

Jensen v. Minnesota Department of Human Services, No. 09-cv-1775

Class Action Settlement Agreement, Dkt. 104 (filed June 23, 2011)

DEFENDANTS' STATUS REPORT

Monthly Data Covering January through February 2013

David Ferleger
Independent Advisor and Monitor

STATUS REPORTS..... 4

SCOPE 5

IV. METO CLOSURE..... 6

V.A. PROHIBITED TECHNIQUES – RESTRAINT 12

V. B. PROHIBITED TECHNIQUES - POLICY 15

V.D. PROHIBITED TECHNIQUES – CHEMICAL RESTRAINT 20

V.E. PROHIBITED TECHNIQUES – THIRD PARTY EXPERT 24

V.F. PROHIBITED TECHNIQUES – MEDICAL OFFICER REVIEW 26

V.G. PROHIBITED TECHNIQUES – ZERO TOLERANCE FOR ABUSE AND NEGLECT 29

VI.A. RESTRAINT REPORTING AND MANAGEMENT – REPORTING WITH FORM 31032 31

VI.B. RESTRAINT REPORTING AND MANAGEMENT – 24 HOURS TO REPORT 34

VI.C. RESTRAINT REPORTING AND MANAGEMENT – NOT REPLACE OTHER 38

VII.A. INTERNAL AND EXTERNAL REVIEW OF THE USE OF RESTRAINTS – INTERNAL REVIEWER 39

VII.B. INTERNAL AND EXTERNAL REVIEW OF THE USE OF RESTRAINTS – EXTERNAL REVIEWER..... 41

VIII. TRANSITION PLANNING..... 44

IX.A. OTHER PRACTICES AT THE FACILITY – STAFF TRAINING 49

IX.B. OTHER PRACTICES AT THE FACILITY – HOURS OF TRAINING 51

IX.C. OTHER PRACTICES AT THE FACILITY – VISITOR POLICY..... 54

IX.D. OTHER PRACTICES AT THE FACILITY – NO INCONSISTENT PUBLICITY 57

IX.E. OTHER PRACTICES AT THE FACILITY – POSTING REQUIREMENTS..... 58

X.A. SYSTEM WIDE IMPROVEMENTS – EXPANSION OF COMMUNITY SUPPORT SERVICES..... 59

X.B. SYSTEM WIDE IMPROVEMENTS – OLMSTEAD PLAN 65

X.C. SYSTEM WIDE IMPROVEMENTS – RULE 40 69

X.D. SYSTEM WIDE IMPROVEMENTS – MINNESOTA SECURITY HOSPITAL..... 72

X.E. SYSTEM WIDE IMPROVEMENTS - ANOKA METRO REGIONAL TREATMENT CENTER.....	76
X.F. SYSTEM WIDE IMPROVEMENTS - LANGUAGE.....	76
SUBMISSION	79
INDEX OF- EXHIBITS	80

STATUS REPORTS

1. Defendants' status reports will be submitted every two months.
2. The first status report will cover January to August, 2012. Under the Court's July 17, 2012 Order, the first status report is due September 17, 2012.
3. Each report (after the first report) will cover the prior two calendar months. The reports will be due on the 17th of the month.
4. Each section of the status report begins with the text of the settlement. This is followed by a grid. The grid's fields consist of:
 - *Evaluation Criteria*: Based on the settlement provisions. The "ECs" will be used to assess compliance.
 - *Person Responsible*: The state official/staff who is specifically responsible for implementation of the listed item.
 - *Documentation for Verification*: A designation of the documentation material which supports and demonstrates the status of compliance. The documentation shall be submitted separately with each status report.
 - *Next Steps*: A summary of the next steps planned by the Person Responsible (and any other appropriate person/agency) to achieve or maintain compliance.
 - *Status*: A statement of the status of the item, for example, "completed," "completed [date]," "incomplete," or "not in compliance," or "maintaining compliance," or an identification of a percentage compliance level, or a note of another conclusion regarding the status of compliance for the item.
5. For convenience, original Settlement Agreement section numbering is maintained (*e.g.*, IV. METO CLOSURE). The alphabetical sub-section headings are also maintained.

SCOPE

“Scope: The scope of DHS obligations regarding people with developmental disabilities in this Agreement pertain only to the residents of the Facility, with the exception of the provisions of Recitals, Paragraph 7, and Section X, ‘System wide Improvements.’” (Section III.F.)

Recitals, Par. 7.

“The State of Minnesota further declares, as a top concern, the safety and quality of life of the Residents of the Facility. The State agrees that its goal is to provide these residents with a safe and humane living environment free from abuse and neglect. The State also agrees that its goal is to utilize the Rule 40 Committee and Olmstead Committee process described in this Agreement to extend the application of the provisions in this Agreement to all state operated locations serving people with developmental disabilities with severe behavioral problems or other conditions that would qualify for admission to METO, its Cambridge, Minnesota successor, or the two new adult foster care transitional homes.”

Section X includes:

1. **Expansion of Community Support Services (long term monitoring, crisis management, training). This Section X.A. consists of “goals and objectives; they do not constitute requirements.” Sec. X.A.1.**
2. **Olmstead Plan**
3. **Rule 40**
4. **Minnesota Security Hospital**
5. **Anoka Metro Regional Treatment Center**

Section IV. - METO CLOSURE

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status	
<p>1. METO closed by June 30, 2011.</p>	<p>Doug Seiler</p>	<p>9-17-12 Update The METO program closed 6-30-11. The document provided is the letter confirming the new tax ID number issued by the IRS (Exhibit 1A).</p>		<p>Completed 6-30-11 Maintaining Compliance</p>	<p>T</p>
<p>2. METO successors comply <i>Olmstead v. L.C.</i></p>	<p>Doug Seiler Roger Deneen Steve Jensen</p>	<p>9-17-12 Update The Department will be issuing a Departmental Bulletin notifying interested parties of the purpose of the program and its admission, continued stay criteria, and discharge criteria. The draft bulletin is (Exhibit 2A).</p> <p>The MSHS-Cambridge sought and was granted from DHS Licensing, a variance. This variance was necessary to adapt the program to a short term intensive treatment setting designed to return the individual to the most integrated setting in accordance with <i>Olmstead</i> verses a residential program and to adopt specific components of the settlement agreement related to the prohibited techniques and use of emergency restraint.</p> <p>Licensing variance is (Exhibit 2B)</p>	<p>9-17-12 Update Finalize the bulletin after the 9-20-12 meeting between parties and monitor</p>		<p>T</p>

			<p>11-17-12 Update In discussion at the 11-14-12 Parties meeting the Department agreed to revise the draft bulletin to emphasize early intervention through CSS and the use of the MSHS –Cambridge program as a crisis intervention for evaluation and stabilization. The final draft bulletin will be shared with Plaintiff’s counsel, and consultants then issues by 12-15-12.</p>		
		<p>1-17-13 Update The Department is working with Plaintiffs’ consultants to clarify language of the bulletin. Once the clarification is made, the bulletin will be issued and copies provided to Plaintiffs’ Counsel and consultants.</p>	<p>1-17-13 Update The Department is reviewing the transition process to adopt practices that will improve transition planning for each individual in accordance with the principles of Olmstead.</p> <p>The new director, admissions, and supervisory team are reviewing current processes and seeking recommendations from MSHS-Cambridge leadership and CSS for improvements. CSS currently engages in review of all referrals under consideration and follows the individual</p>		

			<p>from pre/admission to post/discharge and this process is being refined.</p> <p>Beginning November 2012 the Internal Reviewer is completing a summary of monthly activities including the application of Olmstead principles in transition planning.</p> <p>See EC #42</p>		
		<p>3-17-13 Update The Department issued Bulletin 12-76-01 on 2-12-13. (Exhibit 122A)</p> <p>DHS Licensing issued a Correction Order on 2-1-13. (Exhibit 122B).</p> <p>A response to the Correction Order was issued on 3-6-13 and included in Exhibit 122C.</p> <p>The program submitted a request to remove certain variances and to add certain variances on 2-6-13. This was done in consultation with Plaintiffs' Consultants. (Exhibit 122D).</p>	<p>3-17-13 Update Implement the changes to the license variances.</p> <p>The Department is continuing to plan for improving the transition planning process before, during and after placement in the MSHS-Cambridge program. Input will be sought from Plaintiffs' consultants. Anticipated full implementation of the revised transition planning process is 3-31-13. See EC #6</p>	<p>3-17-13 Update In Process</p>	

<p>3. METO successors utilize person centered planning principles and positive behavioral supports consistent with applicable best practices including, but not limited to the Assoc. of Positive Behavior Supports, <i>Standards of Practice for Positive Behavior Supports</i></p>	<p>Doug Seiler Roger Deneen Steve Jensen</p>	<p>9-17-12 Update Draft Departmental Bulletin (Exhibit 2A) Policy on Therapeutic Interventions and Emergency use of Personal Safety Techniques (Exhibit 3A)</p>	<p>See EC #2</p>		<p>T</p>
		<p>1-17-13 Update The Department is working with Plaintiffs’ consultants to clarify language of the bulletin. Once the clarification is made, the bulletin will be issued and copies provided to Plaintiffs’ Counsel and consultants.</p>	<p>See EC #2</p>		
		<p>3-17-13 Update The Department issued Bulletin 12-76-01 on 2-12-13. (Exhibit 122A)</p>	<p>See EC#2</p>	<p>3-17-13 Update In Process</p>	
<p>4. METO successors serve only “Minnesotans who have developmental disabilities and exhibit severe behaviors which present a risk to public safety.”</p>	<p>Doug Seiler Roger Deneen Steve Jensen</p>	<p>9-17-12 Update Draft Departmental Bulletin (Exhibit 2A)</p>	<p>See EC #2</p>		<p>T</p>

		<p>1-17-13 Update The Department is working with Plaintiffs' consultants to clarify language of the bulletin. Once the clarification is made, the bulletin will be issued and copies provided to Plaintiffs' Counsel and consultants.</p>	See EC #2		
		<p>3-17-13 Update The Department issued Bulletin 12-76-01 on 2-12-13. (Exhibit 122A)</p>	See EC#2	3-17-13 Update In Process	
<p>5. METO successors notify parents and guardians of residents, at least annually, of their opportunity to comment in writing, by e-mail, and in person, on the operation of the Facility</p>	<p>Doug Seiler Roger Deneen Steve Jensen</p>	<p>9-17-12 Update Annual Survey of individuals served, families, and guardians</p>	<p>9-17-12 Update Facilities will issue the first survey to individuals served, families, and guardians no later than 9-30-12</p>		A
		<p>11-17-12 Update The name of the individual and the family member was redacted on one of the forms. (Exhibit 98)</p>	<p>11-17-12 Update On September 7th 17 surveys were mailed to family or other concerned persons. As of 10-1-12 three surveys were completed and returned. Two were returned due to incorrect address. The correct address was found for one of these and the survey was sent 11-12-12.</p>		
		<p>1-17-13 Update On December 28th 17 surveys and cover letters were mailed to families and other concerned</p>	<p>1-17-13 Update The information received from the surveys will be compiled into a brief report by 2-15-13.</p>		

		<p>persons. Survey and cover letter (Exhibit 112)</p>	<p>Based on input from Plaintiffs' Counsel and consultants the program will modify its admissions procedures to ensure individuals served, families or guardians, and friends are aware of a formal grievance process available to them and they can comment at any time on the program's operation in accordance with the Settlement Agreement.</p>		
		<p>3-17-13 Update</p> <ul style="list-style-type: none"> • 17 surveys went out to family and concerned persons on 12-28-12. Five responses were received. • 10 surveys went out to community providers. Three responses were received. • Two post discharge surveys went out to family and concerned persons on 12-28-12. One response was received. • Two post discharge surveys were sent to community providers. One response was received. <p>Copies of the survey questions and all survey responses are included in Exhibit 123. Names of family members have been</p>	<p>3-17-13 Update The next survey will be sent out on 6-28-13.</p>	<p>3-17-13 Update Continue to Monitor</p>	

		redacted. An updated grievance and complaint process was implemented effective 1-25-13. (Exhibit 124)			
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Section V.A. - PROHIBITED TECHNIQUES – RESTRAINT

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status	
6. The State/DHS immediately and permanently discontinued all the prohibited restraints and techniques.	Doug Seiler Roger Deneen Steve Jensen	9-17-12 Update Policy on Therapeutic Interventions and Emergency use of Personal Safety Techniques (Exhibit 3A)			T
		11-17-12 Update On October 26 th the SOS received a corrective order from DHS Licensing Division (Exhibit 103)			
		1-17-13 Update In December refresher training, the Department trained staff not to use prone restraint and to take the person to the floor in a side lying position. In the event a person puts themselves into a prone position, the person will be moved into a side lying position as soon as possible.	1-17-13 Update In November 2012 the Internal Reviewer began preparing a monthly summary of activities including the application of Olmstead principles in transition planning. See EC #42		
		3-17-13 Update During the interval of this status report, there were no reports of the use of prohibited restraints and techniques.	3-17-13 Update Continue monitoring	3-17-13 Update Continue monitoring	

<p>7. The State/DHS has not used any of the prohibited restraints and techniques.</p>	<p>Doug Seiler Roger Deneen Steve Jensen</p>	<p>9-17-12 Update During the interval of this status report there were no reports of the use of prohibited restraints and techniques.</p>	<p>9-17-12 Update Continue monitoring</p>		<p>T</p>
		<p>11-17-12 Update On October 26th the SOS received a corrective order from DHS Licensing Division (Exhibit 103)</p>	<p>11-17-12 Update Continue monitoring</p>		
		<p>1-17-13 Update During the interval of this status report, there were no reports of the use of prohibited restraints and techniques.</p>	<p>1-17-13 Update Continue monitoring</p>		
		<p>3-17-13 Update During the interval of this status report, there were no reports of the use of prohibited restraints and techniques.</p>	<p>3-17-13 Update Continue monitoring</p>	<p>3-17-13 Update Continue monitoring</p>	
<p>8. 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.</p>	<p>Doug Seiler Roger Deneen Steve Jensen</p>	<p>9-17-12 Update During the interval of this status report there were no reports of the use of medical restraint or psychotropic/neuroleptic medication for punishment, in lieu of habilitation, training, behavior support plans, for staff convenience, or as behavior modification.</p>	<p>9-17-12 Update Continue monitoring</p>		<p>T</p>

		<p>11-17-12 Update During the interval of this status report there were no reports of the use of medical restraint or psychotropic/neuroleptic medication for punishment, in lieu of habilitation, training, behavior support plans, for staff convenience, or as behavior modification.</p>	<p>11-17-12 Update Continue monitoring</p>		
		<p>1-17-13 Update During the interval of this status report there were no reports of the use of medical restraint or psychotropic/neuroleptic medication for punishment, in lieu of habilitation, training, behavior support plans, for staff convenience, or as behavior modification.</p>	<p>1-17-13 Update Beginning 1-1-13 the Department initiated an emergency reporting structure around PRN medications and 911 calls consistent with the reporting of emergency use of manual restraints. See EC #6</p>		
		<p>3-17-13 Update During the interval of this status report there were no reports of the use of medical restraint or psychotropic/neuroleptic medication for punishment, in lieu of habilitation, training, behavior support plans, for staff convenience, or as behavior modification.</p>	<p>3-17-13 Update Beginning 1-1-13 the Department initiated an emergency reporting structure around PRN use and 911 calls consistent with the reporting of emergency use of manual restraints. These will be reported in EC #29 and reviewed in EC#42.</p>	<p>3-17-13 Update Continue monitoring</p>	

Section V. B. - PROHIBITED TECHNIQUES - POLICY

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status	
<p>There were instances of the specified manual /mechanical restraint.</p> <p>9-17-12 Update Number of instances: 7</p> <p>11-17-12 Update Number of Instances: 1</p> <p>1-17-13 Update Number of instances: 0</p> <p>3-17-13 Update Number of instances: 0</p>		<p>Each instance of the use of emergency restraint will result in the following documents being included in this report:</p> <ul style="list-style-type: none"> • DHS form 3652 Documentation for the Implementation of Controlled Procedure • DHS form 3653 Consultation with Expanded Interdisciplinary Team Following Emergency Use of Controlled Procedure • Individual Progress notes • Use of Manual Restraint Review 			
<p>9. The restraints are used only in an emergency. <i>Same requirement is at section V.E. below. The requirement is evaluated here only.</i></p>	<p>Doug Seiler Roger Deneen Steve Jensen</p>	<p>9-17-12 Update Exhibit 9A, 9B, 9C, 9D, 9E, 9F, and 9G</p>			T
		<p>11-17-12 Update Exhibit 100</p>			
		<p>1-17-13 Update During the interval of this status report there were no emergency restraints used.</p>	<p>1-17-13 Update In November 2012 the Internal Reviewer began preparing a monthly summary of activities including the application of Olmstead principles in transition</p>		

			planning. See EC #42		
		3-17-13 Update During the interval of this status report there were no emergency restraints used.		3-17-13 Update Continue monitoring	
10. The Policy (Att. A) was followed in each instance of manual / mechanical restraint.	Doug Seiler Roger Deneen Steve Jensen	9-17-12 Update Exhibit 9A, 9B, 9C, 9D, 9E, 9F, and 9G In exhibit 9A the facility did not provide timely notice to some of the mandated parties. DHS form 3653 was not completed as the individual was discharged to a community psychiatric hospital. In exhibit 9C DHS form 3653 was not completed as the individual was discharged to a community psychiatric hospital.			T
		11-17-12 Update Exhibit 100			
		1-17-13 Update During the interval of this status report there were no emergency restraints used.	1-17-13 Update See EC #6		
		3-17-13 Update During the interval of this status report there were no emergency restraints used.		3-17-13 Update Continue monitoring	

<p>11. There were no instances of prone restraint, chemical restraint, seclusion or time out.</p>	<p>Doug Seiler Roger Deneen Steve Jensen</p>	<p>9-17-12 Update During the interval of this status report there were no reports of the use of prone restraint, chemical restraint, seclusion, or time out.</p>			<p>T</p>
		<p>11-17-12 Update Exhibit 100 includes reporting form 31032. This form reports the use of Side lying hold. There were no observed or reported uses of time out or seclusion.</p>			
		<p>1-17-13 Update During the interval of this status report there were no reports of the use of prone restraint, chemical restraint, seclusion, or time out.</p>			
		<p>3-17-13 Update During the interval of this status report there were no reports of the use of prone restraint, chemical restraint, seclusion, or time out.</p>	<p>3-17-13 Update Continue monitoring</p>	<p>3-17-13 Update Continue monitoring</p>	

“Emergency”: “Situations when the client’s conduct poses an imminent risk of physical harm to self or others and less restrictive strategies would not achieve safety. Client refusal to receive/participate in treatment shall not constitute an emergency.” (Settlement, App. A).

Section V.C. - PROHIBITED TECHNIQUES – SECLUSION AND TIME OUT FROM POSITIVE REINFORCEMENT

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status	
12. There were zero instances of the use of Seclusion.	Doug Seiler Roger Deneen Steve Jensen	9-17-12 Update During the interval of this status report there were no reports of the use of prone restraint, chemical restraint, seclusion, or time out.		Maintaining Compliance	T
		11-17-12 Update During the interval of this status report there were no reports of the use of prone restraint, chemical restraint, seclusion, or time out.		Maintaining Compliance	
		1-17-13 Update During the interval of this status report there were no reports of the use of seclusion or time out.		Maintaining Compliance	
		3-17-13 Update During the interval of this status report there were no reports of the use of seclusion or time out.	3-17-13 Update Continue monitoring	Maintaining Compliance	
13. There were zero instances of the use of Room Time Out from Positive Reinforcement.	Doug Seiler Roger Deneen Steve Jensen	9-17-12 Update During the interval of this status report there were no reports of the use of prone restraint, chemical restraint, seclusion, or time out.		Maintaining Compliance	T

		<p>11-17-12 Update During the interval of this status report there were no reports of the use of prone restraint, chemical restraint, seclusion, or time out.</p>			
		<p>1-17-13 Update During the interval of this status report there were no reports of the use of prone restraint, chemical restraint, seclusion, or time out.</p>	<p>1-17-13 Update See EC #6</p>		
		<p>3-17-13 Update During the interval of this status report there were no reports of the use of prone restraint, chemical restraint, seclusion, or time out.</p>	<p>3-17-13 Update See EC #42</p>	<p>Maintaining Compliance</p>	

Section V.D. -PROHIBITED TECHNIQUES – CHEMICAL RESTRAINT

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status	
<p>14. There were zero instances of drug / medication use to manage resident behavior OR to restrain freedom of movement.</p>	<p>Alan Radke</p>	<p>9-17-12 Update During the interval of this status report there were no reported instances of drug/ medication use to manage resident behavior or to restrain freedom of movement</p>			<p>T</p>
		<p>11-17-12 Update During the interval of this status report there were no reported instances of drug/ medication use to manage resident behavior or to restrain freedom of movement</p>			

		<p>1-17-13 Update During the interval of this status report there were no reported instances of drug/ medication use to manage resident behavior or to restrain freedom of movement.</p> <p>A PRN protocol was developed, staff trained and protocol implemented on 1-1-13. (Exhibit 113)</p>	<p>1-17-13 Update See EC #6</p> <p>In examining the use of PRN medication, both the Internal Reviewer and a psychiatric practitioner designated by the SOS Chief Medical Officer will participate in the review.</p>		
		<p>3-17-13 Update During the interval of this status report there were 4 reports of PRN use. (Exhibit 125)</p>	<p>3-17-13 Update See EC #6</p> <p>In examining the use of PRN medication, both the Internal Reviewer and a psychiatric practitioner designated by the SOS Chief Medical Officer will participate in the review.</p>	<p>3-17-13 Update PRN use by psychiatric practitioner is pending.</p>	
<p>15. There were zero instances of PRN orders (standing orders) of drug/ medication used to manage behavior or restrict freedom of movement.</p>	<p>Alan Radke</p>	<p>9-17-12 Update During the interval of this status report there were no reported instances of PRN orders (standing orders) of drug/medication used to manage behavior or restrict freedom of movement.</p>	<p>9-17-12 Update Continue monitoring</p>		

		<p>11-17-12 Update Dr. Peter Miller, consulting psychiatrist for the MSHS Cambridge program reviewed all uses of PRN medications administered during September. He found the use of the medication directly related to mental health symptoms and not to restrict movement or physically slow the patient down. (Exhibit 101 – The email was amended to include only the information relevant to EC).</p>	<p>11-17-12 Update The Department is instituting additional processes and monitoring. These will include: to ensure the individual or family/guardian agrees to the medication plan (including PRN medication); use of PRNs are reviewed and authorized by an RN with consultation by a psychiatrist as necessary; if the individual declines the medication it is not administered; and each administration of a PRN will be reported out in a process similar to the emergency use of restraint process.</p>		
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		<p>1-17-13 Update During the interval of this status report there were no reported instances of PRN orders (standing orders) of drug/medication used to manage behavior or restrict freedom of movement.</p> <p>A PRN protocol was developed, staff trained and protocol implemented on 1-1-13. (Exhibit 113)</p>	<p>1-17-13 Update See EC #6</p> <p>In examining the use of PRN medication, both the Internal Reviewer and a psychiatric practitioner designated by the SOS Chief Medical Officer will participate in the review.</p>		T
		<p>3-17-13 Update During the interval of this status report there were 4 reports of PRN use. (Exhibit 125)</p>	<p>3-17-13 Update See EC #6</p> <p>In examining the use of PRN medication, both the Internal Reviewer and a psychiatric practitioner designated by the SOS Chief Medical Officer will participate in the review. See EC#42.</p>	<p>3-17-13 Update PRN use by psychiatric practitioner is pending.</p>	

Section V.E. -PROHIBITED TECHNIQUES – THIRD PARTY EXPERT

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status	
<p>16. There is a protocol to contact a qualified Third Party Expert.</p>		<p>9-17-12 Update The Department was not able to secure the services of qualified Third Party Experts. In accordance with section V. F. of the Settlement Agreement the Medical Officer Review was initiated.</p>	<p>9-17-12 Update Discuss on 9-20-12 with parties and monitor</p>		<p>A</p>
			<p>11-17-12 Update The Department has renewed efforts to recruit a pool of third party experts. Seven individuals have been contacted. One has tentatively agreed. One declined but is forwarding the solicitation to another provider. Two have offered to discuss further.</p>		
			<p>1-17-13 Update Nine individuals have been contacted. Four responded. One has tentatively agreed but only as a member of a team. Two declined but offered to forward the solicitation to other potential providers. The four</p>		

			<p>individuals who responded have suggested expert consultation following the restraint episode as opposed to contemporaneous review.</p> <p>As of 1/16/13 no other responses have been received.</p> <p>Plaintiffs' consultants and DHS compliance will be meeting in early February to discuss alternatives to the third party expert provisions.</p>		
			<p>3-17-13 Update Following the meeting with Plaintiffs' consultants the decision was made to discuss the issue with Plaintiffs' Counsel.</p>	<p>3-17-13 Update Awaiting conversation with Plaintiffs' Counsel on possible alternatives.</p>	
<p>17. There is a list of at least 5 Experts pre-approved by Plaintiffs & Defendants.</p>		See EC #16			A
<p>18. DHS has paid the Experts for the consultations.</p>		See EC #16			A
<p>19. A listed Expert been contacted in each instance of emergency use of restraint.</p>		See EC #16			A
<p>20. Each consultation occurred no later than 30 minutes after presentation of the emergency.</p>		See EC #16			A

21. Each use of restraint was an "emergency."		<i>This requirement is evaluated at EC 9 above.</i>	<i>This requirement is evaluated at EC 9 above.</i>		
22. 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.		See EC #16			A

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

Section V.F. - PROHIBITED TECHNIQUES – MEDICAL OFFICER REVIEW

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status	
<p>There were instances of the specified manual restraint.</p> <p>9-17-12 Update Number of instances: 7</p> <p>11-17-12 Update Number of Instances: 1</p> <p>1-17-13 Update Number of instances: 0</p> <p>3-17-13 Update Number of instances: 0</p>	<p>Doug Seiler Roger Deneen Steve Jensen</p>	<p>Each instance of the use of emergency restraint will result in the following documents being included in this report:</p> <ul style="list-style-type: none"> • DHS form 3652 Documentation for the Implementation of Controlled Procedure • DHS form 3653 Consultation with Expanded Interdisciplinary Team Following Emergency Use of Controlled Procedure • Individual Progress notes • Use of Manual Restraint Review 			

<p>23. The responsible supervisor contacted the DHS medical officer on call not later than 30 minutes after the emergency restraint use began.</p>	<p>Doug Seiler Roger Deneen Steve Jensen</p>	<p>9-17-12 Update Exhibit 9A, 9B, 9C, 9D, 9E, 9F, and 9G. Page 2 under section "Third Party Expert Consulted"</p>			<p>A</p>
		<p>11-17-12 Update Exhibit 100</p>			
		<p>1-17-13 Update During the interval of this status report there were no instances of the use of emergency restraint.</p>	<p>1-17-13 Update See EC #6</p>		
		<p>3-17-13 Update During the interval of this status report there were no instances of the use of emergency restraint.</p>	<p>3-17-13 Update See EC #6</p>	<p>3-17-13 Update Continue to Monitor</p>	
<p>24. The medical officer assessed the situation, suggested strategies for de-escalating the situation, and approved of or discontinued the use of restraint.</p>	<p>Alan Radke</p>	<p>9-17-12 Update Exhibit 9A, 9B, 9C, 9D, 9E, 9F, and 9G. Page 2 under section "Third Party Expert Consulted"</p>			<p>A</p>
		<p>11-17-12 Update (Exhibit 100)</p>			
		<p>1-17-13 Update During the interval of this status report there were no instances of the use of emergency restraint.</p>	<p>1-17-13 Update See EC #6</p>		

		3-17-13 Update During the interval of this status report there were no instances of the use of emergency restraint.	3-17-13 Update See EC #6	3-17-13 Update Continue to Monitor	
25. The consultation with the medical officer was documented in the resident's medical record.	Doug Seiler Roger Deneen Steve Jensen	9-17-12 Update Exhibit 9A, 9B, 9C, 9D, 9E, 9F, and 9G. Page 2 under section "Third Party Expert Consulted"			A
		11-17-12 Update Exhibit 100			
		1-17-13 Update During the interval of this status report there were no instances of the use of emergency restraint.	1-17-13 Update See EC #6		
		3-17-13 Update During the interval of this status report there were no instances of the use of emergency restraint.	3-17-13 Update See EC #6	3-17-13 Update Continue to Monitor	

Section V.G. - PROHIBITED TECHNIQUES – ZERO TOLERANCE FOR ABUSE AND NEGLECT

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status	
<p>There were allegations of abuse (including verbal, mental, sexual, or physical abuse) or neglect.</p> <p>9-17-12 Update Number of allegations: 2</p> <p>11-17-12 Update Number of allegations: 1</p> <p>1-17-13 Update Number of allegations: 1</p> <p>3-17-13 Update Number if allegations: 2</p>	<p>Doug Seiler Roger Deneen Steve Jensen</p>	<p>Incident reports and reports of suspected maltreatment</p>			
<p>26. All allegations were fully investigated and conclusions were reached.</p>	<p>Doug Seiler Roger Deneen Steve Jensen</p>	<p>9-17-12 Update Policy on Zero Tolerance for Abuse and Neglect of Vulnerable Adults and Minors. (Exhibit 26A) There have been two reports of suspected abuse/neglect. Both occurred in the transitional foster care site. Neither report was substantiated. (Exhibit 26B 26C)</p>	<p>Continue monitoring</p>	<p>Maintaining Compliance</p>	<p>A</p>
		<p>11-17-12 Update The suspected abuse neglect was reported to the common entry point (Exhibit 102 was redacted to protect the names of the mandated reporters). The report was not substantiated.</p>			

		<p>1-17-13 Update There was one report of suspected abuse/neglect which was redacted to protect the names of the mandated reporters. The report was not substantiated. (Exhibit 114)</p>			
		<p>3-17-13 Update There were two reports of suspected abuse/neglect which were redacted to protect the names of the mandated reporters. One of the reports is included as Exhibit 126. The second is still under investigation. The documentation will be provided upon completion of the investigation.</p>	<p>3-17-13 Update Continue Monitoring</p>	<p>3-17-13 Update Maintaining Compliance</p>	
<p>27. All staff members found to have committed abuse or neglect were disciplined pursuant to DHS policies and collective bargaining agreement, if applicable.</p>	<p>Doug Seiler Roger Deneen Steve Jensen</p>	<p>1-17-13 Update There was one report of suspected abuse/neglect which was redacted to protect the names of the mandated reporters. The report was not substantiated. (Exhibit 114)</p>		<p>Maintaining Compliance</p>	<p>A</p>
		<p>3-17-13 Update In the first report (Exhibit 126) there was no evidence of misappropriation of funds. The second incident is still under investigation.</p>	<p>3-17-13 Update Continue Monitoring</p>	<p>3-17-13 Update Maintaining Compliance</p>	

<p>28. Where appropriate, the State referred matters of suspected abuse of neglect to the county attorney for criminal prosecution.</p>	<p>Doug Seiler Roger Deneen Steve Jensen</p>	<p>1-17-13 Update There was one report of suspected abuse/neglect which was redacted to protect the names of the mandated reporters. The report was not substantiated. (Exhibit 114)</p>		<p>Maintaining Compliance</p>	<p>A</p>
		<p>3-17-13 Update In the first report (Exhibit 126) there was no evidence of misappropriation of funds. The second incident is still under investigation.</p>	<p>3-17-13 Update Continue Monitoring</p>	<p>3-17-13 Update Maintaining Compliance</p>	

Section VI.A. - RESTRAINT REPORTING AND MANAGEMENT – REPORTING WITH FORM 31032

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status	
<p>29. Form 31032 was fully completed whenever use was made of manual or mechanical restraint.</p> <p>9-17-12 Update Number of instances: 7</p>	<p>Doug Seiler Roger Deneen Steve Jensen</p>	<p>9-17-12 Update Exhibit 9A, 9B, 9C, 9D, 9E, 9F, and 9G.</p>			<p>A</p>
<p>11-17-12 Update Number of Instances: 1</p>		<p>11-17-12 Update Exhibit 100</p>			
<p>1/17/13 Update: Number of instances: 0</p>		<p>1-17-13 Update During the interval of this status report there were no instances of the use of emergency restraint.</p>	<p>1-17-13 Update See EC #6 Beginning 1-1-13 the department initiated an emergency reporting structure around PRN medications and 911 calls</p>		

		During the interval of this status report there were 6 instances of 911 calls.	consistent with the reporting of emergency use of manual restraints.		
<p>3/17/13 Update:</p> <ul style="list-style-type: none"> • Emergency restraints Number of instances: 0 • PRNs Number of instances: 4 • 911 Calls Number of instances: 3 		<p>3-17-13 Update During the interval of this status report there were no instances of the use of emergency restraint.</p> <p>During the interval of this status report there were four reports of PRN use. (Exhibit 125)</p> <p>During the interval of this status report there were three instances of 911 calls. One instance involved two individuals so there are four reports included as exhibits. (Exhibits 127A, 127B, 127C1, 127C2)</p>	<p>3-17-13 Update Continue to Report and Monitor.</p>	<p>3-17-13 Update Maintaining Compliance</p>	
<p>30. For each use, Form 31032 was timely completed, that is, by the end of the shift.</p>	Doug Seiler Roger Deneen Steve Jensen	<p>9-17-12 Update Exhibit 9A, 9B, 9C, 9D, 9E, 9F, and 9G.</p>			A
		<p>11-17-12 Update Exhibit 100</p>			
		<p>1-17-13 Update During the interval of this status report there were no instances of the use of emergency restraint.</p>	<p>1-17-13 Update See EC #6</p>		

		<p>3-17-13 Update During the interval of this status report there were no instances of the use of emergency restraint. PRN and 911 calls were reported in a timely manner.</p>	<p>3-17-13 Update Continue to report and Monitor.</p>	<p>3-17-13 Update Maintaining Compliance</p>	
<p>31. Each Form 31032 indicates that no prohibited restraint was used.</p>	<p>Doug Seiler Roger Deneen Steve Jensen</p>	<p>9-17-12 Update Exhibit 9A, 9B, 9C, 9D, 9E, 9F, and 9G.</p>			<p>A</p>
		<p>11-17-12 Update Exhibit 100</p>			
		<p>1-17-13 Update During the interval of this status report there were no instances of the use of emergency restraint.</p>	<p>1-17-13 Update See EC #6</p>		
		<p>3-17-13 Update During the interval of this status report there were no instances of the use of emergency restraint.</p>	<p>3-17-13 Update See EC #6 Continue to report and monitor.</p>	<p>3-16-13 Update Maintaining Compliance</p>	

Section VI.B. - RESTRAINT REPORTING AND MANAGEMENT – 24 HOURS TO REPORT

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status	
Within 24 hours, and no later than one business day, Form 31032 in each instance was submitted to:	Doug Seiler Roger Deneen Steve Jensen	9-17-12 Update Exhibits 9A, 9B, 9C, 9D, 9E, 9F, and 9G.			
		11-17-12 Update On October 25 th the SOS received a correction order from DHS Licensing Division (Exhibit 99 and Exhibit 100)			
		1-17-13 Update During the interval of this status report there were no instances of the use of emergency restraint.	1-17-13 Update See EC #6		
		3-17-13 Update During the interval of this status report there were no instances of the use of emergency restraint. PRN and 911 calls were reported in a timely manner. (Exhibits 125, 127A, 127B, 127C1,127C2)	3-17-13 Update Continue to Monitor	3-17-13 Update Maintaining Compliance	
32. ... Office of Health Facility Compliance	Doug Seiler Roger Deneen Steve Jensen	9-17-12 Update (Exhibit 100) Exhibits 9A, 9B, 9C, 9D, 9E, 9F, and 9G.			A
		1-17-13 Update During the interval of this status report there were no instances of the use of emergency restraint.	1-17-13 Update See EC #6		

		<p>3-17-13 Update During the interval of this status report there were no instances of the use of emergency restraint. PRN and 911 calls were reported in a timely manner. (Exhibits 125, 127A, 127B, 127C1, 127C2)</p>	<p>3-17-13 Update Continue to Monitor</p>	<p>3-17-13 Update Maintaining Compliance</p>	
<p>33. ... Ombudsman for MH & DD</p>	<p>Doug Seiler Roger Deneen Steve Jensen</p>	<p>9-17-12 Update (Exhibit 100)Exhibits 9A, 9B, 9C, 9D, 9E, 9F, and 9G.</p>			<p>A</p>
		<p>1-17-13 Update During the interval of this status report there were no instances of the use of emergency restraint.</p>	<p>1-17-13 Update See EC #6</p>		
		<p>3-17-13 Update During the interval of this status report there were no instances of the use of emergency restraint. PRN and 911 calls were reported in a timely manner. (Exhibits 125, 127A, 127B, 127C1, 127C2)</p>	<p>3-17-13 Update Continue to Monitor</p>	<p>3-17-13 Update Maintaining Compliance</p>	
<p>34. ... DHS Licensing</p>	<p>Doug Seiler Roger Deneen Steve Jensen</p>	<p>9-17-12 Update Exhibits 9A, 9B, 9C, 9D, 9E, 9F, and 9G.</p>			<p>A</p>
		<p>1-17-13 Update During the interval of this status report there were no instances of the use of emergency restraint.</p>	<p>1-17-13 Update See EC #6</p>		

		3-17-13 Update During the interval of this status report there were no instances of the use of emergency restraint. PRN and 911 calls were reported in a timely manner. (Exhibits 125, 127A, 127B, 127C1,127C2)	3-17-13 Update Continue to Monitor	3-17-13 Update Maintaining Compliance	
35. ... DHS Internal Reviewer	Doug Seiler Roger Deneen Steve Jensen	9-17-12 Update Exhibits 9A, 9B, 9C, 9D, 9E, 9F, and 9G.			A
		1-17-13 Update During the interval of this status report there were no instances of the use of emergency restraint.	1-17-13 Update See EC #6		
		3-17-13 Update During the interval of this status report there were no instances of the use of emergency restraint. PRN and 911 calls were reported in a timely manner. (Exhibits 125, 127A, 127B, 127C1,127C2)	3-17-13 Update Continue to Monitor	3-17-13 Update Maintaining Compliance	
36. ... Client's family and/or legal representative	Doug Seiler Roger Deneen Steve Jensen	9-17-12 Update Exhibits 9A, 9B, 9C, 9D, 9E, 9F, and 9G.			A
		1-17-13 Update During the interval of this status report there were no instances of the use of emergency restraint.	1-17-13 Update See EC #6		

		<p>3-17-13 Update During the interval of this status report there were no instances of the use of emergency restraint. PRN and 911 calls were reported in a timely manner. (Exhibits 125, 127A, 127B, 127C1,127C2)</p>	<p>3-17-13 Update Continue to Monitor</p>	<p>3-17-13 Update Maintaining Compliance</p>	
<p>37. ... Case manager</p>	<p>Doug Seiler Roger Deneen Steve Jensen</p>	<p>9-17-12 Update Exhibits 9A, 9B, 9C, 9D, 9E, 9F, and 9G.</p>			<p>A</p>
		<p>1-17-13 Update During the interval of this status report there were no instances of the use of emergency restraint.</p>	<p>1-17-13 Update See EC #6</p>		
		<p>3-17-13 Update During the interval of this status report there were no instances of the use of emergency restraint. PRN and 911 calls were reported in a timely manner. (Exhibits 125, 127A, 127B, 127C1,127C2)</p>	<p>3-17-13 Update Continue to Monitor</p>	<p>3-17-13 Update Maintaining Compliance</p>	
<p>38. ... Plaintiffs' counsel</p>	<p>Doug Seiler Roger Deneen Steve Jensen</p>	<p>9-17-12 Update Exhibits 9A, 9B, 9C, 9D, 9E, 9F, and 9G.</p>			<p>A</p>
		<p>1-17-13 Update During the interval of this status report there were no instances of the use of emergency restraint.</p>	<p>1-17-13 Update See EC #6</p>		

		<p>3-17-13 Update During the interval of this status report there were no instances of the use of emergency restraint. PRN and 911 calls were reported in a timely manner. (Exhibits 125, 127A, 127B, 127C1, 127C2)</p>	<p>3-17-13 Update Continue to Monitor</p>	<p>3-17-13 Update Maintaining Compliance</p>	
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Section VI.C. - RESTRAINT REPORTING AND MANAGEMENT – NOT REPLACE OTHER

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status	
39. Those other reports, investigations, analyses and follow up were made in each case of restraint use.	Doug Seiler Roger Deneen Steve Jensen	<p>9-17-12 Update There have been no reports of suspected abuse or neglect pertaining to the 7 incidents of the use of emergency restraint.</p>			A
		<p>11-17-12 Update There have been no reports of suspected abuse or neglect pertaining to the 1 incident of the use of emergency restraint.</p>			
		<p>1-17-13 Update During the interval of this status report there were no instances of the use of emergency restraint.</p>	<p>1-17-13 Update See EC #6</p>		
		<p>3-17-13 Update During the interval of this status report there were no instances of the use of emergency restraint.</p>	<p>3-17-13 Update See EC #6 Continue to Monitor.</p>	<p>3-17-13 Update Maintaining Compliance</p>	

Section VII.A. - INTERNAL AND EXTERNAL REVIEW OF THE USE OF RESTRAINTS – INTERNAL REVIEWER

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status	
40. DHS designated one employee (Richard S. Amado, Ph.D.) with responsibility for monitoring the Facility’s use of restraints as the Internal Reviewer.	Doug Seiler Steve Jensen	9-17-12 Update Position description for internal expert (Exhibit 40A)	Continue monitoring	Completed 3-9-11	A
41. The Facility provided Form 31032 to the Internal Reviewer within 24 hours of the use of manual or mechanical restraint	Doug Seiler Steve Jensen	9-17-12 Update Exhibits 9A, 9B, 9C, 9D, 9E, 9F, and 9G	Continue monitoring		A
		11-17-12 Update Exhibit 99 and Exhibit 100			
		1-17-13 Update During the interval of this status report there were no instances of the use of emergency restraint.			
		3-17-13 Update During the interval of this status report there were no instances of the use of emergency restraint. PRN and 911 calls were reported in a timely manner. (Exhibits 125, 127A, 127B, 127C1,127C2)	3-17-13 Update Continue to Monitor	3-17-13 Update Maintaining Compliance	
42. The Internal Reviewer consulted with Facility staff to assist eliminating the use of manual and mechanical restraints.	Rick Amado	9-17-12 Update Use of Manual Restraint Review included in Exhibits 9A, 9B, 9C, 9D, 9E, 9F, and 9G	9-17-12 Update Discuss with parties and monitor 8-20-12		A

		<p>11-17-12 Update Exhibit 100</p>	<p>11-17-12 Update The Department, with input from the Monitor and Plaintiffs' counsel, has expanded the role of the Internal Reviewer. (Exhibit 104)</p>		
		<p>1-17-13 Update During the interval of this status report there were no instances of the use of emergency restraint.</p> <p>The Internal Reviewer's monthly report for November and December provided follow-up on previous episodes of restraint. (Exhibit 115)</p>	<p>1-17-13 Update Beginning November 2012 the Internal Reviewer is completing a summary of monthly activities including the application of Olmstead principles in transition planning.</p>		
		<p>3-17-13 Update The Internal Reviewer's monthly report for January and February provides follow-up on PRN use and 911 calls that occurred during this review period. Recommendations and current status are included in the reports. (Exhibit 128)</p>	<p>3-17-13 Update Continue to Monitor</p>	<p>3-17-13 Update Maintaining Compliance</p>	

“Facility: Facility means the Minnesota Extended Treatment Options ("METO") program, its Cambridge, Minnesota successor, and the two new adult foster care transitional homes to which residents of METO have been or may be transferred.” Sec. III.B.

Section VII.B. - INTERNAL AND EXTERNAL REVIEW OF THE USE OF RESTRAINTS – EXTERNAL REVIEWER

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status	
43. There is an External Reviewer.	MN Dept. of Health (MDH)	9-17-12 Update The External Reviewer is not in place.	9-17-12 Update Recruitment is ongoing		A
			11-17-12 Update The parties have agreed to modify the settlement agreement allowing the Monitor to perform the external reviewer duties. The Monitor is drafting language to submit to the court.	11-17-12 Update See discussion between the parties and court monitor 9-20-12.	
			1-17-13 Update The parties are preparing a stipulation for court approval regarding the same.	1-17-13 Update The parties are preparing a stipulation for court approval regarding the same.	
44. The External Reviewer was approved by the Plaintiffs and Defendants before hire.	MDH		See EC#43		A
45. The External Reviewer is an employee of the Office of Health Facility Complaints, Minnesota Department of Health.	MDH		See EC#43		A
46. The External Reviewer has full enforcement authority consistent with the Office of Health Facility Complaints' authority, as set forth in Minn. Stat. § 144A.53, et. seq.	MDH		See EC#43		A

<p>47. DHS funds the costs of the external reviewer.</p>		<p>9-17-12 Update Interagency Agreement (Exhibit 47A)</p>	<p>9-17-12 Update See EC#43</p>	<p>Completed</p>	<p>A</p>
<p>48. The External Reviewer has all the following credentials: a. Ph.D. in psychology, education, clinical social work, or a related field; b. Certification or eligible for certification as a Board certified Behavior Analyst at the Doctoral level; c. Experience in person centered planning; d. Experience using the integration of diagnostic findings, assessment results and intervention recommendations across disciplines in order to create an individual program plan; e. Experience and demonstrated competence in the empirical evaluation of mood and behavior altering medications.</p>	<p>MDH</p>		<p>See EC#43</p>		<p>A</p>
<p>49. After providing Plaintiffs and the Department the opportunity to review and comment on a draft, the External Reviewer issued written quarterly reports (beginning 3-5-12) informing the Department whether the Facility is in substantial compliance with the Agreement and the incorporated policies, enumerating the factual basis for its conclusions.</p>	<p>MDH</p>		<p>See EC#43</p>		<p>A</p>
<p>50. There are recommendations and offers of technical assistance.</p>	<p>MDH</p>		<p>See EC#43</p>		<p>A</p>

<p>51. The External Reviewer filed the quarterly reports with the Court.</p>	<p>MDH</p>		<p>See EC#43</p>		<p>A</p>
<p>52. 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' counsel.</p>	<p>Doug Seiler Roger Deneen Steve Jensen</p>	<p>9-17-12 Update There have been no reports from the Ombudsman, Disability Law Center, or Plaintiff's counsel regarding problems in accessing the programs.</p>	<p>9-17-12 Update Continue monitoring</p>	<p>Maintaining Compliance</p>	<p>A</p>
		<p>11-17-12 Update There have been no reports from the Ombudsman, Disability Law Center, or Plaintiff's counsel regarding problems in accessing the programs.</p>			
		<p>1-17-13 Update There have been no reports from the Ombudsman, Disability Law Center, or Plaintiff's counsel regarding problems in accessing the programs.</p>			
		<p>3-17-13 Update There have been no reports from the Ombudsman, Disability Law Center, or Plaintiff's counsel regarding problems in accessing the programs.</p>	<p>3-17-13 Update Continue to Monitor</p>	<p>3-17-13 Update Maintaining Compliance</p>	

<p>53. The following exercised their access authority: The Office of Ombudsman for Mental Health and Developmental Disabilities, The Disability Law Center, and Plaintiffs' counsel</p>	<p>OMHDD, Disability Law Center, Plaintiffs' counsel</p>	<p>3-17-13 Update Three people from the Office of Ombudsman for Mental Health and Developmental Disabilities visited MSHS-Cambridge on 1-29-13.</p>	<p>3-17-13 Update Continue to Monitor</p>	<p>3-17-13 Update Maintaining Compliance</p>	<p>A</p>
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“Best Practices: Best practices means generally accepted professional standards.” Section III.E.

Section VIII. - TRANSITION PLANNING

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status	
<p>54. The State has undertaken best efforts to ensure that each resident is serve in the most integrated setting appropriate to meet such person's individualized needs, including home or community settings.</p>	<p>Doug Seiler Roger Deneen Alex Bartolic Steve Jensen</p>	<p>9-17-12 Update List of individuals discharged from MSHS Cambridge since 12-5-11 (Exhibit 54A). Of the fourteen people nine had formal discharge plans. Three individuals were transferred and two individuals were taken to jails. Individual’s treatment plan and discharge plan (Exhibits 54B, 54C, 54D, 54E, 54F, 54G, 54H, 54I, 54J)</p>			<p>T S</p>
		<p>11-17-12 Update Two individuals were transitioned to the community during this review period. RW was discharged on 10-5-12 with a length of stay of 149 days. NK was discharged on 10-26-12 with a length of stay of 1064 days.</p>	<p>11-17-12 Update The expanded role of the Internal Reviewer includes the examination of the transition process and recommendations to Departmental leadership on any changes necessary to</p>		

			improve the process in accordance with section VIII if the Settlement (Exhibit 104)		
		<p>1-17-13 Update Two individuals were discharged from MSHS-Cambridge. JH was under the jurisdiction of the criminal court and was ordered transferred to jail. His length of stay was 8 days. (Exhibit 116A) RS was hospitalized due to psychiatric illness and was subsequently committed as Mentally Ill. His length of stay was 5 days. (Exhibit 116B)</p>	<p>1-17-13 Update The Department is continuing to plan for improving the transition planning process before, during and after placement in the MSHS-Cambridge program. Input will be sought from Plaintiffs' consultants. Anticipated full implementation of the revised transition planning process is 3-31-13. See EC #6 The Internal Reviewer's December report raised questions about Olmstead practices related to these 2 individuals. This will be addressed in the transition planning process as referred to above.</p>		
		<p>3-17-13 Update Three residents were discharged from MSHS-Cambridge during this period.</p> <ul style="list-style-type: none"> • RT was discharged on 1-2-13 and his discharge summary is included as Exhibit 129A. • MB was discharged on 2-4-13 and his discharge summary is included 	<p>3-17-13 Update The Department is continuing to plan for improving the transition planning process before, during and after placement in the MSHS-Cambridge program. Input will be</p>	<p>3-17-13 Update In Process</p>	

		<p>as Exhibit 129B.</p> <ul style="list-style-type: none"> PI was at MSHS-C on a DD commitment and Rule 20. He went to court on 2-4-13 and was found competent and the county terminated the commitment. He never returned to campus. The Koochiching County order is included as Exhibit 129C. 	<p>sought from Plaintiffs' consultants. Anticipated full implementation of the revised transition planning process is 3-31-13. See EC #6</p>		
<p>55. The State actively pursued 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 where the individual does not object.</p>	<p>Doug Seiler Roger Deneen Alex Bartolic Steve Jensen</p>	<p>9-17-12 Update Individual's treatment plan and discharge plan (Exhibits 54B, 54C, 54D, 54E, 54F, 54G, 54H, 54I, 54J)</p>			<p>T S</p>
			<p>11-17-12 Update The independent reviewer will be recommending to the program to add a transition plan section to the intake process. The practice will be instituted and reported on in the next bimonthly defendant's status report.</p>		
		<p>1-17-13 Update Two individuals were discharged from MSHS-Cambridge.</p> <ul style="list-style-type: none"> JH was under the jurisdiction of the criminal court and was 	<p>1-17-13 Update See EC #6</p>		

		<p>ordered transferred to jail. His length of stay was 8 days. (Exhibit 116A)</p> <ul style="list-style-type: none"> RS was hospitalized due to psychiatric illness and was subsequently committed as Mentally Ill. His length of stay was 5 days. (Exhibit 116B) 			
		<p>3-17-13 Update Individual discharge summary and treatment plans included in Exhibits 129A, 129B, 129C</p>	<p>3-17-13 Update See EC # 54</p>	<p>3-17-13 Update In Process</p>	
<p>56. Each resident and the resident's family and/or legal representative 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.</p>	<p>Doug Seiler Roger Deneen Alex Bartolic Steve Jensen</p>	<p>9-17-12 Update Individual's treatment plan and discharge plan (Exhibits 54B, 54C, 54D, 54E, 54F, 54G, 54H, 54I, 54J)</p>			<p>T S</p>
		<p>1-17-13 Update Exhibit 116A, 116B</p>	<p>1-17-13 Update See EC #6</p>		
		<p>3-17-13 Update Individual discharge summary and treatment plans included in Exhibits: 129A, 129B, 129C, 129D</p>	<p>3-17-13 Update See EC # 54</p>	<p>3-17-13 Update In Process</p>	
<p>57. To foster each resident's self-determination and independence, the State used person centered planning principles at each stage of the</p>	<p>Doug Seiler Roger Deneen Alex Bartolic Steve Jensen</p>	<p>9-17-12 Update Individual's treatment plan and discharge plan (Exhibits 54B, 54C, 54D, 54E, 54F, 54G, 54H, 54I, 54J)</p>			<p>T S</p>

<p>process to facilitate the identification of the resident's specific interests, goals, likes and dislikes, abilities and strengths, as well as support needs.</p>					
		<p>1-17-13 Update Exhibit 116A, 116B</p>	<p>1-17-13 Update See EC #6</p>		
		<p>3-17-13 Update Individual discharge summary and treatment plans included in Exhibits: 129A, 129B, 129C</p>	<p>3-17-13 Update See EC # 54</p>	<p>3-17-13 Update In Process</p>	
<p>58. Each resident has been given the opportunity to express a choice regarding preferred activities that contribute to a quality life.</p>	<p>Doug Seiler Roger Deneen Alex Bartolic Steve Jensen</p>	<p>9-17-12 Update Individual's treatment plan and discharge plan (Exhibits 54B, 54C, 54D, 54E, 54F, 54G, 54H, 54I, 54J)</p>			<p>T S</p>
		<p>3-17-13 Update Individual discharge summary and treatment plans included in Exhibits: 129A, 129B, 129C</p>			
<p>59. The State undertakes best efforts to provide each resident with reasonable placement alternatives.</p>	<p>Doug Seiler Roger Deneen Alex Bartolic Steve Jensen</p>	<p>9-17-12 Update Individual's treatment plan and discharge plan (Exhibits 54B, 54C, 54D, 54E, 54F, 54G, 54H, 54I, 54J)</p>			<p>T S</p>
		<p>1-17-13 Update Exhibit 116A, 116B</p>	<p>1-17-13 Update See EC #6</p>		
		<p>3-17-13 Update Individual discharge summary and treatment plans included in Exhibits: 129A, 129B, 129C</p>	<p>3-17-13 Update See EC # 54</p>	<p>3-17-13 Update In Process</p>	

60. The provisions under this Section have been implemented in accord with the <i>Olmstead</i> decision.	Doug Seiler Roger Deneen Alex Bartolic Steve Jensen	9-17-12 Update Individual's treatment plan and discharge plan (Exhibits 54B, 54C, 54D, 54E, 54F, 54G, 54H, 54I, 54J)			T S
		1-17-13 Update Exhibit 116A, 116B	1-17-13 Update See EC #6		
		3-17-13 Update Individual discharge summary and treatment plans included in Exhibits: 129A, 129B, 129C	3-17-13 Update See EC # 54	3-17-13 Update In Process	

Section IX.A. - OTHER PRACTICES AT THE FACILITY – STAFF TRAINING

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status	
61. Facility treatment staff received training in positive behavioral supports, person centered approaches, therapeutic interventions, personal safety techniques, crisis intervention, and post crisis evaluation.	Doug Seiler Roger Deneen Steve Jensen	9-17-12 Update The training curriculum includes positive behavioral supports, person centered thinking, person centered, team work, prevention and crisis response, medically monitored restraint, personal safety techniques, and critical action review experience (Exhibit 61 A)	9-17-12 Update Continue staff training		S
		11-17-12 Update Upon review of the first Bimonthly report the Monitor identified that training in the area of person centered planning was deficient by 3 hours. (Exhibit 105)	11-17-12 Update The Department has scheduled an additional training for 11-21-12 and 11-28-12 to ensure all staff has the required 16 hour training. This 3 hour component will include: <ul style="list-style-type: none"> • Review and practice with 		

			<p>the Person Centered Thinking tool “Important To/Important For”</p> <ul style="list-style-type: none"> • Review and practice with the Person Centered Thinking tool “ Working/ Not Working” • Review using Working/ Not Working to inform Important To/Important For • Review of the Person Centered Thinking activity “Trust, Respect, and Partnership”. <p>All staff new to the program will receive the complete 16 hour training in Person Centered Thinking.</p>		
		1-17-13 Update Exhibit 117 - Training Transcripts			
		3-17-13 Update Exhibit 130 -Training Transcripts	3-17-13 Update Continue Monitoring	3-17-13 Update In Process	
62. This training was consistent with applicable best practices, including but not limited to the Association of Positive Behavior Supports, <i>Standards of Practice for Positive Behavior Supports</i> (http://apbs.org) (February, 2007)	Doug Seiler Roger Deneen Steve Jensen	9-17-12 Update Training curriculum (Exhibit 61A)	9-17-12 Update The initial round of training is complete and the number of hours meets the 16 hours required in the Settlement Agreement. Staff will receive the training when newly hired and annually thereafter.		S

Section IX.B. - OTHER PRACTICES AT THE FACILITY – HOURS OF TRAINING

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status	
<p>63. Facility staff receive the specified number of hours of training subsequent to September 1, 2010 and prior to December 31, 2011: Therapeutic interventions (8 hours); Personal safety techniques (8 hours); Medically monitoring restraint (1 hour).</p>	<p>Doug Seiler Roger Deneen Steve Jensen</p>	<p>9-17-12 Update Staff training transcripts (Exhibit 63A)</p>			S
		<p>11-17-12 Update (Exhibit 105)</p>	<p>11-17-12 Update A review of staff training records has been completed. Staff without the necessary training in therapeutic interventions, personal safety techniques, and medically monitored restraint are scheduled for training to be completed prior to 12-31-12. Until this training is complete they are not authorized to participate in the emergency use of restraint.</p>		
		<p>1-17-13 Update Exhibit 117 - Training Transcripts</p>	<p>1-17-13 Update Staff will receive the training when newly hired and annually thereafter.</p>		
		<p>3-17-13 Update Exhibit 130 -Training Transcripts</p>	<p>3-17-13 Update The Department will clarify with Plaintiff’s Counsel the training requirements needed prior to working with clients.</p>	<p>3-17-13 Update In Process</p>	

<p>64. For each instance of restraint, all staff involved in imposing restraint received all the above training.</p>	<p>Doug Seiler Roger Deneen Steve Jensen</p>	<p>9-17-12 Update DHS form 3652 Exhibit 9A, 9B, 9C, 9D, 9E, 9F, and 9G. Staff training transcripts (Exhibit 63A)</p>	<p>9-17-12 Update Continue to monitor.</p>		<p>S</p>
		<p>11-17-12 Update (Exhibit 105)</p>	<p>11-17-12 Update A review of staff training records has been completed. Staff without the necessary training in therapeutic interventions, personal safety techniques, and medically monitored restraint are scheduled for training to be completed prior to 12-31-12. Until this training is complete they are not authorized to participate in the emergency use of restraint.</p>		
		<p>1-17-13 Update Exhibit 117 - Training transcripts There were no restraints during this reporting period.</p>	<p>1-17-13 Update Staff will receive the training when newly hired and annually thereafter.</p>		
		<p>3-17-13 Update There were no restraints during this reporting period.</p>	<p>3-17-13 Update See EC #63</p>	<p>3-17-13 Update In Process</p>	

<p>65. Facility staff receive the specified number of hours of training subsequent to September 1, 2010 and prior to March 31,2012: Person centered planning and positive behavior supports at least sixteen (16) hours on person centered thinking/planning), (40 hours); Post Crisis Evaluation and Assessment, (4 hours)</p>	<p>Doug Seiler Roger Deneen Steve Jensen</p>	<p>9-17-12 Update Staff training transcripts (Exhibit 63A)</p>			<p>S</p>
		<p>11-17-12 Update Upon review of the first Bimonthly report the Monitor identified that training in the area of person centered planning was deficient by 3 hours. (Exhibit 105)</p>	<p>11-17-12 Update The Department has scheduled an additional training for 11-21-12 and 11-28-12 to ensure all staff has the required 16 hour training. This 3 hour component will include:</p> <ul style="list-style-type: none"> • Review and practice with the Person Centered Thinking tool “Important To/Important For” • Review and practice with the Person Centered Thinking tool “ Working/Not Working” • Review using Working/Not Working to inform Important To/Important For • Review of the Person Centered Thinking activity “Trust, Respect, and Partnership”. <p>All staff new to the program will receive the complete 16 hour training in Person Centered Thinking.</p>		

		1-17-13 Update Exhibit 117 - Training transcripts	1-17-13 Update Staff will receive the training when newly hired and annually thereafter.		
		3-17-13 Update Exhibit 130 -Training Transcripts	3-17-13 Update The training tracker for the MSOCs staff has not been updated with the additional three hours of training for Person Centered Training. A sign in sheet is attached to show the additional 3 hours of training. (Exhibit 130 – Training Transcripts)	3-17-13 Update In Process	

Section IX.C. - OTHER PRACTICES AT THE FACILITY – VISITOR POLICY

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status	
66. 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.	Doug Seiler Roger Deneen Steve Jensen	9-17-12 Update Facility procedure on Client Care and Visitor Procedure 15899 (Exhibit 66A)	9-17-12 Update Current procedure is being revised		S
		11-17-12 Update Policy was revised and implemented (Exhibit 106)	11-17-12 Update Continue to monitor		

		1-17-13 Update Exhibit 118- Visitor log	1-17-13 Update Questions were raised by the Plaintiffs' consultants about provisions of the policy including the ability for the resident to receive gifts. The Department will work with the consultants to understand where the issues are and as necessary modify the policy.		
		3-17-13 Update Exhibit 131 - Visitor Log	3-17-13 Update Continue Monitoring	3-17-13 Update Maintaining Compliance	
67. 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.	Doug Seiler Roger Deneen Steve Jensen	9-17-12 Update Facility procedure on Client Care and Visitor Procedure 15899 (Exhibit 66A)	9-17-12 Update Continue to monitor		S
		11-17-12 Update Policy was revised and implemented (Exhibit 106)			
		1-17-13 Update During the interval of this status report there were no complaints regarding visitor access to resident's living areas. Exhibit 118 - Visitor log	1-17-13 Update See EC#5		

		<p>3-17-13 Update During the interval of this status report there were no complaints regarding visitor access to resident’s living areas. Exhibit 131 - Visitor log</p>	<p>3-17-13 Update Continue to Monitor</p>	<p>3-17-13 Update Maintaining Compliance</p>	
<p>68. 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.</p>	<p>Doug Seiler Roger Deneen Steve Jensen</p>	<p>9-17-12 Update Facility procedure on Client Care and Visitor Procedure 15899 (Exhibit 66A)</p>	<p>9-17-12 Update Continue to monitor</p>		<p>S</p>
		<p>11-17-12 Update Policy was revised and implemented (Exhibit 106)</p>			
		<p>1-17-13 Update During the interval of this status report there were no complaints regarding visits allowed in private. Exhibit 118 - Visitor log</p>	<p>1-17-13 Update See EC#5</p>		
		<p>3-17-13 Update During the interval of this status report there were no complaints regarding visits allowed in private. Exhibit 131 - Visitor log</p>	<p>3-17-13 Update Continue to Monitor</p>	<p>3-17-13 Update Maintaining Compliance</p>	

Section IX.D. - OTHER PRACTICES AT THE FACILITY – NO INCONSISTENT PUBLICITY

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status	
69. There is marketing, recruitment and publicity regarding the facility.	Doug Seiler Roger Deneen Steve Jensen	9-17-12 Update Exhibit 2A			
			11-17-12 Update In discussion at the 11-14-12 Parties meeting the Department agreed to revise the draft bulletin to emphasize early intervention through CSS and the use of the MSHS –Cambridge program as a crisis intervention for evaluation and stabilization. The final draft bulletin will be shared with Plaintiff’s counsel, and consultants then issues by 12-15-12.		
			1-17-13 Update See EC#2 regarding Bulletin		
		3-17-13 Update Exhibit 122A - Bulletin	3-17-13 Update See EC#2 regarding Bulletin	3-17-13 Update In Process	
70. The facility has a mission consistent with the Settlement Agreement.	Doug Seiler Roger Deneen Steve Jensen	9-17-12 Update Exhibit 2A			S
			1-17-13 Update See EC#2 regarding Bulletin		
		3-17-13 Update Exhibit 122A - Bulletin	3-17-13 Update See EC#2 regarding Bulletin	3-17-13 Update In Process	
71. The recruitment, publicity and marketing, are consistent with the mission.		9-17-12 Update Exhibit 2A			S
			1-17-13 Update See EC#2 regarding Bulletin		

		3-17-13 Update Exhibit 122A - Bulletin	3-17-13 Update See EC#2 regarding Bulletin	3-17-13 Update In Process
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Section IX.E. - OTHER PRACTICES AT THE FACILITY – POSTING REQUIREMENTS

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status	
72. The Facility continues to post the Health Care Bill of Rights, 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 Office of Health Facility Complaints, including the address and phone number of that office.	Doug Seiler Roger Deneen Steve Jensen	9-17-12 Update The program provides a client hand book (Exhibit 72A) which includes the health care bill of rights and how to contact the Office of Health Facility Complaints and Ombudsman for Mental Health and Developmental Disabilities. Additionally the program posts this information in the living areas.		Maintaining Compliance	S
73. The Health Care Bill of Rights posting is in a form and with content which is understandable by residents and family/guardians.	Doug Seiler Roger Deneen Steve Jensen	9-17-12 Update (Exhibit 72A)		Maintaining Compliance	S

Section X.A. - SYSTEM WIDE IMPROVEMENTS – EXPANSION OF COMMUNITY SUPPORT SERVICES

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status	
<p>74. The expansion of community services under this provision allows for the provision of assessment, triage, and care coordination to assure persons with developmental disabilities receive the appropriate level of care at the right time, in the right place, and in the most integrated setting in accordance with the U.S. Supreme Court decision in <i>Olmstead v. L.C.</i>, 527 U.S. 582 (1999).</p>	<p>Doug Seiler</p>	<p>9-17-12 Update Settlement Agreement Tracking: Community Support Services Areas document August 30, 2012 (Exhibit 74A)</p> <p>This document includes data from July 2011 through August 2012</p>			<p>S</p>
		<p>11-17-12 Update (Exhibit 107)</p>			
		<p>1-17-13 Update Settlement Agreement Tracking: Community Support Services Areas document December 12, 2012 (Exhibit 119)</p>	<p>1-17-13 Update During discussion with Plaintiffs’ Counsel and consultants the Department agreed to review the CSS activity to assess the use of positive behavioral supports, Olmstead principles, and in particular the principle of most integrated setting. Progress on this review will be reported in the next status report. CSS will continue to issue monthly report regarding CSS activities specified in the Settlement Agreement.</p>		

		3-17-13 Update Exhibit 132 –CSS Tracking	3-17-13 Update Continue to Monitor	3-17-13 Update Maintaining Compliance	
75. The State 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.	Doug Seiler	9-17-12 Update (Exhibit 74A)	See EC#74		S
		11-17-12 Update (Exhibit 107)	See EC #74		
		1-17-13 Update (Exhibit 119)	See EC #74		
		3-17-13 Update Exhibit 132 –CSS Tracking	3-17-13 Update Continue to Monitor	3-17-13 Update Maintaining Compliance	
76. Approximately seventy five (75) individuals are targeted for long term monitoring.	Doug Seiler	9-17-12 Update (Exhibit 74A)	See EC # 74		S

		<p>11-17-12 Update (Exhibit 107) The settlement agreement allows for 75 individuals to receive long-term monitoring. It should be noted that during fiscal year 2012 the average number was 27 and during fiscal year 2013 thus far the average is 33 per month.</p> <p>Although this is well below the projected 75, it appears that this may be the number of individuals with clinical and situational complexities who are at risk for admission into the Cambridge program. CSS is continuing to monitor.</p>	See EC #74		
		<p>1-17-13 Update (Exhibit 119)</p>	See EC #74		
		<p>3-17-13 Update Exhibit 132 –CSS Tracking</p>	3-17-13 Update Continue to Monitor	3-17-13 Update Maintaining Compliance	
77. CSS mobile wrap-around response teams are located across the state for proactive response to maintain living arrangements.	Doug Seiler	<p>9-17-12 Update (Exhibit 74A)</p>	See EC #74		S
		<p>11-17-12 Update (Exhibit 107)</p>	See EC #74		
		<p>1-17-13 Update (Exhibit 119)</p>	See EC #74		

		3-17-13 Update Exhibit 132 –CSS Tracking	3-17-13 Update Continue to Monitor	3-17-13 Update Maintaining Compliance	
78. CSS arranges a crisis intervention within three (3) hours from the time the parent or legal guardian authorizes CSS' involvement.	Doug Seiler	9-17-12 Update (Exhibit 74A)	See EC #74		S
		11-17-12 Update (Exhibit 107)	See EC #74		
		1-17-13 Update (Exhibit 119)	See EC #74		
		3-17-13 Update Exhibit 132 –CSS Tracking	3-17-13 Update Continue to Monitor	3-17-13 Update Maintaining Compliance	
79. CSS partners with Community Crisis Intervention Services to maximize support, complement strengths, and avoid duplication.	Doug Seiler	9-17-12 Update (Exhibit 74A)	See EC #74		S
		11-17-12 Update (Exhibit 107)	See EC #74		
		1-17-13 Update (Exhibit 119)	See EC #74		
		3-17-13 Update Exhibit 132 –CSS Tracking	3-17-13 Update Continue to Monitor	3-17-13 Update Maintaining Compliance	
80. CSS provides augmentative training, mentoring and coaching	Doug Seiler	9-17-12 Update (Exhibit 74A)	See EC #74		S
		11-17-12 Update (Exhibit 107)	See EC #74		
		1-17-13 Update (Exhibit 119)	See EC #74		

		3-17-13 Update Exhibit 132 –CSS Tracking	3-17-13 Update Continue to Monitor	3-17-13 Update Maintaining Compliance	
81. 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.	Doug Seiler	9-17-12 Update (Exhibit 74A)	See EC #74		S
		11-17-12 Update (Exhibit 107)	See EC #74		
		1-17-13 Update (Exhibit 119)	See EC #74		
		3-17-13 Update Exhibit 132 –CSS Tracking	3-17-13 Update Continue to Monitor	3-17-13 Update Maintaining Compliance	
82. CSS mentoring and coaching as methodologies are targeted to prepare for increased community capacity to support individuals in their community.	Doug Seiler	9-17-12 Update (Exhibit 74A)	See EC #74		S
		11-17-12 Update (Exhibit 107)	See EC #74		
		1-17-13 Update (Exhibit 119)	See EC #74		
		3-17-13 Update Exhibit 132 –CSS Tracking	3-17-13 Update Continue to Monitor	3-17-13 Update Maintaining Compliance	

<p>83. An additional fourteen (14) full time equivalent positions (15 FTE) were added between February 2011 and June 30, 2011, configured as follows:</p> <ul style="list-style-type: none"> • Two (2) Behavior Analyst 3 positions; • One (1) Community Senior Specialist 3; • Two (2) Behavior Analyst 1; • Five (5) Social Worker Specialist positions; • Five (5) Behavior Management Assistants 	<p>Doug Seiler</p>	<p>9-17-12 Update Staffing report August 2012 (Exhibit 83A).</p>	<p>Maintain current staff compliment</p>		<p>S</p>
		<p>11-17-12 Update (Exhibit 108)</p>			
		<p>1-17-13 Update (Exhibit 119)</p>	<p>1-17-13 Update The Department will increase staffing by 5 FTE by 3-17-13.</p>		
		<p>3-17-13 Update Exhibit 132 –CSS Tracking</p>	<p>3-17-13 Update Continue to Monitor</p>	<p>3-17-13 Update Maintaining Compliance</p>	
<p>84. None of the identified positions are vacant.</p>	<p>Doug Seiler</p>	<p>9-17-12 Update All positions are currently filled. (Exhibit 83A)</p>			<p>S</p>
		<p>11-17-12 Update All positions are currently filled (Exhibit 108)</p>			
		<p>1-17-13 Update All positions are currently filled (Exhibit 119)</p>			
		<p>3-17-13 Update All positions are currently filled Exhibit 132 – CSS Tracking</p>	<p>3-17-13 Update Continue to Monitor</p>	<p>3-17-13 Update Maintaining Compliance</p>	

Section X.B. - SYSTEM WIDE IMPROVEMENTS – OLMSTEAD PLAN

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status	
<p>85. An Olmstead Planning Committee was established by February 5, 2012</p>	<p>Maureen O’Connell</p>	<p>9-17-12 Update The Olmstead Planning Committee was established with the first meeting 3-7-12. (Exhibit 85A)</p> <p>The Committee’s web site contains membership list, meeting schedules, meeting minutes and resource documents. (http://www.dhs.state.mn.us/Olmstead) (Exhibit 85B)</p>		<p>Completed.</p>	<p>S</p>
<p>86. The Committee’s public recommendations were issued by October 5, 2012.</p>	<p>Maureen O’Connell</p>	<p>9-17-12 Update Olmstead Planning Committee web site(Exhibit 85B)</p>		<p>Completed.</p>	<p>S</p>
		<p>11-17-12 Update (Exhibit 109)</p>			

<p>87. By June 5th, 2013, the State and the Department developed and implemented a comprehensive <i>Olmstead</i> plan that uses measurable goals to increase the number of people with disabilities receiving services that best meet their individual needs and in the "Most Integrated Setting," and which is consistent and in accord with the U.S. Supreme Court's decision in <i>Olmstead v. L.C.</i>, <u>527 U.S. 582</u> (1999).</p>	<p>Maureen O'Connell</p>	<p>9-17-12 Update Olmstead Planning Committee web site (Exhibit 85B)</p>	<p>Continue monitoring</p>		<p>S</p>
			<p>11-17-12 Update The Department has received the Committee's recommendations and is beginning the planning process for writing and implementing the Minnesota Olmstead Plan. The Olmstead Committee recommendation (Exhibit 109) is on the DHS website soliciting public comment.</p>		

			<p>1-17-13 Update The public comment period is completed. The Department is planning a process to include a Governor's Executive Order to establish a sub-cabinet and directing the sub-cabinet to develop the Olmstead Plan</p>		
		<p>3-17-13 Update Exhibit 133 – Executive Order</p>	<p>3-17-13 Update Governor Dayton issued Executive Order 13-01 on 1-28-13 which established an Olmstead Sub-Cabinet. The Sub-Cabinet is charged with developing Minnesota's Olmstead Plan. The Sub-Cabinet met on 1-29-13 and 2-20-13 and will be meeting monthly on the second Tuesday of the month. (Exhibit 133 – Executive Order)</p>	<p>3-17-13 Update In Process</p>	

<p>88. The Olmstead Planning Committee is comprised of no less than fifteen (15) members with demonstrated understanding of the spirit and intent of the <i>Olmstead</i> decision, best practices in the field of disabilities, and a longstanding commitment to systemic change that respects the human and civil rights of people with disabilities, and with the required stakeholder representation.</p>	<p>Maureen O’Connell</p>	<p>9-17-12 Update Olmstead Planning Committee web site (Exhibit 85B)</p>	<p>.</p>	<p>Completed</p>	<p>S</p>
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“Best Practices: Best practices means generally accepted professional standards.” Section III.E.

Section X.C. - SYSTEM WIDE IMPROVEMENTS – RULE 40

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status	
<p>89. By February 5, 2012, the Department convened a Rule 40 Advisory Committee with the designated membership approved by the parties.</p>	<p>Alex Bartolic</p>	<p>9-17-12 Update Rule 40 Committee web site http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs_16_166534 (Exhibit 89)</p>		<p>Completed</p>	<p>S</p>
<p>90. The function, operations and the product, of the Committee are 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 <i>Olmstead v. L.C.</i>, 527 U.S. 582 (1999).</p>	<p>Alex Bartolic</p>	<p>9-17-12 Update Rule 40 Committee web site(Exhibit 89)</p>	<p>9-17-12 Update Continue monitoring</p>		<p>S</p>
			<p>11-17-12 Update The Rule 40 sub committees issued their recommendations pertaining to use of positive</p>		

			<p>supports, person centered planning, prohibited procedures, implementation strategies, training, monitoring and oversight.</p> <p>The Department is drafting summary documents to be reviewed by the Committee to ensure the language captures the intent of the Committee.</p> <p>The Department will be drafting legislation to modify state statute 245D (licensing Act for Home and Community Based Waiver Services) that will incorporate Committee recommendations.</p>		
			<p>1-17-13 Update The Committee has submitted written comments to the Dept. The editing of the draft narrative report was completed 1-11-13 and forwarded to Colleen Wieck, Kay Hendrickson, and Anne Henry to review and then meet with Dept. staff to do a final edit on 1-22-13. It is also being reviewed by two subject matter experts, Dr. Amado and Dr. Tim Moore.</p> <p>Following this the final draft will</p>		

			be sent to Committee members for review. Members will be surveyed to determine where the Committee agrees and where there is still need for discussion. This survey will help set the agenda for the final meeting of the Committee in early February. The recommendations should be issued shortly after.		
			3-17-13 Update The Department is waiting for the final issuance of the recommendations of the Rule 40 Committee. Draft legislation adopting many of the recommendations is pending.	3-17-13 Update In Process	
91. The Committee's review of best practices included the Arizona Department of Economic Security, Division of Developmental Disabilities, Policy and Procedures Manual, Policy 1600 Managing Inappropriate Behaviors.	Alex Bartolic	9-17-12 Update Rule 40 Committee web site (Exhibit 89)		Completed	S
92. The Committee issued a public notice of intent to undertake administrative rule making by February 5, 2012.	Alex Bartolic	9-17-12 Update Request for Comments On possible rule governing Aversive and deprivation procedures. (Exhibit 92) Rule 40 Committee web site (Exhibit 89)		Completed	S

93. DHS did not seek a waiver of Rule 40 for the Facility.	Doug Seiler Roger Deneen Steve Jensen	9-17-12 Update No licensing variance has been sought.		Completed	S
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“Best Practices: Best practices means generally accepted professional standards.” Section III.E.

Section X.D. - SYSTEM WIDE IMPROVEMENTS – MINNESOTA SECURITY HOSPITAL

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status	
94. Beginning at least by February 5, 2012, 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.	Carol Olson Doug Seiler Roger Deneen Alex Bartolic	9-17-12 Update Joint communication from the DHS commissioner and the Ombudsman for DD/MH (Exhibit 94A) Community Support Services Tracking Log—MI/Dangerous Inquiries for Persons with Intellectual Disabilities (Exhibit 94B)	9-17-12 Update Continue Monitoring		S
		11-17-12 Update Community Support Services Tracking Log—MI/Dangerous Inquiries for Persons with Intellectual Disabilities (Exhibit 110)	Continue Monitoring		
		1-17-13 Update Community Support Services Tracking Log—MI/Dangerous Inquiries for Persons with Intellectual Disabilities (Exhibit 120)	Continue Monitoring		

		3-17-13 Update Community Support Services Tracking Log—MI/Dangerous Inquiries for Persons with Intellectual Disabilities (Exhibit 134)	3-17-13 Update Continue Monitoring	3-17-13 Update Maintaining Compliance	
95. Beginning no later than July 1, 2011, 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).	Nancy Webster-Smith Doug Seiler Roger Deneen Alex Bartolic	9-17-12 Update There have been no transfers or placements of persons committed solely as a person with developmental disability	Continue monitoring		S
		11-17-12 Update There have been no transfers or placements of persons committed solely as a person with developmental disability.	Continue monitoring		
		1-17-13 Update There have been no transfers or placements of persons committed solely as a person with developmental disability.	Continue monitoring		
		3-17-13 Update There have been no transfers or placements of persons committed solely as a person with developmental disability.	3-17-13 Update See EC#94	3-17-13 Update Maintaining Compliance	

<p>96. 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.</p>	<p>Carol Olson Doug Seiler Roger Deneen Alex Bartolic</p>	<p>9-17-12 Update There has been no change in commitment status of persons originally committed as a person with developmental disability.</p>	<p>Continue monitoring</p>		<p>S</p>
		<p>11-17-12 Update There has been no change in commitment status of persons originally committed as a person with developmental disability.</p>	<p>Continue monitoring</p>		
		<p>1-17-13 Update There has been no change in commitment status of persons originally committed as a person with developmental disability.</p>	<p>Continue monitoring</p>		
		<p>3-17-13 Update There has been no change in commitment status of persons originally committed as a person with developmental disability.</p>	<p>3-17-13 Update Continue Monitoring</p>	<p>3-17-13 Update Maintaining Compliance</p>	

<p>97. Beginning no later than December 1, 2011, all persons presently confined at Minnesota Security Hospital who were committed solely as a person with a developmental disability and who were not admitted with other forms of commitment or predatory offender status set forth in paragraph 1, above, are transferred by the Department to the most integrated setting consistent with <i>Olmstead v. L.C.</i>, 527 U.S. 581 (1999).</p>	<p>Carol Olson Doug Seiler Roger Deneen Alex Bartolic</p>	<p>9-17-12 Update There are three individuals who currently reside at the Minnesota Security Hospital who meet this criteria. All three have pending placements. (Exhibits 97A, 97B, and 97C)</p>	<p>Continue monitoring</p>	<p>S</p>
		<p>11-17-12 Update Two of the three men have been transitioned to the community (Exhibits 111A and 111B)</p>	<p>11-17-12 Update The last individual is awaiting transition to the community pending county approval</p>	
		<p>1-17-13 Update The third individual has been transitioned to the community (Exhibit 121)</p>		<p>Completed</p>

Section X.E. - SYSTEM WIDE IMPROVEMENTS – ANOKA METRO REGIONAL TREATMENT CENTER

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status	
<p>98. Beginning no later than January 5, 2012, all AMRTC residents committed solely as a person with a developmental disability and who do not have an acute psychiatric condition are transferred from AMRTC to the most integrated setting consistent with <i>Olmstead v. L.C.</i>, <u>527 U.S. 581</u> (1999)</p>	<p>Alan Radke Doug Seiler Dave Hartford</p>	<p>9-17-12 Update During the interval of this status report there was one individual admitted to AMRTC with a developmental disability under a Rule 20.01 treat to competency order and under a civil commitment Developmentally Disabled. He was admitted from the Competency Restoration</p>	<p>Continue monitoring</p>	<p>Maintaining Compliance</p>	<p>S</p>
		<p>11-17-12 Update During the period of this report there were no persons admitted to the AMRTC committed solely as a person with a developmental disability</p>			
		<p>1-17-13 Update During the period of this report there were no persons admitted to the AMRTC committed solely as a person with a developmental disability.</p>			
		<p>3-17-13 Update During the period of this report there were no persons admitted to the AMRTC committed solely as a person with a developmental disability.</p>	<p>3-17-13 Update Continue Monitoring</p>	<p>3-17-13 Update Maintaining Compliance</p>	

Section X.F. - SYSTEM WIDE IMPROVEMENTS – LANGUAGE

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status	
<p>99. The term “mental retardation” has been replaced with “developmental disabilities” in any DHS policy, bulletin, website, brochure, or other publication.</p>	<p>Alex Bartolic</p>	<p>9-17-12 Update The Department has initiated audits to identify where out dated language was use and replaced it with current language. Additionally when outdated language has been identified by the Plaintiffs and their consultants the Department has moved to replace the out dated language.</p>			<p>O</p>
			<p>1-17-13 Update The Department is drafting disclaimer language that will accompany all archived material containing outdated and insensitive language. Date of completion is scheduled for 2-28-13.</p> <p>In January the Department is initiating monthly searches to identify any areas containing offensive language that does not include a disclaimer.</p>		

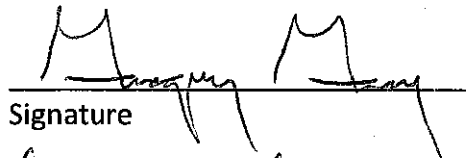
			<p>3-17-13 Update The Department has worked to replace outdated language and continues to monitor and correct as necessary.</p>	<p>3-17-13 Update In Process</p>	
<p>100. DHS drafted and submitted a bill for the Minnesota Legislature that will require the replacement of terms such as "insane," "mentally incompetent," "mental deficiency," and other similar inappropriate terms that appear in Minnesota statutes and rules.</p>	Tom Ruter	<p>9-17-12 Update Laws of Minnesota 2012, Chapter 216, Article 12, Sec. 10.</p>	<p>9-17-12 Update Convene working group to identify areas where outdated and/or offensive language exists. Draft legislation for the 2013 session</p>	<p>Working group convened 8-11-12</p>	O
			<p>11-17-12 Update The working group is in the process of drafting the legislation for the 2013 legislative session.</p>		
			<p>1-17-13 Update The draft legislative language is being shared with Roberta Opheim, Colleen Wieck and Pamela Hoopes prior to being submitted to the Legislature.</p>		
			<p>3-17-13 Update The draft legislative language was submitted to the Legislature and is pending.</p>	<p>3-17-13 Update In Process</p>	

SUBMISSION

The above information is true and correct to the best of my knowledge, information and belief.

Affirmed and submitted to the Court through its Independent Advisor and Monitor

By:


Signature

Gregory Gray
Printed Name

Chief Compliance Officer
Title

for the Defendants & the Department of Human Services

Date March 18, 2013

INDEX OF EXHIBITS

EXHIBIT 122A	DHS BULLETIN #12-76-01
EXHIBIT 122B	FEBRUARY 1, 2013, DHS LICENSING DIVISION CORRECTION ORDER
EXHIBIT 122C	RESPONSE TO CORRECTION ORDER- PLAN OF CORRECTION (<u>CONTAINS PRIVATE DATA</u>)
EXHIBIT 122D	MSHS-CAMBRIDGE _ REQUEST TO REMOVE VARIANCE
EXHIBIT 123	FAMILY AND CONCERNED PERSONS SURVEY (<u>PRIVATE DATA IS REDACTED</u>)
EXHIBIT 124	MSHS-CAMBRIDGE PROCEDURE NUMBER: 15914 – CLIENT CARE, GRIEVANCE AND COMPLAINT PROCESS
EXHIBIT 125	PRN USE REPORTS – MSOCS (<u>CONTAINS PRIVATE DATA</u>)
EXHIBIT 126	DHS SOS INVESTIGATION REPORT (<u>CONTAINS PRIVATE DATA</u>)
EXHIBIT 127A	SOS INCIDENT REPORT FORM – EB (<u>CONTAINS PRIVATE DATA</u>)
EXHIBIT 127B	SOS INCIDENT REPORT FORM – R (<u>CONTAINS PRIVATE DATA</u>)
EXHIBIT 127C1	SOS INCIDENT REPORT FORM – 1/29/2013 – INDIVIDUAL #1 (<u>CONTAINS PRIVATE DATA</u>)
EXHIBIT 127C2	SOS INCIDENT REPORT FORM – 1/29/2013 – INDIVIDUAL #2 (<u>CONTAINS PRIVATE DATA</u>)
EXHIBIT 128	INTERNAL REVIEWER MONTHLY REPORT (<u>CONTAINS PRIVATE DATA</u>)
EXHIBIT 129A	DISCHARGE SUMMARY AND PLAN – MB (<u>CONTAINS PRIVATE DATA</u>)
EXHIBIT 129B	DISCHARGE SUMMARY AND PLAN – RT (<u>CONTAINS PRIVATE DATA</u>)
EXHIBIT 129C	CHANGE OF STATUS REPORT – PI (<u>CONTAINS PRIVATE DATA</u>)
EXHIBIT 130	MSHS-CAMBRIDGE & MSOCS CAMBRIDGE TRAINING TRACKER
EXHIBIT 131	VISITORS’ REGISTER – JANUARY 2 – MARCH 11, 2013 (<u>CONTAINS PRIVATE DATA</u>)
EXHIBIT 132	SETTLEMENT AGREEMENT TRACKING – FY 2013, COMMUNITY SUPPORT SERVICES, DATE OF REPORT: MARCH 8, 2013
EXHIBIT 133	STATE OF MINNESOTA, EXECUTIVE DEPARTMENT, MARK DAYTON, GOVERNOR – EXECUTIVE ORDER 13-01
EXHIBIT 134	COMMUNITY SUPPORT SERVICES TRACKING LOG – MI DANGEROUS DIVERSION INQUIRIES (PERSONS WITH DEVELOPMENTAL DISABILITIES) (<u>CONTAINS PRIVATE DATA</u>)

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EXHIBIT 124	MSHS-CAMBRIDGE PROCEDURE NUMBER: 15914 – CLIENT CARE, GRIEVANCE AND COMPLAINT PROCESS
EXHIBIT 125	PRN USE REPORTS – MSOCS (<u>CONTAINS PRIVATE DATA</u>)
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EXHIBIT 131	VISITORS’ REGISTER – JANUARY 2 – MARCH 11, 2013 (<u>CONTAINS PRIVATE DATA</u>)
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Exhibit 122A

#12-76-01

Bulletin

December 31, 2012



OF INTEREST TO

- County Directors
- Social Services Supervisors and Staff
- Consumers and Families and Legal Representatives of Consumers of Developmental Disabilities Services
- County Attorneys

ACTION/DUE DATE

Admission and transition to the community activities related to Minnesota Specialty Health System-Cambridge (MSHS - Cambridge)

EXPIRATION DATE

December 31, 2014

Minnesota Specialty Health System (MSHS) - Cambridge: Admission and Discharge Criteria, Crisis Stabilization Services, and Transition Planning.

TOPIC

Minnesota Specialty Health System (MSHS) - Cambridge is a program for individuals with developmental disabilities who exhibit severe behaviors that present a risk to public safety. Every effort will be made to maintain the individual in the community. Placement in MSHS - Cambridge will only be sought when community options cannot effectively or safely support the individual and would be an interim step while the community services are being organized.


PURPOSE

Provide information regarding admission and discharge criteria, and crisis stabilization and transition planning services for individuals with developmental disabilities who exhibit severe behaviors that present a risk to public safety and are referred for admission to MSHS - Cambridge. Replacing Bulletin #08-76-02 - *Criteria for Admission to METO.*

CONTACT

MSHS - Cambridge Intake Coordinator
1425 East Rum River Drive South
Cambridge, MN 55008
763-689-7326

SIGNED



ANNE BARRY
Deputy Commissioner
Chemical and Mental Health Administration

Bulletin #12-76-01
December 31, 2012
Page 2

BACKGROUND

MSHS – Cambridge is a program for individuals who are developmentally disabled (DD) and exhibit severe behaviors which present a risk to public safety. Placement in MSHS - Cambridge would only be sought when community options cannot effectively or safely support the individual and crisis stabilization services are necessary. Anticipated length of stay is 90-180 days, though discharge planning and community services may be arranged in less than 90 days. This program is not intended to be a long-term residential placement.

INDIVIDUALS SERVED

Minnesota Specialty Health System – Cambridge (MSHS – Cambridge) serves adults (18 years of age or older) who have developmental disabilities and exhibit severe behaviors which present a risk to public safety.

ADMISSION PROCESS

In the event placement at MSHS – Cambridge is sought, the referral source needs to contact the MSHS – Cambridge Intake Coordinator at 763-689-7326, to inform MSHS – Cambridge of the intent to seek admission and to submit the following:

1. Completed MSHS – Cambridge Admission Information Form. Include a summary of the successes the individual has had within the community and what has happened to indicate the individual may need to be re-located from the current community environment.
2. Copy of the most recent Individual Service Plan (ISP).
3. Copy of the most recent Individual Education Program (IEP), if applicable.
4. Copy of the most recent Risk Management Assessment and Plan.
5. Copies of all the most recent assessments that seem pertinent to treatment (e.g. Psychiatric assessment, Diagnostic/Psychological assessment, Functional Behavioral assessment, Functional Skills/Needs assessment, Comprehensive Social History, etc.).
6. Copies of any pertinent community based provider/crisis service provider reports regarding the individual's treatment needs and/or most recent observations of the individual.
7. Copies of pertinent court documents, if applicable.

TRANSITION PLANNING SERVICES

MSHS – Cambridge shall undertake best efforts to ensure that each resident is served in the most integrated setting appropriate to meet their individualized needs, including home or community settings. MSHS – Cambridge shall actively pursue the appropriate discharge of individuals and provide them with adequate and appropriate transition plans, protections, supports, and services consistent with their individualized needs, in the most integrated setting and where the individual does not object. Each individual and their family and/or legal representative shall be involved in the team evaluation, decision making, and planning process to the greatest extent practicable, using whatever communication methods he or she prefers. To foster the individual's self-determination and independence, MSHS – Cambridge shall use person-centered planning

Bulletin #12-76-01
December 31, 2012
Page 3

principles at each stage of the process to facilitate the identification of the individual's specific interests, goals, likes and dislikes, abilities and strengths, as well as support needs. Each individual shall be given the opportunity to express a choice regarding preferred activities that contribute to quality of life. MSHS - Cambridge shall undertake best efforts to provide each individual with reasonable placement alternatives. It is the goal of MSHS - Cambridge that all individuals be served in integrated community settings with adequate protections, supports, and other necessary resources which are identified as available by service coordination.

DISCHARGE PROCESS

Discharge planning shall begin upon the date of admission and shall include the individual, their family, the county case manager, and the treatment team. At the meetings, the team will confirm whether the needed and agreed upon community supports for the individual are in place. If they are not in place the team will further develop a time-specific plan to address the unmet needs. The MSHS - Cambridge administration will also send out a letter to the county case manager and legal representative/guardian confirming the availability of an integrated setting placement and the intention to have individual discharge to the community as soon as possible.

QUESTIONS

Questions regarding admission to MSHS - Cambridge should be directed to the MSHS - Cambridge Intake Coordinator at (763) 689-7326.

Americans with Disabilities Act (ADA) Advisory

This information is available in other forms to people with disabilities by contacting us toll free at (800) 938-3224 or through the Minnesota Relay Service at (800) 627-3529 (TDD), 711 or (877) 627-3848 (speech to speech relay service).

Exhibit 122B



Minnesota Department of **Human Services**

February 1, 2013

Patricia Carlson, CEO
Minnesota Specialty Health System - Cambridge
PO Box 64979
St. Paul, MN 55164

License Number: 804294 (245B-RS-N)

CORRECTION ORDER

Dear Ms. Carlson:

On November 27 - 30, 2012, a licensing review of Minnesota Specialty Health System - Cambridge, located at 1425 East Rum River Drive South, Cambridge, Minnesota, was conducted. The purpose of the review was to determine compliance with state and federal laws and rules governing the provision of residential services to persons with developmental disabilities under Minnesota Statutes, Chapter 245B and compliance with the licensing variance effective, January 3, 2012. The variance, issued in accordance with Minnesota Statutes, section 245A.04, subdivision 9, includes the enhanced alternative equivalent measures to Chapter 245B with which the license holder must comply.

As a result of this licensing review a Correction Order is being issued.

A. Reason for Correction Order

Pursuant to Minnesota Statutes, section 245A.06, if the Commissioner of the Department of Human Services (DHS) finds that a license holder has failed to comply with an applicable law or rule and this failure does not imminently endanger the health, safety, or rights of the persons served by the program, the Commissioner may issue a Correction Order to the license holder.

The following violation(s) of state or federal laws and rules were determined as a result of the licensing review. Corrective action for each violation is required by Minnesota Statutes, section 245A.06 and is hereby ordered by the Commissioner of Human Services.

1. Citation: Minnesota Statutes, section 245B.07, subdivision 9.

Violation: For two of three consumers whose records were reviewed (C1 and C2), upon service initiation the license holder did not inform the consumer or the consumer's legal representative of the policies and procedures required under chapter 245B.

Services for C1 were initiated on June 5, 2012, and services for C2 were initiated on February 1, 2012. The license holder failed to inform C1's and C2's legal representative of all their policies and procedures required under chapter 245B. A

Patricia Carlson
Page 2
February 1, 2013

client handbook, dated May 2012, was provided at the time of service initiation; however, the client handbook did not contain all the policies and procedures required under section 245B.07, subdivision 8.

Corrective Action Ordered: Correct immediately and within 30 days of receipt of this order submit written documentation detailing how compliance with this licensing requirement has been achieved and will be maintained for future admissions. The submission must include written documentation detailing how all consumers currently receiving services, consumers' legal representatives, and case managers have been informed of the policies and procedures as required. You are directed to specifically review section 245A.04, subdivision 14 and section 245B.07, subdivision 9, clauses (3) to (5), to ensure that your corrective action is in compliance with the related licensing requirements.

2. Citation: Minnesota Statutes, section 245B.06, subdivision 2, paragraphs (a), (b), (c), and (d), and the licensing variance for this subdivision, effective January 3, 2012.

Violation: For two consumers whose records were reviewed (C1 and C2), the license holder did not develop, document, and implement the consumer risk management plan as required in 245B.06, subdivision 2, and the Individual Neglect and Abuse Prevention Plan as required in the variance effective January 3, 2012.

Under Minnesota Statutes, section 245B.06, subdivision 2, paragraph (a), the license holder must develop, document in writing, and implement a risk management plan that meets the requirements of this subdivision. Compliance with the requirements of this section is based on the documentation that the license holder includes in the plan. The documentation in the plan must identify areas in which the consumer is vulnerable as required under paragraph (b). The assessment, as documented in the plan, must consider only the consumer's skills and abilities, independent of staffing patterns, supervision plans, the environment, or other situational elements as required under paragraph (c). The license holder's plan must include the specific actions a staff person would take to protect the consumer and minimize risks for the identified areas. The specific actions must include proactive measures being taken, training being provided, or a detailed description of actions a staff person will take when intervention is needed under paragraph (d).

Under the variance, the license holder will obtain and adopt the most recent risk management plan as the plan to be used during the services rendered at the program. In order to accommodate for areas where the consumer may have a varied risk or vulnerability, given the program's new environment for the consumer, the license holder will complete an Individual Neglect and Abuse Prevention Plan within eight (8) hours of admission to the program which will include any differences in the assessment or plan to address all areas listed in 245B.06, subdivision 2, (b), parts (1) through (5).

- a. For C1's Individual Neglect and Abuse Prevention Plan approved on August 29, 2012, there was no evidence that an assessment of C1's vulnerability was completed in all required areas, including the following:

Patricia Carlson
Page 3
February 1, 2013

- 1) His/her susceptibility to sexual abuse as defined in section 626.5572, subdivision 2;
- 2) His/her health needs, considering the consumer's allergies; and
- 3) Environmental issues, considering the program's location in a particular neighborhood or community and the consumer's ability to remain alone in any environment.
 - The Individual Neglect and Abuse Prevention Plan identified that C1 was at risk in the area of engaging in safe sex practices. The plan stated, "[C1] has allegedly been recently been involved in sexual activity towards others."

This is not a description of a risk based on an assessment of the consumer's skills and abilities independent of staffing patterns, supervision plans, the environment, or other situational elements. This is a statement of fact, not an assessment or a description of risk related to C1's lack of safe sex practices.

- The Individual Neglect and Abuse Prevention Plan identified that C1 was at risk in the area of medication allergies. The plan stated, "Allergic to Clozapine."

This is a statement of fact, not an assessment or a description of risk related to C1's health.

- The Individual Neglect and Abuse Prevention Plan identified that C1 was at risk in the area of difficult areas to supervise the plan stated, "[C1] will have [his/her] own bedroom and will have the use of a private bathroom; both areas will be difficult to supervise" and in the area regarding kitchen access, the plan stated, "[C1] lacks self-control and has inappropriate boundaries."

These are statements of fact, not an assessment or a description of risk related to C1's environment.

- b. In C1's Individual Neglect and Abuse Prevention Plan, the license holder did not include the specific actions (meaning the proactive measures being taken, training being provided, or a detailed description of actions) a staff person will take when intervention is needed to protect the consumer and minimize vulnerability to risk in the following identified areas:

- 1) For specialized dietary needs the plan identified that C1 was at risk regarding caffeinated beverages. The license holder's plan to minimize this risk stated, "[C1] may consume de-caffeinated beverages." The plan failed to identify any actions a staff person would take to minimize C1's identified vulnerability regarding consumption of caffeinated beverages.

Patricia Carlson
Page 4
February 1, 2013

- 2) For demonstrating or respecting privacy the plan stated that C1 exposes him/herself to others. The license holder's plan to minimize this risk stated, "[C1] will be supported and coached to respect [his/her] privacy and the privacy of others. [S/he] is receiving training in self-control as well as appropriate boundaries." The plan failed to provide a detailed description of how staff are to support or coach C1. Additionally, the plan failed to provide specific actions that staff would take if C1 were to expose him/herself.
 - 3) For personal safety the plan identified that C1 was at risk regarding "R" rated movies. The plan failed to identify any actions a staff person would take to minimize C1's identified vulnerability to watching certain movies because this area of the plan was not completed.
- c. For C1's Individual Neglect and Abuse Prevention Plan, the license holder failed to comply with the licensing variance. Although the license holder adopted the most recent risk management plan they failed to complete an Individual Neglect and Abuse Prevention Plan that included any differences in the risk management plan's assessment or plan to address the areas of risk.
- C1's Individual Neglect and Abuse Prevention Plan referenced the adopted risk management plan in numerous areas; however, in multiple referenced areas the risk management plan was not applicable given the new environment in which C1 was receiving services. For example:
- The adopted risk management plan instructed staff to follow C1's behavior support plan to minimize his/her vulnerabilities in associating consequences with actions, mental or emotional condition affecting judgment, exhibiting socially accepted behaviors in public and behaviors which may provoke physical, emotional or verbal, and sexual abuse by others. The license holder did not develop a behavior support plan for C1 as required therefore, there was no plan for staff to follow.
 - The adopted risk management plan instructed staff in the areas of defending self against physical, emotional or verbal, and sexual abuse and recognizing mismanagement of finances to "see Policy 5.1 in the Policy and Procedure Book." The license holder did not have a Policy 5.1.
- d. In C2's Individual Neglect and Abuse Prevention Plan approved on November 9, 2012, there was no evidence that an assessment of C2's vulnerability was completed in all required areas, including the following:
- 1) His/her susceptibility to physical, emotional, and sexual abuse as defined in section 626.5572, subdivision 2;
 - 2) His/her health needs, considering the consumer's seizures;

Patricia Carlson
Page 5
February 1, 2013

- 3) His/her safety needs, considering the consumer's ability to take reasonable safety precautions; and
- 4) Environmental issues, considering the program's location in a particular neighborhood or community; and the consumer's ability to open locked doors.

- The Individual Neglect and Abuse Prevention Plan identified that C2 was at risk in the areas of defending self against physical, verbal/emotional, and sexual abuse. The plan described aggression that C2 may display and "inappropriate sexual behaviors" and criminal charges related to sexual offenses. This information failed to assess how C2 is vulnerable to defending him/herself from abuse; rather it assessed how C2 may abuse others.
- The Individual Neglect and Abuse Prevention Plan identified that C2 was at risk in the areas of reporting sexual abuse to an appropriate person.

Although the plan stated facts describing why C2 was receiving services from the program, the statement of fact, was not an assessment or a description of risk related to C2's ability or inability to report sexual abuse.

- The Individual Neglect and Abuse Prevention Plan identified that C2 was at risk in the area of engaging in safe sex practices. The plan described some of C2's sexual behavior.

This is a statement of fact, not an assessment or a description of risk related to C2's lack of safe sex practices.

- The Individual Neglect and Abuse Prevention Plan identified that C2 was at risk in the area of seizures. The plan was not completed in the area of seizures and contained no assessment of this identified vulnerability.
- The Individual Neglect and Abuse Prevention Plan identified that C2 was at risk in the area of responding to emergency situations. However, the plan then stated, "As this risk is hypothetical in [C2's] original plan, and [his/her] intake documents demonstrate no increased risk, this area will not result in training." The license holder failed to assess how C2 was vulnerable regarding responding to emergency situations. The license holder provided conflicting information when they identified a risk was present while also stating that no increased risk was demonstrated in the original plan.
- The Individual Neglect and Abuse Prevention Plan identified that C2 was at risk in the area of difficult areas to supervise. The plan stated,

Patricia Carlson
Page 6
February 1, 2013

“Areas most difficult to supervise are client bedrooms and bathrooms.”

These are statements of fact, not an assessment or a description of risk related to C2’s physical environment.

- The Individual Neglect and Abuse Prevention Plan identified that C2 was at risk in the area of ability to open locked doors. The plan described the physical environment in which C2 lived with locked doors and restricted access.

This is a statement of fact, not an assessment or a description of risk related to C2’s physical environment.

- e. For C2’s plan, the license holder did not include the specific actions (meaning the proactive measures being taken, training being provided, or a detailed description of actions) a staff person will take when intervention is needed to protect the consumer and minimize vulnerability to risk in the following identified areas:

The Individual Neglect and Abuse Prevention Plan identified that C2 was at risk in the area of complying with “doctor medication orders.” The license holder’s plan to minimize C2’s risk included the statements that C2 is “encouraged to participate,” “staff will support [C2] as necessary,” and “nurses will monitor medical outcomes.” The plan failed to provide a detailed description of how staff are to encourage and support C2 to comply with “doctor medication orders.” The plan failed to describe how nurses monitor for medical outcomes and what further action would be taken if C2’s “medical outcomes” posed a risk for C2 in complying with “doctor medication orders.” This same concern was also noted in the area of seeks assistance or provides for own medical concerns when it stated, “See plan under medication.”

Corrective Action Ordered: Correct immediately and within 30 days of receipt of this order submit written documentation detailing how compliance with this licensing requirement has been achieved and will be maintained throughout the program. Submit updated risk management plans and Individual Neglect and Abuse Prevention Plans for C1 and C2 that meet all the requirements under this subdivision.

3. **Citation:** Minnesota Statutes, section 245B.06, subdivision 5.

Violation: For two consumers whose records were reviewed (C1 and C2), the license holder did not send the progress review report to the consumer or the consumer’s legal representative and case manager prior to the progress review meeting.

Progress review reports were located in the consumers’ files. The license holder reported during the licensing review that these reports were provided to the legal representatives and case managers at the time of the progress review meetings.

Patricia Carlson
Page 7
February 1, 2013

Corrective Action Ordered: Correct immediately and maintain compliance with this licensing requirement on a continuing basis throughout the program. You are specifically directed to review sections 245B.06, subdivision 1 and section 245B.07, subdivision 4, to ensure your corrective action is in compliance with the related licensing requirements.

4. Citation: Minnesota Statutes, section 245B.07, subdivision 10.

Violation: For one consumer whose record was reviewed (C1), the license holder did not annually survey, document, and implement the preferences of the consumer, consumer's legal representative, and the case manager for frequency of receiving a statement that itemizes receipts and disbursements of consumer funds or other property.

C1's legal representative requested quarterly statements that itemized receipts and disbursements of C1's funds or other property. At the time of the licensing review, C1's legal representative had not received quarterly statements. The responsible staff person reported during the licensing review that s/he was unaware of this requirement.

Corrective Action Ordered: Correct immediately and within 30 days of receipt of this order submit written documentation detailing how compliance with this licensing requirement has been achieved and will be maintained throughout the program.

5. Citation: Minnesota Statutes, sections 245B.07, subdivision 8, paragraph (a), clause (7) and section 245B.02, subdivision 19.

Violation: For two consumers whose records were reviewed (C1 and C2), the license holder did not administer and monitor the use of psychotropic medications prescribed for the consumer according to the requirements of the Psychotropic Medication Use Checklist (PMUC).

- a. The license holder did not complete or maintain behavior support plans in C1 and C2's files as required under Part I of the PMUC (tagline 1).

Records for C1 and C2 did not contain behavior support plans. During the licensing review, the treatment director stated that behavior support plans were not completed because s/he believed they were not required. A nurse and direct staff person responded that behavior support plans were completed and maintained in the consumers' files. They stated the information was in the "safety plan," and "Individual Treatment Plan (ITP)," respectively. There was not information in these documents that met the PMUC requirements for a behavior support plan.

- b. The license holder did not meet the requirements for obtaining written informed consent prior to administering a psychotropic medication on a non-emergency basis identified in Part II of the PMUC.

Patricia Carlson
Page 8
February 1, 2013

- 1) Written informed consent required for each psychotropic medication the consumer is currently receiving was not present in the consumer's file (tagline 20).

Upon service initiation on June 5, 2012, C1 was prescribed several psychotropic medications, including haloperidol. Haloperidol was administered without informed consent until September 4, 2012, at which time the license holder obtained informed consent.

- 2) The written informed consent for C1 dated September 4, 2012, did not provide information specific to the individual medication(s) and did not include at a minimum (taglines 22-32):

- The purpose(s) of the medication(s);
- The expected benefits of the medication(s); and
- The feasible alternatives if a psychotropic medication is not prescribed.

- c. The license holder did not complete side-effects monitoring as required under Part V of the PMUC. Monitoring was not completed at the identified frequency (tagline 49).

A standardized assessment instrument (e.g., MOSES, SAFTEE, DOTES) was not completed and maintained in the consumer's file within 30 days after the initiation of a new psychotropic medication or dose increase, or was not completed no greater than every seven months apart (tagline 54).

For C1, the dosage for haloperidol decanoate was increased on August 9, 2012. The MOSES was completed on September 12, 2012, more than 30 days after the dose increase.

Corrective Action Ordered: Correct immediately and within 30 days of receipt of this order submit written documentation detailing how compliance with this licensing requirement has been achieved and will be maintained throughout the program. Documentation must include behavior support plans for C1 and C2 and a copy of C1's informed consent that meets all the required elements under this subdivision.

6. Citation: Licensing variance effective January 3, 2012, and Minnesota Statutes, section 245B.05, subdivision 1, paragraph (2).

Violation: The license holder did not provide access to all common areas that are part of the residence based on individual assessment regarding the safety of the consumers and others.

Patricia Carlson
Page 9
February 1, 2013

Under section 245B.05, subdivision 1, the license holder must lock doors only to protect the safety of consumers and not as a substitute for staff supervision or interactions with consumers.

Under the variance, doors will be locked and access to common areas that are part of the residences and access to the community must be based on an individual assessment regarding the safety of the consumer and others. Once a consumer's initial assessment has occurred, community access and freedom of movement in and out of their residence must be granted, based on the level of supervision required to prevent injury to the consumer or others. A consumer's assessment must be conducted in accordance with the license holder's policy Client Care: Assessment of Individual Needs and Documentation Process (procedure number 3010).

- a. During an inspection of the physical environment, access to the kitchen and laundry room was locked. Consumer access was based on household protocols and not on individualized assessments. The license holder stated that the kitchen door was locked for safety concerns but consumers could gain "kitchen privileges;" however, the license holder could not provide information on how consumers gained "kitchen privileges." Other staff asserted that the kitchen areas were locked due to concerns regarding consumer weight issues and "personal hygiene."
- b. Under the variance, the consumer assessment must be completed in accordance with the license holder's procedure number 3010, dated January 3, 2012, "Client Care, Assessment of Individual Needs and Documentation Process." The procedure required completion of a diagnostic assessment within five days of "admission" with the admission day counting as one day.

C1 was admitted on June 5, 2012. The diagnostic assessment was completed on June 10, six days after admission.

- c. Under the variance, the consumer assessment must be completed in accordance with the license holder's procedure number 3010, dated January 3, 2012, "Client Care, Assessment of Individual Needs and Documentation Process." This procedure required completion of a self-administration skills screening and medication profile within five days of "admission" with the admission day counting as one day.

C1 was admitted on June 5, 2012. The self-administration skills screening and medication profile was completed on June 15, 2012, eleven days after admission.

C2 was admitted on February 1, 2012. The self-administration skills screening and medication profile was completed on February 15, 2012, fifteen days after admission.

- d. Under the variance, the consumer assessment must be completed in accordance with procedure number 3010, dated January 3, 2012, "Client Care, Assessment of Individual Needs and Documentation Process." This procedure required completion of a comprehensive assessment of current functioning within ten days of admission with the admission day counting as one day.

Patricia Carlson
Page 12
February 1, 2013

“at other times, current clinical documentation was not available and UM [utilization management] reviews were not possible.”

Corrective Action Ordered: Correct immediately and within 30 days of receipt of this order submit written documentation detailing how compliance with this licensing requirement has been achieved and will be maintained throughout the program.

If you fail to correct the violations specified in the Correction Order within the prescribed time lines the Commissioner may issue an Order of Conditional License or may impose a fine and order other licensing sanctions pursuant to Minnesota Statutes, sections 245A.06 and 245A.07.

Submissions required as part of a corrective action ordered must be sent to your Licensor at:

Commissioner, Department of Human Services
ATTN: Jill Slaikeu
Licensing Division
PO Box 64242
St. Paul, MN 55164-0242

B. Recommendations

The following recommendations are not requirements of Minnesota Rules or laws governing your services or facility. These recommendations are provided to call your attention to areas where your facility is in minimum compliance with the requirements of rules or laws, but it would be advisable to strengthen your efforts in these areas.

1. Area of Minimal Compliance: Related to the licensing requirement under Minnesota Statutes, section 245B.06, subdivision 4.

Upon review of outcomes for C1 and C2 it was noted that the license holder minimally ensured the methods to be used to support the individual or accomplish outcomes specified as the license holder's responsibility in the individual service plan, included all the required information. The outcomes stated that "MSHS-Cambridge staff" were responsible for the implementation of the outcomes.

Recommendation: To improve compliance it is recommended that you clearly identify who is responsible for implementing each outcome by use of the staff names or by staff position titles.

2. Area of Minimal Compliance: Related to the licensing requirement under Minnesota Statutes, section 245B.07, subdivision 5, paragraph (b), and the licensing variance, effective January 3, 2012.

For one of three direct service staff whose record was reviewed (SP1), the license holder provided the staff person orientation combined with supervised on-the-job training. The classroom training on June 27, 2012, was for "Seclusion & Restraint." The curriculum was reviewed and it could not be determined if SP1 received instruction regarding how

Patricia Carlson
Page 13
February 1, 2013

the course information did or did not apply to SP1 when providing direct care services for the consumers receiving services from the license holder.

Recommendation: To improve compliance it is recommended that the license holder review training curriculums to ensure the training is applicable and appropriate for staff members and does not include training for procedures that are prohibited by the variance.

Failure to follow these recommendations will not result in a fine or action against your license at this time. However, should failure to follow recommendations result in a violation of rules or laws at a future date, you will be cited for noncompliance and may be subject to fines or action against your license.

C. Right to Request Reconsideration

If you believe any of the citations are in error, you have the right to request that the Commissioner of Human Services reconsider the parts of the Correction Order that you believe to be in error. The request for reconsideration must be in writing and received by the Commissioner within 20 calendar days after receipt of this report. Your request for reconsideration must be sent to:

Commissioner, Department of Human Services
ATTN: Legal Unit
Licensing Division
PO Box 64242
St. Paul, MN 55164-0242

Please note that a request for reconsideration does not stay any provisions or requirements of the Correction Order. The Commissioner's disposition of a request for reconsideration is final and not subject to appeal under Minnesota Statutes, chapter 14.

If you have any questions regarding this Correction Order, please contact me as soon as possible.

Jill Slaikeu, Human Services Licensor
Licensing Division
Office of Inspector General
651-431-6544

UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

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

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

Plaintiffs,

vs.

**PLACEHOLDER FOR
EXHIBIT 122C TO
DEFENDANTS' STATUS REPORT**

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

Defendants.

This document is a place holder for the following items which are filed in conventional or physical form with the Clerk's Office:

Exhibit 122C to Defendants' Status Report

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(s):

- 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 a court order* (Pursuant to Second Amended Protective Order: Doc. No. 190)
- Item Under Seal pursuant to the [Fed. R. Civ. P. 52](#) and [Fed. R. Crim. P. 49.1](#) (Document number of redacted version: ___)
- Other (description):

Exhibit 122D



Minnesota Department of **Human Services**

Minnesota Specialty Health System/Cambridge

February 6, 2013

Ms. Jill Slaikeu
Human Services Licensor
Minnesota Department of Human Services
Licensing Division
Office of the Inspector General
P.O. Box 64242
St. Paul, MN 55164-0242

Re: Minnesota Specialty Health Systems-Cambridge License Number 804294 (245B-RS-N) – Request to Remove Variances.

Dear Ms. Slaikeu:

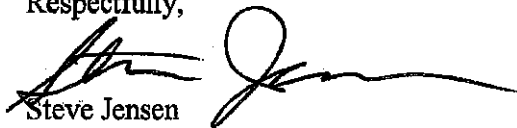
This letter is to request the removal of the variances currently attached to our License, Number 804294 (245B-RS-N).

Minnesota Specialty Health Systems (MSHS)-Cambridge can meet the requirements of the rule without the current variances. Some of the current variances are no longer necessary for the program to operate effectively; other current variances are covered by the State Operated Services/MSHS-Cambridge policies and procedures and will remain our practices once the variances are removed.

I may be reached at MSHS-Cambridge by phone at 763-689-7169 or 763-689-7204. I may also be contacted at steve.jensen@state.mn.us.

Please accept my thanks for taking the time to review this request.

Respectfully,



Steve Jensen
Director
Minnesota Specialty Health Systems-Cambridge

CC: Dawn Bramel, DHS Licensing Division
Michelle Long, DHS, Licensing Division
Patricia Carlson, CEO, MN State Operated Services
Doug Seiler, Chief Administrator for Special Populations



Variance Request

Department of Human Services
 Division of Licensing
 PO Box 64242
 St. Paul, MN 55164-0242

DHS use only

Date received: _____

This information is available in other forms to people with disabilities by contacting us at (651) 296-3979 (voice). TTY/TDD users can call the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877)627-3848.

Pursuant to Minnesota Statutes, Section 245A.04, subdivision 9, (Human Services Licensing Act), the commissioner may grant variances to rules that do not affect the health or safety of persons in a licensed program if the following conditions are met:

1. The variance must be requested by an applicant or license holder on a form and in a manner prescribed by the commissioner.
2. The request for variance must include the reasons that the applicant or the license holder cannot comply with a requirement as stated in the rule and the alternative equivalent measures that the applicant or license holder will follow to comply with the intent of the rule.
3. The request must state the period of time for which the variance is requested.

The commissioner's decision to grant or deny a variance requested is final and not subject to appeal under provisions of Chapter 14.

Use black ink or type to complete your request. Incomplete variance requests will be returned.

Complete one form for each variance request.

LICENSE NUMBER OF PROGRAM 804294 (245B-RS-N)	RULE NUMBER M.S. 245B
PROGRAM TELEPHONE NUMBER (763) 689-7204	FAX NUMBER (763) 689-7216
NAME/TITLE OF PERSON COMPLETING REQUEST (please print) Steve Jensen, Director	
SIGNATURE 	DATE 02/06/13

Complete the mailing information below:

Program name: Minnesota Specialty Health Systems-Cambridge

Address/PO box: 1425 East Rum River Drive South

City/state/ZIP code: Cambridge, MN 55008

DHS Variance Request

Not Public

Page 2

NAME OF LICENSOR (IF KNOWN)

Jill Staikeu (and Dawn Bramel)

Check the appropriate box.

New variance request Renewal of current variance

Statute or rule to be varied (enter complete number):

Statute Section 245B.06 Subdivision 5 or Rule part _____ Subpart _____

If this request is person specific complete the following:

NAME	DATE OF BIRTH	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female

Reason(s) why the variance is requested:

Requesting a variance to M.S. 245B, Subd. 5, to allow MSHS-Cambridge to distribute written reports and documents at the monthly Interdisciplinary Team Meetings (IDT's) instead of mailing them to IDT participants prior to the meeting. The MSHS-Cambridge program is not intended to be a long term residential placement. The primary purpose is crisis stabilization so people can quickly return to living and working in the community. Individuals enter the program with the expectation of leaving within 90 to 180 days and team meetings are scheduled monthly to assess progress frequently, rather than annually as most permanent 245B licensed programs do for those they serve. Communication with team members is common throughout the month between meetings, so the team members always have current information about the status of the person supported. It takes time and resources to prepare and mail items to the team members each month. Time seems better spent when used for the direct benefit and support of the person served.

Additional alternate measures that will be taken to comply with the intent of the rule:

In order to honor the intent of the rule and assure that team members have good and timely information, when an IDT member is absent from a meeting, upon request, MSHS-Cambridge will mail, fax, or e-mail reports to the requestor within 3 working days of the IDT meeting. In addition, any individual team member who continues to prefer to receive the reports and documents before the meetings, retains the option and may still receive them by mail, fax, or e-mail upon request.

Requested time period of variance (enter both effective and end dates or check continuous):

EFFECTIVE DATE OF VARIANCE 03/01/13	EXPIRATION DATE OF VARIANCE	<input checked="" type="checkbox"/> CONTINUOUS
--	-----------------------------	--

Changes or modifications in the conditions of a continuous variance: Any applicant or license holder must inform the commissioner of any changes or modifications that have occurred in the conditions that warranted the permanent variance. Failure to advise the commissioner shall result in revocation of the permanent variance and may be cause for other sanctions under sections 245A.06 and 245A.07.

Attach applicable supplemental documentation as necessary



Variance Request

Department of Human Services
 Division of Licensing
 PO Box 64242
 St. Paul, MN 55164-0242

DHS use only

Date received: _____

This information is available in other forms to people with disabilities by contacting us at (651) 296-3979 (voice). TTY/TDD users can call the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877)627-3848.

Pursuant to Minnesota Statutes, Section 245A.04, subdivision 9, (Human Services Licensing Act), the commissioner may grant variances to rules that do not affect the health or safety of persons in a licensed program if the following conditions are met:

1. The variance must be requested by an applicant or license holder on a form and in a manner prescribed by the commissioner.
2. The request for variance must include the reasons that the applicant or the license holder cannot comply with a requirement as stated in the rule and the alternative equivalent measures that the applicant or license holder will follow to comply with the intent of the rule.
3. The request must state the period of time for which the variance is requested.

The commissioner's decision to grant or deny a variance requested is final and not subject to appeal under provisions of Chapter 14.

Use black ink or type to complete your request. Incomplete variance requests will be returned.

Complete one form for each variance request.

LICENSE NUMBER OF PROGRAM 804294 (245B-RS-N)	RULE NUMBER M.S. 245B
PROGRAM TELEPHONE NUMBER (763) 689-7204	FAX NUMBER (763) 689-7216
NAME/TITLE OF PERSON COMPLETING REQUEST (please print) Steve Jensen, Director	
SIGNATURE 	DATE 02/06/13

Complete the mailing information below:

Program name: Minnesota Specialty Health Systems-Cambridge

Address/PO box: 1425 East Rum River Drive South

City/state/ZIP code: Cambridge, MN 55008

DHS Variance Request
 Not Public
 Page 2

NAME OF LICENSOR (IF KNOWN) Jill Slaikeu (and Dawn Bramel)

Check the appropriate box.

New variance request Renewal of current variance

Statute or rule to be varied (enter complete number):

Statute Section 245B.07 Subdivision 8(c)(II) or Rule part _____ Subpart _____

If this request is person specific complete the following:

NAME	DATE OF BIRTH	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
------	---------------	--

Reason(s) why the variance is requested:

This is a request for a variance to M.S.245B.07, Subd. 8 (c) (ii) allowing MSHS-Cambridge to provide a 7 day notice of termination of services (in lieu of 60 days) for a person who is found not to be qualified for MSHS-Cambridge and an expedited notice of service termination is warranted. More than 7 days may be provided. This is justified because MSHS-Cambridge services are limited, specialized, and highly sought after. Supports are intense and short term (90-180 days), so a lengthy stay by an individual when not appropriate for them is a misuse of an important system resource not intended to be a long-term residential placement.

Additional alternate measures that will be taken to comply with the intent of the rule:

When termination of services is initiated, MSHS-Cambridge will work with the team, the county, the guardian, and others in the State Operated Services System to seek a good planned environment where the person can go to receive safe and appropriate assistance. If more than 7 days are needed for relocation, MSHS will work to be flexible and allow additional time for resolution whenever possible. A client or guardian may request reconsideration of the decision to terminate services within 72 hours of notification of termination, by presenting further justification for reconsideration. The request must be made in writing from the client or guardian to the Supervisor who will forward it to the Operations Manager. The O.M. will consult the Director and the Administrator of SOS Special Populations. Administration may consult further with the person or guardian, or others. They may continue with service termination, give more time before service terminates, or may reverse the decision and inform the person and guardian of the decision in a timely manner.

Requested time period of variance (enter both effective and end dates or check continuous):

EFFECTIVE DATE OF VARIANCE 03/01/13	EXPIRATION DATE OF VARIANCE	<input checked="" type="checkbox"/> CONTINUOUS
--	-----------------------------	--

Changes or modifications in the conditions of a continuous variance: Any applicant or license holder must inform the commissioner of any changes or modifications that have occurred in the conditions that warranted the permanent variance. Failure to advise the commissioner shall result in revocation of the permanent variance and may be cause for other sanctions under sections 245A.06 and 245A.07.

Attach applicable supplemental documentation as necessary

Exhibit 123

Date: _____

Family and Concerned Persons Survey

Research confirms that it is frequently more effective for Transitional Services Programs to include persons who are significant in a client’s life in treatment, that doing so results in better outcomes for the clients with whom we work.

In order for us to provide effective services it is crucial that we obtain feedback. We would greatly appreciate it if you would take the time to fill out this form. Or, in addition, if you wish you may certainly contact the Admission/Discharge Coordinator, Katy Mattson, at 763-689-7326 or the Site Director, Steve Jensen, who can be reached at 763-689-7169.

	Strongly Disagree	Disagree	I am Neutral	Agree	Strongly Agree	Does Not Apply	Comments
Program staff were respectful and courteous in their interactions with clients and family members	1	2	3	4	5	N/A	
Program staff listened to family concerns and suggestions and used that information to develop services when possible	1	2	3	4	5	N/A	
The information which was presented by program staff was helpful	1	2	3	4	5	N/A	
Overall, my experience in working with this program was a positive one	1	2	3	4	5	N/A	
Unscheduled and scheduled visits were permitted at reasonable hours.	1	2	3	4	5	N/A	
Unrestricted access to client’s living area was allowed (consistent with all clients’ rights to privacy)	1	2	3	4	5	N/A	
Private areas were provided for visits with client (unless contraindicated by the interdisciplinary team)	1	2	3	4	5	N/A	

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

- Respected by staff
- Supported by staff
- Working toward his/her recovery, health and wellness
- Understood by staff
- Comfortable talking about his/her concerns
- Physically safe

Post-Placement Satisfaction

If the client is discharged, please respond to following three questions.

<ul style="list-style-type: none"> • Were you involved in planning for discharge from MSHS-Cambridge? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
<ul style="list-style-type: none"> • Were you satisfied with your involvement? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
<ul style="list-style-type: none"> • Are you satisfied with the community setting to which the client was discharged? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:

If you have any other comments or feedback, please use the back of this survey.

Thank you for taking time to complete this survey and providing us with feedback.

Return To:

MSHS-Cambridge
 Attn: Katy Mattson
 1425 East Rum River Drive South
 Cambridge, MN 55008
 e-mail: katy.mattson@state.mn.us

or

Fax to:
 763-689-7216

Optional

Name: _____

Contact Information: _____

Relationship to Client: _____

Date: _____

COMMUNITY PROVIDER SURVEY

Please help us evaluate our services by completing this Satisfaction Survey. We would like your impressions of our program services and value your impressions. Your answers are confidential and will be used to improve our service delivery.

CIRCLE THE NUMBER in the box that best describes your answer. There is space at the end of the survey to comment on any of your answers. Please return this survey within two weeks.

Strongly Disagree	Disagree	I am Neutral	Agree	Strongly Agree	Does Not Apply	Comments
-------------------	----------	--------------	-------	----------------	----------------	----------

The degree that the program met your expectations:

Ease with gaining access to services	1	2	3	4	5	N/A	
The referral/admission process was responsive	1	2	3	4	5	N/A	
Consumer goals were supported	1	2	3	4	5	N/A	
Treatment plans addressed appropriate goals	1	2	3	4	5	N/A	
Staff were responsive to questions/requests	1	2	3	4	5	N/A	
The program was culturally sensitive	1	2	3	4	5	N/A	

The consumer was (check all that apply):

- Respected by staff.
- Supported by staff.
- Physically safe.
- Working toward his/her recovery, health, and wellness.
- Understood by staff.
- Comfortable talking about his/her concerns.

Because of this program, the consumer improved with (check all that apply):

- Developing recovery strategies.
- Independent living skills.
- Mental Health.
- Knowledge of medications/side effects.
- Ability to cope with problems/symptoms.
- Gained knowledge about mental illness.
- Physical health.
- Quality of Life.
- Building social supports.
- Ways to reduce stress.

If this program would not have been available this client would have been referred to: (Circle one)

Acute Care---Crisis Care---Court----Other _____

Are there any ways this program could be better:

Please put any additional comments on the back of this survey.

Thank you for taking time to complete this survey and providing us with feedback.

Return to:

MSHS – Cambridge
1425 East Rum River Drive S
Cambridge, MN 55008
Attention: Katy Mattson

or

Fax to:
763-689-7216

Optional:

Name _____

County _____

Date: 12/28/2012

Post D/C

COMMUNITY PROVIDER SURVEY

Please help us evaluate our services by completing this Satisfaction Survey. We would like your impressions of our program services and value your impressions. Your answers are confidential and will be used to improve our service delivery.

CIRCLE THE NUMBER in the box that best describes your answer. There is space at the end of the survey to comment on any of your answers. Please return this survey within two weeks.

Strongly Disagree	Disagree	I am Neutral	Agree	Strongly Agree	Does Not Apply	Comments
-------------------	----------	--------------	-------	----------------	----------------	----------

The degree that the program met your expectations:

Ease with gaining access to services	1	2	3	④	5	N/A	<i>great contact</i>
The referral/admission process was responsive	1	2	3	4	⑤	N/A	
Consumer goals were supported	1	2	3	4	⑤	N/A	
Treatment plans addressed appropriate goals	1	2	3	4	⑤	N/A	
Staff were responsive to questions/requests	1	2	3	4	⑤	N/A	<i>very good</i>
The program was culturally sensitive	1	2	3	4	⑤	N/A	<i>very good</i>

The consumer was (check all that apply):

- Respected by staff.
- Supported by staff.
- Physically safe.
- Working toward his/her recovery, health, and wellness.
- Understood by staff.
- Comfortable talking about his/her concerns.

Because of this program, the consumer improved with (check all that apply):

- Developing recovery strategies.
- Independent living skills.
- Mental Health.
- Knowledge of medications/side effects.
- Ability to cope with problems/symptoms.
- Gained knowledge about mental illness.
- Physical health.
- Quality of Life.
- Building social supports.
- Ways to reduce stress.

If this program would not have been available this client would have been referred to: (Circle one)

Acute Care---Crisis Care--① Court--Other _____

Are there any ways this program could be better:

Better data/behavior charting so that providers would take person. For instance once we gained behavior episode charting providers were more willing to look at serving him

Please put any additional comments on the back of this survey.

Thank you for taking time to complete this survey and providing us with feedback.

Return to:

MSHS - Cambridge
1425 East Rum River Drive S
Cambridge, MN 55008
Attention: Katy Mattson

or

Fax to:
763-689-7216

Name _____

Optional: _____

County Stevens

Date: 12/28/2012

Post
DK

Family and Concerned Persons Survey

Research confirms that it is frequently more effective for Transitional Services Programs to include persons who are significant in a client's life in treatment, that doing so results in better outcomes for the clients with whom we work.

In order for us to provide effective services it is crucial that we obtain feedback. We would greatly appreciate it if you would take the time to fill out this form. Or, in addition, if you wish you may certainly contact the Admission/Discharge Coordinator, Katy Mattson, at 763-689-7326 or the Site Director, Steve Jensen, who can be reached at 763-689-7169.

	Strongly Disagree	Disagree	Disagree/Neutral	Agree	Strongly Agree	Does Not Apply	Comments
Program staff were respectful and courteous in their interactions with me and my family.	1	2	3	4	5	N/A	
Program staff were helpful in providing information and support to me and my family.	1	2	3	4	5	N/A	
The information which was provided to me and my family was helpful.	1	2	3	4	5	N/A	
Program staff were willing to answer my questions.	1	2	3	4	5	N/A	
Staff demonstrated respect for my privacy.	1	2	3	4	5	N/A	
Staff were respectful of my cultural, ethnic, racial, and religious beliefs.	1	2	3	4	5	N/A	
Program staff provided information which helped me understand my own and my family's responsibilities.	1	2	3	4	5	N/A	

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

- Respected by staff
- Supported by staff
- Working toward his/her recovery, health and wellness

- Understood by staff
- Comfortable talking about his/her concerns
- Physically safe

Post-Placement Satisfaction

If the client is discharged, please respond to following three questions.

• Were you involved in planning for discharge from MSHS-Cambridge?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
• Were you satisfied with your involvement?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
• Are you satisfied with the community setting to which the client was discharged?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Comments:

If you have any other comments or feedback, please use the back of this survey.

Thank you for taking time to complete this survey and providing us with feedback.

Return To:

MSHS-Cambridge
 Attn: Katy Mattson
 1425 East Rum River Drive South
 Cambridge, MN 55008
 e-mail: katy.mattson@state.mn.us

Fax to:
 763-689-7216

OR

Optional

Name: _____

Contact Information: STEVENS CO H.S.

Relationship to Client: GUARDIAN REP

WE FOUND KATY TO BE VERY HELPFUL AND ENGAGED WITH OUR CONCERNS AND NEEDS. DUE TO THE WORK YOU DID ALONG WITH EFFORTS BY THE CURRENT PROVIDER OUR PERSON IS NOW DOING WELL AND ENJOYING SOME STABILITY FOR THE FIRST TIME IN QUITE AWHILE.

THANKS!

Date: 12/28/2012

Family and Concerned Persons Survey

Research confirms that it is frequently more effective for Transitional Services Programs to include persons who are significant in a client's life in treatment, that doing so results in better outcomes for the clients with whom we work.

In order for us to provide effective services it is crucial that we obtain feedback. We would greatly appreciate it if you would take the time to fill out this form. Or, in addition, if you wish you may certainly contact the Admission/Discharge Coordinator, Katy Mattson, at 763-689-7326 or the Site Director, Steve Jensen, who can be reached at 763-689-7169.

	Strongly Dislike	Dislike	Like Neither	Like	Strongly Like	Did Not Apply	Comments
[REDACTED]	1	2	3	4	(5)	N/A	Met with Beth and Mitchell Both were Pleasant
[REDACTED]	1	2	3	4	(3)	N/A	
[REDACTED]	1	2	3	4	(3)	N/A	
[REDACTED]	1	2	3	4	(5)	N/A	
[REDACTED]	1	2	3	4	(5)	N/A	Visited twice both were nice
[REDACTED]	1	2	3	4	(5)	N/A	
[REDACTED]	1	2	3	4	(5)	N/A	Had very good day when visited

From your perspective, the client was (check all that apply)

- Respected by staff
- Supported by staff
- Working toward his/her recovery, health and wellness

- Understood by staff
- Comfortable talking about his/her concerns
- Physically safe

Post-Placement Satisfaction

If the client is discharged, please respond to following three questions.

<ul style="list-style-type: none"> • Were you involved in planning for discharge from MSHS-Cambridge? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
<ul style="list-style-type: none"> • Were you satisfied with your involvement? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
<ul style="list-style-type: none"> • Are you satisfied with the community setting to which the client was discharged? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:

If you have any other comments or feedback, please use the back of this survey.

Thank you for taking time to complete this survey and providing us with feedback.

Return To:

MSHS-Cambridge
 Attn: Katy Mattson
 1425 East Rum River Drive South
 Cambridge, MN 55008
 e-mail: katy.mattson@state.mn.us

OR

Fax to:
 763-689-7216

Optional

Name: _____

Contact Information: _____

Relationship to Client: Father

Date: 12/28/2012

Family and Concerned Persons Survey

Research confirms that it is frequently more effective for Transitional Services Programs to include persons who are significant in a client's life in treatment, that doing so results in better outcomes for the clients with whom we work.

In order for us to provide effective services it is crucial that we obtain feedback. We would greatly appreciate it if you would take the time to fill out this form. Or, in addition, if you wish you may certainly contact the Admission/Discharge Coordinator, Katy Mattson, at 763-689-7326 or the Site Director, Steve Jensen, who can be reached at 763-689-7169.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Does Not Apply	Comments
Program staff were respectful and courteous in their interactions with clients and family members.	1	2	3	4	5	N/A	
Program staff listened to family concerns and the concerns and information provided to develop solutions when possible.	1	2	3	4	5	N/A	
The information which was presented to program staff was helpful.	1	2	3	4	5	N/A	
Overall, program staff were working with the program to help the client.	1	2	3	4	5	N/A	
When an appointment was requested, it was granted in a reasonable time.	1	2	3	4	5	N/A	
Program staff do not discriminate against any race, ethnicity, religion, or gender.	1	2	3	4	5	N/A	
Private areas were provided for staff when requested by the interdisciplinary team.	1	2	3	4	5	N/A	

From your perspective, the client was (check all that apply)

- Respected by staff
- Supported by staff
- Working toward his/her recovery, health and wellness
- Understood by staff
- Comfortable talking about his/her concerns
- Physically safe

Post-Placement Satisfaction

If the client is discharged, please respond to following three questions.

• Were you involved in planning for discharge from MSHS-Cambridge?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Comments:
• Were you satisfied with your involvement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Comments:
• Are you satisfied with the community setting to which the client was discharged?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:

Still waiting for involvement on conferences
N/A

house #8
If you have any other comments or feedback, please use the back of this survey.

I am concerned as [redacted] has informed me of staff contact. Thank you for taking time to complete this survey and providing us with feedback.

[redacted] was at Meta and a staff rep who had restrained him in the past is still there and upsetting him.

Return To:

MSHS-Cambridge
Attn: Katy Mattson
1425 East Rum River Drive South
Cambridge, MN 55008
e-mail: katy.mattson@state.mn.us

Fax to:
763-689-7216

or

Optional

Name: _____

Contact Information: _____

Relationship to Client: _____

Date: 12/28/2012

Family and Concerned Persons Survey

Research confirms that it is frequently more effective for Transitional Services Programs to include persons who are significant in a client's life in treatment, that doing so results in better outcomes for the clients with whom we work.

In order for us to provide effective services it is crucial that we obtain feedback. We would greatly appreciate it if you would take the time to fill out this form. Or, in addition, if you wish you may certainly contact the Admission/Discharge Coordinator, Katy Mattson, at 763-689-7326 or the Site Director, Steve Jensen, who can be reached at 763-689-7169.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Does Not Apply	Comments
Program staff were respectful and courteous in their interactions with clients and family members.	1	2	3	4	5	N/A	
Program staff listened to family concerns and suggestions and used that information to develop solutions when possible.	1	2	3	4	5	N/A	
The information which was presented to program staff was helpful.	1	2	3	4	5	N/A	
Overall my experience in working with this program was positive one.	1	2	3	4	5	N/A	
Concerns and benefited clients were managed at reasonable times.	1	2	3	4	5	N/A	
Program staff allowed for client's input (consent) in all program decisions (policy).	1	2	3	4	5	N/A	
Family needs were provided for along with client needs coordinated by the interdisciplinary team.	1	2	3	4	5	N/A	

From your perspective, the client was (check all that apply)

- Respected by staff
- Supported by staff
- Working toward his/her recovery, health and wellness

- Understood by staff
- Comfortable talking about his/her concerns
- Physically safe

Post-Placement Satisfaction

If the client is discharged, please respond to following three questions.

<ul style="list-style-type: none"> • Were you involved in planning for discharge from MSHS-Cambridge? 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
<ul style="list-style-type: none"> • Were you satisfied with your involvement? 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
<ul style="list-style-type: none"> • Are you satisfied with the community setting to which the client was discharged? 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Comments:

If you have any other comments or feedback, please use the back of this survey.

Thank you for taking time to complete this survey and providing us with feedback.

Return To:

MSHS-Cambridge
 Attn: Katy Mattson
 1425 East Rum River Drive South
 Cambridge, MN 55008
 e-mail: katy.mattson@state.mn.us

OR

Fax to:
 763-689-7216

Optional

Name: _____

Contact Information: _____

Relationship to Client: D _____

Date: 12/28/2012

Family and Concerned Persons Survey

Research confirms that it is frequently more effective for Transitional Services Programs to include persons who are significant in a client's life in treatment, that doing so results in better outcomes for the clients with whom we work.

In order for us to provide effective services it is crucial that we obtain feedback. We would greatly appreciate it if you would take the time to fill out this form. Or, in addition, if you wish you may certainly contact the Admission/Discharge Coordinator, Katy Mattson, at 763-689-7326 or the Site Director, Steve Jensen, who can be reached at 763-689-7169.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Does Not Apply	Comments
Program staff were respectful of the client's in their interactions with clients and family members.	1	2	3	4	(5)	N/A	
Program staff listened to family concerns and suggestions and incorporated them into the program as far as possible.	1	2	3	4	(5)	N/A	
The information which was provided by program staff was helpful.	1	2	3	4	(5)	N/A	
Overall my experience in working with the program was positive.	1	2	3	4	(6)	N/A	
Discharge plans scheduled were convenient to family members.	1	2	3	4	(5)	N/A	
Use of the program by client's family members was encouraged by staff.	1	2	3	4	(5)	N/A	
Private visits were provided for visits with client's family members (unless contraindicated by the interdisciplinary team).	1	2	3	4	(6)	N/A	

From your perspective, the client was (check all that apply)

- Respected by staff
- Supported by staff
- Working toward his/her recovery, health and wellness
- Understood by staff
- Comfortable talking about his/her concerns
- Physically safe

Post-Placement Satisfaction

If the client is discharged, please respond to following three questions. *Not discharged yet but we discuss*

<ul style="list-style-type: none"> • Were you involved in planning for discharge from MSHS-Cambridge? 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Comments: <i>as a team every month</i>
<ul style="list-style-type: none"> • Were you satisfied with your involvement? 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
<ul style="list-style-type: none"> • Are you satisfied with the community setting to which the client was discharged? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:

If you have any other comments or feedback, please use the back of this survey.

I love working with all MSHS staff; all are very professional and compassionate -
Thank you for taking time to complete this survey and providing us with feedback.

Return To:

MSHS-Cambridge
Attn: Katy Mattson
1425 East Rum River Drive South
Cambridge, MN 55008
e-mail: katy.mattson@state.mn.us

or

Fax to:
763-689-7216

Optional

Name: _____

Contact Information: _____

Relationship to Client: *guardian*

Date: 12/28/2012

Family and Concerned Persons Survey

Research confirms that it is frequently more effective for Transitional Services Programs to include persons who are significant in a client's life in treatment, that doing so results in better outcomes for the clients with whom we work.

In order for us to provide effective services it is crucial that we obtain feedback. We would greatly appreciate it if you would take the time to fill out this form. Or, in addition, if you wish you may certainly contact the Admission/Discharge Coordinator, Katy Mattson, at 763-689-7326 or the Site Director, Steve Jensen, who can be reached at 763-689-7169.

	Strongly Disagree	Disagree	Fair/Neutral	Agree	Strongly Agree	Did Not Apply	Comments
Program Staff were respectful and courteous in their interactions with clients and family members.	1	2	3	4	5	N/A	
Program staff listened to family concerns and suggestions and tried to address them or develop services when possible.	1	2	3	4	5	N/A	
The information which was provided by program staff was helpful.	1	2	3	4	5	N/A	
Overall my experience in working with this program was a positive one.	1	2	3	4	5	N/A	
Understand and understand the client's or family's or reasonable home.	1	2	3	4	5	N/A	
Empathetic about broken things and ways allowed to understand through the program.	1	2	3	4	5	N/A	
Program staff are provided for us with client unless contraindicated by the interdisciplinary team.	1	2	3	4	5	N/A	

From your perspective, the client was (check all that apply)

- Respected by staff
- Supported by staff
- Working toward his/her recovery, health and wellness

- Understood by staff
- Comfortable talking about his/her concerns
- Physically safe

Post-Placement Satisfaction

If the client is discharged, please respond to following three questions.

• Were you involved in planning for discharge from MSHS-Cambridge?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
• Were you satisfied with your involvement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
• Are you satisfied with the community setting to which the client was discharged?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:

If you have any other comments or feedback, please use the back of this survey.

Thank you for taking time to complete this survey and providing us with feedback.

Return To:

MSHS-Cambridge
Attn: Katy Mattson
1425 East Rum River Drive South
Cambridge, MN 55008
e-mail: katy.mattson@state.mn.us

OR

Fax to:
763-689-7216

Optional

Name: _____

Contact Information: _____

Relationship to Client: _____

Date: 12/28/2012

DEC 31 2012

COMMUNITY PROVIDER SURVEY

Please help us evaluate our services by completing this Satisfaction Survey. We would like your impressions of our program services and value your impressions. Your answers are confidential and will be used to improve our service delivery.

CIRCLE THE NUMBER in the box that best describes your answer. There is space at the end of the survey to comment on any of your answers. Please return this survey within two weeks.

Strongly Disagree	Disagree	I am Neutral	Agree	Strongly Agree	Does Not Apply	Comments
-------------------	----------	--------------	-------	----------------	----------------	----------

The degree that the program met your expectations:

Ease with gaining access to services	1	2	3	4	5	N/A	
The referral/admission process was responsive	1	2	3	4	5	N/A	
Consumer goals were supported	1	2	3	4	5	N/A	
Treatment plans addressed appropriate goals	1	2	3	4	5	N/A	
Staff were responsive to questions/requests	1	2	3	4	5	N/A	
The program was culturally sensitive	1	2	3	4	5	N/A	

The consumer was (check all that apply):

- Respected by staff.
- Supported by staff.
- Physically safe.
- Working toward his/her recovery, health, and wellness.
- Understood by staff.
- Comfortable talking about his/her concerns.

Because of this program, the consumer improved with (check all that apply):

- Developing recovery strategies.
- Independent living skills.
- Mental Health.
- Knowledge of medications/side effects.
- Ability to cope with problems/symptoms.
- Gained knowledge about mental illness.
- Physical health.
- Quality of Life.
- Building social supports.
- Ways to reduce stress.

If this program would not have been available this client would have been referred to: (Circle one)

Acute Care---Crisis Care---Court---Other CMHS

Are there any ways this program could be better:

Please put any additional comments on the back of this survey.

Thank you for taking time to complete this survey and providing us with feedback.

Return to:

MSHS - Cambridge
1425 East Rum River Drive S
Cambridge, MN 55008
Attention: Katy Mattson

or

Fax to:
763-689-7216

Optional:

Name _____

County _____

Date: 12/28/2012

COMMUNITY PROVIDER SURVEY

Please help us evaluate our services by completing this Satisfaction Survey. We would like your impressions of our program services and value your impressions. Your answers are confidential and will be used to improve our service delivery. **CIRCLE THE NUMBER** in the box that best describes your answer. There is space at the end of the survey to comment on any of your answers. Please return this survey within two weeks.

Strongly Disagree	Disagree	I am Neutral	Agree	Strongly Agree	Does Not Apply	Comments
-------------------	----------	--------------	-------	----------------	----------------	----------

The degree that the program met your expectations:

Ease with gaining access to services	1	2	3	4	5	N/A	was pretty difficult due to age.
The referral/admission process was responsive	1	2	3	4	5	N/A	
Consumer goals were supported	1	2	3	4	5	N/A	
Treatment plans addressed appropriate goals	1	2	3	4	5	N/A	
Staff were responsive to questions/requests	1	2	3	4	5	N/A	
The program was culturally sensitive	1	2	3	4	5	N/A	

The consumer was (check all that apply):

- Respected by staff.
- Supported by staff.
- Physically safe.
- Working toward his/her recovery, health, and wellness.
- Understood by staff.
- Comfortable talking about his/her concerns.

Because of this program, the consumer improved with (check all that apply):

- Developing recovery strategies.
- Independent living skills.
- Mental Health.
- Knowledge of medications/side effects.
- Ability to cope with problems/symptoms.
- Gained knowledge about mental illness.
- Physical health.
- Quality of Life.
- Building social supports.
- Ways to reduce stress.

If this program would not have been available this client would have been referred to: (Circle one)
 Acute Care---Crisis Care---Court---Other would have remained in St. Peter.

Are there any ways this program could be better:

Please put any additional comments on the back of this survey.

Thank you for taking time to complete this survey and providing us with feedback.

Return to:

MSSH - Cambridge
 1425 East Rum River Drive S
 Cambridge, MN 55008
 Attention: Katy Mattson

or

Fax to: 763-689-7216 Name

Optional:

County Sarabault

Date: 12/28/2012

COMMUNITY PROVIDER SURVEY

Please help us evaluate our services by completing this Satisfaction Survey. We would like your impressions of our program services and value your impressions. Your answers are confidential and will be used to improve our service delivery.
CIRCLE THE NUMBER in the box that best describes your answer. There is space at the end of the survey to comment on any of your answers. Please return this survey within two weeks.

Strongly Disagree	Disagree	I am Neutral	Agree	Strongly Agree	Does Not Apply	Comments
-------------------	----------	--------------	-------	----------------	----------------	----------

The degree that the program met your expectations:

Ease with gaining access to services	1	2	3	<u>4</u>	5	N/A	
The referral/admission process was responsive	1	2	3	4	<u>5</u>	N/A	
Consumer goals were supported	1	2	3	4	<u>5</u>	N/A	
Treatment plans addressed appropriate goals	1	2	3	<u>4</u>	5	N/A	
Staff were responsive to questions/requests	1	2	3	4	<u>5</u>	N/A	
The program was culturally sensitive	1	2	3	4	<u>5</u>	N/A	

The consumer was (check all that apply):

- Respected by staff.
- Supported by staff.
- Physically safe.
- Working toward his/her recovery, health, and wellness.
- Understood by staff.
- Comfortable talking about his/her concerns.

Because of this program, the consumer improved with (check all that apply):

- Developing recovery strategies.
- Independent living skills.
- Mental Health.
- Knowledge of medications/side effects.
- Ability to cope with problems/symptoms.
- Gained knowledge about mental illness.
- Physical health.
- Quality of Life.
- Building social supports.
- Ways to reduce stress.

If this program would not have been available this client would have been referred to: (Circle one)

Acute Care---Crisis Care---~~Other~~---Other ?

Are there any ways this program could be better:

Please put any additional comments on the back of this survey.

Thank you for taking time to complete this survey and providing us with feedback.

Return to:

MHS - Cambridge
 1425 East Rum River Drive S
 Cambridge, MN 55008
 Attention: Katy Mattson

OR

Fax to:
 763-689-7216

Optional:

Name _____
 County _____

Exhibit 124

Effective Date: January 25, 2013

Procedure Number: 15914

Minnesota Specialty Health System – Cambridge

CLIENT CARE

Grievance and Complaint Process

SOS REFERENCE POLICY NUMBER: 6450

To provide an avenue by which clients and their families, significant others, interested persons, or legal representatives may question and recommend changes to procedures and services within a program.

DEFINITIONS:

Complaint: A question, concern or area of dissatisfaction a client, significant other, interested person or legal representative may have regarding care and treatment. Although most complaints will be reviewed and resolved internally, the information provided to staff in a complaint could result in reporting to an external agency. For example, information provided in a complaint could allege an action that is reportable under the Vulnerable Adult Act, Maltreatment of Minors Act, or may result in the filing of a complaint.

Grievance: A complaint that is not resolved and is committed to writing by the client, significant other or legal representative.

Grievance Committee: A committee appointed by the DHS Deputy Commissioner, chaired by the State Operated Services Chief Operating Officer with membership from Medical, Social Work, Nursing staff and an advocate.

RESPONSIBILITIES:

Director:

Responsible for review, resolution, tracking and trending of grievances within the program. Responsible for ensuring training occurs in the implementation of this procedure.

Program Staff:

Responsible for providing the client or concerned person a Grievance Form when requested and implementing the process according to timelines established in this procedure.

DHS Deputy Commissioner:

The DHS Deputy Commissioner is responsible for approving this policy and providing oversight responsibility for grievance monitoring and resolution. The DHS Deputy Commissioner has delegated responsibility to the Grievance Committee to review and respond to grievances not resolved at the program level.

Grievance Committee:

This committee is responsible for reviewing and responding to grievances not resolved at the program level.

PROCEDURE:

- A. The grievance and complaint process will be explained to clients and their interested person within 24 hours of admission and documentation of such will occur in the medical record by program staff.
- B. In a location accessible to clients, each program will post a notice of this grievance and complaint process which includes the address and telephone number of the Office of Health Facilities

Complaints, the Office of the Ombudsman for Mental Health and Developmental Disabilities, the Department of Human Services, Division of Licensing and for those accredited facilities, The Joint Commission.

- C. Provisions need to be made if the client is in need of an interpreter or any assistive device for purposes of completing a grievance procedure.
- D. Clients or any interested person may voice complaints and recommend changes in procedures and services to program staff and others of their choice without fear of interference, coercion, discrimination or reprisal, including threat of discharge. They may do so by utilizing the internal grievance process and by processing a complaint directly with an outside agency.
- E. When a client or concerned person communicates a complaint, they will be assisted in resolving the issue informally with the staff directly involved or responsible for the individual's care and treatment as appropriate. This interaction will occur immediately between the person bringing the complaint and the staff person to whom the complaint is voiced. The goal is to address the complaint quickly and at the point of service delivery. Staff will make every effort to settle a client's complaint in a respectful way.
- F. If the grievance or complaint alleges that maltreatment has occurred, the staff member receiving the complaint will follow maltreatment reporting procedures to process the allegation.
- G. If a complaint cannot be resolved as described in letter E, a Grievance Form must be completed. If the client or concerned person is unable to complete the form, a staff member will provide assistance. An interaction will occur immediately between the person completing the Grievance Form and the staff person to whom the form is submitted.
- H. Program staff will be responsible for ensuring that each step of the Grievance process is completed. All completed grievance forms shall be submitted to the Director.
- I. If the issue is unresolved by the Director, the designated staff will forward the grievance to the SOS Grievance Committee chairperson. The SOS Grievance Committee will meet and respond within 30 days. This response will be recorded on the SOS Grievance Form and will be provided to the client as well as the local program from which the grievance originated. In its resolution of complaints, the SOS Grievance Committee provides the Grievant with written notice of its decision, which contains the following: the name of the hospital contact person, the steps taken on behalf of the individual to investigate the complaint, the results of the process, and the date of completion of the complaint process. At least annually the Grievance Committee will submit a written report to the DHS Deputy Commissioner regarding grievances filed and their resolution.
- J. The program will retain copies of all grievances forms for a period of two years. Data will be gathered at each program regarding number of grievances and the level at which each was resolved. This data will be reviewed at Quality Assurance and Performance Improvement Meetings and monitored for trends or patterns.

DATA PRIVACY:

State and Federal laws require government agencies to maintain the privacy of the data that they collect in the course of their business. The release of private information maintained about clients requires the consent of the client, a court order or in accordance with a statutory provision.

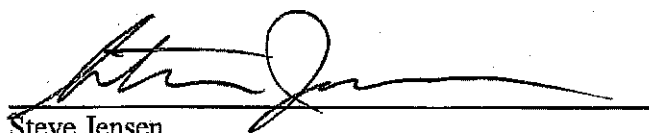
REFERENCES:

DHS-6031 Grievance Form

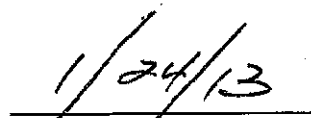
Notice of Consumer Concerns-Cambridge.doc

CANCELLATIONS: This procedure supersedes MSHS Procedure Client Complaint/Concern dated 10/15/10.

AUTHENTICATION SIGNATURES:



Steve Jensen,
Minnesota Specialty Health System-Cambridge Director



Date

UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

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

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

Plaintiffs,

vs.

**PLACEHOLDER FOR
EXHIBITS 125-129C TO
DEFENDANTS' STATUS REPORT**

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

Defendants.

This document is a place holder for the following items which are filed in conventional or physical form with the Clerk's Office:

Exhibits 125-129C to Defendants' Status Report

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(s):

- 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 a court order* (Pursuant to Second Amended Protective Order: Doc. No. 190)
- Item Under Seal pursuant to the [Fed. R. Civ. P. 52](#) and [Fed. R. Crim. P. 49.1](#) (Document number of redacted version: ___)
- Other (description):

Exhibit 130

Revised:
 11/15/2012
 11/30/2012
 01/14/2013
 02/04/2013
 02/21/2013
 03/11/2013

MSOCS Cambridge Training Tracker - Annual Training Beginning Calendar Year 2012

Employee Name	Date of Hire	Therapeutic Intervention (four hours each = total eight hours)		Total	Personal Safety Techniques (four hours each = total eight hours)		Total	Medically Monitored Restraints = 1 hour	Positive Behavioral Supports = 24 hours
Steve Berkness	11/28/2011	3/29/2012	12/4/2012	8:00	3/29/2012	12/4/2012	8:00	2/15/2012	
Matt Kislenger	11/22/2011	3/28/2012	11/5/2012	8:00	3/28/2012	11/5/2012	8:00	2/15/2012	
Krista Boyne	11/28/2011	3/28/2012	12/4/2012	8:00	3/28/2012	12/4/2012	8:00	2/15/2012	
Dacri Downing	11/28/2011	10/11/2012	2/27/2013	8:00	10/11/2012	2/27/2013	8:00	3/29/2012	
Crystal Wyrick	7/1/2011	3/28/2012	11/19/2012	8:00	3/28/2012	11/19/2012	8:00	2/15/2012	
Keri Olson	11/28/2011	10/11/2012	12/18/2012	8:00	10/11/2012	12/18/2012	8:00	2/15/2012	
Stacey Brown	11/28/2011	3/29/2012	12/4/2012	8:00	3/29/2012	12/4/2012	8:00	2/15/2012	
Terrie Brasch	3/14/2012	10/10/2012	12/18/2012	8:00	10/10/2012	12/18/2012	8:00	3/29/2012	
Rebecca Koolmo	11/30/2011	3/28/2012	11/5/2012	8:00	3/28/2012	11/5/2012	8:00	2/15/2012	
Danielle Richard	11/28/2011	10/10/2012	12/18/2012	8:00	10/10/2012	12/18/2012	8:00	2/15/2012	
Wesley Wyrick	7/1/2011	3/29/2012	11/19/2012	8:00	3/29/2012	11/19/2012	8:00	2/15/2012	
Amanda Brouillard	12/2/2011	3/29/2012	12/27/2012	8:00	3/29/2012	12/27/2012	8:00	2/15/2012	
Todd Buckingham	8/27/2008	11/5/2012		4:00				2/15/2012	

MSOCS Cambridge Training Tracker

Revised: 11/15/2012 2/4/2013
 11/30/2012 2/21/2013
 01/14/2013 3/11/2013

Employee Name	Date of Hire	Therapeutic Intervention (four hours each = total eight hours)		Total Hours	Personal Safety Techniques (four hours each = total eight hours)	Total Hours	Medically Monitored Restraints = 1 hours	PCT Training (16 Hours Required)	PCT Training Total Hours	Positive Behavioral Supports = 24 hours	Post Crisis Eval. = 4 hours
		Required Completion by March 31, 2012	Required Completion by March 31, 2012								
Steve Berkness	11/28/2011	12/2/2010	8/11/2011	8:00	12/2/2010	8/11/2011	2/15/2012	13	13	12/1/2011	1/26/2012
Matt Kislenger	11/22/2011	12/1/2010	8/11/2011	8:00	12/1/2010	8/11/2011	2/15/2012	13	13	11/7/2011	3/8/2012
Krista Bayne	11/28/2011	12/1/2010	8/11/2011	8:00	12/1/2010	8/11/2011	2/15/2012	13	13	12/1/2011	2/14/2012
Dacri Downing	11/28/2011	2/9/2011	8/11/2011	8:00	2/9/2011	8/11/2011	3/29/2012	13	13	3/27/2012	3/8/2012
Crystal Wyrick	7/1/2011	12/2/2010	8/11/2011	8:00	12/2/2010	8/11/2011	2/15/2012	13	13	12/1/2011	2/14/2012
Keri Olson	11/28/2011	12/28/2010	6/2/2011	12:00	12/28/2010	6/2/2011	2/15/2012	13	13	11/15/2011	3/8/2012
Stacey Brown	11/28/2011	12/1/2010	8/11/2011	8:00	12/1/2010	8/11/2011	2/15/2012	13	13	11/15/2011	1/26/2012
Terrie Brasch	3/14/2012	12/29/2010	8/11/2011	8:00	12/29/2010	8/11/2011	3/29/2012	13	13	3/27/2012	2/28/2012
Rebecca Koolmo	11/30/2011	12/2/2010	8/11/2011	8:00	12/2/2010	8/11/2011	2/15/2012	13	13	11/10/2011	1/26/2012
Danielle Richard	11/28/2011	12/29/2010	6/2/2011	12:00	12/29/2010	6/2/2011	2/15/2012	13	13	11/10/2011	2/14/2012
Wesley Wyrick	7/1/2011	12/2/2010	8/11/2011	8:00	12/2/2010	8/11/2011	2/15/2012	13	13	11/10/2011	2/28/2012
Amanda Brouillard	12/2/2011	12/28/2010	8/11/2011	8:00	12/28/2010	8/11/2011	2/15/2012	13	13	12/1/2011	2/28/2012
Todd Buckingham	8/27/2008	11/10/2012	8/11/2011	8:00	8/11/2011	8/11/2011	2/15/2012	13	13	11/7/2011	2/28/2012

11/15/2012
11/30/2012
01/14/2013
02/04/2013
02/21/2013
09/11/2013

Revised:

MSHS Cambridge Training Tracker - Annual Training Beginning Calendar Year 2012

Employee Name	Date of hire	Therapeutic Intervention (four hours each = total eight hours)		Total	Personal Safety Techniques (four hours each = total eight hours)		Total
Gina Johnson	12/13/1995	6/12/2012	12/12/2012	8:00	6/12/2012	12/12/2012	8:00
Stephanie Kuznie	11/25/2009	2/23/2012	6/14/2012	8:00	2/23/2012	6/14/2012	8:00
Catherine Mattson	9/1/1999	6/14/2012	12/12/2012	8:00	6/14/2012	12/12/2012	8:00
Kim Palmer	12/13/1995	6/13/2012	12/12/2012	8:00	6/13/2012	12/12/2012	8:00
Steve Hiebert	8/23/2006	1/4/2012	6/21/2012	12:00	1/4/2012	6/21/2012	12/27/2012
Elizabeth Klute	1/31/2005	2/23/2012	6/14/2012	12:00	2/23/2012	6/14/2012	12/27/2012
Dawn Thomas	11/30/1998	6/21/2012	12/13/2012	8:00	6/21/2012	12/13/2012	8:00
Jeek Keel	6/18/2003	7/9/2012		4:00	7/9/2012		4:00
Mitch Becker	12/13/1995	6/12/2012	12/12/2012	8:00	6/12/2012	12/12/2012	8:00
Margaret Carlson	12/13/1995	6/21/2012	12/13/2012	8:00	6/21/2012	12/13/2012	8:00
Dana McIntyre	12/13/1995	6/12/2012	12/27/2012	8:00	6/12/2012	12/27/2012	8:00
Susan Peterson	12/13/1995	6/12/2012	12/12/2012	8:00	6/12/2012	12/12/2012	8:00
Judy Roehl	8/15/2001	6/21/2012	12/12/2012	8:00	6/21/2012	12/12/2012	8:00
James Kunschier	12/13/1995	1/4/2012	6/12/2012	12:00	1/4/2012	6/12/2012	12/12/2012
Kevin Morgan	12/13/1995	6/13/2012	12/12/2012	8:00	6/13/2012	12/12/2012	8:00
Stephanie Johnson	4/29/1998	7/9/2012	12/12/2012	8:00	7/9/2012	12/12/2012	8:00
Penny Hedlund	12/13/1995	6/12/2012	12/12/2012	8:00	6/12/2012	12/12/2012	8:00
Stacey Sjestedt	2/21/1996	6/13/2012	12/12/2012	8:00	6/13/2012	12/12/2012	8:00
Amy Graham	1/7/1998	6/13/2012	12/13/2012	8:00	6/13/2012	12/13/2012	8:00
Perri Prigge	11/30/1998	6/14/2012	12/13/2012	8:00	6/14/2012	12/13/2012	8:00
Kathleen Carlson	9/27/1999	7/9/2012	12/13/2012	8:00	7/9/2012	12/13/2012	8:00
Kendra Cline	1/16/2000	6/12/2012	12/27/2012	8:00	6/12/2012	12/27/2012	8:00
Will Coyle	11/30/2011	3/27/2012	6/14/2012	12:00	3/27/2012	6/14/2012	12/18/2012
Lavonne Sorenson	4/17/2000	6/21/2012	12/12/2012	8:00	6/21/2012	12/12/2012	8:00
Michael Dewainig	4/15/2002	6/12/2012		4:00	6/21/2012		4:00
Jesse Gillespie	10/31/2005	9/10/2012	12/27/2012	8:00	9/10/2012	12/27/2012	8:00
Kelly McGuire	4/17/2006	6/21/2012	12/12/2012	8:00	6/21/2012	12/12/2012	8:00
Brian Kassa	6/26/2006	1/4/2012	6/13/2012	12:00	1/4/2012	6/13/2012	12/27/2012
Doni Lamoreaux	6/26/2006	6/14/2012	12/13/2012	8:00	6/14/2012	12/13/2012	8:00
Dennis Aronson	8/8/2007	6/14/2012	12/12/2012	8:00	6/14/2012	12/12/2012	8:00
Ricky Hanson	9/30/1998	1/5/2012	6/13/2012	12:00	1/5/2012	6/13/2012	12/13/2012
Judy Carda	12/13/1995	6/14/2012	12/13/2012	8:00	6/14/2012	12/13/2012	8:00
Jane Mell	12/13/1995	6/12/2012	12/12/2012	8:00	6/12/2012	12/12/2012	8:00

Employee Name	Date of Hire	Therapeutic Intervention (four hours each = total eight hours)		Total	Personal Safety Techniques (four hours each = total eight hours)		Total
Mary Lancrain	12/13/1995	6/21/2012	12/13/2012	8:00	6/21/2012	12/13/2012	8:00
Char Villnow	12/13/1995	6/12/2012	12/13/2012	8:00	6/12/2012	12/13/2012	8:00
Dave Hicks	12/13/1995	6/13/2012	12/13/2012	8:00	6/13/2012	12/13/2012	8:00
Michael Lawrence	1/7/1998	9/10/2012	12/13/2012	8:00	9/10/2012	12/13/2012	8:00
Ed Jobs	12/13/1995	1/4/2012	6/13/2012	12:00	1/4/2012	6/13/2012	12:00
Yvonne Lee	12/13/1995	6/21/2012	12/13/2012	8:00	6/21/2012	12/13/2012	8:00
Eben Gillespie	12/13/1995	6/14/2012	12/12/2012	8:00	6/14/2012	12/12/2012	8:00
Robin Noren-Mullins	2/7/1996	1/4/2012	6/14/2012	12:00	1/4/2012	6/14/2012	12:00
Moridy Nordlum	12/13/1995	6/12/2012	12/27/2012	8:00	6/12/2012	12/27/2012	8:00
Chris Jones	4/1/1996	6/14/2012	12/13/2012	8:00	6/14/2012	12/13/2012	8:00
David Haas	4/1/1996	6/12/2012	12/13/2012	8:00	6/12/2012	12/13/2012	8:00
Matt Johnson	4/7/1999	6/21/2012	12/12/2012	8:00	6/21/2012	12/12/2012	8:00
Ron Flaherty	11/28/2002	6/12/2012	12/27/2012	8:00	6/12/2012	12/27/2012	8:00
Heather Hauri	4/15/2002	6/14/2012	12/12/2012	8:00	6/14/2012	12/12/2012	8:00
Richard Bell	7/15/2002	2/23/2012	7/9/2012	12:00	2/23/2012	7/9/2012	12:00
Clay Campion	12/2/2002	6/14/2012	12/12/2012	8:00	6/14/2012	12/12/2012	8:00
Deborah-Glassing	11/28/2011	6/14/2012		8:00	6/14/2012		8:00
Sharon-Aardin	12/13/1995	1/4/2012		8:00	1/4/2012		8:00
Janet Marciniak	9/25/2002	6/14/2012	12/13/2012	8:00	6/14/2012	12/13/2012	8:00
Amanda Bartnick	2/20/2008	6/12/2012	12/12/2012	8:00	6/12/2012	12/12/2012	8:00
Fara-Iwin	11/28/2011	7/9/2012		4:00	7/9/2012		4:00
Stuart Hester	12/13/1995	6/13/2012		4:00	6/13/2012		4:00
Jill Jones	6/22/2011	6/21/2012	12/12/2012	8:00	6/21/2012	12/12/2012	8:00
Randa Urness	3/5/2012	3/19/2012	6/14/2012	16:00	3/19/2012	6/14/2012	16:00
Adele Hepburn	4/11/2012	6/13/2012	12/13/2012	8:00	6/13/2012	12/13/2012	8:00
Elizabeth Harris	4/30/2012	5/14/2012	12/13/2012	12:00	5/14/2012	12/13/2012	12:00
Dustin Stradal (transferred)	6/18/2012	3/27/2012	12/12/2012	8:00	3/27/2012	12/12/2012	8:00
Shana Nelson	9/12/2012	9/17/2012	12/12/2012	12:00	9/17/2012	12/12/2012	12:00
Rea-Feyler	9/12/2012	9/17/2012	9/18/2012	8:00	9/17/2012	9/18/2012	8:00
Dylan Jennings	6/6/2012	6/11/2012	6/12/2012	12:00	6/11/2012	6/12/2012	12:00
Vern Anderson	10/10/2012	10/15/2012	10/16/2012	12:00	10/15/2012	10/16/2012	12:00
Steve Jensen		12/26/2012	12/27/2012	8:00	12/26/2012	12/27/2012	8:00

Separated from MSHS-Cambridge= #trikethrough

MSHS Cambridge Training Tracker - Annual Training Beginning Calendar Year 2013

Employee Name	Date of Hire	Therapeutic Intervention (four hours each = total eight hours)	Total	Personal Safety Techniques (four hours each = total eight hours)	Total	Positive Behavioral Supports = 12 hours
Gina Johnson	12/13/1995					
Catherine Mattson	9/1/1999					
Kim Palmer	12/13/1995					
Steve Hiebert	8/23/2006					
Elizabeth Klute	1/31/2005					
Dawn Thomas	11/30/1998					
Mitch Becker	12/13/1995					
Margaret Carlson	12/13/1995					
Dana McIntyre	12/13/1995					
Susan Peterson	12/13/1995					
Judy Roehl	8/15/2001					
Kevin Morgan	12/13/1995					
Stephanie Johnson	4/29/1998					
Penny Hedlund	12/13/1995					
Stacey Sjostedt	2/21/1996					
Amy Graham	1/7/1998					
Perri Prigge	11/30/1998					
Kathleen Carlson	9/27/1999					
Kendra Cline	1/16/2000					
Will Coyle	11/30/2011					
Lavonne Sorenson	4/17/2000					
Jesse Gillespie	10/31/2005					
Kelly McGuire	4/17/2006					
Brian Kassa	6/26/2006					
Doni Lamoreaux	6/26/2006					
Dennis Aronson	8/8/2007					
Ricky Hanson	9/30/1998					
Judy Carda	12/13/1995					
Jane Meil	12/13/1995					

Employee Name	Date of Hire	Therapeutic Intervention (four hours each = total eight hours)	Total	Personal Safety Techniques (four hours each = total eight hours)	Total	Positive Behavioral Supports = 12 hours
Mary Lancrain	12/13/1995					
Char Villnow	12/13/1995					
Dave Hicks	12/13/1995					
Michael Lawrence	1/7/1998					
Ed Jobs	12/13/1995					
Yvonne Lee	12/13/1995					
Eben Gillespie	12/13/1995					
Robbin Noren-Mullins	2/7/1996					
Mariady Nordlum	12/13/1995					
Chris Jones	4/1/1996					
David Haas	4/1/1996					
Matt Johnson	4/7/1999					
Ron Flaherty	11/28/2002					
Heather Hauri	4/15/2002					
Richard Bell	7/15/2002					
Clay Campion	12/2/2002					
Janet Marciniak	9/25/2002					
Amanda Bartnick	2/20/2008					
Jill Jones	6/22/2011					
Randa Urness	3/5/2012					
Adele Hepburn	4/11/2012					
Elizabeth Harris	4/30/2012					
Dustin Stradal (transferred)	6/18/2012					
Shana Nelson	9/12/2012					
Dylan Jenniges	6/6/2012					
Yvonne Anderson	10/10/2012					
Steve Jensen (transferred)	1/5/2011					
Kevin Swanson	2/27/2013	3/4/2013	3/5/2013	3/4/2013	3/5/2013	8:00

Separated from MSHS-Cambridge= ~~strickethrough~~

State Operated Services Staff Development

Training Participant List

Course Code _____

Class Title: Person centered training

Date: 1/9/13

Topic: Review of the 7 tools and implementation

Location: East Central

Time: 8am

Hours: 3

Instructor/s: Todd Buckingham

Instructor/s Signature: _____

Instructor/s: Cindy Kunz

Instructor/s Signature: _____

Employee ID Number required									Name (PRINT - Last & First)	Signature	Classification	Location Unit/Dept
1	0	1	0	0	9	0	8	8	Berkness, Steve	<i>Steve Berkness</i>	BMA	East Central
2												
3	0	1	0	4	0	2	6	2	Kislenger, Matt	<i>Matt Kislenger</i>	BMA	East Central Saddle Creek
4	0	1	0	6	6	3	4	9	Brown, Stacey	<i>Stacey Brown</i>	BMA	EC
5									Abel, Nicole	<i>Nicole Abel</i>	BMA	E. central MSOCS
6	0	1	0	9	5	0	7	0	Bayne, Krista	<i>Krista Bayne</i>	BMA/RPL	E. cent. MSOCS
7	0	1	1	0	0	4	4	1	Downing, Dacri	<i>Dacri Downing</i>	BMA	EC
8	0	1	1	0	5	0	0	6	Wyrick, Crystal			
9	0	1	1	0	7	8	7	2	Olson, Keri	<i>Keri Olson</i>	BMA	EC
10	0	1	1	0	8	5	3	7	Koolmo, Becky	<i>Becky Koolmo</i>	BMA	EC
11	0	1	1	1	3	7	5	5	Wyrick, Wes	<i>Wes Wyrick</i>	BMA	EC/Saddle Creek
12	0	1	1	1	3	7	5	3	Richard, Danielle	<i>Danielle Richard</i>	BMA	EC
13	0	1	1	1	3	7	5	6	Brouillard, Amanda	<i>Amanda Brouillard</i>	BMA	EC
14	0	1	1	0	7	8	6	6	Brosch, Terrie	<i>Terrie Brosch</i>	BMA	EC
15	0	1	0	7	8	7	2	2	Olson			
16	0	1	1	0	5	0	0	6	Wyrick, Crystal	<i>Crystal Wyrick</i>	BMA	EC
17												
18												
19												
20												

e mailed 1/21/13 KS

UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

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

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

Plaintiffs,

vs.

**PLACEHOLDER FOR
EXHIBIT 131 TO
DEFENDANTS' STATUS REPORT**

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

Defendants.

This document is a place holder for the following items which are filed in conventional or physical form with the Clerk's Office:

Exhibit 131 to Defendants' Status Report

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(s):

- 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 a court order* (Pursuant to Second Amended Protective Order: Doc. No. 190)
- Item Under Seal pursuant to the [Fed. R. Civ. P. 52](#) and [Fed. R. Crim. P. 49.1](#) (Document number of redacted version: ___)
- Other (description):

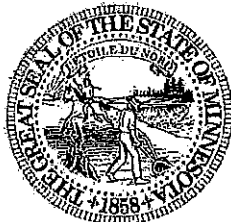
Exhibit 132

Settlement Agreement Tracking- FY 2013
 Community Support Service
 Date of Report: March 8, 2013

Pages	Requirement	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
#75-76	Provide long-term monitoring % utilization of pre-arranged crisis/support plans % maintaining least restrictive services per plans Number Extended Support cases # cases with changing needs using proactive discovery through monitoring process	100	100	100	100	100	100	100	100			
74-77-78 97	TA & wrap response # cases served # new wrap around % cases meeting designated response time	472	467	459	475	466	472	476	507			
80-81-82	Training provided # trainings provided # people (community) trained	3	4	4	5	8	9	8	6			
79	Partnering Quarterly partnering with MCCP Referral partnership with community crisis homes established with TA, as needed- requested Partner with NE provider transitions due to a receivership and large provider service transfer Southern MN county collaborative training partnership - planning for Spring	100	100	100	100	100	100	100	100			
83	14 FTE hired All 14FTE filled	15	12	15	11	9	9	11	10			
		157	117	216	174	72	69	89	134			

Exhibit 133

STATE OF MINNESOTA
EXECUTIVE DEPARTMENT



MARK DAYTON
GOVERNOR

Executive Order 13-01

**Supporting Freedom of Choice and Opportunity to Live, Work, and Participate in
the Most Inclusive Setting for Individuals with Disabilities through the Creation of
Minnesota's Olmstead Plan**

I, Mark Dayton, Governor of the State of Minnesota, by virtue of the power invested in me by the Constitution and applicable statutes, do hereby issue this Executive Order:

Whereas, the State of Minnesota is committed to ensuring that inclusive, community-based services are available to individuals with disabilities of all ages;

Whereas, the State of Minnesota recognizes that such services advance the best interests of all Minnesotans by fostering independence, freedom of choice, productivity, and participation in community life of Minnesotans with disabilities;

Whereas, the unnecessary and unjustified segregation of individuals with disabilities through institutionalization is a form of disability-based discrimination prohibited by Title II of the American with Disabilities Act of 1990 (the ADA), 42 U.S.C. §§ 12101 *et seq.*, which requires that states and localities administer their programs, services, and activities, in the most integrated setting appropriate to meet the needs of individuals with disabilities;

Whereas, in *Olmstead v. L.C.*, 527 U.S. 581 (1999), the United States Supreme Court interpreted Title II of the ADA to require states to place individuals with disabilities in community settings, rather than institutions, whenever treatment professionals determine that such placement is appropriate, the affected persons do not oppose such placement, and the state can reasonably accommodate the placement, taking into account the resources available to the state and the needs of others with disabilities;

Whereas, the State of Minnesota has taken steps in response to the *Olmstead* decision through the past and current efforts of State agencies and the establishment and work of the Minnesota *Olmstead* Planning Committee, whose recommendations to the Commissioner of the Minnesota Department of Human Services are hereby acknowledged;

Whereas, barriers to affording opportunities within the most integrated setting to persons with disabilities still exist in Minnesota; and

Whereas, the State of Minnesota must continue to move more purposefully and swiftly to implement the standards set forth in the *Olmstead* decision and the mandates of Title II of the ADA through coordinated efforts of designated State agencies so as to help ensure that all Minnesotans have the opportunity, both now and in the future, to live close to their families and friends, to live more independently, to engage in productive employment, and to participate in community life.

Now, Therefore, I hereby order that:

1. A Sub-Cabinet, appointed by the Governor, consisting of the Commissioner, or Commissioner's designees, of the following State agencies, shall develop and implement a comprehensive Minnesota *Olmstead* Plan: (i) that uses 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 (ii) that is consistent and in accord with the U.S. Supreme Court's decision in *Olmstead v. L.C.*, 527 U.S. 581 (1999):
 - a) Department of Human Services;
 - b) Minnesota Housing Finance Agency;
 - c) Department of Employment and Economic Development;
 - d) Department of Transportation;
 - e) Department of Corrections;
 - f) Department of Health;
 - g) Department of Human Rights; and
 - h) Department of Education.

The Sub-Cabinet shall be chaired by Lieutenant Governor Yvonne Prettner Solon.

The Ombudsman for the State of Minnesota Office of the Ombudsman for Mental Health and Developmental Disabilities and the Executive Director of the Minnesota Governor's Council on Developmental Disabilities shall be *ex officio* members of the Sub-Cabinet.

The Sub-Cabinet shall allocate such resources as are reasonably necessary, including retention of expert consultant(s), and consult with other entities and State agencies, when appropriate, to carry out its work.

2. Each Commissioner, or Commissioner's designee, shall evaluate policies, programs, statutes, and regulations of his/her respective agency against the standards set forth in the *Olmstead* decision to determine whether any should be revised or modified to improve the availability of community-based services for individuals with disabilities, together with the administrative and/or legislative action and resource allocation that may be required to achieve such results.
3. The Sub-Cabinet shall work together and with the Governor's Office to seek input from consumers, families of consumers, advocacy organizations, service providers, and relevant agency representatives.
4. The Sub-Cabinet shall promptly develop and implement a comprehensive Minnesota *Olmstead* Plan.

This Executive Order shall remain in effect until rescinded by proper authority or until it expires in accordance with Minnesota Statutes, section 4.035, subdivision 3.

In Testimony Whereof, I have set my hand on this 28th day of January, 2013.



Mark Dayton
Governor

Filed According to Law:



Mark Ritchie
Secretary of State

UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

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

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

Plaintiffs,

vs.

**PLACEHOLDER FOR
EXHIBIT 134 TO
DEFENDANTS' STATUS REPORT**

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

Defendants.

This document is a place holder for the following items which are filed in conventional or physical form with the Clerk's Office:

Exhibit 134 to Defendants' Status Report

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(s):

- 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 a court order* (Pursuant to Second Amended Protective Order: Doc. No. 190)
- Item Under Seal pursuant to the [Fed. R. Civ. P. 52](#) and [Fed. R. Crim. P. 49.1](#) (Document number of redacted version: ___)
- Other (description):

UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

James and Lorie Jensen, et al.,
Plaintiffs,

Case No. 09-cv-01775 DWF/FLN

vs.

CERTIFICATE OF SERVICE

Minnesota Department of
Human Services, et al.,

Defendants.

I, Steven H. Alpert, hereby certify that on March 18, 2013, I caused the following documents:

Exhibits 122C, 125, 126, 127A, 127B, 127C1, 127C2, 128, 129A, 129B, 129C, 131, and 134 to Defendants' Status Report to be *filed under seal* with the United States District Clerk of Court pursuant to the Second Amended Protective Order (Doc. No. 190), as follows:

Clerk of Court
United States District Court
Warren E. Burger Federal Building and U.S. Courthouse
316 North Robert Street
St. Paul, MN 55101

I further certify that I caused a copy of the foregoing documents and the notices of electronic filing to be mailed by first class mail, postage paid, to the following:

Shamus O'Meara, Esq.
Johnson & Condon, PA
7401 Metro Blvd Ste 600
Minneapolis, MN 55439-3034

David Ferleger, Esq.
Archways Professional Building
413 Johnson Street
Jenkintown, PA 19046

Dated: March 18, 2013.

OFFICE OF THE ATTORNEY GENERAL
State of Minnesota

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