of a manual restraint this reporting period, facility staff did identify the Medical Officer and documented recommendations given.	**5/11/2014 Update** Next Steps: Continue to ensure compliance. **7/15/2014 Update** Next Steps: Continue to timely contact the Medical Officer.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			The Designated Coordinator verified contact with the Medical Officer within 30 minutes of the emergency's onset. **9/15/2014 Update** At this time, we continue to use the approved Medical Officer Review process. There were zero instances of manual restraint use during this reporting period. **11/17/2014 Update** There were three uses of a manual restraint during this reporting period. For two of those incidents, the Designated Coordinator verified contact with the Medical Officer within 30 minutes of the emergency's onset. For one use of a manual restraint this reporting period, contact with the Medical Officer was not made within 30 minutes of the onset of the emergency because of the intensity and location of the incident on a busy highway, and follow up with staff at that time. The person did contact the Medical Officer the next morning (the incident happened in the evening). **2/13/2015 Update** There was one use of a manual restraint during November 2014 and four in December 2014 in the MLB program. The Designated Coordinator verified contact with the Medical Officer within 30 minutes of the emergency's onset. **3/16/2015 Update** See 3/16/2015 response to EC 21.	**9/15/2014 Update** Next Steps: Continue using the Medical Officer Review process for instances of restraint use. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			5/15/2015 Update See 5/15/2015 response to EC 21.		
SETTLEMENT AGREEMENT SECTION V.F. PROHIBITED TECHNIQUES – MEDICAL OFFICER REVIEW					
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	**5/11/2014 Update** Staff are contacting the medical officer within 30 minutes after the emergency restraint use began. This is documented on the Restraint Form. **Ex. 31, Examples of DHS 3654 forms** **7/15/2014 Update** In 1/1 instances the Medical Officer was contacted within 30 minutes after the emergency restraint use began. **Ex. 77-78, DHS-3654 and DHS-3653 (May)** **9/15/2014 Update** There were zero instances of manual restraint use during this reporting period. **11/17/2014 Update** There were three uses of a manual restraint during this reporting period. For two of those incidents, the Designated Coordinator verified contact with the Medical Officer within 30 minutes of the emergency's onset.	**5/11/2014 Update** Next Steps: Discussions with the medical officer and refining the process. **7/15/2014 Update** Next Steps: Continue to assure that staff follow the requirements while balancing safety. **9/15/2014 Update** Next Steps: - Maintain staff training and awareness of this requirement. - Contact the Medical Officer on call within 30 minutes after the emergency restraint use began. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			For one use of a manual restraint this reporting period, the box on the DHS-3654 "Was the Medical Officer contacted within 30 minutes of restraint? Y / N. In this situation, staff attempted to contact the Medical Officer within 30 minutes of the onset of the emergency but did not connect with him. Because of the intensity and location of the incident and follow up with staff at that time, a Medical Officer was contacted the next morning (the incident happened in the evening). The Operations Manager followed up with staff to clarify what should happen. No additional re-training was required. **Ex. 131-133, DHS-3654 and DHS-3653 (Sept)** **2/13/2015 Update** There was one use of a manual restraint during November 2014 and four in December 2014 in the MLB program. The Designated Coordinator verified contact with the Medical Officer within 30 minutes of the emergency's onset. **Ex. 161, DHS-3654 and DHS-3653 (Nov)** **Ex 162-165, DHS-3654 and DSH-3653 (Dec)** **3/16/2015 Update** See 3/16/2015 response to EC 21. **Ex. 176 DHS-3654 and DHS-3653 (Feb 2015)** **5/15/2015 Update** See 5/15/2015 response to EC 21.		
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	**5/11/2014 Update** The Restraint Forms document both the date/time that the emergency restraint began and the date/time s/he contacted the designated medical officer.	**5/11/2014 Update** Next Steps: Continue to ensure compliance.	**5/11/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update 1/1 completed restraint forms document both the date/time that the emergency restraint began and the date/time the Medical Officer was contacted. **9/15/2014 Update** There were zero instances of manual restraint use during this reporting period. **11/17/2014 Update** 3/3 completed restraint forms document both the date/time that the emergency restraint began and the date/time the Medical Officer was contacted. **2/13/2015 Update** For MLB, 1/1 manual restraint forms completed during November 2014 and 4/4 completed during December 2014 document both the date and time that the emergency restraint began and the date and time the Medical Officer was contacted. **3/16/2015 Update** The one manual restraint form completed in February 2015 complies with this requirement. **5/15/2015 Update** See 5/15/2015 response to EC 21.	**7/15/2014 Update** Next Steps: Continue to ensure compliance. **9/15/2014 Update** Next Steps: - If there is an instance of manual restraint, complete the form. - If there is an instance of manual restraint, review the form for completion and accuracy. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2013
23. The medical officer assessed the situation, suggested strategies for de-	MN Life Bridge Operations	4/30/2014	**5/11/2014 Update** This is current policy and practice.	**5/11/2014 Update** Obstacles:	**5/11/2014 Update**

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
escalating the situation, and approved of, or discontinued the use of restraint.				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.	
			7/15/2014 Update In 1/1 instances, the medical officer assessed the situation. In 1/1 instances, the medical officer concurred with strategies for de-escalation of the situation, approving or discontinuing the use of restraint. **Ex. 77-78, DHS-3654 and DHS-3653 (May date)**	**7/15/2014 Update** Next Steps: - Continue to ensure compliance. - Continued communication with the medical officer(s) regarding situations.	**7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 4/30/2014
			9/15/2014 Update There were zero instances of manual restraint use during this reporting period.	**9/15/2014 Update** Next Steps: - Continue communication with the medical officer(s) regarding situations. - Verify that the medical officers understand their responsibilities.	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			11/17/2014 Update In 3/3 instances, the medical officer assessed the situation, and concurred with strategies for de-escalation of the situation, approving the use of restraint. **Ex. 131-133, DHS-3654 and DHS-3653 (Sept)** **2/13/2015 Update** In 1/1 instances at MLB in November 2014, the medical officer assessed the situation, and concurred with strategies for de-escalation of the situation, approving the use of restraint. **Ex. 161, DHS-3654 and DHS-3653 (Nov)** **Ex 162-165, DHS-3654 and DSH-3653 (Dec)** **3/16/2015 Update** In 1/1 instances at MLB in February 2015, the medical officer assessed the situation, and concurred with strategies for de-escalation of the situation, approving the use of restraint. Documentation is included on the form, which is incorporated into the medical record. **Ex. 176 DHS-3654 and DHS-3653 (Feb 2015)** **5/15/2015 Update** See 5/15/2015 response to EC 21.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	
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	**5/11/2014 Update** 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.	**5/11/2014 Update** Next Steps: Continue to ensure compliance. Revise file index for resident medical records to accommodate the form # 3654.	**5/11/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update In 1/1 instances, the medical officer's assessment is documented on the EUMR form which is incorporated in the medical record. In 1/1 instances, the medical officer strategies and the outcomes are documented in the EUMR form which is incorporated in the medical record. **9/15/2014 Update** There were zero instances of manual restraint use during this reporting period. **11/17/2014 Update** In 3/3 instances, the medical officer's assessment, strategies, and the outcomes are documented in the EUMR form which is incorporated in the **2/13/2015 Update** In 1/1 instances at MLB in November 2014, the medical officer's assessment, strategies, and the outcomes are documented in the EUMR form which is incorporated in the medical record. **3/16/2015 Update** See 3/16/2015 response to EC 23. **5/15/2015 Update** See 5/15/2015 response to EC 21.	**7/15/2014 Update** Next Steps: Continue to ensure compliance. **9/15/2014 Update** Next Steps: When there is a use of a manual restraint, document the medical officer's consultation, suggestions, and outcomes. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 4/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
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	**5/11/2014 Update** 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. **Ex. 26, SOS Form DHS-3654** **7/15/2014 Update** 1/1 consultations with the Medical Officer is documented in the resident's medical record. **Ex. 77-78, DHS-3654 and DHS-3653 (May date)** **9/15/2014 Update** There were zero instances of manual restraint use during this reporting period. **11/17/2014 Update** 3/3 consultations with the Medical Officer are documented in the resident's medical record. **Ex. 131-133, DHS-3654 and DHS-3653 (Sept)** **2/13/2015 Update** 5/5 consultations with the Medical Officer are documented in the resident's medical record. **Ex. 161, DHS-3654 and DHS-3653 (Nov)** **Ex 162-165, DHS-3654 and DSH-3653 (Dec)** **3/16/2015 Update** See 3/16/2015 response to EC 23.	**5/11/2014 Update** Next Steps: Continue to ensure compliance. **7/15/2014 Update** Next Steps: Continue to ensure compliance. **9/15/2014 Update** Next Steps: When there is a use of a manual restraint, document consultation with the medical officer on the DHS-3654 Notification form and in the individual's record. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 4/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			5/15/2015 Update See 5/15/2015 response to EC 21.		
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	**5/11/2014 Update** 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. **7/15/2014 Update** In 1/1 post-restraint reviews the Designated Coordinator verified that the Medical Officer was contacted and details are documented in the resident's medical record. **9/15/2014 Update** There were zero instances of manual restraint use during this reporting period. **11/17/2014 Update** There were three uses of a manual restraint during this reporting period. For two of those incidents, the Designated Coordinator verified contact with the Medical Officer within 30 minutes of the emergency's onset.	**5/11/2014 Update** Next Steps: Continue to ensure compliance. **7/15/2014 Update** Next Steps: Continue to ensure compliance. **9/15/2014 Update** Next Steps: The Designated Coordinator reviews the DHS-3654 Notification forms and verifies compliance with these CPA requirements. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 4/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			For one use of a manual restraint this reporting period, contact with the Medical Officer was not made within 30 minutes of the onset of the emergency because of the intensity and location of the incident on a busy highway, and follow up with staff at that time. The person did contact the Medical Officer the next morning (the incident happened in the evening). **2/13/2015 Update** There was one use of a manual restraint during November 2014 in the MLB program. The Designated Coordinator verified contact with the Medical Officer within 30 minutes of the emergency's onset. **3/16/2015 Update** See 3/16/2015 response to EC 21. **5/15/2015 Update** See 5/15/2015 response to EC 21.		
SETTLEMENT AGREEMENT SECTION V.G. PROHIBITED TECHNIQUES – ZERO TOLERANCE FOR ABUSE AND NEGLECT					
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	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	8/31/2014	**5/11/2014 Update** 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. There are a number of levels of investigations that may occur, depending on the situation and allegation: - The Facility will conduct an internal investigation. - DHS may arrange or contract for an external	**5/11/2014 Update** 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.	**5/11/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
disabilities and interviewing.			- 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. **Ex. 33, DHS Adult Protection Program** **7/15/2014 Update** Since March 12, 2014, there were: - 2 client-to-client VA allegations investigated at MSHS-Cambridge; 2/2 reports are pending; - 1 client-to-contracted service provider VA allegations at MSHS-Cambridge. We are requesting an investigation. - 1 client-to-staff VA allegation at Stratton Lake. We are requesting an investigation. All allegations were reported to the Common Entry Point. An outside investigator, Greg Wiley, who does not have direct or indirect supervision over the alleged perpetrators, was contracted to conduct investigations of the 2/2 client-to-client VA allegations. Because the client-to-contracted service provider allegation did not involve DHS staff, it was referred to the Isanti County Adult Protection Services, who declined to investigate.	**7/15/2014 Update** Next Steps: Initiate and conclude investigations.	**7/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			The outside investigator has received competency-based training in best practices for conducting abuse / neglect investigations involving individuals with cognitive and/or mental health disabilities and interviewing, as required in EC 25. He receives 8 hours of continuing education or in-service training each year specific to investigative practices. **Ex. 81, VA Investigator Training** **Ex. 82, Abuse Neglect Investigation Tracking**		
			9/15/2014 Update As reported in the 7/15/2014 Update, there were 2 client-to-client VA allegations investigated at MSHS-Cambridge; the reports from the outside investigator and the peer review reports have been received. The DHS Licensing Lookup is an online resource for accessing information on the results of an investigation or to find out if there have been any investigations at a specific licensed program, can be found at http://licensinglookup.dhs.state.mn.us **Ex. 118-119, Outside Investigator Reports** **Ex. 120, Peer Reviews of Reports**	**9/15/2014 Update** Next Steps: Continue to initiate and conclude investigations as needed.	**9/15/2014 Update** Complete
			11/17/2014 Update There were two VA allegations investigated during this reporting period. Both situations occurred during May 2014. The results of the investigations have been shared with the Court Monitor and the Parties.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**11/17/2014 Update - 5/15/2015 Update** Maintaining

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			There were four reports of allegations to the Common Entry Point (CEP). Internal investigations (by an external investigator) will be completed. DHS Licensing has indicated they will not be looking at the situations for three of the allegations. The most recent CEP report will be prioritized due to the intensity of the situation. **Ex. 134, Abuse Neglect Investigation Tracking** **Ex. 144, VA Investigator Training Materials** **2/13/2015 Update** A VA maltreatment report was submitted to the CEP in November 2014 for an incident that occurred 11/4/2014. There were two VA reports sent to the CEP from situations found while doing the initial therapeutic follow up assessments. - One report was filed for a possible verbal abuse. The allegation of possible verbal abuse was not investigated by DHS or any other licensing agency. - The other report was for a statement made by a legal rep that the provider was not keeping enough food in the home to feed the individuals. The outcome of the Office of Inspector General investigation was "inconclusive". The person was in the process of moving to a new provider at the time of the report, and no longer receives services from the provider identified in the maltreatment report. **Ex. 171, Abuse Neglect Investigation Tracking** **3/16/2015 Update** See 5/11/2014 response.		completion since 8/31/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			5/15/2015 Update In March, the OIG issued eight reports on investigations involving Jensen class members. - One investigation substantiated the allegation. - Five reports were inconclusive whether abuse or neglect occurred. - Two reports were deemed to not be abuse or neglect incidents (referred to as false reports). In April, the OIG issued six reports on investigations involving Jensen class members. - Two reports were inconclusive whether abuse or neglect occurred. - Three reports were false reports. - One report included two situations - one was determined to be inconclusive, one was false. MLB continues to monitor their internal reviews and investigations by the contracted expert. **Ex 188 Abuse Neglect Investigation Tracking**		

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
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	**5/11/2014 Update** 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.	**5/11/2014 Update** 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.	**5/11/2014 Update** Incomplete
			7/15/2014 Update DHS has contracted with an outside investigator to conduct investigations of VA allegations. The outside investigator has received competency-based training in best practices for conducting abuse / neglect investigations involving individuals with cognitive and/or mental health disabilities and interviewing, as required in EC 25. He receives 8 hours of continuing education or in-service training each year specific to investigative practices.	**7/15/2014 Update** Next Steps: Continue to ensure compliance.	**7/15/2014 Update** Incomplete
			9/15/2014 Update DHS continues to contract with an outside investigator (Greg Wiley) to conduct investigations of VA allegations. DHS uses an internal attorney (Greg Gray) to conduct peer quality reviews of the VA	**9/15/2014 Update** Next Steps: - Continue to contract with Greg Wiley or other qualified investigator to conduct investigations.	**9/15/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			investigation reports. Both maintain required training to complete investigations. **11/17/2014 Update** See 9/15/2014 response. **2/13/2015 Update** In a letter dated 12/16/2014, Anne Barry responded to the Court Monitor's "Report to the Court Verification Items: DHS 4th and 5th Compliance Update Report" dated November 25, 2014. DHS included signed and notarized affidavits from Greg Gray and Greg Wiley stating they have met the training requirements identified in EC 25.1. **3/16/2015 Update** See 9/15/2014 response. **5/15/2015 Update** In April 2015, Mr. Ferleger again questioned the training of Gray and Wiley. DHS has provided the number of hours of each section of their training, a chart of the hours for each, and signed affidavits of the training dates. See Exhibits 81 and 144, Doc 372, Doc 429.	- Continue to use Greg Gray to do a peer quality review of the VA investigation reports. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved 8/31/2014
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	**5/11/2014 Update** 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.	**5/11/2014 Update** Obstacles: There are few DHS employees who currently have had this training. Training opportunities may need to be developed.	**5/11/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
				Next Steps: Identify and develop training opportunities and mechanisms to monitor and ensure training completion.	
			7/15/2014 Update Gregory Gray, the DHS Chief Compliance Officer, has conducted 2 of 2 peer quality reviews of the investigations. Gray has received competency-based training in best practices for conducting abuse / neglect investigations involving individuals with cognitive and/or mental health disabilities and interviewing, as required in EC 25. He receives 8 hours of continuing education or in-service training each year specific to investigative practices.	**7/15/2014 Update** Next Steps: Continue to conduct peer quality reviews of investigations.	**7/15/2014 Update** Incomplete
			9/15/2014 Update Gregory Gray continues to meets the qualifications to conduct peer quality reviews of investigations. He has continued to provide peer quality reviews of investigations.	**9/15/2014 Update** Next Steps: - Continue to contract with Greg Wiley or other qualified investigator to conduct investigations. - Continue to use Greg Gray to do a peer quality review of the VA investigation reports.	**9/15/2014 Update** Complete
			11/17/2014 Update See 9/15/2014 response.	**11/17/2014 Update** **2/13/2015 Update**	**11/17/2014 Update -**

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			2/13/2015 Update In a letter dated 12/16/2014, Anne Barry responded to the Court Monitor's "Report to the Court Verification Items: DHS 4th and 5th Compliance Update Report" dated November 25, 2014. DHS included signed and notarized affidavits from Greg Gray and Greg Wiley stating they have met the training requirements identified in EC 25.1. **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**5/15/2015 Update** Maintaining completion since 8/31/2014
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	**5/11/2014 Update** 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.	**5/11/2014 Update** 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.	**5/11/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update An electronic data management system has been created to track all of the elements required of this EC.	**7/15/2014 Update** Next Steps: Update electronic data management system as information becomes available.	**7/15/2014 Update** Incomplete
			9/15/2014 Update An electronic data management system is used to track all of the elements required of this EC. The staff person at MnLB who was maintaining this tracking system left MnLB for a different job. There will be follow up when a replacement is hired or this task is re-assigned, to ensure completeness of the data.	**9/15/2014 Update** Obstacles: The person assigned to this task left MnLB for Next Steps: - Identify replacement person(s) assigned to maintain this system. - Update electronic data	**9/15/2014** Complete
			11/17/2014 Update A replacement was hired for the Intake Coordinator position. She has received training on how to use the tracking system.	**11/17/2014 Update** Next Steps: - Continue to update electronic data management system as information becomes available	**11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved 8/31/2014
			2/13/2015 Update The tracking system remains in use. **3/16/2015 Update** **5/15/2015 Update** See 2/13/2015 response. **Ex 188 Abuse Neglect Investigation Tracking**	**2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 11/17/2014 response.	
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	8/31/2014	**5/11/2014 Update** Substantiated allegations will be documented in the client's record.	**5/11/2014 Update** Next Steps: Continue to ensure compliance.	**5/11/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
	Booth) / Jensen Compliance Officer (Christina Baltes)		**7/15/2014 Update** 1/1 substantiated maltreatment reports has been included in the MSHS-Cambridge client record. **9/15/2014 Update** Substantiated allegations will be documented in the client's record. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**7/15/2014 Update** Next Steps: Continue to ensure compliance. **9/15/2014 Update** Next Steps: Continue to document substantiated allegations in the client's record. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**7/15/2014 Update** Incomplete **9/15/2014 Update** Complete **11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved 8/31/2014
26. All staff members found to have committed abuse or neglect were disciplined pursuant to DHS policies and collective bargaining agreement, if applicable.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	3/31/2014	**5/11/2014 Update** 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.	**5/11/2014 Update** Next Steps: Continue to ensure compliance.	**5/11/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update DHS Office of the Inspector General (OIG) substantiated one allegation of neglect. OIG substantiated neglect against 3 staff. The process is underway to determine what actions will be taken with each employee pursuant to policies and the bargaining agreement. The employees have not exhausted their appeal rights. **Ex. 83, Vulnerable Adult Investigation** **9/15/2014 Update** DHS Office of the Inspector General (OIG) substantiated one allegation of neglect. OIG substantiated neglect against 3 staff. The process is still underway to determine what actions will be taken with each employee pursuant to policies and the bargaining agreement. The employees have not exhausted their appeal rights. **11/17/2014 Update** Two of the three staff with substantiated neglect have begun to exercise their rights to appeal the finding from OIG. At this time, no further action has been taken against these employees pursuant to policies and the bargaining agreement. **2/13/2015 Update** See 11/17/2014 response. **3/16/2015 Update** The hearing previously set for 1/27/15 is to be rescheduled for a later time. At this time, no further action has been taken against these employees pursuant to policies and the bargaining agreement.	**7/15/2014 Update** Next Steps: - Continue to ensure compliance. - Determine actions, inform employees, follow through, enable due process under the bargaining agreement. **9/15/2014 Update** Next Steps: - Monitor process to determine actions to be taken. - Continue to follow the process for substantiating allegations. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 3/31/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			5/15/2015 Update Since the OIG disposition of May 20, 2014 regarding their completed investigation of facility, there have been two scheduled Appeal Hearings. The first was on January 27, 2015. Both Dr. Tim Moore and Mark Brostrom were subpoenaed for this hearing. After arriving for this meeting, Dr. Moore and Mark found out it was postponed for a later date to be determined. Dr. Moore and Mark Brostrom received a second subpoena to appear March 16 & 17, 2015. On March 16, 2015, Dr. Moore and Mark Brostrom received phone messages that this proceeding would be rescheduled due to sickness of one of the attorneys. At this point, no notice of another hearing is known. Other DHS employees reportedly received subpoenas from the defendant's attorney for these dates as well. Since the disposition of May 20, 2014 the three employees have continued working with MLB. One of the employees has obtained another position for the Department of Corrections since 1/28/15 and no longer works for MLB.		
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	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	3/31/2014	**5/11/2014 Update** 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.	**5/11/2014 Update** Next Steps: Continue to ensure compliance.	**5/11/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
procedures and Union Contracts.			**7/15/2014 Update** DHS Office of the Inspector General (OIG) substantiated one allegation of neglect. OIG substantiated neglect against 3 staff. The substantiated allegation has been referred to DHS human resources. The employees have not exhausted their appeal rights. **9/15/2014 Update** DHS Office of the Inspector General (OIG) substantiated one allegation of neglect during the last reporting period. OIG substantiated neglect against 3 staff. The substantiated allegation has been referred to DHS human resources. The employees have not exhausted their appeal rights. **11/17/2014 Update** Two of the three staff with substantiated neglect have begun to exercise their rights to appeal the finding from OIG. At this time, no further action has been taken against these employees pursuant to policies and the bargaining agreement. **2/13/2015 Update** See 11/17/2014 response. **3/16/2015 Update** See 3/16/2015 response to EC 26. **5/15/2015 Update** See 5/15/2015 response to EC 26.	**7/15/2014 Update** Next Steps: - Follow DHS policy and Union contracts regarding discipline. **9/15/2014 Update** Next Steps: - Monitor process to determine actions to be taken. - Continue to follow the process for substantiating allegations. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 3/31/2014.

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
27. Where appropriate, the State referred matters of suspected abuse or neglect to the county attorney for criminal prosecution.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	**5/11/2014 Update** 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. **Ex. 34, VA Maltreatment Report 10/11/2013** **7/15/2014 Update** The OIG substantiated one allegation of neglect during the reporting period. Local law enforcement responded to a 911 call for the incident where the allegation of neglect was substantiated. There was an arrest made. Ex. 83, Vulnerable Adult Investigation **9/15/2014 Update** There were zero known referrals of suspected abuse or neglect sent to the county attorney for criminal prosecution during this reporting period. The OIG and county did not refer the substantiated allegation reported in the 7/15/2014 update to the County Attorney. **11/17/2014 Update** There were zero known referrals of suspected abuse or neglect sent to the county attorney for criminal prosecution during this reporting period. **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 11/17/2014 response.	**5/11/2014 Update** Next Steps: Continue to ensure compliance. **7/15/2014 Update** Next Steps: - Follow-up with the OIG or County to determine if the substantiated allegation was referred to the County for prosecution. **9/15/2014 Update** Next Steps: Continue to monitor for suspected abuse or neglect. **11/17/2014 Update** See 9/15/2014 response. **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
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	**5/11/2014 Update** 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. **7/15/2014 Update** 4/4 VA allegations were reported to the CEP since March 12, 2014. **9/15/2014 Update** During this reporting period, there were 7 reports made to the Common Entry Point (CEP). - 1 medication error - a person's dosage of a medication was changed just before admission, MnLB was not aware. DHS Licensing has contacted MnLB saying they will not investigate because the issue was caught, documentation was updated, there was no harm to the person, and MnLB immediately retrained staff. - 5 client to client allegations - no known follow-up yet - 1 MnLB report to the CEP on an individual's previous provider for allegedly withholding medications There has been no final outcome from the VA allegations referenced in the July 15 Update, so MnLB / DHS HR is not yet able to determine follow-up actions.	**5/11/2014 Update** Next Steps: Continue to ensure compliance. **7/15/2014 Update** Next Steps: - Continue to ensure **9/15/2014 Update** Next steps: - Continue to monitor reported allegations for follow up actions. - When outcomes are learned, determine actions, inform employees, follow through, enable due process under the bargaining agreement.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			11/17/2014 Update Follow-up from previously reported situation to the CEP: - Client to Client allegation –Reported 4/7/14 –OIG reviewed this internal investigation, performed an investigation and reported on 9/11/14 DHS would not take any action, no corrections needed. - Client alleging a staff assaulted/pulled pants down – Reported 5/12/14 –An internal review showed the allegation to be false. - Client alleging verbal threat from contracted interpreter - Reported 5/23/14 - OIG did not look further into the matter since the Interpreter service is not licensed and Isanti County sent a letter stating the matter would not be assigned for investigation. Internal investigation showed the matter to be inconclusive, though a greater weight of the evidence suggests that the event did not occur. - 1 medication error – reported 8/12/14 – OIG informed MLB it would not initiate an investigation at this time since the site's Supervisor quickly retrained staff in proper procedures and no measurable harm was done to the client. MLB internal investigation is in process.	**11/17/2014 Update** See 9/15/2014 response.	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			- 5 client to client allegations – Reported 8/27/14, 8/27/14, 8/29/14, 8/30/14 & 8/30/14 - OIG sent a letter stating they determined there would be no need for further action for these reported situations. - 1 client self-report of previous service provider withholding medication to the client. Reported 8/29/14 – no response from OIG at this time. During this reporting period one CEP report was made after on 10/13/14. OIG sent a letter stating this situation will be investigated. An internal investigation is in process as well. Another external report to the CEP involving a previous MSHS Cambridge client was made alleging a current MLB employee was engaging in a possible sexual relationship sexual relationship while at the facility and continued the relationship after the VA was discharged from the facility. When MLB administration discovered this information (10/14/14) regarding this investigation, placed this current employee on administrative leave. The OIG issued a report finding it was not determined whether sexual abuse occurred and it was not determined whether neglect occurred. The OIG stated no further action would be taken on situation. As a result, this employee has returned to work at MLB.		

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			2/13/2015 Update There were 2 CEP reports filed by MLB during the initial therapeutic assessment process. One report was filed for a possible verbal abuse and the other for a statement made by a legal rep that the provider was not keeping enough food in the home to feed the individuals. **3/16/2015 Update** There were no known allegations of abuse or neglect related to care of residents submitted to the common entry point this reporting period. **5/15/2015 Update** During this reporting period, there was 1 report made to the Common Entry Point (CEP): - Negligence / lapse in supervision - an individual was allowed to go for walks unsupervised in the neighborhood. The individual eloped and was absent from the site until the following day; the facility got a phone call to come pick up the individual in Minneapolis.	**2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
SETTLEMENT AGREEMENT SECTION VI.A. RESTRAINT REPORTING & MGMT – FORM 31032					
28. Form 31032 (or its successor) was fully completed whenever use was made of manual restraint.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	**5/11/2014 Update** 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. **Ex. 26. SOS Form DHS-3654** **Ex. 31, Examples of DHS 3654 forms** **7/15/2014 Update** In 1 / 1 uses of manual restraint, the restraint form was fully completed. There was no immediate client debriefing because the client was taken to the hospital following the situation. **Ex. 77-78, DHS-3654 and DHS-3653 (May date)** **9/15/2014 Update** There were zero instances of manual restraint use during this reporting period. **11/17/2014 Update** In 3/3 uses of manual restraint, the restraint form was fully completed. E**x. 131-133, DHS-3654 and DHS-3653 (Sept)**	**5/11/2014 Update** Next Steps: Continue to ensure compliance. **7/15/2014 Update** Next Steps: Continue to ensure compliance. **9/15/2014 Update** Next Steps: Complete a DHS-3654 Notification form for any instance of manual restraint. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update**	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			2/13/2015 Update During November 2014, 1/1 restraint forms (DHS-3654) for MLB clients was fully completed. During December 2014, 4/4 restraint forms for MLB clients were fully completed. There were no DHS-3654s for restraints for ECMSOCS residents during November and December 2014. **Ex. 161, DHS-3654 and DHS-3653 (Nov. date)** **Ex 162-165, DHS-3654 and DSH-3653 (Dec.)** **3/16/2015 Update** See 3/16/2015 response to EC 21. **Ex. 176 DHS-3654 and DHS-3653 (Feb 2015)** **5/15/2015 Update** See 5/15/2015 response to EC 21. **Ex. 187 DHS-3653 and DHS-3653 (Apr 2015)**	See 9/15/2014 response.	
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	**5/11/2014 Update** There is a space on the form for the designated coordinator to sign to verify their review of the form completion. **(Exhibit 26 SOS DHS-3654** **(Exhibit 31 Examples of DHS 3654 forms)** **7/15/2014 Update** In 1/1 uses of manual restraint, the designated coordinator verified that the restraint form was completed timely, accurately, and in entirety. **9/15/2014 Update** There were zero instances of manual restraint use during this reporting period.	**5/11/2014 Update** Next Steps: Continue to ensure compliance. **7/15/2014 Update** Next Steps: Continue to ensure compliance. **9/15/2014 Update** Next Steps: - The designated coordinator will review the DHS-3654 Notification forms for compliance.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
				- The designated coordinator will follow up with the staff responsible for completing the Notification Form if there is any missing or unclear information or if it was not submitted timely.	
			11/17/2014 Update In 3/3 uses of manual restraint during this reporting period, the designated coordinator verified that the restraint form was completed timely, accurately, and in entirety. **2/13/2015 Update** During November 2014, 1/1 restraint forms (DHS-3654) for MLB clients was completed timely, accurately, and in entirety. During December 2014, 4/4 restraint forms for MLB clients were completed. 2/4 restraint forms were completed timely; 2/4 were not completed timely. - In both of those situations, the Medical Director was contacted after the police arrived and the situation de-escalated. There were no DHS-3654s for restraints for ECMSOCS residents during November and December 2014. **3/16/2015 Update** See 3/16/2015 response to EC 21.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			5/15/2015 Update There were zero instances of manual restraint use for Broberg's Lake and East Central during March and April 2015. See the 5/15/2015 response to EC 21 regarding the one instance of manual restraint use at Stratton Lake in April 2015.		
29. For each use, Form 31032 (or its successor) was timely completed by the end of the shift.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	**5/11/2014 Update** 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 / CPA. **Ex. 26, SOS Form DHS-3654** **Ex. 31, Examples of DHS 3654 forms** **7/15/2014 Update** In 1/1 use of manual restraint, the restraint form was timely completed by the end of the shift. **Ex. 77-78, DHS-3654 and DHS-3653 (May date)** **9/15/2014 Update** There were zero instances of manual restraint use during this reporting period. **11/17/2014 Update** For the three instances of manual restraint use during this reporting period, the DHS-3654 was completed timely.	**5/11/2014 Update** Next Steps: Continue to ensure compliance. **7/15/2014 Update** Next Steps: Continue to ensure compliance. **9/15/2014 Update** Next Steps: Staff will complete the DHS-3654 Notification form by the end of the shift. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update**	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			During an internal audit, it was discovered that one notification of a use of manual restraint from the previous reporting period was not sent timely. There were multiple incidents with one client during that time (not all required a DHS-3654). Over the Labor Day weekend there should have been two notifications (DHS-3654) sent out. The supervisor processing those notifications had various computer issues, and forgot to send the first notification when the issues of the second notification were resolved. This self-audit finding was reported to the Court Monitor and Parties on 9/25/2014 and an update sent on 9/26/2014. **Ex. 131-133, DHS-3654 and DHS-3653 (Sept.)** **2/13/2015 Update** During November 2014, 1/1 restraint forms (DHS-3654) for MLB clients was completed timely, accurately, and in entirety. During December 2014, 4/4 restraint forms for MLB clients were completed. 2/4 restraint forms were completed timely; 2/4 were not completed timely. - In both of those situations, the Medical Director was contacted after the police arrived and the situation de-escalated. There were no DHS-3654s for restraints for ECMSOCS residents during November and December 2014. **Ex. 161, DHS-3654 and DHS-3653 (Nov)** **Ex 162-165, DHS-3654 and DSH-3653 (Dec)**	See 9/15/2014 response.	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			3/16/2015 Update See 3/16/2015 response to EC 21. **Ex. 176 DHS-3654 and DHS-3653 (Feb 2015)** **5/15/2015 Update** The one DHS-3654 completed for restraint use during March / April 2015 was initiated and sent timely.		
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	**5/11/2014 Update** There is a space on the form for the designated coordinator to sign to verify their review of the form completion. **7/15/2014 Update** In 1 / 1 uses of manual restraint, the Designated Coordinator verified by signing the form that the restraint form was completed timely, accurately, and in entirety. **9/15/2014 Update** There were zero instances of manual restraint use during this reporting period. **11/17/2014 Update** In 3/3 uses of manual restraint, the Designated Coordinator verified by signing the form that the restraint form was completed timely, accurately, and in entirety.	**5/11/2014 Update** Next Steps: Continue to ensure compliance. **7/15/2014 Update** Next Steps: Continue to ensure compliance. **9/15/2014 Update** Next Steps: The designated coordinator reviews the DHS-3654 Notification forms and verifies compliance with these CPA requirements. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			2/13/2015 Update During November 2014, 1/1 restraint forms (DHS-3654) for MLB clients was completed timely, accurately, and in entirety. During December 2014, 4/4 restraint forms for MLB clients were completed. 2/4restraint forms were completed timely; 2/4 were not completed timely. - In both of those situations, the Medical Director was contacted after the police arrived and the situation de-escalated, which was longer than 30 minutes after the application of the manual restraint. The designated coordinator reviewed the forms and included information on why the Medical Director was not contacted within 30 minutes of the restraint use. There were no DHS-3654s for restraints for ECMSOCS residents during November and December 2014. **3/16/2015 Update** See 3/16/2015 response to EC 21. **5/15/2015 Update** See 5/15/2015 response to EC 21.		
30. Each Form 31032 (or its successor) indicates that no prohibited restraint was used.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	**5/11/2014 Update** During this reporting period, there has been no use of a prohibited restraint at MSHS-C or a successor facility. **Ex. 26, SOS Form DHS-3654** **7/15/2014 Update** During this reporting period, there has been no use of a prohibited restraint at MSHS-C or a successor facility. **Ex. 77-78, DHS-3654 and DHS-3653 (May date)**	**5/11/2014 Update** Next Steps: Continue to ensure compliance. **7/15/2014 Update** Next Steps: Continue to ensure compliance.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update**

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update See 7/15/2014 response. **11/17/2014 Update** See 7/15/2014 response. **Ex. 131, DHS-3654 and DHS-3653 (Sept)** **2/13/2015 Update** See 9/15/2014 response. **Ex. 161, DHS-3654 and DHS-3653 (Nov)** **Ex 162-165, DHS-3654 and DSH-3653 (Dec)** **3/16/2015 Update** See 3/16/2015 response to EC 21. **Ex. 176 DHS-3654 and DHS-3653 (Feb 2015)** **5/15/2015 Update** See 5/15/2015 response to EC 21.	**9/15/2014 Update** Next Steps: Documentation on the form indicates that no prohibited restraint was used. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	Maintaining completion achieved 12/31/2013
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	**5/11/2014 Update** 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. **7/15/2014 Update** In 1/1 instances, staff documented the type of manual restraint. **9/15/2014 Update** There were zero instances of manual restraint use during this reporting period.	**5/11/2014 Update** Next Steps: Continue to ensure compliance. **7/15/2014 Update** Next Steps: Continue to ensure compliance. **9/15/2014 Update** Next Steps: The DHS-3654 includes an area for documenting the type of restraint used.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			11/17/2014 Update In 3/3 instances, staff documented the type of manual restraint. **2/13/2015 Update** In 1/1 instances in November, staff documented the type of manual restraint. In 4/4 instances in December, staff documented the type of manual restraint. **3/16/2015 Update** See 3/16/2015 response to EC 21. **5/15/2015 Update** See 5/15/2015 response to EC 21.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	
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	**5/11/2014 Update** There is a space on the form for the designated coordinator to sign to verify their review of the form completion. **7/15/2014 Update** During this reporting period, no prohibited techniques were used. **9/15/2014 Update** There were zero instances of prohibited techniques during this reporting period. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**5/11/2014 Update** Next Steps: Continue to ensure compliance. **7/15/2014 Update** Next Steps: Continue to ensure compliance. **9/15/2014 Update** Next Steps: Part of the designated coordinator's review of the DHS-3654 is to verify that no prohibited restraints or techniques were used. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015** Maintaining completion achieved 12/31/2013
SETTLEMENT AGREEMENT SECTION VI.B RESTRAINT REPORTING & MGMT - NOTIFICATIONS					

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
31, 31.1, 32, 32.1, 33, 33.1, 34, 34.1, 35, 35.1, 36, 36.1, 37, 37.1, 40, 40.1. 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, Ombudsman for MH and DD, DHS Licensing, Court Monitor, Internal Reviewer, legal representative and/or family to the extent permitted by law, case manager, and Plaintiffs' Counsel.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	**5/11/2014 Update** 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. **Ex. 26, SOS Form DHS-3654 Notification Form** **Ex. 31, Examples of DHS 3654 Emergency Use of Manual Restraint (EUMR) forms** **7/15/2014 Update** 1/1 EUMRs were submitted to the Office of Health Facility Complaints within 24 hours. **Ex. 77, DHS-3654 (May date)** **9/15/2014 Update** There were zero instances of prohibited techniques during this reporting period. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**5/11/2014 Update** Next Steps: Continue to ensure compliance. **7/15/2014 Update** Next Steps: Continue to ensure compliance. **9/15/2014 Update** Next Steps: Continue to submit the completed DHS-3654 to OHFC within 24 hours and no later than one business day. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2013
SETTLEMENT AGREEMENT SECTION VI.C. RESTRAINT RESPONSES ARE NOT TO REPLACE OTHER INCIDENT REPORTING, INVESTIGATION, ANALYSIS & FOLLOW UP					
38. Other reports, investigations, analyses and follow up were made on incidents and restraint use.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Operations Manager (Mark	10/31/2014	**5/11/2014 Update** 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.	**5/11/2014 Update** Next Steps: Continue to ensure compliance.	**5/11/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
	Brostrom)		**7/15/2014 Update** 2/4 VA allegations since March 12, 2014 were investigated, the reports of which are pending. 2/4 VA Investigations are pending. For this reporting period, 1 instance of manual restraint use occurred. - In 1/1 instances an EUMR report was generated. - In 0/1 instances a client debriefing was conducted immediately after the incident. The individual was taken to a hospital right after the incident. - In 1/1 instances a review was conducted by the expanded interdisciplinary treatment team. **Ex. 77-78, DHS-3653 and DHS-3653 (May date)**	**7/15/2014 Update** Next Steps: Continue to ensure compliance.	**7/15/2014 Update** Incomplete
			9/15/2014 Update During this reporting period, there was one VA allegation at MnLB Stratton Lake on 8/11/14. DHS Licensing was notified and the internal investigation process has begun. For this reporting period, zero instances of manual restraint use occurred. No EUMR Notification, client debriefing or follow-up with the EIDT was necessary for use of a manual restraint.	**9/15/2014 Update** Next Steps: - Continue to ensure compliance. - Follow up on investigation process for allegation of action on 8/11/2014.	**9/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			11/17/2014 Update The JIO Data Analyst position has been filled by Jeff Goodmanson, who began work in that position on 10/20/2014. Mr. Goodmanson has been a DHS employee. The MLB Information Coordinator position has been filled by Cassie Birkeland, who began working in that position on 10/1/2014. One trend MLB has identified is that typically the incidents that occur are related to the lack of fidelity to the plans and programs. More research and follow up will be done.	**11/17/2014 Update** Next Steps: - Continue to identify and address trends and/or patterns from investigations - With Data Analyst and Information Coordinator, further identify and address trends and patterns from investigations - Follow up on investigation process for allegation of action on 8/11/2014 (investigation was assigned to Greg Wiley)	**11/17/2014 Update** Complete
			2/13/2015 Update The JIO Data Analyst and MLB Information Coordinator have worked closely to identify data needs and trends. They will continue to work on addressing trends and patterns. **3/16/2015 Update** See 2/13/2015 response. One of the projects they worked on during this reporting period was cleaning up the data from the initial SLP assessments. Responses to the behavior intervention devices survey from last fall continue to come in, some based on phone calls from the JIO administrative support person. **5/15/2015 Update** See 2/13/2015 response.	**2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 11/17/2014 response.	**2/13/2015 Update - 5/15/2015 Update** Maintaining completion achieved 10/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
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	**5/11/2014 Update** The Designated Coordinator reviewed each client incident, injury and/or restraint use within 1 business day of its occurrence and followed up as appropriate. **7/15/2014 Update** The Designated Coordinator reviewed each client incident, injury and/or restraint use within 1 business day of its occurrence and followed up as appropriate. **9/15/2014 Update** During this reporting period there were zero incidents of emergency use of manual restraints. 17/17 incidents reported on a DHS-3654 Notification Form involved the use of PRN medications, 911 calls, and/or mild injury with no serious outcome of the incident. The PRN uses were client-initiated and not used as a restriction to manage the individual's behavior or restrict the individual's freedom of movement. 17/17 incidents were reviewed within one business day as required. Documentation is stored at Op Central and in the Jensen SharePoint site. The Court Monitor and Parties are sent the DHS-3654s.	**5/11/2014 Update** Next Steps: Continue to ensure compliance. **7/15/2014 Update** Next Steps: - Continue to ensure compliance. **9/15/2014 Update** Next Steps: - Continue to ensure compliance. - Continue to create documentation of incidents on the Incident Report tool. - Continue to create DHS-3654 Notification forms and share with identified persons in a timely manner.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Complete **9/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 6/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			11/17/2014 Update During this reporting period there were 3 incidents of emergency use of manual restraints. The other eight incidents reported on a DHS-3654 Notification Form involved the use of PRN medications or 911 calls. The PRN uses were client-initiated and not used as a restriction to manage the individual's behavior or restrict the individual's freedom of movement. For one use of a manual restraint this reporting period, contact with the Medical Officer was not made within 30 minutes of the onset of the emergency because of the intensity and location of the incident on a busy highway, and follow up with staff at that time. The staff person did contact the Medical Officer the next morning (the incident happened in the evening). 11/11 incidents were reviewed within one business day as required. During an internal audit, it was discovered that one notification of a use of manual restraint from the previous reporting period was not sent timely. There were multiple incidents with one client during that time (not all required a DHS-3654). Over the Labor Day weekend there should have been two notifications (DHS-3654) sent out.	**11/17/2014 Update** See 9/15/2014 response.	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			The supervisor processing those notifications had various computer issues, and forgot to send the first notification when the issues of the second notification were resolved. This self-audit finding was reported to the Court Monitor and Parties on 9/25/2014 and an update sent on 9/26/2014. Documentation is stored at Op Central and in the Jensen SharePoint site. The Court Monitor and Parties are sent the DHS-3654s. **2/13/2015 Update** MLB: - five DHS-3654s completed for the emergency use of manual restraints - five other DHS-3654s completed - one was for PRN meds, two were for 911 calls, and two were for PRN medications and a 911 call. ECMSOCS: - one DHS-3654 completed for a 911 call The PRN uses were client-initiated and not used as a restriction to manage the individual's behavior or restrict the individual's freedom of movement. **3/16/2015 Update** MLB: - one DHS-3654 completed for the emergency use of manual restraint - one DHS-3654 completed for a 911 call ECMSOCS: - two DHS-3654s completed for 911 calls - one DHS-3654 completed for a PRN use and 911 call	**2/13/2015 Update** See 9/15/2014 response. **3/16/2015 Update** See 9/15/2014 response.	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			5/15/2015 Update MLB: - one DHS-3654 completed for a 911 call / elopement during March and April 2015 - one DHS-3654 completed for two 911 calls and emergency use of manual restraint in April - three other incidents during March and April 2015 East Central: - no DHS-3654 during March and April 2015 - no other reportable incidents during March and April 2015 There were two DHS-3654s completed, and there were three incident reports filed that did not require completion of a DHS-3654. Reviews of Incident Reports are documented on a DHS-3653 form. 4/5 incidents were followed up within one business day on the DHS -3653 Individual Incident Report Review and EUMR Review form. 1/5 incidents of threatening and aggressive behavior was not reviewed within one business day due to missed communication of the incident to the Designated Coordinator. This system issue is being reviewed given the current electronic incident reporting system.	**5/15/2015 Update** See 9/15/2014 response.	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	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	**5/11/2014 Update** 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. **Ex. 35, Form DHS-3653 EIDT** **Ex. 37, Example of Five-Point Reviews** **7/15/2014 Update** In 1/1 instances, the Designated Coordinator convened an interdisciplinary team meeting within five business days of the use of a restraint. **9/15/2014 Update** There was zero use of a manual restraint during this reporting period. There were zero EIDT meetings, and so no opportunity to verify that all steps in the Action Item are addressed in EIDT meeting documentation. **11/17/2014 Update** In 3/3 instances, the Designated Coordinator convened an interdisciplinary team meeting within five business days of the use of a restraint.	**5/11/2014 Update** Next Steps: Continue to ensure compliance. Verify that all the steps in this Action Item are addressed in the meeting documentation. **7/15/2014 Update** Next Steps: In review of upcoming incidents, verify that all the steps in this Action Item are addressed in the meeting documentation on the EIDT form. **9/15/2014 Update** Next Steps: - Continue to ensure compliance. - At any future use of a manual restraint, verify all steps in this Action Item are addressed in the EIDT meeting documentation. **11/17/2014 Update** See 9/15/2014 response.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Complete **9/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 6/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			2/13/2015 Update In 1/1 instances in November (and 4/4 in December), the Designated Coordinator convened an interdisciplinary team meeting within five business days of the use of a restraint. **3/16/2015 Update** During this reporting period, In 1/1 instances an EUMR report was generated. - The client refused a debriefing after the incident. - The EIDT conducted a review of the incident within 5 days after the incident. **5/15/2015 Update** During this reporting period, In 1/1 instances an EUMR report was generated.	**2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	
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	**5/11/2014 Update** 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. **7/15/2014 Update** In 1/1 instances when changes to an individual's program plan and/or PBS plans were recommended during the IDT's restraint review, the designated coordinator followed up to ensure the changes were made within 2 business days of that IDT meeting. **Ex. 84, Example of plan changes after EIDT**	**5/11/2014 Update** Next Steps: Continue implementing this Action Item and update practices as needed to comply. **7/15/2014 Update** Next Steps: Continue implementing this Action Item within 2 business days of the IDT meeting.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update There was no use of a manual restraint during this reporting period. **11/17/2014 Update** In 1/2 instances when changes to an individual's program plan and/or PBS plans were recommended during the IDT's restraint review, the designated coordinator followed up to ensure the changes were made within 2 business days of that IDT meeting. The second instance involved a person who transitioned the following day to a hospital setting for psychiatric stabilization (AMRTC). The MLB team requested that the AMRTC team organize a team meeting with the person's guardian and case manager, together with the AMRTC treatment team, to review the PSTP and draft Transition Plan, at which point the restraint review recommendations would be discussed. This meeting remains in development.	**9/15/2014 Update** Next Steps: When there is a change to the IPP and/or PBS plan recommended during the IDT's restraint review, the Designated Coordinator does the follow up to make sure that change is made within 2 business days of the IDT meeting. **11/17/2014 Update** See 9/15/2014 response.	**9/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 6/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			2/13/2015 Update In 0/0 instances (Nov) and 4/4 instances (Dec) when changes to an individual's program plan and/or PBS plans were recommended during the IDT's restraint review, the designated coordinator followed up to ensure the changes were made within 2 business days of that IDT meeting. **3/16/2015 Update** **5/15/2015 Update** No plan changes were needed for the one incident of EUMR.	**2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	
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	**5/11/2014 Update** 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. **7/15/2014 Update** PBSR, with BAs and non-clinical staff, occurs every two weeks for every individual served by the Facility for the purposes of this EC.	**5/11/2014 Update** 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. **7/15/2014 Update** Next Steps: Continue with PBSRs.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update A Positive Behavioral Supports Review (PBSR), attended by Behavior Analysts and non-clinical staff, occurs every two weeks for every individual served by the Facility for the purposes of reviewing PSTPs for current best practice, approving and monitoring the efficacy of the PSTP, and reviewing any restrictive and/or emergency interventions. **11/17/2014 Update** See 9/15/2014 response. **Ex. 139-143, PBSR minutes** **2/13/2015 Update** See 9/15/2014 response. The clinical and the non-clinical staff who participated in PBSR meetings were identified for the Court Monitor in December 2014 (Doc 372). The meeting minutes had not clearly identified the non-clinical staff participants, who attend or provide comments relative to each PBSR meeting. MLB has been encouraging participation in any way non-clinical staff feel comfortable since the PBSR meetings were initiated. Attendance at the PBSR meetings has always been documented on the meeting minutes, and now Minnesota Life Bridge is including a space to document that provided constructive input in any way.	**9/15/2014 Update** Next Steps: Continue meetings of the PBSR at least monthly. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**9/15/2014 Update - 5/15/2014 Update** Maintaining completion achieved 6/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			3/16/2015 Update MLB continues to encourage participation in any way non-clinical staff feel comfortable since the PBSR meetings were initiated. Attendance at the PBSR meetings has always been documented on the meeting minutes, and now the minutes include a space to document who provided constructive input in any way. **Ex. 177 - 182 PBSR minutes** **5/15/2015 Update** See 3/16/2015 response.		
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	**5/11/2014 Update** 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. **7/15/2014 Update** The PBSR committee maintains meeting minutes. **Ex. 85, Template - DHS-3661 PBSR** **Ex. 86, Example of Individual Progress Notes** **9/15/2014 Update** The PBSR committee continues to maintain meeting minutes with details of attendance, issues and trends, corrective measures to be taken by what date, who is responsible for doing something, and follow up of the previous action plans.	**5/11/2014 Update** Next Steps: The team and process will be set up by the 6/30/2014 deadline. Hold PBSR committee meetings and maintain meeting minutes. **7/15/2014 Update** Next Steps: Refine meeting minutes. **9/15/2014 Update** Next Steps: Continue to maintain meeting minutes of the PBSR committee.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Complete **9/15/2014 Update - 5/15/2015 Update** Maintaining completion

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			11/17/2014 Update See 9/15/2014 response. **Ex. 139-143, PBSRs for clients (Sept-Oct)** **2/13/2015 Update** See 9/15/2014 response. **Ex. 166-169, PBSRs for clients (Nov-Dec)** **3/16/2015 Update** See 9/15/2014 response. **Ex. 177 - 182 PBSRs for clients (Jan-Feb)** **5/15/2015 Update** See 9/15/2014 response. The Positive Behavior Support Plans for current MLB residential clients were sent to the Court Monitor on April 15, 2015, along with other plans for those clients.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	achieved 6/30/2014
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	**5/11/2014 Update** 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. **7/15/2014 Update** The Department is identifying trends and patterns through various efforts including Licensing reviews, VAA investigations, and BIRF reporting.	**5/11/2014 Update** Next Steps: Discuss and develop practices or expectations for this item. **7/15/2014 Update** Next Steps: Hire Data Analyst to further identify and address trends and/or patterns from investigations.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update The Department continues to review to identify trends and patterns through various efforts including Licensing reviews, VAA investigations, and BIRF reporting. The JIO Data Analyst position has been posted internally. Interviews are scheduled for the end of September or early October 2014.	**9/15/2014 Update** Next Steps: - Continue to identify and address trends and/or patterns from investigations - Hire Data Analyst - With Data Analyst, further identify and address trends and patterns from investigations	**9/15/2014 Update** Incomplete
			11/17/2014 Update The JIO Data Analyst position has been filled by Jeff Goodmanson, who began work in that position on 10/20/2014. Mr. Goodmanson has been a DHS employee. The MLB Information Coordinator position has been filled by Cassie Birkeland, who began working in that position on 10/1/2014. One trend MLB has identified is that typically the incidents that occur are related to the lack of fidelity to the plans and programs. More research and follow up will be done. Data is being compiled from the initial assessments, and will be addressed in future updates.	**11/17/2014 Update** Next Steps: - Continue to identify and address trends and/or patterns from investigations - With Data Analyst and Information Coordinator, further identify and address trends and patterns from investigations	**11/17/2014 Update** Complete
			2/13/2015 Update The JIO Data Analyst and MLB Information Coordinator have worked closely to identify data needs and trends. They will continue to work on addressing trends and patterns from investigations.	**2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 11/17/2014 response.	**2/13/2015 Update - 5/15/2015 Update** Maintaining completion

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			3/16/2015 Update See 3/16/2015 response to EC 38. **5/15/2015 Update** There can be multiple levels of investigations of situations, depending on that situation - by MLB, DSD, OIG, or the independent investigator. Data and reports go to the MLB Information Coordinator for review. Within five days of an incident there is an internal review at MLB. The individual's history and any prior incidents are included in that review to see if there are any trends or indicators of future incidents. Dr. Moore and others meet every other week to look at incidents and data. And every two weeks, at the MLB Supervisors Meeting, Operations is included in the discussion of trends or patterns from investigations. Since September 2014, OIG - Licensing sends information to the JIO Director on any incident or findings involving a SLP member. OIG looks not only at findings, but also the situation with the individual - such as the number of 911 calls from that location and frequent residential changes.		achieved 10/31/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
SETTLEMENT AGREEMENT SECTION VII.B. RESTRAINT REVIEW - INTERNAL REVIEWER					
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.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	4/30/2014	**5/11/2014 Update** Dr. Richard Amado is the current designated Internal Reviewer whose duties include a focus on monitoring the use of, and on elimination of restraints. **Ex. 38, 2014 Internal Reviewer Reports** **7/15/2014 Update** Dr. Amado continues to be the designated Internal Reviewer. **9/15/2014 Update** Dr. Amado continued to be the designated Internal Reviewer during this reporting period. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** See 9/15/2014 response. **5/15/2015 Update** See 9/15/2014 response. Dr. Amado has said he would like to turn over this task to someone else. He assisted the JIO to revise the position description for an Internal Reviewer position in the Jensen Implementation Office.	**5/11/2014 Update** 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. **7/15/2014 Update** Next Steps: Continue to ensure compliance. **9/15/2014 Update** **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** See 5/11/2014 response. **5/15/2015 Update** Next Steps: - See 5/11/2014 response. - Continue the process for filling the position in the JIO.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 4/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			A notice of the position vacancy was posted for internal (DHS) applicants from April 3 to April 13, and nationally to April 17, 2015. Applications are being reviewed. As of 4/30/2015, the JIO is setting up phone screenings in May with the people who applied, to verify they have the necessary qualifications.		
40. and 40.1. See EC 31	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	**5/11/2014 Update** 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.	**5/11/2014 Update** Next Steps: Continue to ensure compliance.	**5/11/2014 Update** 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 *Olmstead* or other issues arising from or related to, admissions, discharges and other separations from the facility. ***and*** 41.1 The Internal Reviewer will consult with staff present and directly involved with each restraint to address: 1) Why/how de-escalation strategies and less	Internal Reviewer / Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	8/31/2014	**5/11/2014 Update** 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. **Ex. 38, 2014 IR Monthly Reports** **7/15/2014 Update** Dr. Amado, as the Internal Reviewer, continued to consult with Facility staff to address restraint use, and created a monthly report addressing the items under EC 41. **9/15/2014 Update** During this reporting period, Dr. Rick Amado, as the Internal Reviewer, continued to consult with Facility staff, and continued to create his monthly reports addressing the items under EC 41.	**5/11/2014 Update** Next Steps: Continue the Internal Reviewer's responsibilities. **7/15/2014 Update** Next Steps: Continue to ensure compliance. **9/15/2014 Update** Next Steps: Continue to have an Internal Reviewer who creates monthly reports addressing the items	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete **9/15/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
why/how deescalation strategies and less restrictive inteventions failed to abate the threat of harm; 2) What additional behavioral support strategies may assist the individual; 3) Systemic and individual issues raised by the use of restraint; and 4) the Internal Reviewer will also review Olmstead or other issues arising from or related to, admissions, discharges and other separations from the facility.			The monthly Internal Reviewer reports are emailed to the Court Monitor, the Plaintiffs' Counsel, the Office of Ombudsman for Mental Health and Developmental Disabilities, and the Minnesota Governor's Office for Developmental Disabilities. The Internal Reviewer's monthly reports are stored electronically in the DHS Jensen EC and Cambridge Implementation Plan SharePoint site at Shared Documents / Internal Reviewer Reports. **11/17/2014 Update** **2/13/2015 Update** See 9/15/2014 response. **3/16/2015 Update** Additional information on quality assurance and accountability regarding responses to the Internal Reviewer recommendations was provided to the Court, the Court Monitor, Plaintiffs' Counsel, OMHDD, and GCDD via email on Friday, February 27, 2015. **5/15/2015 Update** See 9/15/2014 response. Dr. Amado informed the Court Monitor on 4/29/2015 that he will be on leave starting in early May, and will not be able to provide a timely Internal Reviewer report for the month of April. The MNLB/MSOCS table of completed EUMR follow-up activities will be forwarded timely; the Internal Reviewer will complete reviews when he is fully back to work.	under EC 41. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**11/17/2014 Update - 5/15/2015 Update** Maintaining completion since 8/31/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
SETTLEMENT AGREEMENT SECTION VII.B. RESTRAINT REVIEW - EXTERNAL REVIEWER					
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.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	4/23/2013	**5/11/2014 Update** This EC is in place, based on the Court Order of 4/23/2013. **7/15/2014 Update** This EC remains in place. Court Monitor invoices are reviewed, discussed if necessary, and paid. **9/15/2014 Update** This EC remains in place. Court Monitor invoices are reviewed, discussed if necessary, and paid. Copies of invoices and payment authorizations are stored in the Jensen EC and Cambridge Implementation Plan SharePoint site, in Shared Documents / Court Orders and Filings / Invoices and Payments to Court Monitor. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**5/11/2014 Update** Next steps: Continue funding the costs of the Court Monitor. **7/15/2014 Update** Next steps: Continue funding the costs of the Court Monitor. **9/15/2014 Update** Next steps: Continue funding the costs of the Court Monitor. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 4/23/2013
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	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance	4/23/2013	**5/11/2014 Update** This EC is in place, based on the Court Order of 4/23/2013.	**5/11/2014 Update** Next steps: Continue to review and comment on draft reports from the Court Monitor.	**5/11/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
substantial compliance with the Agreement and the incorporated policies, enumerating the factual basis for its conclusions.	Officer (Christina Baltes)		**7/15/2014 Update** This EC remains in place. **9/15/2014 Update** This EC remains in place. The Court Monitor continues to act as the External Reviewer. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**7/15/2014 Update** Next steps: Continue to review and comment on draft reports from the Court Monitor. **9/15/2014 Update** Next steps: Continue to review and comment on draft reports from the Court Monitor. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 4/23/2013
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.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	8/28/2013	**5/11/2014 Update** This EC is in place, based on the Court Order of 4/23/2013. **7/15/2014 Update** This EC remains in place.	**5/11/2014 Update** Next steps: Continue to address Court Monitor judgments, recommendations, and reports. **7/15/2014 Update** Next steps: Continue to address Court Monitor recommendations, and reports.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update The Court Monitor continues these duties, reviewing for compliance, making recommendations and offering technical assistance, and filing reports with the Court. DHS addresses the reviews, recommendations, and reports as appropriate. A standard operating procedure is in place to file and track in SharePoint all Court Monitor judgments, recommendations, requests, and reports. During this reporting period, we documented 7 requests for information from the Court Monitor, and we documented 18 instances of providing information to the Court Monitor on specific occurrences in individual's lives.	**9/15/2014 Update** Next steps: - Continue to address Court Monitor recommendations and reports. - Continue to respond to Court Monitor requests for information. - Document Court Monitor requests and DHS responses in SharePoint. - Document standard operating procedures for filing and tracking all Court Monitor judgments, recommendations, reports, and requests.	completion achieved 8/28/2013
			11/17/2014 Update During this reporting period, we documented 14 requests for information from the Court Monitor, and we documented 17 instances of providing information to the Court Monitor on specific **2/13/2015 Update** During November we documented 20 requests for information from the Court Monitor, and we documented 7 instances of providing information to the Court Monitor on specific occurrences in individuals' lives.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			During December we documented 9 requests for information from the Court Monitor, and we documented 4 instances of providing information to the Court Monitor on specific occurrences in individuals' lives. **3/16/2015 Update** January 2015: 9 Requests for information from the Court Monitor 16 Instances of providing information to the Court Monitor on specific occurrences in individuals' lives February 2015: 4 Requests for information from the Court Monitor 7 Instances of providing information to the Court Monitor on specific occurrences in individuals' lives **5/15/2015 Update** March 2015: 10 Requests for information from the Court Monitor 6 Instances of providing information to the Court Monitor on specific occurrences in individuals' lives April 2015: 17 Requests for information from the Court Monitor 30 Instances of providing information to the Court Monitor on specific occurrences in individuals' lives		

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
EXTERNAL ENTITY AND PLAINTIFFS' ACCESS					
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. **a**nd 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. and **46. The following exercised their access authority: The Office of Ombudsman for Mental Health and Developmental Disabilities, The Disability Law Center, and Plaintiffs' Counsel.** and 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 MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	**5/11/2014 Update** 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. **7/15/2014 Update** 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. **9/15/2014 Update** 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. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**5/11/2014 Update** 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. **7/15/2014 Update** Next steps: Continue to allow access to the Facility and its records. **9/15/2014 Update** Next steps: Continue to allow access to the Facility and its records. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
SETTLEMENT AGREEMENT SECTION VIII. TRANSITION PLANNING					
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.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger)	10/31/2014	**5/11/2014 Update** 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. 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. **Ex. 2-7, Plans of transitioned clients** **Ex. 41, Transition Plans**	**5/11/2014 Update** Next Steps: Continue to work with providers willing to serve residents with complex behaviors and needs.	**5/11/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update Each individual at the facility continues to have a monthly IDT meeting and a bi-weekly staff meeting to check their status, and to update their plans as needed. As of June 30, 2014, there is one individual remaining on the MSHS-Cambridge campus. **Ex. 87 - 92, Planning Documents**	**7/15/2014 Update** Next Steps: - Continue to work with providers willing to serve residents with complex behaviors and needs. - Provide training to county and tribal staff and providers on the JSA requirements.	**7/15/2014 Update** Incomplete
			9/15/2014 Update The one individual remaining at MSHS-C during this reporting period continued to have a monthly IDT meeting and a bi-weekly staff meeting to check their status, and to update their plans as needed and as plans changed. As with other people transitioning out of MSHS-Cambridge, extensive effort has been made by MSHS-C/MnLB and the Department to develop the individualized community living arrangement desired by this person. Documentation for this individual is stored at Op Central on the Cambridge Campus. People receiving services at MnLB Stratton Lake also have a monthly IDT meeting and a bi-weekly staff meeting. Plans for transitioning out of MnLB are begun at admission. Documentation for them is stored at the site. People whose home is ECMSOCS have a quarterly IDT meeting, with documentation stored at ECMSOCS.	**9/15/2014 Update** Next Steps: - Continue to work with providers willing to serve residents with complex behaviors and needs. - Provide training to county and tribal staff and providers on the JSA requirements. - Continue to assist individuals to pursue plans to move to a living situation with more freedom, as appropriate.	**9/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			11/17/2014 Update The MSHS-Cambridge program is closed. There are no more people living at the Facility. MN Life Bridge staff were active supporters of the last person to transition out and his team during the first 45 days following transition, including several trips to the new home for staff training and maintaining connection with the person. **Ex. 125 - 129, Plans for current clients** **2/13/2015 Update** People receiving services at either MLB home have a monthly IDT meeting and a bi-weekly staff meeting. Plans for transitioning out of MLB are begun at admission. Documentation is stored at the site. Residents of ECMSOCS have a quarterly IDT meeting, with documentation stored at ECMSOCS. **Ex. 152-160, Plans for current clients** **3/16/2015 Update** See 2/13/2015 response. Client and resident plans are available upon request to the JIO or MLB. **5/15/2015 Update** See 3/16/2015 response. Client plans were sent to the Court Monitor upon his request on April 15, 2015, via email.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**11/17/2014 Update** Complete **2/13/2015 Update - 5/15/2015 Updates** Maintaining completion achieved 10/31/2014
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	8/31/2014	**5/11/2014 Update** **Ex. 41, Transition Plans**	**5/11/2014 Update** Next Steps: Continue implementing the ECs.	**5/11/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
	Transition Coordinator (substitute: Tiffany Byers-Draeger)		**7/15/2014 Update** During this reporting period, no individual was transitioned to a more restrictive setting. **9/15/2014 Update** During this reporting period, no individual was transitioned to a more restrictive setting. If someone were to be transitioned to a more restrictive setting, the tasks under Evaluation Criteria 48 to 53 will be fulfilled. **11/17/2014 Update** During this reporting period, one individual was transitioned to a more restrictive setting. The MLB team is currently working with the receiving facility (AMRTC) to fully complete the items in this EC. MLB has requested that the AMRTC team organize a team meeting with the person's guardian and case manager, together with the AMRTC treatment team, to review the PCD, PSTP, and draft Transition Plan. This meeting remains in development. **2/13/2015 Update** The planning for the person transitioned to AMRTC last reporting period is ongoing at AMRTC. A suitable community placement has not yet been secured for the person. MLB remains involved to participate in the development of the transition plan.	**7/15/2014 Update** Next Steps: Continue ensure compliance. **9/15/2014 Update** Next Steps: Continue to be aware of to where persons are transitioning, so the tasks in ECs 48 to 53 can be fulfilled for all individuals as they choose / prefer. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**7/15/2014 Update** Incomplete **9/15/2014 Update** Complete **11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved 8/31/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			During this reporting period, no individual was transitioned to a more restrictive setting. If someone were to be transitioned to a more restrictive setting, the tasks under Evaluation Criteria 48 to 53 will be fulfilled. **3/16/2015 Update** See 2/13/2015 response. **5/15/2015 Update** See 2/13/2015 response. MLB remains involved in the transition planning at AMRTC. After using the existing transition plan document for more than a year, the MLB Clinical Team has identified strengths, weaknesses, and ways the plan could be improved to function optimally. A draft revised template was sent to the Court Monitor and Parties on March 16, 2015. Edits based on comments received are in progress.		
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.	MN Life Bridge Clinical Director (Tim Moore)	6/30/2014	**5/11/2014 Update** 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. **Ex. 41, Transition Plans for 5 at MSHS-C**	**5/11/2014 Update** Obstacles: Finding or developing sufficient providers willing and trained to serve residents with complex behaviors and needs. Next Steps: Continue actively pursuing appropriate discharges.	**5/11/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update In 5/5 residents at MSHS-Cambridge during this reporting period, the State actively pursued the appropriate discharge in accordance with this EC. 4/5 residents were transitioned out of MSHS-Cambridge on or before 06302014. MN Life Bridge is available to provide support and technical assistance to the individual and their new provider(s). 1/5 residents remains on the MSHS-C campus as of 06302014. Plans for that person's transition are actively being pursued; the Court Monitor receives regular updates (often daily) on the status of the efforts to complete the transition. Part of the MSHS-C / MNLB transition process includes a review with the individual at 45 days after transition. The Therapeutic Follow-up Team tracks individuals to ensure they are receiving services according to the JSA and CPA. While the Department believes it is demonstrating compliance with the transition planning of Facility residents, the Court Monitor's Report to the Court: Community Compliance Review of June 20, 2014, (Doc 313) found the State to be noncompliant.	**7/15/2014 Update** Next Steps: - Continue actively pursuing appropriate discharges and associated resources. - Provide training on JSA requirements to counties, tribes, health plans, and providers. - Discuss options for the State to better address this EC, including, as an option, seeking approval for modification of the Olmstead Plan.	**7/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			The Department filed a response on July 3, 2014 (Doc 324) with its position regarding the Court Monitor's report and examples of how it plans to strengthen the monitoring and oversight of counties. **Ex. 87 - 92, Planning Documents** **9/15/2014 Update** 1 individual remained at MSHS-Cambridge during most of this reporting period. The State actively pursued the appropriate discharge in accordance with this EC. Plans for that person's transition were actively pursued; the Court Monitor received regular updates (often daily) on the status of the efforts to complete the transition. 1 resident was transitioned out of the MnLB Stratton Lake Home during this reporting period. MnLB and CSS are available to provide support and technical assistance to the individual and their new provider(s). Part of the MSHS-C / MNLB transition process includes a review with the individual at 45 days after transition. Part of an email received in August 2014 from a former client reads, "Thanks so much for your time for helping me through my meetings. I will be working at XX doing the cash register and cleaning. I want to say thanks for everything you did. I will be starting at XX some time this week. I am getting excited to work again. Now I can bring home the money. Now I can go and do some things at different places. .."	**9/15/2014 Update** Next Steps: - Continue actively pursuing appropriate discharges and associated resources. - Follow up with individuals at 45 days post-transition to see how their plan(s) are being implemented, and to make any adjustments needed. - Provide training on JSA requirements to counties, tribes, health plans, and providers. - Discuss options for the State to better address this EC, including, as an option, seeking approval for modification of the Olmstead Plan.	**9/15/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			These are things that were important to this individual. Documentation is stored at the residential setting where the person received services. **11/17/2014 Update** One individual moved from the Stratton Lake home to the Broberg's Lake home during this reporting period. Part of the MLB transition process includes a review with the individual at 45 days after transition. Documentation is stored at the residential setting where the person received services. **2/13/2015 Update** Planning for transitions is part of the MLB program. There were no transitions out of MLB during this reporting period. ECMSOCS is considered the residents' home, so there is less emphasis on transition planning there. **3/16/2015 Update** See 2/13/2015 response. **5/15/2015 Update** There was one transition out of and one admission to Stratton Lake during March 2015. There were two transitions out of Broberg's Lake during April 2015. Part of the MLB transition process includes a review with the individual at 45 days after transition. There were no changes in residents of East Central during this reporting period.	**11/17/2014 Update** Next Steps: - Continue actively pursuing appropriate discharges and associated resources. - Provide training on JSA requirements to counties, tribes, health plans, and providers. **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 11/17/2014 response.	**11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved 8/31/2014

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	**5/11/2014 Update** 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.	**5/11/2014 Update** Obstacles: Finding or developing sufficient providers willing and trained to serve residents with complex behaviors and needs. Next Steps: Continue actively pursuing appropriate discharges.	**5/11/2014 Update** Incomplete
			7/15/2014 Update There were no new admission to MSHS-Cambridge for this reporting period. The one individual remaining at MSHS-Cambridge has a transition plan, which is reviewed and updated regularly as planning for transition continues.	**7/15/2014 Update** Next Steps: Continue to ensure compliance.	**7/15/2014 Update** Complete
			9/15/2014 Update There were no new admissions to MSHS-Cambridge for this reporting period. The final individual remaining at MSHS-Cambridge had a transition plan, currently stored in Op Central at MSHS-Cambridge, which was reviewed and updated regularly as planning for transition continues, and was implemented when he moved to the community on 8/29/2014.	**9/15/2014 Update** Next Steps: - Verify the MSHS-Cambridge program is de-licensed. - As needed / requested, follow up on individuals formerly served at MSHS-Cambridge to verify their transition plan is working, or if there needs to be adjustments.	**9/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 6/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			11/17/2014 Update The MSHS-Cambridge program is de-licensed. A search of the DHS Licensing Look-Up database returns "Minnesota Specialty Health System Cambridge Certificate status: Closed".	**11/17/2014 Update** Next Steps: - As needed / requested, follow up on individuals formerly served at MSHS-Cambridge to verify their transition plan is working, or if there needs to be adjustments.	
			2/13/2015 Update The MLB program continues to complete a draft transition plan within 30 days of admission. The MLB transition process continues to include a review with the individual at 45 days after transition. **3/16/2015 Update** **5/15/2015 Update** See 2/13/2015 response.	**2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 11/17/2014 response.	
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	**5/11/2014 Update** 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.	**5/11/2014 Update** 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.	**5/11/2014 Update** Incomplete
			7/15/2014 Update During this reporting period, no individual was transitioned to a more restrictive setting.	**7/15/2014 Update** Next Steps: Continue to ensure compliance.	**7/15/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update Part of the MSHS-C / MNLB transition process includes a review with the individual at 45 days after transition.	**9/15/2014 Update** Next Steps: Continue to provide the same person-centered and transition planning to all individuals served, regardless of where they may be required to enter or where they may choose to live.	**9/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 6/30/2014
			11/17/2014 Update During this reporting period, no individual was transitioned to a correctional setting. One person was transitioned to a more restrictive hospital setting at AMRTC. The transition back to a community setting for that person remains in process and MLB remains involved with the team at AMRTC and is awaiting an invitation to a full team meeting with guardian and case manager to review and update the transition plan. **2/13/2015 Update** During this reporting period, no one transitioned to a correctional setting. **3/16/2015 Update** See 2/13/2015 response.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** See 9/15/2014 response.	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			5/15/2015 Update One individual who had been receiving services at Broberg's Lake went through a competency restoration program to determine the ability to stand trial for alleged felonies. That individual had a hearing on April 16, 2015, and was found competent and immediately transitioned to a detention facility. MLB intends to continue to follow the individual through the legal process and provide transition planning assistance per the CPA until the individual is back in the community.	**5/15/2015 Update** Next Steps: - See 9/15/2014 response. - Follow up with transition planning assistance for individual in detention facility.	
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.	MN Life Bridge Clinical Director (Tim Moore)	12/31/2013	**5/11/2014 Update** 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. **7/15/2014 Update** In 5/5 instances at MSHS-C, 2/2 instances at MN Life Bridge, and 3/3 instances at East Central MSOCS, the individual, the individual's family and/or legal representatives were invited 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. Some individuals' planning process included more involvement by family and/or legal representatives than others.	**5/11/2014 Update** Next Steps: Continue to ensure compliance. **7/15/2014 Update** Next Steps: Continue to ensure compliance.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update In 1/1 instances at MSHS-C, 5/5 instances at MN Life Bridge, and 3/3 instances at East Central MSOCS, the individual, the family and/or legal representatives were invited 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. There are varying amounts of family involvement in the lives of the individuals served, and in participating in these processes.	**9/15/2014 Update** Next Steps: - Continue to have the individual involved in the team evaluation, decision making, and planning process to the greatest extent practicable - Continue to invite the individual's family and /or legal representative(s) to be involved in those activities - Find out and use the preferred communication method(s)	
			11/17/2014 Update For 5/5 people receiving services from MN Life Bridge, and 3/3 instances at East Central MSOCS, the individual, the family and/or legal representatives were invited 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.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			2/13/2015 Update During November, for 4/4 people receiving services at MLB homes, and 3/3 residents at East Central MSOCS, the individual, the family and/or legal representatives were invited 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. **3/16/2015 Update** During this reporting period, for 6/6 people receiving services at MLB homes, and 4/4 residents at ECMSOCS, the individual, the family, and/or legal representatives were invited to be involved in the team evaluation, decision making, and planning process to the greatest extent practicable, using whatever communication method he/she/they prefer. **5/15/2015 Update** During this reporting period, for 7/7 people receiving services at MLB homes, and 4/4 residents at East Central, the individual, the family, and/or legal representatives were invited to be involved in the team evaluation, decision making, and planning process to the greatest extent practicable, using whatever communication method he/she/they prefer.		
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	MN Life Bridge Clinical Director (Tim Moore)	12/31/2013	**5/11/2014 Update** See response for EC 49.	**5/11/2014 Update** Next Steps: Continue to ensure compliance.	**5/11/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
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.			**7/15/2014 Update** The process of inclusion in the team evaluation, decision making, and planning process continues. **9/15/2014 Update** It continues to be current practice and process to find out who the individual wants to invite to be part of their person-centered planning process, and to invite, encourage, and welcome their participation. Documentation of the process and of the individual's choices for participants is stored in the individual's record, at their residential setting. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**7/15/2014 Update** Next Steps: Continue to ensure compliance. **9/15/2014 Update** Next Steps: - Continue to get input from the individual on who they want to invite to be involved in their person-centered planning and decision making - Continue to permit, encourage, and welcome involvement from family and legal representatives - Continue to allow in-person or alternate means of attendance at planning and evaluation meetings **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2013
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	MN Life Bridge Clinical Director (Tim Moore)	12/31/2013	**5/11/2014 Update** This has been and will continue to be current practice in Minnesota. **Ex. 9, Sample Portfolio Documents** **Ex. 14, Picture of Life**	**5/11/2014 Update** Next Steps: Continue to ensure compliance.	**5/11/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
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.			**7/15/2014 Update** This has been and will continue to be our current practice. **9/15/2014 Update** It continues to be current practice and process to invite and encourage the individual to participate in and take leadership in the person centered planning processes whenever possible and then the individual want this. As individuals become more familiar with the process, they are often more comfortable with taking more of a leadership role in their planning. Documentation of the planning process and the individual's choices for participants and participation is stored in the individual's record, at their residential setting. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**7/15/2014 Update** Next Steps: Continue to ensure compliance. **9/15/2014 Update** Next Steps: - Continue to invite and encourage the individuals to participate in and take leadership in their person-centered planning processes - Continue to assist in development and enrichment and implementation of their plans - Continue to document their choices and preferences **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2013
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.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)	9/30/2014	**5/11/2014 Update** **T**he 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.	**5/11/2014 Update** Next Steps: Continue to ensure compliance.	**5/11/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			Ex. 9, Sample Portfolio Documents **Ex. 14, Picture of Life** **Ex. 42, Example of DHS 6622 CSSP Addendum** **7/15/2014 Update** In 6/7 instances at MSHS-C / MN Life Bridge, person centered planning principles were used to facilitate the identification of the resident's specific interests, goals, likes and dislikes, abilities and strengths and support needs. In 1/7 instances, a new client was admitted on 6/30/2014; PCP principles are being used to facilitate the identification of the resident's specific interests, goals, likes and dislikes, abilities and strengths and support needs. **Ex. 73, Template - PCD Picture of A Life** **Ex. 74, Template - PCP Format and Profile** **Ex. 78, Template - PCD Picture of A Life** **Ex. 87 - 92, Planning Documents** **Ex. 110 - 112, Planning Documents** **9/15/2014 Update** In 1/1 instances at MSHS-C, 5/5 at MnLB Stratton Lake, and 3/3 at East Central MSOCS, person centered planning principles were used to facilitate the identification of the individual's specific interests, goals, likes and dislikes, abilities and strengths and support needs. The profiles and person-centered plans are stored at the individual's residential setting. **Ex. 113-117 Plans for clients**	**7/15/2014 Update** Next Steps: Continue to ensure compliance. **9/15/2014 Update** Next Steps: Continue to use person-centered planning principles to facilitate the identification of interests, goals, likes and dislikes, abilities, strengths, and support needs of people served by MnLB.	**7/15/2014 Update** Incomplete **9/15/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			11/17/2014 Update For 4/4 individuals at MLB Stratton Lake, 2/2 at MLB Broberg's Lake, and 3/3 at East Central MSOCS, person centered planning principles were used to facilitate the identification of the individual's specific interests, goals, likes and dislikes, abilities and strengths and support needs. The profiles and person-centered plans are stored at the individual's residential setting. **Ex. 125 - 129, Plans for clients** **2/13/2015 Update** In November, for 2/2 individuals at MLB Stratton Lake, 2/2 at MLB Broberg's Lake, and 3/3 at ECMSOCS, person centered planning principles were used to facilitate the identification of the individual's specific interests, goals, likes and dislikes, abilities and strengths and support needs. The profiles and person-centered plans are stored at the individual's residential setting. **Ex. 152 - 160, Plans for clients** **3/16/2015 Update** In this reporting period 6/6 individuals living in MLB homes, and 4/4 at ECMSOCS, person centered planning principles were used to facilitate the identification of the individual's specific interests, goals, likes and dislikes, abilities and strengths and support needs.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved 8/31/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			5/15/2015 Update For 7/7 MLB clients, and 4/4 East Central residents, person centered planning principles were used to facilitate the identification of the individual's specific interests, goals, likes and dislikes, abilities and strengths and support needs.		
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	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)	8/31/2014	**5/11/2014 Update** 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. **7/15/2014 Update** This has been and will continue to be our current practice. Person-centered planning tools and documentation have been updated to better reflect current best practices and this Comprehensive Plan of Action.	**5/11/2014 Update** 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. Next Steps: Continue to ensure compliance. **7/15/2014 Update** Next Steps: Engage in bridge-building activity with each person in their future home community, traveling from Cambridge as often as is	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
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.			None of the individuals served at MSHS-C during this reporting period currently has an individual in a freely-given relationship participating on their team. This reflects the considerable need to engage in community bridge-building and relationship development with the people we support. **9/15/2014 Update** Person-centered planning begins at admission, if not before. The plans are developed, refined, and enriched throughout the individual's stay at a MnLB home. The profiles and person-centered plans are stored at the individual's residential setting. **11/17/2014 Update** Individuals are free to choose who they would like to have participate in their person-centered planning process. If they inform MLB / ECMSOCS of a choice, those people will be invited.	feasible to begin creating community connections with and for the person in advance of their transition. **9/15/2014 Update** Next Steps: - Continue enriching the person's plans, activities, supports, and protections. - Continue support for building connections, supports, and protections in the planned future community. - Be prepared to step in as needed after the individual has transitioned to the community to provide supports and/ or referrals as needed. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**9/15/2014 Update** Complete **11/17/2014 Update - 5/15/2015 Update** Maintaining

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			2/13/2015 Update **3/16/2015 Update** **5/15/2015 Update** See 11/17/2014 response.		completion achieved 8/31/2014
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	**5/11/2014 Update** Person centered plans are enriched and moved forward. There are bi-weekly meetings with the resident and their staff to discuss the resident's status. There are monthly meetings with the interdisciplinary team (IDT). 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. **7/15/2014 Update** 5/5 PCPs for people at MSHS-C and 1/2 for people at MN Life Bridge were reviewed and updated at least every 30 days. 1/2 people at MN Life Bridge was admitted on the final day of this reporting period. As plans developed and activities happened for transitioning out of MSHS-Cambridge, more information about the individual and their choices and preferences (important to / important for) were documented.	**5/11/2014 Update** Next Steps: Continue enriching the person's plans, activities, supports, and protections. **7/15/2014 Update** Next Steps: Engage in bridge-building activity with each individual in their future home community, traveling from Cambridge as often as is feasible to begin creating community connections with and for the individual in advance of their transition.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update For 1/1 individuals served at MSHS-C and 5/5 individuals served at MnLB Stratton Lake, each Person-Centered Plan is 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 the individual's new living situation emerge, each plan includes 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. For 3/3 individuals living at East Central MSOCS, plans are reviewed and updated quarterly. Documentation is stored at the individual's residential setting.	**9/15/2014 Update** Next Steps: - Continue enriching the person's plans, activities, supports, and protections. - Continue support for building connections, supports, and protections in the planned future community.	**9/15/2014 Update** Complete
			11/17/2014 Update For 6/6 individuals served at MLB during this reporting period, each Person-Centered Plan is 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 the individual's new living situation emerge, each plan includes 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. For 3/3 individuals living at East Central MSOCS, plans are reviewed and updated quarterly.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved 8/31/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			2/13/2015 Update There were 4 individuals served at MLB and 3 residents at ECMSOCS during this reporting D889period. At MLB, each Person-Centered Plan is 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 the individual's new living situation emerge, each plan includes 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. **3/16/2015 Update** There were 6 individuals served at MLB residential sites and 4 residents at ECMSOCS during this reporting period. See second paragraph in 2/13/2015 response. **5/15/2015 Update** There were 7 individuals served at MLB residential sites and 4 residents at ECMSOCS during this reporting period. At MLB, each Person-Centered Plan is 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 the individual's new living situation emerge, each plan includes 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.		

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			At East Central, each resident's Person-Centered Plan is reviewed and updated quarterly. The residents there consider East Central their home, and very rarely move out.		
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	**5/11/2014 Update** 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.	**5/11/2014 Update** Next Steps: Continue reviewing and revising as necessary forms, procedures, policies, training, daily terminology used to match that required by this Plan.	**5/11/2014 Update** Incomplete
			7/15/2014 Update For 7/7 individuals served at MSHS-C / MN Life Bridge and 3/3 served at East Central MSOCS , information from the person-centered plan informs their transition plan, positive support transition plan (PBS plan), and formal outcomes/goals in the CSSP-A (individual service plan).	**7/15/2014 Update** Next Steps: Continue to evaluate each individual's forms and documentation to ensure compliance with this plan.	**7/15/2014 Update** Incomplete
			9/15/2014 Update For 1/1 individuals served at MSHS-C, 5/5 served at MnLB Stratton Lake, and 3/3 residents living at East Central MSOCS , information from the person-centered plan informs their transition plan, positive support transition plan (PBS plan), and formal outcomes/goals in the CSSP-A (individual service plan).	**9/15/2014 Update** Next Steps: - Continue to use information from the person-centered plan to inform the transition plan, PBS plan, and formal outcomes in the CSSP-A.	**9/15/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
				- Share information as appropriate with the individual's lead agency (county, tribe, or health plan).	
			11/17/2014 Update For 4/4 individuals served at MLB Stratton Lake, 2/2 individuals served at MLB Broberg's Lake, and 3/3 residents living at East Central MSOCS, information from the person-centered plan informs their transition plan, positive support transition plan (PBS plan), and formal outcomes/goals in the CSSP-A (individual service plan). **2/13/2015 Update** There were 4 individuals served at MLB and 3 residents at ECMSOCS during this reporting period. Information from their profile and person centered planning informs their other plans. **3/16/2015 Update** There were 6 individuals served at MLB and 4 residents at ECMSOCS during this reporting period. Information from their profile and person centered planning informs their other plans. **5/15/2015 Update** Information from their profile and person centered planning informs the other plans of the 7 individuals served at MLB and 4 East Central residents during this reporting period. Client plans were provided to the Court Monitor upon request on April 15, 2015.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved 8/31/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
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	**5/11/2014 Update** 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. **Ex. 44, CV and Training Record for the** **7/15/2014 Update** Dr. Danov continues to facilitate all person-centered plans at the Facility. **9/15/2014 Update** Dr. Danov has resigned her position at MN Life Bridge. She has provided training to the clinical team at MnLB and will remain available for consultation about person-centered plans, but will not be able to formally facilitate.	**5/11/2014 Update** Obstacles: There are very few people in Minnesota who could meet the qualification listed here. Next Steps: Continue implementing this Action Item and using person centered planning techniques individualized to the person. **7/15/2014 Update** Obstacles: There are very few people in Minnesota who could meet the qualification listed here. Next Steps: Continue implementing this Action Item and using person centered planning techniques individualized to the person. **9/15/2014 Update** Obstacles: A limited number of qualified candidates are available with the required credentials, and this	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete **9/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			A national search to fill the position will begin in the coming weeks. In the interim, Dr. Moore and others will fill in to make sure tasks are accomplished. **11/17/2014 Update** Amber Maki, BA3, and Dr. Moore have been completing and updating person-centered plans as a replacement for Dr. Danov is recruited and hired. Dr. Shannon Torborg, from the JIO, has been doing assessments and reviews. CSS staff are helping conduct the initial assessments of the therapeutic follow-up group. Other staff from MLB and CSS are assisting by doing tasks, such as setting up appointments, that Dr. Danov did in the course of her job but that do not require that level of credentials and training. Dr. Moore has not been consistently co-signing PCPs with Maki, though he does review them. Dr. Moore has begun to review and co-sign PCPs. The plans for the clients served are included as Exhibits. Dr. Moore is drafting updates to the position description to more accurately reflect what the person will do. **2/13/2015 Update** DHS Human Resources has not yet approved the person-centered facilitator vacancy previously held by Dr. Stacy Danov. Minnesota Life Bridge has been creating and refining a number of new positions including the vacancy left by Dr. Danov's resignation.	search may take some time. Next Steps: - Begin search for a **11/17/2014 Update** See 9/15/2014 response. **2/13/2015 Update** Obstacles: DHS HR has had a backlog of positions to review, approve, and fill. This position has been one of those in that backlog.	**11/17/2014 Update** Incomplete **2/13/2015 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			This has resulted in a bottleneck of sorts getting positions through the DHS HR hiring process. Minnesota Life Bridge has completed the DHS on-line process to initiate filling the position, with notes on its urgency to fill. Steve Jensen is actively working with Connie Jones, DHS HR Director, to expedite the hiring process. Once DHS Human Resources has approved the position to hire, in addition to the usual recruitment methods, Minnesota Life Bridge will work with Dr. Rick Amado and DHS Human Resources on the identification of national professional journals in which a posting of the position could be included. Both Dr. Tim Moore and Amber Maki have considerable experience in person-centered planning facilitation. In addition, between Dr. Danov's hire and departure dates, on a weekly basis Dr. Moore, with Dr. Danov, conducted a review of PCT practices during clinical meetings for individuals supported by MLB. Prior to her employment with Minnesota Life Bridge, Ms. Maki was responsible for the development of person centered treatment plans at Minnesota Neurorehabilitation Hospital. Documentation was provided to the Court Monitor on Ms. Maki's mentoring by Dr. Danov. DHS will describe this EC as "incomplete" until Minnesota Life Bridge hires a fully qualified replacement for Dr. Danov.	Next Steps: - Continue search for a replacement for Dr. Danov. - Maintain task completion in her absence. - Dr. Moore and Amber Maki are enrolled in the PCT Coaches and Leaders training beginning in January 2015. - Work with Dr. Amado and DHS HR to include a posting of the position in national professional journals.	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			3/16/2015 Update The position of Person Centered Planning Facilitator has been posted and recruitment has begun through DHS Human Resources and professional channels known to Dr. Amado, Dr. Danov, and Dr. Moore. Arriving at this posting included considerable positive and needed work with Human Resources to educate their department leadership and staffing leads about the basics of what PCP is, the expertise required of the person who will fill this role, and the breadth of responsibility the person will assume with respect to Jensen and Olmstead principles and requirements. Ms. Maki and Dr. Moore have begun the PCT Leaders training as of 2/2/15. Until the position is filled, Ms. Maki and Dr. Moore will fulfill the requirements for person-centered planning under the CPA, and DHS will continue to describe this EC as "incomplete" until Minnesota Life Bridge hires a fully qualified replacement for Dr. Danov. **Ex. 183 BA3 Supervisor job posting**	**3/16/2015 Update** Obstacles: This is a national search for a person with a unique skill set. Identifying the right person willing to relocate to MN, or already in MN and ready for a career move, is taking time. Next Steps: - Continue recruitment per HR plan, interview candidates that meet minimum qualifications, and hire the best person for the job - Ms. Maki and Dr. Moore will continue their development in the PCT Leadership process	**3/16/2015 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
				- MLB will encourage Ms. Maki and interested others to continue their progression through training in person-centered processes by considering the training available through the University of Minnesota in PCP Facilitation	
			5/15/2015 Update The BA3 Supervisor (Clinical Coordinator) position was posted. Doctors Amado, Moore, and Danov forwarded the posting information to colleagues and national organizations. For example, Dr. Amado had it posted on the APBS website and sent it to the Learning Community on Person Centered Practices list serve. DHS HR posted the position on the National Association of State Directors of Developmental Disabilities Services site for two weeks. DHS HR attempted to post it on the National Association of States United for Aging and Disabilities site, but received an error message and never got a response to their request for help. Two of the main advertising websites automatically forward DHS job postings to other local community organizations and national sites, including Indeed – currently the most trafficked job website in the country – plus CareerJet, SimplyHired, TopUSAjobs, and ZipRecruiter. DHS also shared the opening on its social media via Facebook, LinkedIn, and Twitter.	**5/15/2015 Update** Next Steps: - Mike Sherman will participate in new hire orientation and training, and begin assuming responsibility for PCP and associated capacity building during May 2013. - Ms. Maki and Dr. Moore will continue their development in the PCT Leadership process, and lead the team of PCT Leaders and Coaches at MLB.	**5/15/2015 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			A Person Centered Planning Facilitator has been hired who fully meets the qualifications in this EC. Mike Sherman began employment with MLB on 4/22/2015. He will be responsible for all person-centered planning activity and staff capacity building within MLB, will be available to participate as requested in any Jensen settlement activities, and will be available to advise policy decisions related to person-centered planning across DHS Direct Care and Treatment. **Ex 189 Mike Sherman resume**		
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	**5/11/2014 Update** Staff learning and professional development planning is under review to assure compliance with the Plan. **7/15/2014 Update** Dr. Danov serves as the facilitator of Person Centered Processes at the Facility. Her annual learning and professional development plan is being developed to include the requirements of this EC. She continues to attend professional conferences including the annual convention of the Association for Positive Behavior Support in March 2014 (Chicago, IL). **Ex. 93, Updated Prof Dvmt Plan for BA3**	**5/11/2014 Update** Next Steps: Complete the review of staff learning and development planning practices for compliance with this Plan. **7/15/2014 Update** Next Steps: - Continue to develop the annual learning and professional development plan. - Continue to support and facilitate Dr. Danov's attendance at professional conferences.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update Staff learning and professional development planning will continue, to assure compliance with the Plan. Dr. Moore and qualified others will cover Dr. Danov's responsibilities for now. Staff learning and professional development plans are stored at Op Central or the residential setting they are based out of.	**9/15/2014 Update** Next Steps: - Continue to cover Dr. Danov's responsibilities until a replacement is hired and trained.	**9/15/2014 Update** Complete
			11/17/2014 Update Staff learning and professional development planning continues, to assure compliance with the Plan. Maki's plan also includes maintaining her credential as a Board Certified Behavior Analyst (36 hours every 3 years). Moore's plan also includes maintaining his credential as a Board Certified Behavior Analyst (36 hours every 3 years), and licensure as a psychologist in MN (40 hours every 2 years). Both Maki and Moore are slated to begin the PCT coaches and leaders training process in January 2015. The position description is being reviewed and updated to reflect expectations. The posting for the position has been created. **Ex. 145, Danov resignation** **Ex. 146, Maki resume** **Ex. 147, Moore resume** **Ex. 148, Torborg resume**	**11/17/2014 Update** Obstacles: A limited number of qualified candidates are available with the required credentials, and the search for a replacement may take some time. Next Steps: - Begin search for a replacement for Dr. Danov. - Maintain task completion in during position vacancy.	**11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved 8/31/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			2/13/2015 Update As part of their continued professional development, Dr. Tim Moore and Amber Maki are both enrolled in the PCT Coaches and Leaders training beginning in January 2015.	**2/13/2015 Update** Obstacles: - A limited number of qualified candidates are available with the required credentials, and the search for a replacement may take some time. Next Steps: -Continue process to have position approved to hire and search for a replacement for Dr. Danov. - Maintain task completion during position vacancy.	
			3/16/2015 Update Ms. Maki and Dr. Moore have begun their participation in PCT Leadership training.	**3/16/2015 Update** Next Steps: - Continue process to search for and hire a replacement for Dr. Danov. - Maintain task completion during position vacancy. - Maki and Moore will continue participation in PCT Leadership training.	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			5/15/2015 Update Ms. Maki and Dr. Moore will continue their participation in PCT Leadership training and are leading MLB Leaders and Coaches accordingly. Mike Sherman, the PCP Facilitator who started work at MLB on 4/22/2015, will articulate his 2015-2016 professional development plan prior to the Ninth Compliance Update Report (to be filed July 15, 2015).	5/15/2015 Update Next Steps: - Mr. Sherman's professional development plan will be supported according to this EC as he develops his skills as a PCP professional and emerging leader in the field.	**5/15/2015 Update** 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	**5/11/2014 Update** 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. **Ex. 45, Examples of History Maps** **7/15/2014 Update** Dr. Stacy Danov has been developing PCT training for staff (done in conjunction with training development and updating by the State Operated Services learning and development team) that will further enhance capacity program-wide in this area. **Ex. 94 - 97, Course Descriptions**	**5/11/2014 Update** Next Steps: Continue implementation and compliance. **7/15/2014 Update** Next Steps: - Continue implementation and compliance. - Support Dr. Danov's completion of the PCT curriculum.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update Person centered planning was used to develop plans and to inform support teams of individual life experiences for 1/1 individuals served at MSHS-Cambridge, 5/5 individuals served at MnLB, and 4/4 residents of ECMSOCS. Dr. Danov completed developing the PCT curriculum. It now has a code in the Pathlore training registration system. The MN Life Bridge staff are trained to participate in the person-centered planning process per the requirements of this EC. Documentation (the Training Tracker) is stored at Op Central. **Ex. 121, Training Tracker as of 08312014**	**9/15/2014 Update** Next Steps: Continue to use person centered planning to inform the support team's understanding and analysis of the individual's life experiences.	**9/15/2014 Update** Complete
			11/17/2014 Update Person centered planning was used to develop plans and to inform support teams of individual life experiences for 6/6 individuals served at MnLB, and 4/4 residents of ECMSOCS. See 9/15/2014 response. **2/13/2015 Update** During November 2014, person centered planning was used to develop plans and to inform support teams of individual life experiences for 4/4 individuals served at MLB, and 4/4 residents of ECMSOCS. **3/16/2015 Update** Person centered planning was used to develop plans and to inform support teams of individual life experiences for 6/6 individuals served at MnLB, and 4/4 residents of ECMSOCS.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved 8/31/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			5/15/2015 Update Person centered planning was used to develop plans and to inform support teams of individual life experiences for 7/7 individuals served at MLB, and 4/4 residents of East Central.		
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	**5/11/2014 Update** 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.	**5/11/2014 Update** Next Steps: Continue implementation and revisions as necessary.	**5/11/2014 Update** Incomplete
			7/15/2014 Update For the 10/10 individuals, the profile informed the development of the PCPs.	**7/15/2014 Update** Next Steps: Continue implementation and revisions as necessary.	**7/15/2014 Update** Incomplete
			9/15/2014 Update For the 1/1 individual served at MSHS-C, the 5/5 individuals served at MnLB Stratton Lake, and the 3/3 people living at East Central MSOCS, the profile informed the development of the person-centered plans. Those documents are stored at the residential setting.	**9/15/2014 Update** Next Steps: Continue developing the profile for individuals served, and use that information to inform the development of person-centered plans.	**9/15/2014 Update** Complete
			11/17/2014 Update For the 5/5 individuals served at MLB, and the 3/3 people living at East Central MSOCS, the profile informed the development of the person-centered plans. Those documents are stored at the residential setting. Exhibit 117 contains the plans for people living at ECMSOCS.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			2/13/2015 Update The profile informed the development of the person-centered plans for the individuals served at MLB and the residents of ECMSOCS. **3/16/2015 Update** **5/15/2015 Update** See 2/13/2015 response.		8/31/2014
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	**5/11/2014 Update** 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. **7/15/2014 Update** The forms were revised for compliance with this EC. **9/15/2014 Update** The forms were revised in the last reporting period for compliance with this EC. They reflect a person-centered approach and style as described in this CPA, and objectives are drawn directly from the person-centered description / profile. **11/17/2014 Update** See 9/15/2014 response. **2/13/2015 Update** The revised forms continue to be used.	**5/11/2014 Update** Next Steps: Continue implementation and revisions as necessary. **7/15/2014 Update** Next Steps: Continue implementation and revisions as necessary. **9/15/2014 Update** Next Steps: Continue implementation and revisions as necessary. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete **9/15/2014 Update** Complete **11/17/2014 Update - 5/15/2015 Update** Maintaining completion

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			3/16/2015 Update **5/15/2015 Update** See 2/13/2015 response.		achieved 8/31/2014
51. Each resident has been given the opportunity to express a choice regarding preferred activities that contribute to a quality life.	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	**5/11/2014 Update** 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. **Ex. 9, Sample Portfolio Documents** **Ex. 14, Picture of Life** **Ex. 43, DHS 6810, 6810A, and 6810B** **Ex. 46 Examples of Daily Data Sheets** **Ex. 47, Example of Daily Client Schedule**	**5/11/2014 Update** Next Steps: Continue implementation and revisions as necessary.	**5/11/2014 Update** Incomplete
			7/15/2014 Update 5/5 residents at MSHS-Cambridge and 1/1 resident at Stratton Lake were given opportunities to express their choices regarding their preferred activities - what they feel contributes to a quality life. **Ex. 87 - 92, Planning Documents** **Ex. 98, Daily Schedule and Outcome Data**	**7/15/2014 Update** Next Steps: Continue implementation and revisions as necessary.	**7/15/2014 Update** Complete
			9/15/2014 Update 1/1 individuals at MSHS-Cambridge, 5/5 individuals at Stratton Lake, and 3/3 residents at East Central MSOCS were given opportunities to express their choices regarding their preferred activities - what they feel contributes to a quality life.	**9/15/2014 Update** Next Steps: - Continue implementation and revisions to plans as necessary.	**9/15/2014 Update - 5/15/2015 Update** Maintaining completion

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			Documentation is stored at the residential settings (Op Central, Stratton Lake, or ECMSOCS). **Ex. 113-117 Plans** **11/17/2014 Update** 5/5 individuals served by MLB, and 3/3 residents at East Central MSOCS were given opportunities to express their choices regarding their preferred activities - what they feel contributes to a quality life. Documentation is stored at the residential settings (Op Central, Stratton Lake, or ECMSOCS). **Ex. 125 - 129, Plans** **2/13/2015 Update** All individuals served by MLB and residents of ECMSOCS are given opportunities to express their choices regarding their preferred activities across the day. **Ex. 152-160, Plans** **3/16/2015 Update** **5/15/2015 Update** See 2/13/2015 response.	- MnLB: Continue at least monthly meetings with individuals served to allow them to express choices about their life. - ECMSOCS: Continue at least quarterly meetings with residents to allow them to express choices about their life. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	achieved 6/30/2014
51.1 For each person served at a Facility, the Person-Centered Plan will include preferred activities, areas in which the	MN Life Bridge Clinical Director (Tim Moore) /	6/30/2014	**5/11/2014 Update** See response for EC 51.	**5/11/2014 Update** See response for EC 51.	**5/11/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
person wants to learn and grow, relationships to strengthen, and competencies to learn.	MN Life Bridge Psychologist 3 (Stacy Danov) / MN Life Bridge Program Manager (Tiffany Byers - Draeger)		**7/15/2014 Update** 10/10 PCPs include the clients' preferred activities and choices for their goals and how they want to spend their time. **9/15/2014 Update** 1/1 PCP for the individual served at MSHS-Cambridge, 5/5 PCPs for individuals served at MN Life Bridge, and 3/3 PCPs for individuals served at ECMSOCS include the clients' preferred activities and choices for their goals and how they want to spend their time. Documentation for verification is found in individual plans. **11/17/2014 Update** 5/5 PCPs for individuals served at MN Life Bridge, and 3/3 PCPs for individuals served at ECMSOCS include the clients' preferred activities and choices for their goals and how they want to spend their time. Documentation for verification is found in individual plans. **2/13/2015 Update** During November 2014, person centered plans for 4/4 individuals served at MLB, and 4/4 residents of ECMSOCS include their preferred activities and choices for their goals and how they want to spend their time across the day. **3/16/2015 Update** During this reporting period, person centered plans for 6/6 individuals served at MLB, and 4/4 residents of ECMSOCS include their preferred activities and choices for their goals and how they want to spend their time across the day.	**7/15/2014 Update** See response for EC 51. **9/15/2014 Update** See response for EC 51. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**7/15/2014 Update** Complete **9/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 6/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			5/15/2015 Update During this reporting period, person centered plans for 7/7 individuals served at MLB, and 4/4 residents of East Central include their preferred activities and choices for their goals and how they want to spend their time across the day.		
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	**5/11/2014 Update** See response for EC 51. **7/15/2014 Update** 5/5 individuals at MSHS-C / MN Life Bridge were given frequent daily opportunities to engage in personalized meaningful activities. 5/5 individuals at MSHS-C / MN Life Bridge planned their individual daily activities. **9/15/2014 Update** 1/1 individual at MSHS-C, 5/5 individuals at MnLB Stratton Lake, and 3/3 residents of ECMSOCS were given frequent daily opportunities to engage in personalized meaningful activities. 1/1 individual at MSHS-C, 5/5 individuals at MnLB Stratton Lake, and 3/3 residents of ECMSOCS planned their individual daily activities. **11/17/2014 Update** 5/5 individuals served by MLB, and 3/3 residents of ECMSOCS were given frequent daily opportunities to engage in personalized meaningful activities.	**5/11/2014 Update** See response for EC 51. **7/15/2014 Update** Next Steps: Continue implementation and revisions as necessary. **9/15/2014 Update** Next Steps: Continue implementation and revision of plans as necessary to document and provide frequent daily opportunities to engage in activities meaningful to the individual. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Complete **9/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 6/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			5/5 individuals served by MLB and 3/3 residents of ECMSOCS planned their individual daily activities. **2/13/2015 Update** 4/4 individuals served by MLB, and 3/3 residents of ECMSOCS were given frequent daily opportunities to engage in personalized meaningful activities. 4/4 individuals served by MLB and 3/3 residents of ECMSOCS planned their individual daily activities. **3/16/2015 Update** 6/6 individuals served by MLB, and 4/4 residents of ECMSOCS were given frequent daily opportunities to engage in personalized meaningful activities. 6/6 individuals served by MLB and 4/4 residents **5/15/2015 Update** 7/7 individuals served by MLB, and 4/4 residents of East Central were given frequent daily opportunities to engage in personalized meaningful activities, and planned their individual daily activities.		
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	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-	10/31/2014	**5/11/2014 Update** 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.	**5/11/2014 Update** Next Steps: Continue to work with providers willing to serve residents with complex behaviors and needs.	**5/11/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
to create the appropriate setting or service using an individualized service design process.	Draeger)		**Ex. 2 - 7, Transition Plans** **Ex. 8, Sample PSTP** **Ex. 41, Transition Plans**	Work with DSD Community Capacity Building team to locate or provide support or assistance to develop new services and new community residences.	
			7/15/2014 Update The language in this EC continues to be the State's goal. The Jensen Implementation Office and Team are working in collaboration with internal and external partners toward this goal. **Ex. 87 - 92, Planning Documents** **Ex. 99, Final Plans** **Ex. 110 - 112, Planning Documents**	**7/15/2014 Update** Next Steps: Continue to work with internal and external partners toward this goal.	**7/15/2014 Update** Incomplete
			9/15/2014 Update Documentation and communication of this goal is found in Bulletins and memos / letters with partners and the public. Another Bulletin, now in planning stages, will provide information on the Therapeutic Follow Up project (EC98), which will be reviewing satisfaction, settings and services.	**9/15/2014 Update** Obstacles: Making timely bids on housing. Next Steps: - Continue to provide information to staff, partners, and the public	**9/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			A workgroup is meeting to develop a plan for statewide training of lead agencies (counties, tribes, health plans), providers, and others interested. Initial plans were presented to the Court Monitor on August 20, 2014. The intent of the training is to provide more information about this goal and what needs to happen. As described elsewhere in this CPA, there is ongoing collaboration with internal and external partners to implement this goal. As individuals were transitioned out of MSHS-Cambridge, the biggest challenge for many was locating housing that would provide an appropriate setting for them. Some of the individuals needed to be in a residential setting where there are no other people receiving services. The housing market in Minnesota has been on an upswing, so several potential houses became unavailable because of the timing of making offers. There are discussions happening on improving that process. As individuals have developed their plans, they also decide the characteristics they want in their staff, and they often develop and provide training for their staff on their plans, choices, and preferences. Services are located or developed to meet the needs and choices of the individuals. For example, at least 2 discharges during this reporting period were demonstrative of ways to meet this goal - from the unique customized supports developed in Fulda, MN to an individual choosing his own home and staff in Brainerd, MN.	on the JSA. - Continue to stress the necessity of identification of customized supports, driven by the PCP that was developed by the individual. - Continue meetings and collaboration with MnLB and CSS to best develop and support service planning and integrated settings and services, and to triage contacts. - Develop and implement a training plan for lead agencies with responsibilities for case management.	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			11/17/2014 Update The Bulletin on the Successful Life Project has been drafted and is in the review phase. Plans for statewide training on the Jensen Settlement Agreement and Comprehensive Plan of Action have been created and shared with the Court Monitor. There was a videoconference on 10/2/2014, available live in Saint Paul, by videoconference, and by streaming on the web, on the JSA and County case managers and providers received the names of the Jensen Class members and people served at MSHS-Cambridge that they provide services to. Updated information has been provided as appropriate from the county on the individuals' addresses, current case manager, and services. Affordable appropriate housing continues to be challenging to locate. **Ex. 125 - 129, Plans**	**11/17/2014 Update** See 9/15/2014 response.	**11/17/2014 Update** Incomplete
			2/13/2015 Update For people supported in the MLB program, efforts are underway to develop a single-person living arrangement in the community, that does not currently exist, and is created to with their preferences in mind, including the hiring of staff. This work is collaborative across the interdisciplinary teams and the receiving providers.	**2/13/2015 Update** See 9/15/2014 response.	**2/13/2015 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			For 2/4 people a home with housemates is being sought, per the preference of the MLB residents themselves. The residents are active in exploring their potential/new communities. **Ex. 152-160, Plans** **3/16/2015 Update** For people supported in the MLB program, efforts are underway to identify and/or create living arrangements that correspond to their preferences. For 2/6 people we are working to develop single-person living arrangements in communities of their preference, that do not currently exist, and are created with their preferences in mind, including the hiring of staff. For 2/6 people we are working with them to identify living arrangements with housemates, according to their personal preferences. For 2/6 people who are newer to the MLB program we are assisting them to explore community living options as they decide what they would prefer. This work is collaborative across the interdisciplinary teams and the receiving providers. 6/6 MLB residents are active in exploring their potential and/or new communities. DHS is developing a proposal for a Jensen Community of Practice, to offer a conduit for sharing information about the JSA and CPA, initially for those people who are case manager to one or more Successful Life Project *members.*	**3/16/2015 Update** See 9/15/2014 response.	**3/16/2015 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			5/15/2015 Update For 2/6 current (as of 4/30//2015) MLB residents we are working to develop single-person living arrangements in communities of their preference, that do not currently exist, and are created with their preferences in mind, including the hiring of staff. For 4/6 people we are working with them to identify living arrangements with housemates, according to their personal preferences. 5/6 MLB residents are active in exploring their potential and/or new communities. 1/6 residents, our most recent admission to the program, is interested in exploring a move back to his hometown of St. Louis, MO.	**5/15/2015 Update** See 9/15/2014 response.	
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.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger) / MN Life Bridge Psychologist 3 (Stacy Danov)	8/31/2014	**5/11/2014 Update** There are monthly IDT meetings, and bi-weekly meetings with the person and their staff. 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. Efforts are made to "show" a person services similar to their PCP or similar to meet their needs.	**5/11/2014 Update** Next Steps: Continue to have residents actively involved in PCP and making choices of services, supports, and settings. Continue to work with providers willing to serve residents with complex behaviors and needs.	**5/11/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			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. **7/15/2014 Update** The actions and activities described above continue.	Work with DSD Community Capacity Building team to locate or provide support or assistance to develop new services and new community residences. **7/15/2014 Update** Next Steps: - Continue to have individuals actively involved in PCP and making choices of services, supports, and settings. - Continue to work with providers willing to serve individuals with complex behaviors and needs. - Continue to collaborate with DSD Community Capacity Building team and DC&T Community Support Services to locate or provide services, support, or assistance to develop new services and new community residences.	**7/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update There are monthly IDT meetings, and bi-weekly meetings with the person and their staff (Positive Behavioral Support Review). Plans include the person's 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. Efforts are made to "show" a person services similar to those identified in their PCP or similar 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. They had opportunities to visit the town and get to know it a bit. The one individual who has transitioned out of MN Life Bridge transitioned back to her existing home and was active in training her incumbent staff in the life she chose to live and the supports necessary for her to achieve that life. **11/17/2014 Update** See 9/15/2014 response.	**9/15/2014 Update** Next Steps: - Continue to have individuals actively involved in PCP and making choices of services, supports, and settings. - Continue to work with providers willing to serve individuals with complex behaviors and needs. - Continue to stress the necessity of identification of customized supports, driven by the PCP that was developed by the individual. - Continue to collaborate with DSD Community Capacity Building team and DC&T Community Support Services to locate or provide services, support, **11/17/2014 Update** See 9/15/2014 response.	**9/15/2014 Update** Complete **11/17/2014 Update -**

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			2/13/2015 Update MLB policy includes reviewing and updating plans monthly. 3/3 individuals served at MLB in November 2014 and 4/4 in December 2014 have been offered the opportunity to explore their future or potential future home communities to identify places they find of value in a home community, and to generate an impression of the community prior to committing to relocating there. ECMSOCS policy includes reviewing and updating plans quarterly. **3/16/2015 Update** 6/6 individuals served at MLB have been offered the opportunity to explore their future or potential future home communities to identify places they find of value in a home community, and to generate an impression of the community prior to committing to relocating there. **5/15/2015 Update** 7/7 individuals served at MLB during March and April 2015 have been offered the opportunity to explore their future or potential future home communities to identify places they find of value in a home community, and to generate an impression of the community prior to committing to relocating there.		**5/15/2015 Update** Maintaining completion achieved 8/31/2014

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	**5/11/2014 Update** 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. **7/15/2014 Update** The resources of DHS are available to address each individual's Person Centered Plan. MSHS-C/ MN Life Bridge and CSS staff remain involved post-transition with MSHS-C residents when needed to ensure robust supports, working collaboratively with community-based providers. **9/15/2014 Update** The resources of DHS are available to address each individual's Person Centered Plan. If an existing service or living situation is identified and selected by the individual with assistance from the support team, alterations, enhancements, and additional supports are added as appropriate to	**5/11/2014 Update** Next Steps: Continue to work with providers willing to serve residents with complex behaviors and needs. **7/15/2014 Update** Next Steps: Continue to work with providers willing to serve residents with complex behaviors and needs. **9/15/2014 Update** Next Steps: - Continue to work with providers willing to serve individuals with complex behaviors and needs	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete **9/15/2014** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			ensure robust community supports which meet the essential needs for assistance, structure, and support as outlined in the Person-Centered Plan. MN Life Bridge and CSS staff remain involved post-transition with people who were served at MSHS-C as needed and as the individual chooses, to ensure the setting and services are working for the individual. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	- Continue to provide assistance and technical expertise as needed for successful transitions - CSS will continue to have available training, mentoring, and coaching to support providers. - Continue to stress the necessity of identification of customized supports, driven by the PCP that was developed by the individual. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**11/17/2014 Update - 5/15/2015 Update** Maintaining completion since 8/31/2014
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	6/30/2014	**5/11/2014 Update** 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	**5/11/2014 Update** Obstacles: A potential obstacle is the availability of a structure or trained staff.	**5/11/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
	Coordinator (substitute: Tiffany Byers-Draeger)		an individualized service design process.	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.	
			7/15/2014 Update In 1/6 instances a unique single-site community residence was developed to meet the individual's needs. In 1/6 instances a unique single-site community residence is in development to meet the individual's needs. In 4/6 instances the individuals moved to a site with unique features distinctive to their needs. These were all well planned and individualized and are settings with which the individuals are pleased and do not object. - One individual moved to a duplex with another young woman with similar tastes and interests, picked because of high quality staff and location access for the community.	**7/15/2014 Update** Obstacles: Timely training of staff to meet needs. Next steps: - Continue to have individuals participate in training their staff. - Finalize transition to the community for the remaining individual.	**7/15/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			- One individual moved to a setting with a provider with a unique interpreter availability and with a unique payment for services due to his personal circumstance. - One individual had a new home developed and uniquely designed with the individual in mind, with the advantage that the individual had previously been supported by the provider who knows the individual well from the past and who the individual chose over others because of the positive relationship with them. - One individual's new home became a good fit for its location and what was important to the individual related to family dynamics. The home is shared with just 2 other young adults and is well staffed with very capable staff. **9/15/2014 Update** The final individual moved from MSHS-C to a one-person setting in the area of choice for that individual. The individual had been very involved in deciding what they wanted in their residential setting, and what they want their life to be like. One individual served at MnLB Stratton Lake returned to their previous residence, which was a one-person setting. Their staff received additional training in providing services to that individual while the individual was at MnLB Stratton Lake.	**9/15/2014 Update** Next steps: - Continue to stress the necessity of identification of customized supports, driven by the PCP that was developed by the individual. - Continue to have individuals participate in training their staff.	**9/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 6/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			Both of these people participated heavily in the person-centered planning process and in training their staff on their desired life and the supports needed to achieve that life. Services are located or created, using an individualized service design process. **11/17/2014 Update** The search for appropriate / optimum providers and the provision of support and training to current providers is part of the process, as needed. 2/4 individuals currently (at the end of this reporting period) served by MLB are in process of working with MSOCS to develop unique 1-person homes. The other two individuals have recently begun exploring their options and are seeking arrangements that fit with their increasing understanding of their preferences for home, community, and staffing. **2/13/2015 Update** 3/4 MLB clients are seriously exploring options for homes of their own. One person will be new to living in the Twin Cities, and has been exploring the area in recent months in conjunction with trips to his/her weekly NAMI support group in Minneapolis. Another person is awaiting construction to be completed on a new home in North Branch, MN. The fourth person was admitted in mid-December and was not at the point of treatment to develop transition plans.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			3/16/2015 Update 2/6 MLB residents are seriously exploring options for homes of their own. One person will be new to living in the Twin Cities, and has been exploring the area in recent months in conjunction with an interest in records/record stores and the artistic community. Another person is awaiting construction to be completed on a new home in North Branch, MN. In the meantime this person continues to explore this community. This person is offered the opportunity to make personal connections in the community according to interests, and has been clear with staff that the person prefers not to at this time. **5/15/2015 Update** For the 2/6 MLB residents who were awaiting identification or completion of homes of their own at the beginning of April 2015: - One who wishes to live in Minneapolis has identified a provider to work with who has recently found a home for purchase that appears to suit her preferences. The county and the provider are working out financial details. Once the home is purchased and needed updates/renovations are made or are well underway, the individual will be involved in hiring her staff. She has been visiting the area to explore businesses and leisure opportunities.		

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			- The resident who will be moving to North Branch is awaiting the beginning of the hiring process now that the construction updates are complete. She continues to build a relationship with the new home supervisor through regular visits, and continues to prefer not to build community connections in North Branch at this time.		
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	**5/11/2014 Update** 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. **7/15/2014 Update** 5/5 individuals served at MSHS-Cambridge, 2/2 people served by MN Life Bridge, and 3/3 people served at ECMSOCS have had opportunities consistent with this EC. An individual was admitted to Stratton Lake on June 30, 2014 (making the census there 2). It was a shorter preparation time than is optimum, but the team worked together to make the admission happen. An individual was admitted to ECMSOCS on June 30, 2014. **9/15/2014 Update** 1/1 individuals served at MSHS-Cambridge, 2/5 people served by MN Life Bridge, and 3/3 people served at ECMSOCS have had opportunities consistent with this EC.	**5/11/2014 Update** Next Steps: Continue implementation. **7/15/2014 Update** Next Steps: Continue implementation. **9/15/2014 Update** Next Steps: - Continue to research potential living situations for individuals who need that	**5/11/2014 Update** Incomplete **7/15/2014 Update** Complete **9/15/2014 Update - 5/15/2015 Update** Maintaining

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			These opportunities have been helpful to the individuals to learn how much their choices are valued, and to see options and make plans and decisions. The other 3/5 people receiving services at MnLB were recently admitted and will have opportunities consistent with this EC as their situation stabilizes and their transition planning continues to be developed and enriched. Documentation of efforts is available in the individuals' record at their residential setting. **11/17/2014 Update** 5/5 people served by MLB and 3/3 people who live at ECMSOCS have had opportunities consistent with this EC as their transition process progresses. These opportunities have been helpful to the individuals to learn how much their choices are valued, and to see options and make plans and decisions.	- Continue providing opportunities for the individual and the support team as appropriate to 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. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	completion achieved 6/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			2/13/2015 Update All people served by MLB and residents of ECMSOCS have had opportunities consistent with this EC as their transition process progresses. These opportunities have been helpful to the individuals to learn how much their choices are valued, and to see options and make plans and decisions. **3/16/2015 Update** **5/15/2015 Update** See 2/13/2015 response.		
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	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger)	6/30/2014	**5/11/2014 Update** 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. **7/15/2014 Update** 5/5 transition plans for people served at MSHS-Cambridge and 2/2 transition plans for people served at MN Life Bridge / Stratton Lake address the elements of this EC. **9/15/2014 Update** The forms for transition planning were reviewed earlier this year. Forms and practices were revised to more clearly address the items listed in this EC. These items are now included as part of the transition summary and transition practices and process. The Exhibit with the most recent transition documents is referenced here.	**5/11/2014 Update** Next Steps: Continue implementation. Review and revise forms and practices as necessary. **7/15/2014 Update** Next Steps: - Continue implementation. **9/15/2014 Update** Next Steps: - Continue the creation and development of transition plans, using the revised forms, and clearly address the items listed in this EC.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Complete **9/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 6/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
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.			**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	- Continue to stress the necessity of identification of customized supports, driven by the PCP that was developed by the individual. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	
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	**5/11/2014 Update** 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. **7/15/2014 Update** 10/10 transition plans include the elements of EC 52.5.	**5/11/2014 Update** Next Steps: Continue implementation. Review and revise forms and practices as necessary. **7/15/2014 Update** Next Steps: Continue implementation. Review and revise forms and practices as necessary.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update 1/1 transitions plans of people served at MSHS-C and 5/5 transition plans of people served at MnLB include the elements of EC 52.5. People residing at East Central MSOCS consider that their home. Generally, there is less emphasis on transition-out planning for these individuals because of that consideration. Documentation for verification is found in individual plans. **11/17/2014 Update** 5/5 transition plans of people served at MLB include the elements of EC 52.5. People residing at East Central MSOCS consider that their home. Generally, there is less emphasis on transition-out planning for these individuals because of that consideration. Documentation for verification is found in individual plans. **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 11/17/2014 response.	**9/15/2014 Update** Next Steps: Continue the creation and development of transition planning and plans for individuals served, including the elements included in this EC. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**9/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 6/30/2014
53. The provisions under this Transition Planning Section have been implemented in accord with the *Olmstead* decision.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator	8/31/2014	**5/11/2014 Update** Interaction between the Jensen Implementation Office and the Olmstead Implementation Office occurs on an ad hoc basis, as well as at regularly scheduled meetings.	**5/11/2014 Update** Next Steps: Continue to implement this Transition Planning Section in accord with the *Olmstead* Plan.	**5/11/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
	(substitute: Tiffany Byers-Draeger) / MN Life Bridge Operations Manager (Mark Brostrom)		Future revisions to the Olmstead Plan will be reviewed and addressed as needed. **Ex. 9, Sample Portfolio Documents** **Ex. 41, Transition Plans** **7/15/2014 Update** 5/5 individuals served at MSHS-Cambridge, 2/2 individuals served at MN Life Bridge, and 3/3 individuals served at ECMSOCS have been provided opportunities to be served in the most integrated setting in accord with the Olmstead decision. **Ex. 87 - 92, Planning Documents** **Ex. 99, Final Transition Plans** **Ex. 110 - 112, Planning Documents** **9/15/2014 Update** 1/1 individuals served at MSHS-Cambridge, 5/5 individuals served at MN Life Bridge, and 3/3 individuals served at ECMSOCS have been provided opportunities to be served in integrated settings in accord with the Olmstead decision. DHS continues to work with current and potential providers to expand the capacity of the service system. Documentation is stored in the individual's record. **Ex. 113-117 Plans**	There is a next iteration of the Olmstead Plan due out this summer. **7/15/2014 Update** Next Steps: Continue to implement Transition Planning in accord with the Olmstead decision. **9/15/2014 Update** Next Steps: - Continue to implement Transition Planning and provide opportunities to be served in integrated settings in accord with the Olmstead decision to the extent possible for and according to preferences of that individual. - Continue to stress the necessity of identification of customized supports, driven by the PCP that was developed by the individual.	**7/15/2014 Update** Incomplete **9/15/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			11/17/2014 Update 5/5 individuals served at MN Life Bridge, and 4/4 residents of ECMSOCS are given opportunities to be served in integrated settings in accord with the Olmstead decision. DHS continues to work with current and potential providers to expand the capacity of the service system. Documentation is stored in the individual's record. **Ex. 125 - 129, Plans** **2/13/2015 Update** 4/4 individuals served at MN Life Bridge and 4/4 residents of ECMSOCS were given opportunities to be served in integrated settings in accord with the Olmstead decision. DHS continues to work with current and potential providers to expand the capacity of the service system. Documentation is stored in the individual's record. **Ex. 152-160, Plans** **3/16/2015 Update** All MLB clients and all ECMSOCS residents were given opportunities to be served in integrated settings in accord with the *Olmstead* decision. DHS continues to work with current and potential providers to expand the capacity of the service system. **5/15/2015 Update** See 3/16/2015 response.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved 8/31/2014
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	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge	8/31/2014	**5/11/2014 Update** Any details for a "segregated" setting and objectives for increasing integration are to be included in the person's transition plan.	**5/11/2014 Update** Next Steps: Continue to implement this Action Item.	**5/11/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
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.	Transition Coordinator / MN Life Bridge Operations Manager (Mark Brostrom)		**7/15/2014 Update** 4/4 individuals transitioned from MSHS-Cambridge chose their community setting and transitioned with recommendations for building bridges to the community.	**7/15/2014 Update** Next Steps: Continue to implement this Action Item.	**7/15/2014 Update** Incomplete
			9/15/2014 Update The individuals served are very involved in developing their person centered plans and transition plans. If they choose a "segregated" service, that would be noted in their plan along with objectives to increase social and physical integration in service planning objectives and program planning. Documentation is found in individual plans.	**9/15/2014 Update** Next Steps: - Continue implementation of this EC, providing opportunities for individuals served to review potential living arrangements / settings and providers so they can make an informed choice for their providers, encouraging more integrated settings whenever possible.	**9/15/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
				- Continue to stress the necessity of identification of customized supports, driven by the PCP that was developed by the individual.	
			11/17/2014 Update **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved 8/31/2014
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	**5/11/2014 Update** 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.	**5/11/2014 Update** Next Steps: Continue to implement this Action Item and refine planning for future monitoring efforts.	**5/11/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update Services are adequate and appropriate and carefully monitored for individuals at the Facility. Staff provide transitional requirements, recommendations, training, clinical consultation and supports for people before and after discharge in collaboration with local supports and CSS. A 45 day post-discharge meeting is set and attended by clinical staff to assure that there is continued fidelity to Person Centered processes and positive behavior support plans, and to see if additional training or consultation may be needed.	**7/15/2014 Update** Next Steps: - Continue to implement this Action Item. - Refine planning for future monitoring efforts. - Continue collaboration with CSS and CCB team.	**7/15/2014 Update** Incomplete
			9/15/2014 Update All services provided and planned for, and transitioned into are adequate, appropriate, and carefully monitored. This includes services at the Facility and the new living and working situations	**9/15/2014 Update** Next Steps: - Follow the monitoring frequency for each individual served.	**9/15/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			into which a person is transitioning. The need for and frequency of monitoring is addressed for each individual during planning meetings, and is documented in the plans. There is a 45-day post transition visit with the people who have transitioned from the Facility, to check on how the person is doing and how their plan is being implemented. Transition plans for individuals are available at the setting where they received services (MSHS-Cambridge, Stratton Lake, or ECMSOCS). **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	- Continue collaboration with CSS and CCB team. - Conduct the 45 day post transition from MnLB visits. - Continue to be available to providers and individuals served to consult on the individual's plans and make or suggest adjustments to meet the current needs or preferences of the individual. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved 8/31/2014
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	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)	8/31/2014	**5/11/2014 Update** Plans are being reviewed and revised as needed to **7/15/2014 Update** Services provided are consistent with this EC. Staff from the Facility provide information and assistance to providers for people being DSD offers technical assistance, and CSS provides services to people in the community.	**5/11/2014 Update** Next Steps: **7/15/2014 Update** Next Steps: - Continue to engage in exploration and discovery with each individual, encouraging them to	**5/11/2014 Update** **7/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
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.				- Review plans and revise as necessary to comply with the language in this Plan.	
			9/15/2014 Update Services provided include assisting people to have meaningful roles in community life, civic life, relationships, work and career, home, and areas of personal interest. These areas of engagement are envisioned by the team alongside the individual served, and opportunities are created for this engagement in everyday life. These roles and engagements are and will be consistently identified and addressed within the Person-Centered Planning, Transition, and the Positive Behavior Support Plans development processes. Documentation is stored at the setting where the individual receives services (MSHS-Cambridge, MnLB Stratton Lake, or ECMSOCS).	**9/15/2014 Update** Next Steps: - Continue to engage in exploration and discovery with each individual, encouraging them to experience and engage with different available community opportunities to address all required elements in this EC. - Review plans and revise as necessary to comply with the language in this Plan. - Continue to stress the necessity of identification of customized supports, driven by the PCP that was developed by the individual.	**9/15/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			11/17/2014 Update **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved 8/31/2014
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	**5/11/2014 Update:** All staff training programs and curricula are being reviewed and revised to include a competency evaluation in both knowledge and skills. **7/15/2014 Update** 5/5 PCPs for individuals served at MSHS-Cambridge, 2/2 PCPs for individuals served at MN Life Bridge, and 3/3 PCPs for individuals served at ECMSOCS include the areas of engagement as stated in this EC as a focus for planning and related objectives.	**5/11/2014 Update** Next Steps: Continue to implement this Action Item. Review plans and revise as necessary to comply with the language in this Plan. **7/15/2014 Update** Next Steps: - Continue to engage in exploration and discovery with each individual, encouraging them to experience and engage with different available community opportunities to address all required elements in this EC. - Review plans and revise as necessary to comply with the language in this Plan.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update 1/1 PCP for the individual served at MSHS-Cambridge, 5/5 PCPs for individuals served at MN Life Bridge, and 3/3 PCPs for individuals served at ECMSOCS include the areas of engagement as stated in this EC as a focus for planning and related objectives. **11/17/2014 Update** 5/5 PCPs for individuals served at MN Life Bridge, and 3/3 PCPs for residents of ECMSOCS include the areas of engagement as stated in this EC as a focus for planning and related objectives. **2/13/2015 Update** Person centered plans for individuals served at MLB and residents of ECMSOCS include the specified areas of engagement as a focus for planning and related objectives. **3/16/2015 Update** **5/15/2015 Update** See 2/13/2015 response.	**9/15/2014 Update** Continue to engage in exploration and discovery with each individual, encouraging them to experience and engage with different available community opportunities to address all required elements in this EC. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**9/15/2014 Update** Complete **11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved 8/31/2014
SETTLEMENT AGREEMENT SECTION IX.A. OTHER PRACTICES AT THE FACILITY – STAFF TRAINING					
54. Facility treatment staff received training in positive behavioral supports, person-centered approaches, therapeutic interventions, personal safety techniques, crisis intervention and post crisis evaluation.	MN Life Bridge Operations Manager (Mark Brostrom)	8/31/2014	**5/11/2014 Update** The staff training programs are being reviewed for compliance with this Plan. **Ex. 21, Training Attachment A** **Ex. 48, Description of Training Programs** **Ex. 49, MSHS-Cambridge Training Tracker**	**5/11/2014 Update** Next Steps: Review staff training plans and revise as necessary. Review staff training records to assure compliance.	**5/11/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update Prior to the March 2014 Order, many of these trainings were a one-time session at hire. The 2014 annual retraining has not yet occurred. 46/46 staff had received training in: - positive behavioral supports. - person centered approaches. - personal safety techniques. - crisis intervention and post crisis evaluation. - therapeutic interventions (using the EASE training program). 39/46 staff received the annual EASE retraining in June 2014. - 6/46 staff were out of work on approved leaves during that time and will receive their annual training when they return from leave. - 1/46 staff (the MN Life Bridge Treatment Program Administrator) has not retaken the EASE training. **Ex. 100, Training Tracker**	**7/15/2014 Update** Next Steps: Continue to ensure staff are trained and training is updated according to best practices.	**7/15/2014 Update** Incomplete
			9/15/2014 Update 40/41 active (2 staff on extended leaves -total of 43 employees) staff at MSHS-Cambridge / MN Life Bridge continue to progress on EASE training requirements.	**9/15/2014 Update** Next Steps: - Monitor staff training requirements and fulfillments.	**9/15/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			- 1/41 recently returned from a leave and has been scheduled to continue on with the EASE training. Documentation of staff training is available at Op Central on the Cambridge campus. **Ex. 121, Training Tracker as of 08312014**	- Implement protocol when staff have not completed required training. - Continue to ensure training is updated according to best practices. - Continue to schedule and hold annual training sessions according to the established schedule.	
			11/17/2014 Update 42/48 active (4 staff on extended leaves & 2 staff on light duty assignment not providing direct services-total of 48 employees) staff at MN Life Bridge continue to progress on Annual training requirements. All employees have been scheduled to receive Crisis Intervention/Post Crisis Evaluation and Assessment in October. All employees are currently scheduled to receive Medically Monitored Restraint in November. Therapeutic Intervention/Personal Safety Techniques (EASE) training is planned for all employees in December. If any employee misses a scheduled training or the session is cancelled due to trainer sickness/etc., the employee will be rescheduled in the next available training prior to the end of 2014 if possible. **Ex. 130, Training Tracker as of 10302014**	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** See 9/15/2014 response.	**11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved 8/31/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			2/13/2015 Update DHS has interpreted the "training year" for existing employees as the time period from March 12 to March 11 (based on the CPA date of March 12, 2014). It is expected that existing employees will meet the annual staff training requirements by March 11, 2015. **Ex. 170, Training Tracker as of 12312014** **3/16/2015 Update** 40 TOTAL staff 3/40 staff on extended leave 2/40 staff new in December 2014 2/40 staff new in January 2015 1/40 staff returned part time from extended leave 11/2014 2/40 staff are intermittent - working rarely or no hours As of 2/28/15: 37/40 staff have completed Annual EASE training (not completed: three staff on extended leave) 35/40 staff have completed Annual PBS training (not completed: three staff on extended leave, two intermittent staff) 36/40 staff have complete Medically Monitored Restraint training (not completed: one staff on extended leave, two new employees, 1 staff missed training)		

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			32/40 staff have completed Annual PCT training (not completed: three staff on extended leave, two new employees to be scheduled, one intermittent staff, two staff not all hours recorded/ TBD) 34/40 staff have completed Crisis Intervention and Post Crisis Evaluation (not completed: one staff on extended leave, four new staff, one staff missed training) Some training opportunities have not be been completed, but are scheduled by 3/11/15, for example, the annual PCT training. There are several individual training sessions in the next few weeks. **Ex. 175, Training Tracker as of 02282015** **5/15/2015 Update** To help clarify reporting of required training, the Training Tracker exhibit has been modified from previous iterations that were based on the old institutional list format. Hopefully this will make the Training Tracker easier to read and review. The 04302015 version of the Training Tracker lists those staff that are to be initially and annually trained in JSA / CPA required subjects. As of 04302015, there were 38 people on the list. Two are on leave, two in intermittent status but not working any hours, and one temporarily reassigned to another work area, so the counts provided below reflect the 33 staff who worked in March / April 2015.	**5/15/2015 Update** Obstacles: - The Training Tracker can be confusing. - There are still trainings or competency evaluations that need to be manually entered into the Pathlore system - Data that needs to be manually entered is not always entered immediately Next Steps: - See 9/15/2014 response	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			During the training year of 1/1/2014 to 3/11/2015, the end results of required annual training as documented in the Training Tracker as of April 30, 2015, includes: ▪ 32/33 staff providing direct cares completed 16 hours of EASE 1/1/2014 – 3/11/2015 (one person was not working for much of 2014, had 8 hours of training in October 2014 and more in May 2015). ▪ 31/33 direct care staff have completed Annual PBS training (two are marked "ok" = two staff who are instructors). ▪ 31/33 direct care staff have completed Medically Monitored Restraint training (2/33 do not have their April hours listed in the Training Tracker as of 04302015). ▪ 32/33 direct care staff completed 12 hours of person centered training (one staff only has 9 hours listed on the Training Tracker, additional ▪ 33/33 direct care staff completed 4 hours of crisis intervention / post crisis intervention and assessment. As usually happens, there was training that occurred during this reporting period that is not documented in the Training Tracker as of 04302015. It is expected that will be manually entered into Pathlore and appear in the next Training Tracker. A new annual training period began 3/12/15 with progress toward EASE training requirements for 24 direct care employees in April 2015. On the current schedule, annual training is due for all no later than 3/11/2016).	response. - Discuss possibility of developing a new Training Tracker that gets data directly from the Pathlore system. - Discuss possibility of developing a new Training Tracker format and data entry method(s).	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			There have been discussions about the format of the Training Tracker, the potential for errors when data is manually entered, and how to make it more useful and user friendly. Goals of revising the format include: reduce manual data entry, including competency evaluation results, quicker updating, less potential for errors and missing data, and potential for a connection with the Pathlore system.		
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	**5/11/2014 Update** The staff training programs are being reviewed for compliance with this Plan. **7/15/2014 Update** Prior to the March 2014 Order, many of these trainings were a one-time session at hire. The 2014 annual retraining has not yet occurred. 46/46 staff had received training in: - positive behavioral supports. - person centered approaches. - personal safety techniques. - crisis intervention and post crisis evaluation. - therapeutic interventions (using the EASE training program). 39/46 staff received the annual EASE retraining in June 2014.	**5/11/2014 Update** Next Steps: Review staff training plans and revise as necessary. Review staff training records to assure compliance. **7/15/2014 Update** Next Steps: Continue to ensure staff are trained and training is updated according to best practices.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			- 6/46 staff were out of work on approved leaves during that time and will receive their annual training when they return from leave. - 1/46 staff (the MN Life Bridge Treatment Program Administrator) has not retaken the EASE training. **9/15/2014 Update** There were 46 staff at MSHS-C / MnLB during the last reporting period. There were some staff losses at MSHS-C / MnLB during this reporting period, so there are now 43 staff. 40/43 active staff continue to progress on annual EASE training requirements. - 1/43 recently returned from leave and has been scheduled to continue on with the EASE training. - 2/43 staff remain on extended leaves Mark Brostrom is in the process of updating the Training Tracker and the Pathlore system. The numbers shown here do not represent the total number of staff who have taken PBS and PCT trainings in this reporting period; the numbers here show the number of employees whose training record has been updated to date. 29/41 employees have progressed on annual training on PBS (2 employees on extended leave). Others will progress at a future date. 27/41 employees have progressed on annual training on PCT (2 employees on extended leave). Others will progress at a future date.	**9/15/2014 Update** Next Steps: - Continue to ensure staff are trained appropriately and according to schedule. - Continue to make sure that training is reviewed periodically and updated as needed according to best practices.	**9/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 6/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			Medically Monitored Restraint and Crisis Intervention/Post Crisis Intervention and Assessment annual training sessions are in the process of being scheduled for all staff during the next months. Documentation of staff training is available at Op Central on the Cambridge campus, through Mark Brostrom. **11/17/2014 Update** To clarify this statement from the 9/15/2014 Update: "The numbers shown here do not represent the total number of staff who have taken PBS and PCT trainings in this reporting period; the numbers here show the number of employees whose training record has been updated to date.**"** What this meant was that Pathlore had not been fully updated at the time of the Report. Since not all training was entered into the system, the Training Tracker had not been updated to reflect completed training for some staff. We continue to progress toward the annual training requirements. Delays in scheduling some training has occurred due to staff shortages. MLB recently hired some new staff and is in process to get them trained to allow better coverage. MLB still needs to hire more staff given staffing and scheduling issues. **2/13/2015 Update** See 2/13/2015 response for EC 54. **3/16/2015 Update** See 3/16/2015 response for EC 54.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			5/15/2015 Update See 5/15/2015 response for EC 54.		
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	**5/11/2014 Update** The staff training programs are being reviewed for compliance with this Plan. **7/15/2014 Update** Prior to the March 2014 Order, many of these trainings were a one-time session at hire. 46/46 staff had received training in: - positive behavioral supports. - person centered approaches. - personal safety techniques. - crisis intervention and post crisis evaluation. - therapeutic interventions (using the EASE training program). 39/46 staff received the annual EASE retraining in June 2014. - 6/46 staff were out of work on approved leaves during that time and will receive their annual training when they return from leave. - 1/46 staff (the MN Life Bridge Treatment Program Administrator) has not retaken the EASE training.	**5/11/2014 Update** Next Steps: Review staff training plans and revise as necessary. Review staff training records to assure compliance. **7/15/2014 Update** Next Steps: Continue to ensure staff are trained and training is updated according to best practices.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update During this reporting period, MSHS Cambridge/MnLB has not hired any new employees. One staff was temporarily reassigned to Stratton Lake from East Central MSOCS to assist with coverage needs. This employee already possessed the required training and receives on-going training as do other regular employees. **11/17/2014 Update** 42/48 active (4 staff on extended leaves & 2 staff on light duty assignment not providing direct services-total of 48 employees) staff at MN Life Bridge continue to progress on Annual training requirements. All employees have been scheduled to receive Crisis Intervention/Post Crisis Evaluation and Assessment in October. All employees are currently scheduled to receive Medically Monitored Restraint in November. Therapeutic Intervention / Personal Safety Techniques (EASE) training is planned for all employees in December.	**9/15/2014 Update** Next Steps: - Continue to ensure staff are trained and training is updated according to best practices. - Monitor successful completion of training requirements for new hires for MnLB and the Successful Life Project. - Continue to develop the ability of staff to register for training through the Pathlore system. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**9/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 6/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			If any employee misses a scheduled training or the session is cancelled due to trainer sickness/etc., the employee will be rescheduled in the next available training prior to the end of 2014 if possible. **2/13/2015 Update** See 2/13/2015 response for EC 54. **3/16/2015 Update** See 3/16/2015 response for EC 54. There were two new MLB staff in January. Both have completed the EASE 16 hours, and will complete the next MMR session. There were two new MLB staff hired at the end of February - both are transfers from within DHS. Their JSA training has begun. **5/15/2015 Update** See 5/15/2015 response for EC 54.		
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	**5/11/2014 Update** Staff training records are maintained, and are shared with the Jensen Implementation Office and DHS, and with the Attorney General's Office as requested. **7/15/14 Update** The Department records and monitors all staff training in Pathlore. The Department uses Pathlore to alert the appropriate supervisors of deficiencies in staff training.	**5/11/2014 Update** Next Steps: Continue to maintain staff training records. JIO will monitor compliance. **7/15/14 Update** Next Steps: Continue to maintain staff training records.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update The Department records and monitors all staff training in Pathlore. Pathlore is used to generate reports for supervisors to address any training deficiencies. Pathlore system changes are in development to allow staff to register for training through Pathlore. This will mean staff register and administration monitors completion of training requirements in one system, without the possibility of transcription errors when data has had to be hand entered from one system to another. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**9/15/2014 Update** Next Steps: The JIO continues to follow up with the facility administration to ensure all facility treatment staff receive all necessary training. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**9/15/2014 Update** Complete **11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved 8/31/2014
55. Facility staff training is consistent with applicable best practices, including but not limited to the Association of Positive Behavior Supports, Standards of Practice for Positive Behavior Supports (http://apbs.org). Staff training programs	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Operations Manager (Mark	10/31/2014	**5/11/2014 Update** There is a didactic approach to staff training. We are reviewing and revising as necessary all staff training programs to be competency based.	**5/11/2014 Update** Next Steps : Review staff training programs and curricula and revise as necessary to comply with this Plan.	**5/11/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
will be competency-based with staff demonstrating current competency in both knowledge and skills.	Brostrom) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)		**7/15/2014 Update** Staff training programs and curricula have been reviewed and revised as necessary to comply with this Plan. All staff have been trained to written competency and demonstrated competency in PBS plans and training methodologies to address formal outcomes for all residents at MSHS-C. The PCP training has been revised to include training on the CMS Final HCBS Rule. All new employees will receive the training as part of NEO and current employees will receiving training within the Court-Ordered timeline. **9/15/2014 Update** Staff training is consistent with best practices of the Association of Positive Behavior Supports. - At the professional/practitioner level, best-practice knowledge is current. - At the direct support level, in-person training, associated materials, and related supports are provided. All staff are trained to written and demonstrated competency for all new and revised PBS plans and training methodologies. Documentation of staff training is available from Op Central on the Cambridge Campus. **Ex. 121, Training Tracker as of 08312014** **11/17/2014 Update** See 9/15/2014 response. **Ex. 130, Training Tracker as of 10302014**	**7/15/2014 Update** Next Steps: - Continue to train all staff to written and demonstrated competency for all new and revised PBS plans and training methodologies. - Train all current staff on new CMS Final HCBS Rule. - Incorporate training on new CMS Final HCBS Rule in NEO. **9/15/2014 Update** Obstacles: The training curriculum on the new CMS Final HCBS Rule continues to be developed and refined. Next Steps: - Train all current staff on new CMS Final HCBS Rule. - Incorporate training on new CMS Final HCBS Rule in NEO. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update**	**7/15/2014 Update** Incomplete **9/15/2014 Update** Incomplete **11/17/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			2/13/2015 Update See 9/15/2014 response. **Ex. 170, Training Tracker as of 12312014** **3/16/2015 Update** See 9/15/2014 response. **Ex. 175, Training Tracker as of 02282015** **5/15/2015 Update** See 9/15/2014 response. **Ex 186 Training Tracker as of 04302015**	**5/15/2015 Update** See 9/15/2014 response.	**2/13/2015 Update - 5/15/2015** Maintaining completion achieved 10/31/2014
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	**5/11/2014 Update:** All staff training programs and curricula are being reviewed and revised to include a competency evaluation in both knowledge and skills. **7/15/14 Update** Training curricula now comply with this Plan. All staff have been trained to written competency and demonstrated competency in PBS plans and training methodologies to address formal outcomes for all residents at MSHS-C.	**5/11/2014 Update** Next Steps : Review staff training programs and curricula and revise as necessary to comply with this Plan. **7/15/14 Update** Next Steps: Continue to train all staff to written and demonstrated competency for all new and revised PBS plans and training methodologies.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update Training Tracker is updated to include EASE courses completed and data for PBS/PCT completed submitted toward annual requirements. Medically Monitored Restraint and Crisis Intervention/Post Crisis Intervention and Assessment annual training sessions are in process of being scheduled for all staff. All training programs are competency-based for knowledge and skill. **11/17/2014 Update** See 11/17/2014 response for Action Item 54.1. **2/13/2015 Update** See 2/13/2015 response for EC 54. **3/16/2015 Update** See 3/16/2015 response for EC 54. **5/15/2015 Update** See 5/15/2015 response for EC 54.	**9/15/2014 Update** Next Steps: - Continue to train staff to written and demonstrated competency. - Continue to document successful completion of staff trainings. - Follow up with staff who were unsuccessful in completing a training to provide assistance or further opportunities to complete that training. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**9/15/2014 Update** Complete **11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved 8/31/2014
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	**5/11/2014 Update** Training curricula are created and revised as necessary to be consistent with best practices. **7/15/14 Update** Training curricula now comply with this Plan. **Ex. 94 - 97, Course Descriptions**	**5/11/2014 Update** Next Steps : Continue implementing this Item. **7/15/14 Update** Next Steps: Continue implementing this Item.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update Training curricula continues to comply with current best practices in Positive Behavioral Supports, person-centered approaches and practices, therapeutic intervention strategies, personal safety techniques, and crisis intervention and post-crisis evaluation. Curricula are available upon request to Mark Brostrom. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**9/15/2014 Update** Next Steps: - Periodically review the training curriculum to make sure it complies with current best practices in PBS, PCP, therapeutic intervention strategies, personal safety, and crisis intervention and post-crisis evaluation. - Update curriculum as needed. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**9/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 6/30/2014
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	**5/11/2014 Update** 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. **7/15/14 Update** Training curricula now comply with this Plan. A plan for annual evaluations of each training program is underway. **9/15/2014 Update** Annual review and revisions are underway for curricula. Some have already been reviewed, and the plan is to have reviewed them all by the Fall of 2014.	**5/11/2014 Update** Next Steps: Develop plan for annual evaluations of each training program. **7/15/14 Update** Next Steps: Continue implementing this Item. **9/15/2014 Update** Next Steps: - Continue the annual review and any needed revisions to curricula.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete **9/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			11/17/2014 Update Person Centered Approaches / Practices curriculum is from The "Learning Community". Its board has a process to review proposals for improvement from the field. The proprietary core curriculum gets slightly modified on an ongoing basis. Staff Development for DHS recently hired two trainers for PCT. One of their responsibilities will be to assist in developing additional learning materials for ongoing PCT learning. Therapeutic Intervention Strategies & Personal Safety techniques [EASE (Effective & Safe Engagement)] training improvement efforts are underway through involvement with ongoing research by Staff Development in the area of best practices. Improvement efforts are focuses especially in the area of reducing the use of seclusion and restraint. There has been discussion on securing an evaluation with an outside source (Jonathan Bundt of MASA Consulting) to assist in reviewing learning approaches within EASE training. Positive Behavior Supports curriculum is regularly reviewed by MLB' s Clinical Director who is well versed in current best practices through attendance at professional conferences and maintaining abreast of professional journals in this subject. Currently, the Clinical Director is the main instructor of this training for MLB.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**11/17/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			Crisis Intervention/Post Crisis Evaluation curriculum was recently revised (8/2014) by Dr. Stacy Danov. This revision took into account the best practices in Crisis Intervention and Person Centeredness. **2/13/2015 Update** See 11/17/2014 response. All areas have been reviewed and/or modified within 2014. Delivery of EASE (TI/PST) is currently being evaluated at MLB. Possible changes to classroom delivery and shorter class times with increased frequency is being pursued to improve employee competency. In addition, improving training approaches toward implementation of individual plans are being considered when providing EASE training. **3/16/2015 Update** See 11/17/2014 and 2/13/15 responses. Delivery of EASE (TI/PST) at MLB is planned to be delivered at greater frequency and will follow the planned EASE 2.0 changes beginning in March 2015. Other possible changes to MLB training including improved training approaches toward implementation of individual plans are still being reviewed.		**2/13/2015 Update - 5/15/2015 Update** Maintaining completion achieved 10/31/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			5/15/2015 Update Changes to the delivery of EASE (TI/PST) at MLB are underway with a newly redesigned format of EASE 2.0. In April 2015, 25 staff began the process of self-assessment to prepare for new competency procedures being implemented by Staff Development. Soon a change to the MLB Training Procedure will be implemented to apply more individualized and specific approaches toward staff training to improve the implementation of individual plans and to provide more opportunities for staff to practice needed approaches.		
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	**5/11/2014 Update** Training programs are being reviewed to verify these items are addressed, and will be revised if that is not the case. **7/15/2014 Update** Dr. Steven Pratt, DHS' executive medical director for behavioral health, has been providing training to DC&T staff and others on Trauma Informed Care. Facility staff attended this training. Trauma-informed care includes policies, procedures, interventions, and interactions among clients and staff that recognize the likelihood that an individual receiving services has experienced trauma. **Ex. 101, Trauma-informed care training**	**5/11/2014 Update** Next Steps : Continue implementing this Item. **7/15/2014 Update** Next Steps : Continue implementing. Dr. Pratt and Compliance Office staff will present a trauma-informed care training session Wednesday, July 9, 2014. This session is open to all DHS staff.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
`			**9/15/2014 Update** Dr. Pratt provided a trauma-informed care training session on July 9, 2014. He will be adding specific language from this EC to his trauma informed care training. That training will be recorded and close-captioned so that it will be enduring training material accessible by all staff. That training is available upon request from Dr. Pratt. **11/17/2014 Update** All DHS employees are invited to participate in an upcoming training session on trauma-informed care, sponsored by the Office of the Chief Compliance Officer. Dr. Steven Pratt, DHS' executive medical director for behavioral health, and Compliance Office staff will present a trauma-informed care training session Tuesday, Nov. 18, from 1 to 3 p.m. at 444 Lafayette in Room 5134.	**9/15/2014 Update** Next Steps: - Follow up by JIO to make sure the updated training gets recorded, close-captioned, and made accessible to all staff. **11/17/2014 Update** Next Steps: - The training in November will be a webcast and as such will meet DHS ADA requirements and will be recorded	**9/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 6/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			This presentation is open to all DHS staff. Trauma-informed care includes policies, procedures, interventions, and interactions among clients and staff that recognize the likelihood that an individual receiving services has experienced trauma.	- On Dec 11, 2014 Dr. Timothy Moore and Learning & Development are convening an all-day "Positive Behavior Supports (PBS) Summit" that will include discussion on incorporating self- and other-awareness as described above in discussions to review and standardize PBS training options within DCT - A group, including Dr. Shannon Woulfe and Dr. Laura Sherburne, is forming to expand implementation options for Motivational Interviewing within MHSATS and other divisions. Current learning options will be reviewed and enhanced re 55.4 and 55.5 as a part of the expanded implementation.	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			2/13/2015 Update Dr. Pratt conducted another session on "Trauma Informed Care" in November 2014 that was video recorded. The next session is scheduled for January 26, 2015 at St. Peter. **3/16/2015 Update** Training sessions on trauma informed care or other topics can be arranged for staff as needed. **5/15/2015 Update** Additional training sessions on trauma informed care or other topics can be arranged for staff as needed.	**2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 11/17/2014 response.	
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	**5/11/2014 Update** Training programs are being reviewed to verify these items are addressed, and will be revised if that is not the case. **7/15/2014 Update** DHS provides training programs that develop staff's self-awareness of how their own experiences, perceptions and attitudes affect their response to behavioral issues and emergencies. All staff that provide direct support take Module 2 of the EASE training program. This module includes information on trauma-informed care. Also, the 360o Safety Planning Framework is introduced in Module 2. Those that may use manual restraint also take Module 3, which uses this 360o review in more depth.	**5/11/2014 Update** Next Steps : Continue implementing this Item. **7/15/2014 Update** Next Steps : - Provide an opportunity for all DHS staff to have training on Trauma-Informed Care. - Continue reviewing and updating training curricula as needed.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update Dr. Steven Pratt provided a training session open to all DHS employees on Trauma Informed Care. He is adding this EC language to the training program, which will be recorded and close-captioned so that it will be enduring training material accessible by all staff. **11/17/2014 Update** Effective October 22, 2014: • Dr. Pratt will be doing a regular presentation on Trauma Informed Care during NEO First Day (50 minutes) • New team exercise will also be incorporated (TeamWorks: Awareness vs Stigma see pages 19-21 in the Participant Handbook). The goal of the exercise is for team participants to decide on actions they can take personally to improve their standing on a continuum from self-awareness to stigma. Resources include the exercise to reflect on the following: *"Develop your self-awareness of how your own:* • *experiences* • *perceptions* • *attitudes affect your response to the individuals we support at all times. Pay special attention to this when behavioral issues or behavioral emergencies arise.*	**9/15/2014 Update** Next Steps: - Follow up to make sure the updated training is recorded, close-captioned, and made accessible to all staff. **11/17/2014 Update** Next Steps: - Dr. Pratt will provide a presentation on Trauma Informed Care during New Employee Orientation - The team exercise will be included in training.	**9/15/2014 Update** Complete **11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved 8/31/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			Develop your sensitivity and awareness surrounding individuals with cognitive and/or mental health disabilities or chemical health challenges during every-day interactions. Pay special attention to how their: *• developmental level* *• cultural/familial background* *• trauma history (e.g., history of physical or sexual abuse and prior restraints)* *may affect their reactions when behavioral issues or behavioral emergencies arise."* **2/13/2015 Update** See 2/13/2015 response for 55.4. **3/16/2015 Update** **5/15/2015 Update** See 3/16/2015 response for Action Item 55.4.	**2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 11/17/2014 response.	
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).	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	**5/11/2014 Update** These number of hours of training have been the standard of practice. **Ex. 21, Training curricula on Attachment A** **Ex. 48, Description of Training Programs** **Ex. 49, MSHS-Cambridge Training Tracker** **7/15/2014 Update** As of 3/1/2014, 46 of 46 current staff had received EASE training. 46/46 staff received 8 hours of personal safety techniques training. 46/46 staff received 1 hour of medically monitoring restraint training. **Ex. 100, Training Tracker**	**5/11/2014 Update** Next Steps : Continue implementing this Item. **7/15/2014 Update** Next Steps: Assure staff receive the required training.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update Training includes 8 hours of Therapeutic Intervention, 8 hours of Personal Safety Techniques (total 16 hours of EASE) and 1 hour of medically Monitored Restraints on an annual basis to all employees with regular client contact. Curricula and training records are available from Mark Brostrom. **Ex. 121, Training Tracker as of 08312014** **11/17/2014 Update** See response for Action Item 55.1. **Ex. 130, Training Tracker as of 10302014** **2/13/2015 Update** See 2/13/2015 response for EC 54. **Ex. 170, Training Tracker as of 12312014** **3/16/2015 Update** See 3/16/2015 response for EC 54. **Ex. 175, Training Tracker as of 02282015** **5/15/2015 Update** See 5/15/2015 response for EC 54. **Ex 186 Training Tracker as of 04302015**	**9/15/2014 Update** Next Steps: - Continue to assure staff receive the required training. - Implement protocol if a staff does not complete the required training. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**9/15/2014 Update - 5/15/2015 Update** Maintaining completion from 6/30/2014
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	**5/11/2014 Update** See response for EC 56. **7/15/2014 Update** The training curricula is competency-based and minimally provides 8 hours training in therapeutic interventions, personal safety techniques, and 1 hour in medically monitoring restraints.	**5/11/2014 Update** See response for EC 56. **7/15/2014 Update** Next Steps: Periodically update training curricula to incorporate best practices.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update See response for EC 56. Curricula and training records are available from Mark Brostrom. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**9/15/2014 Update** See response for EC 56. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**9/15/2014 Update - 5/15/2015 Update** Maintaining completion from 6/30/2014
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	**5/11/2014 Update** See response for EC 56. **7/15/2014 Update** As of 3/1/2014, 46/46 current employees had received 8 hours of competency based training on Therapeutic Interventions. This was a one-time training expectation until the JSA/CPA requirements changed on 3/12/2014 to an annual requirement. The annual requirement has been included on the 2014 worksheet. As of June 30, 2014, 39 of 46 current staff received the annual EASE retraining in June 2014. - 6/46 staff were out of work on approved leaves during that time and will receive their annual training when they return from leave. - 1/46 staff (the MN Life Bridge Treatment Program Administrator) has not retaken the EASE training.	**5/11/2014 Update** See response for EC 56. **7/15/2014 Update** Next Steps: Ensure that all staff receive the required training.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update Currently, 40/41 active employees (2 staff on extended leaves -total of 43 employees) continue to progress on annual EASE training requirements. - 1/41 recently returned from a leave and has been scheduled to progress on with the annual EASE training. The annual EASE requirements include 8 hours of competency -based Therapeutic Intervention and 8 hours of competency-based Personal Safety Techniques. Curricula and training records are available from Mark Brostrom. **11/17/2014 Update** See response for EC 56. **2/13/2015 Update** See 2/13/2015 response for EC 54. **3/16/2015 Update** See 3/16/2015 response for EC 54. **5/15/2015 Update** See 5/15/2015 response for EC 54.	**9/15/2014 Update** Obstacles: Some staff are on leave during the date(s) of training sessions, and make-up sessions need to be scheduled when they return from leave. Next Steps: See response for EC 56. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**9/15/2014 Update - 5/15/2015 Update** Maintaining completion from 6/30/2014
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	**5/11/2014 Update** This number of hours of personal safety techniques training has been the standard of practice.	**5/11/2014 Update** Next Steps : Continue implementing this Item.	**5/11/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update 46/46 of current employees have received 8 hours of competency based training on Personal Safety Techniques. This was a one-time training expectation until the JSA/CPA requirements changed on 3/12/2014 to an annual requirement. The annual requirement has been included on the 2014 worksheet. **9/15/2014 Update** Currently, 40/41 active employees (2 staff on extended leaves -total of 43 employees) continue to progress on annual EASE training requirements. - 1/41 recently returned from a leave and has been scheduled to progress on with the annual EASE training. The annual EASE requirements include 8 hours of competency -based Therapeutic Intervention and 8 hours of competency-based Personal Safety Techniques. Curricula and training records are available from Mark Brostrom. **11/17/2014 Update** We continue to progress toward the annual training requirements. Delays in scheduling some training has occurred due to staff shortages. Recently hired some new staff and in process to get them trained to allow better coverage. MLB still needs to hire more staff given the staffing and scheduling issues. **2/13/2015 Update** We continue to progress toward the annual training requirements.	**7/15/2014 Update** Next Steps: Ensure that all staff receive the required training. **9/15/2014 Update** Next Steps: - Continue to assure staff receive the required training. - Implement protocol if a staff does not complete the required training. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**7/15/2014 Update** Complete **9/15/2014 Update - 5/15/2015 Update** Maintaining completion from 6/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			3/16/2015 Update See 3/16/2015 response for EC 54. **5/15/2015 Update** See 5/15/2015 response for EC 54.		
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	**5/11/2014 Update** These number of hours of training have been the standard of practice. **7/15/2014 Update** As of 3/1/2014, 46/46 current employees have received 1 hour of competency based training on Medically Monitoring Restraints. This was a one-time training expectation until the JSA/CPA requirements changed on 3/12/2014 to an annual requirement. The annual requirement has been included on the 2014 worksheet. **9/15/2014 Update** As of 3/1/2014, 46/46 then employees had successfully completed competency based training on Medically Monitoring Restraints. As of 9/1/2014, 2/43 employees (43 includes 2 staff on extended leaves) have met this new annual training requirement. Medically Monitored Restraints training is currently being scheduled later this calendar year for all employees to meet the new annual requirement.	**5/11/2014 Update** Next Steps : Continue implementing this Item. **7/15/2014 Update** Next Steps: Ensure that all staff receive the required training. **9/15/2014 Update** Next Steps: - Continue to assure staff receive the required training. - Staff are aware of consequences if training is not completed.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Complete **9/15/2014 Update - 5/15/2015 Update** Maintaining completion from 6/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			11/17/2014 Update We continue to progress toward the annual training requirements. Delays in scheduling some training has occurred due to staff shortages. Recently hired some new staff and in process to get them trained to allow better coverage. MLB still needs to hire more staff given the staffing and scheduling issues. **2/13/2015 Update** See 2/13/2015 response for 56.3. **3/16/2015 Update** See 3/16/2015 response for EC 54. **5/15/2015 Update** See 5/15/2015 response for EC 54.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	
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	**5/11/2014 Update** 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. **Ex. 49, MSHS-Cambridge Training Tracker** **7/15/2014 Update** For this reporting period: All staff involved in imposing restraint have received 8 hours of Therapeutic Interventions, 8 hours of personal safety techniques, and 1 hour of medically monitoring restraint. **Ex. 100, Training Tracker**	**5/11/2014 Update** Next Steps: Continue training programs and tracking staff attendance and completion of training programs. **7/15/2014 Update** Next Steps: Ensure that all staff receive the required training.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update For this reporting period: All staff who might be involved in imposing restraint have received 8 hours of Therapeutic Interventions, 8 hours of personal safety techniques, and 1 hour of medically monitoring restraint. During this reporting period there were zero instances of the use of manual restraints so there was no need for any additional staff training after the use of restraints. **Ex. 121, Training Tracker as of 08312014** **11/17/2014 Update** See 9/15/2014 response. **Ex. 130, Training Tracker as of 10302014** **2/13/2015 Update** See 9/15/2014 response. **Ex. 170, Training Tracker as of 12312014** **3/16/2015 Update** See 7/15/2014 response. **Ex. 175, Training Tracker as of 02282015** **5/15/2015 Update** During this reporting period there was one use of manual restraints. Staff involved got additional training after the use of manual restraint. In a evaluation of training records, one active employee has not received the annual requirement of Medically Monitored Restraint training. This training will be provided when the employee returns from approved vacation.	**9/15/2014 Update** Next Steps: Continue training programs and tracking staff attendance and completion of training programs. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**9/15/2014 Update - 5/15/2015 Update** Maintaining completion from 6/30/2014

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	**5/11/2014 Update** 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. **7/15/2014 Update** Staff are not assigned to direct supports services until they have successfully completed the required training under EC56. **9/15/2014 Update** All current active employees (41/41) possess the required orientation training and are attaining the on-going annual training requirements. Documentation of curricula and training records is available from Mark Brostrom. **11/17/2014 Update** We continue to progress toward the annual training requirements. Delays in scheduling some training has occurred due to staff shortages. Recently hired some new staff and in process to get them trained to allow better coverage. MLB still needs to hire more staff given the staffing and scheduling issues. **2/13/2015 Update** See 2/13/2015 response for 56.3.	**5/11/2014 Update** Next Steps: Continue training programs and tracking staff attendance and completion of training programs. **7/15/2014 Update** Next Steps: Ensure that all staff receive the required training before being assigned to direct support services. **9/15/2014 Update** Next Steps: Continue to ensure that all staff receive the required training before being assigned to direct support services. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Complete **9/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 6/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			3/16/2015 Update See 7/15/2014 response. **5/15/2015 Update** See 5/15/2015 response for EC 57.		
SETTLEMENT AGREEMENT SECTION IX.B. OTHER PRACTICES AT THE FACILITY – HOURS OF TRAINING					
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).	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	**5/11/2014 Update** 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. **Ex. 49, MSHS-Cambridge Training Tracker** **7/15/2014 Update** 45/46 facility staff received a combined total of 40 hours of training for Person-centered planning and positive behavior supports training (with at least sixteen (16) hours on person-centered thinking / planning). One staff who did not take the training is considered an expert on PCP and PBS (see Exhibit 44). 46/46 facility staff have received Post Crisis Evaluation and Assessment (4 hours). **Ex. 100, Training Tracker** **9/15/2014 Update** All current active employees (41/41) have received the combined total of 40 hours of training for Person Centered Planning (PCP/PCT) and Positive Behavior Supports (PBS) with a minimum of 16 of the 40 hours emphasizing PCP/PCT.	**5/11/2014 Update** Next Steps: Continue training programs and tracking staff attendance and completion of training programs. **7/15/2014 Update** Next Steps: Ensure that all staff receive the required training before being assigned to direct support services. **9/15/2014 Update** Next Steps: - Continue to ensure that all staff receive the required training before being assigned to direct support services.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Complete **9/15/2014 Update - 5/15/2015 Update** Maintaining completion

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			All 41/41 employees have received 4 hours of Crisis Evaluation and Assessment. The new annual training requirements for 2014 are in progress for all employees. Curricula and training records are available from Mark Brostrom. **Ex. 121, Training Tracker as of 08312014** **11/17/2014 Update** We continue to progress toward the annual training requirements. Delays in scheduling some training has occurred due to staff shortages. Recently hired some new staff and in process to get them trained to allow better coverage. MLB still needs to hire more staff given the staffing and scheduling issues. **Ex. 130, Training Tracker as of 10302014** **2/13/2015 Update** See 2/13/2015 response for 56.3. **Ex. 170, Training Tracker as of 12312014** **3/16/2015 Update** See 3/16/2015 response for EC 54. **5/15/2015 Update** See 5/15/2015 response for EC 54.	- JIO will continue to monitor training completion. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	achieved 6/30/2014
SETTLEMENT AGREEMENT SECTION IX.C. OTHER PRACTICES AT THE FACILITY – VISITOR POLICY					
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	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	**5/11/2014 Update** This is Facility policy and practice. If there are any limits on visitors, that is noted in the resident's PCP and/or records. **Ex. 50, MSHS-C Procedure 15899**	**5/11/2014 Update** Next Steps: Continue implementation of and compliance with this EC.	**5/11/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
contraindicated.			**7/15/14 Update** This is Facility policy and practice. The IDT (which includes the individual) may have reason to determine a visit by one or more people, or at certain times, is contra-indicated. If there are any limits on visitors based on the IDT determination, that is noted in the resident's PCP and/or records. **9/15/14 Update** At MSHS-Cambridge, MnLB Stratton Lake, and East Central MSOCS, zero individuals have been determined by IDT teams to be contraindicated to visit. Friends and families can visit whenever they want. There have been zero visits not permitted to this date. If there were any restrictions in place, and any attempts were made for a non-permitted visit, that would be noted in the individual's daily notes. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**7/15/14 Update** Next Steps: Continue implementation of and compliance with this EC. **9/15/14 Update** Next Steps: - Continue monitoring situations, and bring up any issues at IDT meetings. - Document outcome of those discussions in the individual's record. - As needed, enforce any limits on visits or visitors. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2013
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	**5/11/2014 Update** This is Facility policy and practice. If there are any limits on visitors, that is noted in the resident's PCP and/or records.	**5/11/2014 Update** Next Steps: Continue implementation of and compliance with this EC.	**5/11/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/14 Update This is Facility policy and practice. The IDT (which includes the individual) may have reason to determine a visit by one or more people, or at certain times, is contra-indicated. If there are any limits on visitors based on the IDT determination, that is noted in the resident's PCP and/or records. **9/15/14 Update** This continues to be Facility policy and practice. Staff facilitate visits to and by the individuals as requested / required by the individual. Scheduled and unscheduled visits are allowed. If there are any limits on visitors based on the Interdisciplinary Team (IDT) determination or by Court Order, that is noted in the resident's PCP and/or records. **11/17/2014 Update** **2/13/2015 Update** See 9/15/2014 response. **3/16/2015 Update** See 3/16/2015 response to EC 59. **5/15/2015 Update** See 5/15/2015 response to EC 59.	**7/15/14 Update** Next Steps: Continue implementation of and compliance with this EC. **9/15/14 Update** Next Steps: - Continue implementation of and compliance with this EC. - Continue to facilitate and allow all individuals to have scheduled and unscheduled visits with immediate family and/or guardians and other **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** **See 9/15/2014 response.**	**7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2013
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	**5/11/2014 Update** 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. **Ex. 50, MSHS-C Procedure 15899**	**5/11/2014 Update** Next Steps: Continue implementation of and compliance with this EC.	**5/11/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/14 Update 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. **9/15/14 Update** Currently there are no limits on visitor access to living areas. If there would be any limits on visitors, that would be noted in the individual's PCP which is available at the residential setting. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**7/15/14 Update** Next Steps: Continue implementation of and compliance with this EC. **9/15/14 Update** Next Steps: - Continue implementation of and compliance with this EC. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2013
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	**5/11/2014 Update** 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. **7/15/14 Update** 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.	**5/11/2014 Update** Next Steps: Continue implementation of and compliance with this EC. **7/15/14 Update** Next Steps: Continue implementation of and compliance with this EC.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining completion

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/14 Update Visitors continue to 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 individual's PCP which is available at the residential setting. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**9/15/14 Update** Next Steps: Continue implementation of and compliance with this EC. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	achieved 12/31/2013
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	**5/11/2014 Update** 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. **Ex. 50, MSHS-C Procedure 15899** **7/15/2014 Update** 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. **9/15/2014 Update** This continues to be Facility policy and practice. If there are limits on privacy during visits, that is noted in the person's PCP. This subject can be and is discussed at resident house meetings if there are any questions, concerns, or issues. Documentation is stored in the individual PCPs, at the residential settings.	**5/11/2014 Update** Next Steps: Continue implementation of and compliance with this EC. **7/15/2014 Update** Next Steps: Continue implementation of and compliance with this EC. **9/15/14 Update** Next Steps: Continue implementation of and compliance with this EC.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			11/17/2014 Update **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	
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	**5/11/2014 Update** 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. **7/15/14 Update** 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. **9/15/2014 Update** This continues to be Facility policy and practice. If there are limits on privacy during visits, that would be noted in the person's PCP. This subject can be and is discussed at resident house meetings if there are any questions, concerns, or issues. Documentation is stored in the individual PCPs, at the residential settings. **11/17/2014 Update** **2/13/2015 Update** See 9/15/2014 response.	**5/11/2014 Update** Next Steps: Continue implementation of and compliance with this EC. **7/15/14 Update** Next Steps: Continue implementation of and compliance with this EC. **9/15/14 Update** Next Steps: Continue implementation of and compliance with this EC. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update**	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			3/16/2015 Update See 3/16/2015 response to EC 61. **5/15/2015 Update** See 5/15/2015 response to EC 61.	**5/15/2015 Update** See 9/15/2014 response.	
SETTLEMENT AGREEMENT SECTION IX.D. OTHER PRACTICES AT THE FACILITY – NO INCONSISTENT PUBLICITY					
62. There is no marketing, recruitment of clients, or publicity targeted to prospective residents at the Facility.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	4/30/2014	**5/11/2014 Update** 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. **Ex. 51, DHS Bulletin # 14-76-01**	**5/11/2014 Update** Next Steps: Continue to ensure compliance.	**5/11/2014 Update** Complete
			7/15/2014 Update Admissions to MSHS-Cambridge are closed. There has not been and will not be marketing, recruitment of clients, or publicity regarding services at MSHS-Cambridge. The Facility's purpose is clearly stated in Bulletin 14-76-01. This Bulletin was prepared and provided in accordance with EC 63. The Department does not consider its intent and actions to comply with EC 63 to be marketing. All Admissions are consistent with the requirements of the Bulletin.	**7/15/2014 Update** Next Steps: Continue to ensure compliance.	**7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 4/30/2014
			9/15/2014 Update Admissions to MSHS-Cambridge are closed. The MSHS-Cambridge program is closed. There has not been and will not be marketing, recruitment of clients, or publicity regarding services at MSHS-Cambridge, MnLB, or ECMSOCS.	**9/15/2014 Update** Next Steps: - Continue to ensure compliance with the prohibition on marketing, recruitment, or publicity regarding services at	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			There is sharing of information with lead agencies, individuals, their family or legal representatives on eligibility criteria and MnLB services. The Department does not consider this to be marketing, recruitment, or publicity. Next, the main goal of MnLB is diversion - getting needed services to the individual where they are residing, including training for their caregivers and staff as needed, so the individual does not have to leave their residence. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	MnLB and ECMSOCS. - Continue to consider and/or provide diversion actions for individuals prior to considering admitting them to a MnLB community house. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	
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.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	4/30/2014	**5/11/2014 Update** 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. **Ex. 51, DHS Bulletin # 14-76-01**	**5/11/2014 Update** 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.	**5/11/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update DHS Bulletins are stored on the DHS public website at http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=Bulletins_2014 **9/15/2014 Update** DHS Bulletin 14-76-01 continues to be available online at the DHS public website. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**7/15/2014 Update** 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. **9/15/2014 Update** **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 7/15/2014 response.	**7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 4/30/2014
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	**5/11/2014 Update** 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.	**5/11/2014 Update** 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.	**5/11/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			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. **Ex. 40, DHS Today Bulletin Announcement** **Ex. 64, April 30 2014 Bulletin Memo** **7/15/2014 Update** Admissions to MSHS-Cambridge are closed. There has not been and will not be marketing, recruitment of clients, or publicity regarding services at MSHS-Cambridge. The Facility's purpose is clearly stated in Bulletin 14-76-01. This Bulletin was prepared and provided in accordance with EC 63. The Department does not consider its intent and actions to comply with EC 63 to be marketing. All Admissions to the MnLB program are consistent with the requirements of the Bulletin. **9/15/2014 Update** DHS Bulletin 14-76-01 continues to be available online at the DHS public website.	**7/15/2014 Update** 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. **9/15/2014 Update** 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.	**7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 4/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
				- As new staff are hired for MN Life Bridge and ECMSOCS, they are made aware of the Bulletins and other public notifications regarding the JSA, MSHS-Cambridge closure and MnLB program.	
			11/17/2014 Update See 9/15/2014 response. A Bulletin describing the Successful Life Project has been drafted and is in the review stages. Notice will be circulated widely when it is issued. **2/13/2015 Update** As of 12/31/2014, the SLP Bulletin is in the final stages of review. It was sent to the Court Monitor, Plaintiff's Counsel, and Parties for input and edits, and then was re-routed internally for final approval. **3/16/2015 Update** After one more round of review by the Court Monitor, Parties, and DHS staff, the Successful Life Project Bulletin (DHS-15-76-01) was issued on January 27, 2015. It became available online at the DHS bulletins web page on January 26, which was noted in the two videoconferences provided that day. Copies were sent to therapeutic follow up members, their guardians, and their case managers. Notification was sent through DHS list-serves.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			5/15/2015 Update The bulletin remains available on the DHS website and from the JIO.		
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	**5/11/2014 Update** 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. **Ex. 51, DHS Bulletin # 14-76-01** **7/15/2014 Update** The mission statement for Minnesota Life Bridge continues to be "Successful Transition to a Successful Life". **9/15/2014 Update** The mission statement for Minnesota Life Bridge continues to be "Successful Transition to a Successful Life". The working title for the responsibilities in EC98 regarding therapeutic follow up is "Successful Life Project", which continues the theme of providing opportunities and supporting individuals' success in creating and living their life. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**5/11/2014 Update** Next Steps: Continue to ensure compliance. **7/15/2014 Update** Next Steps: Continue to ensure compliance with this EC. **9/15/2014 Update** Next Steps: - Continue to promote and live the mission statement for Mn Life Bridge. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 4/30/2014
SETTLEMENT AGREEMENT SECTION IX.E. OTHER PRACTICES AT THE FACILITY – POSTING REQUIREMENTS					
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	MN Life Bridge Program Manager (Tiffany Byers-	4/30/2014	**5/11/2014 Update** There are three versions of the Resident Rights notice posted at MSHS-Cambridge, Stratton Lakes, and Broberg Lake.	**5/11/2014 Update** Next Steps: Maintain compliance with licensure requirements,	**5/11/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
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.	Draeger)		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. **Ex. 52, MDH Health Care Bill of Rights** **Ex. 53, Minnesota Statutes Chapter 245D Service Recipient Rights** **Ex. 54, Pictorial Version and Reading Level Version of Rights Notices** **7/15/2014 Update** We continue to post in accordance with this EC. The 2014 Minnesota Legislature made changes to client rights language in Minnesota Statutes Chapter 245D. We are reviewing and implementing changes. **Ex. 102, from Laws of MN 2014 Ch. 312** **9/15/2014 Update** We continue to post in all residential settings and provide the Rights notices in accordance with this EC.	JSA requirements, and this Plan regarding posting of the Resident Rights notices. **7/15/2014 Update** Next Steps: - Revise procedures and forms as necessary. - Maintain compliance with licensure requirements, JSA requirements, and this Plan regarding posting of the Resident Rights notices. **9/15/2014 Update** Next Steps: Maintain compliance with licensure requirements,	**7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 4/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			We are aware of the edits needed based on the 2014 legislative changes, which must be completed by 1/1/2015, and will be working on those in the next few months. Copies are available from Tiffany Byers-Draeger upon request. **11/17/2014 Update** See 9/15/2014 response. **2/13/2015 Update** After a review of the legislative changes in MN. Stat. Chapter 245D and the Rights notice (DHS-6829), no changes to that document are necessary. We continue to post Rights notices in all residential settings and provide the Rights notices in accordance with this EC. Copies are available from Tiffany Byers-Draeger upon request. **3/16/2015 Update** Rights notices are posted at Stratton Lake, Broberg's Lake, and East Central MSOCS. **5/15/2015 Update** See 3/16/2015 response.	JSA requirements, and this Plan regarding posting of the Resident Rights notices. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	
66. The Patient / Resident Bill of Rights posting is in a form and with content which is understandable by residents and family / guardians.	MN Life Bridge Program Manager (Tiffany Byers-Draeger)	4/30/2014	**5/11/2014 Update** All three versions of the Rights Notices are included in admission packets and posted in the homes. **Ex. 52, MDH Health Care Bill of Rights** **Ex. 53, Ch. 245D Service Recipient Rights** **Ex. 54, Pictorial & Reading Level Version**	**5/11/2014 Update** Next Steps: Maintain compliance with licensure requirements, JSA requirements, and this Plan regarding posting of the Resident Rights notices.	**5/11/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update We continue to post in accordance with this EC. The 2014 Minnesota Legislature made changes to client rights language in Minnesota Statutes, Chapter 245D. We are reviewing and implementing changes. **Ex. 102, from Laws of MN 2014 Ch. 312**	**7/15/2014 Update** Next Steps: Revise procedures and forms as necessary. Maintain compliance with licensure requirements, JSA requirements, and this Plan regarding posting of the Resident Rights notices.	**7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 4/30/2014
			9/15/2014 Update We continue to post in all residential settings and provide the Rights notices in accordance with this EC. There are three versions of the Rights Notice. One contains the MDH Health Care Bill of Rights (statute language). Another version contains the DHS Service Recipient Rights). The third version includes pictures and simpler text. It is at the Flesch-Kincaid Grade level 5.0. Edits to the notices due to 2014 legislative changes, which must be completed by 1/1/2015,will be made in the next few months. Copies of notices are available from Tiffany Byers-Draeger.	**9/15/2014 Update** Next Steps: Maintain compliance with licensure requirements, JSA requirements, and this Plan regarding the form, content, and readability of the Resident Rights notices.	
			11/17/2014 Update See 9/15/2014 response. **2/13/2015 Update** See 2/13/2015 response to EC 65. **3/16/2015 Update** See 3/16/2015 response to EC 65.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			5/15/2015 Update - See 5/15/2015 response to EC 65. - To follow up on text in the 9/15/2014 response: The 2/13/2015 response for this EC refers the reader to EC 65, which includes the statement: After a review of the legislative changes in MN. Stat. Chapter 245D and the Rights notice (DHS-6829), no changes to that document are necessary. It was determined that the current text addresses the statute changes.		
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	**5/11/2014 Update** 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. **7/15/2014 Update** See 5/11/2014 response. **9/15/2014 Update** There are three versions of the Rights Notice. One contains the MDH Health Care Bill of Rights (statute language). Another version contains the DHS Service Recipient Rights). The third version includes pictures and simpler text. It is at the Flesch-Kincaid Grade level 5.0. Edits to the notices due to 2014 legislative changes, which must be completed by 1/1/2015,will be made in the next few months. Copies of notices are available from Tiffany Byers-Draeger.	**5/11/2014 Update** Next Steps: Maintain compliance with licensure requirements, JSA requirements, and this Plan regarding posting of the Resident Rights notices. **7/15/2014 Update** See 5/11/2014 response. **9/15/2014 Update** See 5/11/2014 response.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 4/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			11/17/2014 Update See 9/15/2014 response. **2/13/2015 Update** See 2/13/2015 response to EC 65. **3/16/2015 Update** See 3/16/2015 response to EC 65. **5/15/2015 Update** See 5/15/2015 response to EC 65.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	
SETTLEMENT AGREEMENT SECTION X.A. SYSTEM WIDE IMPROVEMENTS – EXPANSION OF COMMUNITY SUPPORT SERVICES					
67. The expansion of community services under this provision allows for the provision of assessment, triage, and care coordination to assure persons with developmental disabilities receive the appropriate level of care at the right time, in the right place, and in the most integrated setting in accordance with the U.S. Supreme Court decision in *Olmstead v. L.C.* , 527 U.S. 582 (1999).	Director of Community Support Services (Steve Dahl)	10/31/2014	**5/11/2014 Update** 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: CSS hired an administrative assistant, scheduled to start 5/21/14. CSS anticipates hiring for the Director position by 6/1/2014. CSS anticipates filling the new Regional Manager positions by 8/31/14. **Ex. 55, Examples of Weekly meeting notes** **Ex. 56, CSS Organizational Chart** **Ex. 57, Descriptions of CSS and MSOCS** **Ex. 58, Posting for CSS Program Director** **Ex. 66, CSS Recruiting Plans**	**5/11/2014 Update** Next Steps: Continue to implement this Action Item. Continue to provide assessment, triage, and care coordination.	**5/11/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update The new administrative assistant began work 5/21/2014. Steve Dahl was named the permanent Director of Community Support Services effective June 4, 2014. The two Regional Managers have been hired and begin transitioning into their new roles on 7/2/2014. **Ex. 103, CSS Organization Chart 07022014** **Ex. 104, Diversion Meeting Notes 06302014**	**7/15/2014 Update** Next Steps: Continue to provide assessment, triage, and care coordination.	**7/15/2014 Update** Incomplete
			9/15/2014 Update CSS currently provides long-term monitoring ("Extended Supports") to 67 individuals with developmental disabilities. Of the 13 County Case Manager Satisfaction Surveys received this reporting period, 11 responded "Agree" to the statement, "CSS intervention helped prevent a loss of placement, prevented hospitalization, or prevented placement in a more restrictive setting." Thirteen (13) of 13 Case Managers replied "Yes" to the statements, "CSS responded in a timely manner" and "The recommendations by CSS were client-specific and tailored to the setting."	**9/15/2014 Update** Next Steps: - Continue to provide assessment, triage, and care coordination to assure persons with DD receive services they need. - Continue to collaborate with MnLB and DSD to triage referrals and questions to the appropriate entity for a timely, effective, and efficient response.	**9/15/2014 Update** Incomplete
			11/17/2014 Update CSS currently provides long-term monitoring ("Extended Supports") to 68 individuals with developmental disabilities. CSS maintains documentation on their diversion efforts and their impact on individuals' stability regarding living situations and behavioral / mental health. That is available from Steve Dahl in CSS.	**11/17/2014 Update** See 9/15/2014 response.	**11/17/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			Of the 9 County Case Manager Satisfaction Surveys received this reporting period, 7 responded "Agree" to the statement, "CSS intervention helped prevent a loss of placement, prevented hospitalization, or prevented placement in a more restrictive setting." **2/13/2015 Update** CSS currently provides long-term monitoring ("Extended Supports") to 69 individuals with developmental disabilities. Of the 16 County Case Manager Satisfaction Surveys received this reporting period, 16 responded "Agree" to the statement, "CSS intervention helped prevent a loss of placement, prevented hospitalization, or prevented placement in a more restrictive setting." **3/16/2015 Update** CSS currently provides long-term monitoring ("Extended Supports") to 69 individuals with developmental disabilities. Of the 6 County Case Manager Satisfaction Surveys received this reporting period, 3 responded "Agree" to the statement, "CSS intervention helped prevent a loss of placement, prevented hospitalization, or prevented placement in a more restrictive setting." **5/15/2015 Update** CSS currently provides long-term monitoring ("Extended Supports") to 70 individuals with developmental disabilities.	**2/13/2015 Update** See 9/15/2014 response. **3/16/2015 Update** See 9/15/2014 response. **5/15/2015 Update** See 9/15/2014 response.	**2/13/2015 Update - 5/15/2015 Update** Maintaining completion achieved 10/31/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			Of the 11 County Case Manager Satisfaction Surveys received this reporting period, 6 responded "Agree" to the statement, "CSS intervention helped prevent a loss of placement, prevented hospitalization, or prevented placement in a more restrictive setting."		
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	**5/11/2014 Update** The Action Item describes what CSS does.	**5/11/2014 Update** Next Steps: Continue to implement this Action Item. Continue to provide assessment, triage, and care coordination.	**5/11/2014 Update** Incomplete
			7/15/2014 Update CSS continues to provide assessment, triage, and care coordination.	**7/15/2014 Update** Next Steps: Continue providing assessment, triage, and care coordination.	**7/15/2014 Update** Incomplete
			9/15/2014 Update During this reporting period, CSS provided services to 415 individuals and their support networks statewide. That number includes the 67 people receiving long-term monitoring. Documentation of individuals and providers served, and of services / training provided is available from Steve Dahl of CSS.	**9/15/2014 Update** Next Steps: Continue providing assessment, triage, and care coordination so people can receive the appropriate level of care in the most integrated setting that they agree to.	**9/15/2014 Update** Incomplete
			11/17/2014 Update During this reporting period, CSS provided services to 536 individuals and their support networks statewide. That number includes the 68 people receiving long-term monitoring.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**11/17/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			2/13/2015 Update During this reporting period, CSS provided services to 415 individuals and their support networks statewide. That number includes the 69 people receiving long-term monitoring. **3/16/2015 Update** During this reporting period, CSS provided services to 396 individuals and their support networks statewide. That number includes the 69 people receiving long-term monitoring. **5/15/2015 Update** During this reporting period, CSS provided services to 295 individuals and their support networks statewide. That number includes the 50 people receiving long-term monitoring.		**2/13/2015 Update - 5/15/2015 Update** Maintaining completion achieved 10/31/2014
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 +C1366	**5/11/2014 Update** 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. **7/15/2014 Update** A Workgroup has been created, and the first meeting will be held in July.	**5/11/2014 Update** Next steps: Establish a workgroup to map the workflow and develop database parameters. Work with Management Analyst to develop database. **7/15/2014 Update** Next Steps: Determine which staff will be assigned which responsibilities.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update CSS continues to collect data on referrals, requests, services provided, and outcomes. The workgroup will map the workflow and establish parameters for a database that includes information from sources in addition to CSS. The first meeting of the workgroup was 8/26/14.	**9/15/2014 Update** Next Steps: - Have the workgroup map the workflow and establish database parameters. - Determine which staff will be assigned which responsibilities. - Schedule meeting with Dan Storkamp, DCT Director of Business Processes, to discuss database options for most efficient and effective data collection, analysis, and reporting.	**9/15/2014 Update** Incomplete
			11/17/2014 Update CSS continues to collect data on referrals, requests, services provided, and outcomes, from multiple sources and in multiple data collection processes / locations. The purpose of the CSS Intervention & Outcomes Data Tracking Workgroup is to "develop a work plan to update CSS data collection, analysis, and reporting to strengthen our continuous improvement efforts and to implement JSA".	**11/17/2014 Update** Obstacles: - Insufficient staff time available to map workflow and establish database parameters for a single data collection process / location. Next step: - Continue to collect and manage data.	**11/17/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			The workgroup has met twice; the October meeting was postponed due to the need to assist MLB with Successful Life Project initial assessments. The next meeting is scheduled for 12/3/14.	- Troubleshoot staff resource challenges with Executive CBS Director to reprioritize CSS resources to facilitate the efforts of the Intervention & Outcomes Data Tracking Workgroup.	
			2/13/2015 Update See 11/17/2014 response. Data collection and review continues. Steve Jensen is transitioning into the Executive CBS Director position, as Pat Carlson's retirement approaches. Staff resource challenges will be one of the priority issues for him to address.	**2/13/2015 Update** See 11/17/2014 response.	**2/13/2015 Update - 5/15/2015 Update** Maintaining completion achieved 10/31/2014
			3/16/2015 Update With the merger of Minnesota Life Bridge (MLB) and CSS, CSS will gain access to support from the MLB Data Coordinator, who will join the CSS workgroup in March 2015. The workgroup met on 2/18/2015 to develop a statewide CSS referral tracking process to streamline referral data collection and analysis.	**3/16/2015 Update** Next steps: - Integrate MLB Data Coordinator in workgroup activities - Implement statewide referral tracking process by 3/1/2015	
			5/15/2015 Update The statewide CSS referral data tracking was fully implemented on 4/21/2015. **Ex 190 Framework: Crisis Intervention Response**	**5/15/2015 Update** Next steps: The data workgroup is scheduled to meet next on 5/21/2015 to develop a work plan for enhanced collection of data regarding CSS interventions and outcomes.	

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	**5/11/2014 Update** See 5/11/2014 response for EC 67.	**5/11/2014 Update** Obstacles: DHS is requiring that a permanent Director must be hired before posting Next steps: Director position posting ended 4/28/14; we anticipate hiring the permanent Director by 6/1/14.	**5/11/2014 Update** Incomplete
			7/15/2014 Update See 7/15/2014 response for EC 67.	**7/15/2014 Update** See 7/15/2014 response for EC 67.	**7/15/2014 Update** Incomplete
			9/15/2014 Update With the filling of the administrative assistant, Director, and Regional Manager positions, efforts are made to support the workgroup developing the CSS workflow and database parameters, and existing data sources can be used to analyze data.	**9/15/2014 Update** Next Steps: - Involve Regional Managers and administrative support staff in design of data collection and analysis tools and processes. - Delineate roles and responsibilities for data analysis and reporting.	**9/15/2014 Update** Incomplete
			11/17/2014 Update CSS continues to collect data on referrals, requests, services provided, and outcomes. The workgroup will map the workflow and establish parameters for a database that includes information from sources in addition to CSS. The first meeting of the workgroup was 8/26/14.	**11/17/2014 Update** See 11/27/2014 response to Action Item 67.2.	**11/17/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			2/13/2015 Update See 11/17/2014 response. **3/16/2015 Update** See 3/16/2015 response for Action Item 67.2. **5/15/2015 Update** See 5/15/2015 response for Action Item 67.2.	**2/13/2015 Update** See 2/13/2015 response to Action Item 67.2. **3/16/2015 Update** See 3/16/2015 response for Action Item 67.2. **5/15/2015 Update** See 5/15/2015 response for Action Item 67.2.	**2/13/2015 Update - 5/15/2015 Update** Maintaining completion achieved 10/31/2014
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 *Olmstead* 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	**5/11/2014 Update** 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. **7/15/2014 Update** The weekly diversion meetings continue to take place. The format of the meeting notes has been changed to more clearly document information relevant to proposed admissions to more restrictive settings, status of transition planning for people at the Facility, and includes active, individualized planning and development information for the individuals under discussion.	**5/11/2014 Update** Next Steps: Continue implementation of and compliance with this Action Item. Continue having weekly meetings, and continue to focus meetings as described. **7/15/2014 Update** **9/15/2014 Update** **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 5/11/2014 response.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update See 7/15/2014 response. Diversion meeting notes are routinely sent to the Court Monitor, Plaintiff's Counsel, the Ombudsman Office for Mental Health and Developmental Disabilities, and the Governor's Council on Developmental Disabilities. They are available from the Jensen Implementation Office. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.		**9/15/2014 Update** Incomplete **11/17/2014 Update** Complete **2/13/2015 Update - 5/15/2015 Update** Maintaining completion achieved 10/31/2014
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) /	6/30/2014	**5/11/2014 Update** 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.	**5/11/2014 Update** Next steps: Continue to focus weekly diversion meetings to emphasize development of integrated alternatives.	**5/11/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
	MN Life Bridge Operations Manager (Mark Brostrom)		**7/15/2014 Update** These meetings continue to focus on all individual known to DHS to be in danger of losing their living situations and on referrals made to MnLB, CSS, and MSOCS East Central. Diversion meeting notes are routinely sent to the Court Monitor and the Parties. The format of the meeting notes has been revised to incorporate JSA CPA requirements.	**7/15/2014 Update** See 5/11/2014 response.	**7/15/2014 Update** Complete
			9/15/2014 Update The weekly diversion meetings continue to consider all individuals known to DHS to be in danger of losing their living situation or who have lost their living situation, and on referrals made to MnLB, CSS, and East Central MSOCS. One of the areas emphasized is development of integrated alternatives where none are available. A request was made in July to add the date of the individual's original referral to Mn Life Bridge to the Diversion meeting notes. A field has been added for that information, and those dates are added going forward as individuals referred to Mn Life Bridge are added to the list (or as someone on the list gets referred to Mn Life Bridge). Diversion meeting notes are routinely sent to the Court Monitor, Plaintiff's Counsel, the Ombudsman Office for Mental Health and Developmental Disabilities, and the Governor's Council on Developmental Disabilities. They are available from the Jensen Implementation Office.	**9/15/2014 Update** Next steps: - Continue to focus weekly diversion meetings to emphasize development of integrated alternatives - Continue to document meeting notes and share with the Court Monitor, Plaintiffs' Counsel, OMHDD, and GCDD as they wish.	**9/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 6/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			11/17/2014 Update **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	
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	**5/11/2014 Update** See 5/11/2014 response for EC 67. **7/15/2014 Update** See 7/15/2014 response for EC 67. **9/15/2014 Update** Documentation of the weekly Diversion meetings has been a shared responsibility among meeting attendees, and most often has been done by MnLB staff. CSS maintains documentation on their diversion efforts and their impact on individuals' stability regarding living situations and behavioral / mental health. That is available from Steve Dahl in CSS. Of the 13 County Case Manager Satisfaction Surveys received this reporting period, 11 responded "Agree" to the statement, "CSS intervention helped prevent a loss of placement, prevented hospitalization, or prevented placement in a more restrictive setting."	**5/11/2014 Update** See 5/11/2014 response for Action Item 67.3. **7/15/2014 Update** See 7/15/2014 response for EC 67. **9/15/2014 Update** Next steps: - See 9/15/2014 response to Action Item 67.5. - CSS will continue to document their actions and efforts, and the impact on individuals' stability.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete **9/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			11/17/2014 Update Of the 9 County Case Manager Satisfaction Surveys received this reporting period, 7 responded "Agree" to the statement, "CSS intervention helped prevent a loss of placement, prevented hospitalization, or prevented placement in a more restrictive setting." **2/13/2015 Update** Of the 16 County Case Manager Satisfaction Surveys received this reporting period, 16 responded "Agree" to the statement, "CSS intervention helped prevent a loss of placement, prevented hospitalization, or prevented placement in a more restrictive setting." **3/16/2015 Update** See 3/16/2015 response for EC 67. **5/15/2015 Update** See 5/15/2015 response for EC 67.	**11/17/2014 Update** See 9/15/2014 response. **2/13/2015 Update** See 9/15/2014 response. **3/16/2015 Update** See 3/16/2015 response for EC 67. **5/15/2015 Update** See 5/15/2015 response for EC 67.	**11/17/2014 Update** Complete **2/13/2015 Update - 5/15/2015 Update** Maintaining completion achieved 10/31/2014
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	Director of Community Support Services (Steve Dahl)	10/31/2014	**5/11/2014 Update** This is a description of what CSS offers. **7/15/2014 Update** This continues to be a description of what CSS offers.	**5/11/2014 Update** Next steps: Continue to provide diversion and support in most integrated setting safely possible. **7/15/2014 Update** See 5/11/2014 response.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
health problems.			**9/15/2014 Update** Of the 13 County Case Manager Satisfaction Surveys received this reporting period, 11 responded "Agree" to the statement, "CSS intervention helped prevent a loss of placement, prevented hospitalization, or prevented placement in a more restrictive setting." Documentation of services available and those provided is available from Steve Dahl of CSS.	**9/15/2014 Update** Next steps: CSS all-staff focus groups are being held on September 11, 2014,to review and make revisions to procedures for assessment, service planning, and interventions. Those procedures will be finalized at a CSS leadership meeting on September 30, 2014.	**9/15/2014 Update** Incomplete
			11/17/2014 Update Of the 9 County Case Manager Satisfaction Surveys received this reporting period, 7 responded "Agree" to the statement, "CSS intervention helped prevent a loss of placement, prevented hospitalization, or prevented placement in a more restrictive setting." Using input received at CSS all-staff meeting, procedures for CSS assessment, care planning, and supports are being drafted.	**11/17/2014 Update** Next Steps: - Draft procedures were finalized at CSS leadership meeting on 10/24/2014	**11/17/2014 Update** Complete
			2/13/2015 Update Of the 16 County Case Manager Satisfaction Surveys received this reporting period, 16 responded "Agree" to the statement, "CSS intervention helped prevent a loss of placement, prevented hospitalization, or prevented placement in a more restrictive setting."	**2/13/2015 Update** Next steps: Continue to provide diversion and support in the most integrated setting safely possible.	**2/13/2015 Update - 5/15/2015 Update** Maintaining completion achieved

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			3/16/2015 Update See 3/16/2015 response for EC 67. **5/15/2015 Update** See 5/15/2015 response for EC 67.	**3/16/2015 Update** See 3/16/2015 response for EC 67. **5/15/2015 Update** See 5/15/2015 response for EC 67.	10/31/2014
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	**5/11/2014 Update** 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. **7/15/2014 Update** Most of the information is included in the referral form, but not all information on that form has been stored electronically. For item 5, the electronic tracking system does not incorporate placement history, so that data must be recorded manually. The data elements can be found in the CSS tracking system and the lead agency records but those systems are independent of each other. The workgroup has been established and will begin meeting in July 2014.	**5/11/2014 Update** 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. **7/15/2014 Update** Next Steps: - We need to develop a method to be able to effectively and efficiently report on the data elements. - Set up and hold workgroup meetings to map the workflow and develop database parameters. - Work with Management Analyst to develop database.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update CSS continues to collect data on referrals, requests, services provided, and outcomes. The workgroup will map the workflow and establish parameters for a database that includes information from sources in addition to CSS. The first meeting of the workgroup was 8/26/14.	**9/15/2014 Update** Next Steps: - Schedule meeting with Dan Storkamp, DCT Director of Business Processes, to discuss database options for most efficient and effective data collection, analysis, and reporting. - Determine which staff will be assigned which responsibilities.	**9/15/2014 Update** Incomplete
			11/17/2014 Update See 9/15/2014 response.	**11/17/2014 Update** See 11/17/2014 response to Action Item 67.2	**11/17/2014 Update** Complete
			2/13/2015 Update See 9/15/2014 response.	**2/13/2015 Update** See 11/17/2014 response.	**2/13/2015 Update - 5/15/2015 Update** Maintaining completion achieved 10/31/2014
			3/16/2015 Update Meetings and discussions with several people were held to discuss database options for efficient data collection and reporting, and staff responsibilities. DHS officially launched the Single Point of Entry (SPE) project on February 19, 2015. The Interim SPE Quick Reference Tool was provided to the Court Monitor by email that day. **Ex. 184 Interim Single Point of Entry Tool** **Ex. 185 Crisis Triage Process Project**	**3/16/2015 Update** Next Steps: - Continue to participate on Six Sigma / CI projects that are looking at data needs and potential improvements across the Department.	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			5/15/2015 Update The interim Single Point of Entry process has been functioning since 2/19/15 including dedicated voicemail and email, SharePoint site, and daily phone call (twice Friday) with leadership from Forensics/MHSATS, CSS, MLB, and DSD (Steve Pratt, Tim Moore, Steve Dahl, Jason Flint).	**5/15/2015 Update** Next Steps: - See 3/16/2015 response. - Continue to support the Single Point of Entry project.	
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.	Deputy Commissioner (Anne Barry)	10/31/2014	**5/11/2014 Update** 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.	**5/11/2014 Update** Next Steps: - Continue implementing this EC. - 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.	**5/1/2014 Update** Incomplete
			7/15/2014 Update DHS Community Support Services (CSS) continues to offer long term monitoring services to people that CSS has served and who have chosen that long term monitoring. MN Life Bridge is creating the Therapeutic Follow-up Team, as described in EC 98. Position descriptions are being created and positions posted.	**7/15/2014 Update** Next Steps: - Continue implementing this EC. - Complete the posting and hiring process for the new positions. - Continue to work in collaboration with the DSD	**7/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			The role of the Therapeutic Follow-up Team is to meet with the Class member, case manager, Disability Services Division (DSD), and/or CSS as needed to determine if the person is living in the most integrated setting, a Functional Behavioral Analysis is in place and followed, and person-centered planning is in place and followed. The DHS Disability Services Division (DSD) has the Community Capacity Building (CCB) Team. The CCB Team's role is to identify gaps in services responding to people who are not yet in crisis and to identify the barriers to availability of services. **Ex. 105, Position Posting for BA 3** **Ex. 106, Position Description - RN Senior** **9/15/2014 Update** CSS identifies and offers a voluntary long term monitoring program to individuals with clinical and situational complexities. CSS currently provides long-term monitoring ("Extended CSS, MnLB, CCB, and the Regional Resource Specialists (RRSs) continue to work in collaboration to help avert crises, provide strategies to meet changing service needs, and to prevent multiple transfers. They triage calls / contacts, and get the correct area(s) involved in the situation.	Community Capacity Building team, and with CSS. **9/15/2014 Update** Next Steps: - Continue offering and providing long-term monitoring to identified individuals - Continue collaboration with CSS, MnLB, CCB, and the Regional Resource Specialists (RRSs)	**9/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			The multi-division Diversion meeting participants maintain a list of people they have been informed about or who have been referred to MN Life Bridge who are experiencing situations where additional services or a temporary setting will be beneficial. Diversion meeting notes are routinely sent to the Court Monitor, Plaintiff's Counsel, the Ombudsman Office for Mental Health and Developmental Disabilities, and the Governor's Council on Developmental Disabilities. They are available from the MN Life Bridge office or the Jensen Implementation Office. **11/17/2014 Update** DHS continues to identify and provide long term monitoring of individuals with clinical and situational complexities in order to help avert crisis reactions, provide strategies for service entry changing needs, and to prevent multiple transfers within the system. Some of these tasks are provided by more than one DHS area, but they may specialize in their target population.	**11/17/2014 Update** Next Steps: - Submit a CPA Modification request to the Court Monitor and parties to extend the deadline for EC 68 and 68.2 in order to more fully develop and refine the processes and procedures for the newly created	**11/17/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			Community Support Services (CSS) provides individualized clinical consultation and technical assistance to people with clinically complex challenges, and to their staff and families. This ranges from a one-time training session to long term monitoring for identified individuals. CSS identifies and offers a voluntary long term monitoring program to individuals with clinical and situational complexities. CSS currently provides long-term monitoring ("Extended Supports") to 68 individuals with developmental disabilities. Minnesota Life Bridge (MLB) is a community-based residential treatment program, with mobile support services, for individuals with developmental disabilities who exhibit severe behaviors that present a risk to public safety. The Disability Services Division - Community Capacity Building Team (CCB) provides high-level training, technical assistance, consultation, and education aimed at expanding and enhancing the statewide use of person-centered planning, positive support practices, evidence-based practices, and expanding access to crisis services.	Statewide Quality Assurance Committee. A separate request will also be made to modify the responsible party "for good cause shown" as outlined in the November 10, 2014 memo from the Court Monitor. - Continue to implement processes to efficiently comply with this EC, to avoid duplication of efforts and increase opportunities for data analysis and quality assurance, to improve processes and efforts to support individuals. - Continue offering and providing long-term monitoring to identified individuals - Continue collaboration with CSS, MnLB, CCB, and the Regional Resource Specialists (RRSs)	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			All of these areas of DHS interact, and sometimes their responsibilities overlap. The interaction process will be more formalized with the creation of the Statewide Quality Assurance Committee, consisting initially of Steve Dahl from CSS, Jason Flint from DSD, and Tim Moore from MLB. In lieu of one phone number to access services or supports, the various areas that receive calls will take the call and will triage the best source of help and will connect the caller with that resource. Some of the people on the Regional Resource Specialists list are also on the Weekly Diversion Meeting list and / or the CSS referrals or extended supports roster. **2/13/2015 Update** MLB has taken responsibility for implementation of EC 68, 68.1, and 68.2. The project abstract was reviewed with the Jensen Implementation Team on 12/18/2014. Development, logistics, and implementation continues.	- Continue to develop and refine the processes and procedures for the Quality Assurance Committee - Continue to refine the processes and procedures for the triaging of calls and contacts **2/13/2015 Update** Next Steps: - Submit a request for an extension to the deadlines for ECs 68, 68.1, and 68.2 - Submit a request to change the Person(s) Responsible for ECs 68, 68.1, and 68.2 from Anne Barry to Steve Jensen - Continue to implement this project, enhancing and clarifying as needed	**2/13/2015 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			3/16/2015 Update The interim Single Point of Entry Pilot is now operational. The Quick Reference Tool provides information for processing communications coming in to DHS regarding people in crisis. All discovery pieces for the Crisis Triage Process project have been completed (the column on the left in the Exhibit). Process mapping has begun, and there is communication between DHS divisions. An outcome will be determining the ongoing sustainability of a Single Point of Entry. It took longer than expected to do research and discovery for the interim triage system and for the larger Crisis Triage Process project being headed by the DHS Office of Continuous Improvement. We held off completing and submitting the modification request until the process was clear. The various parts of DHS that interact on triage and intake continue to collaborate to ensure implementation of this EC continues to move forward. DHS continues to develop regional resources for creating a strong statewide regional network built on community connections and local resources. **Ex. 184 Interim Single Point of Entry Tool** **Ex. 185 Crisis Triage Process Project**	**3/16/2015 Update** Obstacles: It has taken longer than expected to work out the details of developing the interim single point of entry process, and so it has taken longer than expected to submit a request for EC modifications. However, there is more communication and collaborations within DHS that should provide more efficient access to appropriate services. Next Steps: - Await and respond to Court Monitor's decision on the request for an extension of deadlines. - Continue to implement this project, enhancing and clarifying as needed.	**3/16/2015 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			5/15/2015 Update The interim Single Point of Entry process has been functioning since 2/19/15 including dedicated voicemail and email, SharePoint site, and daily phone call (twice Friday) with leadership from Forensics/MHSATS, CSS, MLB, and DSD (Steve Pratt, Tim Moore, Steve Dahl, Jason Flint).	**5/15/2015 Update** Next Steps: Continue to monitor the effectiveness of the SPE process for routing communications so timely responses are provided to inquiries, and cases are assigned to the right programs in an efficient manner.	**5/15/2015 Update** 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),	Deputy Commissioner (Anne Barry)	10/31/2014	**5/11/2014 Update** DHS is considering collaborating with existing quality assurance committees and processes to avoid duplication and increase opportunities for data analysis.	**5/11/2014 Update** 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.	**5/11/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
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.			**7/15/2014 Update** There needs to be further discussion on the availability of this data, and whether the state Quality Council (or a subgroup) would work with us while we continue to seek funding for the Council and regional councils.	**7/15/2014 Update** Next Steps: Continue to 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.	**7/15/2014 Update** Incomplete
			9/15/2014 Update The State Quality Council (SQC) would need more information to be able to commit a workgroup and volunteer participation. A specific request would need to be brought to the SQC. At this time the SQC could provide state review, but would not be able to complete regional council activities. The Interim Review Panel has been established to review requests from 245D providers to use prohibited procedures with persons who exhibit self-injurious behavior after a PSTP expires. The panel's duties were created in M.S. 245.8251 and 245D.06, subdivision 8. The panel will only be providing a recommendation to the commissioner to either approve or deny these requests.	**9/15/2014 Update** Next Steps: - Discuss with DC&T whether they could provide data on a monthly basis, and then see if the SQC could review the data. - Continue to 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.	**9/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			The Interim Review Panel had its first meeting in August, and will meet to review requests at least monthly. Information will be sent out to providers so they know how to apply for PSTP continuance, if needed. Dr. Shannon Torborg in the Jensen Implementation Office is one of the Panelists. **11/17/2014 Update** The State Quality Council has not received legislative funding, and is unable to play a significant role in reviewing data at this time. Instead, the Statewide Quality Assurance Committee, consisting initially of Steve Dahl from CSS, Jason Flint from DSD, and Tim Moore from MLB, has been created. This committee, and the proposed regional quality assurance committees, were a topic of discussion at the October 2014 Parties meeting, which included the Court Monitor and the Assistant to the Court Monitor. These should be relatively simple to set up and to begin reviews and analysis by the end of 2014. Additional people can be added to the committees in the future. Also of note - The Interim Review Panel has been established to review requests from 245D providers to use prohibited procedures with persons who exhibit self-injurious behavior after a PSTP expires. The panel will only be providing a recommendation to the commissioner to either approve or deny these requests.	**11/17/2014 Update** Next Steps: - Submit a CPA Modification request to the Court Monitor and parties to extend the deadline for EC 68 and 68.2 in order to more fully develop and refine the processes and procedures for the newly created Statewide Quality Assurance Committee. A separate request will also be made to modify the responsible party "for good cause shown" as outlined in the November 10, 2014 memo from the Court Monitor.	**11/17/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			The Interim Review Panel will meet once a week until the end of the 2014 to review requests. Dr. Shannon Torborg in the Jensen Implementation Office is one of the Panelists. The DHS-6810D Request for the Authorization of the Emergency Use of Procedures is available on the DHS website. A designated coordinator or manager from any 245D-licensed provider must use this form to request approval for the emergency use of procedures on or after 1/1/2015 that: - have been part of an approved positive support transition plan, and - are necessary to protect a person from self-harm due to self-injurious behavior. To guarantee panel review by 1/1/2015, the request must be submitted by 10/22/2014. **2/13/2015 Update** Between 10/27/2014 and 12/31/2014, the Interim Review Panel (IRP) reviewed 50 requests from MS Chapter 245D providers to use prohibited procedures with persons who exhibit self-injurious behavior after the PSTP expired. 33 of those 50 were approved.	- Continue to develop and refine the processes and procedures for the Quality Assurance Committee - Continue to implement processes to efficiently comply with this EC, to avoid duplication of efforts and increase opportunities for data analysis, to improve - All requests to and recommendations from the Statewide Quality Assurance Committee are managed, tracked and logged in an Excel database. - Continue to develop and refine the processes and procedures for the triaging of calls and contacts **2/13/2015 Update** Next Steps: - Submit a request for an extension to the deadlines for ECs 68, 68.1, and 68.2	**2/13/2015 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			There has been only been one complete request that has been received and reviewed in 2015. One other request was submitted but it did not have all the required information. Once that information is received, it can be reviewed. MLB has taken responsibility for the implementation of ECs 68, 68.1, and 68.2. The project abstract was reviewed with the Jensen Implementation Team on 12/18/2014. Development, logistics, and implementation continues for a triaging system for calls about services for people with DD. There is a Six Sigma project on a method for all information requests for DHS services. There is also an interim project to create a central repository of all contacts to DHS about people in crisis and needing services. **3/16/2015 Update** See 3/16/2015 response to Action Item 67.8. The State Quality Assurance Committee (Dahl, Flint, Moore) have begun planning and logistics for establishing Regional Quality Assurance Committees, including identifying county case managers and providers involved in the support of Jensen class members, and class members themselves, to serve on the committees.	- Submit a request to change the Person(s) Responsible for ECs 68, 68.1, and 68.2 from Anne Barry to Steve Jensen - Continue to implement this project, enhancing and clarifying as needed. **3/16/2015 Update** Next Steps: - Gather Quality Assurance Committee Representatives from each region statewide. - One representative from each area: DSD, CSS and MLB will be assigned to each regional committee.	**3/16/2015 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			The database will gather aggregate data to assess systemic activity and help drive decisions for improvements. Individual cases are directed and addressed through the Single Point of Entry and triage team for follow up by the appropriate person or agency. We will explore the possibility of hiring or assigning someone to staff the effort for communication, information gathering, and data and business analysis. **Ex. 184 Interim Single Point of Entry Tool** **Ex. 185 Crisis Triage Process Project** **5/15/2015 Update** See 5/15/2015 response to EC 68.	- Seek volunteers from the State Quality Council - Ask counties to identify people to participate - Invite Ombudsman staff as guests to the local committees - Assign chairs to each Regional QA Committee. - Develop procedures for the Regional QA Committees. **5/15/2015 Update** See 3/16/2015 response.	**5/15/2015 Update** 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	**5/11/2014 Update** 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 the DHS Licensing Information Lookup web site at http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_054422#.	**5/11/2014 Update** Obstacles: There are different systems in place that include different data fields. Next Steps: Continue implementing this EC.	**5/11/2914 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update We are continuing to discuss partnering with the State Quality Council who recently identified indicators to be used to evaluate quality.	**7/15/2014 Update** Next Steps: - Continue discussions with the State Quality Council to implement this EC. - Continue research on the existing and planned data collection systems.	**7/15/2014 Update** Incomplete
			9/15/2014 Update See 9/15/2014 response to Action Item 68.1	**9/15/2014 Update** See 9/15/2014 response to Action Item 68.1	**9/15/2014 Update** Incomplete
			11/17/2014 Update See 11/15/2014 response to Action Item 68.1.	**11/17/2014 Update** See 11/15/2014 response to Action Item 68.1.	**11/17/2014 Update** Incomplete
			2/13/2015 Update See 2/13/2015 response to Action Item 68.1.	**2/13/2015 Update** See 2/13/2015 response to Action Item 68.1.	**2/13/2015 Update** Incomplete
			3/16/2015 Update Meetings continue to be held to discuss database options for efficient data collection and reporting, and staff responsibilities.	**3/16/2015 Update** Next Steps: - Continue research on the existing and planned data collections systems.	**3/16/2015 Update** Incomplete
			5/15/2015 Update See 3/16/2015 response.	**5/15/2015 Update** See 3/16/2015 response.	**5/15/2015 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
69. Approximately seventy five (75) individuals are targeted for long term monitoring.	Director of Community Support Services (Steve Dahl)	6/30/2014	**5/11/2014 Update** 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.	**5/11/2014 Update** Next steps: Redefining broader eligibility criteria and reviewing all current CSS cases serving individuals with DD to screen for appropriateness for long-term monitoring.	**5/11/2914 Update** Incomplete
			7/15/2014 Update CSS currently provides long-term monitoring ("Extended Supports") to 66 individuals with developmental disabilities. The eligibility criteria have been updated so more people are eligible to be served through this program. It remains a voluntary program. People can choose to participate or end participation. **Ex. 107, CSS Ext Supports Roster 06302014**	**7/15/2014 Update** Next Steps: Continue to identify individuals who would benefit from long-term monitoring.	**7/15/2014 Update** Complete
			9/15/2014 Update CSS currently provides long-term monitoring ("Extended Supports") to 67 individuals with developmental disabilities. Long term monitoring through CSS remains a voluntary program. People can choose to participate or end participation. Documentation on clients served or services / training provided is available from Steve Dahl in CSS.	**9/15/2014 Update** Next Steps: - Continue to identify individuals who would benefit from long-term monitoring. - Continue long term monitoring program. - Continue documenting information on individuals supported and on services and trainings provided by CSS.	**9/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 6/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			11/17/2014 Update CSS currently provides long-term monitoring ("Extended Supports") to 68 individuals with developmental disabilities. **2/13/2015 Update** CSS currently provides long-term monitoring ("Extended Supports") to 69 individuals with developmental disabilities. **3/16/2015 Update** CSS currently provides long-term monitoring ("Extended Supports") to 69 individuals with developmental disabilities. **5/15/2015 Update** During this reporting period, CSS provided long-term monitoring ("Extended Supports") to 50 individuals with developmental disabilities.	**11/17/2014 Update** Obstacles: The CSS long term monitoring program is a voluntary program, and people can choose to participate or not. Next Steps: See 9/15/2014 response. **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 11/17/2014 response.	
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	**5/11/2014 Update** See 5/11/2014 response to EC 69. One potential source of individuals is the people discussed at the weekly Admissions and Diversions meetings. **7/15/2014 Update** See 7/15/2014 response for EC 69. **9/15/2014 Update** See 9/15/2014 response to EC 69.	**5/11/2014 Update** Next Steps: Continue implementing this Action Item. **7/15/2014 Update** See 7/15/2014 response for EC 69. **9/15/2014 Update** See 9/15/2014 response to EC 69.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Complete **9/15/2014 Update - 5/15/2015**

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			11/17/2014 Update See 11/15/2014 response to EC 69. **2/13/2015 Update** See 2/13/2015 response to EC 69. **3/16/2015 Update** See 3/16/2015 response to EC 69. **5/15/2015 Update** See 5/15/2015 response to EC 69.	**11/17/2014 Update** See 11/15/2014 response to EC 69. **2/13/2015 Update** See 2/13/2015 response to EC 69. **3/16/2015 Update** See 3/16/2015 response to EC 69. **5/15/2015 Update** See 5/15/2015 response to EC 69.	**Update** Maintaining completion achieved 6/30/2014
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	**5/11/2014 Update** See 5/11/2014 response to EC 69. **7/15/2014 Update** See 7/15/2014 response for EC 69. **9/15/2014 Update** See 9/15/2014 response to EC 69. **11/17/2014 Update** See 11/15/2014 response to EC 69. **2/13/2015 Update** See 2/13/2015 response to EC 69. **3/16/2015 Update** See 3/16/2015 response to EC 69. **5/15/2015 Update** See 5/15/2015 response to EC 69.	**5/11/2014 Update** Next Steps: Continue implementing this Action Item. **7/15/2014 Update** See 7/15/2014 response for EC 69. **9/15/2014 Update** See 9/15/2014 response to EC 69. **11/17/2014 Update** See 11/15/2014 response to EC 69. **2/13/2015 Update** See 2/13/2015 response to EC 69. **3/16/2015 Update** See 3/16/2015 response to EC 69. **5/15/2015 Update** See 5/15/2015 response to EC 69.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Complete **9/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 6/30/2014

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	**5/11/2014 Update** See 5/11/2014 response to EC 69. **7/15/2014 Update** See 7/15/2014 response for EC 69. **9/15/2014 Update** See 9/15/2014 response to EC 69. **11/17/2014 Update** See 11/15/2014 response to EC 69. **2/13/2015 Update** See 2/13/2015 response to EC 69. **3/16/2015 Update** See 3/16/2015 response to EC 69. **5/15/2015 Update** See 5/15/2015 response to EC 69.	**5/11/2014 Update** Next Steps: Continue implementing this Action Item. **7/15/2014 Update** See 7/15/2014 response for EC 69. **9/15/2014 Update** See 9/15/2014 response to EC 69. **11/17/2014 Update** See 11/15/2014 response to EC 69. **2/13/2015 Update** See 2/13/2015 response to EC 69. **3/16/2015 Update** See 3/16/2015 response to EC 69. **5/15/2015 Update** See 5/15/2015 response to EC 69.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Complete **9/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 6/30/2014
70. CSS mobile wrap-around response teams are located across the state for proactive response to maintain living arrangements.	Director of Community Support Services (Steve Dahl)	10/31/2014	**5/11/2014 Update** 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. **Ex. 59, CSS Office Locations April 2014**	**5/11/2014 Update** Next steps: Maintain locations of teams/staff to provide effective supports.	**5/11/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update CSS continues to maintain the stated locations. CSS continues to provide services statewide, where they are needed. **9/15/2014 Update** See 7/15/2014 response. Documentation on clients and services is available from Steve Dahl in CSS. **11/17/2014 Update** **2/13/2015 Update** See 9/15/2014 response. **3/16/2015 Update** See 9/15/2014 response. MLB has submitted proposed budgets to create two mobile crisis teams (FY16) to enhance this service. Human Resources is involved to begin auditing the needed positions for this work in order to begin the hiring process. **5/15/2015 Update** See 9/15/2014 response.	**7/15/2014 Update** Next steps: Maintain locations of teams/staff to provide effective supports. **9/15/2014 Update** Next steps: Maintain locations of teams/staff to provide effective supports. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**7/15/2014 Update** Incomplete **9/15/2014 Update** Incomplete **11/17/2014 Update** Complete **2/13/2015 Update - 5/15/2015 Update** Maintaining completion achieved 10/31/2014

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	**5/11/2014 Update** 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. **7/15/2014 Update** The description of the team locations remains the same. **9/15/2014 Update** The description of the team locations remains the same. Documentation is available from Steve Dahl in CSS. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**5/11/2014 Update** Next steps: Maintain locations of teams/staff to provide effective supports. **7/15/2014 Update** Next Steps: Continue to maintain locations of teams / staff to provide effective supports. **9/15/2014 Update** See 7/15/2014 response. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 7/15/2014 response.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 4/30/2014
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	**5/11/2014 Update** See 5/11/2014 response for EC 67. **7/15/2014 Update** See 7/15/2014 response for EC 67.	**5/11/2014 Update** See 5/11/2014 response for Action Item 67.3. **7/15/2014 Update** See 7/15/2014 response for EC 67.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update As staff are hired and trained, determination and assignment of tasks for data collection, analysis, data management, and reporting is happening. Documentation of hiring and of staff records is available from Steve Dahl in CSS, or from DHS Human Resources.	**9/15/2014 Update** Next Steps: - Continue to provide assessment, triage, and care coordination. -Staff will know who is responsible for each part of data collection, management, analysis, and reporting.	**9/15/2014 Update** Incomplete
			11/17/2014 Update See 9/15/2014 response.	**11/17/2014 Update** See 9/15/2014 response.	**11/17/2014 Update** Incomplete
			2/13/2015 Update See 9/15/2014 response.	**2/13/2015 Update** See 9/15/2014 response.	**2/13/2015 Update** Complete
			3/16/2015 Update **5/15/2015 Update** See 9/15/2014 response.	**3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**3/16/2015 Update** **5/15/2015 Update** Maintaining completion achieved 12/31/2014
70.3 Document responses from CSS to individual's satisfaction surveys.	Director of Community Support Services (Steve Dahl)	10/31/2014	**5/11/2014 Update** 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).	**5/11/2014 Update** Next steps: Continue reviewing and documenting survey responses regularly and respond to concerns as appropriate; document responses on Stakeholder Concern Response Log.	**5/11/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update See 7/15/2014 response to EC 4. **9/15/2014 Update** We review and document responses from individual satisfaction surveys. CSS closed 27 cases during this reporting period (July 1-Aug. 22, 2014). Surveys were sent to the individual or their legal representative (sent when the individual declines or is unable to participate and the person has a guardian), and to the case manager. There were no specific issues identified to be addressed in the surveys that CSS received. Type # Sent # Received Client 27 2 Legal Rep 10 0 Case Manager 27 10 **11/17/2014 Update** CSS reviews and documents responses from individual satisfaction surveys. CSS closed 32 cases during this reporting period (Aug. 23-Oct. 17, 2014). Surveys were sent to the individual or their legal representative (sent when the individual declines or is unable to participate and the person has a guardian), and to the case manager. Type # Sent # Received Client 12 5 Legal Rep 20 5 Case Manager 32 9	**7/15/2014 Update** See 5/11/2014 response. **9/15/2014 Update** See 5/11/2014 response. **11/17/2014 Update** See 9/15/2014 response.	**7/15/2014 Update** Incomplete **9/15/2014 Update** Incomplete **11/17/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			One county case manager (CCM) indicated concern about CSS' s communication and coordination with the county. CSS contacted the CCM to discuss the concern and learned that the CCM who completed the survey was not the primary CCM assigned to the person's case. Rather, that feedback was provided by an interim CCM who was covering the case for a short period at the end of CSS involvement. The individual's long-term CCM stated that she did not share the concerns expressed. **2/13/2015 Update** CSS reviews and documents responses from individual satisfaction surveys. CSS closed 31 cases during this reporting period (Oct. 18-Dec. 24, 2014). Surveys were sent to the individual or their legal representative (sent when the individual declines or is unable to participate and the person has a guardian), and to the case manager. Type # Sent # Received Client 20 13 Legal Rep 11 4 Case Manager 31 16	**2/13/2015 Update** See 5/11/2014 response.	**2/13/2015 Update** **5/15/2015 Update** Maintaining completion achieved 10/31/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			3/16/2015 Update CSS reviews all satisfaction surveys returned and documents its responses to individual surveys. One survey received on 2/10/2015 expressed a concern. Documentation of CSS response to this concern (in progress) is available from Steve Dahl in CSS. CSS closed 39 cases during this reporting period (12/24/2014-2/20/2015). Surveys were sent to the individual or their legal representative (sent when the individual declines or is unable to participate and the person has a guardian), and to the case manager. Type # Sent # Received Client 25 8 Legal Rep 14 3 Case Manager 39 6	**3/16/2015 Update** See 5/11/2014 response.	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			5/15/2015 Update CSS reviews all satisfaction surveys returned and documents its responses to individual surveys. There were no specific issues identified to be addressed in the surveys that CSS received. CSS closed 39 cases during this reporting period (2/20/2015-4/24/2015). Surveys were sent to the individual or their legal representative (sent when the individual declines or is unable to participate and the person has a guardian), and to the case manager. Type # Sent # Received Client 30 8 Legal Rep 9 3 Case Manager 39 11	**5/15/2015 Update** See 5/11/2014 response.	
71. CSS arranges a crisis intervention within three (3) hours from the time the parent or legal guardian authorizes CSS' involvement.	Director of Community Support Services (Steve Dahl)	12/31/2013	**5/11/2014 Update** It is current practice to arrange a crisis intervention within three hours from the time the service request is authorized. **Ex. 59, CSS Office Locations Listing April 2014** **7/15/2014 Update** This remains current practice. 100% of the time, a crisis intervention was arranged within 3 hours from the time the parent or legal guardian authorized CSS involvement.	**5/11/2014 Update** Next steps: Continue to arrange as described. **7/15/2014 Update** Next Steps: Consider modifying the referral form to document the timing.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update**

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update See 7/15/2014 response. In the 13 County Case Manager Satisfaction Surveys received this reporting period, all 13 Case Managers replied "Yes" to the statement, "CSS responded in a timely manner." The referral form has been updated to include documentation of timing.	**9/15/2014 Update** Next Steps: - Continue to meet timelines for arranging crisis interventions. - Implement new referral form October 1, 2014.	Maintaining completion achieved 12/31/2013
			11/17/2014 Update The revised referral form was implemented on 10/2/2014. In the 9 County Case Manager Satisfaction Surveys received this reporting period, all 9 Case Managers replied "Yes" to the statement, "CSS responded in a timely manner."	**11/17/2014 Update** Next Steps: - Continue to meet timelines for arranging crisis interventions	
			2/13/2015 Update In the 16 County Case Manager Satisfaction Surveys received this reporting period, all 16 Case Managers replied "Yes" to the statement, "CSS responded in a timely manner."	**2/13/2015 Update** See 11/17/2014 response.	
			3/16/2015 Update In the 6 County Case Manager Satisfaction Surveys received this reporting period, all 6 Case Managers replied "Yes" to the statement, "CSS responded in a timely manner."	**3/16/2015 Update** See 11/17/2014 response.	
			5/15/2015 Update As stated in the CPA, the Department's compliance with EC 71 is subject to "best efforts" (Doc. No. 283). The JSA states that the three hour time period for crisis intervention is a goal and objective, and not a requirement.	**5/15/2015 Update** Obstacles: - Retrieving data on meeting the JSA goal of arranging a crisis intervention within the	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			While not a requirement of EC 71, as part of the initial contact made by CSS, an assessment and consultation regarding the nature of the referral is made. This includes an evaluation to determine if the situation is a behavioral emergency requiring emergency intervention such as but not limited to calling for emergency medical intervention. Retrieving data on our efforts related to EC 71 is labor intensive and we are developing a way to streamline retrieval. On 4/21/2015, CSS implemented a new electronic tracking form for service inquiries and intake activities. The form includes fields to track the timing of contacts and activities. **Ex 190 Framework: Crisis Intervention Response** **Ex 191 Framework: Service Inquiry Tracking**	three hour time period after authorization has been labor intensive, involving gathering paper documents from various locations and manually reviewing them all. - There is a learning curve for staff to use the system. Initial data will be reviewed for accuracy, and there will be follow up to make any needed corrections and make sure staff know what to enter in each field. Next steps: - Evaluate staff ability to understand and correctly use the new electronic tracking form - Analyze data from new Service Inquiry Tracking database	

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	**5/11/2014 Update** 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.	**5/11/2014 Update** Next steps: Continue to respond as described.	**5/11/2014 Update** Complete
			7/15/2014 Update CSS maintains the locations. CSS continues to provide services statewide, where they are needed.	**7/15/2014 Update** Next steps: Maintain locations of teams/staff to provide effective supports.	**7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2013
			9/15/2014 Update See 7/15/2014 response. Documentation of CSS locations and services available / provided is available from Steve Dahl in CSS.	**9/15/2014 Update** See 7/15/2014 response.	
			11/17/2014 Update **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 7/15/2014 response.	

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	**5/11/2014 Update** 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. **7/15/2014 Update** CSS maintains the locations. CSS continues to provide services statewide, where they are needed. **9/15/2014 Update** See 7/15/2014 response. Documentation of CSS locations and services available / provided is available from Steve Dahl in CSS. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**5/11/2014 Update** Next steps: Continue to respond as described. Periodically review procedure for possible streamlining. **7/15/2014 Update** **9/15/2014 Update** **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 5/11/2014 response.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015** Update Maintaining completion achieved 12/31/2013
72. CSS partners with Community Crisis Intervention Services to maximize support, complement strengths, and avoid duplication.	Director of Community Support Services (Steve Dahl)	10/31/2014	**5/11/2014 Update** 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. **Ex. 60, MORA - MCCP Training Prgm 2014 04 25** **Ex. 61 Minutes from MCCP/CSS Meeting**	**5/11/2014 Update** Next Steps: Continue to collaborate with private sector crisis intervention providers.	**5/11/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update CSS continues to partner with a variety of community crisis intervention services providers to maximize support, complement strengths, and avoid duplication.	**7/15/2014 Update** See 5/11/2014 response.	**7/15/2014 Update** Incomplete
			9/15/2014 Update See 7/15/2014 response. There are regular and as-needed meetings on specific situations and on policy / practice. Documentation of collaboration is available from Steve Dahl in CSS.	**9/15/2014 Update** Next Steps: - See 5/11/2014 response. - Continue ad hoc and scheduled meetings with these providers.	**9/15/2014 Update** Incomplete
			11/17/2014 Update See 9/15/2014 response.	**11/17/2014 Update** See 9/15/2014 response.	**11/17/2014 Update** Complete
			2/13/2015 Update **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**2/13/2015 Update - 5/15/2015 Update** Maintaining completion achieved 10/31/2014
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	**5/11/2014 Update** There is ongoing collaboration with MCCP, with quarterly meetings and ongoing interaction as needed to serve individuals.	**5/11/2014 Update** Next steps: Continue to collaborate with MCCP.	**5/11/2014 Update** Complete
			7/15/2014 Update There continues to be ongoing collaboration with MCCP.	**7/15/2014 Update** See 5/11/2014 response.	**7/15/2014 Update - 5/15/2015**

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update In addition to ad hoc discussions, CSS met with MCCP once this reporting period formally to discuss shared service issues, strategies, and resources. CSS also participated in Crisis Services summit sponsored by the DHS Disability Services Division on Aug. 28, 2014 with crisis service providers and county representatives from across the state. Documentation of collaboration is available from Steve Dahl in CSS. **11/17/2014 Update** During this reporting period CSS participated in positive supports technical assistance discussions sponsored by the DHS Disability Services Division on Oct. 10 & 15, 2014, with representatives from DSD, JIO, MSOCS, MCCP, MLB, and with Dr. Rick Amado. Documentation of collaboration is available from Steve Dahl in CSS. **2/13/2015 Update** CSS participated in an all-day conference with community crisis service providers on Nov. 6, 2014.	**9/15/2014 Update** Next steps: Continue to collaborate with MCCP on an ad hoc and a scheduled basis. **11/17/2014 Update** Next steps: - Continue to collaborate with MCCP on an ad hoc and a scheduled basis - The next scheduled meeting is an all-day conference on Nov. 6, 2014 **2/13/2015 Update** Next steps: - Continue to collaborate with MCCP on an ad hoc and a scheduled basis	**Update** Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			3/16/2015 Update As part of a Six Sigma continuous improvement project, CSS met with the Metro Crisis Planning Advisory Council and MCCP on 2/13/2015 to solicit their feedback regarding CSS, MLB, and Disability Services Division (DSD) efforts to support individuals with developmental disabilities in crisis. **5/15/2015 Update** As part of developing comprehensive, coordinated crisis services for Minnesota's Olmstead Plan, CSS met with representatives of various DHS divisions, counties, MCCP, and other private crisis service providers on 4/23/2015.	**3/16/2015 Update** Next steps: Incorporate feedback into Six Sigma project to develop improvements to DHS processes. **5/15/2015 Update** Next Steps: Continue to participate in development of Olmstead Plan elements related to crisis supports.	
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	**5/11/2014 Update** 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. **Ex. 62, CSS Pymt Eligibility Review Framework** **Ex. 63, CSS Individual Pymt Elig Review forms** **7/15/2014 Update** CSS continues to work with counties and tribes to provide services for persons with developmental disabilities.	**5/11/2014 Update** Next steps: Continue to provide safety net crisis prevention and remediation services to eligible individuals with developmental disabilities. **7/15/2014 Update** Next steps: Continue to provide safety net crisis prevention and remediation services to eligible individuals with developmental disabilities.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update CSS continues to work with counties and tribes to provide services for persons with developmental disabilities. For example, on August 18, 2014, CSS staff met with representatives from 22 counties and DCT Vocational Services in Brainerd to discuss shared support responsibilities, issues, and strategies in promoting effective community integration. Documentation of collaboration is available from Steve Dahl in CSS.	**9/15/2014 Update** Next steps: - Continue to collaborate with counties and tribes to provide or arrange for needed services. - Continue to provide safety net crisis prevention and remediation services to eligible individuals with developmental disabilities. - Continue to participate in quarterly meeting with Region 3 counties to discuss shared crisis service issues and strategies again. Last meeting June 17, 2014; next meeting Sept. 23, 2014 in Duluth.	**9/15/2014 Update** Incomplete
			11/17/2014 Update See 9/15/2014 response.	**11/17/2014 Update** Next steps: - See 9/15/2014 response - Continue to participate in quarterly meeting with Region 3 counties to discuss shared crisis service issues and strategies again.	**11/17/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
				Last meeting 9/23/2014 ; next meeting tentatively set for January 2015 in Two Harbors MN	
			2/13/2015 Update See 9/15/2014 response. **3/16/2015 Update** See 3/16/2015 response to Action Item 72.1. **5/15/2015 Update** As part of developing comprehensive, coordinated crisis services for Minnesota's Olmstead Plan, CSS met with representatives of various DHS divisions, counties, MCCP, and other private crisis service providers on 4/23/2015.	**2/13/2015 Update** See 9/15/2014 response. **3/16/2015 Update** See 3/16/2015 response to Action Item 72.1. **5/15/2015 Update** Next Steps: Continue to participate in development of Olmstead Plan elements related to crisis supports.	**2/13/2015 Update - 5/15/2015 Update** Maintaining completion achieved 10/31/2014
72.3 Continue quarterly meetings with MCCP.	Director of Community Support Services (Steve Dahl)	12/31/2013	**5/11/2014 Update** There is ongoing communication and collaboration with MCCP, with quarterly meetings and ongoing interaction as needed to address client needs. **7/15/2014 Update** Ongoing communication and quarterly meetings with MCCP continue.	**5/11/2014 Update** Next steps: Continue to collaborate with MCCP. **7/15/2014 Update** Next steps: Continue to collaborate with MCCP.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update**

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update In addition to ad hoc discussions, CSS met with MCCP once this reporting period formally to discuss shared service issues, strategies, and resources. Documentation of collaboration is available from Steve Dahl in CSS.	**9/15/2014 Update** Next steps: - Continue to attend quarterly meetings with MCCP. - Co-host and participate in annual crisis services conference and pre-conference Nov. 6-7, 2014 with Mount Olivet Rolling Acres (MORA) and MCCP.	Maintaining completion achieved 12/31/2013
			11/17/2014 Update This reporting period CSS and MCCP participated jointly in conversations regarding positive supports technical assistance under the auspices of the DHS Disability Services Division on Oct. 10 & 15, 2014.	**11/17/2014 Update** See 9/15/2014 response.	
			2/13/2015 Update See 2/13/2015 response for Action Item 72.1.	**2/13/2015 Update** See 9/15/2014 response for Action Item 72.1.	
			3/16/2015 Update See 3/16/2015 response for Action Item 72.1.	**3/16/2015 Update** See 3/16/2015 response for Action Item 72.1.	
			5/15/2015 Update As part of developing comprehensive, coordinated crisis services for Minnesota's Olmstead Plan, CSS met with representatives of various DHS divisions, counties, MCCP, and other private crisis service providers on 4/23/2015.	**5/15/2015 Update** Next Steps: Continue to participate in development of Olmstead Plan elements related to crisis supports.	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
73. CSS provides augmentative training, mentoring and coaching.	Director of Community Support Services (Steve Dahl)	8/31/2014	**5/11/2014 Update** CSS provides augmentative training, mentoring, and coaching. Current practices, policies, and forms are being reviewed to determine whether they comply with this Plan terminology. **Ex. 57, Descriptions of CSS and MSOCS** **7/15/2014 Update** CSS continues to provide augmentative training, mentoring, and coaching. **9/15/2014 Update** Practices, policies, and forms have been reviewed to ensure they comply with the JSA and this CPA. In July 2014 CSS provided 11 trainings and 103 people were trained. In August 2014 CSS provided 9 trainings and 110 people were trained. During this reporting period CSS provided Augmentative Support Services in 8 new individual cases. Documentation of activities is available from Steve Dahl in CSS. **11/17/2014 Update** Between 8/23 and 10/17, CSS provided 17 training sessions to 242 individuals. During this same period CSS provided Augmentative Support Services in 4 new individual cases. Documentation of activities is available from Steve Dahl in CSS.	**5/11/2014 Update** Next steps: Continue to provide augmentative training mentoring, and coaching. **7/15/2014 Update** See 5/11/2014 response. **9/15/2014 Update** See 5/11/2014 response. **11/17/2014 Update** See 5/11/2014 response.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete **9/15/2014 Update** Complete **11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			2/13/2015 Update Between 10/18 and 12/14, CSS provided 13 training sessions to 154 individuals. During this same period CSS provided Augmentative Support Services in 2 new individual cases. **3/16/2015 Update** Between 12/14 and 2/20, CSS provided 7 training sessions to 61 individuals. During this same period CSS provided Augmentative Support Services in 2 new individual cases. **5/15/2015 Update** Between 2/20-4/24/2015, CSS provided 15 training sessions to 184 individuals. During this same period CSS provided Augmentative Support Services in 4 new individual cases.	**2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	8/31/2014
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	**5/11/2014 Update** CSS provides augmentative training, mentoring, and coaching. Current practices, policies, and forms are being reviewed to determine whether they comply with this Plan terminology. **7/15/2014 Update** CSS continues to provide augmentative training, mentoring, and coaching. **9/15/2014 Update** See 9/15/2014 response to EC 73. **11/17/2014 Update** See 11/17/2014 response to EC 73. **2/13/2015 Update** See 2/13/22015 response to EC 73.	**5/11/2014 Update** Next steps: Continue to provide augmentative training mentoring, and coaching. **7/15/2014 Update** **9/15/2014 Update** **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 5/11/2014 response.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete **9/15/2014 Update** Complete **11/17/2014 Update - 5/15/2015 Update**

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			3/16/2015 Update See 3/16/2015 response to EC 73. **5/15/2015 Update** See 5/15/2015 response to EC 73.		Maintaining completion achieved 8/31/2014
73.2 CSS will update training manual as necessary.	Director of Community Support Services (Steve Dahl)	8/31/2014	**5/11/2014 Update** CSS Is updating their training manual. Workgroups of qualified trainers/subject matter experts are currently reviewing curricula and researching current applicable best practices. **7/15/2014 Update** The CSS Training Committee is updating the Training Manual. The main committee meets monthly to review and approve the work of subcommittees working on specific sections. **9/15/2014 Update** During this reporting period, CSS reviewed and updated its training manual with revised curricula for Functional Behavioral Assessment, Positive Behavior Supports, and Person-Centered Thinking. Information on the Training Manual is available from Steve Dahl in CSS.	**5/11/2014 Update** Next Steps: CSS will review curricula at least annually and update as appropriate. **7/15/2014 Update** Next Steps: CSS will review curricula at least annually and update as appropriate. Complete updating the training manual. **9/15/2014 Update** Next Steps: - Review and update (as needed) Multimodal Functional Behavioral Assessment curriculum. - CSS will review curricula at least annually and update as appropriate. - CSS will update the training manual as appropriate.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete **9/15/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			11/17/2014 Update Michael Scharr, MS/LP is leading a workgroup that is reviewing and updating the CSS Multimodal Functional Behavioral Assessment training curriculum. **2/13/2015 Update** See 11/17/2014 response. **3/16/2015 Update** See 11/17/2014 response. On 2/3/2015 Martin Elks was provided a hard copy of the draft Multimodal Functional Behavioral Assessment (MFBA) training curriculum. **5/15/2015 Update** See 11/17/2014 response.	**11/17/2014 Update** See 9/15/2014 response. **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved 8/31/2014
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	**5/11/2014 Update** See 5/11/2014 response to EC 67. **7/15/2014 Update** See 7/15/2014 response to EC 67. **9/15/2014 Update** With the hires describe above, CSS now has sufficient administrative / managerial staff to track and analyze data on training as well as mentoring and coaching services provided.	**5/11/2014 Update** See 5/11//2014 response to Action Item 70.2. **7/15/2014 Update** See 7/15/2014 response to EC 67. **9/15/2014 Update** Next Steps: Continue to track and analyze data on training, mentoring and coaching services.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete **9/15/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			11/17/2014 Update Between 8/23 and 10/17, CSS provided 17 training sessions to 242 individuals. From those training sessions CSS received 167 completed Training Satisfaction Surveys. Training participants indicated that they agree with the survey statements in the percentages indicated below: - "I would recommend this training to others" (98% agree) - "Goals for this session were clearly explained" (97% agree) - "Goals of the session were met" (96% agree) - "The instructor was knowledgeable" (99% agree) - "The instructor was easy to understand" (99% agree) - "The class was valuable/useful" (98% agree) **2/13/2015 Update** Between 10/18 and 12/24, CSS provided 13 training sessions to 154 individuals. From those training sessions CSS received 128 completed Training Satisfaction Surveys.	**11/17/2014 Update** See 9/15/2014 response. **2/13/2015 Update** See 9/15/2014 response.	**11/17/2014 Update - 3/16/2016 Update** Maintaining completion achieved 8/31/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			Training participants indicated that they agree with the survey statements in the percentages indicated below: - "I would recommend this training to others" (98% agree) - "Goals for this session were clearly explained" (100% agree) - "Goals of the session were met" (98% agree) - "The instructor was knowledgeable" (100% agree) - "The instructor was easy to understand" (100% agree) - "The class was valuable/useful" (99% agree)		
			3/16/2015 Update See 9/15/2014 response. Between 12/24/2015 and 2/20/2015, CSS provided 7 training sessions to 61 individuals. From those training sessions CSS received 47 completed Training Satisfaction Surveys. Training participants indicated that they agree with the survey statements in the percentages indicated below: - "I would recommend this training to others" (100% agree) - "Goals for this session were clearly explained" (98% agree) - "Goals of the session were met" (100% agree) - "The instructor was knowledgeable" (100% agree) - "The instructor was easy to understand" (100% agree) - "The class was valuable/useful" (96% agree)	**3/16/2015 Update** See 9/15/2014 response.	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			5/15/2015 Update See 9/15/2014 response. Between 2/20-4/24/2015, CSS provided 15 training sessions to 184 individuals. From those training sessions CSS received 90 completed Training Satisfaction Surveys. Training participants indicated that they agree with the survey statements in the percentages indicated below: - "I would recommend this training to others" (100% agree) - "Goals for this session were clearly explained" (99% agree) - "Goals of the session were met" (97% agree) - "The instructor was knowledgeable" (99% agree) - "The instructor was easy to understand" (100% agree) - "The class was valuable/useful" (100% agree)	**5/15/2015 Update** See 9/15/2014 response.	
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.	Director of Community Support Services (Steve Dahl)	8/31/2014	**5/11/2014 Update** 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. **Ex. 56, CSS Organizational Chart** **Ex. 57, Descriptions of CSS and MSOCS** **Ex. 59, CSS Office Location Listing** **Ex. 65, CSS Position Descriptions** **7/15/2014 Update** CSS continues to provide staff training in the community, tailoring it to fit the situation.	**5/11/2014 Update** Next steps: Continue to provide augmentative training mentoring, and coaching. **7/15/2014 Update** See 5/11/2014 response.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update In July 2014, CSS provided 11 trainings to 103 people. In August 2014, CSS provided 9 trainings to 110 people. Documentation of training is available from Steve Dahl in CSS. **11/17/2014 Update** Between 8/23 and 10/17, CSS provided 17 training sessions to 242 individuals. **2/13/2015 Update** See 2/13/2015 response to EC 73. **3/16/2015 Update** See 3/16/2015 response to EC 73. **5/15/2015 Update** See 5/15/2015 response to EC 73.	**9/15/2014 Update** See 5/11/2014 response. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 5/11/2014 response.	**9/15/2014 Update** Complete **11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved 8/31/2014
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	**5/11/2014 Update** 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. **7/15/2014 Update** Teams and locations have not changed during this reporting period. Position descriptions have not been changed during this reporting period. CSS continues to hire and/or train staff with necessary qualifications and skills to provide training.	**5/11/2014 Update** Next steps: Review Position Descriptions as needed and continue to hire appropriately qualified staff. **7/15/2014 Update** Next Steps: Continue to maintain locations of teams / staff to provide effective supports. Continue to hire or train staff as described	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update This reporting period CSS hired 2 new staff with training responsibilities. Staff resumes and training records are available through Steve Dahl in CSS.	**9/15/2014 Update** See 7/15/2014 response.	**9/15/2014 Update** Complete
			11/17/2014 Update This reporting period CSS hired no new staff with training responsibilities. Staff resumes and training records are available through Steve Dahl in CSS.	**11/17/2014 Update** Obstacles: CSS vacancies have been put on hold due to budget constraints. Next Steps: See 7/15/2014 response.	**11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved 8/31/2014
			2/13/2015 Update This reporting period CSS hired no new staff with training responsibilities. There were internal discussions to clarify the information in the "Obstacles" from the 11/27/2014 Update and what was discussed with Martin Elks. None of the JSA-mandated positions are on hold due to budget constraints; all the positions created to comply with the JSA are currently occupied. One of the positions was upgraded to accommodate an employee promotion, but the responsibilities remain with that position. There are other vacant positions in CSS which are vacant and on hold to be filled that are not part of the 14 FTEs.	**2/13/2015 Update** See 7/15/2014 response.	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			3/16/2015 Update DHS responded to the Court Monitor's February 18, 2015 Report to the Court [Doc 388] on March 1, 2015. In his report, the Court Monitor concluded there were inaccuracies in the Sixth Compliance Update Report regarding CSS staffing. However, the information reported in the Sixth Compliance Update Report was accurate, and was a result of efforts to identify where there were different ways of accounting for those positions, and reaching a consensus on one way to count them. Additional details will be provided to the Court Monitor. As a result, there are some items in this CPA that have previously been marked as "incomplete", but in fact have been complete and are marked as such as of this report. **5/15/2015 Update** See 3/16/2015 response.	**3/16/2015 Update** See 7/15/2014 response. **5/15/2015 Update** See 7/15/2014 response.	
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	**5/11/2014 Update** 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.	**5/11/2014 Update** Obstacles: Continued difficulty recruiting qualified individuals in greater Minnesota. Next steps: Continue to work with HR to aggressively recruit qualified candidates.	**5/11/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update Two of the vacancies mentioned in the 5/11/2014 update have been filled, and hiring is not complete for the third. During this reporting period, another position was vacated. Both of those open positions have been posted for applications.	**7/15/2014 Update** Next steps: Continue to work with HR to aggressively recruit qualified candidates.	**7/15/2014 Update** Incomplete
			9/15/2014 Update During this reporting period, CSS hired two new staff with training responsibilities. During this reporting period, another position was vacated in CSS. We continue to work with DHS HR to fill positions.	**9/15/2014 Update** See 7/15/2014 response.	**9/15/2014 Update** Complete
			11/17/2014 Update During this reporting period, CSS hired no new staff with training responsibilities.	**11/17/2014 Update** Obstacles: CSS vacancies have been put on hold due to budget constraints. Next Steps: Continue to work with HR.	**11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved 8/31/2014
			2/13/2015 Update See 2/13/2015 response to Action Item 74.1.	**2/13/2015 Update** See 7/15/2014 response.	
			3/16/2015 Update See 3/16/2015 response to Action Item 74.1.	**3/16/2015 Update** See 3/16/2015 response to Action Item 74.1.	
			5/15/2015 Update See 5/15/2015 response to Action Item 74.1.	**5/15/2015 Update** See 5/15/2015 response to Action Item 74.1.	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
74.3 Training curricula are reviewed routinely to insure consistency with best practices.	Director of Community Support Services (Steve Dahl)	8/31/2014	**5/11/2014 Update** Workgroups of qualified trainers/subject matter experts are currently reviewing curricula and researching current applicable best practices. **7/15/2014 Update** The Training Committee and subcommittees continue their reviews and any necessary revisions. **9/15/2014 Update** This reporting period CSS reviewed and updated its training manual with revised curricula for Functional Behavioral Assessment, Positive Behavior Supports, and Person-Centered Thinking. Curricula are available through Steve Dahl in CSS. **11/17/2014 Update** Michael Scharr, MS/LP is leading a workgroup that is reviewing and updating the CSS Multimodal Functional Behavioral Assessment training curriculum. **2/13/2015 Update** A literature search was completed with help from the Minnesota Department of Health, Barr Library. Mike Scharr expects to gather information and literature from three days of intensive consultation with Dr. Gary LaVigna, PhD., BACB-D, in February 2015. The curriculum will be updated in spring 2015.	**5/11/2014 Update** Next Steps: CSS will review curricula at least annually and update as appropriate. **7/15/2014 Update** See 5/11/2014 response. **9/15/2014 Update** Next Steps: - Review and update (as needed) Multimodal Functional Behavioral Assessment curriculum. - CSS will review curricula at least annually and update as appropriate. **11/17/2014 Update** See 9/15/2014 response. **2/13/2015 Update** See 9/15/2014 response.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete **9/15/2014 Update** Complete **11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved 8/31/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			3/16/2015 Update See 3/16/2015 response to Action Item 73.2. **5/15/2015 Update** Michael Scharr, MS/LP is leading a workgroup that is reviewing and updating the CSS Multimodal Functional Behavioral Assessment training curriculum.	**3/16/2015 Update** See 3/16/2015 response to Action Item 73.2. **5/15/2015 Update** See 9/15/2014 response.	
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	**5/11/2014 Update** 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. **7/15/2014 Update** Documentation of training provided and satisfaction surveys regarding that training continue to be reviewed. CSS is building community capacity and skills. Services available through CSS include: goal-oriented assessments and plans; consultation (formal and informal); organization development; transitional support; and on-site training. **9/15/2014 Update** See 9/15/2014 response to EC 73.	**5/11/2014 Update** Next steps: Continue to provide augmentative training mentoring, and coaching. **7/15/2014 Update** See 5/11/2014 response. **9/15/2014 Update** Next steps: Continue to offer and provide augmentative training mentoring, and coaching.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete **9/15/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			11/17/2014 Update Between 8/23 and 10/17, CSS provided 17 training sessions to 242 individuals.	**11/17/2014 Update** Next Steps: - Continue to offer and provide augmentative training mentoring, and coaching. - Submit a CPA Modification request to the Court Monitor and parties to extend the deadline for EC 75 and 75.2 in order to more fully develop and refine the processes and procedures for the newly created Statewide Quality Assurance Committee and for the development of a database that can include information from multiple sources. - Continue to develop processes and procedures for the Statewide Quality Assurance Committee.	**11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved 8/31/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
				- Develop interim data collection/reporting process (as needed) pending development of an enhanced process (e.g., integration in Avatar).	
			2/13/2015 Update Work continues on drafting the request to revise ECs.	**2/13/2015 Update** See 9/15/2014 response.	
			3/16/2015 Update CSS continues to target mentoring and coaching activities to strengthen support networks' capacities. Documentation of these activities is available from Steve Dahl in CSS.	**3/16/2015 Update** Next steps: Continue to provide targeted mentoring and coaching.	
			5/15/2015 Update See 3/16/2015 response.	**5/15/2015 Update** See 3/16/2015 response.	
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	**5/11/2014 Update** 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.	**5/11/2014 Update** Next steps: Continue to provide augmentative training mentoring, and coaching.	**5/11/2014 Update** Incomplete
			7/15/2014 Update Documentation of training provided and satisfaction surveys regarding that training continue to be reviewed. CSS is building community capacity and skills. Services available through CSS include: goal-oriented assessments and plans; consultation (formal and informal); organization development; transitional support; and on-site training.	**7/15/2014 Update** Next steps: Continue to provide augmentative training mentoring, and coaching.	**7/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update See 9/15/2014 response to EC 73. **11/17/2014 Update** Between 8/23 and 10/17, CSS provided 17 training sessions to 242 individuals. **2/13/2015 Update** See 2/13/2015 response to Action Item 73.3. **3/16/2015 Update** See 3/16/2015 response to EC 75. **5/15/2015 Update** See 5/15/2015 response to EC 75.	**9/15/2014 Update** Next steps: Continue to offer and provide augmentative training mentoring, and coaching. **11/17/2014 Update** See 9/15/2014 response. **2/13/2015 Update** See 9/15/2014 response. **3/16/2015 Update** See 3/16/2015 response to EC 75. **5/15/2015 Update** See 5/15/2015 response to EC 75.	**9/15/2014 Update** Complete **11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved 8/31/2014
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	**5/11/2014 Update** A database and workflow will be developed to efficiently capture, report, and review this data. **Ex. 55, Examples of Weekly Admissions and Diversion meeting notes** **7/15/2014 Update** A Workgroup has been created, and the first meeting will be held in July. The Management Analyst is providing support and technical expertise.	**5/11/2014 Update** See 5/11/2014 response to Action Item 67.8. **7/15/2014 Update** Next Steps: Determine which staff will be assigned which responsibilities.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update The first meeting of the workgroup was rescheduled to 8/26/14 due to scheduling conflicts.	**9/15/2014 Update** Next Steps: Schedule meeting with Dan Storkamp, DCT Director of Business Processes, to discuss database options for most efficient and effective data collection, analysis, and reporting.	**9/15/2014 Update** Complete
			11/17/2014 Update CSS continues to collect this data but does not yet have a process to analyze it. The Statewide Quality Assurance Committee, consisting initially of Steve Dahl from CSS, Jason Flint from DSD, and Tim Moore from MLB, has been created. This committee, and the proposed regional quality assurance committees, were a topic of discussion at the October 2014 Parties meeting, which included the Court Monitor and the Assistant to the Court Monitor. These should be relatively simple to set up and to begin reviews and analysis by the end of 2014. Additional people can be added to the committees in the future. **Ex. 149, CSS database workgroup**	**11/17/2014 Update** Next Steps: - Submit a CPA Modification request to the Court Monitor and parties to extend the deadline for EC 75 and 75.2 in order to more fully develop and refine the processes and procedures for the newly created Statewide Quality Assurance Committee and for the development of a database that can include information from multiple sources. - Continue to develop processes and procedures for the Statewide Quality Assurance Committee.	**11/17/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
				- Schedule meeting with Dan Storkamp, Jeff Bauernfeind, Mike Scharr, and Bob Ott to discuss IT options for efficient data collection and reporting. - Develop interim data collection/reporting process (as needed) pending development of an enhanced process (e.g., integration in Avatar)	
			2/13/2015 Update See 2/13/2015 response to EC 75.	**2/13/2015 Update** See 11/17/2014 response.	**2/13/2015 Update** Incomplete
			3/16/2015 Update See 3/16/2015 response to EC 75. Meetings were held to discuss IT options for efficient data collection and reporting. DHS officially launched the Single Point of Entry project on February 19, 2015. The Interim SPE Quick Reference Tool was provided to the Court Monitor by email that day.	**3/16/2015 Update** Next Steps: - Continue to implement the Single Point of Entry process. - Continue participation in the Six Sigma project.	**3/16/2015 Update** Incomplete
			5/15/2015 Update See 5/15/2015 response to EC 75.	**5/15/2015 Update** See 3/16/2015 response.	**5/15/2015 Update** Incomplete
75.3 Provide additional administrative/ managerial support to CSS sufficient to enable timely and complete data	Director of Community Support Services	8/31/2014	**5/11/2014 Update** See 5/11/2014 response to EC 67.	**5/11/2014 Update** See 5/11/2014 response for Action Item 67.3.	**5/11/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
collection, entry and analysis.	(Steve Dahl)		**7/15/2014 Update** The new administrative assistant began work 5/21/2014. Steve Dahl was named the permanent Director of Community Support Services effective June 4, 2014. The two Regional Managers have been hired and begin transitioning into their new roles on 7/2/2014. **Ex. 103, CSS Organization Chart 07022014** **9/15/2014 Update** Documentation of hiring and of staff records is available from Steve Dahl in CSS, or from DHS Human Resources. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**7/15/2014 Update** Next Steps: Continue to provide assessment, triage, and care coordination. **9/15/2014 Update** Next Steps: Continue to provide assessment, triage, and care coordination. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**7/15/2014 Update** Incomplete **9/15/2014 Update** Complete **11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved 8/31/2014
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	Director of Community Support Services (Steve Dahl)	12/31/2013	**5/11/2014 Update** Positions descriptions were developed and notices of the available positions were posted. Staff were hired to fill the positions. **Ex. 56, CSS Organizational Chart** **Ex. 65, CSS Position Descriptions** **Ex. 66, CSS Recruiting Plans and Communications with HR**	**5/11/2014 Update** Next steps: Continue to hire and retain qualified individuals for/in these positions.	**5/11/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
Management Assistants.			**7/15/2014 Update** Two of the six vacancies in the approximately 66 positions within Community Support Services have been filled; hiring is not complete for the third. During this reporting period, another position within the approximately 66 was vacated. Both of those open positions have been posted for applications.	**7/15/2014 Update** Next steps: Continue to work with HR to aggressively recruit qualified candidates.	**7/15/2014 Update** Maintaining completion achieved 12/31/2013
			9/15/2014 Update During this reporting period, another position was vacated and two staff were hired.	**9/15/2014 Update** Next steps: Continue to work with HR to aggressively recruit qualified candidates for all positions.	**9/15/2014 Update** Incomplete
			11/17/2014 Update CSS currently has 9 vacant positions. CSS will be interviewing for the two Behavior Analyst 3 Supervisor vacancies the last week of Oct. 29-31, 2014.	**11/17/2014 Update** Obstacles: Seven (7) of 9 CSS vacancies have been put on hold due to budget constraints. Next Steps: - Interview for two BA3 Supervisor vacancies	**11/17/2014 Update** Incomplete
			2/13/2015 Update See 2/13/2015 response to Action Item 74.1.	**2/13/2015 Update** See 5/11/2014 response.	**2/13/2015 Update** Complete
			3/16/2015 Update See 3/16/2015 response to Action Item 74.1.	**3/16/2015 Update** See 3/16/2015 response to Action Item 74.1.	**3/16/2015 Update - 5/15/2015**

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			5/15/2015 Update See 5/15/2015 response to Action Item 74.1	**5/15/2015 Update** See 5/15/2015 response to Action Item 74.1.	**Update** Maintaining completion achieved 12/31/2013
76.1 Review position descriptions, update as necessary.	Director of Community Support Services (Steve Dahl)	12/31/2013	**5/11/2014 Update** Position descriptions were reviewed and updated as necessary. **7/15/2014 Update** No position descriptions needed revision during this reporting period. **9/15/2014 Update** **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 7/15/2014 response.	**5/11/2014 Update** Next steps: Review Position Descriptions as needed. **7/15/2014 Update** Next steps: Review Position Descriptions as needed. **9/15/2014 Update** **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 7/15/2014 response.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2013
76.2 Work with DHS Human Resources on advertising positions.	Director of Community Support Services (Steve Dahl)	12/31/2013	**5/11/2014 Update** 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).	**5/11/2014 Update** Next steps: Continue to aggressively recruit qualified candidates.	**5/11/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update See 5/11/2014 response. **9/15/2014 Update** See 5/11/2014 response. **11/17/2014 Update** See 11/17/2014 response to EC 76. **2/13/2015 Update** See 2/13/2015 response to EC 76. **3/16/2015 Update** See 3/16/2015 response to Action Item 74.1 **5/15/2015 Update** See 5/15/2015 response to Action Item 74.1.	**7/15/2014 Update** See 5/11/2014 response. **9/15/2014 Update** See 5/11/2014 response. **11/17/2014 Update** See 11/17/2014 response to EC 76. **2/13/2015 Update** See 5/11/2014 response. **3/16/2015 Update** See 3/16/2015 response to Action Item 74.1 **5/15/2015 Update** See 5/15/2015 response to Action Item 74.1.	**7/15/2014 Update - 9/15/2014 Update** **11/17/2014 Update** Incomplete **2/13/2015 Update** Complete **3/16/2015 Update** **5/15/2015 Update** Maintaining completion achieved 12/31/2013
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	**5/11/2014 Update** 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). **7/15/2014 Update** See 5/11/2014 response.	**5/11/2014 Update** Next steps: Continue to hire and retain qualified individuals for/in these positions. **7/15/2014 Update** See 5/11/2014 response.	**5/11/2014 Update** Complete **7/15/2014 Update -**

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update See 5/11/2014 response.	**9/15/2014 Update** See 5/11/2014 response.	**9/15/2014 Update** Maintaining completion achieved 12/31/2013
			11/17/2014 Update See 11/17/2014 response to EC 76.	**11/17/2014 Update** See 11/17/2014 response to EC 76.	**11/17/2014 Update** Incomplete
			2/13/2015 Update See 2/13/2015 response to EC 76.	**2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 5/11/20114 response.	**2/13/2015 Update** Complete
			3/16/2015 Update **5/15/2015 Update** See 5/11/2014 response. CSS has not hired any new BA3s (or equivalents) since 12/10/14.		**3/16/2015 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2013.
77. None of the identified positions are vacant.	Director of Community Support Services (Steve Dahl)	12/31/2013	**5/11/2014 Update** 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	**5/11/2014 Update** Obstacles: Staff resignations and turnover are anticipated. There has been some turnover since CSS was created.	**5/11/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			Minnesota Management & Budget (MMB). **Ex. 56, CSS Organizational Chart** **7/15/2014 Update** As of June 30, 2014: 6/76 positions in CSS are vacant: 2 BA3 Supervisors 2 Behavior Analyst 3s 1 Social Work Specialist 1 Behavior Modification Assistant The two new Regional Managers were promoted from Team Leader positions (BA3 Supervisor), creating two new vacancies at the BA3 Supervisor level. The other vacancies are due to normal turnover reasons. CSS is currently interviewing for the two Behavior Analyst 3 positions. **Ex. 103, CSS Organization Chart 07022014**	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. **7/15/2014 Update** Next steps: - Post vacant positions. - Work with HR to fill vacancies.	**7/15/2014 Update** Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update As of August 22, 2014: 7/76 positions in CSS are vacant: 2 BA3 Supervisors 3 Behavior Analyst 3s 1 Social Work Specialist 1 Behavior Modification Assistant The two new Regional Managers were promoted from Team Leader positions (BA3 Supervisor), creating two new vacancies at the BA3 Supervisor level. The other vacancies are due to normal turnover reasons. CSS is currently interviewing for two Behavior Analyst 3 positions; a person has been hired for the third position to start Sept. 10, 2014. CSS continues to work on an ongoing basis with DHS HR and MMB to post positions and fill vacancies.	**9/15/2014 Update** Next steps: - Post vacant positions. - Work aggressively with HR to fill vacancies with qualified candidates as efficiently as possible.	**9/15/2014 Update** Incomplete
			11/17/2014 Update See 11/17/2014 response to EC 76.	**11/17/2014 Update** See 11/17/2014 response to EC 76.	**11/17/2014 Update** Incomplete
			2/13/2015 Update See 2/13/2015 response to EC 76.	**2/13/2015 Update** See 2/13/2015 response to EC 76.	**2/13/2015 Update** Complete
			3/16/2015 Update See 3/16/2015 response to Action Item 74.1.	**3/16/2015 Update** See 3/16/2015 response to Action Item 74.1.	**3/16/2015 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2013
			5/15/2015 Update See 5/15/2015 response to Action Item 74.1.	**5/15/2015 Update** See 5/15/2015 response to Action Item 74.1.	

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	**5/11/2014 Update** 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).	**5/11/2014 Update** 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.	**5/11/2014 Update** Complete
			7/15/2014 Update As of June 30, 2014: 6/76 positions in CSS are vacant: 2 BA3 Supervisors 2 Behavior Analyst 3s 1 Social Work Specialist 1 Behavior Modification Assistant The two new Regional Managers were promoted from Team Leader positions (BA3 Supervisor), creating two new vacancies at the BA3 Supervisor level. The other vacancies are due to normal turnover reasons. CSS is currently interviewing for the two Behavior Analyst 3 positions.	**7/15/2014 Update** Next steps: - Post vacant positions. - Work with HR to fill vacancies.	**7/15/2014 Update** Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update As of August 22, 2014: 7/76 positions in CSS are vacant: 2 BA3 Supervisors 3 Behavior Analyst 3s 1 Social Work Specialist 1 Behavior Modification Assistant The two new Regional Managers were promoted from Team Leader positions (BA3 Supervisor), creating two new vacancies at the BA3 Supervisor level. The other vacancies are due to normal turnover reasons. CSS is currently interviewing for two Behavior Analyst 3 positions; the third has been hired to start Sept. 10, 2014. CSS continues to work on an ongoing basis with DHS HR and MMB to post positions and fill vacancies.	**9/15/2014 Update** Next steps: - Post vacant positions. - Work aggressively with HR to fill vacancies with qualified candidates as efficiently as possible.	**9/15/2014 Update** Incomplete
			11/17/2014 Update See 11/17/2014 response to EC 76.	**11/17/2014 Update** See 11/17/2014 response to EC 76.	**11/17/2014 Update** Incomplete
			2/13/2015 Update See 2/13/2015 response to EC 76.	**2/13/2015 Update** See 2/13/2015 response	**2/13/2015 Update**
			3/16/2015 Update See 3/16/2015 response to Action Item 74.1.	**3/16/2015 Update** See 3/16/2015 response to Action Item 74.1.	**3/16/2015 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2013
			5/15/2015 Update See 5/15/2015 response to Action Item 74.1.	**5/15/2015 Update** See 5/15/2015 response to Action Item 74.1.	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
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.	Director of Community Support Services (Steve Dahl)	8/31/2014	**5/11/2014 Update** There is a workgroup of CSS behavior analysts (including BCBAs and Licensed Psychologists with behavioral expertise) researching best practices for FBA and clinical supervision. **7/15/2014 Update** Michael Scharr, MS/LP is leading a workgroup of behavior analysts (including BCBAs and Licensed Psychologists with behavioral expertise) researching best practices for Functional Behavior Analysis and clinical supervision, and developing and implementing supervision procedures based on best practices and in compliance with the JSA, this CPA, and the standards of the Association of Positive Behavior Supports. Staff conducting FBAs or writing or reviewing behavior plans do so under the supervision of Scharr, who has the requisite education, experience, and credentials. Any supervisor will co-sign the plan and will be responsible for the plan and its implementation. **Ex. 108, CSS BA 3 Supervisor Credentials** **9/15/2014 Update** Michael Scharr, MS/LP continues to lead a workgroup of behavior analysts (including BCBAs and Licensed Psychologists with behavioral expertise.	**5/11/2014 Update** Next steps: The workgroup is to develop and implement supervision procedures based on best practices and in compliance with this Plan. **7/15/2014 Update** Next Steps: - research best practices for FBA and clinical supervision for CSS staff - develop and implement supervision procedures **9/15/2014 Update** Next Steps: - Continue to employ qualified staff. - Complete research on best practices for FBA and clinical supervision for CSS staff	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete **9/15/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
				- Develop and implement supervision procedures.	
			11/17/2014 Update See 9/15/2014 response. **Ex. 150, Scharr resume** **Ex. 151, CSS staff conducting FBA**	**11/17/2014 Update** See 9/15/2014 response.	**11/17/2014 Update - 5/15/2015 Update**
			2/13/2015 Update DHS recognizes the intention of the requirements in EC 78 is to ensure the quality of functional behavioral assessments that are developed. EC 78 does not require certification of people supervising FBAs. However, to meet the desired outcome of EC78, DHS has proposed (Doc 372, filed 12/22/2014) a clinical review process, nationally recognized certifications for CSS staff hired after 12/10/2014 into the Behavior Analyst 3 (or any functionally equivalent) classification, and on-going staff development plans for CSS staff completing FBAs.	**2/13/2015 Update** Obstacles: - Differing understanding of EC requirements Next Steps: - Michael Scharr will submit the application for NADD-CC certification by February 15, 2015 - DHS awaits the response to the proposal (Doc 372)	Maintaining completion achieved 8/31/2014
			3/16/2015 Update On 2/17/2015, Michael Scharr submitted the application for NADD-CC certification. DHS is awaiting the court's response to the proposal described above (Doc 372).	**3/16/2015 Update** Next Steps: - DHS awaits the response to the proposal (Doc 372)	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			5/15/2015 Update See 3/16/2015 update. On 3/13/2015, Michael Scharr received email notification that his NADD-CC certification application was reviewed and he was found to meet the prerequisites and was asked to submit a work sample of a case that demonstrates clinical work with an individual who has a dual diagnosis.	**5/15/2015 Update** See 3/16/2015 response.	
SETTLEMENT AGREEMENT SECTION X.B. SYSTEM WIDE IMPROVEMENTS – *OLMSTEAD* PLAN					
79. The State and the Department developed a proposed *Olmstead* Plan, and will implement the Plan in accordance with the Court's orders. The Plan will be comprehensive and will use measurable goals to increase the number of people with disabilities receiving services that best meet their individual needs and in the "Most Integrated Setting," and which is consistent and in accord with the U.S. Supreme Court's decision in *Olmstead v. L.C.*, 527 U.S. 581 (1999). The *Olmstead* Plan is addressed in Part 3 of this Comprehensive Plan of Action.	*Olmstead* Subcabinet (Mike Tessneer)	10/31/2014	**5/11/2014 Update** The Court issued an Order on 1/22/14 which provisionally approved the *Olmstead 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. **7/15/2014 Update** The *Olmstead* Subcabinet submitted a request to modify certain parts of the *Olmstead* Plan. Some of the requested modifications were approved, some were partially approved, and some were denied. **9/15/2014 Update** The second and third Olmstead Bimonthly Status reports were filed timely with the Court, Monitor and Plaintiffs' counsel on June 20, 2014 and August 19, 2014 as directed in the Court's 1-22-14 order.	**5/11/2014 Update** Next Steps: Maintain interaction with the *Olmstead* Implementation Team and awareness of the future iterations of the *Olmstead* Plan. **7/15/2014 Update** -Continue to maintain interaction with the *Olmstead* Implementation Office for implementation and compliance with the **9/15/2014 Update** **Next Steps:** Continue to maintain interaction with the Olmstead Implementation Office for implementation and compliance with the	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete **9/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			The Executive Director of the Olmstead Implementation Office is now convening the Agency Olmstead lead staff monthly in order to coordinate Plan implementation and manage any issue in implementation. Beginning in September potential problems in implementation are being identified early and brought to the attention of the appropriate agency leads for action. In its 1-22-14 order the Court also directed that the Olmstead Plan was provisionally approved and that the Plan be modified as directed by the Monitor. The revised Plan with modifications was submitted timely to the Court, the Monitor and Plaintiffs' counsel on July 10, 2014. **11/17/2014 Update** Work continues on updating and including measurable goals and objectives in the Olmstead *Plan.* **2/13/2015 Update** **3/16/2015 Update** See 11/17/2014 response.	and compliance with the Olmstead Plan. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**11/17/2014 Update** Complete **2/13/2015 Update - 5/15/2015**

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			5/15/2015 Update On January 28, 2015, Governor Dayton issued Executive Order 15-03 which further defined the role and nature of the Olmstead Sub-Cabinet and required the adoption of procedures. The Olmstead Subcabinet Procedures were approved by the Subcabinet on March 10, 2015. Subcabinet meetings in March and April 2015 focused on approval of 37 items including all items due through December 31, 2014 as reported on in the February 20, 2015 and March 27, 2015 status reports. Another 15 items due through February 28, 2015 were reported in the April 20, 2015 status report. A January 9, 2015 court order provisionally approved the proposed revisions to the Olmstead Plan, subject to the Court's review of the State's modifications and any submissions by Plaintiff's Counsel. The Court ordered the State to file a revised Olmstead Plan by March 20, 2015. Proposed modifications to Minnesota's Olmstead Plan were submitted to the Court on March 20, 2015. The proposed revision is posted on the Olmstead website.		**Update** Maintaining completion achieved 10/31/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			A May 6, 2015 court order declined to adopt the Olmstead Plan, and ordered the state to revise the Plan in accordance with the 2011 guidance from the Department of Justice on the Olmstead Integration Mandate, http://www.ada.gov/olmstead/q&a_olmstead.htm, and previous orders of the Court. The revised Plan is due to the Court July 10, 2015.		
SETTLEMENT AGREEMENT SECTION X.C. SYSTEM WIDE IMPROVEMENTS – RULE 40 MODERNIZATION					
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	**5/11/2014 Update** 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. **7/15/2014 Update** DHS will not seek a waiver of Rule 40 (or its successor) for a facility. **9/15/2014 Update** DHS will not seek a waiver of Rule 40 (or its successor) for a facility. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**5/11/2014 Update** Next Steps: Maintain compliance. No waiver has been or will be requested or granted. **7/15/2014 Update** Next Steps: Maintain compliance. **9/15/2014 Update** Next Steps: Maintain compliance. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 4/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
SETTLEMENT AGREEMENT SECTION X.D. SYSTEM WIDE IMPROVEMENTS – MINNESOTA SECURITY HOSPITAL					
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.	Forensics Medical Director (Steven Pratt) / Executive Director of Forensic Treatment Services (Carol Olson)/ Director of Jensen Implementation Office (Peg Booth)	12/31/2013	**5/11/2014 Update** 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. **7/15/2014 Update** See 5/11/2014 response. **9/15/2014 Update** See 5/11/2014 response. Census records are available through Carol Olson. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**5/11/2014 Update** Next steps: Continue review of all potential admissions for compliance with the JSA requirements. **7/15/2014 Update** See 5/11/2014 response. **9/15/2014 Update** See 5/11/2014 response. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2013
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).	Forensics Medical Director (Steven Pratt) / Executive Director, Forensic Treatment Services (Carol Olson)/ Central Pre-Admissions / Director of	4/30/2014	**5/11/2014 Update** 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.	**5/11/2014 Update** Next steps: Continue review of all potential admissions for compliance with the JSA requirements.	**5/11/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
	/ Director of Jensen Implementation Office (Peg Booth)		**7/15/2014 Update** See 5/11/2014 response. **9/15/2014 Update** **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** See 5/11/2014 response. **5/15/2015 Update** See 5/11/2014 response. The only people remaining at MSH with a DD diagnosis also are registered sex offenders. MSH has not accepted any new individual with a DD only commitment since 2013. There was one individual whose commitment changed from MI/DD to DD only while hospitalized at MSH, and MSH was successfully able to discharge that person approximately a month ago.	**7/15/2014 Update** Next steps: Continue review by Central Pre-Admissions and Medical Director(s) of all potential admissions for compliance. **9/15/2014 Update** **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 7/15/2014 response.	**7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 4/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
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	**5/11/2014 Update** 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. 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. **Ex. 68, 2013 12 26 Memo and 2014 04 11 memo**	**5/11/2014 Update** 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.	**5/11/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update We continue to communicate the requirements of this EC prohibiting admissions or transfers to MSH of any person with a sole diagnosis of developmental disability. Potential admissions and transfers continue to be reviewed by Central Pre-Admission and Medical Directors. **9/15/2014 Update** We continue to communicate the requirements of this EC prohibiting admissions or transfers to MSH of any person with a sole diagnosis of developmental disability. The Jensen Settlement Agreement is included in New Employee Orientation. Potential admissions and transfers continue to be reviewed by Central Pre-Admission and Medical Directors. Documentation is available from the Jensen Implementation Office (stored in the Jensen SharePoint site in Shared Documents / MI D Tracking Logs). **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**7/15/2014 Update** Next Steps: Ensure Compliance. **9/15/2014 Update** Next Steps: Continue to ensure compliance with this EC. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 4/30/2014

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	**5/11/2014 Update** Presentations are provided at conferences to share information about the JSA and CPA. **7/15/2014 Update** The JIT documents, through diversion meeting notes, proposed transitions to or placements at MSH. These notes are provided to the Court Monitor and Parties periodically. **9/15/2014 Update** Potential admissions and transfers continue to be reviewed by Central Pre-Admission and Medical Directors. Documentation is available from the Jensen Implementation Office (stored in the Jensen SharePoint site in Shared Documents / MI D Tracking Logs). **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**5/11/2014 Update** 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. **7/15/2014 Update** **9/15/2014 Update** **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 5/11/2014 response.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 4/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
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.	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	**5/11/2014 Update** 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. **7/15/2014 Update** There no longer are people committed solely as a person with a developmental disability at MSH. **9/15/2014 Update** **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 5/11/2014 response.	**5/11/2014 Update** 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. **7/15/2014 Update** See 5/11/2014 response. **9/15/2014 Update** **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 5/11/2014 response.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 4/30/2014

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.	Director of Jensen Implementation Office (Peg Booth) Jensen Implementation Officer (Christina Baltes) / Central Pre-Admissions / Admissions and Diversions Team	4/30/2014	**5/11/2014 Update** 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. 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. **7/15/2014 Update** There no longer are people committed solely as a person with a developmental disability at MSH. **9/15/2014 Update** There no longer are people committed solely as a person with a developmental disability at MSH. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**5/11/2014 Update** 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. **7/15/2014 Update** **9/15/2014 Update** **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 5/11/2014 response.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 4/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
84. All persons presently confined at Minnesota Security Hospital who were committed solely as a person with a developmental disability and who were not admitted with other forms of commitment or predatory offender status set forth in paragraph 1, above, are transferred by the Department to the most integrated setting consistent with *Olmstead v. L.C* . , 527 U.S. 581 (1999).	Executive Director, Forensic Treatment Services (Carol Olson) / Director of Jensen Implementation Office (Peg Booth)	12/31/2013	**5/11/2014 Update** 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. **Ex. 67, ICI Report 4/7/2014** **7/15/2014 Update** During this reporting period, there were zero transfers to or placements at the Minnesota Security Hospital of persons committed solely as a person with a developmental disability and who were not admitted with other forms of commitment or predatory offender status. There were 3 clients that were transitioned from MSH into the community prior to this CPA. A report by the University of Minnesota dated 4/7/2014 found that the transfers were not consistent with Olmstead v L. C., 527 U.S. 581 (1999). * While the transfers took place, the transfers were found by the University of Minnesota independent review as non-compliant with Olmstead.	**5/11/2014 Update** 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. **7/15/2014 Update** Next Steps: - Continue to monitor potential admissions and transfers to MSH. - Respond to the University of Minnesota's Report and Recommendations. - Discuss next steps with Court Monitor on how to achieve compliance and next steps with regard to the 3 clients who transitioned from MSH.	**5/11/2014 Update** Complete **7/15/2014 Update** Incomplete*

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update During this reporting period, there were zero transfers to or placements at the Minnesota Security Hospital of persons committed solely as a person with a developmental disability and who were not admitted with other forms of commitment or predatory offender status. ** While the transfers took place, the transfers were found by the University of Minnesota independent review as non-compliant with Olmstead.*	**9/15/2014 Update** Next Steps: -Continue to monitor potential admissions and transfers to MSH.	**9/15/2014 Update** *Incomplete**
			11/17/2014 Update **S**ee 9/15/2014 response. Regardless of the report stating noncompliance with Olmstead, the transfers were completed. **2/13/2015 Update** See 11/17/2014 response. Follow up on the three people referenced in the report is happening. **3/16/2015 Update** One of the three people described in the ICI report is being closely overseen with the expectation of a move to a different residence. DHS agreed to have Dr. Gary LaVigna, Ph.D., provide a case review and consultation on this person's status and future. Dr. LaVigna is co-founder and Clinical Director of the Institute for Applied Behavior Analysis (IABA). He visited the person in early February 2015, met with DHS and provider staff, and provided a preliminary report with recommendations.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**11/17/2014 Update** Complete **2/13/2015 Update - 5/15/2015 Update** Maintaining completion achieved 10/31/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			Dr. LaVigna is providing the same case review and consultation in March 2015 for a Jensen class member. **5/15/2015 Update** Team members are using and implementing suggestions from Dr. LaVigna's review and assessment of the individual. There are many positive outcomes noted for that person already, with transitions to more integrated settings / services to come. The only people remaining at MSH with a DD diagnosis also are registered sex offenders. MSH has not accepted any new individual with a DD only commitment since 2013.		
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	**5/11/2014 Update** There are no people committed solely as a person with a developmental disability at MSH. **7/15/2014 Update** During this reporting period there were zero people committed solely as a person with a developmental disability at MSH. **9/15/2014 Update** During this reporting period there were zero people committed solely as a person with a developmental disability at MSH. Census data is available through Carol Olson at MSH.	**5/11/2014 Update** 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. **7/15/2014 Update** Next Steps: Continue to monitor potential admissions and transfers to MSH. **9/15/2014 Update** Next Steps: Continue to monitor potential admissions and transfers to MSH.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			11/17/2014 Update **2/13/2015 Update** **3/16/2015 Update** See 9/15/2014 response. **5/15/2015 Update** There were no people committed to MSH solely as a person with a developmental disability.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	
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 *Olmstead v. L.C.* , 527 U.S. 581 (1999).	Director of Social Services, Forensic Services (Rebecca Robinson)	12/31/2013	**5/11/2014 Update** 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. There are currently no individuals committed solely as a person with a developmental disability at MSH. **Ex. 67, ICI Report 4/7/2014** **7/15/2014 Update** During this reporting period there were zero persons committed solely as a person with a developmental disability. **9/15/2014 Update** During this reporting period there were zero persons committed solely as a person with a developmental disability. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**5/11/2014 Update** 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. **7/15/2014 Update** Next Steps: Continue to monitor potential admissions and transfers to MSH. **9/15/2014 Update** Next Steps: Continue to monitor potential admissions and transfers to MSH. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
SETTLEMENT AGREEMENT SECTION X.E. SYSTEM WIDE IMPROVEMENTS – ANOKA METRO REGIONAL TREATMENT CENTER					
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 *Olmstead v. L.C* . , 527 U.S. 581 (1999).	Medical Director, DC&T (Steven Pratt) / AMRTC Interim Hospital Administrator (Tina Sneen)/ Director of Jensen Implementation Office (Peg Booth)	4/30/2014	**5/11/2014 Update** 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. **7/15/2014 Update** During this reporting period there were zero AMRTC residents committed solely as a person with a developmental disability and without an acute psychiatric condition. **9/15/2014 Update** See 7/15/2014 response. Census data is available through AMRTC or the Jensen Implementation Office. **11/17/2014 Update** **2/13/2015 Update** See 9/15/2014 response.	**5/11/2014 Update** 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. **7/15/2014 Update** Next Steps: Central Pre-Admissions and Medical Directors will continue to monitor potential admissions and transfers so there are no people committed solely as a person with a developmental disability to AMRTC. **9/15/2014 Update** See 7/15/2014 response. **11/17/2014 Update** **2/13/2015 Update** See 9/15/2014 response.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 4/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			3/16/2015 Update There are two people at AMRTC with DD diagnoses that are there because of psychiatric episodes. - One was admitted 9/10/2014. As of 2/18/2015 that person no longer meets hospital level of care. The discharge plan has been developed. A provider is in process of purchasing a duplex, with one side reserved as a program for this person. The provider is interested in finding other individuals for this site who need a similar staffing ratio. - One was admitted 10/23/2014. DHS Disability Services Division has agreed to supplement the Consumer Directed Community Support (CDCS) budget using transition dollars, in response to a request for additional funding to serve the person at home (from Legal Aid and the family). The team is meeting to review the transition plan. There is remodeling needed to the home; the county has initiated a request for three estimates from area contractors. Once the estimate is approved, it is estimated that the remodeling will take from three to four weeks to complete.	**3/16/2015 Update** See 7/15/2014 response. These two individuals were not admitted solely because of their DD diagnosis.	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			5/15/2015 Update The person admitted to AMRTC on 9/10/2014 continues to move towards discharge. A residential provider that is interested in serving this person has had transitional planning meeting with the person. A home had been identified that is now not an option, so a different location is being sought at this time. As of 4/16/2015, the projected discharge date is 6/1/2015.	**5/15/2015 Update** Obstacles: The residential provider is searching for a residential location for the person admitted on 9/10/2014. They thought they had one, but that changed. Next Steps: - See 7/15/2015 response. - Continue transition / discharge planning.	
			The person admitted to AMRTC on 10/23/2014 and the family have been actively involved and engaged in discharge planning since the first week of admission. The least restrictive setting for this person is the family home. A highly individualized plan was initiated to modify that home and to hire family as staffing he is familiar with and prefers; the modifications to the home were approved by the county as part of the waiver budget and work should begin the end of April or early May. AMRTC Rehab has made recommendations for sensory needs items to be purchased through the Medical Assistance waiver program or family. A telepresence connection has been installed in the family home to provide face-to-face consultation or post-discharge planned monthly meetings with behavioral professional staff and AMRTC staff as needed. The AMRTC My Aftercare Plan has been started and continues to be a working document. An anticipated discharge date is early July 2015.		

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	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	**5/11/2014 Update** 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. 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 [illegible] 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. **Ex. 68, 2013 12 26 Memo and 2014 04 11 Memo** **7/15/2014 Update** We continue to communicate the requirements of this EC prohibiting admissions or transfers to AMRTC of any person with a sole diagnosis of developmental disability without an acute psychiatric condition. Potential admissions and transfers continue to be reviewed by Central Pre-Admission and Medical Directors.	**5/11/2014 Update** 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. 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 **7/15/2014 Update** See 5/11/2014 response.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 4/11/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 7/15/2014 response.	**9/15/2014 Update** **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 5/11/2014 response.	
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	**5/11/2014 Update** 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. **7/15/2014 Update** See 5/11/2014 response. **9/15/2014 Update** See 5/11/2014 response.	**5/11/2014 Update** 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. **7/15/2014 Update** **9/15/2014 Update** **11/17/2014 Update** See 5/11/2014 response.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update**

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			11/17/2014 Update See 5/11/2014 response. During this reporting period, a county court committed a person with autism to the Commissioner as a person with developmental disabilities. The person was having a psychiatric episode and was accepted as a patient at AMRTC to assess his/her psychiatric condition and medication regimen. This situation was discussed with the Court Monitor via telephone and by letter. During the AMRTC stay, the person will receive services for the disability. AMRTC has developed a positive behavior support plan and is using person-centered tools to build a person-centered support plan. This person is on Unit D at AMRTC, which does not have a restraint chair and does not use mechanical restraint or seclusion. **2/13/2015 Update** See 9/15/2014 response. The person mentioned in the 11/17/2014 Update remains at AMRTC. The person is not a Jensen Class Member. **3/16/2015 Update** See 3/16/2015 response to EC 85. **5/15/2015 Update** See 5/15/2015 response to EC 85.	**2/13/2015 Update** See 5/11/2014 response. **3/16/2015 Update** See 3/16/2015 response to EC 85. **5/15/2015 Update** See 5/15/2015 response to EC 85.	Maintaining completion achieved 4/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
SETTLEMENT AGREEMENT SECTION X.F. SYSTEM WIDE IMPROVEMENTS – LANGUAGE					
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	**5/11/2014 Update** 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. **Ex. 68, 2013 12 26 Memo and 2014 04 11 Memo** **Ex. 69, 2014 DHS Bulletin Template** **7/15/2014 Update** JIO staff continue to notify entities if any outdated terminology is found in websites or documents. The 2014 Minnesota Legislature made additional changes to statutes to replace outmoded terminology with people first language. The changes are found in Laws of Minnesota 2014, Chapter 312, Article 27, Section 77. **Ex. 102, from Laws of MN 2014 Ch. 312** **9/15/2014 Update** JIO staff continue to notify entities if any outdated terminology is found in websites or documents. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**5/11/2014 Update** Next Steps: Ongoing notification to other entities when outdated terminology is found on their website or in materials. Continue to ensure compliance. **7/15/2014 Update** See 5/11/2014 response. **9/15/2014 Update** See 5/11/2014 response. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
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	**5/11/2014 Update** 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. 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. **7/15/2014 Update** JIO staff continue to notify entities if any outdated terminology is found in websites or documents. **9/15/2014 Update** **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 7/15/2014 response.	**5/11/2014 Update** See 5/11/2014 response to EC 86. **7/15/2014 Update** See 5/11/2014 response to EC 86. **9/15/2014 Update** **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 5/11/2014 response to EC 86.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2013
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.	Director of Disability Services Division (Alex Bartolic)	7/1/2013	**5/11/2014 Update** DHS drafted and submitted a bill to the 2013 Minnesota Legislature to replace outdated terminology. The bill passed, and is incorporated into state statute. **Ex. 70, 2013 Laws of MN, Ch. 62 and Ch. 59, A 3**	**5/11/2014 Update** Next Steps: Ongoing notification to other entities when outdated terminology is found on their website or in materials. Continue to ensure compliance.	**5/11/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update Changes to statute and rule language took place in 2013, and those remain in place. There were additional changes to state statute and rule from the 2014 Minnesota Legislature, mostly changing the word "deficient". These are shown in Laws of Minnesota 2014, Chapter 312, Article 27, Section 77. **Ex. 102, from Laws of MN 2014 Ch. 312** **9/15/2014 Update** JIO staff continue to notify entities if any outdated terminology is found in websites or documents. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**7/15/2014 Update** Next steps: Notification to entities if outdated terminology is found in state statute or rule, or in documents or websites. Continue to ensure compliance. **9/15/2014 Update** See 7/15/2014 response. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 7/15/2014 response.	**7/15/2014 Update** Maintaining completion achieved 7/1/2013 **9/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 7/1/2013
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	**5/11/2014 Update** DHS drafted and submitted a bill to the 2013 Minnesota Legislature to replace outdated terminology. The bill passed, and is incorporated into state statute. **7/15/2014 Update** The changes to statute and rule language that took place in 2013 remain in place. **9/15/2014 Update** DHS has not and will not seek to repeal changes to statute and rule language that took place in 2013. DHS will continue to promote the removal or replacement of outmoded terminology.	**5/11/2014 Update** See 5/11/2014 responses to EC 87. **7/15/2014 Update** See 5/11/2014 responses to EC 87. **9/15/2014 Update** See 5/11/2014 responses to EC 87.	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 7/1/2013

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			Documentation of statutory and rule changes is available from the Minnesota Revisor of Statutes, through the Jensen Implementation Office. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 5/11/2014 responses to EC 87.	
CLOSURE OF MSHS-CAMBRIDGE AND REPLACEMENT WITH COMMUNITY HOMES AND SERVICES					
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.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	8/31/2014	**5/11/2014 Update** 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. **Ex. 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** **7/15/2014 Update** Two licensed community homes have been established. There are two clients at one of the homes. Admissions to MSHS-Cambridge are closed.	**5/11/2014 Update** 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. **7/15/2014 Update** Next Steps: Follow plan for closure.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update Admissions to MSHS-Cambridge have been closed. The final individual transitioned out on August 29, 2014. The MSHS-Cambridge program is closed. The two community homes remain licensed. Only MnLB Stratton Lake has had people receiving services there; MnLB Broberg's Lake was not used as a residential setting during this reporting period.	**9/15/2014 Update** Next Steps: Continue to follow plans for the potential relocation of the MN Life Bridge staff currently stationed at MSHS-Cambridge to provide services at MnLB Stratton Lake and MnLB Broberg's Lake.	**9/15/2014 Update** Complete
			11/17/2014 Update The MSHS-Cambridge campus is closed and no longer licensed. Broberg's Lake and Stratton Lake are both actively supporting people now. Current MLB staff are all working in community programs now. Some retired, 4 are on leaves, and new individuals are being hired to support replacement. Seven staff joined in October, and several more are being recruited for various DSP or professional positions. MLB administration is applying updated expectations for desired qualities for new hires that we think predict success with best practice applications.	**11/17/2014 Update** Next Steps: - Continue to work at locating housing in the west metro and NE MN for next development. - Continue training new staff - Continue hiring process for vacant positions	**11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved 8/31/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			2/13/2015 Update Broberg's Lake and Stratton Lake are both actively supporting people. MLB continues to work on locating housing options for future development, in and around the Twin Cities metro area and in northeastern Minnesota. One possibility being discussed is to use apartments rather than houses. This could make it quicker and more efficient to locate and secure housing for people, without needing to find investors / owners of houses that would rent them out. **3/16/2015 Update** It is Minnesota Life Bridge's intent to replace the 16 licensed beds from the campus-based MSHS-Cambridge facility with 16 community-based MN Life Bridge beds. Current restructuring and merging of MN Life Bridge and Community Based Services provides potential opportunities to repurpose some MSOCS homes. MN Life Bridge is currently looking into using two apartment units in Hastings, MN (Dakota County), approximately 20 miles south of the Twin Cities. MLB and MN Department of Administration, Real Estate Division are researching other residential locations in the Duluth and surrounding community area. **5/15/2015 Update** See 3/16/2015 response.	**2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 11/17/2014 response.	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
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.	MN Life Bridge Operations Manager (Mark Brostrom) / MN Life Bridge Clinical Director (Tim Moore)	10/31/2014	**5/11/2014 Update** 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. **Ex. 65, CSS Position Descriptions**	**5/11/2014 Update** Obstacles: There are few people that meet these requirements prior to hire. 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.	**5/11/2014 Update** Incomplete
			7/15/2014 Update There were no hires at MSHS-Cambridge or MN Life Bridge during this reporting period. We anticipate there may be new staff or reassignments during the next reporting period.	**7/15/2014 Update** Next Steps: Continue to fill vacancies with staff who meet the requirements of this EC.	**7/15/2014 Update** Incomplete
			9/15/2014 Update - MN Life Bridge and MSHS-Cambridge had no new hires during this reporting period. - MnLB is in the process of interviewing for replacement and new BMA positions for both community sites. - Some staff reassignments occurred to Stratton Lake when new admits there occurred in July.	**9/15/2014 Update** See 7/15/2014 response.	**9/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			- 7/7 employees reassigned during this reporting period to Stratton Lake (MSHS-Cambridge staff who bid into Broberg's Lake positions) have already received training in community based services and/or possessed experience in community based services. - All staff receive individual site specific training and continue to progress toward Annual training expectations. Documentation of hiring and staff training is available from Mark Brostrom at MN Life Bridge. **Ex. 121, Training Tracker as of 08312014** **11/17/2014 Update** Seven new BMAs were hired 10/8/14 for MLB. They have been attending required training since that date. More open BMA positions will be filled through interviewing in the near future. Approximately one week after the closing of the campus program, Broberg's Lake admitted the first individual on 9/8/14. 9 employees, previously assigned to work at the campus, were briefly reassigned (for 1 week) to Stratton Lake until Broberg's Lake opened. -3 employees who were reassigned from the campus to Stratton Lake for five weeks prior to the campus closing also started working at Broberg's Lake when it opened. All 12 employees are Broberg's Lake staff who assumed the positions they originally bid on prior to campus closing.	**11/17/2014 Update** See 9/15/2014 response.	**11/17/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			All Stratton and Broberg's staff have already received training in community based services and/or possessed experience in community based services. All staff continue to receive individual site specific training and continue to progress toward annual training expectations. **2/13/2015 Update** Four early career professionals who are current master's level students in Applied Behavior Analysis at St. Cloud State University were hired as BMA staff, 2 at Broberg's Lake and 2 at Stratton Lake. All four staff will complete practicum and/or internship credits while employed by DHS. The hiring of these staff represents DHS' capitalizing on an opportunity to establish a relationship with a key partner in pre-service staff development, meet current needs for staffing and direct-care level expertise and professionalism, and impact the future of the public and private human services system in Minnesota. **3/16/2015 Update** One new Community Residential Supervisor was hired for the MLB homes who has 30+ years of experience in the field and is actively completing her required training. Two new Behavior Analyst 1's were hired for MLB:	**2/13/2015 Update** Next steps: - The intention is to hire similar students in the Spring and Fall semesters of 2015. **3/16/2015 Update** - Hiring process continues for a BA1 for MLB Brobergs Lake home.	**2/13/2015 Update - 5/15/2015 Update** Maintaining completion achieved 10/31/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			- One new Behavior Analyst 1 was hired for the MLB Stratton Lake Home who has 10+ years of experience in the field in the private sector where she oversaw the agency's transition to positive supports during the transition to 245D and is currently completing her required training. - The second Behavior Analyst 1 was hired for the MLB Broberg's Lake home, and is slated to transfer from MSOCS in late February 2015. **5/15/2015 Update** Since October 2014, 7 BMA, 4 master's level students in Applied Behavior Analysis, 1 Community Residential Supervisor and 2 BA1's have been hired. Unfortunately, all four students have left these positions for various reasons; the 7 BMA, 1 CRS and 2 BA1's remaining employed. 9/10 new hires have received the required training, and 1/10 has not yet completed new hire training due to a medical leave.	**5/15/2015 Update** Next Steps: Continue to fill vacancies with staff who meet position requirements.	
90. Provide integrated vocational options including, for example, customized employment.	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	**5/11/2014 Update** 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.	**5/11/2014 Update** 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.	**5/11/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update There continue to be integrated vocational options available for clients, especially when they have moved past the crisis situation that placed them in MSHS-C or a successor facility. Clients describe their interests and goals, and those are documented in the person centered description / plan / transition plan, and options can be found. **9/15/2014 Update** The initial focus when a person begins receiving MnLB services is to address the crisis or emergent situation that brought them to MnLB. Once the person is able to get past that, they continue to develop and enrich their person centered plans and transition planning. Based on the person-centered work completed with each individual, opportunities for developing or exercising vocational skills are explored that meet the expressed interests of that individual. Sometimes this entails learning or brushing up on pre-vocational skills and activities (for example, what is expected of an employee - hygiene, clothing, work hours); sometimes this entails skills assessments and discussions to better clarify educational or vocational needs or choices or opportunities; learning how to apply and	**7/15/2014 Update** See 5/11/2014 response. **9/15/2014 Update** Next Steps: - Continue offering opportunities to individuals to explore and develop vocational skills / experiences. - Provide continued assistance with vocational assessment, training, seeking / attaining resources, applying for and maintaining employment.	**7/15/2014 Update** Complete **9/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 6/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			Documentation of those discussions and activities and planning is shared appropriately with the service providers. Documentation is available in the individual's plans and records, located at the residential settings. **Ex. 113 -117, Plans** **11/17/2014 Update** Based on the person-centered work completed with each individual, opportunities for developing or exercising vocational skills are explored that meet the expressed interests of that individual. Since the closing of the Cambridge campus and soon having newly hired staff fully trained, the Skills Development Specialist dedicated to vocational skills development will be able to spend more time to address this area. **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 11/17/2014 response.	**11/17/2014 Update** See 9/15/2014 response. **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	
91. All requirements in this Comprehensive Plan of Action are fully met for each individual served in the area of Person-Centered Planning.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)	8/31/2014	**5/11/2014 Update** 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.	**5/11/2014 Update** Next Steps: - Continue implementing this EC. - Continue reviews and necessary revisions.	**5/11/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update See 5/11/2014 response.	**7/15/2014 Update** Next Steps: Continue to review and revise tools, forms, policies, practices, and templates as necessary to support best practices and comply with this Plan.	**7/15/2014 Update** Incomplete
			9/15/2014 Update MSHS-C / MnLB will revise tools and forms as necessary to comply with this Plan. DHS will continue to review and revise policies, practices, forms, and templates for PCPs as necessary to comply with the terminology of this plan. Dr. Danov has taken a different job, so a national search for her replacement will be done. Documentation on tools and forms is found in the individual plans and records, located at the residential settings. **Ex. 113 - 117 Plans**	**9/15/2014 Update** Next Steps: Begin national search for replacement for Dr. Danov.	**9/15/2014 Update** Complete
			11/17/2014 Update See 9/15/2014 response. **Ex. 125 - 129 Plans** **2/13/2015 Update** See 9/15/2014 response. See 2/13/2015 Update for Action Item 50.4 for information on the status of replacing Dr. Danov. **3/16/2015 Update** See 9/15/2014 response. See 3/16/2015 Update for Action Item 50.4 for information on the status of replacing Dr. Danov.	**11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 7/15/2014 response.	**11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved 8/31/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			5/15/2015 Update See 9/15/2014 response. See 5/15/2015 Update for Action Item 50.4 re: hiring of PCP Facilitator.		
92. All requirements in this Comprehensive Plan of Action are fully met for each individual served in the area of Transition Planning.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)	8/31/2014	**5/11/2014 Update** DHS is currently reviewing and revising policies, practices, forms, and templates for transition planning to comply with the terminology of this plan. **7/15/2014 Update** The transition plan and associated actions around the transition process have continued to evolve towards substantial compliance with this Plan. **9/15/2014 Update** See 7/15/2014 response. **11/17/2014 Update** The process to fully meet all requirements in the area of person centered planning is in place and operational for all individuals. **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 11/17/2014 response.	**5/11/2014 Update** Next Steps: - Continue implementing this EC. - Continue reviews and necessary revisions. **7/15/2014 Update** Next Steps: Continue implementing this EC, including review and necessary revision of the transition process. **9/15/2014 Update** **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 7/15/2014 response.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete **9/15/2014 Update** Complete **11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved 8/31/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
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.	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	**5/11/2014 Update** 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. **Ex. 57, Descriptions of CSS and MSOCS** **7/15/2014 Update** Augmentative, diversionary, consultative and training supports are being provided. For example, staff were made aware of a potential discharge in Southern Minnesota and provided consultation and other supports such that the discharged was averted. DHS is creating stronger diversionary supports and planning and hiring for the Therapeutic Follow Up Team. **9/15/2014 Update** See 7/15/2014 response. **11/17/2014 Update** Augmentative, diversionary, consultative and training supports continue to be provided and strengthened. The Therapeutic Follow Up Team (Successful Life Project) has begun the initial assessments. **2/13/2015 Update** Augmentative, diversionary, consultative and training supports continue to be provided and strengthened.	**5/11/2014 Update** Next Steps: Continue implementing this EC. Continue reviews and necessary revisions. Develop and maintain databases and perform data analyses. **7/15/2014 Update** Next Steps: - Continue to provide augmentative, diversionary, consultative and training supports. - Continue with hiring process to build the Therapeutic Follow-up Team. **9/15/2014 Update** **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 7/15/2014 response.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete **9/15/2014 Update** Complete **11/17/2014 Update - 5/15/2015 Update** Maintaining completion achieved 8/31/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			Successful Life Project has completed the initial therapeutic follow-up assessments for people willing to comply, and who could be found. **3/16/2015 Update** See 2/13/2015 response. **5/15/2015 Update** Augmentative, diversionary, consultative, training, and mobile supports continue to be provided and strengthened. The Department does provide "mobile teams", although we are not yet augmenting private staff as envisioned in the Department's Bulletin # 14-76-01, issued April 29, 2014. There are not separate, distinct mobile teams; instead, current staff are deployed as needed. Mobile supports have been provided to individuals and providers by MLB and CSS staff. Dr. Tim Moore, for example, together with MLB clinicians have been providing supports not only to individuals living in their home in the community by also for individuals receiving services at Anoka Metro Regional Treatment Center, Minnesota Security Hospital, Mental Health and Substance Abuse Treatment Services, CSS cases, individuals in the Therapeutic Follow-up cohort, and those referred to MLB admissions. Another example is the deployment of State Operated Services staff to assist with a short term crisis placement of an individual in a crisis home until a permanent community home is ready.		

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
94. All sites, programs and services established or utilized under this Comprehensive Plan of Action shall be licensed as required by state law.	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	**5/11/2014 Update** All facilities are currently licensed. **Ex. 10, MSHS-C licenses** **Ex. 11, MLB licenses** **7/15/2014 Update** All facilities remained licensed. **9/15/2014 Update** All facilities remained appropriately licensed during this reporting period. With the transition out of MSHS-Cambridge of the last person on August 29, 2014, removing the licenses for the MSHS-Cambridge program is in progress. DHS and MDH licensing areas were notified in advance that the program would be closed effective 8/30/2014. **Ex. 124, remove MSHS-C licenses** **11/17/2014 Update** The facilities remain appropriately licensed. The MSHS-Cambridge program license has been closed.	**5/11/2014 Update** Next Steps: Maintain licensure status. Reapply / relicense annually or as otherwise required. **7/15/2014 Update** Next Steps: - Maintain licensure status. - Reapply / relicense annually or as otherwise required. - When MSHS-Cambridge closes, complete the process to remove the licenses. **9/15/2014 Update** Next Steps: - Maintain licensure status. - Reapply / relicense annually or as otherwise required. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update**	**5/11/2014 Update** Complete **7/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 4/30/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			2/13/2015 Update **3/16/2015 Update** **5/15/2015 Update** See 11/17/2014 response.	See 9/15/2014 response.	
95. Residents currently at MSHS-Cambridge transition to permanent community homes.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	6/30/2014	**5/11/2014 Update** 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. **Ex. 8, Sample Positive Support Transition Plan**	**5/11/2014 Update** 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.	**5/11/2014 Update** Incomplete
			7/15/2014 Update During this reporting period, 4/5 individuals served at MSHS-Cambridge have transitioned to permanent community homes. As of June 30, 2014, 1/5 individuals remains on campus; that person is slated to move in July or August. The individual's transition plan is in its final stage, awaiting his new staff to be trained and housing to be readied. **On 6/27/2014, the Court took DHS motion to extend the due date for this EC under advisement. [Doc. 323].*	**7/15/2014 Update** Next Steps: Complete the transition process for the one individual remaining on the MSHS-C campus to the community as soon as possible.	**7/15/2014 Update** Incomplete*

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update 1 individual remained on the MSHS-Cambridge campus until August 29, 2014. The individual's transition plan was completed, staff have been trained, and the individual visited a number of potential homes before choosing the home in Brainerd, MN, designing the move process (including a farewell party and a welcome home party), and physically moving. There was a remarkable amount of cooperation and creativity involved in making this transition happen. There were many questions from county staff, ombudsman office staff, and state staff, which often informed the JIO and MnLB of concerns and issues to consider as the individual worked on the transition plan and developed a plan for life in the community. **On 6/27/2014, the Court took the DHS motion to extend the due date for this EC (Doc 317) under advisement. [Doc. 323].* **11/17/2014 Update** All residents at MSHS-Cambridge have transitioned to community homes.	**9/15/2014 Update** Obstacles: The greatest obstacle in the final transition out of the MSHS-Cambridge program was locating, and finalizing the transactions for, housing in the community that the individual accepted and could meet the needs. Next Steps: - Complete the transition process for the one individual who remained on the MSHS-C campus (a 45-day post-transition visit is part of the program). - Discussions and decisions on ways to streamline and/or speed up the process of finding and accessing housing. **11/17/2014 Update** Next Steps: - Continue discussions and decisions on ways to streamline and/or speed up the process of finding and accessing housing.	**9/15/2014 Update** Complete **11/17/2014 Update - 5/15/2015 Update** Maintaining completion

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			2/13/2015 Update See 11/17/2014 response. **3/16/2015 Update** See 11/17/2014 response. ** On 1/13/2015, the Court denied the DHS motion to amend the CPA as moot because the last person had transitioned from MSHS-Cambridge to a new home. (Doc 379)* **5/15/2015 Update** See 11/17/2014 response.	**2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 11/17/2014 response.	achieved 8/31/2014
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.	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	**5/11/2014 Update** 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. **7/15/2014 Update** All staff who are working in the community home currently in operation (Stratton Lake), and all staff remaining on campus who will be working in the community homes once the MSHS-Cambridge campus closes, have received orientation training for community-based services and continue to receive hands-on, competency-based person-specific training in the person's home for all support plans and instructional methodologies. These are fully suited for community life and both emphasize and reflect choice, self-determination, and other person-centered practices and values.	**5/11/2014 Update** Next Steps: Continue staff training plans. **7/15/2014 Update** Next Steps: Continue competency-based training for all staff in all program and plan updates for all individuals receiving support.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update All staff who worked in the community home (Stratton Lake), and all staff who remained working on the Cambridge campus (who will be working in the community homes now that the MSHS-Cambridge campus closed) continue to receive hands-on, competency-based person-specific training in the person's home for all support plans and instructional methodologies. These trainings are fully suited for community life and both emphasize and reflect choice, self-determination, and other person-centered practices and values. We continue to provide competency-based training for all staff in all Successor facilities and programs, and on plan updates for all individuals receiving support. Required trainings are provided on a rotating schedule throughout the year, and attendance is documented in the Training Tracker. **Ex. 121, Training Tracker as of 08312014** **11/17/2014 Update** See 9/15/2014 response. **Ex. 130, Training Tracker as of 10302014** **2/13/2015 Update** See 9/15/2014 response. **Ex. 170, Training Tracker as of 12312014** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**9/15/2014 Update** Next Steps: Continue competency-based training for all staff in all program and plan updates for all individuals receiving support. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**9/15/2014 Update** Incomplete **11/17/2014 Update** Complete **2/13/2015 Update - 5/15/2015 Update** Maintaining completion achieved 10/31/2014.

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
THERAPEUTIC FOLLOW-UP OF CLASS MEMBERS AND CLIENTS DISCHARGED FROM METO/MSHS-CAMBRIDGE					
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.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)	~~**8/31/2014**~~ **11/30/2016**	**5/11/2014 Update** 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. 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. A detailed work schedule is being developed and should be in place by June 1, 2014 or sooner. **7/15/2014 Update** Therapeutic Follow-up contact information for Class members continues to be updated. 7/8 positions for the Therapeutic Follow-up Team were posted for hire.	**5/11/2014 Update** 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. **7/15/2014 Update** Next Steps: - Review applicant qualifications per EC 89. -Interview qualified	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			An RN position has been added to assure that proper assessment of psychotropic medications is completed as part of the overall assessment. 1/8 positions is pending final review of the position description. A work schedule has been developed to follow individual tasks of team members. Meetings are taking place to discuss assessment tool options that will be acceptable to the Court Monitor. A national search will be done to recruit the board certified BA3s for the Therapeutic Follow-up Team. **Ex. 105, Position Posting - BA 3** **Ex. 106, Position Description - RN Senior** **9/15/2014 Update** The Successful Life Project (SLP) has been established. Key staff are hired and working on implementing the project. Interviews are scheduled for the RN position (end of August) and BA3s (beginning of September). We await the approval of an additional position (QE Manager) for the Successful Life Project. Vehicles and equipment are assigned and ready for delivery for staff.	candidates. - Develop process and procedures for Therapeutic Follow-up. **9/15/2014 Update** Next Steps: - Continue process of filling vacancies - Finish process for leasing vehicles and equipment for the mobile teams - Finish discussion and design of database / electronic storage system	**9/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			SLP staff will initiate a review process on or about October 1, 2014 to have a brief face-to-face meeting before November 30, 2014 with each individual on the "therapeutic follow-up" list to assess the general well-being of the person in his or her home and to determine if there are any critical or immediate health or safety issues. Immediate follow-up will occur if any home health and safety concerns are identified. After the initial wellness checks, MLB will prioritize the group and begin the more comprehensive reviews. Meetings with the Health Information area and IT regarding electronic records storage, databases, and record retrieval of Class Member data are occurring timely and routinely. A DHS bulletin will be created to provide basic, consistent information about the SLP to interested persons. It will be available to the public on the DHS website. **11/17/2014 Update** The Court Monitor approved DHS CPA Modification Request 2014-1, which included creation of additional steps under EC 98. These are included below. **Ex. 135, MN Life Bridge Org Chart Sep 2014**	- Begin the follow up of Class Members and others on the list to be followed - Create bulletin on the Successful Life Project for public distribution *Note: DHS intends to seek an extension of the deadline for this Evaluation Criteria. The original deadline of 8/31/2014 reflects that date by which what is now called the Successful Life Project would be established.* **11/17/2014 Update** Next Steps: - Continue process of filling vacancies - Finish discussion and design of database / electronic storage system	**11/17/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
				- Complete the initial assessments of Class Members and others on the therapeutic follow up list - Prepare for the implementation of the more extensive compliance reviews - Create bulletin on the Successful Life Project for public distribution	
			2/13/2015 Update The initial assessments for Class Members and others on the therapeutic follow up list were completed for all individuals who were located and who agreed to the assessment. The MLB Communications Analyst and the JIO Data Analyst have been meeting to discuss the design of the next version of the database and the electronic storage system because the one currently in use is becoming too wieldy to easily provide data. They will be meeting with IT people in other areas to research alternatives. Preparation for the implementation of the second phase of assessments is well under way. The SLP Bulletin continued under review and editing. [It was published and dated January 27, 2015.] **Ex. 172, CPA Mod Req 2014-1 Approval**	**2/13/2015 Update** Next Steps: - Continue process of filling vacancies - Finish discussion and design of database / electronic storage system - Prepare for the implementation of the more extensive compliance reviews - Finish creation and distribution of a bulletin on the Successful Life Project	**2/13/2015 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			3/16/2015 Update Planning and discussions for the second phase of reviews continues. The focus of SLP in this reporting period has been on the people on the priority list, and working with counties (case managers, and supervisors as needed) and providers for those people. The SLP Bulletin (DHS # 15-76-01) is dated January 27, 2015, but was actually made available on the DHS website on January 26, 2015, so it could be mentioned in the two MLB/ SLP videoconferences held that day. **5/15/2015 Update** **The s**econd phase of evaluations begun March 16, 2015, with SLP continuing to focus on the priority list for scheduling contacts and assessments. SLP is working in an individualized manner to evaluate the person's situation and to support the unique needs and circumstances for each person, in collaboration with support teams (including county case managers, guardians, providers, and DHS resources including CSS and DSD).	**3/16/2015 Update** Next Steps: - Continue process of filling vacancies - Finish discussion and design of database / electronic storage system - Prepare for the implementation of the more extensive compliance reviews - Make adjustments as needed for the new organizational structure **5/15/2015 Update** See 3/16/2015 response.	**3/16/2015 Update** Incomplete **5/15/2015 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			For example, a class member was identified as using a restraint chair. DHS determined to contract with a national expert to review the situation and provide recommendations. Dr. Gary Lavigna did a case review and consultation for a Jensen class member in March 2015. Dr. LaVigna emailed his assessment to the team on 4/1/2015, and sent a corrected version on 4/10/2015. On 4/16/2015, the class member's support team reviewed the LaVigna assessment report individually and then discussed implementation of the LaVigna report recommendations and the Person Centered PATH plan developed by Elizabeth Gadbois. There are ongoing meetings with the support team, OMHDD, JIO, and others to share information and suggestions (every two weeks). A meeting is scheduled for Wednesday, 5/6/15 for the provider administrator and CSS to discuss implementation plans and develop protocols and subsequent fidelity checking measures. CSS Behavior Analyst availability to provide observation and clinical activity on-site is being increased, per Dr. LaVigna's suggestion.		

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			SLP is pilot testing a Quality of Life tool to document activities in the second phase of assessments. SLP expects that about 8 - 10 tools will be used in the next reporting period. The tool was modified from the version developed by the state of Missouri, making the language more objective and useful in measurement. This tool can be used for all people with disabilities, and is compatible with the Olmstead Plan. This will allow DHS to compare changes over time, and to other people with disabilities in Minnesota. This decision to use a Quality of Life tool, rather than the Community Compliance Review tool, was shared with the Court Monitor and Parties in December 2014. The number of individuals on the priority tracking list is in constant flux. Circumstances and needs can change quickly, and some can be addressed relatively quickly while others take more time to address or resolve. The priority list is discussed weekly to update SLP on the status of the individuals and actions / outcomes put in place. As of 4/08/2015, there are 47 individuals on the priority tracking list. Individuals are assigned a priority level based on their situation and need identified either in the initial assessment or in subsequent referral or identification, and the SLP prioritization criteria (listed below between Action Item 98.4 and Action Item 98.5). The priority list is what determines who is in the second phase of assessments at that time.		

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			When SLP or MLB is contacted about a situation with a person who was previously a MLB client, they most often find the problem is that there is a breakdown in the fidelity of the person-centered plan created by MLB. If the plan is not followed and the individual has issues, MLB consults with the provider / staff, conducts retraining, and follows up as needed. A Person Centered Planning Facilitator has been hired who fully meets the qualifications in this EC. Mike Sherman began employment with MLB on 4/22/2015. He will be responsible for all person-centered planning activity and staff capacity building within MLB, will be available to participate as requested in any Jensen settlement activities, and will be available to advise policy decisions related to person-centered planning across DHS Direct Care and Treatment. **Ex 189 Mike Sherman resume**		

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
98.1. Successful Life Project (SLP) staff will initiate a statewide review process on or about October 1, 2014 to perform an initial assessment on all persons included in the therapeutic follow-up group no later than November 30, 2014. This review will be a brief face-to-face meeting with each individual to assess the general well-being of the person in his or her home and to determine if there are any critical or immediate health or safety issues.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)	11/30/2014	**11/17/2014 Update** The Successful Life Project (SLP) was initiated on 10/8/14. Approximately 120 individuals had an initial assessment by 10/31/14. To date most individuals assessed have been found to be in safe, healthy, and caring environments. - One individual is the alleged victim in a maltreatment investigation that is being followed. - One person to date said they are unhappy with their living situation, and they have been referred to the county for a review. To date, there have been two individuals adamantly refusing the interview. Letters are sent to more fully explain the situation and at least one more attempt will be made to see if they will change their minds. Third party influence from family or case manager could help as well. - Short of something major and unforeseen, the November 30 goal for completion appears reasonable. CSS is providing assistance to get these initial assessments completed. **Ex. 136, Template of SLP Letter**	**11/17/2014 Update** Obstacles: - The amount of time needed to make the appointments and arrange for individual or guardian approvals was underestimated. The SLP was able to acquire assistance from staff on light duty to support the phone work and that helped solve the issue. Next Steps: - Continue to send letters timely and prepare for questions from individuals, guardians, counties and providers. Next Steps: - Except for people identified for priority assessments, SLP targeted people in the remote and rural locations first while weather is good, and will concentrate later efforts in more populated areas that are easier to reach.	**11/17/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
				- Two new staff will join SLP in early November to assist down the stretch. - The project has a goal of 11/19/14 to complete nearly all of the assessments, leaving time for review and analysis, and to finish assessments with people who may have previously not been available due to illness, travel, or other reasons.	
			2/13/2015 Update As of 12/15/2015: - 263 initial assessments were completed. - 58 informational letters were sent out to SLP members (or their guardian) to provide more information to those who have indicated they were not interested in the assessment. - There were 16 individuals who have refused to participate in the SLP assessments. The follow up letters may provide sufficient information that some will reconsider that decision. - A summary report on the Successful Life Project Phase 1 was issued December 31, 2014.	**2/13/2015 Update** Next Steps: - Conduct initial assessment on any SLP member who had not previously been located or had not agreed to the assessment - Continue analyzing data from the results of the assessments	**2/13/2015 Update** Complete
			3/16/2015 Update See 2/13/2015 response. The initial phase of assessments is complete.	**3/16/2015 Update** **5/15/2015 Update** See 2/13/2015 response.	**3/16/2015 Update - 5/15/2015**

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			5/15/2015 Update As planned, additional follow up will be done with the 16 people who refused to participate in the initial assessment. They all received initial phone calls and then follow up informational letters about SLP. Another phone call will be made to each of those people or their guardian. Additional follow up will be done with the 27 people who could not be reached to schedule their assessments. SLP received assistance from the Office of Special Investigations (OSI) for those people SLP was unable to locate. The remaining people who were unable to be contacted are those that the OSI were not able to provide any additional information on their whereabouts or contact information.		**Update** Maintaining completion achieved 12/31/2014
98.2 A tool to help reviewers screen individuals and document findings during the initial assessment was developed from existing instruments.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)	10/5/2014	**11/17/2014 Update** The initial assessment tool creates scores for each person for a comparison of how their well-being appears alongside others. The initial assessment process is simple and guidelines are set in a process binder each reviewer has to help maintain consistency, though there is currently not a process on inter-rater reliability. **Ex. 137, Initial Assessment Tool**	**11/17/2014 Update** Obstacles: There were no major obstacles to creating and testing the tool. It was tested with a review by an MLB clinical BA3 in a recent situation involving a class member. It was found to be a sound and valid instrument for initial assessment purposes by the clinical director and the project manager.	**11/17/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
				Next steps: - Continue using the tool for the initial assessments - Collect the results of the initial assessments - Record the scores into the tracking data base - Create and attach PDF's of the individual assessment results to the database	
			2/13/2015 Update 58 informational letters were sent out to SLP members (or their guardian) to provide more information to those who have indicated they were not interested in the assessment. SLP continues to receive responses from those letters.	**2/13/2015 Update** Next Steps: - Conduct initial assessment on any SLP member who had not previously been located or had not agreed to the assessment - Continue analyzing data from the results of the assessments	**2/13/2015 Update - 5/15/2015 Update** Maintaining completion achieved 10/5/2014
			3/16/2015 Update **5/15/2015 Update** See 11/17/2014 response. The initial phase of assessments is complete.	**3/16/2015 Update** **5/15/2015 Update** See 2/13/2015 response.	
98.3 During the initial assessment, immediate follow-up will take place on any person for whom home health and safety concerns have been identified. Appropriate actions and referral will be made as appropriate.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen) / MN Life Bridge	12/31/2014	**11/17/2014 Update** Follow up is in place with XX individuals to date.	**11/17/2014 Update** Obstacles: No major obstacles to date and none are anticipated.	**11/17/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
	Program Manager (Tiffany Byers-Draeger)			Next steps: - Reviewers will continue to make referrals or other follow up actions as required - The actions are recorded in the tracking database - Individuals for whom actions were recommended will be among the top priorities for the next round of assessments (the compliance reviews) to assess follow up - If the situation is serious enough or there is a Vulnerable Adult allegation, the SLP member: - will be tracked more often, and - may be checked on a second time before 11/30/14	
			2/13/2015 Update As of 2/7/2015, there are 34 individuals on the priority tracking list. This number is fluid and can change frequently.	**2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 11/17/2014 response.	**2/13/2015 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			There were 2 CEP reports filed during the Phase I process (the initial assessments). - One report was filed for a possible verbal abuse. The allegation of possible verbal abuse was not investigated by DHS or any other licensing agency. - The other report was for a statement made by a legal rep that the provider was not keeping enough food in the home to feed the individuals. The outcome of the Office of Inspector General investigation was "inconclusive". The person was in the process of moving to a new provider at the time of the report. **3/16/2015 Update** As of 2/28/2015, there are 42 individuals on the priority tracking list. **5/15/2015 Update** As of 4/08/2015, there were 47 individuals on the priority tracking list. Individuals are assigned a priority level based on their situation and need identified either in the initial assessment or in subsequent referral or identification, and the SLP prioritization criteria (listed below between Action Item 98.4 and Action Item 98.5).		**3/16/2015 Update** Maintaining completion achieved 12/31/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			The priority list is what determines who is in the second phase of assessments at that time. The number of individuals on the priority tracking list is in constant flux. Circumstances and needs can change quickly, and some can be addressed relatively quickly while others take more time to address or resolve. The timetable for SLP work with each individual priority case is determined individually, and is a function of the unique events and circumstances in their lives. The SLP team tracks status and next steps for priority cases on a weekly basis in an electronic tracking system.		
98.4 The results of this initial assessment process will assist the SLP in prioritizing needs of individuals for the next phase of the therapeutic follow-up, a more robust assessment using the Community Compliance Review Tool.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)	12/31/2014	**11/17/2014 Update** The information from the initial assessment process has already been helpful in planning for the next phase of the SLP. The priority list is being generated from the results of the initial assessments and information provided to MLB.	**11/17/2014 Update** Obstacles: No major obstacles. Next steps: - Continue reviewing and track referrals and use the information to help priority setting. - A prioritization list will be compiled that includes virtually every SLP member. Keep in mind this list can change daily as SLP members' status can be in flux for any number of reasons.	**11/17/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			2/13/2015 Update The priority list has been created, and is updated as information comes in to warrant a change. CPA Instruction 5 reads in part, "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." A response to the Court Monitor's 12/5/2014 draft of a Community Reviewer Recruitment and Training Plan was sent on 12/23/2014. The department has reconsidered the use of the Community Review Tool, and will instead use a validated Quality of Life tool that can be used for all people with disabilities, and which is compatible with the Olmstead Plan. This will allow DHS to compare changes over time, and to other people with disabilities in Minnesota. DHS has and will consult with and work with Roberta Opheim and Colleen Wieck on the most appropriate tool.	**2/13/2015 Update** Obstacles: No major obstacles. There was collaboration and assistance from other areas of DHS to accomplish the initial assessments on time. Next steps: - Continue reviewing and track referrals and use the information to help priority settings.	**2/13/2015 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			3/16/2015 Update For all class and SLP members identified for priority tracking, the Successful Life Project, along with CSS and/or other community partners when available, create action steps to take toward resolution of the issue at hand. Together we identify who will lead the communication with the person's team, who will participate in the resolution, and engage in ongoing dialog between weekly priority tracking meetings as circumstances and resource needs evolve. In so doing, we are able to articulate in a fluid manner throughout the week (and at our weekly priority tracking meetings) where the resource needs are and plan for meeting those needs accordingly. This allows us to plan the use of our limited resources in the most efficient manner possible.	**3/16/2015 Update** Next steps: - Continue reviewing and track referrals and use the information to help set priorities. - Maintain the priority tracking meeting notes.	**3/16/2015 Update** Maintaining completion achieved 12/31/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			5/15/2015 Update See 3/16/2015 response. SLP records updates and next steps weekly on each priority case in an electronic tracking system. SLP is pilot testing a validated Quality of Life tool to document activities in the second phase of assessments. This tool can be used for all people with disabilities, and is compatible with the Olmstead Plan. This will allow DHS to compare changes over time, and to other people with disabilities in Minnesota. This decision to use a Quality of Life tool, rather than the Community Compliance Review tool, was shared with the Court Monitor and Parties in December 2014.	**5/15/2015 Update** See 3/16/2015 response.	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
The prioritization criteria for timing of initial assessments or comprehensive compliance reviews are: • Individuals known to be in crisis, as referred by: o Citizens o County or lead agency representative o Court Monitor o DHS o Family members and guardians o Minnesota Department of Health Licensing o Ombudsman for Mental Health and Developmental Disabilities o Plaintiff Class Counsel o Providers • Results of the initial assessment of the therapeutic follow-up group • Individuals previously supported by METO or MSHS-Cambridge who were or are considered to be high profile individuals as determined by general records and the consensus of staff that knew and worked with them • Individuals who were admitted to METO or MSHS-Cambridge multiple times • Individuals who had the longest tenures of residence in METO or MSHS-Cambridge • Individuals discharged from METO or MSHS-Cambridge for the longest time without return • Individuals most recently discharged from MSHS-Cambridge					
98.5 Following the completion of the initial assessment and the prioritization of persons included in the therapeutic follow-up group, MLB will begin the ongoing comprehensive compliance reviews using the Community Compliance Review Tool.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)	11/30/2016	**11/17/2014 Update** The information has already been helpful in planning for the next phase of the SLP and the priority list is starting to be generated. **Ex. 138, Community Compliance Review Tool**	**11/17/2014 Update** No obstacles to date. Next Steps: - Complete recruitment and training of the team - Prepare for the next phase of the project - the full assessments, known as compliance reviews	**11/17/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			2/13/2015 Update See 2/13/2015 response to Action Item 98.4.	**2/13/2015 Update** Obstacles: Using an assessment tool that did not correlate to the tool used for the Olmstead Plan would create blocks of information that could not easily be compared. Next Steps: - Complete recruitment and training of the team - Finish preparation for the full assessments - Conduct the full assessments - Review and compare data	**2/13/2015 Update** Incomplete
			3/16/2015 Update See 3/16/2015 response for EC 98.	**3/16/2015 Update** See 3/16/2015 response for EC 98.	**3/16/2015 Update** Incomplete
			5/15/2015 Update See 5/15/2015 response for EC 98. SLP is using a tool, modified from a tool used by the state of Missouri to make language more objective and reliable, and use of it is in the evaluation / piloting stage. We will learn about the timeline for the evaluation through this process, and adjust the items in the evaluation tool according to our experience. SLP expects this evaluation period to be complete prior to the next compliance review.	**5/15/2015 Update** See 5/15/2015 response for EC 98.	**5/15/2015 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
98.6 A bulletin will be distributed widely to announce the Successful Life Project in the fall of 2014.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)	12/1/2014	**11/17/2014 Update** The Bulletin on the Successful Life Project has been drafted and is in the review phase. **2/13/2015 Update** As of 12/31/2014, the SLP Bulletin was in the final stages of review. It has been routed to the Court Monitor and Parties for review and edits. **3/16/2015 Update** Bulletin 15-76-01 was made available to the public on January 26, 2015. See 3/16/2015 response for Action Item 63.1.	**11/17/2014 Update** Next Steps: Prepare for questions on the Bulletin. **2/13/2015 Update** Obstacles: Extra time has been needed to review the text in the draft bulletin, and to incorporate edits from the Court Monitor and other persons, so that it is clear and provides specific, accurate information on the Successful Life Project and how it interacts with other entities and tasks. **3/16/2015 Update** Obstacles: Reaching consensus on bulletin text can take a long time. Next Steps: - Continue to operate the SLP as described in the bulletin. - Continue to provide information on the SLP as needed.	**11/17/2014 Update** Incomplete **2/13/2015 Update** Incomplete **3/16/2015 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			5/15/2015 Update See 3/16/2015 response. The bulletin was promulgated; this item is complete.	**5/15/2015 Update** Next Steps: - Continue to operate the SLP as described in the bulletin. - Continue to provide information on the SLP as needed.	**5/15/2015 Update** Maintaining completion achieved 1/31/2015.
98.7 Behavior analysts or other staff contact the guardian by telephone before the initial assessment (the first face-to-face visit) to explain why they are coming and what to expect, and gets verbal consent to contact the person. The manager may assist with some contacts if there are barriers or issues that may arise.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)	11/30/2014	**11/17/2014 Update** These initial phone contacts have been going well.	**11/17/2014 Update** Obstacles: - The amount of time needed to make the appointments and arrange for individual or guardian approvals was underestimated. The SLP was able to acquire assistance from staff on light duty to support the phone work and that helped solve the issue. Next Steps: - Continue to send letters timely and prepare for questions from individuals, guardians, counties and providers.	**11/17/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			2/13/2015 Update The initial contact process went well. As of 12/15/2014: - 263 initial assessments were completed - 16 people had refused the SLP initial assessment - 58 informational letters were sent out - 2 class members had no addresses on file; the search for them will continue	**2/13/2015 Update** Next Steps: Review the process to determine if there should be any changes for the next phase of the SLP.	**2/13/2015 Update** Complete
			3/16/2015 Update **5/15/2015 Update** See 3/16/2015 response to EC 98. The initial phase of assessments is complete.	**3/16/2015 Update** **5/15/2015 Update** See 2/13/2015 response.	**3/16/2015 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
98.8 If the person / guardian refuses to give consent for an initial assessment or any subsequent compliance review, individual letters will be sent to each person, guardian, provider, county case manager, family and other team members to explain the project and the process of following up with people, and information on how to contact SLP for more information or to consent to the initial assessment or compliance review.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)	11/30/2016	**11/17/2014 Update** There have been two individuals adamantly refusing the interview. Letters are sent to more fully explain the situation and at least one more attempt will be made to see if they will change their minds. 3rd party influence from family or case manager could help as well.	**11/17/2014 Update** Obstacles: - Visits began quickly so people seen first as a priority did not get the initial contact weeks ahead of the proposed assessment time. - After the abrupt start, everyone received timely notice. Next Steps: - Continue with notices and appointment setting - Re-contact some people who may have declined the first time - Some individuals may receive status update calls after their visit.	**11/17/2014 Update** Incomplete
			2/13/2015 Update Up to 12/15/2014, there were 16 individuals who have refused to participate in the initial SLP assessments. The follow up letters may provide sufficient information that some will reconsider that decision. The process of contacting people for the first annual compliance review will follow the same format.	**2/13/2015 Update** See 11/17/2014 response.	**2/13/2015 Update** Incomplete
			3/16/2015 Update The process for contacting people remains the same.	**3/16/2015 Update** **5/15/2015 Update** See 11/17/2014 response.	**3/16/2015 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			5/15/2015 Update See 3/16/2015 response. There have been a couple situations where either the person or the family/guardian asked to be removed from the person centered planning process. After discussion, they better understood what person centered planning is about and the value of person centered planning and have been willing to go forward with that. SLP has been focusing time and efforts on the priority list in this second phase of assessments. The process of contact people remains the same.		**5/15/2015 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status

Modernization of Rule 40

BACKGROUND

"Rule 40," *Use of Aversive and Deprivation Procedures in Licensed Facilities Serving Persons with Developmental Disabilities* , 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.

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:

"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)."
Settlement Agreement at §X.C.

THE ADVISORY COMMITTEE REPORT WAS ACCEPTED BY THE DEPARTMENT

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:

"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.

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."

"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 Olmstead v. L.C., 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 de~~partment responsible for the administration and oversight of many of the services that support citizens."

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.

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
SCOPE OF RULE 40 MODERNIZATION					
99. The scope of the Rule 40 modernization shall include all individuals with developmental disabilities served in programs, settings and services licensed by the Department, regardless of the setting in which they live or the services which they receive. As stated in the Settlement Agreement, the modernization of Rule 40 which will be adopted under this Comprehensive Plan of Action shall reflect current best practices, including, but not limited to the use of positive and social behavioral supports, and the development of placement plans consistent with the principle of the 'most integrated setting' and 'person centered planning, and development of an '*Olmstead* Plan'" consistent with the U.S. Supreme Court's decision in *Olmstead* v. L.C., 527 U.S. 582 (1999)."	Chief Compliance Officer (Gregory Gray) / Administrative Law Manager (Beth Scheffer)	12/31/2014	**5/11/2014 Update** 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. **Ex. 71, Rulemaking Schedule for 2014-2015** **7/15/2014 Update** The draft of rule revisions for the Positive Supports Rule continues to be developed. The Rulemaking Schedule was updated during this reporting period. **Ex. 109, Rulemaking Schedule rev 07022014** **9/15/2014 Update** DHS continues to refine the draft rule. In accordance with the Minnesota Administrative Procedures Act (MAPA), a Request for Public Comments was posted in the State Register on August 25, 2014, and mass mailed to stakeholder organizations, to provide notice of the legislative changes that greatly expanded the scope of the rule to govern additional provider types. **11/17/2014 Update** DHS will begin working with other State agencies/Offices in November in accordance with the State Administrative Procedures Act and the Governor's Office policy. Among these other entities is the Governor's Legislative Office, which must approve DHS' plans to publish the Notice of Hearing and proposed rules in December.	**5/11/2014 Update** Next Steps: Continue developing draft rule for review. **7/15/2014 Update** Next Steps: - Continue developing draft rule for review. - Continue following updated rulemaking schedule. **9/15/2014 Update** Next Steps: - Continue developing draft rule for review. - Continue following updated rulemaking schedule. **11/17/2014 Update** Obstacles and Next Steps: The upcoming November intermediate deadlines depend on other State agencies to take action (e.g., the Office of Administrative Hearings, the Governor's Legislative	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete **9/15/2014 Update** Incomplete **11/17/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			DHS will submit a package to the Governor's Legislative Office for approval on or about 11/17, when the Statement of Need and Reasonableness is largely drafted. That Office needs sufficient lead time to turn around an approval by mid-December, so DHS can meet the State Register advance copy deadline for December publication. **2/13/2015 Update** The rule development phase was completed in December 2014, culminating in the preparation of two documents: a Revisor-certified proposed rule, and the Statement of Need and Reasonableness (SONAR) that supports it. E**x. 173, 12/29/2014 State Register Notice** **Ex. 174, 1/12/2015 State Register Notice** **3/16/2015 Update** The rule hearing was held on February 23, 2015. The comment period remains open until March 16, 2015 at 4:30 pm., and the rebuttal period remains open until March 23, 2015 at 4:30 p.m. DHS will consider comments and make submissions during these periods.	Office, and Minnesota Management and Budget). **2/13/2015 Update** Next Steps: - Continue to take public comments on the proposed rule - The public hearing on the proposed rule is scheduled for February 23, 2015 - Review all comments received from the public, at the hearing, post-hearing, and from the Administrative Law Judge - Make amendments to the proposed rule if needed **3/16/2015 Update** See 2/13/2015 response.	**2/13/2015 Update** Complete **3/16/2015 Update - 5/15/2015 Update** Maintaining completion achieved

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			Following the close of the hearing record, the Administrative Law Judge (ALJ) has 30 days to issue a report, unless the Chief ALJ orders an extension of time. **5/15/2015 Update** The hearing record closed on March 23, 2015. The administrative law judge issued a report approving the rule on April 22, 2015. The ALJ report can be found on the DHS Rulemaking docket webpage. DHS is working on the final steps for adoption of the rule, and expects to meet the August 31, 2015 deadline for adoption of a new rule. However, the administrative law judge disapproved the cost determination required under Minn.Stat. §14.127. The effect of this disapproval is that providers with fewer than 50 full-time employees would be able to claim exemption from the rule. DHS is taking all available action to address the disapproval of the cost determination and the application of the rule to providers with fewer than 50 full-time employees. There needs to be further discussion with the Parties to determine possible methods of having the rules apply to providers with fewer than 50 full-time employees.	**5/15/2015 Update** Next Steps: - Continue the rulemaking process - Further discussion as needed on the ALJ ruling with the Parties and others - Address the disapproval of the cost determination - Address the application of the rule to providers with fewer than 50 full-time employees.	12/31/2014

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
ADOPTION OF RULE 40 MODERNIZATION					
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 **December 31, 2014** propose a new rule in accordance with this Comprehensive Plan of Action ("Proposed Rule"). This deadline may be extended for good cause shown upon application to the Court not later than 20 days prior to the deadline.	Chief Compliance Officer (Gregory Gray) / Administrative Law Manager (Beth Scheffer)	12/31/2014	**5/11/2014 Update** 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. **Ex. 71, Rulemaking Schedule for 2014-2015** **7/15/2014 Update** In late June 2014, DHS provided the draft rule to the Court Monitor, Plaintiff's class counsel, the Ombudsman for Mental Health and Developmental Disabilities, and the Executive Director of the Governor's Council on Developmental Disabilities. DHS will be preparing revisions to the draft rule based on the 6/30 meeting, and will include a written explanation of the purpose of the rule, and the relationship between statute, rule and instructions/manual to help readers understand the context for the rule when it is sent out for review during public process to gather input this summer.	**5/11/2014 Update** Next Steps: Continue developing draft rule for review. **7/15/2014 Update** Next Steps: - Public input sessions will begin no earlier than August 2014. - The draft rule and explanatory documents will continue to be refined.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update DHS incorporated into the draft rule input from its internal experts as identified by David Ferleger; input from a second, 8/14 meeting with Roberta and Colleen; and input from an 8/20 meeting with Dr. Fredda Brown. With David Ferleger's approval, DHS then turned its attention toward holding public stakeholder meetings. These will be held between September 22 and October 6. During October, November, and early December, DHS will consider stakeholder input in light of the Settlement Agreement and the CPA, prepare a lengthy Statement of Need and Reasonableness, and meet multiple 3rd party intermediate approval deadlines that are prerequisites to publishing a proposed rule in December.	**9/15/2014 Update** Next Steps: - The draft rule and explanatory documents will continue to be refined. - Continue discussions with Dr. Fredda Brown and others to gather input and recommendations.	**9/15/2014 Update** Incomplete
			11/17/2014 Update There were meetings and discussions with Dr. Brown to clarify and refine the draft rule text to be sure it coordinated with the Advisory Committee recommendations. As noted above, DHS is working toward various steps to be taken in November with other State agencies. DHS is also writing the Statement of Need and Reasonableness that provides evidence in support of the proposed rules for the public hearing.	**11/17/2014 Update** Next Steps: - Continue to refine the Statement of Need and Reasonableness. - Continue to implement the rulemaking plan.	**11/17/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			2/13/2015 Update The rule development phase was completed in December 2014, culminating in the preparation of two documents: a Revisor-certified proposed rule, and the Statement of Need and Reasonableness (SONAR) that supports it. A Notice of Hearing was published in the December 29, 2014 State Register. Due to an error by the State Register Office, the proposed rules did not appear in the State Register on that date, but were available on the DHS website, and the web address and link were provided in the Notice of Hearing. Consequently, an Amended Notice of Hearing and the proposed rules were published in the January 12, 2015 State Register and mailed to stakeholders. This course of action has been approved by the assigned Administrative Law Judge and will not affect the hearing schedule. DHS has a web page on the Positive Support Strategies proposed rules. The December 29, 2014 State Register with Notice of Hearing and the January 12, 2015 State Register with Notice of Hearing and proposed rules are available from the JIO.	**2/13/2015 Update** Next Steps: - Continue to take public comments on the proposed rule - The public hearing on the proposed rule is scheduled for February 23, 2015 - Review all comments received from the public, at the hearing, post-hearing, and from the Administrative Law Judge - Make amendments to the proposed rule if needed	**2/13/2015 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			DHS mailed the notice of hearing to stakeholders during the last two weeks in December 2014. After the notice was published, there is a comment period until the close of the hearing record. **3/16/2015 Update** See 3/16/2015 response to EC 99. **5/15/2015 Update** See 5/15/2015 response to EC 99.	**3/16/2015 Update** See 3/16/2015 response to EC 99. **5/15/2015 Update** See 5/15/2015 response to EC 99.	**3/16/2015 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2014
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.	Director of Disability Services Division (Alex Bartolic)	5/31/2014	**5/11/2014 Update** 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. 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.	**5/11/2014 Update** As noted above, DHS is working toward various steps to be taken with other State agencies in November. DHS is also writing the Statement of Need and Reasonableness that provides evidence in support of the proposed rules for the hearing.	**5/11/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			7/15/2014 Update The 2014 Minnesota Legislature revised MN Statutes Chapter 245 and Chapter 245D providing additional direction and clarity to the statute to allow the rulemaking process to incorporate the scope of EC99. **Ex. 102, Excerpts from Laws of Minnesota 2014 Chapter 312**	**7/15/2014 Update** Next Steps: Continue with the rulemaking process and updated schedule.	**7/15/2014 Update** Complete
			9/15/2014 Update A Request for Public Comment was published in the August 25, 2014 State Register, to provide public notice of the change in the scope of the rulemaking authority created by the 2014 Legislature.	**9/15/2014 Update** Next Steps: Continue with the rulemaking process and updated schedule.	**9/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 6/30/2014
			11/17/2014 Update DHS held seven public input sessions, which could be attended either in person at the DHS offices at 444 Lafayette Road in Saint Paul, by video conference, or by live streaming. The input sessions, with target audiences noted here, were held: • 9/22/2014 Stakeholders, providers and recipients interested in chemical dependency and mental health-related services •9/26/2014 Stakeholders, providers and recipients interested in child care services •9/29/2014 Stakeholders, providers and recipients interested in services for children placed out of home and youth	**11/17/2014 Update** See 9/15/2014 response.	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			• 9/30/2014 Two sessions were held on this date, one for stakeholders, providers and recipients interested in residential services for persons with disabilities or older adults, and another for all providers licensed by DHS under Minnesota Statutes, chapter 245D • 10/6/2014 State and county departments, agencies and boards whose work intersects with the subject of the new rule • 10/1/2014 Stakeholders, providers and recipients interested in non-residential services for persons with disabilities or older adults, including all 245D-licensed providers **2/13/2015 Update** See response to EC 100, paragraph 1 above. **3/16/2015 Update** See 3/16/2015 response to EC 99. **5/15/2015 Update** See 5/15/2015 response to EC 99. This item is complete.	**2/13/2015 Update** See 9/15/2014 response. **3/16/2015 Update** See 3/16/2015 response to EC 99. **5/15/2015 Update** See 5/15/2015 response to EC 99.	
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	**5/11/2014 Update** DHS is awaiting Legislative decisions. **7/15/2014 Update** The 2014 Minnesota Legislature revised MN Statutes Chapter 245 and Chapter 245D providing additional direction and clarity to the statute to allow the rulemaking process to incorporate the scope of EC99. **Ex. 102, Excerpts from Laws of MN 2014 Ch. 312**	**5/11/2014 Update** Next Steps: Monitor legislation. **7/15/2014 Update** Next Steps: Continue with the rulemaking process and updated schedule.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update Legislative approval was obtained for the requested rulemaking authority. DHS is following the MAPA to implement that authority. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response. This item is complete.	**9/15/2014 Update** Next Steps: Continue with the rulemaking process and updated schedule. **11/17/2014 Update** **2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 9/15/2014 response.	**9/15/2014 Update - 5/15/2015 Update** Maintaining completion achieved 6/30/2014
100. ¶4 By August 31, 2015, the Department of Human Services shall adopt a new rule to modernize Rule 40 ("Adopted Rule"). This deadline may be extended for good cause shown upon application to the Court not later than 60 days prior to the deadline.	Chief Compliance Officer (Gregory Gray) / Administrative Law Manager (Beth Scheffer)	8/31/2015	**5/11/2014 Update** DHS is on track with the rulemaking process and schedule. **Ex. 71, Rulemaking Schedule for 2014-2015** **7/15/2014 Update** In late June 2014, DHS provided the draft rule to the Court Monitor, Plaintiff's class counsel, the Ombudsman for Mental Health and Developmental Disabilities, and the Executive Director of the Governor's Council on Developmental Disabilities.	**5/11/2014** 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. **7/15/2014 Update** Next Steps: Continue with the rulemaking process and updated schedule.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			DHS will be preparing revisions to the draft rule based on the 6/30 meeting, and will include a written explanation of the purpose of the rule, and the relationship between statute, rule and instructions/manual to help readers understand the context for the rule when it is sent out for review during public process to gather input this summer. **Ex. 109, Rulemaking Schedule rev 07022014** **9/15/2014 Update** DHS is currently on track for meeting EC deadlines. **11/17/2014 Update** See 9/15/2014 response. **2/13/2015 Update** See response to EC 100, paragraph 1 above. **3/16/2015 Update** See 3/16/2015 response to EC 99.	**9/15/2014 Update** Next Steps: Continue with the rulemaking process and updated schedule. **11/17/2014 Update** See 9/15/2014 response. **2/13/2015 Update** Next Steps: - Continue to take public - Review all comments received from the public, at the hearing, post-hearing, and from the Administrative Law Judge - Make amendments to the proposed rule if needed **3/16/2015 Update** See 3/16/2015 response to EC 99.	**9/15/2014 Update** Incomplete **11/17/2014 Update** Incomplete **2/13/2015 Update** Incomplete **3/16/2015 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			5/15/2015 Update See 5/15/2015 response to EC 99.	**5/15/2015 Update** See 5/15/2015 response to EC 99.	**5/15/2015 Update** Incomplete
TEMPORARY TAPERED USE OF MEDICAL RESTRAINT					
101. The Proposed Rule shall address the temporary use and tapering of carefully monitored individual medical restraints for self-injurious behavior while non-restraint positive behavior supports are implemented under professional supervision. In formulating the Proposed Rule, and any other methods or tools of implementation, the Department shall carefully consider the recommendations of Dr. Fredda Brown, whose consultation on the Rule 40 modernization the Department requested with regard to matters on which the Advisory Committee had not reached consensus. The Department shall document the results of this review.	Chief Compliance Officer (Gregory Gray) / Administrative Law Manager (Beth Scheffer) / Legal Analyst (Bob Klukas)	12/31/2014	**5/11/2014 Update** 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. **Ex. 71, Rulemaking Schedule for 2014-2015** **7/15/2014 Update** In late June 2014, DHS provided the draft rule to the Court Monitor, Plaintiff's class counsel, the Ombudsman for Mental Health and Developmental Disabilities, and the Executive Director of the Governor's Council on Developmental Disabilities. DHS will be preparing revisions to the draft rule based on the 6/30 meeting, and will include a written explanation of the purpose of the rule, and the relationship between statute, rule and instructions/manual to help readers understand the context for the rule when it is sent out for review during public process to gather input this summer.	**5/11/2014 Update** Next Steps: Continue the rulemaking process and schedule. **7/15/2014 Update** Next Steps: - Public input sessions will begin no earlier than August 2014. - The draft rule and explanatory documents will continue to be refined.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update DHS met with Dr. Fredda Brown on August 20 and incorporated her input in the draft rule. Other meetings are scheduled with Dr. Brown.	**9/15/2014 Update** Next Steps: The draft rule and explanatory documents will continue to be refined.	**9/15/2014 Update** Incomplete
			11/17/2014 Update The major work on the Statement of Need and Reasonableness is underway.	**11/17/2014 Update** Next steps: DHS will begin working with other State agencies and Offices in November.	**11/17/2014 Update** Incomplete
			2/13/2015 Update See response to EC 100, paragraph 1 above.	**2/13/2015 Update** Next Steps: Continue the rulemaking process and schedule.	**2/13/2015 Update** Complete
			3/16/2015 Update See 3/16/2015 response to EC 99.	**3/16/2015 Update** See 3/16/2015 response to EC 99.	**3/16/2015 Update - 5/15/2015 Update** Maintaining completion achieved 12/31/2014
			5/15/2015 Update See 5/15/2015 response to EC 99.	**5/15/2015 Update** See 5/15/2015 response to EC 99.	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
THE PROPOSED RULE					
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 *Recommendations on Best Practices and Modernization of Rule 40 (Final Version - July 2013).* During the rule-making process, the Department shall advocate that the final rule be fully consistent with the Rule 40 Advisory Committee's recommendations. The phrase "to the extent possible in rule" above is intended to recognize that some elements of the Committee's recommendations are not susceptible to the format of rules and, therefore, will be implemented by the Department through policies, bulletins, contract provisions, and by other means.	Chief Compliance Officer (Gregory Gray) / Administrative Law Manager (Beth Scheffer) / Legal Analyst (Bob Klukas)	8/31/2015	**5/11/2014 Update** 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. **Ex. 71, Rulemaking Schedule for 2014-2015** **7/15/2014 Update** In late June 2014, DHS provided the draft rule to the Court Monitor, Plaintiff's class counsel, the Ombudsman for Mental Health and Developmental Disabilities, and the Executive Director of the Governor's Council on Developmental Disabilities. DHS will be preparing revisions to the draft rule based on the 6/30 meeting, and will include a written explanation of the purpose of the rule, and the relationship between statute, rule and instructions/manual to help readers understand the context for the rule when it is sent out for review during public process to gather input this summer.	**5/11/2014** 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. **7/15/2014 Update** Next Steps: - Public input sessions will begin no earlier than August 2014. - The draft rule and explanatory documents will continue to be refined.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			9/15/2014 Update DHS continues to refine the draft rule. Input from experts, Jensen consultants, and the public will be considered and revisions to the draft will be based upon the Jensen Settlement Agreement, the Comprehensive Plan of Action, and best practices.	**9/15/2014 Update** Next Steps: The draft rule and explanatory documents will continue to be refined.	**9/15/2014 Update** Incomplete
			11/17/2014 Update The major work on the Statement of Need and Reasonableness is underway.	**11/17/2014 Update** Next steps: DHS will begin working with other State agencies and Offices in November.	**11/17/2014 Update** Incomplete
			2/13/2015 Update See response to EC 100, paragraph 1 above.	**2/13/2015 Update** Next Steps: - Continue to take public comments on the proposed rule - The public hearing on the proposed rule is scheduled for February 23, 2015 - Review all comments received from the public, at the hearing, post-hearing, and from the Administrative Law Judge - Make amendments to the proposed rule if needed - Publish the final rule	**2/13/2015 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			3/16/2015 Update See 3/16/2015 response to EC 99. **5/15/2015 Update** See 5/15/2015 response to EC 99.	**3/16/2015 Update** See 3/16/2015 response to EC 99. **5/15/2015 Update** See 5/15/2015 response to EC 99.	**3/16/2015 Update** Incomplete **5/15/2015 Update** Incomplete
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.	Chief Compliance Officer (Gregory Gray) / Administrative Law Manager (Beth Scheffer)	10/15/2014	**5/11/2014 Update** 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. 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. **Ex. 71, Rulemaking Schedule for 2014-2015** **7/15/2014 Update** In late June 2014, DHS provided the draft rule to the Court Monitor, Plaintiff's class counsel, the Ombudsman for Mental Health and Developmental Disabilities, and the Executive Director of the Governor's Council on Developmental Disabilities.	**5/11/2014 Update** Next Steps: Continue the rulemaking process and schedule. **7/15/2014 Update** Next Steps: - Public input sessions will begin no earlier than August 2014. - The draft rule and explanatory documents	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			DHS will be preparing revisions to the draft rule based on the 6/30 meeting, and will include a written explanation of the purpose of the rule, and the relationship between statute, rule and instructions/manual to help readers understand the context for the rule when it is sent out for review during public process to gather input this summer.	will continue to be refined.	
			9/15/2014 Update DHS continues to refine the draft rule based on input received from experts, Jensen consultants,	**9/15/2014 Update** Next Steps: The draft rule and	**9/15/2014 Update** Incomplete
			11/17/2014 Update The major work on the Statement of Need and Reasonableness is underway.	**11/17/2014 Update** Next Steps: DHS will begin working with other State agencies and Offices in November.	**11/17/2014 Update** Complete
			2/13/2015 Update See response to EC 100, paragraph 1 above.	**2/13/2015 Update** Next Steps: Continue the rulemaking process and schedule.	**2/13/2015 Update - 5/15/2015 Update**
			3/16/2015 Update See 3/16/2015 response to EC 99.	**3/16/2015 Update** See 3/16/2015 response to EC 99.	Maintaining completion achieved 10/31/2014
			5/15/2015 Update See 5/15/2015 response to EC 99.	**5/15/2015 Update** See 5/15/2015 response to EC 99.	

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
REFERRAL OF UNRESOLVED ISSUES TO THE *OLMSTEAD* PLAN PROCESS					
103. Within thirty (30) days of the promulgation of the Adopted Rule, Plaintiffs' Class Counsel, the Court Monitor, the Ombudsman for Mental Health and Developmental Disabilities, or the Executive Director of the Governor's Council on Developmental Disabilities may suggest to the Department of Human Services and/or to the *Olmstead* Implementation Office that there are elements in the Rule 40 Advisory Committee Recommendations on Best Practices and Modernization of Rule 40 (Final Version - July 2013) which have not been addressed, or have not adequately or properly been addressed in the Adopted Rule. In that event, those elements shall be considered within the process for modifications of the *Olmstead* Plan. The State shall address these suggestions through Olmstead Plan sub-cabinet and the *Olmstead* Implementation Office. Unresolved issues may be presented to the Court for resolution by any of the above, and will be resolved by the Court.	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	**5/11/2014 Update** The draft rule will be provided to the parties mentioned prior to the final rule process. **Ex. 71, Positive Supports Rule - Abbreviated Rulemaking Schedule for 2014-2015** **7/15/2014 Update** In late June 2014, DHS provided the draft rule to the Court Monitor, Plaintiff's class counsel, the Ombudsman for Mental Health and Developmental Disabilities, and the Executive Director of the Governor's Council on Developmental Disabilities. DHS will be preparing revisions to the draft rule based on the 6/30 meeting, and will include a written explanation of the purpose of the rule, and the relationship between statute, rule and instructions/manual to help readers understand the context for the rule when it is sent out for review during public process to gather input this summer. **9/15/2014 Update** DHS continues to collaborate with Jensen representatives.	**5/11/2014 Update** Next Steps: Involvement of parties mentioned through the rule making process will assist in addressing as much as possible in the rule. **7/15/2014 Update** Next Steps: Public input sessions will begin in late July 2014. **9/15/2014 Update** Next Steps: - The draft rule and explanatory documents will continue to be refined. - Continue discussions with Dr. Fredda Brown and others to gather their input.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete **9/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			11/17/2014 Update The major work on the Statement of Need and Reasonableness is underway. **2/13/2015 Update** DHS continues with the Positive Support Community of Practice. DHS continues to work towards full implementation of the Olmstead Plan. DHS is finalizing an amendment to a contract with the University of Minnesota Institute on Community Integration, under which the positive supports manual, as recommended by the Rule 40 Advisory Committee, will be developed.	**11/17/2014 Update** Next steps: DHS will begin working with other State agencies and Offices in November. **2/13/2015 Update** Next Steps: - Continue with the rulemaking process. - Continue with biweekly Positive Supports Community of Practice. - DHS will continue efforts towards full implementation of the Olmstead Plan, including the development of a statewide plan to increase positive supports. - DHS will amend its contract with the University of Minnesota to include the development of the positive supports manual as recommended by the Rule 40 Advisory Committee.	**11/17/2014 Update** Incomplete **2/13/2015 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			3/16/2015 Update See 3/16/2015 response for EC 99. ICI, under contract with DHS, is preparing written and web resources that builds from other state manuals, as recommended by the Rule 40 Advisory Committee, and provides a "one-stop resource" that will incorporate statute, rule and program manual instructions with best practices, training, and other resources. An additional module will be added into the College of Direct Supports, which is available statewide to providers for nominal fee or without charge, depending on the size of the agency. It is also available to counties, families and people with disabilities without charge. Basic website functionality by March 30, 2015, and website and positive supports manual will be available by June 30, 2015.	**3/16/2015 Update** Next Steps: - Continue with the rulemaking process. - Continue with biweekly Positive Supports Community of Practice. - DHS will continue efforts towards full implementation of the Olmstead Plan, including the development of a statewide plan to increase positive supports.	**3/16/2015 Update** Incomplete
			5/15/2015 Update See 5/15/2015 response for EC 99. An information session on the College of Direct Support (CDS) was provided via VirtualPresence on April 7, 2015. The target audience was lead agency and direct care providers who use or are interested in the CDS. A January 9, 2015 court order provisionally approved the proposed revisions to the Olmstead Plan, subject to the Court's review of the State's modifications and any submissions by Plaintiff's Counsel. The Court ordered the State to file a revised Olmstead Plan by March 20, 2015.	**5/15/2015 Update** See 5/15/2015 response for EC 99.	**5/15/2015 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			On January 28, 2015, Governor Dayton issued Executive Order 15-03 which further defined the role and nature of the Olmstead Sub-Cabinet and required the adoption of procedures. The Olmstead Subcabinet Procedures were approved by the Subcabinet on March 10, 2015. Proposed modifications to Minnesota's Olmstead Plan were submitted to the Court on March 20, 2015. The proposed revision is posted on the Olmstead website. Subcabinet meetings in March and April 2015 focused on approval of 37 items including all items due through December 31, 2014 as reported on in the February 20, 2015 and March 27, 2015 status reports. Another 15 items due through February 28, 2015 were reported in the April 20, 2015 status report. A May 6, 2015 court order declined to adopt the Olmstead Plan, and ordered the state to revise the Plan in accordance with the 2011 guidance from the Department of Justice on the Olmstead Integration Mandate, http://www.ada.gov/olmstead/q&a_olmstead.htm, and previous orders of the Court. The revised Plan is due to the Court July 10, 2015.		

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
IMPLEMENTATION					
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	**5/11/2014 Update** 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). **Ex. 72, College of Dir Supt - Core Curriculum** **7/15/2014 Update** The Department continues the rulemaking process. **9/15/2014 Update** The Department is currently on track with its rulemaking schedule that will culminate in a 2015 rule adoption.	**5/11/2014 Update** 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. **7/15/2014 Update** Next Steps: - Continue with the rulemaking process. **9/15/2014 Update** Next Steps: Continue with the rulemaking process.	**5/11/2014 Update** Incomplete **7/15/2014 Update** Incomplete **9/15/2014 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			11/17/2014 Update DHS held seven public input sessions, that could be attended either in person, via video conference or on the web via livestreaming. The input sessions were held: 9/22 (two were held on this day), 9/26, 9/29, 930, 10/1 and 10/6. DHS is continuing with the Positive Supports Community of Practice. The Positive Support Community of Practice is dedicated to the transition from punitive and aversive practices to positive supports. The Positive Supports Community of Practice has hosted more than 15 videoconferences and is continuing this presence throughout 2014 and into 2015. DHS is working towards full implementation of the Olmstead Plan.	**11/17/2014 Update** Next Steps: - Continue with the rulemaking process. - Continue with biweekly Positive Supports Community of Practice. - DHS will continue efforts towards full implementation of the Olmstead Plan, including the development of a statewide plan to increase positive supports.	**11/17/2014 Update** Incomplete
			2/13/2015 Update The rulemaking process continues. DHS continues with the Positive Support Community of Practice. DHS continues to work towards full implementation of the Olmstead Plan.	**2/13/2015 Update** **3/16/2015 Update** **5/15/2015 Update** See 11/17/2014 response.	**2/13/2015 Update** Incomplete
			3/16/2015 Update DHS hosted the public hearing on the proposed rule on February 23, 2015. The hearing record is open to additional written testimony until March 16, 2015, and rebuttals until March 23, 2015. DHS continues with the Positive Supports Community of Practice.		**3/16/2015 Update** Incomplete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	State of Compliance; Documentation for Verification	Obstacles and Next Steps	Status
			DHS continues to work towards full implementation of the Olmstead Plan, including the development of a statewide Person Centered Positive Supports Plan to integrate person-centered principles and positive supports into training, technical assistance, and crisis prevention and response services. **5/15/2015 Update** See 5/15/2015 response for EC 99. There will be discussions on the ALJ ruling on the proposed rules. DHS continues its Positive Supports Community of Practice; the 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; and the development of a positive supports manual and website, also through the contract with ICI.		**5/15/2015 Update** Incomplete

CHRONOLOGICAL DISPLAY OF DEADLINES

PART I - COMPREHENSIVE PLAN OF ACTION

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
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.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	4/23/2013	Complete
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.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	4/23/2013	Complete
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.	Director of Disability Services Division (Alex Bartolic)	7/1/2013	Complete
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	Complete
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.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	8/28/2013	Complete
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.]	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	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	Complete
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

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
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
19. Each consultation occurred no later than 30 minutes after presentation of the emergency.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete
20. Each use of restraint was an “emergency.”	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
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.	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
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	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
27. Where appropriate, the State referred matters of suspected abuse or neglect to the county attorney for criminal prosecution.	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
28. Form 31032 (or its successor) was fully completed whenever use was made of manual restraint.	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
29. For each use, Form 31032 (or its successor) was timely completed by the end of the shift.	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
3. Facilities serve only "Minnesotans who have developmental disabilities and exhibit severe behaviors which present a risk to public safety."	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	12/31/2013	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
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
30. Each Form 31032 (or its successor) indicates that no prohibited restraint was used.	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
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.	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
32. Within 24 hours, and no later than one business day, Form 31032 (or its successor) in each instance was submitted to the Ombudsman for MH & DD	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
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	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
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	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	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	Complete
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.	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

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
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.	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
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.	MN Life Bridge Operations Manager (Mark Brostrom)	12/31/2013	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	Complete
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.	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
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.	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
46. The following exercised their access authority: The Office of Ombudsman for Mental Health and Developmental Disabilities, The Disability Law Center, and Plaintiffs' Counsel.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	12/31/2013	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	Complete
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.	MN Life Bridge Clinical Director (Tim Moore)	12/31/2013	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
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
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.	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
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
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	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
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	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
71. CSS arranges a crisis intervention within three (3) hours from the time the parent or legal guardian authorizes CSS' involvement.	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
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.	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
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
77. None of the identified positions are vacant.	Director of Community Support Services (Steve Dahl)	12/31/2013	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	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	Complete
8. Restraints are used only in an emergency.	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
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.	Forensics Medical Director (Steven Pratt) / Executive Director of Forensic Treatment Services (Carol Olson)/ Director of Jensen Implementation Office (Peg Booth)	12/31/2013	Complete
84. All persons presently confined at Minnesota Security Hospital who were committed solely as a person with a developmental disability and who were not admitted with other forms of commitment or predatory offender status set forth in paragraph 1, above, are transferred by the Department to the most integrated setting consistent with *Olmstead v. L.C* . , 527 U.S. 581 (1999).	Executive Director, Forensic Treatment Services (Carol Olson) / Director of Jensen Implementation Office (Peg Booth)	12/31/2013	Complete
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	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	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 *Olmstead v. L.C.* , 527 U.S. 581 (1999).	Director of Social Services, Forensic Services (Rebecca Robinson)	12/31/2013	Complete
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	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
26. All staff members found to have committed abuse or neglect were disciplined pursuant to DHS policies and collective bargaining agreement, if applicable.	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
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
23. The medical officer assessed the situation, suggested strategies for de-escalating the situation, and approved of, or discontinued the use of restraint.	MN Life Bridge Operations Manager (Mark Brostrom)	4/30/2014	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	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	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	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
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.	Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	4/30/2014	Complete
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.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	4/30/2014	Complete
62. There is no marketing, recruitment of clients, or publicity targeted to prospective residents at the Facility.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	4/30/2014	Complete
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.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	4/30/2014	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	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	Complete
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	Complete
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.	MN Life Bridge Program Manager (Tiffany Byers-Draeger)	4/30/2014	Complete
66. The Patient / Resident Bill of Rights posting is in a form and with content which is understandable by residents and family / guardians.	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
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	Complete
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).	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

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
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
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
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.	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.	Director of Jensen Implementation Office (Peg Booth) ~~Jensen Implementation Officer (Christina Baltes)~~ / Central Pre-Admissions / Admissions and Diversions Team	4/30/2014	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
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 *Olmstead v. L.C* . , 527 U.S. 581 (1999).	Medical Director, DC&T (Steven Pratt) / AMRTC Interim Hospital Administrator (Tina Sneen)/ Director of Jensen Implementation Office (Peg Booth)	4/30/2014	Complete
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
94. All sites, programs and services established or utilized under this Comprehensive Plan of Action shall be licensed as required by state law.	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	Complete

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	Complete
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	Complete
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	Complete
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	Complete
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.	MN Life Bridge Clinical Director (Tim Moore)	6/30/2014	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	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	Complete
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	Complete
5. The State/DHS immediately and permanently discontinues all the prohibited restraints and techniques.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	6/30/2014	Complete
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	Complete
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	Complete
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	Complete
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	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
51. Each resident has been given the opportunity to express a choice regarding preferred activities that contribute to a quality life.	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	Complete
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	Complete
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	Complete
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	Complete
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	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
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	Complete
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	Complete
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	Complete

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	Complete
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	Complete
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	Complete
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).	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	Complete
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	Complete
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	Complete
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	Complete
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	Complete
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	Complete

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	Complete
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).	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	Complete
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	Complete
6.1 Facility ~~S~~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	Complete
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	Complete
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	Complete
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	Complete
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	Complete
69. Approximately seventy five (75) individuals are targeted for long term monitoring.	Director of Community Support Services (Steve Dahl)	6/30/2014	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	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	Complete
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	Complete
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	Complete
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	Complete
90. Provide integrated vocational options including, for example, customized employment.	MN Life Bridge Operations Manager (Mark Brostrom)	6/30/2014	Complete
95. Residents currently at MSHS-Cambridge transition to permanent community homes.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	6/30/2014	Complete
1. The Facilities will comply with *Olmstead* v. L.C. The Facilities are and will remain licensed to serve people with developmental disabilities. The Facility will eliminate unnecessary segregation of individuals with developmental disabilities. People will be served in the most intregated 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	Complete
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	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
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	Complete
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.	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	Complete
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	Complete
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	Complete
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	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	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	Complete
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	Complete
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	Complete
2.7 Each Functional Behavioral Analysis will include a: a. Review of records for psychological, health and medical factors which may influence behaviors b. Assessment of the person's likes and dislikes (events / activities / objects / people) c. Interviews with individual, caregivers and team members for their hypotheses regarding the causes of the behavior; d. Systematic observation of the occurrence of the identified behavior for an accurate definition/description of the frequency, duration and intensity; e. Review of the history of the behavior and previous interventions, if available; f. Systematic observation and analysis of the events that immediately precede each instance of the identified behavior; g. Systematic observation and analysis of the consequences following the identified behavior; h. Analysis of functions that these behaviors serve for the person; 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. j. Synthesis and formulation of all the above information to formulate a hypothesis regarding the underlying causes and/or function of the targeted behavior.	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	Complete

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	Complete
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	Complete
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	Complete
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	Complete
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	Complete

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	Complete
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	Complete
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.	MN Life Bridge Program Manager (Tiffany Byers-Draeger)	8/31/2014	Complete
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	Complete
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	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 *Olmstead* 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	Complete

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 inteventions failed to abate the threat of harm; 2) What additional behavioral support strategies may assist the individual; 3) Systemic and individual issues raised by the use of restraint; and 4) the Internal Reviewer will also review *Olmstead* or other issues arising from or related to, admissions, discharges and other separations from the facility.	Internal Reviewer / Director of Jensen Implementation Office (Peg Booth) / Jensen Compliance Officer (Christina Baltes)	8/31/2014	Complete
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	Complete
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	Complete
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	Complete
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	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
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	Complete
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	Complete
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	Complete
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	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
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.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger) / MN Life Bridge Psychologist 3 (Stacy Danov)	8/31/2014	Complete
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	Complete
53. The provisions under this Transition Planning Section have been implemented in accord with the *Olmstead* decision.	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	Complete
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	Complete
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	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	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	Complete
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	Complete
54. Facility treatment staff received training in positive behavioral supports, person-centered approaches, therapeutic interventions, personal safety techniques, crisis intervention and post crisis evaluation.	MN Life Bridge Operations Manager (Mark Brostrom)	8/31/2014	Complete
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	Complete
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	Complete
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	Complete
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	MN Life Bridge RN Senior (Janet Marciniak)	8/31/2014	Complete
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	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
73. CSS provides augmentative training, mentoring and coaching.	Director of Community Support Services (Steve Dahl)	8/31/2014	Complete
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	Complete
73.2 CSS will update training manual as necessary.	Director of Community Support Services (Steve Dahl)	8/31/2014	Complete
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	Complete
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.	Director of Community Support Services (Steve Dahl)	8/31/2014	Complete
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	Complete
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	Complete
74.3 Training curricula are reviewed routinely to insure consistency with best practices.	Director of Community Support Services (Steve Dahl)	8/31/2014	Complete
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	Complete
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	Complete
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	Complete
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.	Director of Community Support Services (Steve Dahl)	8/31/2014	Complete
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	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen)	8/31/2014	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
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.	MN Life Bridge Clinical Director (Tim Moore)	8/31/2014	Complete
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	Complete
91. All requirements in this Comprehensive Plan of Action are fully met for each individual served in the area of Person-Centered Planning.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge	8/31/2014	Complete
92. All requirements in this Comprehensive Plan of Action are fully met for each individual served in the area of Transition Planning.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge	8/31/2014	Complete
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	MN Life Bridge Operations Manager (Mark Brostrom) / MN	8/31/2014	Complete
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**
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.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Psychologist 3 (Stacy Danov)	9/30/2014	Complete
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	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
98.2 A tool to help reviewers screen individuals and document findings during the initial assessment was developed from existing instruments.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)	10/5/2014	Complete
38. Other reports, investigations, analyses and follow up were made on incidents and restraint use.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Operations Manager (Mark Brostrom)	10/31/2014	Complete
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	Complete
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.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger)	10/31/2014	Complete
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.	MN Life Bridge Clinical Director (Tim Moore) / MN Life Bridge Transition Coordinator (substitute: Tiffany Byers-Draeger)	10/31/2014	Complete
55. Facility staff training is consistent with applicable best practices, including but not limited to the Association of Positive Behavior Supports, Standards of Practice for Positive Behavior Supports (http://apbs.org). Staff training programs will be competency-based with staff demonstrating current competency in both knowledge and skills.	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	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	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	Complete
67. The expansion of community services under this provision allows for the provision of assessment, triage, and care coordination to assure persons with developmental disabilities receive the appropriate level of care at the right time, in the right place, and in the most integrated setting in accordance with the U.S. Supreme Court decision in *Olmstead v. L.C.* , 527 U.S. 582 (1999).	Director of Community Support Services (Steve Dahl)	10/31/2014	Complete
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	Complete
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	Complete
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	Complete
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 *Olmstead* 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	Complete
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	Complete
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	Complete

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	Complete
70. CSS mobile wrap-around response teams are located across the state for proactive response to maintain living arrangements.	Director of Community Support Services (Steve Dahl)	10/31/2014	Complete
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	Complete
70.3 Document responses from CSS to individual's satisfaction surveys.	Director of Community Support Services (Steve Dahl)	10/31/2014	Complete
72. CSS partners with Community Crisis Intervention Services to maximize support, complement strengths, and avoid duplication.	Director of Community Support Services (Steve Dahl)	10/31/2014	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	Complete
79. The State and the Department developed a proposed *Olmstead* Plan, and will implement the Plan in accordance with the Court's orders. The Plan will be comprehensive and will use measurable goals to increase the number of people with disabilities receiving services that best meet their individual needs and in the "Most Integrated Setting," and which is consistent and in accord with the U.S. Supreme Court's decision in *Olmstead v. L.C* ., 527 U.S. 581 (1999). The *Olmstead* Plan is addressed in Part 3 of this Comprehensive Plan of Action.	*Olmstead* Subcabinet (Mike Tessneer)	10/31/2014	Complete
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.	MN Life Bridge Operations Manager (Mark Brostrom) / MN Life Bridge Clinical Director (Tim Moore)	10/31/2014	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
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.	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	Complete
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.	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**
98.1. Successful Life Project (SLP) staff will initiate a statewide review process on or about October 1, 2014 to perform an initial assessment on all persons included in the therapeutic follow-up group no later than November 30, 2014. This review will be a brief face-to-face meeting with each individual to assess the general well-being of the person in his or her home and to determine if there are any critical or immediate health or safety issues.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)	11/30/2014	Complete
98.7 Behavior analysts or other staff contact the guardian by telephone before the initial assessment (the first face-to-face visit) to explain why they are coming and what to expect, and gets verbal consent to contact the person. The manager may assist with some contacts if there are barriers or issues that may arise.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)	11/30/2014	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
98.6 A bulletin will be distributed widely to announce the Successful Life Project in the fall of 2014.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)	12/1/2014	Complete
98.3 During the initial assessment, immediate follow-up will take place on any person for whom home health and safety concerns have been identified. Appropriate actions and referral will be made as appropriate.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)	12/31/2014	Complete
98.4 The results of this initial assessment process will assist the SLP in prioritizing needs of individuals for the next phase of the therapeutic follow-up, a more robust assessment using the Community Compliance Review Tool.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)	12/31/2014	Complete
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.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)	11/30/2016	**Incomplete**
98.5 Following the completion of the initial assessment and the prioritization of persons included in the therapeutic follow-up group, MLB will begin the ongoing comprehensive compliance reviews using the Community Compliance Review Tool.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)	11/30/2016	**Incomplete**
98.8 If the person / guardian refuses to give consent for an initial assessment or any subsequent compliance review, individual letters will be sent to each person, guardian, provider, county case manager, family and other team members to explain the project and the process of following up with people, and information on how to contact SLP for more information or to consent to the initial assessment or compliance review.	Director of MSHS-Cambridge and MN Life Bridge (Steve Jensen) / MN Life Bridge Program Manager (Tiffany Byers-Draeger)	11/30/2016	**Incomplete**

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
Part II - Modernization of Rule 40			
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.	Director of Disability Services Division (Alex Bartolic)	5/31/2014	Complete
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	Complete
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.	Chief Compliance Officer (Gregory Gray) / Administrative Law Manager (Beth Scheffer)	10/15/2014	Complete
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 December 31, 2014 propose a new rule in accordance with this Comprehensive Plan of Action ("Proposed Rule"). This deadline may be extended for good cause shown upon application to the Court not later than 20 days prior to the deadline.	Chief Compliance Officer (Gregory Gray) / Administrative Law Manager (Beth Scheffer)	12/31/2014	Complete

Evaluation Criteria and Actions	Person(s) Responsible	Deadline	Status
101. The Proposed Rule shall address the temporary use and tapering of carefully monitored individual medical restraints for self-injurious behavior while non-restraint positive behavior supports are implemented under professional supervision. In formulating the Proposed Rule, and any other methods or tools of implementation, the Department shall carefully consider the recommendations of Dr. Fredda Brown, whose consultation on the Rule 40 modernization the Department requested with regard to matters on which the Advisory Committee had not reached consensus. The Department shall document the results of this review.	Chief Compliance Officer (Gregory Gray) / Administrative Law Manager (Beth Scheffer) / Legal Analyst (Bob Klukas)	12/31/2014	Complete
99. The scope of the Rule 40 modernization shall include all individuals with developmental disabilities served in programs, settings and services licensed by the Department, regardless of the setting in which they live or the services which they receive. As stated in the Settlement Agreement, the modernization of Rule 40 which will be adopted under this Comprehensive Plan of Action shall reflect current best practices, including, but not limited to the use of positive and social behavioral supports, and the development of placement plans consistent with the principle of the 'most integrated setting' and 'person centered planning, and development of an '*Olmstead* Plan'" consistent with the U.S. Supreme Court's decision in *Olmstead* v. L.C., 527 U.S. 582 (1999)."	Chief Compliance Officer (Gregory Gray) / Administrative Law Manager (Beth Scheffer)	12/31/2014	Complete
100. ¶4 By August 31, 2015, the Department of Human Services shall adopt a new rule to modernize Rule 40 ("Adopted Rule"). This deadline may be extended for good cause shown upon application to the Court not later than 60 days prior to the deadline.	Chief Compliance Officer (Gregory Gray) / Administrative Law Manager (Beth Scheffer)	8/31/2015	**Incomplete**
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 *Recommendations on Best Practices and Modernization of Rule 40 (Final Version - July 2013).* During the rule-making process, the Department shall advocate that the final rule be fully consistent with the Rule 40 Advisory Committee's recommendations. The phrase "to the extent possible in rule" above is intended to recognize that some elements of the Committee's recommendations are not susceptible to the format of rules and, therefore, will be implemented by the Department through policies, bulletins, contract provisions, and by other means.	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
103. Within thirty (30) days of the promulgation of the Adopted Rule, Plaintiffs' Class Counsel, the Court Monitor, the Ombudsman for Mental Health and Developmental Disabilities, or the Executive Director of the Governor's Council on Developmental Disabilities may suggest to the Department of Human Services and/or to the *Olmstead* Implementation Office that there are elements in the Rule 40 Advisory Committee Recommendations on Best Practices and Modernization of Rule 40 (Final Version - July 2013) which have not been addressed, or have not adequately or properly been addressed in the Adopted Rule. In that event, those elements shall be considered within the process for modifications of the *Olmstead* Plan. The State shall address these suggestions through Olmstead Plan sub-cabinet and the *Olmstead* Implementation Office. Unresolved issues may be presented to the Court for resolution by any of the above, and will be resolved by the Court.	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	**Incomplete**
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	**Incomplete**

Minnesota Specialty Health Services-Cambridge Closure and Replacement
Fourth Compliance Update Report - FINAL NARRATIVE REPORT
September 15, 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, 201 3, Dkt. No. 224 and March 12, 2014, Dkt. No. 284.

The entire first narrative, with subsequent updates, is included below.

UPDATE 9/15/2014
Please note the format of this report has been modified. Updates are now located directly beneath the applicable section of the original 4/11/2014 Update Report text.

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.

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.

UPDATE 7/15/2014

As of June 30, 2014, one individual remains at the MSHS-Cambridge Campus. He is slated to move to his own home in the Brainerd area in July or August 2014 so he can be closer to his sisters. There were numerous unexpected complications to overcome in the planning for the man's transition. The Jensen Implementation Office, MSOCS (the provider for residential and vocation supports), and MN Life Bridge administration and clinical team have spent scores of hours working to resolve obstacles.

UPDATE 9/15/2014

The last person transitioned out of MSHS-Cambridge on 8/29/14, and moved to his own home in the Brainerd area. Notice was given to DHS and MDH Licensing prior to that date that the effective date of closure of MSHS-Cambridge was August 30, 2014.

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 waivered services, in an amount projected to be up to $1.14 million annually for each home. Because waivered 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.
UPDATE 7/15/2014 For the Therapeutic Follow Up Project, the 2014 Minnesota Legislature appropriated $900,000 for SFY2015, and $800,000 annually for SFY 2016 and SFY 2017.
UPDATE 9/15/2014 Funding and budgets for Minnesota Life Bridge are in place for $4.4 Million of appropriations for specialty services, mobility, clinical supports, state-wide development, and administrative needs for FY 2015. - $910,000 is set aside for the Successful Life Project (formerly referred to as Therapeutic Follow Up, from EC98). $2.3 Million is projected to be captured in services for individuals in the community based homes through Medical Assistance Waiver programs. The total available funds will be more than $7 Million.

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.

UPDATE 5/11/2014

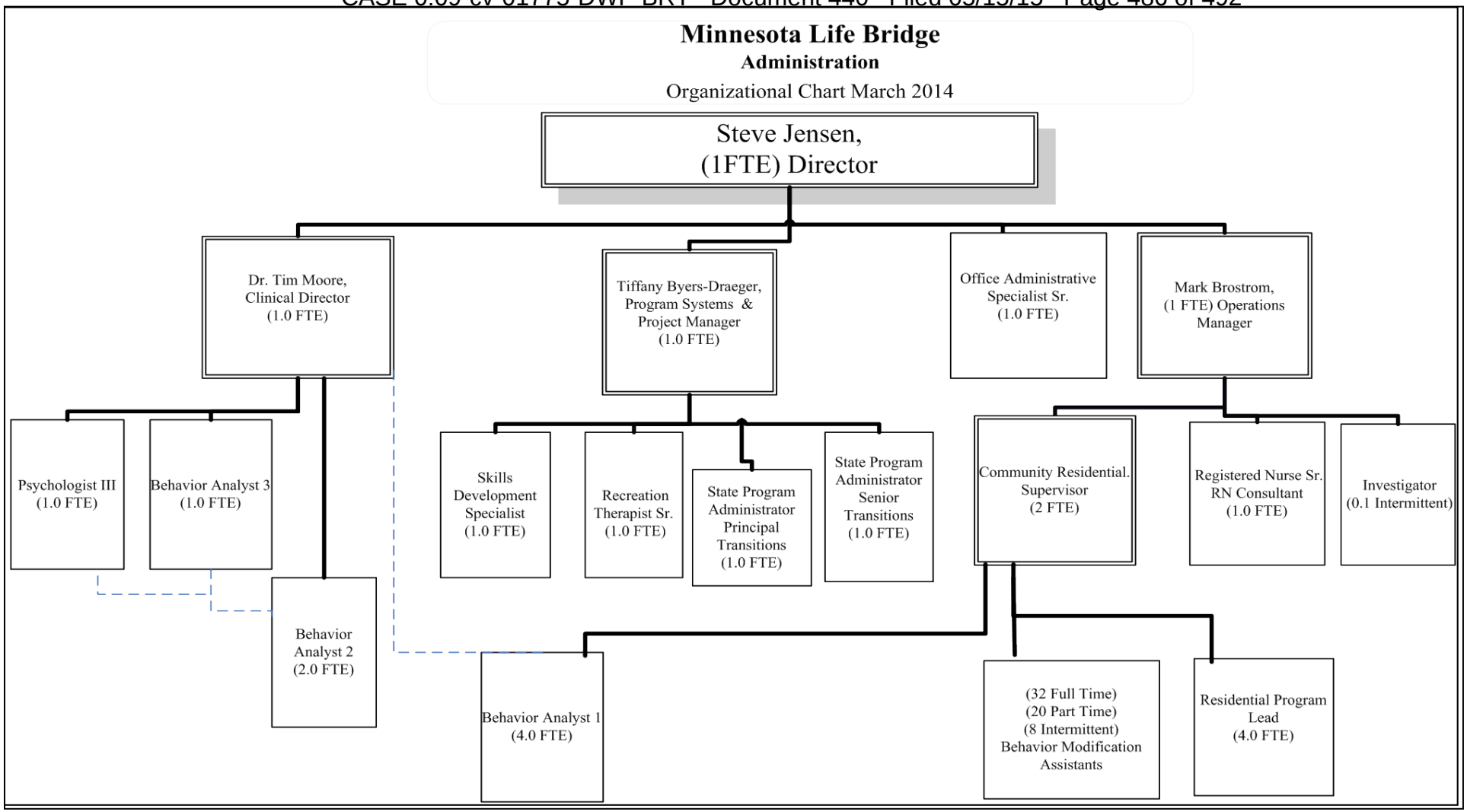
Staff who have and will be moving to the community homes have had 2 days of training to introduce them to community based services. Hands-on training will begin on May 1, 2014 to enhance the staff application of Positive Behavioral Support Interventions both on the MSHS-Cambridge campus and in the community treatment homes.

UPDATE 7/15/2014

During recent months, MSHS-Cambridge administration has monitored staffing on a daily basis. Several staff who worked on the campus had transferred to other positions in the department or retired due to the Memorandum of Understanding (MOU) worked out with labor partners.
At least four staff had taken unexpected leaves due to family or personal issues.
An additional MOU was created in June to enable people who had worked on the campus and were trained to work for MN Life Bridge to help bolster staffing.
In addition, clinical and management staff have been working shifts to support the staff as well.
As individuals transition to their new home the staffing becomes easier.

UPDATE 9/15/2014

Some staff continued to work at MSHS-Cambridge through its closure before being deployed to work at a community home.
Staff at Stratton Lake have been effective with good retention.
Several staff who had been assigned to or chose to work at the Broberg's Lake home were available to work at the Stratton Lake home because there were no people receiving services at Broberg's Lake during this reporting period. [Note: Union contracting required different work units at MSHS-C and the community homes, so staff could not be deployed in both settings.]
Three individuals are retiring and hiring is underway to replace them and to add additional DSPs for local and mobility staff development. MN Life Bridge is currently posting and hiring for at least 14 new DSP positions.
The new Successful Life Project (SLP) team is being formed. Interviews are underway for 5 Board certified BA3 positions, and interviews have been completed for the RN position on that team. Interviews have begun for the Information Coordinator position, which will integrate and synthesize program information for better use of data and its organization and accessibility.


Minnesota Life Bridge
Administration
Organizational Chart March 2014
Steve Jensen,
(1FTE) Director
Dr. Tim Moore,
Clinical Director
(1.0 FTE)
Tiffany Byers-Draeger,
Program Systems &
Project Manager
(1.0 FTE)
Office Administrative
Specialist Sr.
(1.0 FTE)
Mark Brostrom,
(1 FTE) Operations
Manager
Psychologist III
(1.0 FTE)
Behavior Analyst 3
(1.0 FTE)
Skills
Development
Specialist
(1.0 FTE)
Recreation
Therapist Sr.
(1.0 FTE)
State Program
Administrator
Principal
Transitions
(1.0 FTE)
State Program
Administrator
Senior
Transitions
(1.0 FTE)
Community Residential.
Supervisor
(2 FTE)
Registered Nurse Sr.
RN Consultant
(1.0 FTE)
Investigator
(0.1 Intermittent)
Behavior
Analyst 2
(2.0 FTE)
Behavior Analyst 1
(4.0 FTE)
(32 Full Time)
(20 Part Time)
(8 Intermittent)
Behavior Modification
Assistants
Residential Program
Lead
(4.0 FTE)

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.

l. 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

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.

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.

UPDATE 7/15/2014

MN LB continues to have success in helping individuals maintain their community based placements by redirecting people to more appropriate services and by providing additional clinical supports as in the case discussed in the May 11, 2014 update. In that case a plan is in place to allow the individual to stay in his permanent community home. Implementation of a new FBA and Positive Support Transition Plan, and a PCP planning process has also begun involving the person and his whole team.

UPDATE 9/15/2014

Strong efforts at diversion continue from MnLB. During this period there were people directly diverted from needing admission to MN Life Bridge and they were either supported in their current homes or referred to a more appropriate setting for supports they needed.
To date this work has been done primarily by clinical staff or designated coordinators. The intention now is to add DSP staff who can perform additional direct support program functions going forward as we mature and gain presence in other parts of the state.

There were 5 individuals served by MN Life Bridge in the last reporting period (July and August 2014) and all were served in the Stratton Lake home.
- One person remains there from when it opened on March 4 and she is ready for community placement as soon as the community provider develops her home in which she will live alone with supports.
- One person was present for three weeks and after a period of good adjustment returned to her home community, after several trips to her home including a business trip and stay at a hotel so she could train her new staff and facilitate her transition plan. It went well, though there has been a setback due to threats she made about staff's families. MN Life Bridge and DHS Counsel are working on resolution so she can continue to be in the community.
- Three individuals came into the facility in July over the course of about ten days.
  - One is ready for discharge and should move soon.
  - One has had solid progress and the county is beginning it transitions planning with possible providers.
  - The third person has a dual diagnosis and was suicidal; he was admitted to a Twin Cities hospital to help him stabilize medically and he will probably return to Mn Life Bridge.

Among those who have discharged from MN Life Bridge during the prior reporting periods, most are thriving. In one case the provider has had trouble sticking to the transition plan, though it is reported they have done better more recently with the help of the MN Life Bridge team. CSS is involved with most of the individuals who have been served at MN Life Bridge.

The last person in the MSHS-Cambridge program moved to his own home which he found and rents, and has visiting staff in the Brainerd area. He is an avid fisherman and he can walk or bike to fish any time he wishes. He is interested in finding work and had an interview while still at MSHS-Cambridge. Though he did not get the job he appreciated the practice of the experience. He is interested in custodial work. Since moving on 8/29/2014 there are no reports of significant behavioral incidents and the provider appears to be following the transition plan. This individual chose his home, and interviewed and chose his staff. He facilitates his own meetings (which is sometime difficult as team members have to change old habits of "power over". He presented a power point training of his PCP profile. Three clinical staff from MN Life Bridge are rotating visits to his home to assure two to three visits a week. This ensures crossover in the transition work to assure fidelity from the staff and to assist in any adjustments that may need to be made at the individual's or team's recommendation.

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 auxiliary 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 that are augmentative.

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.
UPDATE 9/15/2014 Ideally, MN Life Bridge hopes to be able to have staff deployed in such a way so that support can go to any part of the state. To date diversion activity has occurred in regions around Minnesota near Duluth, Brainerd, Moorhead, Worthington, Mankato, Rochester, Fulda, the Twin Cities and the Iron Range. This remains an active objective that will be completed before the development and operation of the next two homes, planned for northeast Minnesota and the Twin Cities.

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.

UPDATE 9/15/2014

This objective of replacing the MSHS-Cambridge program was completed on August 30, 2014 when the campus no longer supported individuals with DD and the licenses were discontinued upon the department's and MN Life Bridge's request. Community licenses and designation have been and are in force and MN Life Bridge is compliant.

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

Comprehensive Plan of Action

DEFENDANTS' EIGHTH COMPLIANCE UPDATE REPORT: EXHIBITS

Bi-monthly Data Covering March 1 through April 30, 2015

Filing Date: May 15, 2015

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
186	yes	Training Tracker as of 04302015
187	yes	DHS-3654 and DHS-3653 (Apr 2015)
188	yes	Abuse Neglect Investigation Tracking
189		Mike Sherman resume
190		Framework: Crisis Intervention Response
191		Framework: Service Inquiry Tracking
192		MLB Satisfaction Survey Information

UNITED STATES DISTRICT COURT

DISTRICT OF MINNESOTA

James and Lorie Jensen, et al.,

Plaintiffs,

vs.

Minnesota Department of Human Services, et al.,

Defendants.

Case No. 09-cv-01775 DWF/BRT

AFFIDAVIT OF MARGARET FLETCHER-BOOTH CONCERNING VERIFICATION OF DEFENDANTS' EIGHTH COMPLIANCE UPDATE REPORTAND EXHIBITS

STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

Margaret Fletcher-Booth being first duly sworn on oath, states as follows:

1. I am employed by the Minnesota Department of Human Services ("DHS") as Director of the Jensen Implementation Office ("JIO").

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

3. In order to verify that the information set forth in Defendants' Eighth Compliance Update Report and Exhibits ("Report") is correct and accurate, the JIO had individuals with personal knowledge of specific information in the Report review specific information, verify its correctness and accuracy, and attest to the correctness and accuracy of the specific information in an affidavit.

4. Based upon this process and my own personal knowledge, I verify that the information in the Report is correct, accurate and complete.

FURTHER YOUR AFFIANT SAYETH NOT.

Margaret Fletcher Booth

MARGARET FLETCHER-BOOTH

Subscribed and sworn to before me on May 15, 2015

Angie R. Goserud

NOTARY PUBLIC

ANGIE R. GOSERUD
Notary Public-Minnesota
My Commission Expires Jan 31, 2019

UNITED STATES DISTRICT COURT

DISTRICT OF MINNESOTA

James and Lorie Jensen, et al.,

Plaintiffs,

vs.

Minnesota Department of Human Services, et al.,

Defendants.

Case No. 09-cv-01775 DWF/BRT

AFFIDAVIT OF ALEXANDRA BARTOLIC CONCERNING VERIFICATION OF DEFENDANTS' EIGHTH COMPLIANCE UPDATE REPORT AND EXHIBITS

STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

Alexandra Bartolic, being first duly sworn on oath, states as follows:

1. I am employed by the Minnesota Department of Human Services ("DHS") as Director, Disability Services Division.

2. I am familiar with the above-captioned case and settlement and understand that this affidavit is a verification of information set forth in Defendants' Eighth Compliance Update Report and Exhibits ("Report").

3. I have personal knowledge of the information in the following sections of the Report and verify that the information provided is correct and accurate:

A. May 15, 2015 Updates regarding Evaluation Criteria 80, 87, 87.1, 100 paragraph 2, and 104; and

4. I further hereby verify the data contained in the portions of the Report described above at paragraph 3 is either (1) public data under applicable laws, or (2) if it is not-public data, the data subject(s) of any such not-public data have consented to such data being used publicly, or (3) I have alerted the Jensen Implementation Office at DHS so that the data can be filed under seal.

FURTHER YOUR AFFIANT SAYETH NOT.

ALEXANDRA BARTOLIC

Subscribed and sworn to before
me on May 15, 2015

NOTARY PUBLIC

ANGIE R. GOSERUD
Notary Public-Minnesota
My Commission Expires Jan 31, 2019

UNITED STATES DISTRICT COURT

DISTRICT OF MINNESOTA

James and Lorie Jensen, et al.,

Plaintiffs,

vs.

Minnesota Department of Human Services, et al.,

Defendants.

Case No. 09-cv-01775 DWF/BRT

AFFIDAVIT OF CASSANDRA (BIRKELAND) FELDMAN CONCERNING VERIFICATION OF DEFENDANTS' EIGHTH COMPLIANCE UPDATE REPORT AND EXHIBITS

STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

CASSANDRA (BIRKELAND) FELDMAN, being first duly sworn on oath, states as follows:

1. I am employed by the Minnesota Department of Human Services ("DHS") as Information Coordinator, MN Life Bridge.

2. I am familiar with the above-captioned case and settlement and understand that this affidavit is a verification of information set forth in Defendants' Eighth Compliance Update Report and Exhibits ("Report").

3. I have personal knowledge of the information in the following sections of the Report and verify that the information provided is correct and accurate:

A. May 15, 2015 Updates regarding Evaluation Criteria 4, 4.1, 4.2, 38.2, 47, 47.2, 48.2, 50.8, 51, 51.1, 51.2, 52, 52.1, 52.2, 52.3, 52.4, 52.5, 52.6, 53, 53.1, 53.2, 55, 55.1, 65, 66, 66.1, 93, 94, 96, 98, 98.1, 98.2, 98.3, 98.4, 98.5, 98.6, 98.7, and 98.8; and

4. I have personal knowledge of the information in the followings exhibit(s) of the Report and verify that the information provided is correct and accurate:

A. Exhibits 188 and 192.

5. I further hereby verify the data contained in the portions of the Report described above at paragraphs 3 and 4 is either (1) public data under applicable laws, or (2) if it is not-public data, the data subject(s) of any such not-public data have consented to such data being used publicly, or (3) I have alerted the Jensen Implementation Office at DHS so that the data can be filed under seal.

FURTHER YOUR AFFIANT SAYETH NOT.

Cassandra Birkeland Feldman

CASSANDRA (BIRKELAND) FELDMAN

Subscribed and sworn to before me on May 14th, 2015

MEE LYNN STEVENS
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2019

NOTARY PUBLIC
5/14/2015

UNITED STATES DISTRICT COURT

DISTRICT OF MINNESOTA

James and Lorie Jensen, et al.,

Plaintiffs,

vs.

Minnesota Department of Human Services, et al.,

Defendants.

Case No. 09-cv-01775 DWF/BRT

AFFIDAVIT OF MARGARET FLETCHER BOOTH CONCERNING VERIFICATION OF DEFENDANTS' EIGHTH COMPLIANCE UPDATE REPORT AND EXHIBITS

STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

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

1. I am employed by the Minnesota Department of Human Services ("DHS") as Director, Jensen Implementation Office.

2. I am familiar with the above-captioned case and settlement and understand that this affidavit is a verification of information set forth in Defendants' Eighth Compliance Update Report and Exhibits ("Report").

3. I have personal knowledge of the information in the following sections of the Report and verify that the information provided is correct and accurate:

A. May 15, 2015 Updates regarding Evaluation Criteria 25, 25.1, 25.2, 25.3, 25.4, 39, 41, 41.1, 42, 43, 44, 46, 46.1, 52.2, 81, 82, 82.2, 83, 83.1, 84, 84.1, 85, 85.1, 86, 86.1, and 100 paragraph 3.

4. I further hereby verify the data contained in the portions of the Report described above at paragraph 3 is either (1) public data under applicable laws, or (2) if it is not-public data, the data subject(s) of any such not-public data have consented to such data being used publicly, or (3) I have alerted the Jensen Implementation Office at DHS so that the data can be filed under seal.

FURTHER YOUR AFFIANT SAYETH NOT.

Margaret Fletcher Booth
MARGARET FLETCHER BOOTH

Subscribed and sworn to before
me on May 15, 2015

Angie Goserud
NOTARY PUBLIC

ANGIE R. GOSERUD
Notary Public-Minnesota
My Commission Expires Jan 31, 2019

UNITED STATES DISTRICT COURT

DISTRICT OF MINNESOTA

James and Lorie Jensen, et al.,

Plaintiffs,

vs.

Minnesota Department of Human Services, et al.,

Defendants.

Case No. 09-cv-01775 DWF/BRT

AFFIDAVIT OF MARGARET FLETCHER BOOTH CONCERNING VERIFICATION OF DEFENDANTS' EIGHTH COMPLIANCE UPDATE REPORT AND EXHIBITS

STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

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

1. I am employed by the Minnesota Department of Human Services ("DHS") as Director, Jensen Implementation Office.

2. I am familiar with the above-captioned case and settlement and understand that this affidavit is a verification of information set forth in Defendants' Eighth Compliance Update Report and Exhibits ("Report").

3. I have personal knowledge of the information in the following sections of the Report and verify that the information provided is correct and accurate:

A. May 15, 2015 Updates regarding Evaluation Criteria 2.4, 82.1, and 103; and

4. I have personal knowledge of the information in the followings exhibit of the Report and verify that the information provided is correct and accurate:

A. Exhibit 189.

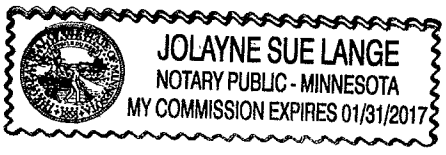
5. I further hereby verify the data contained in the portions of the Report described above at paragraph 3 is either (1) public data under applicable laws, or (2) if it is not-public data, the data subject(s) of any such not-public data have consented to such data being used publicly, or (3) I have alerted the Jensen Implementation Office at DHS so that the data can be filed under seal.

FURTHER YOUR AFFIANT SAYETH NOT.

Margaret Fletcher Booth
MARGARET FLETCHER BOOTH

Subscribed and sworn to before
me on May 15, 2015

Jolayne Lange
NOTARY PUBLIC



UNITED STATES DISTRICT COURT

DISTRICT OF MINNESOTA

James and Lorie Jensen, et al.,

Plaintiffs,

vs.

Minnesota Department of Human Services, et al.,

Defendants.

Case No. 09-cv-01775 DWF/BRT

AFFIDAVIT OF MARK BROSTROM CONCERNING VERIFICATION OF DEFENDANTS' EIGHTH COMPLIANCE UPDATE REPORT AND EXHIBITS

STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

Mark Brostrom, being first duly sworn on oath, states as follows:

1. I am employed by the Minnesota Department of Human Services ("DHS") as Director, Direct Care and Treatment Community Based Services, Short Term Supports Residential / Mobile.

2. I am familiar with the above-captioned case and settlement and understand that this affidavit is a verification of information set forth in Defendants' Eighth Compliance Update Report and Exhibits ("Report").

3. I have personal knowledge of the information in the following sections of the Report and verify that the information provided is correct and accurate:

A. May 15, 2015 Updates regarding Evaluation Criteria 10, 10.1, 11, 12, 13, 21, 21.1, 22, 23, 23.1, 24, 24.1, 28, 28.1, 29, 29.1, 30, 30.1, 30.2, 31, 31.1, 32, 32.1, 33, 33.1, 34, 34.1, 35, 35.1, 36, 36.1, 37, 37.1, 38, 38.1, 38.2, 40, 40.1, 53, 53.1, 54, 54.1, 54.2, 54.3, 55, 55.1, 55.2, 55.3, 56, 56.1, 56.2, 56.3, 57, 57.1, 58, 67.5, 89, 90, 93, 94, 96; and

4. I have personal knowledge of the information in the followings exhibit(s) of the Report and verify that the information provided is correct and accurate:

A. Exhibits 186 and 187.

5. I further hereby verify the data contained in the portions of the Report described above at paragraphs 3 and 4 is either (1) public data under applicable laws, or (2) if it is not-public data, the data subject(s) of any such not-public data have consented to such data being used publicly, or (3) I have alerted the Jensen Implementation Office at DHS so that the data can be filed under seal.

FURTHER YOUR AFFIANT SAYETH NOT.

MARK BROSTROM

Subscribed and sworn to before me on May 14th, 2015

MEE LYNN STEVENS
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2019

NOTARY PUBLIC
5/14/2015

UNITED STATES DISTRICT COURT

DISTRICT OF MINNESOTA

James and Lorie Jensen, et al.,

Plaintiffs,

vs.

Minnesota Department of Human Services, et al.,

Defendants.

Case No. 09-cv-01775 DWF/BRT

AFFIDAVIT OF TIFFANY BYERS-DRAEGER CONCERNING VERIFICATION OF DEFENDANTS' EIGHTH COMPLIANCE UPDATE REPORT AND EXHIBITS

STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

Tiffany Byers-Draeger, being first duly sworn on oath, states as follows:

1. I am employed by the Minnesota Department of Human Services ("DHS") as Director, Direct Care and Treatment, Community Based Services, Policy / Planning / Projects / Compliance / Regulatory.

2. I am familiar with the above-captioned case and settlement and understand that this affidavit is a verification of information set forth in Defendants' Eighth Compliance Update Report and Exhibits ("Report").

3. I have personal knowledge of the information in the following sections of the Report and verify that the information provided is correct and accurate:

A. May 15, 2015 Updates regarding Evaluation Criteria 4, 4.1, 4.2, 38.2, 47, 47.2, 48.2, 50.8, 51, 51.1, 51.2, 52, 52.1, 52.2, 52.3, 52.4, 52.5, 52.6, 53, 53.1, 53.2, 55, 55.1, 65, 66, 66.1, 93, 94, 96, 98, 98.1, 98.2, 98.3, 98.4, 98.5, 98.6, 98.7, and 98.8; and

4. I further hereby verify the data contained in the portions of the Report described above at paragraph 3 is either (1) public data under applicable laws, or (2) if it is not-public data, the data subject(s) of any such not-public data have consented to such data being used publicly, or (3) I have alerted the Jensen Implementation Office at DHS so that the data can be filed under seal.

FURTHER YOUR AFFIANT SAYETH NOT.

TIFFANY BYERS-DRAEGER

Subscribed and sworn to before me on May 14th, 2015

MEE LYNN STEVENS
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2019

NOTARY PUBLIC
5/14/2015

UNITED STATES DISTRICT COURT

DISTRICT OF MINNESOTA

James and Lorie Jensen, et al.,

Plaintiffs,

vs.

Minnesota Department of Human Services, et al.,

Defendants.

Case No. 09-cv-01775 DWF/BRT

AFFIDAVIT OF STEVEN DAHL CONCERNING VERIFICATION OF DEFENDANTS' EIGHTH COMPLIANCE UPDATE REPORT AND EXHIBITS

STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

Steven Dahl, being first duly sworn on oath, states as follows:

1. I am employed by the Minnesota Department of Human Services ("DHS") as Director, Community Support Services.

2. I am familiar with the above-captioned case and settlement and understand that this affidavit is a verification of information set forth in Defendants' Eighth Compliance Update Report and Exhibits ("Report").

3. I have personal knowledge of the information in the following sections of the Report and verify that the information provided is correct and accurate:

A. May 15, 2015 Updates regarding Evaluation Criteria 67, 67.1, 67.2, 67.3, 67.4, 67.5, 67.6, 67.7, 67.8, 69, 69.1, 69.2, 69.3, 70, 70.1, 70.2,

70.3, 71, 71.1, 71.2, 72, 72.1, 72.2, 72.3, 73, 73.1, 73.2, 73.3, 74, 74.1, 74.2, 74.3, 75, 75.1, 75.2, 75.3, 76, 76.1, 76.2, 76.3, 77, 77.1, 78; and

4. I have personal knowledge of the information in the followings exhibit(s) of the Report and verify that the information provided is correct and accurate:

A. Exhibits 190 and 191.

5. I further hereby verify the data contained in the portions of the Report described above at paragraphs 3 and 4 is either (1) public data under applicable laws, or (2) if it is not-public data, the data subject(s) of any such not-public data have consented to such data being used publicly, or (3) I have alerted the Jensen Implementation Office at DHS so that the data can be filed under seal.

FURTHER YOUR AFFIANT SAYETH NOT.

STEVEN DAHL

Subscribed and sworn to before me on May 14th, 2015

MEE LYNN STEVENS
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2019

NOTARY PUBLIC
5/14/15

UNITED STATES DISTRICT COURT

DISTRICT OF MINNESOTA

James and Lorie Jensen, et al.,

Plaintiffs,

vs.

Minnesota Department of Human Services, et al.,

Defendants.

Case No. 09-cv-01775 DWF/BRT

AFFIDAVIT OF Steven A. Jensen CONCERNING VERIFICATION OF DEFENDANTS' EIGHTH COMPLIANCE UPDATE REPORT AND EXHIBITS

STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

Steve A. Jensen being first duly sworn on oath, states as follows:

1. I am employed by the Minnesota Department of Human Services ("DHS") as Executive Director for DCT Community Based Services Division

2. I am familiar with the above-captioned case and settlement and understand that this affidavit is a verification of information set forth in Defendants' Eighth Compliance Update Report and Exhibits ("Report").

3. I have personal knowledge of the information in the following sections of the Report and verify that the information provided is correct and accurate:

A. May 15, 2015 Updates regarding Evaluation Criteria; 1, 1.1, 1.2, 3, 3.1, 5, 5.1, 5.2, 5.3, 5.4 5.5, 6, 6.1, 6.1, 6.1, 6.2, 6.2,.6.3, 6.4, 8, 8.1, 8.2, 15, 15.1,

16, 17, 18, 19, 20, 26, 26.1, 27, 27.1, 38.6, 45, 45.1, 53.2, 59, 59.1, 60, 60.1, 61, 61.1, 62, 63, 63.1, 64, 68, 68.1, 68.2, 88, 94, 95, 98, 98.1, 98.2, 98.4, 98.5. 98.6. 98.7, and 98.8.

4. I further hereby verify the data contained in the portions of the Report described above at paragraphs 3 is either (1) public data under applicable laws, or (2) if it is not-public data, the data subject(s) of any such not-public data have consented to such data being used publicly, or (3) I have alerted the Jensen Implementation Office at DHS so that the data can be filed under seal.

FURTHER YOUR AFFIANT SAYETH NOT.

Steven A. Jensen

Subscribed and sworn to before me on May 15th, 2015

NOTARY PUBLIC
Date: May 15th, 2015

ANNALIZA HEESCH
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2019

UNITED STATES DISTRICT COURT

DISTRICT OF MINNESOTA

James and Lorie Jensen, et al.,

Plaintiffs,

vs.

Minnesota Department of Human Services, et al.,

Defendants.

Case No. 09-cv-01775 DWF/BRT

AFFIDAVIT OF CHARLES LAWLER CONCERNING VERIFICATION OF DEFENDANTS' EIGHTH COMPLIANCE UPDATE REPORT AND EXHIBITS

STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

Charles Lawler, being first duly sworn on oath, states as follows:

1. I am employed by the Minnesota Department of Human Services ("DHS") as Director, Direct Care and Treatment Learning and Development.

2. I am familiar with the above-captioned case and settlement and understand that this affidavit is a verification of information set forth in Defendants' Eighth Compliance Update Report and Exhibits ("Report").

3. I have personal knowledge of the information in the following sections of the Report and verify that the information provided is correct and accurate:

A. May 15, 2015 Updates regarding Evaluation Criteria 55.4 and 55.5; and

4. I further hereby verify the data contained in the portions of the Report described above at paragraph 3 is either (1) public data under applicable laws, or (2) if it is not-public data, the data subject(s) of any such not-public data have consented to such data being used publicly, or (3) I have alerted the Jensen Implementation Office at DHS so that the data can be filed under seal.

FURTHER YOUR AFFIANT SAYETH NOT.

Charles Lawler

CHARLES LAWLER

Subscribed and sworn to before
me on May 14, 2015

Margaret A. Holt

NOTARY PUBLIC

MARGARET A. HOLT
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2020

UNITED STATES DISTRICT COURT

DISTRICT OF MINNESOTA

James and Lorie Jensen, et al.,

Plaintiffs,

vs.

Minnesota Department of Human Services, et al.,

Defendants.

Case No. 09-cv-01775 DWF/BRT

AFFIDAVIT OF JANET MARCINIAK CONCERNING VERIFICATION OF DEFENDANTS' EIGHTH COMPLIANCE UPDATE REPORT AND EXHIBITS

STATE OF MINNESOTA)
) ss.
COUNTY OF ISANTI)

JANET MARCINIAK, being first duly sworn on oath, states as follows:

1. I am employed by the Minnesota Department of Human Services ("DHS") as Direct Care and Treatment, Community Based Services, MN LifeBridge Registered Nurse Consultant.

2. I am familiar with the above-captioned case and settlement and understand that this affidavit is a verification of information set forth in Defendants' Eighth Compliance Update Report and Exhibits ("Report").

3. I have personal knowledge of the information in the following sections of the Report and verify that the information provided is correct and accurate:

A. May 15, 2015 Updates regarding Evaluation Criteria 7, 7.1, 7.2, 14, 23.1, 24.1, and 56.4.

4. I further hereby verify the data contained in the portions of the Report described above at paragraph 3 is either (1) public data under applicable laws, or (2) if it is not-public data, the data subject(s) of any such not-public data have consented to such data being used publicly, or (3) I have alerted the Jensen Implementation Office at DHS so that the data can be filed under seal.

FURTHER YOUR AFFIANT SAYETH NOT.

Janet Marciniak

JANET MARCINIAK

Subscribed and sworn to before
me on May 14, 2015

Gina P. Johnson

NOTARY PUBLIC

GINA P. JOHNSON
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2020

UNITED STATES DISTRICT COURT

DISTRICT OF MINNESOTA

James and Lorie Jensen, et al.,

Plaintiffs,

vs.

Minnesota Department of Human Services, et al.,

Defendants.

Case No. 09-cv-01775 DWF/BRT

AFFIDAVIT OF TIMOTHY MOORE, PhD, LP, BCBA-D CONCERNING VERIFICATION OF DEFENDANTS' EIGHTH COMPLIANCE UPDATE REPORT AND EXHIBITS

STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

TIMOTHY MOORE, PhD, LP, BCBA-D, being first duly sworn on oath, states as follows:

1. I am employed by the Minnesota Department of Human Services ("DHS") as Clinical Director, MN Life Bridge / Successful Life Project.

2. I am familiar with the above-captioned case and settlement and understand that this affidavit is a verification of information set forth in Defendants' Eighth Compliance Update Report and Exhibits ("Report").

3. I have personal knowledge of the information in the following sections of the Report and verify that the information provided is correct and accurate:

A. May 15, 2015 Updates regarding Evaluation Criteria 2, 2.1, 2.2, 2.3, 2.5, 2.6, 2.7, 2.8, 2.9, 9, 9.1, 38, 38.1, 38.2, 38.3, 38.4, 38.5, 38.6, 47, 47.2, 48, 48.1, 48.2, 49, 49.1, 49.2, 50, 50.1, 50.2, 50.3, 50.4, 50.5, 50.6, 50.7, 50.8, 51, 51.1, 51.2, 52, 52.1, 52.2, 52.3, 52.4, 52.5, 52.6, 53, 53.1, 53.3, 53.4, 55, 55.1, 67.5, 89, 91, 92, 93, and 96.

4. I further hereby verify the data contained in the portions of the Report described above at paragraph 3 is either (1) public data under applicable laws, or (2) if it is not-public data, the data subject(s) of any such not-public data have consented to such data being used publicly, or (3) I have alerted the Jensen Implementation Office at DHS so that the data can be filed under seal.

FURTHER YOUR AFFIANT SAYETH NOT.

TIMOTHY MOORE, PhD, LP, BCBA-D

Subscribed and sworn to before
me on May 15, 2015

NOTARY PUBLIC

ANGIE R. GOSERUD
Notary Public-Minnesota
My Commission Expires Jan 31, 2019

UNITED STATES DISTRICT COURT

DISTRICT OF MINNESOTA

James and Lorie Jensen, et al.,

Plaintiffs,

vs.

Minnesota Department of Human Services, et al.,

Defendants.

Case No. 09-cv-01775 DWF/BRT

AFFIDAVIT OF CAROL J. OLSON CONCERNING VERIFICATION OF DEFENDANTS' EIGHTH COMPLIANCE UPDATE REPORT AND EXHIBITS

STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

Carol J. Olson, being first duly sworn on oath, states as follows:

1. I am employed by the Minnesota Department of Human Services ("DHS") as Executive Director, Direct Care and Treatment, Forensic Treatment Services.

2. I am familiar with the above-captioned case and settlement and understand that this affidavit is a verification of information set forth in Defendants' Eighth Compliance Update Report and Exhibits ("Report").

3. I have personal knowledge of the information in the following sections of the Report and verify that the information provided is correct and accurate:

A. May 15, 2015 Updates regarding Evaluation Criteria 81, 82, 82.2, 83, 84, and 84.1; and

4. I further hereby verify the data contained in the portions of the Report described above at paragraph 3 is either (1) public data under applicable laws, or (2) if it is not-public data, the data subject(s) of any such not-public data have consented to such data being used publicly, or (3) I have alerted the Jensen Implementation Office at DHS so that the data can be filed under seal.

FURTHER YOUR AFFIANT SAYETH NOT.

Carol J. Olson

Carol J. Olson

Subscribed and sworn to before
me on May 14, 2015

NOTARY PUBLIC

DEBORAH RIELLEY
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2020

UNITED STATES DISTRICT COURT

DISTRICT OF MINNESOTA

James and Lorie Jensen, et al.,

Plaintiffs,

vs.

Minnesota Department of Human Services, et al.,

Defendants.

Case No. 09-cv-01775 DWF/BRT

AFFIDAVIT OF JEAMSE PETERSON CONCERNING VERIFICATION OF DEFENDANTS' EIGHTH COMPLIANCE UPDATE REPORT AND EXHIBITS

STATE OF MINNESOTA)
) ss.
COUNTY OF ISANTI)

Jeamse Peterson, being first duly sworn on oath, states as follows:

1. I am employed by the Minnesota Department of Human Services ("DHS") as Admission / Transition Coordinator, Direct Care and Treatment Community Based Services.

2. I am familiar with the above-captioned case and settlement and understand that this affidavit is a verification of information set forth in Defendants' Eighth Compliance Update Report and Exhibits ("Report").

3. I have personal knowledge of the information in the following sections of the Report and verify that the information provided is correct and accurate:

A. May 15, 2015 Updates regarding Evaluation Criteria 38, 38.2, 47, 47.2, 48.2, 52, 52.1, 52.2, 52.3, 52.4, 52.5, 52.6, 53, and 53.1.

4. I further hereby verify the data contained in the portions of the Report described above at paragraph 3 is either (1) public data under applicable laws, or (2) if it is not-public data, the data subject(s) of any such not-public data have consented to such data being used publicly, or (3) I have alerted the Jensen Implementation Office at DHS so that the data can be filed under seal.

FURTHER YOUR AFFIANT SAYETH NOT.

Jeamse S Peterson
JEAMSE PETERSON

Subscribed and sworn to before
me on May 14, 2015

Gina P. Johnson
NOTARY PUBLIC

GINA P. JOHNSON
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2020

UNITED STATES DISTRICT COURT

DISTRICT OF MINNESOTA

James and Lorie Jensen, et al.,

Plaintiffs,

vs.

Minnesota Department of Human Services, et al.,

Defendants.

Case No. 09-cv-01775 DWF/BRT

AFFIDAVIT OF REBECCA ROBINSON, LICSW, CONCERNING VERIFICATION OF DEFENDANTS' EIGHTH COMPLIANCE UPDATE REPORT AND EXHIBITS

STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

Rebecca Robinson, LICSW, being first duly sworn on oath, states as follows:

1. I am employed by the Minnesota Department of Human Services ("DHS") as Social Services Director, Direct Care and Treatment, Forensic Services.

2. I am familiar with the above-captioned case and settlement and understand that this affidavit is a verification of information set forth in Defendants' Eighth Compliance Update Report and Exhibits ("Report").

3. I have personal knowledge of the information in the following sections of the Report and verify that the information provided is correct and accurate:

A. May 15, 2015 Updates regarding Evaluation Criteria 84.2; and

4. I further hereby verify the data contained in the portions of the Report described above at paragraph 3 is either (1) public data under applicable laws, or (2) if it is not-public data, the data subject(s) of any such not-public data have consented to such data being used publicly, or (3) I have alerted the Jensen Implementation Office at DHS so that the data can be filed under seal.

FURTHER YOUR AFFIANT SAYETH NOT.

Rebecca Robinson, LICSW, SAO
REBECCA ROBINSON

Subscribed and sworn to before
me on May 14, 2015

NOTARY PUBLIC

DEBORAH RIELLEY
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2020

UNITED STATES DISTRICT COURT

DISTRICT OF MINNESOTA

James and Lorie Jensen, et al.,

Plaintiffs,

vs.

Minnesota Department of Human Services, et al.,

Defendants.

Case No. 09-cv-01775 DWF/BRT

AFFIDAVIT OF KAREN SULLIVAN HOOK CONCERNING VERIFICATION OF DEFENDANTS' EIGHTH COMPLIANCE UPDATE REPORT AND EXHIBITS

STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

KAREN SULLIVAN HOOK, being first duly sworn on oath, states as follows:

1. I am employed by the Minnesota Department of Human Services ("DHS") as Administrative Law Manager, Office of Chief Compliance Officer, Legal Management Office.

2. I am familiar with the above-captioned case and settlement and understand that this affidavit is a verification of information set forth in Defendants' Eighth Compliance Update Report and Exhibits ("Report").

3. I have personal knowledge of the information in the following sections of the Report and verify that the information provided is correct and accurate:

A. May 15, 2015 Updates regarding Evaluation Criteria 99, 100 paragraphs 1 and 4, 101, and 102 paragraphs 1 and 2.

4. I further hereby verify the data contained in the portions of the Report described above at paragraph 3 is either (1) public data under applicable laws, or (2) if it is not-public data, the data subject(s) of any such not-public data have consented to such data being used publicly, or (3) I have alerted the Jensen Implementation Office at DHS so that the data can be filed under seal.

FURTHER YOUR AFFIANT SAYETH NOT.

KAREN SULLIVAN HOOK

Subscribed and sworn to before
me on 5-14, 2015

NOTARY PUBLIC

ANDREA NICOLE FUNCHES
Notary Public
Minnesota
My Commission Expires January 31, 2019

UNITED STATES DISTRICT COURT

DISTRICT OF MINNESOTA

James and Lorie Jensen, et al.,

Plaintiffs,

vs.

Minnesota Department of Human Services, et al.,

Defendants.

Case No. 09-cv-01775 DWF/BRT

AFFIDAVIT OF MICHAEL TESSNEER CONCERNING VERIFICATION OF DEFENDANTS' EIGHTH COMPLIANCE UPDATE REPORT AND EXHIBITS

STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

Michael Tessneer, being first duly sworn on oath, states as follows:

1. I am employed by the Minnesota Department of Human Services ("DHS") as Compliance Manager, Policy and Operations Special Projects.

2. I am familiar with the above-captioned case and settlement and understand that this affidavit is a verification of information set forth in Defendants' Eighth Compliance Update Report and Exhibits ("Report").

3. I have personal knowledge of the information in the following sections of the Report and verify that the information provided is correct and accurate:

A. May 15, 2015 Updates regarding Evaluation Criteria 79.

4. I further hereby verify the data contained in the portions of the Report described above at paragraph 3 is either (1) public data under applicable laws, or (2) if it is not-public data, the data subject(s) of any such not-public data have consented to such data being used publicly, or (3) I have alerted the Jensen Implementation Office at DHS so that the data can be filed under seal.

FURTHER YOUR AFFIANT SAYETH NOT.

MICHAEL TESSNEER

Subscribed and sworn to before
me on May 14, 2015

NOTARY PUBLIC

ANGIE R. GOSERUD
Notary Public-Minnesota
My Commission Expires Jan 31, 2019

UNITED STATES DISTRICT COURT

DISTRICT OF MINNESOTA

James and Lorie Jensen, et al.,

Plaintiffs,

vs.

Minnesota Department of Human Services, et al.,

Defendants.

Case No. 09-cv-01775 DWF/BRT

AFFIDAVIT OF TONA WILLAND CONCERNING VERIFICATION OF DEFENDANTS' EIGHTH COMPLIANCE UPDATE REPORT AND EXHIBITS

STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

Tona Willand, being first duly sworn on oath, states as follows:

1. I am employed by the Minnesota Department of Human Services ("DHS") as Clinical Director, Direct Care and Treatment, Psychiatric Social Work Services.

2. I am familiar with the above-captioned case and settlement and understand that this affidavit is a verification of information set forth in Defendants' Eighth Compliance Update Report and Exhibits ("Report").

3. I have personal knowledge of the information in the following sections of the Report and verify that the information provided is correct and accurate:

A. May 15, 2015 Updates regarding Evaluation Criteria 85.2; and

4. I further hereby verify the data contained in the portions of the Report described above at paragraph 3 is either (1) public data under applicable laws, or (2) if it is not-public data, the data subject(s) of any such not-public data have consented to such data being used publicly, or (3) I have alerted the Jensen Implementation Office at DHS so that the data can be filed under seal.

FURTHER YOUR AFFIANT SAYETH NOT.

Tona Willand

Subscribed and sworn to before me on May 12, 2015

NOTARY PUBLIC

TRACY JEAN ZIEBA
NOTARY PUBLIC - MINNESOTA
MY COMMISSION EXPIRES 01/31/17

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

Comprehensive Plan of Action

DEFENDANTS' EIGHTH COMPLIANCE UPDATE REPORT: EXHIBITS

Bi-monthly Data Covering March 1 through April 30, 2015

Filing Date: May 15, 2015

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
186	yes	Training Tracker as of 04302015
187	yes	DHS-3654 and DHS-3653 (Apr 2015)
188	yes	Abuse Neglect Investigation Tracking
189		Mike Sherman resume
190		Framework: Crisis Intervention Response
191		Framework: Service Inquiry Tracking
192		MLB Satisfaction Survey Information

Exhibit 186 redacted

Minnesota Life Bridge Training Tracker - Annual Training Beginning March 12, 2015 - March 11, 2016

Employee Name	Date of Hire	EASE 2.0 Assess & Plan				Total	Medically Monitored Restraint = 1 hour	Total	Person Centered Training = 12 Hours	Total	Crisis Intervemtion / Post Crisis Intervention and Assessment = 4 Hours	Total
Aronson, Dennis	*8/8/2007*	*4/16/15*				***3.00***						
Buss, Jaclyn	*10/8/2014*											
Campion, Clay	*12/2/2002*	*4/16/15*				***3.00***						
Carda, Judy	*12/13/1995*	*4/16/15*				***3.00***						
Carlson, Kathleen	*9/27/1999*	*4/16/15*				***3.00***						
Cline, Kendra	*1/16/2000*	*4/16/15*				***3.00***						
Coyle, Will	*11/30/2011*	*4/16/15*				***3.00***						
Erickson, Seth	*10/8/2014*	*4/16/15*				***3.00***						
Flaherty, Ron	*11/28/2002*											
Gillespie, Jesse (temp reassign)	*10/31/2005*											
Haas, David	*4/1/1996*	*4/16/15*				***3.00***						
Harris, Elizabeth [redacted]	*4/30/2012*											
Hathaway, Cassandra	*10/8/2014*	*4/16/15*				***3.00***						
Hauri, Heather	*4/15/2002*											
Hedlund, Penny	*12/13/1995*	*4/16/15*				***3.00***						
Hicks, Dave	*12/13/2995*											
Jenniges, Dylan	*6/6/2012*	*4/16/15*				***3.00***						
Jensen, Stephanie [redacted]	*4/29/1998*											
Jones, Chris	*4/1/1996*	*4/16/15*				***3.00***						
Jones, Jill - Int.	*6/22/2011*											
Kassa, Brian	*6/26/2006*	*4/16/15*				***3.00***						
Kelm, Pamela	*10/8/2014*	*4/16/15*				***3.00***						
Klute, Elizabeth	*1/31/2005*											
Kratt, Darlene	*1/14/2015*											
Lee, Yvonne - Int.	*12/13/1995*	*4/16/15*				***3.00***						
Maki, Amber	*12/4/2013*											
McDonald, Wesley	*10/8/2014*	*4/16/15*				***3.00***						

Employee Name	Date of Hire	EASE 2.0 Assess & Plan				Total	Medically Monitored Restraint = 1 hour	Total	Person Centered Training = 12 Hours	Total	Crisis Intervemtion / Post Crisis Intervention and Assessment = 4 Hours	Total
Mell, Jani	*12/13/1995*	*4/16/15*				***3.00***						
Mielke, Alicia	*10/8/2014*	*4/16/15*				***3.00***						
Morgan, Kevin	*12/13/1995*	*4/16/15*				***3.00***						
Nordlum, Maridy	*12/13/1995*	*4/16/15*				***3.00***						
Roehl, Judy	*8/15/2001*	*4/16/15*				***3.00***						
Sjostedt, Stacey	*2/21/1996*											
Somwarbi, Othello	*8/12/2014*	*4/16/15*				***3.00***						
Sorenson, LaVonne	*4/17/2000*											
Strachen, Nancy	*1/14/2015*											
Peterson, Susan	*12/13/1995*	*4/16/15*				***3.00***						
Yetter-Aufenthie, Michelle	*10/8/2014*	*4/16/15*				***3.00***						

Separated from MLB = ----------

Minnesota Life Bridge Training Tracker - Annual Training Beginning January 1, 2014-March 11, 2015

Employee Name	Date of Hire	EASE Modules 1, 2, 3, & 4 (total 8 hours each day) = 16 hours total for year		Total	Positive Behavioral Supports = 12 Hours	Total	Medically Monitored Restraint = 1 hour	Total	Person Centered Training = 12 Hours	Total	Crisis Intervemtion / Post Crisis Intervention and Assessment = 4 Hours	Total
Aronson, Dennis	*8/8/2007*	*6/26/2014*	*12/11/2014*	***16.00***	*5/1/2014, 11/19/14*	**12.00**	*11/13/2014*	**1.00**	*5/1/2014, 9/24/14, 10/24/14, 2/2/15*	**18.50**	*10/29/2014*	**4.00**
Buss, Jaclyn	*10/8/2014*	*10/27-28/2014*		***16.00***	*10/17/2014, 11/19/14, 1/7/15*	**26.75**	*10/9/2014*	**1.00**	*10/16/14, 10/20/14, 11/17/2014 12/29/14*	**21.00**	*10/22/2014*	**4.00**
Campion, Clay	*12/2/2002*	*6/24/2014*	*12/11/2014*	***16.00***	*5/1/14, 8/30/14, 9/5/2014*	**12.00**		**TBD**	*5/1/2014, 8/5/14, 8/30/14, 9/5/14. 8/29/14 9/14/14, 10/16/14, 10/20/14*	**20.00**	*10/30/2014*	**4.00**
Carda, Judy	*12/13/1995*	*6/11/2014*	*12/11/2014*	***16.00***	*5/1/14, 8/11/14, 10/27/14, 10/30/2014, 2/1/15*	**13.50**	*11/13/2014*	**1.00**	*5/1/14, 7/8/14, 7/10/14, 8/5/14, 8/19/14, 8/11/14, 8/23/14, 9/6/14, 12/5/14, 12/15/14, 12/19/14, 12/30/14, 1/15/15*	**17.00**	*10/29/2014*	**4.00**

Employee Name	Date of Hire	EASE Modules 1, 2, 3, & 4 (total 8 hours each day) = 16 hours total for year		Total	Positive Behavioral Supports = 12 Hours	Total	Medically Monitored Restraint = 1 hour	Total	Person Centered Training = 12 Hours	Total	Crisis Intervemtion / Post Crisis Intervention and Assessment = 4 Hours	Total
Carlson, Kathleen	*9/27/1999*	*6/24/2014*	*12/11/2014*	***16.00***	*3/17/14, 4/29/14, 5/20/14, 6/5/14, 8/18/14, 9/6/14,1 0/27/14, 10/30/2014, 12/1/14, 2/1/15*	**14.00**	*11/13/2014*	**1.00**	*3/19/14, 4/29/14, 5/1/14, 5/13/14, 5/7/14, 5/20/14, 6/5/14, 8/10/14, 8/13/14, 8/18/2014, 10/18/14, 12/30/14, 1/15/15*	**32.00**	*10/30/2014*	**4.00**
Cline, Kendra	*1/16/2000*	*6/24/2014*	*12/3/2014*	***16.00***	*5/1/2014, 8/13/14, 11/19/14, 1/5/15, 1/7/15*	**13.25**	*11/7/2014*	**1.00**	*5/1/2014, 7/8/14, 7/10/14, 8/4/14, 8/13/14 10/25/14*	**13.50**	*10/30/2014*	**4.00**
Coyle, Will	*11/30/2011*	*6/26/2014*	*12/11/14, 1/7/15*	***23.00***	*5/1/14, 8/30/14, 9/8/2014, 11/19/14, 1/5/15, 1/7/15*	**20.75**	*11/13/2014*	**1.00**	*5/1/2014, 8/30/14, 9/3/14.9/8/14,10/ 3/14,1/15/15,2/2/ 15*	**22.00**	*10/30/2014*	**4.00**
Erickson, Seth	*10/8/2014*	*1/13-14/2014*	*10/27-28/2014*	***32.00***	*10/17/2014, 10/21/14, 10/27/14, 12/1/14, 2/1/15*	**34.50**	*10/9/2014*	**1.00**	*10/21/14,11/17/2 014,12/15/14,12/ 19/14,12/30/14,1 /15/15*	**20.50**	*10/29/2014*	**4.00**
Flaherty, Ron	*11/28/2002*	*6/24/2014*	*12/4/2014*	***16.00***	*5/1/2014, 1/5/15, 1/7/15*	**13.00**	*11/6/2014*	**1.00**	*5/1/2014,1/22/15 , 2/28/15, 3/6/15*	**15.00**	*10/29/2014*	**4.00**
Gillespie, Jesse (temp reassign)	*10/31/2005*						*11/7/2014*	**1.00**			*10/30/2014*	**4.00**

Employee Name	Date of Hire	EASE Modules 1, 2, 3, & 4 (total 8 hours each day) = 16 hours total for year		Total	Positive Behavioral Supports = 12 Hours	Total	Medically Monitored Restraint = 1 hour	Total	Person Centered Training = 12 Hours	Total	Crisis Intervemtion / Post Crisis Intervention and Assessment = 4 Hours	Total
Haas, David	*4/1/1996*	*6/24/2014*	*12/4/2014*	***16.00***	*4/29/14, 5/20/14, 6/5/14, 8/15/14, 9/8/2014, 10/23/14, 10/27/14*	**12.00**	*11/7/2014*	**1.00**	*5/13/14,5/1/14,5/20/14,6/5/14, 8/10/14,8/15/2014,9/8/14,12/15/14,12/19/14,12/30/14,1/15/15*	**16.00**	*12/9/2014*	**4.00**
Harris, Elizabeth [redacted]	*4/30/2012*	*7/29/2014*		***8.00***	*5/1/2014*	**8.00**	*11/13/2014*	**1.00**	*5/1/2014*	**4.00**		
Hathaway, Cassandra	*10/8/2014*	*5/5/2014*	*12/11/2014*	***16.00***	*10/17/2014, 10/23/14, 11/19/14, 1/7/15*	**29.25**	*10/9/2014*	**1.00**	*12/4/2014,10/16/14,12/28/14*	**18.00**	*12/16/2014*	**4.00**
Hauri, Heather	*4/15/2002*	*2/6/2014*	*6/26/2014 & 12/11/2014*	***24.00***	*3/17/14, 4/29/14, 5/20/14, 6/5/14, 9/8/14, 10/27/14, 10/30/2014, 11/19/14, 12/1/14, 2/1/15*	**13.00**	*11/7/2014*	**1.00**	*3/6/14,4/29/14,5/1/14,5/2/14,5/7/14,5/20/146/5/14, 1/15/15*	**13.50**	*12/9/2014*	**4.00**
Hedlund, Penny	*12/13/1995*	*6/11/2014*	*12/11/2014*	***16.00***	*5/1/14, 8/11/14, 9/3/2014, 11/19/14, 1/5/15, 1/7/15*	**18.00**	*11/13/2014*	**1.00**	*5/1/2014,7/28/14,8/5/14,8/7/14,8/11/14,8/26/14,9/4/14,9/20/14,10/17/14,10/23/14*	**16.50**	*10/29/2014*	**4.00**
Hicks, Dave	*12/13/2995*	*6/11/2014*	*12/11/2014*	***16.00***	*5/1/14, 9/7/2014, 11/19/14, 1/5/15*	**13.50**	*11/6/2014*	**1.00**	*5/1/2014, 9/7/149/20/14,10/13/14,10/15/14, 12/28/14*	**14.00**	*10/22/2014*	**4.00**

Employee Name	Date of Hire	EASE Modules 1, 2, 3, & 4 (total 8 hours each day) = 16 hours total for year		Total	Positive Behavioral Supports = 12 Hours	Total	Medically Monitored Restraint = 1 hour	Total	Person Centered Training = 12 Hours	Total	Crisis Intervemtion / Post Crisis Intervention and Assessment = 4 Hours	Total
Jenniges, Dylan	*6/6/2012*	*6/26/2014*	*12/11/2014*	***16.00***	*4/29/14, 5/20/14, 6/5/14, 8/12/14, 10/27/2014, 12/1/14, 2/1/15*	**12.00**	*11/13/2014*	**1.00**	*3/20/14, 5/3/14, 5/13/14, 5/20/14, 5/1/14, 6/5/14, 8/10/14, 8/12/2014, 8/21/14, 8/18/14, 8/19/14, 12/15/14, 12/19/14, 1/15/15*	**20.00**	*10/22/2014*	**4.00**
Jensen, Stephanie [redacted]	*4/29/1998*	*6/11/2014*	*12/11/2014*	***16.00***	*8/11/2014*	**2.50**	*11/13/2014*	**1.00**	*7/30/14, 8/6/14, 8/11/2014 9/4/14*	**8.50**	*10/30/2014*	**4.00**
Jones, Chris	*4/1/1996*	*6/26/2014*	*12/3/2014*	***16.00***	*3/19/14, 4/29/14, 5/20/14, 6/5/14, 8/11/14, 9/3/2014, 10/27/14,* [illegible]	**12.00**	*11/7/2014*	**1.00**	*3/7/14, 4/30/14, 5/1/14, 5/2/14, 5/7/14, 5/20/14, 6/5/14, 8/5/14, 8/11/2014, 9/3/14, 1/15/15*	**13.50**	*12/9/2014*	**4.00**
Jones, Jill - Int.	*6/22/2011*	*6/12/2014*	*11/17/2014*	***16.00***	*6/5/14, 7/29/2014*	**4.50**	*4/9/2014 &11/6/2014*	**2.00**	*3/6/14, 6/5/14, 6/13/14 ,7/29/14, 11/5/2014*	**12.50**	*12/16/2014*	**4.00**

Employee Name	Date of Hire	EASE Modules 1, 2, 3, & 4 (total 8 hours each day) = 16 hours total for year		Total	Positive Behavioral Supports = 12 Hours	Total	Medically Monitored Restraint = 1 hour	Total	Person Centered Training = 12 Hours	Total	Crisis Intervemtion / Post Crisis Intervention and Assessment = 4 Hours	Total
Kassa, Brian	*6/26/2006*	*6/24/2014*	*12/4/2014*	***16.00***	*3/30/14, 4/29/14, 5/20/14, 6/5/14, 8/11/14, 8/29/2014, 10/27/14*	**12.00**	*11/13/2014*	**1.00**	*3/6/14,4 /29/14, 5/11/14, 5/20/14, 5/1/14, 6/5/14, 8/6/14, 8/11/2014, 8/29/14, 12/15/14, 12/19/14, 12/30/14, 1/15/15*	**17.00**	*12/16/2014*	**4.00**
Kelm, Pamela	*10/8/2014*	*10/27-28/2014*		***16.00***	*10/17/2014, 10/23/14, 11/16/14, 1/5/15, 1/7/15*	**32.50**	*10/9/2014& 11/13/2014*	**2.00**	*10/16/14, 10/21/14, 11/17/2014, 12/28/14*	**22.12**	*12/9/2014*	**4.00**
Klute, Elizabeth	*1/31/2005*	*10/2/2014*		***8.00***	*instructor*	**ok**		**TBD**	*2/2/15, 2/3/15*	**12.50**	*12/9/2014*	**4.00**
Kratt, Darlene	*1/14/2015*		*1/20/15 & 1/27/15*	***16.00***	*1/26/2015, 2/20/2015*	**28.00**	*2/8/2015*	**1.00**	*2/18/2015*	**12.00**	*3/26/2015*	**4.00**
Lee, Yvonne - Int.	*12/13/1995*	*6/12/2014*	*11/17/2014*	***16.00***			*11/6/2014*	**1.00**	*9/14/14, 10/25/14*	**4.00**	*12/9/2014*	**4.00**
Maki, Amber	*12/4/2013*	*6/11/2014*	*12/3/2014*	***16.00***	*instructor*	**25.25**	*11/13/2014*	**1.00**	*2/2/15, 2/3/15*	**12.50**	*10/30/2014*	**4.00**
McDonald, Wesley	*10/8/2014*	*10/27-28/2014*		***16.00***	*10/17/2014, 10/21/14, 10/27/14, 12/1/14, 2/1/15*	**34.50**	*10/9/2014*	**1.00**	*10/21/14, 11/17/2014 12/19/14, 12/30/14, 1/15/14*	**19.50**	*10/30/2014*	**4.00**

Employee Name	Date of Hire	EASE Modules 1, 2, 3, & 4 (total 8 hours each day) = 16 hours total for year		Total	Positive Behavioral Supports = 12 Hours	Total	Medically Monitored Restraint = 1 hour	Total	Person Centered Training = 12 Hours	Total	Crisis Intervemtion / Post Crisis Intervention and Assessment = 4 Hours	Total
Mell, Jani	*12/13/1995*	*6/26/2014*	*12/4/2014*	***16.00***	*3/17/14, 4/29/14, 5/20/14, 6/5/14, 8/16/14, 9/8/2014, 10/23/14, 10/27/14, 2/1/15*	**14.00**	*11/6/2014*	**1.00**	*3/19/14, 4/29/14, 5/1/14, 5/11/14, 5/20/14, 6/5/14, 8/16/2014, 8/21/14, 9/8/14, 12/15/14, 12/19/14, 12/30/14, 1/15/15*	**18.00**	*12/16/2014*	**4.00**
Mielke, Alicia	*10/8/2014*	*10/27-28/2014*		***16.00***	*10/17/2014, 10/21/14, 10/23/14, 10/27/14, 12/1/14, 2/1/15*	**37.00**	*10/9/2014*	**1.00**	*10/21/14, 11/17/2014, 12/15/14, 12/19/14, 12/30/14, 1/15/15*	**20.50**	*3/26/2015*	**4.00**
Morgan, Kevin	*12/13/1995*	*6/26/2014*	*12/4/2014*	***16.00***	*5/1/14, 9/5/2014, 11/19/14*	**12.50**	*11/6/2014*	**1.00**	*5/1/2014, 8/31/14, 9/4/14, 9/5/14 9/22/14*	**12.00**	*12/9/2014*	**4.00**
Nordlum, Maridy	*12/13/1995*	*6/12/2014*	*12/4/2014*	***16.00***	*4/11/14, 5/1/2014, 11/19/14*	**12.00**	*11/6/2014*	**1.00**	*9/20/2014, 3/9/15*	**9.00**	*10/22/2014*	**4.00**
Roehl, Judy	*8/15/2001*	*6/12/2014*	*12/4/2014*	***16.00***	*5/1/2014, 8/15/14, 11/19/14, 1/5/15, 1/7/15*	**18.25**	*11/6/2014*	**1.00**	*5/1/2014, 7/21/14, 8/4/14, 8/15/14, 8/21/14, 10/15/14, 10/20/14*	**15.50**	*10/29/2014*	**4.00**
Sjostedt, Stacey	*2/21/1996*	*6/24/2014*	*12/3/2014*	***16.00***	*instructor*	**10.75 ok**	*11/13/2014*	**1.00**	*5/1/2014, 2/2/15, 2/3/15,*	**17.00**	*10/29/2014*	**4.00**

Employee Name	Date of Hire	EASE Modules 1, 2, 3, & 4 (total 8 hours each day) = 16 hours total for year		Total	Positive Behavioral Supports = 12 Hours	Total	Medically Monitored Restraint = 1 hour	Total	Person Centered Training = 12 Hours	Total	Crisis Intervemtion / Post Crisis Intervention and Assessment = 4 Hours	Total
Somwarbi, Othello	*8/12/2014*	*5/5/2014*	*12/11/2014*	***16.00***	*1/17/14, 5/6/2014, 8/16/14, 9/4/14, 10/27/14*	**32.50**	*11/7/2014*	**1.00**	*8/7/14, 8/11/14, 8/19/14, 8/25/14, 9/4/2014, 12/15/14, 12/19/14, 12/30/14*	**13.00**	*10/29/2014*	**4.00**
Sorenson, LaVonne	*4/17/2000*	*6/24/2014*	*12/3/2014*	***16.00***	*5/1/14, 8/11/14, 9/4/14, 9/5/2014, 11/19/14, 1/5/15, 1/7/15*	**18.25**	*11/7/2014*	**1.00**	*5/1/2014, 7/28/14, 8/4/14, 8/11/14, 9/4/14, 9/5/14, 10/16/14*	**13.50**	*10/30/2014*	**4.00**
Strachen, Nancy	*1/14/2015*		*1/27/2015*	***16.00***	*2/1/2015 2/20/15*	**25.00**	*2/8/2015*	**1.00**	*2/18/2015*	**12.00**	*3/26/2015*	**4.00**
Peterson, Susan	*12/13/1995*	*6/12/2014*	*12/11/2014*	***16.00***	*5/1/14, 9/4/2014, 11/19/14*	**12.50**	*11/13/2014*	**1.00**	*5/1/2014, 9/4/14 9/20/14, 12/28/14*	**12.00**	*10/30/2014*	**4.00**
Yetter-Aufenthie, Michelle	*10/8/2014*	*10/27-28/2014*		***16.00***	*10/17/2014, 11/19/14, 1/5/15, 1/7/15*	**28.75**	*10/9/2014*	**1.00**	*10/16/14, 10/20/14, 11/17/2014*	**18.00**	*10/30/2014*	**4.00**

UNITED STATES DISTRICT COURT

DISTRICT OF MINNESOTA

James and Lorie Jensen, as parents, guardians and next friends of Bradley J. Jensen, et al.,

Plaintiffs,

vs.

Minnesota Department of Human Services, an agency of the State of Minnesota, et al.,

Defendants.

File No. 09-CV-01775-DWF-BRT

PLACEHOLDER FOR EXHIBIT 186 TO DEFENDANTS' EIGHTH COMPLIANCE UPDATE REPORT

This document is a placeholder for the following item filed in conventional or physical form with the Clerk's Office:

Exhibit 186 to Defendants' Eighth Compliance Update Report (unredacted version filed under seal)

If you are a participant in this case, this filing will be served upon you in conventional format.

This filing was not e-filed for the following reason:

☐ Voluminous Document* (Document number of order granting leave to file conventionally: ___)

☐ Unable to Scan Documents (e.g., PDF file size of one page larger than 2MB, illegible when scanned)

☐ Physical Object (description):

☐ Non Graphical/Textual Computer File (audio, video, etc.) on CD or other media

☒ Item Under Seal pursuant to court orders* (Pursuant to Protective Orders Doc. Nos. 57, 114, 190, 239)

☐ Item Under Seal pursuant to the Fed. R. Civ. P. 52 and Fed. R. Crim. P. 49.1

☐ Other (description):

*Requires Judicial Approval

UNITED STATES DISTRICT COURT

DISTRICT OF MINNESOTA

James and Lorie Jensen, as parents, guardians and next friends of Bradley J. Jensen, et al.,

Plaintiffs,

vs.

Minnesota Department of Human Services, an agency of the State of Minnesota, et al.,

Defendants.

File No. 09-CV-01775-DWF-BRT

PLACEHOLDER FOR EXHIBIT 187 AND EXHIBIT 188 TO DEFENDANTS' EIGHTH COMPLIANCE UPDATE REPORT

This document is a placeholder for the following item filed in conventional or physical form with the Clerk's Office:

Exhibits 187 and 188 to Defendants' Eighth Compliance Update Report (filed under seal)

If you are a participant in this case, this filing will be served upon you in conventional format.

This filing was not e-filed for the following reason:

☐ Voluminous Document* (Document number of order granting leave to file conventionally: ___)

☐ Unable to Scan Documents (e.g., PDF file size of one page larger than 2MB, illegible when scanned)

☐ Physical Object (description):

☐ Non Graphical/Textual Computer File (audio, video, etc.) on CD or other media

☒ Items Under Seal pursuant to court orders* (Pursuant to Protective Orders Doc. Nos. 57, 114, 190, 239)

☐ Item Under Seal pursuant to the Fed. R. Civ. P. 52 and Fed. R. Crim. P. 49.1

☐ Other (description):

*Requires Judicial Approval

Exhibit 189

Michael T. Sherman

Professional Experience

MRCI WorkSource, Rosemount, MN **May 2011 – Present**
Team Leader

- Facilitate person-centered plans, using PATH, MAPS, One Page Profiles, and several other tools
- Training in PATH, MAPS, and several other person-centered planning strategies by Jack Pearpoint and Lynda Kahn, the creators of PATH and MAPS
- Participate in the "Life Builders" grant by working with other agencies in the metro area to employ person-centered planning in every facet of a person's life
- Train staff on and implement many person-centered thinking strategies to create a positive, hope-filled environment
- Train staff on using Active Supports to help people to be more independent and to have more ownership in their lives
- Work with a wide variety of people with disabilities ranging from mental illness, brain injuries, and profound developmental disabilities
- Empower vulnerable adults to have meaningful, gainful employment and to be active members in the community by teaching job skills, encouraging positive relationships, maintaining safety during crises, and by creating and implementing positive behavior supports and programming
- Manage a caseload of up to 50 people on the CADI, BI, and DD waivers including: facilitating the intake process for new clients, collaborating and communicating with individuals and their teams to assess and achieve the individual's vocational goals
- Provide supervision and leadership to a team of six to nine staff by providing adequate and ongoing training, positive feedback and advice, and if necessary, disciplinary action
- Ensure that all necessary paperwork is completed according to licensure and CARF requirements and meets the high standards put in place by MRCI WorkSource

St. John's Lutheran Church, Northfield, MN **July 2008 – February 2011**
Director of Youth Ministries

- Managed the overall youth ministry program including: facilitating events, retreats and trips; teaching confirmation and Sunday school class; and establishing the yearly programming schedule
- Recruited, trained, and coordinated a team of over 50 volunteers to chaperone, teach, and provide leadership for youth during various events
- Communicated with youth and families in the program in a way that suited their demographic including: weekly e-mail updates, calendars, Web site, phone calls, weekly church bulletin updates, monthly newsletter articles, and mailings
- Created and maintained a yearly budget for the youth ministry program, and organized yearly fundraising events
- Established meaningful relationships with the youth to be a positive mentor in their lives
- Implemented S.M.A.R.T. goals that helped to create a positive, enriching, environment for Youth and their families.

Lutheran Social Service, Minneapolis, MN **August 2007 – June 2008**
Direct Support Lead

- Enabled vulnerable adults to become active members of their community by assisting with daily living skills, providing transportation and companionship on recreational outings, and distributing necessary medications all while maintaining dignity, safety, and respect
- Maintained detailed documentation for each person in regard to daily progress notes, med administration, service plans, and incident reports

Lake Wapogasset Lutheran Bible Camp, Amery, WI **May 2004 – August 2006**
Team Leader, Retreat Host

- Supervised and supported a team of eight counselors by engaging in one on one conversations, leadng weekly team meetings, and by providing advice and feedback
- Planned, organized and led a worship, campfire, and special events for groups of up to 400 people each week
- Facilitated weekend retreat programs for churches, businesses, and various other groups

Relevant Skills

- Passionate about working with individuals and families toward a common purpose
- Experienced in handling multiple projects to completion within a set deadline
- Proficient in Microsoft Office programs
- Mandt System certified

Education

Saint Mary's University, Minneapolis, MN **Currently Enrolled**
Masters of Arts in Special Education (Emotional/Behavioral Disorders, Specific Learning Disabilities)

Augsburg College, Minneapolis, MN **May, 2007**
Bachelor of Arts degrees in Mathematics and Religion

Wartburg Seminary, Dubuque, IA **May, 2009**
Youth and Family Ministry Certification

Exhibit 190

Minnesota Department of **Human Services**

Community Support Services

Framework: *Crisis Intervention Response*

Effective Date: April 21, 2015 **Revision Dates:** None

Outcome:
Individuals with intellectual or developmental disabilities (IDD) experiencing crises—and their support networks—will receive timely CSS support to help stabilize crisis situations.

Definitions:

- Crisis: For purposes of this framework, a crisis is a situation in which the focus person is at imminent risk of placement in a more restrictive setting and/or losing their housing and/or support provider due to behavioral (and/or other related) challenges. "Crisis" in this context does *not* include:
  - A behavioral emergency posing imminent threat of harm to self or others, which requires immediate response of a local crisis response team, emergency medical services, and/or law enforcement.
  - A staffing crisis. A CSS crisis response is not to be used in lieu of support network's planning to provide adequate staffing/supports. While CSS does provide augmentative support staff as clinically indicated, augmentative staff work alongside existing supports to provide assistance with clinical assessment and coaching alternative support strategies.
- Crisis intervention: For purposes of this framework, a crisis intervention is a CSS response to help stabilize an identified crisis. Arranging a crisis intervention can include electronic contact (e.g., phone, videoconference, etc.) and/or on-site contact. Initial contact includes assessment and consultation regarding the following (as appropriate):
  - Is this a behavioral emergency (see definition above) requiring emergency intervention such as calling 9-1-1.
  - What are the most recent incidents contributing to the crisis?
  - What has been tried to remediate the situation? What has worked/not worked?
  - Have suitable community-based resources been accessed/tried?
  - Has CSS been involved before? If so, to what degree have recommendations been implemented and effective?
- Service Inquiry: The first communication from the focus person, family, provider, county, etc., to ask for information or assistance regarding the individual.
- Referral: For purposes of this framework, a referral is CSS receipt of a completed Request for Services and Referral Information (form #50).

Protocol:

- When CSS receives a service inquiry regarding an individual with IDD in crisis, the CSS staff receiving the inquiry contacts the identified Lead Agency to initiate a referral. This includes sending the Lead Agency contact the Request for Services and Referral Information (form #50) and contacting any core support providers to help facilitate timely referral.
  - Timeline for CSS action: as soon as possible, within one business day of receiving initial inquiry

- When CSS receives a completed Request for Services and Referral Information (form #50), the CSS staff receiving the referral contacts the focus person's Legally Authorized Representative (LAR) to facilitate authorizations necessary to initiate CSS services. CSS staff make all reasonable efforts to accommodate needs/barriers of LAR to facilitate timely review and signature of legal acknowledgements and consents (e.g., driving with forms to meet the LAR when fax is not readily accessible to LAR).
    - Timeline for CSS action: as soon as possible, within one business day of receiving referral
- After receiving the necessary legal authorizations from the LAR, CSS staff arrange a crisis intervention.
    - Timeline for CSS action: as soon as possible, within three (3) hours of CSS receipt of signed legal authorizations
- CSS staff responsible for accepting service inquiries and referrals document receipt and follow-up activities on the CSS Service Inquiry Tracking SharePoint, and in the appropriate Customer and Project Tracking System—CSS Tracking System or Forensic/Synergy CSS Tracking System. Additionally, the responsible CSS staff notifies their respective Regional Manager to evaluate available CSS resources and problem solve.
    - For parameters of service inquiry and response tracking, see the CSS Service Inquiry Tracking Framework.

Parameters:

CSS staff receiving a service inquiry may ask the Lead Agency contact or other support providers for assistance in facilitating timely receipt of legal authorizations from the LAR as appropriate.

Referenced Forms and Online Resources:

- Request for Services and Referral Information (form #50)
- CSS Service Inquiry Tracking—New Entry Form
- CSS Service Inquiry Tracking SharePoint
- CSS Customer and Project Tracking System
- Forensic/Synergy CSS Customer and Project Tracking System

Referenced Frameworks and Policies:

- CSS Service Inquiry Tracking Framework

Exhibit 191

Minnesota Department of **Human Services**

Community Support Services

Framework: *Service Inquiry Tracking*

Effective Date: April 21, 2015 **Revision Dates:** None

Outcome:

Inquiries regarding CSS services for identified individuals—and CSS responses to those inquiries—are centrally tracked to provide data for program evaluation and improvement activities and to provide data for analysis of referral trends and service system needs.

Definitions:

- Intake: For purposes of this framework, "intake" refers to the entire process from initial service inquiry through referral disposition (i.e., admission, referral termination, or denial).
- Referral: For purposes of this framework, a referral is made by submitting a completed Request for Services and Referral Information (form #50). Initiation of the referral process occurs when CSS sends the Request for Services and Referral Information (form #50) to a person or organization making a service inquiry (or a referral agent identified by the inquirer).
- Service Inquiry: The first communication from the focus person, family, provider, county, etc., to ask for information or assistance regarding an identified individual. A service inquiry is distinguished from a general request for information about CSS services by the receipt of a potential service recipient's name.
    - An inquiry may be received by phone, fax, email, face-to-face conversation, or conventional mail.

Protocol:

- When CSS receives a service inquiry regarding an individual, the CSS staff receiving the inquiry queries:
    - the CSS and Forensic/Synergy CSS Project Tracking Systems to verify that the individual is not currently receiving CSS services.
        - If the focus person is currently receiving CSS services (as indicated by an open project in a Project Tracking System), the CSS staff receiving the inquiry facilitates connection with the CSS Lead Consultant identified in the open project.
    - the CSS Service Inquiry Tracking SharePoint to verify that there is not already another open service inquiry or referral for the individual.
        - If the individual is listed as the subject of an open service inquiry or referral, the CSS staff receiving the service inquiry notifies the person making the inquiry of information regarding the inquiry/referral status as appropriate.
- After determining that the focus person is neither a current CSS client nor the subject of an open service inquiry or referral, the CSS staff receiving the inquiry completes a CSS Service Inquiry Tracking—New Entry Form. To ensure accurate, thorough completion of the form, the staff:
    - Complete all fields as thoroughly as possible and return to edit or update fields as needed as new information is obtained.
    - Verify accuracy of the date and time of *Service Inquiry*. (These fields default to the date and time of the opening of the online form.)

  - Verify whether the service inquiry meets the JSA crisis response criteria per the CSS Crisis Intervention Response Framework. (This field is checked by default; if the inquiry does not meet the criteria, deselect the check.)
  - Verify accuracy of the date and time of *Initial Action Taken.* (These fields default to the date and time of the opening of the online form.)
- The CSS staff receiving the inquiry queries the CSS and Forensic/Synergy CSS Project Tracking Systems to verify that the focus person does not already have a customer account established.
  - If the person already has a customer account established, the CSS staff reviews customer information and updates it as needed.
  - If the person does not yet have a customer account, the CSS staff creates a new customer account in the appropriate Project Tracking System.
- The CSS staff creates a new project for the customer and adds *REF-PROC* ("Referral Processing") as a service code for the new project.
- The CSS staff documents intake activity in the newly created project under the *REF-PROC* service code.
  - To facilitate efficient data reporting, the CSS staff use the Brief Descriptions for Referral Processing in the *Brief Description of Service* field for each intake activity.
- The CSS staff responsible for the intake process ensures completion of all fields of the CSS Service Inquiry Tracking—New Entry Form for each service inquiry.
  - After initiation and final disposition of a referral, the CSS staff returns to the CSS Service Inquiry Tracking SharePoint to enter:
    - *Date and Time Referral Process Initiated*
    - *Estimated Date of Service Initiation*
    - *Actual Date and Time of Initial Service Contact*

Parameters:

CSS staff receiving service inquiries may consult with their supervisor, Regional Manager, or the CSS Director regarding unique situations.

Referenced Forms and Online Resources:

- Request for Services and Referral Information (form #50)
- CSS Project Tracking System
- Forensic/Synergy CSS Project Tracking System
- CSS Service Inquiry Tracking—New Entry Form
- Brief Descriptions for Referral Processing

Referenced Frameworks and Policies:

- CSS Crisis Intervention Response Framework

CSS Service Inquiry Tracking - Add New Entry

Date and Time of Service Inquiry:

Potential Service Recipient Last Name:

Potential Service Recipient First Name:

Date of Birth:

Is the Person Under Commitment: ☐ (Check if Yes) Type of Commitment:

Is the Person a JSA Member: ☐ (Check if Yes) Medical Record Number:

Financial County:

County of Residence:

Presenting Issue - Reason for Service Inquiry:

Source of Service Inquiry:

Name of Contact at Inquiry Source:

Contact Phone Number:

CSS Team Taking Inquiry:

Does the Inquiry Meet Crisis/Emergency Criteria: ☑ (Check if Yes)
Crisis Intervention Response Framework

Initial Action Taken:

Date and Time Initial Action Taken:

If Referred to Another CSS Team Enter CSS Team Referring To:

If a Referral for CSS Services is not being Initiated by the Team taking Referral
*** Stop Here and Click Submit ***

Otherwise Complete the Information Below
(The Team Responsible for Processing the Referral will Complete the Rest of this Form.)

Referral for CSS Services being Initiated:	☐ (Check if Yes)
CSS Team Processing Referral:	
Date and Time Referral Process Initiated:	
Estimated Date of Service Initiation (For First Official Contact):	
Actual Date and Time of First Initial Service Contact:	
Referral Process Started but Direct Services Never Initiated:	☐ (Check if Yes)

Submit

MLB Satisfaction Surveys
4/13/15

SUMMARY OF MN LIFE BRIDGE SATISFACTION SURVEYS

September 1, 2014 to March 31, 2015

Broberg's Lake:

- **two Person surveys returned.**

Person survey results					
	Never	Seldom	Sometimes	Usually	Always
My support team listens to my concerns.				50%	50%
I feel my life is improving.				100%	
Staff respect my privacy.				50%	50%
I am encouraged to make important decisions about my life.					100
I am encourage and supported to pursue my goals and interests.				50%	50%
I receive encouragement in the development of new skills and goals.					100
I get feedback on my progress.				50%	50%
I feel safe.			50%	50%	
I feel staff will assist if I tell them I feel insecure or unsafe.				50%	50%
I feel staff spend enough time with me.				100	
Staff respect my rights.				50%	50%
I am encouraged to exercise my rights.				50%	50%
Have my rights ever been restricted? **Yes or No responses required*	50% = no				50% = yes
If yes, have my rights been restored? If no, is there a plan to restore my rights?	No responses given				
I feel comfortable talking to staff about my health concerns.				100%	
I feel the staff have the skills and knowledge to meet my needs.				100%	
The goals and skills I am working on are appropriate for me.			50%	50%	

I am encouraged to maintain contact with my family and friends while at (site name).					100%
I actively work toward my goals.			50%	50%	
The program respects my history, dignity, and cultural background.				100%	
My home here at (site name) is clean and comfortable.				50%	
I feel like I can give feedback to the staff members.				100%	
I know how to report any abuse or neglect. **Yes or No responses required*					50% = yes
If you could change one thing at (site name), what would it be?	No responses given				

Stratton Lake:

- **three Person surveys returned**
- **one Transition survey returned**
- **one Family survey returned**

Person survey results					
	Never	Seldom	Sometimes	Usually	Always
My support team listens to my concerns.				100%	
I feel my life is improving.			67%	33%	
Staff respect my privacy.				67%	33%
I am encouraged to make important decisions about my life.			33%		67%
I am encourage and supported to pursue my goals and interests.				67%	33%
I receive encouragement in the development of new skills and goals.				33%	67%
I get feedback on my progress.				100%	
I feel safe.			33%	33%	33%
I feel staff will assist if I tell them I feel insecure or unsafe.				67%	33%

MLB Satisfaction Surveys
4/13/15

I feel staff spend enough time with me.				100%	
Staff respect my rights.				67%	33%
I am encouraged to exercise my rights.				33%	67%
Have my rights ever been restricted? **Yes or No responses required*	67% =no				33% =yes
If yes, have my rights been restored? If no, is there a plan to restore my rights?	No responses given				
I feel comfortable talking to staff about my health concerns.				67%	33%
I feel the staff have the skills and knowledge to meet my needs.				100%	
The goals and skills I am working on are appropriate for me.				67%	33%
I am encouraged to maintain contact with my family and friends while at (site name).				67%	33%
I actively work toward my goals.				100%	
The program respects my history, dignity, and cultural background.				67%	33%
My home here at (site name) is clean and comfortable.				100%	
I feel like I can give feedback to the staff members.				100%	
I know how to report any abuse or neglect. **Yes or No responses required*					100% =yes
If you could change one thing at (site name), what would it be?	1. Don't know. 2. To move.				

Transition survey results				
	Never	Sometimes	Most of the time	Always
I am happy with the services I received.			100%	
Staff treated me with dignity and respect.			100%	
I helped develop my treatment plan.		100%		
I feel like staff supported by treatment plan.			100%	
Staff listened to me and met my needs.				100%

MLB Satisfaction Surveys
4/13/15

Staff helped me work on my problems.			100%	
I felt safe.				100%
I was helped in preparation for moving back into the community.			100%	
I feel ready to move back to the community.				100%

Family survey results						
	Strongly Disagree	Disagree	I am Neutral	Agree	Strongly Agree	Does Not Apply
Program staff were respectful and courteous in their interactions with individuals and family members					X	
Program staff listened to family concerns and suggestions and used that information to develop services when possible					X	
The information which was presented by program staff was helpful					X	
Overall, my experience in working with this program was a positive one					X	
Unscheduled and scheduled visits were permitted at reasonable hours.					X	
Unrestricted access to living area was allowed (consistent with all rights to privacy)					X	
Private areas were provided for visits (unless contraindicated by the interdisciplinary team)					X	

From your perspective, individual was *(check all that apply)*

☒ Respected by staff

☒ Understood by staff

☒ Supported by staff

☒ Comfortable talking about his/her concerns

☒ Working toward his/her goals, health and wellness

☒ Physically safe

Post transition satisfaction:

- Were you involved in planning for Transition from MN Life Bridge? Yes
- Were you satisfied with your involvement? Yes

- Are you satisfied with the community setting to which Individual was transitioned? Yes

East Central:

- Sends out satisfaction surveys at the time of each individual's annual meeting.
- Two current residents have not been at EC for one year so surveys have not been mailed out yet.
- Satisfaction surveys sent out to team members of the two residents who have resided at EC longer than one year.
- one Family survey returned
    - EC scored low on communication.
    - Corrections made in response to the low score:
        - EC identified one staff to act as the contact person with that individual's team.
        - The contact person has ensured this team receives updates and communications in a timely fashion.
        - The contact person ensures this team is advised of the smaller day to day changes prior to implementation. (Larger programmatic changes are done with team involvement and typically at staff meetings.)
        - Having one contact person reduces the noise clutter that teams sometimes experience.

MLB aggregate survey response observations

- Four of the five respondents indicated:
    - They were *always* encouraged to make important decisions about their lives, and
    - They *always* received encouragement in the development of new skills and goals.
    - They *sometimes or usually* felt safe, and
    - They *sometimes or usually* felt their life was improving.
- All five respondents indicated:
    - They felt that staff *usually* spent enough time with them,
    - They felt the staff *usually* had the skills and knowledge to meet their needs, and
    - They *usually* felt like they could give feedback to the staff members.

Two of the five respondents felt that their rights had been restricted at some point.

One individual indicated what s/he would change about MLB would be to move out.

Plan to increase responses

- MLB will mail out satisfaction surveys to team members at 6 month and one year intervals. This will also be paired with a phone call informing the team member that the survey has been sent and to invite the team member to respond.
- Staff also give surveys to the individuals semi-annually and annually.
- At the time of transition/discharge, individuals will be offered the opportunity to complete a satisfaction survey just prior to moving out.
- At the transition/discharge meeting, team members will be given the opportunity to share their thoughts on the supports and services MLB provided through using the satisfaction survey. This will also be paired with a phone call informing the team member that the survey has been sent and to invite the team member to respond.