PEOPLE INCORPORATED MENTAL HEALTH SERVICES

245D ICS Program Expectations

Rev. 1/2025

General Conduct

- Respect is one of the qualities that is most important in our program. Just as we expect all staff to treat you with respect, we expect you to be respectful to your housemates and staff. That means we expect:
    - No verbal, written or physical abuse or intimidation;
    - No language or comments that put down or are abusive to any group or person.
        - This includes but is not limited to racist, sexist, homophobic, and discriminatory religious remarks or language.
    - We expect you to avoid fighting and physical contact.
    - We support an environment of direct and respectful communication. We expect people to work together to resolve conflict. Staff will provide support as needed or requested.
- Do not enter other residents' rooms without their permission.
- No weapons are allowed on the premises.
- We ask that you remain respectful of others when using the phone, TV, DVD or other shared equipment and furniture by being considerate of your volume, length of use, and wear and tear of items.
- No disruptive noise between 10:00p to 8:00am.

Guest Rules and Expectations

- We ask that you inform both staff and your housemates before you have guests visit.
- Your guest will be asked to sign-in and sign-out at the program when visiting.
- We ask that you are present with your guests while they are visiting and you must supervise the activities of your guests at all times.
- Staff are not able to transport residents' guests.
- Our expectations around respect apply to your guests just like they apply to you.
- There may be cases when we have to ask your guests to leave.
- The program conducts regular fire and emergency drills. Everyone is expected to participate.
- Each program may create a visitor policy based on agreed upon expectations with all residents of that program.

Roommates – Montreal Courts

- Roommates are allowed only with permission from Goldmark
- You will need to sign a lease addendum with your roommate, case manager, and (if applicable) guardian
- Having a roommate may impact your eligibility for a housing voucher

Property

- You may furnish or decorate your personal living space as you choose.
- The program is not responsible for personal property that is stolen. You will be provided a key to your apartment that you are responsible for keeping safe.
- You are expected to maintain the cleanliness of your personal space and the community space at the program. Staff will assist as needed or requested.
- You will be held responsible for any program property that is missing or is damaged while being used by you. This may include payment for the cost of repair or replacement for damages caused by you or your guests.

Transportation

- Transportation is provided based on the scope of services at the program. The program may use discretion related to transportation based on weather conditions, safety and hygiene.

Pest Control

- Residents are expected to prevent and control possible infestation by timely disposing of all garbage and waste in your personal living space.
- You must not leave food or dirty dishes in your bedroom.

Tobacco Use

- 'People Incorporated is tobacco-free.
- Tobacco use is prohibited in the community room and common areas at Montreal Courts.
- Please do not smoke when receiving services from staff.
- The program will offer a variety of resources and support around tobacco treatment services and access to nicotine replacement therapies as needed.

Chemical Usage and Criminal Activity

- We prohibit the possession, use or distribution of any drug for which a resident is not prescribed -- this includes medications and/or substances such as marijuana products, including edibles, flower(s), and vape cartridges.
- Alcohol possession and use is not allowed on the premises by residents or guests.
- Residents, staff, and guests are prohibited from engaging in criminal activity on the premises.
- Use of chemicals both on and offsite could result in discharge from the program if determined to impact others and/or ability to provide services.

Pets

- No pets are allowed to live at or visit People Incorporated facilities.

- If you have a service animal, you must meet all the requirements to have the animal with you at the program. This information is provided to you before admission and available throughout your stay.

Personal Belongings Search

- Staff will at times conduct searches of an individual's room, car and their belongings. If staff should suspect or have reason to believe that you are at risk of self-harm, property damage or of participating in unsafe behaviors or practices due to something that you have in your room or car, staff will conduct a search. Staff will always respect your privacy and searches should only be done when there is a concern for the safety of you or your housemates.

By signing below, I acknowledge that I have read and understand the Program Expectations and I understand that violating these expectations may lead to a nonrenewal or termination of my lease.

PEOPLE INCORPORATED MENTAL HEALTH SERVICES

People Incorporated
Home and Community-based Services - Service Recipient Rights

Person name: _____

Program name: _____

This packet contains information regarding your rights while receiving services and supports from this program, information on restriction of your rights, and information of where you can go if you have questions or need additional information related to your rights.

☐ I received the following information within five working days of when I started to receive services and every year after that.

1. A copy of my rights under the law, Minnesota Statutes, section 245D.04.
2. An explanation of what my rights are and that I am free to exercise my rights; and that this program must help me exercise my rights and help protect my rights.

Date services were started: _____ Date I received this information: _____

☐ This information was provided to me in a way that I understand. If I needed the information in another format or language, it was given to me in that format or language.

☐ If my rights are or will be restricted in any way to protect my health, safety, and well-being, the restriction has been explained to me and I understand the program must document and implement the restriction as required by law to make sure I get my rights back as soon as possible.

Are there any restrictions placed on my rights? ☐ Yes (if yes, see rights restriction document) ☐ No

☐ I understand that I may contact the agencies below if I need help to exercise or protect my rights:

Office of the Ombudsman for Mental Health
and Developmental Disabilities
121 7th Place E, Suite 420
Metro Square Building
St. Paul, MN 55101
Phone: (651) 7567-1800 or 1(800) 657-3506
Fax: (651) 797-1950
Website: www.ombudmhdd.state.mn.us

Minnesota Disability Law Center
430 1st Ave N, Suite 300
Minneapolis, MN 55401
Email: mndlc@mylegalaid.org
Website: http://www.mndlc.org/

☐ I want _____ to help me exercise my rights. The program has this person's contact information in my record.

By signing this document I am agreeing that I have read and understand the boxes I checked above.

_____

Person/Legal representative Date

HOME AND COMMUNITY-BASED SERVICES - SERVICE RECIPIENT RIGHTS

Program name: _____

This program is licensed under Minnesota Statutes, Chapter 245D. It must help you exercise and protect your rights identified in Minnesota Statutes, section 245D.04.

When receiving services and supports from this program name, I have the right to:

1. Take part in planning and evaluating the services that will be provided to me.
2. Have services and supports provided to me in way that respects me and considers my preferences.
3. Refuse or stop services and be informed about what will happen if I refuse or stop services.
4. Know, before I start to receive services from this program, if the program has the skills and ability to meet my need for services and supports.
5. Know the conditions and terms governing the provision of services, including the program's admission criteria and policies and procedures related to temporary service suspension and service termination.
6. Have the program help coordinate my care if I transfer to another provider to ensure continuity of care.
7. Know what services this program provides and how much they cost, regardless of who will be paying for the services, and to be notified if those charges changes.
8. Know, before I start to receive services, if the cost of my care will be paid for by insurance, government funding, or other sources, and be told of any charges I may have to pay.
9. To have staff that is trained and qualified to meet my needs and support.
10. Have my personal, financial, service, health, and medical information kept private and be notified if these records have been shared.
11. Have access to my records and recorded information that the program has about me as allowed by state and federal law, regulation, or rule
12. Be free from abuse, neglect or financial exploitation by the program or its staff.

13. Be free from staff trying to control my behavior by physically holding me or using a restraint to keep me from moving, giving me medication I don't want to take or that isn't prescribed for me, or putting me in time out or seclusion; except if and when manual restraint is needed in an emergency to protect me or others from physical harm.

14. Receive services in a clean and safe location.

15. Be treated with courtesy and respect and have my property treated with respect.

16. Be allowed to reasonably follow my cultural and ethnic practices and religion.

17. Be free from prejudice and harassment regarding my race, gender, age, disability, spirituality, and sexual orientation.

18. Be told about and to use the program's grievance policy and procedures, including knowing how to contact persons responsible for helping me to get my problems with the program fixed and how to file a social services appeal under the law.

19. Know the names, addresses and phone numbers of people who can help me, including the ombudsman, and to be given information about how to file a complaint with these offices.

20. Exercise my rights on my own or have a family member or another person help me exercise my rights, without retaliation from the program.

21. Give or not give written informed consent to take part in any research or experimental treatment.

22. Choose my own friends and spend time with them.

23. Have personal privacy.

24. Take part in activities that I choose.

RESIDENTIAL SERVICES AND SUPPORTS (meaning out-of-home crisis respite, supported living services, foster care services in a foster care home or a community residential setting) MUST INCLUDE THESE ADDITIONAL RIGHTS:

25. Have free, daily, private access to and use of a telephone for local calls, and long-distance calls made collect or paid for by me.

26. Receive and send mail and emails and not have them opened by anyone else unless I ask.

27. Use of and have free access to common areas (this includes the kitchen).

28. Visit alone with my spouse, family, legal counsel, religious guide, or others allowed in Minnesota Human Services Rights Act, Minnesota Statutes, section 363A.09, including my bedroom.

RIGHTS RESTRICTIONS

CAN MY RIGHTS BE RESTRICTED?

Restriction of your rights is allowed only if determined necessary to ensure your health, safety, and well-being. Any restriction of your rights must be documented in your coordinated service and support plan or coordinated service and support plan addendum. The restriction must be implemented in the least restrictive alternative manner necessary to protect you and provide you support to reduce or eliminate the need for the restriction in the most integrated setting and inclusive manner.

WHAT IS THE PROGRAM REQUIRED TO DO IF MY RIGHTS WILL BE RESTRICTED?

Before this program may restrict your rights in way this program must document the following information:

1. the justification (meaning the reason) for the restriction based on an assessment of what makes you vulnerable to harm or maltreatment if you were allowed to exercise the right without a restriction;
2. the objective measures set as conditions for ending the restriction (meaning the program must clearly identify when everyone will know the restriction is no longer needed and it has to end);
3. a schedule for reviewing the need for the restriction based on the conditions for ending the restriction to occur semiannually from the date of initial approval, at a minimum, or more frequently if requested by the person, the person's legal representative, if any, and case manager (meaning that at least every six months, more often if you want, the program must review with you and your authorized representative or legal representative and case manager, why the restriction is still needed and how the restriction should change to allow you as much freedom as possible to exercise the right being restricted); and
4. signed and dated approval for the restriction from you or your legal representative, if any.

CAN THE PROGRAM RESTRICT ALL OF MY RIGHTS?

The program cannot restrict any right they chose. The only rights the program may restrict, after documenting the need, include:

1. Your right to associate with other persons of your choice;
2. Your right to have personal privacy; and
3. Your right to engage in activities that you choose.
4. Your right to have daily, private access to and use of a non-coin-operated telephone for local calls and long-distance calls made collect or paid for by the person;
5. Your right to receive and send, without interference, uncensored, unopened mail or electronic correspondence or communication; and

6. Your right to have use of and free access to common areas in the residence; and
7. Your right to privacy for visits with the person's spouse, next of kin, legal counsel, religious advisor, or others, in accordance with section 363A.09 of the Human Rights Act, including privacy in the person's bedroom.

WHAT IF I DON'T GIVE MY APPROVAL?

A restriction of your rights may be implemented only after you have given your approval.

WHAT IF I WANT TO END MY APPROVAL?

You may withdraw your approval of the restriction of your right at any time. If you do withdraw your approval, the right must be immediately and fully restored.

PEOPLE INCORPORATED MENTAL HEALTH SERVICES

Admission and Discharge Register

Program name: _____

Name of service recipient	Date of Admission	Date of Discharge	Date of Transfer	Date of Service Termination	Date of Death

People Incorporated Mental Health Services
Program Abuse Prevention Plan

Program:	**Dakota Apartment Program (PI-DAP)**
Address:	**1016 W. Burnsville Pkwy #158**
	Burnsville, MN 55337
Date plan developed:	**10/27/2025**

This plan fulfills the requirements of law and rule under Minnesota Statutes 626.557 and Minnesota Statute 245A.65.

A copy of the Program Abuse Prevention Plan will be given to each Integrated Community Supports person (and their guardian if applicable) within 24 hours of admission to the program. The program will orient each person to the Program Abuse Prevention Plan if they require assistance. The person (and guardian if applicable) will sign a form indicating that they have received a copy of this plan. The form will be kept in the person's file.

Individuals in this program participate in the development of an Individual Abuse Prevention Plan to the full extent of the person's abilities.

The Program Abuse Prevention Plan is assessed at least annually to include any substantiated maltreatment findings that occurred since the last review in revision of the plan. In addition, the program will make appropriate reports when people in this program are susceptible to abuse outside the scope or control of the services provided by the program.

POPULATION ASSESSMENT:

1. **Age range of persons receiving services:** This program serves all ages of adults.

2. **How will the program reduce the potential of abuse and/or harm to people related to the age of people receiving services?** Each person has individualized abuse prevention plans, crisis plans, and treatment plans that address vulnerabilities individually.

3. **Gender of persons receiving services:** This program serves men and women. On 7/21/2025 the program serves 7 women and 5 men with one open bed.

4. **How will the program reduce the potential of abuse and/or harm to people related to the gender of people receiving services?** Each person has individualized abuse prevention plans, crisis plans and treatment plans that address vulnerabilities individually.

5. **Describe the range of mental functioning of persons receiving services:** Persons served in this program may have experienced a brain injury in their past or may have impairments related to intellectual functioning in their daily life.

6. **How will the program reduce the potential of abuse and/or harm to people related to the mental functioning of people receiving services?** Each person has individualized abuse prevention plans, crisis plans and treatment plans that address vulnerabilities individually. This program provides teaching, modeling and support of independent living skills to individuals according to their learning styles and any impairments to their intellectual functioning that they may be experiencing.

7. **Describe the range of physical and emotional health of people receiving services:**

Physical Health: This program may serve people with various physical and medical health conditions that impair their daily living, which may include diabetes, chronic pain, and sleep disorders. Specific physical health impairments can be found in individual clinical records. Other examples of physical and medical health conditions at this program may include: vision impairment, history of seizures, hypertension, asthma, and fibromyalgia.

Emotional Health: This program primarily serves people with mental health diagnoses and various symptoms which may impair their daily living which are associated with mental health diagnoses. Specific mental health diagnoses can be found in individual clinical records.

8. **How will the program reduce the potential of abuse and/or harm to people related to the physical and emotional health of people receiving services served?** Each person has individualized abuse prevention plans, crisis plans and treatment plans that address vulnerabilities individually.

Physical Health: To the degree that this program provides meals, the program will accommodate special diets and food or environmental allergies based on each individual's need. This program may also serve individuals that use medical equipment such as glucometers, blood pressure monitors, CPAP machines, epi-pens, nebulizers, and inhalers. Program staff are trained on the use of these devices upon hire.

Program staff will consult with the client's medical care team as needed regarding the individual's medical conditions

Emotional Health: If the individual along with his/her support team decides to obtain additional mental health or behavioral health supports external to the program, this program will help facilitate and coordinate that service.

This program has staff who qualify as Mental Health Practitioners. These staff qualify for the position through at least one of the education and experience requirements listed in Minnesota Statutes § 245.462 Subd. 17. Staff who qualify as Mental Health Practitioners serve on the on-call consultation rotation. This program also has Mental Health Support Specialists. Program staff can contact the on-call staff with questions and concerns related to any types of mental health crisis. The on-call staff has access to Program Management. The program's Supervisors and/or Managers also meet the qualifications of a Mental Health Practitioner. Mental Health Practitioners and Supervisors may have access to a Mental Health Professional. Dakota County Crisis Response Unit may be contacted in the event of a mental health crisis.

Process for obtaining consultation for a mental health or other crisis:

- Program staff will problem-solve and consult with their peers or other Mental Health Practitioners. If further consultation is needed, staff will contact supervisor/manager if one is working at the time of the incident. If it is not during regular work hours of the supervisor or manager, then staff will go to the following step.
- Program staff will contact on-call staff via phone, the on-call email, or via text.
- On-call staff may consult with and update their supervisor as needed. If a supervisor is not available, on-call staff can proceed to the next step.
- If supervisor is unavailable, on-call staff may contact a program manager, senior program manager, or director as necessary.

9. **Describe the range of adaptive/maladaptive behavior(s) of people receiving services:** This program may serve people with a range of adaptive and maladaptive behaviors which they have developed naturally in order to cope with various challenges, symptoms, and traumatic events that they have experienced in their lives.

10. **How will the program reduce the potential of abuse and/or harm to people related to the adaptive/maladaptive behavior(s) of the people receiving services served?**

Each person has individual abuse prevention plans, crisis plans, and treatment plans that address vulnerabilities individually and that should be prioritized as interventions for the below incidents. All program staff are oriented to Vulnerable Adult reporting procedures at the beginning of employment and annually thereafter.

In some circumstances, an individual may have rights restrictions in place to address potential for abuse and/or harm to others related to adaptive/maladaptive behavior(s). Staff may refer to an individual's Rights Restrictions forms if applicable.

If an individual's adaptive/maladaptive behavior is impacting other recipients in the program, the program will work to support those individuals and/or work to remove them from the area in an effort to avoid further escalation and impact of the situation, as well as to decrease potential community disturbance.

Staff may also refer to the Incident Response, Reporting, and Review policy as needed.

Sexual Activity / Sexual Assault

Individuals in this program may have a history of sexual abuse and may be susceptible to further sexual abuse.

Plan of Action:

1. The program discourages sexual interaction between recipients.
2. Sexual relations between staff and recipients are prohibited.

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

1. Instruct the person in a calm, matter-of-fact, and non-judgmental manner to discontinue the activity. Verbally direct each person to a separate area.
2. Summon additional staff if necessary and feasible.
3. If the persons are unclothed, provide them with appropriate clothing.
4. Inquire with the individual if they would like to contact law enforcement.
5. If the person(s) express physical discomfort and/or emotional distress, or for other reasons you feel it necessary, contact medical personnel as soon as possible. Follow all directions provided by medical personnel.

6. Staff may contact the on-call and/or supervisor for further direction if necessary.

Unauthorized or Unexplained Absence

Individuals in this program may have a history of unexplained absences during which their vulnerabilities have compromised their well-being.

When a person is determined to be missing or has an unauthorized or unexplained absence, staff will take the following steps:

1. If the person has a specific plan outlined in his/her Individual Abuse Prevention Plan and/or crisis plan to address strategies in the event of unauthorized or unexplained absences, that procedure should be implemented immediately, unless special circumstances warrant otherwise. Staff can refer to the person's Rights Restrictions Form to identify specific restrictions surrounding community time, if applicable.
2. If a person does not have a specific plan outlined, staff will attempt to locate the person as resources should allow by contacting their emergency contact, friends, and/or family. If the person cannot be located, the program may contact law enforcement and file a missing person report.

Chemical Use

Individuals in this program may have a history of substance abuse (e.g., alcohol, marijuana, cocaine, amphetamines, etc.)

1. If the person has a specific plan outlined in his/her Individual Abuse Prevention Plan and/or crisis plan to address strategies in the event of intoxication, that procedure should be implemented immediately, unless special circumstances warrant otherwise. This plan may include calling Poison Control to determine interaction of the substance with the medications the individual is taking. If the level of intoxication warrants medical attention, staff may call 911 to have the individual taken to the emergency room or detoxification center.
2. If the person does not have a specific plan, the program will refer to how to respond to escalated/aggressive behavior. The staff will also assess if the person is an imminent danger to self or others, or if their level of intoxication warrants medical attention.

Behavioral Escalation/Aggressive Behaviors

Individuals in this program may have mental health diagnoses and at times may experience an increase in symptoms, resulting in various factors.

1. People Incorporated staff will attempt to de-escalate a person's behavior before it poses an imminent risk of physical harm to self or others. The following is a list of positive support strategies that could be used to de-escalate the situation and are options that could be implemented by staff. This is not a fully inclusive list of options, but strategies include:

    a. A calm discussion between the person served and the staff member regarding the situation, the person's feelings, their responses, and alternative methods of handling the situation, etc.

b. A staff suggesting or recommending that the person participate in an activity they enjoy as a means to self-regulate and distract from the behavior (for example: playing a game, going for a walk, doing arts and crafts, talking with staff, reading, listening to music, etc).

c. A staff member suggesting or reminding that the person served has options that they may choose to spend time alone, when safety permits, as a means to self-regulate.

d. A staff member may utilize guided coping skills to help teach a skill in the moment.

e. A staff member may use positive reinforcement to reinforce positive behaviors.

f. A staff member may utilize the individualized strategies that have been written into the person's Individual Abuse Prevention Plan, Community Service and Support Plan Addendum or crisis plan as a resource.

g. A staff member will avoid power struggles with the person. Power struggles can be avoided with an ability to recognize what is happening, assessing how important the issue is, and by avoiding disagreements.

2. Individuals in the program may exhibit behaviors against another person receiving services that is so severe that it significantly interferes with a person's opportunities to participate in or receive services or support, places the person in actual or reasonable fear of harm, or significantly disrupts the operation of the program. In such a situation, staff will take the following steps:

   a. Summon additional staff, if available. If injury to a person has occurred or there is imminent possibility of injury to a person, staff will contact 911.

   b. As applicable, implement the Coordinated Service and Support Plan Addendum for the person to review and put in place positive support strategies.

   c. After the situation is brought under control, question the person(s) as to any injuries and visually observe their condition for any signs of injury. If injuries are noted, provide necessary treatment and contact medical personnel if requested/as necessary.

   d. As an alternate option, the person may be advised to remove themselves from the premises, which may include going to a crisis bed or another option that has qualified staff.

Self-Abusive/Suicidal Behavior

Individuals in this program may have a history of various types of self-abusive behaviors and/or suicidal behaviors. In many cases these behaviors are an attempt to cope with other symptoms and negative factors in their lives. In some cases, these behaviors are an unhealthy attempt to communicate to those who help support them.

1. If the person is experiencing suicidal ideation, staff will talk with the person to determine whether or not the person has an actual plan and a means to harm themselves. If the plan does not appear to be imminent and they do not have a means to carry out their plan, staff will take steps necessary to

prevent possible implementation of a suicide plan. When possible, this will include collaborating with the person to create a safety plan.

2. The on-call staff and/or supervisor will be notified of the person's intent, orally or via email as appropriate. Upon staff review, other steps may be appropriate, which could include completing a Suicide Risk Assessment to help assess the level of risk. According to the assessment of the on-call staff, supervisor and/or the Suicide Risk Assessment, the person may require increased supervision. If increased supervision cannot be provided, hospitalization may be considered.
3. In the event the person reports a plan and immediate safety is a concern, staff will contact county crisis for consultation and further assessment and/or contact 911 if necessary to pursue immediate hospitalization.

11. **Describe the need for specialized programs of care for people receiving services**: Each person has individualized abuse prevention plans, crisis plans and treatment plans that address vulnerabilities and specific goals individually. Many service recipients received additional services identified by their support team and program staff to further address vulnerabilities and individual goals. These services include housekeeping, assistance with laundry, meal preparation, shopping assistance, or other services as identified on their individual Rate Management Sheet and Treatment Plan Addendums.

12. **How will the program reduce the potential of abuse and/or harm to people related to the need for specialized programs of care for people receiving services?** Each person is carefully assessed before being admitted to the program so that the services that the person needs and wants are a good match with the services that the program can adeptly provide. This program customizes services to each individual as is practical, while also taking care that the other individuals in the program are not negatively impacted by these customizations. The program may not agree to requests for services that are outside of the program's primary areas of expertise if it is determined that those services may not be delivered at the standard that the organization expects of ourselves. In these cases, the program will work with other providers as applicable in order to meet the wants and needs of the person. In addition to being completed prior to admittance to the program, assessment of appropriate match to services and other individuals in the program occurs consistently throughout a person's stay in the program.

13. **Describe the need for specific staff training to meet individual service needs:** Staff will be trained in use of any medical equipment. Many other trainings are available to staff, which focus on best practice interventions and skills in mental health as well as knowledge and theory in the field. Program staff are oriented upon hire and as service needs change to individual client treatment plans, Individual Abuse Prevention Plans, and other individualized support plans.

14. **How will the program reduce the potential of abuse and/or harm to people related to the need for specific staff training designed to meet individual service needs?** The program will orient all staff to individualized needs and services of each client. Retraining will occur if needs and services change.

15. **Describe any knowledge of previous abuse that is relevant to minimizing the risk of abuse to people receiving services**: Some individuals in the program may have experienced abuse or neglect previously. Some individuals may have perpetrated abuse previously when they were not receiving sufficient support in their lives.

16. **How will the program reduce the potential of abuse and/or harm to people related to the knowledge of previous abuse?** Each person has individualized abuse prevention plans, crisis plans and treatment plans that address vulnerabilities individually.

For those who pose a risk because of prior perpetrator issues, a decision will be made following the initial assessment whether or not the person can be adequately served in this program, taking into consideration current people in the program, type of crime, treatment for crime, and potential for harm to persons served and the community.

For those individuals who pose a risk due to prior predatory offenses, this program will establish a plan in the recipient's Individual Abuse Prevention Plan that will include specific measures that will be taken to minimize the risk that the recipient may pose for abuse to other vulnerable adults, visitors, or other persons outside of the program, if unsupervised.

PHYSICAL PLANT ASSESSMENT

1. **Describe the condition and design of the facility as it relates to safety for the people receiving services:**

The program is located in an apartment complex in Burnsville. Currently, this program master leases 8 apartments in 2 different buildings (Buildings 1008 & 1016). 7 apartments house clients and the 8th apartment functions as a staff office located on the 1st floor in building 1016. Clients are assigned to individual two-bedroom apartments (2 clients per apartment in 6 of the apartments) while one apartment is a one-bedroom apartment with one client. Each client has his/her own bedroom. Each apartment has a kitchen, dining, living room and balcony/patio. Each apartment is furnished and each client has access to a working telephone.

2. **How will the program reduce the potential of abuse and/or harm to people related to the condition and design of the facility in terms of safety for people receiving services?**

The program will conduct a minimum of quarterly drills for fire and weather. Records including the person's response will be kept at the program. Supervisors will review the drills to determine if additional accommodations or training are needed. The location will have a floor plan and site plan, and each resident will have in their apartment an emergency exit plan.

Residents may use sharps or other dangerous items based on their individual treatment plans and safety assessments. Specific storage of these items will be based on the assessment of all residents in the program.

If a person is independent with medications, they may keep them in their bedroom or apartment based on individual assessment and planning.

Each resident has a bedroom with a lockable door. Only the residents' personal belongings can be stored in their bedrooms. Residents do not share bedrooms; each person has their own room. The program will offer and provide lockable storage.

Each resident will have provided for them: a bed of a suitable size for the individual, bedding, a cabinet, dresser, shelves, closet, and mirror. If any person does not want one of the items, documentation will be kept in their file.

People Incorporated bans the presence of weapons and firearms on the property. Residents will need to find storage outside of the property if they have these items.

In the event of the need to evacuate the facility for an overnight or longer, the program will notify Licensor and move to this location:

1. Plan A. Burnsville Inn & Suites
   Address: 1101 W Burnsville Pkwy, Burnsville, MN 55337
   Phone number: (952) 894-3400

2. Plan B. Prime Rate Inn
   Address: 12850 35 Frontage Rd W, Burnsville, MN 55337
   Phone number: (952) 894-8554

3. **Describe any areas of the facility that are difficult to supervise:**

Residents' bedrooms and the bathrooms are difficult to supervise, due to ensuring privacy. Also, the laundry rooms, apartment grounds, apartment fitness center, and outdoor pool are all areas that are difficult to supervise.

4. **How will the program reduce the potential of abuse and/or harm to people related to the areas of the facility that are difficult to supervise?**

Staff are expected to maintain awareness of the environment and whereabouts of the residents. Residents are encouraged to let staff know when they are leaving the complex and when they return. Staff have access to keys for bathrooms and bedrooms if needed in the event of a perceived concern or emergency.

ENVIRONMENTAL ASSESSMENT:

1. **Describe the location of the facility including information about the neighborhood and community that the facility is located:**

People Incorporated Dakota Apartment Program is located in Burnsville. It has been determined that the neighborhood in which the apartment complex is located does not present many conditions that may increase the possibility of recipient abuse. The neighborhood is considered an occasional crime area. The apartment complex is located on a bus line and next to a gas station. The complex is within 3 miles of a large shopping mall.

2. **How will the program reduce the potential of abuse and/or harm to people related to the location of the facility, including factors about the neighborhood and community?**

Each person has individualized abuse prevention plans, crisis plans and treatment plans that address vulnerabilities individually. These plans may include community orientation, orientation to the home,

bus/transportation training, education related to personal protection of identifying information, community emergency planning, and proactive planning related to risk reduction based on the location and environment of the program.

3. Describe the type of grounds and terrain that surround the facility:

The apartment complex includes six three-story buildings with pathways that connect each of the buildings in the complex. Residents of People Incorporated Dakota Apartment Program reside in two of the buildings. There is grass on both sides of the walkways. There are no structural concerns or obstacles individuals would have to encounter when entering or leaving their buildings. Because of the local climate, the grounds surrounding the building may be snow-covered and slippery from time to time during the winter months. All exits, stairs, and sidewalks on the property are kept clear of snow and ice by apartment maintenance. Recipients are directed to ask for help in safely negotiating the pathway and/or stairs if slippery. This assistance may take the form of snow removal, sand/salt application, or actually providing assistance in walking. The main entrances to the buildings are kept well-lighted. There are no obstacles that would interfere with a person's ability to navigate the grounds.

4. **How will the program reduce the potential of abuse and/or harm to people related to the type of grounds and terrain that surround the facility?**

Each person has individualized abuse prevention plans, crisis plans and treatment plans that address vulnerabilities individually. This may involve specific accommodations or skills training related to vulnerabilities associated with the property grounds.

Staff are expected to alert the rental office if there are safety concerns related to the grounds.

5. **Describe the type of internal programming provided at the program:**

Each person has individualized abuse prevention plans, crisis plans and treatment plans that address vulnerabilities individually. The program offers teaching, modeling and support in various living skills. This may include social skills, community integration, cooking, cleaning, budgeting, and others. The interventions in these areas are individualized based on the person's need. The program also offers recreational activities based on staffing and the person's interest.

6. **How will the program reduce the potential of abuse and/or harm to people through the type of internal programming provided at the program?**

Through individualized programming, plans can be made to reduce risk based on an individual's needs.

7. **Describe the program's staffing pattern:**

The program is staffed 9:00 am - 5:30 pm Monday through Friday. Individuals served have access to on-call staff during the overnight hours in an emergency situation.

8. **How will the program reduce the potential of abuse and/or harm to people through the program's staffing pattern?**

The program will assess each person's needs individually and will work with the person's support team if additional staffing is needed for a person, while also considering the impact that individual customization of services may have on the other people in the program. Staff are expected to monitor all residents throughout their shifts. In the event of concerns, the program will work with the person's team to determine if a change in the staffing pattern is needed.

EACH PROGRAM MUST ENSURE THAT:

A. People receiving services are provided with an orientation to the Program Abuse Prevention Plan. This orientation must be within 24 hours of admission or within 72 hours for individuals who would benefit from a later orientation.

B. The license holder's governing body must review the Program Abuse Prevention Plan at least annually.

C. A copy of the Program Abuse Prevention Plan must be posted in a prominent place in the facility and be available, upon request, to mandated reporters, people receiving services, and legal representatives.

D. The Plan must include a statement of measures to be taken to minimize the risk of abuse to the vulnerable adult(s) or when the need for additional measures is identified. This includes identifying referrals that are made when the vulnerable adult is susceptible to abuse outside the scope or control of the licensed services.

E. If the assessment indicates that the vulnerable adult does not need specific risk reduction measures in addition to those identified in the Program Abuse Prevention Plan, the Individual Abuse Prevention Plan must document this determination.

F. In addition to the Program Abuse Prevention Plan, an Individual Abuse Prevention Plan must be developed for each new person receiving services. A review of the Individual Abuse Prevention Plan must be done as part of the review of the program plan. The persons receiving services must participate in the development of the Individual Abuse Prevention Plan to the best of their abilities. All Individual Abuse Prevention Plans must be reviewed at least annually by the interdisciplinary team.

Name and Title:
Jennifer Holck, Director of Operations Long Term Residential Services, People Incorporated
Signature

October 27, 2025
Date

Legal Authority: Minn. Stat. § 245A.65, subd. 2

People Incorporated Mental Health Services
Program Abuse Prevention Plan

Program:	**Montreal Courts - 425**
Address:	**425 LaBore Road, Suite 108**
	Little Canada, MN 55117
Date plan developed:	**4/5/2015**
Version Date:	**10/27/2025**

This plan fulfills the requirements of law and rule under Minnesota Statutes 626.557 and Minnesota Statute 245A.65.

A copy of the Program Abuse Prevention Plan will be given to each person (and their guardian if applicable) within 24 hours of admission to the program. The program will orient each person to the Program Abuse Prevention Plan if they require assistance. The person (and guardian if applicable) will sign a form indicating that they have received a copy of this plan. The form will be kept in the person's file.

Individuals in this program participate in the development of an individual abuse prevention plan to the full extent of the person's abilities.

The Program Abuse Prevention Plan is assessed at least annually to include any substantiated maltreatment findings that occurred since the last review in revision of the plan. In addition, the program will make appropriate reports when people in this program are susceptible to abuse outside the scope or control of the services provided by the program.

POPULATION ASSESSMENT:

1. **Age range of persons receiving services:** This program serves all ages of adults.

2. **How will the program reduce the potential of abuse and/or harm to people related to the age of people receiving services?** Each person has individualized abuse prevention plans; crisis plans, and treatment plans that address vulnerabilities individually.

3. **Gender of persons receiving services:** This program serves men and women. On 7/18/2025, the program includes 12 women and 13 men.

4. **How will the program reduce the potential of abuse and/or harm to people related to the gender of people receiving services?** Each person has individualized abuse prevention plans; crisis plans, and treatment plans that address vulnerabilities individually.

5. **Describe the range of mental functioning of persons receiving services:** Persons served in this program may have experienced a brain injury in their past or may have impairments related to intellectual functioning in their daily life.

6. **How will the program reduce the potential of abuse and/or harm to people related to the mental functioning of people receiving services?** Each person has individualized abuse prevention plans; crisis plans, and treatment plans that address vulnerabilities individually. This program provides teaching, modeling and support of independent living skills to individuals according to their learning styles and any impairment to their intellectual functioning that they may be experiencing.

7. **Describe the range of physical and emotional health of people receiving services:**

Physical Health: This program may serve people with various physical and medical health conditions that impair their daily living, which may include diabetes, chronic pain and sleep disorders. Specific physical health impairments can be found in individual clinical records. Other examples of physical and medical health conditions at this program may include mobility issues, diabetes, history of chemical dependency, heart disease, neuropathy, COPD, etc.

Emotional Health: This program primarily serves people with mental health diagnoses and various symptoms which may impair their daily living which are associated with mental health diagnoses. Specific Mental Health Diagnoses can be found in individual clinical records.

8. **How will the program reduce the potential of abuse and/or harm to people related to the physical and emotional health of people receiving services served?** Each person has individualized abuse prevention plans; crisis plans and treatment plans that address vulnerabilities individually.

Physical Health: In the event of activities where food is provided, the program will accommodate special diets and food, or environmental allergies based on each individual's need.

Emotional Health: If the individual along with his/her support team decides to obtain Mental Health or Behavioral Health supports external to the program, this program will help facilitate and coordinate that service.

9. **Describe the range of adaptive/maladaptive behavior(s) of people receiving services:** This program may serve people with a range of adaptive and maladaptive behaviors which they have developed naturally in order to cope with various challenges, symptoms and traumatic events that they have experienced in their lives.

10. How will the program reduce the potential of abuse and/or harm to people related to the adaptive/maladaptive behavior(s) of the people receiving services served?

Each person has individualized abuse prevention plans, crisis plans, and treatment plans that address vulnerabilities individually and that should be prioritized as interventions for the below incidents.

If an individual's adaptive/maladaptive behavior is impacting other recipients in the program, the program will work to support those individuals and/or work to remove them from the area in an effort to avoid further escalation and impact of the situation, as well as to decrease potential community disturbance.

Sexual Activity / Sexual Assault

Individuals in this program may have a history of sexual abuse and may be susceptible to further sexual abuse.

Plan of Action:

1. The program discourages sexual interaction between recipients.
2. Sexual relations between staff and recipients are prohibited.

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

1. Instruct the person in a calm, matter-of-fact, and non-judgmental manner to discontinue the activity. Verbally direct each person to a separate area.
2. Summon additional staff if necessary and feasible.
3. If the persons are unclothed, provide them with appropriate clothing.
4. Inquire with the individual if they would like to contact law enforcement.
5. If the person(s) express physical discomfort and/or emotional distress, or for other reasons, staff feel it is necessary to contact medical personnel as soon as possible. Follow all directions provided by medical personnel.
6. Staff may contact on-call and/or supervisor for further directions if necessary.

Chemical Use

Individuals in this program may have a history of substance abuse (e.g., alcohol, marijuana, cocaine, amphetamines, etc.)

1. If the person has a specific plan outlined in his/her Individual Abuse Prevention Plan and/or Crisis Plan to address strategies in the event of intoxication, that procedure should be implemented immediately, unless special circumstances warrant otherwise. This plan may include calling Poison Control to determine interaction of the substance with the medications the individual is taking. If the level of intoxication warrants medical attention, staff may call 911 to have the individual taken to the emergency room or detoxification center.
2. If the person does not have a specific plan, the program will refer to how to respond to escalated/aggressive behavior. The staff will also assess if the person is an imminent danger to oneself or others, or if their level of intoxication warrants medical attention.

Behavioral Escalation/Aggressive Behaviors

Individuals in this program may have mental health diagnoses and at times may experience an increase in symptoms, resulting in various factors.

1. People Incorporated staff will attempt to de-escalate a person's behavior before it poses an imminent risk of physical harm to self or others. The following is a list of positive support strategies that could be used to de-escalate the situation and options that could be implemented by staff. This is not a fully inclusive list of options, but strategies include:

    a. A calm discussion between the person served and the staff member regarding the situation, the person's feelings, their responses, and alternative methods to handling the situation, etc.

    b. A staff suggesting or recommending that the person participate in an activity they enjoy to self-regulate and distract from the behavior (for example: playing a game, going for a walk, doing arts and crafts, talking with staff, reading, listening to music, etc.).

    c. A staff member suggesting or reminding that the person served has options to spend time alone, when safety permits, to self-regulate.

    d. A staff member may use guided coping skills to help teach a skill now.

e. A staff member may use positive reinforcement to reinforce positive behaviors.

f. A staff member may use the individualized strategies written into the person's Individual Abuse Prevention Plan, Community Service and Support Plan Addendum or Crisis Plan as a resource.

g. A staff member will avoid power struggles with the person. Power struggles can be avoided with an ability to recognize what is happening, assessing how important the issue is, and avoiding disagreements.

2. Individuals in the program may exhibit behaviors against another person receiving services that is so severe that it significantly interferes with a person's opportunities to participate in or receive services or support, places the person in actual or reasonable fear of harm, or significantly disrupts the operation of the program, staff will take the following steps:

   a. Summon additional staff, if available. If an injury to a person has occurred or there is an imminent possibility of injury to a person, staff will contact 911.

   b. As applicable, implement the Coordinated Service and Support Plan Addendum for the person to review and put in place positive support strategies.

   c. After the situation is brought under control, question the person(s) as to any injuries and visually observe their condition for any signs of injury. If injuries are noted, provide necessary treatment and contact medical personnel if requested/as necessary.

   d. As an alternate option, the person may be advised to remove themselves from the premises, which may include going to a crisis bed or another option that has qualified staff.

Self-Abusive/Suicidal Behavior

Individuals in this program may have a history of various types of self-abusive behaviors and/or suicidal behaviors. In many cases these behaviors are an attempt to cope with other symptoms and negative factors in their lives. In some cases, these behaviors are an unhealthy attempt to communicate to those who help support them.

1. If the person is experiencing suicidal ideation, staff will talk with the person to determine whether the person has an actual plan and a means to harm themselves. If the plan does not appear to be imminent and they do not have a means to carry out their plan, staff will take steps necessary to prevent implementation of a suicide plan. When possible, this will include collaborating with the person to create a safety plan.
2. The on-call staff and/or supervisor will be notified of the person's intent, orally or via email as appropriate. Upon staff review, other steps may be appropriate, which could include completing a Suicide Risk Assessment to help assess the level of risk. According to the assessment of the on-call staff, supervisor and/or the Suicide Risk Assessment, the person may require increased supervision. If increased supervision cannot be provided, hospitalization may be considered.

3. In the event the person reports a plan, and immediate safety is a concern, staff will contact county crisis for consultation and further assessment and/or contact 911 if necessary to pursue immediate hospitalization.

11. **Describe the need for specialized programs of care for people receiving services**: Each person has individualized abuse prevention plans; crisis plans and treatment plans that address vulnerabilities and specific goals individually. Each person receives individualized supports that may include housekeeping, transportation, meal preparation, congregate dining, laundry assistance, assistance with shopping and other services indicated on Rate Management Sheets and Treatment Plan Addendums.

12. **How will the program reduce the potential of abuse and/or harm to people related to the need for specialized programs of care for people receiving services?** Each person is carefully assessed before being admitted to the program so that the services that the person needs and wants are a good match with the services that the program can provide. This program customizes services to each individual as is practical while also taking care that the other individuals in the program are not negatively impacted by these customizations. The program may not agree to requests for services that are outside of the program's primary areas of expertise if it is determined that those services may not be delivered at the standard that the organization expects of ourselves. In these cases, the program will work with other providers as applicable to meet the wants and needs of the person. In addition to being completed prior to admittance to the program, assessment of appropriate match to services and other individuals in the program occurs consistently throughout stay in the program.

13. **Describe the need for specific staff training to meet individual service needs:** All staff who administer medications must complete training in that area. Staff will be trained in any medical equipment. The program will follow all training requirements of 245D. Many other training courses are available to staff, which focus on best practice interventions and skills in Mental Health and knowledge and theory in the field.

14. **How will the program reduce the potential of abuse and/or harm to people related to the need for specific staff training designed to meet individual service needs?** The program will orient all staff to individualized needs and services of each client. Training will occur if needs and services change.

15. **Describe any knowledge of previous abuse that is relevant to minimizing the risk of abuse to people receiving services**: Some individuals in the program may have experienced abuse or neglect previously. Some individuals may have perpetrated abuse previously when they were not receiving sufficient support in their lives.

16. **How will the program reduce the potential of abuse and/or harm to people related to the knowledge of previous abuse?** Each person has individualized abuse prevention plans; crisis plans, and treatment plans that address vulnerabilities individually.

    For those who pose a risk because of prior perpetrator issues, a decision will be made following the initial assessment whether or not the person can be adequately served in this program, taking into consideration current people in the program, type of crime, treatment for crime, and potential for harm to persons served and the community.

For those individuals who pose a risk due to prior predatory offenses, this program will establish a plan in the recipient's Individual Abuse Prevention Plan that will include specific measures that will be taken to minimize the risk that the recipient may pose for abuse to other vulnerable adults, visitors, or other persons outside of the program, if unsupervised.

PHYSICAL PLANT ASSESSMENT

1. Describe the condition and design of the facility as it relates to safety for the people receiving services:

The apartment building has three floors, and clients reside in one-bedroom apartments located on each floor. The apartment building does not have elevators, but the first floor is located on the ground level and has accessible doors. Laundry units are located on the first floor and second floor. Each apartment is furnished with a telephone, and clients are provided with phone numbers to contact staff in an emergency. Staff offices are located on the first floor of the building in units #107 and #108, where private health information is stored.

2. How will the program reduce the potential of abuse and/or harm to people related to the condition and design of the facility in terms of safety for people receiving services?

The program will conduct and minimally review quarterly fire and weather drills. Documentation will include each participant's response and signature, and records will be maintained on-site at the program. Supervisors will evaluate the drill outcomes to determine whether additional accommodation or training is necessary to ensure safety and preparedness.

People Incorporated bans the presence of weapons and firearms on the property.

In the event of the need to evacuate the facility overnight or longer, the program will notify management immediately. Staff will work with management and property owners (if applicable) to find an immediate location for housing and service delivery. This may include hotels. Staff and management may utilize outside resources for longer term solutions including American Red Cross, Ramsey County, Case Managers, Shelters, other service providers.

Describe any areas of the facility that are difficult to supervise:

All recipients of services reside in their own apartment. Program staff have access to keys to access all apartments, if needed.

4. **How will the program reduce the potential of abuse and/or harm to people related to the areas of the facility that are difficult to supervise?**

All recipients have Individual Abuse Prevention Plans assessing client vulnerabilities and plans to address individual vulnerabilities.

ENVIRONMENTAL ASSESSMENT:

1. **Describe the location of the facility including information about the neighborhood and community that the facility is located:** The Program is located in Little Canada, Minnesota, a suburb located north of St. Paul.

   Little Canada's crime rate is average compared to other suburbs of St. Paul, Minnesota. Most crimes reported are misdemeanor offenses including theft, auto theft, and assaults.

   The program is housed in an apartment complex in a residential neighborhood. The complex is along a residential road with two bus stops. The program is located one block from an elementary school and fire department.

2. **How will the program reduce the potential of abuse and/or harm to people related to the location of the facility, including factors about the neighborhood and community?** Each person has individualized abuse prevention plans, crisis plans, and treatment plans that address vulnerabilities individually. These plans may include community orientation, orientation to the home, bus/transportation training, education related to personal protection of identifying information, community emergency planning and proactive planning related to risk reduction based on the location and environment of the program.

3. **Describe the type of grounds and terrain surrounding the facility:** The program is in an apartment building surrounded by a parking lot and features a central courtyard. The terrain is flat, with paved sidewalks providing accessible pathways around the perimeter of the property.

   To the east of the building, a fenced swimming pool is available for use. Ground-level units offer accessible entrance, and additional public access points are available throughout the building. Stairs are also present at select entrances to accommodate various access needs.

4. **How will the program reduce the potential of abuse and/or harm to people related to the type of grounds and terrain that surround the facility?** Each person has individualized abuse prevention plans, crisis plans, and treatment plans that address vulnerabilities individually. This may involve specific accommodations or skills training related to vulnerabilities associated with the property's grounds. Access to the building is restricted by security doors with key code and key access.

5. **Describe the type of internal programming provided at the program:** Staff are on-site Monday through Friday from 8:00 a.m. to 8:30 p.m. (closed weekends). Outside of these hours (including weekends and holidays) a designated on-call staff member is available to ensure continued support for all service recipients. Staff assist clients with a variety of immediate needs, including mental health symptom management, meal preparation, laundry, housekeeping, and medication reminders.

6. **How will the program reduce the potential of abuse and/or harm to people through the type of internal programming provided at the program?**
   Through individualized programming, plans can be made to reduce risk based on an individual's needs.

7. **Describe the program's staffing pattern:** Staff are available on-site Monday through Friday, with shifts running from 8:00 a.m. to 8:30 p.m. When the program is at full occupancy, four staff members are

scheduled during these hours to ensure adequate coverage and support. In addition, an on-call staff member is available every day of the week (Monday through Sunday) after office hours to respond to client and program needs. Program supervisory staff are also accessible 24 hours a day for consultation as needed.

8. **How will the program reduce the potential of abuse and/or harm to people through the program's staffing pattern?** Staff are available daily to provide individualized support to clients, as outlined in each person's Individual Abuse Prevention Plan. These supports are tailored to meet the unique needs of each client and ensure their safety and well-being

EACH PROGRAM MUST ENSURE THAT:

A. People receiving services are provided with an orientation to the program abuse prevention plan. This orientation must be within 24 hours of admission or within 72 hours for individuals who would benefit from a later orientation.

B. The license holder's governing body must review the program's abuse prevention plan at least annually.

C. A copy of the program's abuse prevention plan must be posted in a prominent place in the facility and be available, upon request, to mandated reporters, people receiving services, and legal representatives.

D. The plan must include a statement of measures to be taken to minimize the risk of abuse to the vulnerable adult(s) or when the need for additional measures is identified. This includes identifying referrals made when the vulnerable adult is susceptible to abuse outside the scope or control of the licensed services.

E. If the assessment indicates that the vulnerable adult does not need specific risk reduction measures in addition to those identified in the program abuse prevention plan, the individual abuse prevention plan must document this determination.

F. In addition to the program abuse prevention plan, an individual abuse prevention plan must be developed for each new person receiving services. A review of the individual abuse prevention plan must be done as part of the review of the program plan. The persons receiving services must participate in the development of the individual abuse prevention plan to the best of their abilities. All abuse (individual or program) prevention plans must be reviewed at least annually by the interdisciplinary team.

Review:

Name Jennifer Holck, Director of Operations Long Term Residential Services

Signature Jennifer Holck, Director of Operations Long Term Residential Service Date 10/27/2025

The review occurred at least on an annual basis.
The review of the plan used the assessment factors in the plan and any substantiated maltreatment findings that occurred since the last review. If necessary, the plan was revised to reflect the review results.

Legal Authority: Minn. Stat. § 245A.65, subd. 2

PEOPLE INCORPORATED

MENTAL HEALTH SERVICES

RESTRAINT POLICY

Date Approved: 5/10/2012
Date Rvised: 3/19/2014, 2/9/2016

I. Policy:

People Incorporated services are designed to promote dignity and respect, ensuring that the facility design as well as staff training and staff ratios are implemented to promote a therapeutic, safe environment. Staff will take appropriate steps in situations to prevent imminent harm to self or others in a manner that is least restrictive.

It is our policy to not use manual restraints in programs serving adults. In the event emergency use of manual restraint (EUMR) is used staff will follow licensing requirements and EUMR procedures (Section III-XIII).

"Emergency use of manual restraint" means using a manual restraint when a person poses an imminent risk of physical harm to self or others and it is the least restrictive intervention that would achieve safety. Property damage, verbal aggression, or a person's refusal to receive or participate in treatment or programming on their own, do not constitute an emergency.

The Children and Family Services Division may use restraints to prevent harm to self or others as appropriate; restraints for these purposes is defined as the physical limiting of the free and normal movement of body or limbs to prevent or reduce harm.

II. Children and Family Services (CFS) Procedure:

A. Behavioral interventions in the CFS Division will only be used when other positive approaches have failed. The developmental level and chronological age of the client will be taken into consideration when using behavioral interventions.
B. Restraint interventions will be used as appropriate to the circumstances and by staff trained in the use of these techniques. An EHR incident will be completed when the application of a restraint intervention involves injury to either the staff or clients involved. All restraints used by the CFS Division will be documented on the Day Treatment Incident Report form, regardless of injury.
C. Staff who are working with children in a day treatment and the therapeutic preschool, must be trained in proper physical restraint techniques as provided by CPI; such training must be current.
D. At least yearly, the Clinical Director, inconjuntion with Program Directors/Treatment Coordinators in the CFS division and the Quality Assurance department, will review patterns of use of restraint procedures

to evaluate the effectiveness of the protocol. Training in de-escalation techniques, motivational interviewing, and other non-confrontational approaches will be offered to all People Incorporated staff.

III. 245D Programs - Manual Restraints Not Allowed in Emergencies

A. This program does not allow the emergency use of manual restraint. The following alternative measures must be used by staff to achieve safety when a person's conduct poses an imminent risk of physical harm to self or others and less restrictive strategies have not achieved safety:
   - Continue to utilize the positive support strategies;
   - Continue to follow individualized strategies in a person's coordinated service and support plan and coordinated service and support plan addendum;
   - Ask the person and/or others if they would like to move to another area where they may feel safer or calmer;
   - Remove objects from the person's immediate environment that they may use to harm self or others
   - Call 911 for law enforcement assistance if the alternative measures listed above are ineffective in order to achieve safety for the person and/or others. While waiting for law enforcement to arrive staff will continue to offer the alternative measures listed above if doing so does not pose a risk of harm to the person and/or others.

B. The program will not allow the use of an alternative safety procedure with a person when it has been determined by the person's physician or mental health provider to be medically or psychologically contraindicated for a person. This program will complete an assessment of whether the allowed procedures are contraindicated for each person receiving services as part of the required service planning required under the 245D Home and Community-based Services (HCBS) Standards (section 245D.07, subdivision 2, for recipients of basic support services; or section 245D.071, subdivision 3, for recipients of intensive support services).

IV. 245D Programs - Positive support strategies and techniques required

A. The following positive support strategies and techniques must be used to attempt to de-escalate a person's behavior before it poses an imminent risk of physical harm to self or others:
   - Follow individualized strategies in a person's coordinated service and support plan and coordinated service and support plan addendum;
   - Shift the focus by verbally redirect the person to a desired alternative activity;
   - Model desired behavior;
   - Reinforce appropriate behavior
   - Offer choices, including activities that are relaxing and enjoyable to the person;
   - Use positive verbal guidance and feedback;
   - Actively listen to a person and validate their feelings;
   - Create a calm environment by reducing sound, lights, and other factors that may agitate a person;
   - Speak calmly with reassuring words, consider volume, tone, and non-verbal communication;
   - Simplify a task or routine or discontinue until the person is calm and agrees to participate; or
   - Respect the person's need for physical space and/or privacy.

B. The program will develop a positive support transition plan on the forms and in manner prescribed by the Commissioner and within the required timelines for each person served when required in order to:
   1. eliminate the use of prohibited procedures as identified in section VI of this policy;

2. avoid the emergency use of manual restraint as identified in section I of this policy;
3. prevent the person from physically harming self or others; or
4. phase out any existing plans for the emergency or programmatic use of restrictive interventions prohibited.

V. 245D Programs - Permitted actions and procedures

Use of the following instructional techniques and intervention procedures used on an intermittent or continuous basis are permitted by this program. When used on a continuous basis, it must be addressed in a person's coordinated service and support plan addendum.

A. Physical contact or instructional techniques must use the least restrictive alternative possible to meet the needs of the person and may be used to:
   1. calm or comfort a person by holding that persons with no resistance from that person;
   2. protect a person known to be at risk of injury due to frequent falls as a result of a medical condition;
   3. facilitate the person's completion of a task or response when the person does not resist or the person's resistance is minimal in intensity and duration; or
   4. block or redirect a person's limbs or body without holding the person or limiting the person's movement to interrupt the person's behavior that may result in injury to self or others, with less than 60 seconds of physical contact by staff; or
   5. to redirect a person's behavior when the behavior does not pose a serious threat to the person or others and the behavior is effectively redirected with less than 60 seconds of physical contact by staff.

B. Restraint may be used as an intervention procedure to:
   1. allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment ordered by a licensed health care professional to a person necessary to promote healing or recovery from an acute, meaning short-term, medical condition; or
   2. assist in the safe evacuation or redirection of a person in the event of an emergency and the person is at imminent risk of harm; or
   3. position a person with physical disabilities in a manner specified in the person's coordinated service and support plan addendum.
      Any use of manual restraint as allowed in this paragraph [Section B] must comply with the restrictions identified in [Section A].

C. Use of adaptive aids or equipment, orthotic devices, or other medical equipment ordered by a licensed health professional to treat a diagnosed medical condition do not in and of themselves constitute the use of mechanical restraint.

VI. 245D Programs - Prohibited Procedures

Use of the following procedures as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience, is prohibited by this program:

1. chemical restraint;
2. mechanical restraint;
3. manual restraint;
4. time out;
5. seclusion; or
6. any aversive or deprivation procedure.

VII. 245D Programs - Conditions for Emergency Use of Manual Restraint

A. Emergency use of manual restraint must meet the following conditions:
   1. immediate intervention must be needed to protect the person or others from imminent risk of physical harm;
   2. the type of manual restraint used must be the least restrictive intervention to eliminate the immediate risk of harm and effectively achieve safety; and
   3. the manual restraint must end when the threat of harm ends.

B. The following conditions, on their own, are not conditions for emergency use of manual restraint:
   1. the person is engaging in property destruction that does not cause imminent risk of physical harm;
   2. the person is engaging in verbal aggression with staff or others; or
   3. a person's refusal to receive or participate in treatment or programming.

VIII. 245D Programs - Restrictions When Implementing Emergency Use of Manual Restraint

Emergency use of manual restraint must not:
1. be implemented with a child in a manner that constitutes sexual abuse, neglect, physical abuse, or mental injury;
2. be implemented with an adult in a manner that constitutes abuse or neglect;
3. be implemented in a manner that violates a person's rights and protection;
4. be implemented in a manner that is medically or psychologically contraindicated for a person;
5. restrict a person's normal access to a nutritious diet, drinking water, adequate ventilation, necessary medical care, ordinary hygiene facilities, normal sleeping conditions, or necessary clothing;
6. restrict a person's normal access to any protection required by state licensing standards and federal regulations governing this program;
7. deny a person visitation or ordinary contact with legal counsel, a legal representative, or next of kin;
8. be used as a substitute for adequate staffing, for the convenience of staff, as punishment, or as a consequence if the person refuses to participate in the treatment or services provided by this program;
9. use prone restraint. "Prone restraint" means use of manual restraint that places a person in a face-down position. It does not include brief physical holding of a person who, during an emergency use of manual restraint, rolls into a prone position, and the person is restored to a standing, sitting, or side-lying position as quickly as possible; or
10. apply back or chest pressure while a person is in a prone position, supine (meaning a face-up) position, or side-lying position,
11. be implemented in a manner that is contraindicated for any of the person's known medical or psychological limitations.

VIII. 245D Programs - Monitoring Emergency Use of Manual Restraint

A. The program must monitor a person's health and safety during an emergency use of a manual restraint. The purpose of the monitoring is to ensure the following:
   1. only manual restraints allowed in this policy are implemented;
   2. manual restraints that have been determined to be contraindicated for a person are not implemented with that person;
   3. allowed manual restraints are implemented only by staff trained in their use;
   4. the restraint is being implemented properly as required; and

5. the mental, physical, and emotional condition of the person who is being manually restrained is being assessed and intervention is provided when necessary to maintain the person's health and safety and prevent injury to the person, staff involved, or others involved.

B. When possible, a staff person who is not implementing the emergency use of a manual restraint must monitor the procedure.

C. A monitoring form, as approved by the Department of Human Services, must be completed for each incident involving the emergency use of a manual restraint.

IX. 245D Programs - Reporting Emergency Use of Manual Restraint

A. Within 24 hours of an emergency use of manual restraint, the legal representative and the case manager must receive verbal notification of the occurrence as required under the incident response and reporting requirements in the 245D HCBS Standards, section 245D.06, subdivision 1.

When the emergency use of manual restraint involves more than one person receiving services, the incident report made to the legal representative and the case manager must not disclose personally identifiable information about any other person unless the program has the consent of the person.

B. Within 3 calendar days after an emergency use of a manual restraint, the staff person who implemented the emergency use must report in writing to the program's designated coordinator the following information about the emergency use:
   1. who was involved in the incident leading up to the emergency use of a manual restraint; including the names of staff and persons receiving services who were involved;
   2. a description of the physical and social environment, including who was present before and during the incident leading up to the emergency use of a manual restraint;
   3. a description of what less restrictive alternative measures were attempted to de-escalate the incident and maintain safety before the emergency use of a manual restraint was implement. This description must identify when, how, and how long the alternative measures were attempted before the manual restraint was implemented;
   4. a description of the mental, physical, and emotional condition of the person who was manually restrained, leading up to, during, and following the manual restraint;
   5. a description of the mental, physical, and emotional condition of the other persons involved leading up to, during, and following the manual restraint;
   6. whether there was any injury to the person who was restrained before or as a result of the use of a manual restraint;
   7. whether there was any injury to other persons, including staff, before or as a result of the use of a manual restraint; and
   8. whether there was a debriefing with the staff and, if not contraindicated, with the person who was restrained and other persons who were involved in or who witnessed the restraint, following the incident. Include the outcome of the debriefing. If the debriefing was not conducted at the time the incident report was made, the report should identify whether a debriefing is planned.

C. A copy of this report must be maintained in the person's service recipient record. The record must be uniform and legible.

D. Each single incident of emergency use of manual restraint must be reported separately. A single incident is when the following conditions have been met:

1. after implementing the manual restraint, staff attempt to release the person at the moment staff believe the person's conduct no longer poses an imminent risk of physical harm to self or others and less restrictive strategies can be implemented to maintain safety;
2. upon the attempt to release the restraint, the person's behavior immediately re-escalates; and
3 staff must immediately re-implement the manual restraint in order to maintain safety.

X. 245D Programs - Internal Review of Emergency Use of Manual Restraint

A. Within 5 business days after the date of the emergency use of a manual restraint, the program must complete and document an internal review of the report prepared by the staff member who implemented the emergency procedure.

B. The internal review must include an evaluation of whether:
   1. the person's service and support strategies need to be revised;
   2. related policies and procedures were followed;
   3. the policies and procedures were adequate;
   4. there is need for additional staff training;
   5. the reported event is similar to past events with the persons, staff, or the services involved; and
   6. there is a need for corrective action by the program to protect the health and safety of persons.

C. Based on the results of the internal review, the program must develop, document, and implement a corrective action plan for the program designed to correct current lapses and prevent future lapses in performance by individuals or the program.

D. The corrective action plan, if any, must be implemented within 30 days of the internal review being completed.

E. The program has identified the following person or position responsible for conducting the internal review and for ensuring that corrective action is taken, when determined necessary:

   - Director of Quality of Assurance

XI. Expanded Support Team Review of Emergency Use of Manual Restraint

A. Within 5 working days after the completion of the internal review, the program must consult with the expanded support team to:
   1. Discuss the incident to:
      a. define the antecedent or event that gave rise to the behavior resulting in the manual restraint; and
      b. identify the perceived function the behavior served.
   2. Determine whether the person's coordinated service and support plan addendum needs to be revised to:
      a. positively and effectively help the person maintain stability; and
      b. reduce or eliminate future occurrences of manual restraint.

B. The program must maintain a written summary of the expanded support team's discussion and decisions in the person's service recipient record.

C. The program has identified the following person or position responsible for conducting the expanded support team review and for ensuring that the person's coordinated service and support plan addendum is revised, when determined necessary.
    - Director of Quality Assurance

XII. External Review and Reporting of Emergency Use of Manual Restraint

Within 5 working days after the completion of the expanded support team review, the program must submit the following to the Department of Human Services using the online behavior intervention reporting form which automatically routes the report to the Office of the Ombudsman for Mental Health and Developmental Disabilities:

1. report of the emergency use of a manual restraint;
2. the internal review and corrective action plan; and
3. the expanded support team review written summary.

XIII. Staff Training

Before staff may implement manual restraints on an emergency basis the program must provide the training required in this section.

A. The program must provide staff with orientation and annual training as required in Minnesota Statutes, section 245D.09.
    1. Before having unsupervised direct contact with persons served by the program, the program must provide instruction on prohibited procedures that address the following:
        a. what constitutes the use of restraint, time out, seclusion, and chemical restraint;
        b. staff responsibilities related to ensuring prohibited procedures are not used;
        c. why such prohibited procedures are not effective for reducing or eliminating symptoms or undesired behavior;
        d. why prohibited procedures are not safe; and
        e. the safe and correct use of manual restraint on an emergency basis according to the requirements in the 245D HCBS Standards, section 245D.061 and this policy.
    2. Within 60 days of hire the program must provide instruction on the following topics:
        a. alternatives to manual restraint procedures, including techniques to identify events and environmental factors that may escalate conduct that poses an imminent risk of physical harm to self or others;
        b. de-escalation methods, positive support strategies, and how to avoid power struggles;
        c. simulated experiences of administering and receiving manual restraint procedures allowed by the program on an emergency basis;
        d. how to properly identify thresholds for implementing and ceasing restrictive procedures;
        e. how to recognize, monitor, and respond to the person's physical signs of distress, including positional asphyxia;
        f. the physiological and psychological impact on the person and the staff when restrictive procedures are used;
        g. the communicative intent of behaviors; and
        h. relationship building.

B. Training on these topics received from other sources may count toward these requirements if received in the 12-month period before the staff person's date of hire or in the 12-month period before this program's 245D-HCBS license became effective on Jan. 1, 2014.

C. The program must maintain documentation of the training received and of each staff person's competency in each staff person's personnel record.

Legal Authority: MS §§ 245D.06, subd. 5 to subd, 8; 245D.061

TEMPORARY SERVICE SUSPENSION POLICY

Date Approved: 8/16/2013
Date Revised: 2/9/2016, 2/18/2016

I. Policy:

It is the policy of People Incorporated to ensure procedures for temporary service suspension promote continuity of care and service coordination for persons receiving services.

II. Procedures:

A. This program will limit temporary service suspension to the following situations:

1. The person's conduct poses an imminent risk of physical harm to self or others and either:
   a. positive support strategies have been implemented to resolve the issues leading to the temporary service suspension but have not been effective and additional positive support strategies would not achieve and maintain safety; or
   b. less restrictive measures would not resolve the issues leading to the suspension; OR
2. The person has emergent medical issues that exceed the license holder's ability to meet the person's needs; OR
3. The program has not been paid for services.

B. Prior to giving notice of temporary service suspension, the program must document actions taken to minimize or eliminate the need for service suspension.

1. Action taken by the program must include , at a minimum:
   a. Consultation with the person's support team or expanded support team to identify and resolve issues leading to issuance of the notice; and
   b. A request to the case manager for intervention services identified, including behavioral support services, in-home or out-of-home crisis respite services, specialist services, or other professional consultation or intervention services to support the person in the program.
2. If, based on the best interests of the person, the circumstances at the time of the notice were such that the program unable to consult with the person's team or request interventions services, the program must document the specific circumstances and the reason for being unable to do so.

C. The notice of temporary service suspension must meet the following requirements:

1. This program must notify the person or the person's legal representative and the case manager in writing of the intended temporary service suspension.

2. If the temporary service suspension is from residential supports and services, including supported living services, foster care services, or residential services in a supervised living facility, including and ICF/DD, the program must also notify the Commissioner in writing. DHS notification will be provided by fax at 651-431-7406.
3. Notice of temporary service suspension must be given on the first day of the service suspension.
4. The written notice service suspension must include the following elements:
    a. The reason for the action;
    b. A summary of actions taken to minimize or eliminate the need for temporary service suspension; and
    c. Why these measures failed to prevent the suspension.
5. During the temporary suspension period the program must:
    a. Provide information requested by the person or case manager;
    b. Work with the support team or expanded support team to develop reasonable alternatives to protect the person and others and to support continuity of care; and
    c. Maintain information about the service suspension, including the written notice of temporary service suspension in the person's record.

D. A person has the right to return to receiving services during or following a service suspension with the following conditions.

1. Based on a review by the person's support team or expanded support team, the person no longer poses an imminent risk of physical harm to self or others, the person has a right to return to receiving services.
2. If, at the time of the service suspension or at any time during the suspension, the person is receiving treatment related to the conduct that resulted in the service suspension, the support team or expanded support team must consider the recommendation of the licensed health professional, mental health professional, or other licensed professional involved in the person's care or treatment when determining whether the person no longer poses an imminent risk of physical harm to self or others and can return to the program.
3. If the support team or expanded support team makes a determination that is contrary to the recommendation of a licensed professional treating the person, the program must document the specific reasons why a contrary decision was made.

Legal Authority: MS § 245D.10, subd. 3

PEOPLE INCORPORATED
MENTAL HEALTH SERVICES

Admission Criteria Policy

Program name:

I. Policy

It is the policy of this DHS licensed provider (program) to promote continuity of care by ensuring that admission and service initiation is consistent with a person's service recipient rights under section 245D.04 and this licensed program's knowledge, skill, and ability to meet the service and support needs of persons served by this program. Services will be provided in a manner that supports the person's preferences, daily needs, and activities and accomplishment of the person's personal goals and service outcomes, consistent with the principles of person-centered service planning and delivery. Clients are informed they have a choice to use other providers besides People Incorporated.

II. Procedures

1. This program utilizes a Person Centered Approach that emphasizes strong Motivational Interviewing skills. The services are built upon an alliance between direct service staff and the persons enrolled in the program. In most cases the effectiveness of our services are directly related to these factors. This program does not have expertise in behavioral modification plans, interventions rooted in providing programmatic consequences, and other restrictive methods. This program emphasizes services that are informed and developed by best practices in the field of Mental Health. This program may not have policies, procedures and resources to directly provide services that pertain to physical health barriers and personal cares. In these cases the program will prioritize drawing on areas of expertise in order to meet needs indirectly and explore opportunities to coordinate care with other providers as necessary.
   This program serves multiple people within the same milieu and must constantly balance that which is important to and important for each individual with every other individual's Person Centered service. All admission decisions are primarily based on an assessment of whether the program can meet the needs and wants of the individual as well as an assessment of the aforementioned balance in the milieu as it relates to the person's 'fit' in the program.

2. This program will provide a copy of the fact sheet the program received from a law enforcement authority or corrections agent for a person who is a registered predatory offender currently being served by the program when the fact sheet includes a risk level classification for the offender. The fact sheet received by the program will not be altered when it being provided and will contain the following information: (1) name and physical description of the offender; (2) the offender's conviction history, including the dates of conviction; (3) the risk level classification assigned to the offender under section 244.052, if any; and (4) the profile of likely victims. If a person is being admitted to the program who is a registered predatory offender and the program has received a fact sheet, a copy of the fact sheet will be provided to all persons currently served by the program, or their legal representative.

3. Refusal to admit a person to the program will be based on an evaluation of the person's assessed needs and the licensed provider's lack of capacity to meet the needs of the person.

4. This licensed program will not refuse to admit a person based solely on:
   a. the type of residential services the person is receiving
   b. person's severity of disability;
   c. orthopedic or neurological handicaps;
   d. sight or hearing impairments;
   e. lack of communication skills;
   f. physical disabilities;
   g. toilet habits;
   h. behavioral disorders; or
   i. Past failure to make progress.

5. Documentation of the basis of refusal will be provided to the person or the person's legal representative and case manager upon request.

Policy reviewed and authorized by:

_____

Print name & title Signature

Date of last policy review: _5/22/2015 Rev, 4/28/2023___Date of last policy revision: _4/28/23___

Legal Authority: MS §§ 245D.11, subd. 4; 245D.04, subd.2,(4) to (7), and 3, (8)

PEOPLE INCORPORATED
MENTAL HEALTH SERVICES

Program Handbook Acknowledgment

By signing below, I agree that I have received a copy of the program handbook:

- ☐ ICS Program Expectations
- ☐ 245D.04 Recipients Rights
- ☐ Admission & Discharge Policy
- ☐ Program Abuse Prevention Plan
- ☐ Restraint Policy
- ☐ Temporary Service Suspension Policy
- ☐ Residential Admission Criteria Policy

If parent/guardian is signing on behalf of a client, please complete the following information:

Print Client Name	DOB	Print Name of Parent (custodial and non-custodial) or Guardian	
Client Signature	**Date**	**Signature of Parent (custodial and non-custodial) or Guardian**	**Date**