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COORDINATED SERVICE AND SUPPORT PLAN (CSSP) ADDENDUM – INTENSIVE SUPPORT SERVICES

Name of person served: Brian Buhner

Date of development: May 11, 2022 For the annual period from: May 2022-May 2023

Name and title of person completing the *CSSP Addendum*: Leah Ference, Designated Coordinator

Legal representative: Ted Buhner, Guardian

Case manager: Sarah Maurice, Southwest Health and Human Services

The license holder must provide services in response to the person's identified needs, interests, preferences, and desired outcomes. Services will be provided according to MN Statutes, chapter 245D and the applicable waiver plan for the person served. The following will be assessed by the person and/or legal representative, case manager, support team or expanded support team members, and other people as identified by the person and/or legal representative.

Dates of development:

- Within 15 days of service initiation, the license holder must complete the preliminary *CSSP Addendum.*
- Before providing 45 days of service or within 60 calendar days of service initiation
- Annually, the support team reviews the *CSSP Addendum.*

Services and supports

The **scope of the services** to be provided to support the person's daily needs and activities include:

Hope Haven provides residential services, including activities of daily living, community activities, assistance with learning appropriate behavior management skills

The person's **desired outcomes** and the methods or actions that will be used to support the person and to accomplish the service outcomes (*Service Outcomes and Supports)*:

Outcome 1A: Brian will ride his stationary bike at least 90 minutes a week for 75% of weeks.

Outcome 1B (May – October): Brian will walk outside for 30 minutes a week, for 75% of weeks

Outcome 2: Brian will eat at least one vegetable daily, for 75% of days.

Outcome 3: Brian will complete daily hygiene areas (teeth AM/PM, deodorant, shaving, bath/shampoo) 90% of the time.

A discussion of how **technology** may be used to meet the person's desired outcomes has occurred: ☒ Yes ☐ No

Provide a summary that describes decisions made regarding the use of technology and a description of any further research that needs to be completed before a decision regarding the use of technology can be made: The team will review technology use at each meeting. Brian has used some video conferencing (Zoom) on the laptop for several purposes: doctor appointments, on-line classes and even work.

Describe the **general and health-related supports** necessary to support this person based upon the *Self-Management Assessment* and the requirements of person centered planning and service delivery:

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Allergies (mold; pet hair): Staff routinely keep the home clean and free of allergens such as mold. No pets are present in the home. Staff assist Brian to schedule a review with his allergist annually and to receive allergy shots as scheduled. Staff supervise Brian's self-administration of his allergy medications.

Special dietary needs (diabetic diet): Staff assist Brian with shopping for healthy items to stock his pantry. Staff assist him to portion and label items with carbohydrate content and serving sizes wherever possible. Staff encourage Brian to follow the recommendations of his physician/dietician.

Chronic medical conditions (Brian has hypothyroidism, high cholesterol and GERD (reflux). Brian is diabetic.): Staff assist Brian as needed with his medications and to attend medical appointments. Staff use informal opportunities to teach about healthy choices (such as diet.)

Self-administration of medication or treatment orders: Staff has been trained on medication administration, including information on side-effects, purpose of medications, routes of administration, etc. Staff will supervise Brian while he learns to self-administer his daily prepackaged medications. Staff will administer Brian's PRN medications as ordered.

Preventative screening: Staff need to schedule the medical and dental appointments and follow-up with any doctors' orders. This includes yearly doctor appointments to the audiologist, dentist, and allergist. Staff will verbal prompt Brian to speak directly to the doctor.

Medical and dental appointments: Staff need to schedule the medical and dental appointments and follow-up with any doctors' orders. This includes yearly doctor appointments to the audiologist, dentist, and allergist. Staff will verbal prompt Brian to speak directly to the doctor.

Other health and medical needs (flat footed, wears orthotics): If staff notice changes in how Brian walks, staff will ask questions to Brian to see if he is having foot pain and will follow-up with the doctor as needed.

Community survival skills: Staff supervise Brian while in the community. Staff provide verbal prompts as needed for Brian to make safe decisions.

Sensory disabilities: Staff assist Brian to schedule and attend required audiology exams. Brian does take out the hearing aids while sleeping, or even just relaxing in his room. Staff will ask Brian to put in his hearing aids (including batteries) before engaging in a conversation with him.

Physical/verbal/emotional aggression: Staff wait until Brian is calm and discuss how he can make good choices. Brian does best when all staff have similar and clear expectations. The schedule is posted in the home, as well as calendars with upcoming events so that he knows what to anticipate.

Suicidal ideations, thoughts, or attempts: Staff encourage Brian to talk over his concerns with his psychiatrist.

Criminal or unlawful behavior: Staff follow his assessment recommendations to plan activities and environments that do not involve children, or images of children (magazines, calendars, etc.) Staff provide supervision for Brian in all community environments. In recent years he has denied having these feelings, but if he brings this issue up, staff will redirect him to his talk with the Designated Coordinator/Manager.

Mental or emotional health symptoms and crises (anxiety): Brian does best when all staff have similar and clear expectations. The schedule is posted in the home, as well as calendars with upcoming events so that he knows what to anticipate. Staff supervise Brian's self-administration of medications, and assist him to schedule medical appointments as needed.

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Other symptom or behavior (attention deficit disorder-ADD): Staff check that Brian has finished necessary tasks. Staff help Brian find activities to keep himself busy.

Other symptom or behavior (tells untruths): Staff follow a daily routine and document accurately. Staff and Brian are trained to have open communication with supervisory staff. The Designated Manager will review any complaints Brian makes about staff.

The person's **preferences** for how services and supports are provided including positive support strategies and how the provider will support the person to have control of their schedule:

Brian moved into a one-person setting in October 2017. This has allowed him the opportunities for more responsibility (for example, housekeeping; shopping; cooking), as well as more freedom (menu planning; activities). Brian actively participates in his meeting. Specific topics addressed will be described in meeting notes.

Positive support strategies include:

- The schedule and calendars are posted in the home.
- Staff write down information about upcoming activities whenever possible.
- Staff communicate with each other (either written log or in person) so that expectations are clear and consistent.
- Brian has a recliner, TV, books and music he can relax with in his room.
- Brian talks by phone and in person with the Designated Coordinator/Manager to discuss his concerns.
- Brian sees a psychiatrist on a regular basis.

Is the current service setting the **most integrated setting available and appropriate** for the person?
☒ Yes ☐ No If no, please describe what will be done to address this: NA – Brian is now renting his own home

What are the opportunities to develop and maintain **essential and life-enriching skills, abilities, strengths, interests, and preferences**? Brian uses the library weekly, and enjoys books on a number of topics. He likes doing puzzles, playing card/board games, and watching movies. Brian is very assertive in letting people know about his interests and preferences.

What are the opportunities **for community access, participation, and inclusion** in preferred community activities? Brian reads the newspaper and watches the local cable access channel. He notes upcoming events that he might want to attend. Staff and Brian work together to create a weekly calendar. Brian does various errands, including shopping and banking 1-2 times a week. He goes to a variety of local events, including craft fairs, parades, car shows, and live theater.

What are the opportunities to **develop and strengthen personal relationships** with other persons of the person's choice in the community? Brian is close with his brothers. He talks with them on the phone almost daily, and they visit every few weeks. Brian participates in Special Olympics bowling or track practices with peers, as well as a Friendship church group in Edgerton.

What are the opportunities to seek **competitive employment** and work at competitively paying jobs in the community? Brian and his guardian choose Progress, Inc. for his work needs. They work to match him with jobs.

How will services be **coordinated across other 245D licensed providers and members of the support team or expanded support team** serving this person to ensure continuity of care and coordination of services?

Brian will have semi-annual support team meetings, with additional meetings, as needed. Hope Haven and Progress, Inc. have a communication log book going back and forth between them. The Designated Coordinators for each provider discuss issues by phone.

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If there is a **need for service coordination** between providers, include the name of service provider, contact person and telephone numbers, services being provided, and the names of staff responsible for coordination:

Vocational Provider:
Progress, Inc. / Brook Albright
101 4th Ave. NE
Pipestone, MN 56164
507-825-4120 (phone)
507-825-2369 (fax)
brook@progresspipestone.com

Case Manager:
Southwest Health and Human Services / Sarah Maurice
1091 Hiawatha Ave. N.
Pipestone, MN 56164
507-825-6720 (phone)
507-825-6727 (fax)
sarah.maurice@swmhhs.com

The person currently receives services in (check as applicable):
☒ Residential services in a community setting controlled by a provider
☒ Day services
☐ Neither

Provide a **summary of the discussion of options for transitioning the person out of a community setting controlled by a provider** and into a setting not controlled by a provider (residential services). Include **a statement about any decision made regarding transitioning out of a provider-controlled setting**: Brian rents his home and has 24/7 hourly staffing by Hope Haven. Brian has less conflict in a smaller (1:1) setting. Brian currently has no interest in reducing the number off staffing hours.

Provide a **summary of the discussion of options for transitioning from day services to an employment service. Include a statement about any decision made regarding transitioning to an employment service:** Brian has chosen to work through a DT&H provider. Brian does have a community job for a few hours a week, but it is not at minimum wage. He does not currently do any competitive work. When he has had various jobs in the past, he refused to attend. Brian and his guardian are contacted each year (WIOA) about Brian's current work goals, with feedback going to his current provider.

Describe any further research or education that must be completed before a decision regarding this transition can be made: Brian's case manager believes there may be changes needing from a licensing standpoint. These behind-the-scenes changes would not significantly change the way services are delivered.

Does the person require the **presence of staff** at the service site while services are being provided? ☒ Yes ☐ No

If no, please provide information on when staff do not need to be present with this person (include community, home, or work) and for the length of time. If additional information regarding safety plan is needed, also provide:

Staff are currently on-sight at all times when Brian is home. He can be outside his home without staff being directly with him in his yard, patio or drive-way. Brian may also walk to either end of the block in front of his house for exercise.

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Does the person require a **restriction of their rights** as determined necessary to ensure the health, safety, and well-being of the person? ☒ Yes ☐ No

If yes, indicate what right(s) are restricted: Phone use
Refer to the attached *Rights Restrictions* form for all additional requirements and documentation.

Can this person use **dangerous items or equipment**? ☒ Yes ☐ No

If yes, address any concerns or limitations: Brian is involved in various cooking and cleaning tasks around the house. He uses appliances and cleaners under staff supervision. Brian is responsible for his lawn mowing and general yardwork.

Has it been determined by the person's physician or mental health provider to **be medically or psychologically contraindicated to use an emergency use of manual restraint** when a person's conduct poses an imminent risk of physical harm to self or others and less restrictive strategies would not achieve safety? ☐ Yes ☒ No

If yes, the company will not allow the use of the behavioral intervention/manual restraint to be used for the person.

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Health needs

Indicate what **health service responsibilities** are assigned to this license holder and which are consistent with the person's health needs. If health service responsibilities are not assigned to this license holder, please state "NA":

Brian depends on Hope Haven staff for all of his health care responsibilities, which include:

☒ Observing for signs of illness or injury

☒ Communicating with medical providers and scheduling appointments

☒ Transportation to appointments

☒ Attending appointments, sharing information with providers and receiving instructions

☒ Obtaining prescriptions from the pharmacy

If health service responsibilities are assigned to this license holder, the case manager and legal representative will be promptly notified of any changes in the person's physical and mental health needs affecting the health service needs, unless otherwise specified here:

The following information will be reported to the legal representative and case manager as they occur, unless otherwise indicated here.

- Any report made according to 245D.05, subdivision 2, paragraph (c), clause (4)
- The person's refusal or failure to take or receive medication or treatment as prescribed
- Concerns about the person's self-administration of medication or treatments

If the license holder is assigned responsibility for medication assistance or medication administration, the license holder will provide medication administration or assistance (including set up) according to the level indicated here:
☐ Medication set up ☒ Medication assistance ☒ Medication administration

Staff will provide Medication Assistance as Brian learns the Pill Pack system. Staff will be responsible for Medication Administration of medications not packaged by Pill Pack (for example, PRN medications or a short-term antibiotic.)

The following information will be reported to the legal representative and case manager as they occur, unless otherwise indicated here:

- Any report made according to 245D.05, subdivision 2, paragraph (c), clause (4)
- The person's refusal or failure to take or receive medication or treatment as prescribed.
- Concerns about the person's self-administration of medication or treatments.

Psychotropic medication monitoring and use

Does the license holder administer the person's psychotropic medication? ☒ Yes ☐ No

If yes, document the following information:

1. Describe the target symptoms the psychotropic medication is to alleviate: Agitation expressed as verbal aggression: Brian will raise his voice at others, make inappropriate statements (swearing), threaten staff ("I'm

HOPE HAVEN

going to fire you", threats to call people who he thinks are in higher authority), call others names. These statements are directed towards staff or peers.

2. Does the prescriber require documentation to monitor and measure changes in the target symptoms that are to be alleviated by the psychotropic medications?
   ☒ Yes ☐ No

3. If yes, please indicate the documentation methods to be used to collect and report on medication and symptom-related data according to the prescriber's instructions: Count of aggressive incidents with brief description

Permitted actions and procedures

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On a continuous basis, does the person require the **use of permitted actions and procedures** that includes physical contact or instructional techniques:

1. To calm or comfort a person by holding that person with no resistance from the person.
   ☒ Yes ☐ No If yes, explain how it will be used: Staff may offer Brian a brief should hug for comfort.

2. To protect a person known to be at risk of injury due to frequent falls as a result of a medical condition.
   ☐ Yes ☒ No If yes, explain how it will be used:

3. To facilitate a person's completion of a task or response when the person does not resist or it is minimal:
   ☐ Yes ☒ No If yes, explain how it will be used:

4. To block or redirect a person's limbs or body without holding or limiting their movement to interrupt a behavior that may result in injury to self or others with less than 60 seconds of physical contact by staff.
   ☐ Yes ☒ No If yes, explain how it will be used:

5. To redirect a person's behavior when the behavior does not pose a serious threat to self or others and the behavior is effectively redirected with less than 60 seconds of physical contact by staff.
   ☐ Yes ☒ No If yes, explain how it will be used:

6. To allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment.
   ☐ Yes ☒ No If yes, explain how it will be used:

7. Assist in the safe evacuation or redirection of a person in an emergency and they are at imminent risk of harm.
   ☒ Yes ☐ No If yes, explain how it will be used: Staff may take Brian by the hand to lead him to safety in an emergency.

8. Is a restraint needed as an intervention procedure to position this person due to physical disabilities?
   ☐ Yes ☒ No If yes, explain how it will be used:

9. Is positive verbal correction specifically focused on the behavior being addressed?
   ☐ Yes ☒ No If yes, explain how it will be used:

10. Is temporary withholding or removal of objects being used to hurt self or others being addressed?
    ☐ Yes ☒ No If yes, explain how it will be used:

11. Are adaptive aids or equipment, orthotic devices, or other medical equipment ordered by a licensed health professional to treat a diagnosed medical condition being used?
    ☒ Yes ☐ No If yes, explain how it will be used: Brian has shoe orthotics and hearing aids. Brian uses these during most waking hours. He is able to remove them independently.

Staff information

Are any **additional requirements** requested for staff to have or obtain in order to meet the needs of the person?
☐ Yes ☒ No

If yes, please specify what these requirements are: Not applicable

Does a staff person who is **trained in cardiopulmonary resuscitation (CPR)** need to be available when this person is present and staff are required to be at the site to provide direct service? ☒ Yes ☐ No

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Staff ratio: ***For facility-based day services only***
☒ **NA for residential services**

For facility-based day services only – please indicate the staff ratio required for this person. Additional information on how this ratio was determined is maintained in the person's service recipient record:
☐ 1:4 ☐ 1:8 ☐ 1:6 ☐ Other (please specify):

Frequency of reports and notifications

1. Frequency of *Progress Reports and Recommendations*, at a minimum of annually:
   ☐ Quarterly ☒ Semi-annually ☐ Annually

2. Frequency of service plan review meetings, at a minimum of annually:
   ☐ Quarterly ☒ Semi-annually ☐ Annually

3. Request to receive the *Progress Report and Recommendation*:
   ☒ At the support team meeting; or ☐ At least five working days in advance of the support team meeting.

4. Frequency of receipt of *Psychotropic Medication Monitoring Data Reports*, this will be done quarterly unless otherwise requested:
   ☐ Quarterly ☒ Other (specify): Semi-Annually to Team ☐ NA

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SELF-MANAGEMENT ASSESSMENT

Name: Brian Buhner

Date of *Self-Management Assessment* development: 05/11/22 For the annual period from: May 2022-May 2023

Name and title of person completing the review: Leah Ference, Designated Coordinator

Within the scope of services to this person, the license holder must assess, at a minimum, the areas included on this document. Additional information on self-management may be included per request of the person served and/or legal representative and case manager. The *Self-Management Assessment* will be completed by the company's designated staff person and will be done in consultation with the person and members of the support team.

The license holder will complete this assessment before the 45-day planning meeting and review it at the meeting. Within 20 working days of the 45-day meeting, dated signatures will be obtained from the person and/or legal representative and case manager to document the completion and approval of the *Self-Management Assessment.* At a minimum of annually, or within 30 days of a written request from the person and/or legal representative or case manager. This *Self-Management Assessment* will be reviewed by the support team or expanded support team as part of a service plan review and dated signatures obtained.

Assessments must be based on the person's status within the last 12 months at the time of service initiation. Assessments based on older information must be documented and justified.

The **general and health-specific supports and outcomes necessary or desired to support the person** based upon this assessment and the requirements of person centered planning and service delivery will be documented in the *CSSP Addendum.*

Health and medical needs to maintain or improve physical, mental, and emotional well-being

Assessment area	Is the person able to self-manage in this area?	Assessment – include information about the person that is descriptive of their overall strengths, functional skills and abilities, and behaviors or symptoms
Allergies (state specific allergies): mold; pet hair	☐ Yes ☒ No ☐ NA – there are no allergies	BEHAVIORS: Brian requires several daily allergy medications, as well as monthly shots. STRENGTHS: Brian is aware of his allergies. He seems to look forward to his allergy shots. SKILLS: Brian avoids allergens. He takes medications that are administered to him.
Seizures (state specific seizure types):	☐ Yes ☐ No ☒ NA – no seizures	*Note: Brian takes Depakote/divalproex for behavior (a common seizure med). This occasionally causes confusion with unfamiliar providers.*
Choking	☐ Yes ☐ No ☒ NA – no history of choking	
Special dietary needs (state specific need): diabetic diet since March 2021	☐ Yes ☒ No ☐ NA – there are no special dietary needs	BEHAVIORS: Brian has a limited understanding or diabetes and nutrition. He would not eat a balanced diet or control his portions on his own. STRENGTHS: Brian prefers to have clear expectations and schedules. He can read and do simple math. SKILLS: Brian is able to select meals

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		that are portioned and/or labeled with some verbal prompts.
Chronic medical conditions (state condition): Brian has hypothyroidism, high cholesterol and GERD (reflux).	☐ Yes ☒ No ☐ NA – there are no chronic medical conditions	BEHAVIORS: Brian has some understanding of his health and need for medications, but not long-term risks or side effects. He is unlikely to make lifestyle changes, such as exercising or improving his diet without significant prompting/ supervision. STRENGTHS: Brian is willing to take medications or even shots. He participates in appointments and labs. SKILLS: Brian can tell time and follow a schedule. He is able to self-administer medications with supervision. He would verbally report symptoms.
Self-administration of medication or treatment orders	☐ Yes ☒ No	BEHAVIORS: In the past, Brian unsuccessfully attempted setting-up and self-administering some of his medications using a weekly pill caddy. He was careless with setting up and storing the medications, and even intentionally disposed of medications instead of taking them. STRENGTHS: Brian has some understanding of the general purposes of his medications. SKILLS: He is able to tell time and follow a schedule. In 2018, Brian started working under close supervision from staff to self-administer his medications using a pharmacist prepared pill-pack system.
Preventative screening	☐ Yes ☒ No	BEHAVIORS: Brian does not have a good understanding of what preventative care he needs. He will request any tests or vaccinations that he hears about, even if they are not recommended for his gender or age-group. STRENGTHS: Brian is very willing to go to medical appointments. SKILLS: Brian is able to talk with the doctor, but may rely on staff to answer questions. Brian is sometimes able to schedule return appointments, but does need staff to verify that someone is able to take him at that time.
Medical and dental appointments	☐ Yes ☒ No	BEHAVIORS: Brian seems to look forward to medical appointments. He will perseverate on his concerns. STRENGTHS: Brian remembers and is willing to go to medical appointments. SKILLS: Brian is able to talk with the doctor, but may rely on staff to answer questions. Brian is sometimes able to schedule return appointments, but does need staff to verify that someone is able to take him at that time.

HOPE HAVEN

Other health and medical needs (state specific need): Flat footed requiring orthotic shoe inserts	☐ Yes ☒ No ☐ NA	BEHAVIORS: Brian has new orthotics he received in November 2016. He still wears the old ones. STRENGTHS: Brian seems to understand his need for orthotics in general, and requested the 2016 upgrade. SKILLS: He is able to place them in his shoes independently. Brian could report any foot pain.
Other health and medical needs (state specific need):	☐ Yes ☐ No ☒ NA	

Personal safety to avoid injury or accident in the service setting

Assessment area	**Is the person able to self-manage in this area?**	**Assessment – include information about the person that is descriptive of their overall strengths, functional skills and abilities, and behaviors or symptoms**
Risk of falling (include the specific risk):	☐ Yes ☐ No ☒ NA – not at risk for falling	
Mobility issues (include the specific issue):	☐ Yes ☐ No ☒ NA – there are no mobility issues	
Regulating water temperature	☒ Yes ☐ No	*Brian is able to regulate his own water temperature.*
Community survival skills	☐ Yes ☒ No	BEHAVIORS: Brian has had unsupervised time in the past, but currently has no unsupervised community time per his Psycho-Sexual Evaluation. STRENGTHS: Brian has many good community orientation skills. Many people in the community know him. SKILLS: Brian has independently used the taxi to independently access places like the library, pharmacy, and discount store. Brian would be able to ask or call for assistance.
Water safety skills	☒ Yes ☐ No	*Brian does not know how to swim, but exhibits caution to stay in shallow water.*
Sensory disabilities: requires prescription glasses	☒ Yes ☐ No ☐ NA	*Brian wears his glasses daily.*
Sensory disabilities: requires hearing aids	☐ Yes ☒ No ☐ NA	BEHAVIORS: Brian takes out his hearing aids and puts them in places like his pockets, which results in frequent breakage. He may intentionally leave the batteries out of his aids while wearing them, making communication very difficult. STRENGTHS: Brian understands how to use his hearing aids. SKILLS: He can replace batteries, check their function, and place them in his ears independently.

HOPE HAVEN

Other personal safety needs (state specific need):	☐ Yes ☐ No ☒ NA	
Other personal safety needs (state specific need):	☐ Yes ☐ No ☒ NA	
Other personal safety needs (state specific need):	☐ Yes ☐ No ☒ NA	

Symptoms or behavior that may otherwise result in an incident as defined in section 245D.02, subd. 11 clauses (4) to (7) or suspension or termination of services by the license holder, or other symptoms or behaviors that may jeopardize the health and safety of the person or others.

Assessment area	**Is the person able to self-manage in this area?**	**Assessment – include information about the person that is descriptive of their overall strengths, functional skills and abilities, and behaviors or symptoms**
Self-injurious behaviors (state behavior):	☐ Yes ☐ No ☒ NA	
Physical aggression/conduct: Hit, kick, push, grab, spit or throw things at others	☐ Yes ☒ No ☐ NA	BEHAVIORS: While Brian does not usually aggress directly against others, he may engage in behaviors that could intimidate others, such as stomping his feet or slamming doors. STRENGTHS: Brian generally understands hurting others is not socially acceptable, if not illegal. SKILLS: Brian is able to express his frustrations verbally, and does so on a regular basis.
Verbal/emotional aggression: Raising his voice loudly, swears, threatens staff, name calling	☐ Yes ☒ No ☐ NA	BEHAVIORS: Brian will ask several staff and family members the same question until he gets a desired answer. He may misunderstand information, partially due to not wearing his hearing aids. He may not accept changes, or may expect things to continue to occur a certain way because it happened one time. Brian has had structured behavior/reward outcomes in the past. This often resulted in increased behavior when he felt that staff were not fair and had not given adequate "warnings." STRENGTHS: Brian wants to be helpful and have positive relationships with others. SKILLS: Brian is able to follow written information and schedules. He does best when expectations are clear-cut and consistent.
Property destruction (state behavior):	☐ Yes ☐ No ☒ NA	
Suicidal ideations, thoughts, or attempts	☐ Yes ☒ No ☐ NA	BEHAVIORS: Brian talks about wanting to be with deceased family members. STRENGTHS: Brian has made no attempts to harm himself. He is actually quite fearful that he will be hurt by people or things in his environment. SKILLS: Brian has participated

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		in counseling, and discussed this with her. Brian takes medications prescribed by his psychiatrist.
Criminal or unlawful behavior	☐ Yes ☒ No ☐ NA	BEHAVIORS: In April 2015, Brian told staff that he has a sexual interest in teen boys. STRENGTHS: Brian states that he understands this is not allowed, and that he has not and should never touch others. SKILLS: Brian has participated in counseling. He refrains from these behaviors, and says he's not sure why he ever said those things.
Mental or emotional health symptoms and crises (state diagnosis): anxiety	☐ Yes ☒ No ☐ NA	BEHAVIORS: Brian will ask repeated questions and make frequent phone calls about upcoming activities, appointments, and schedules. Brian worries about things happening to him that he sees in the news (weather, terrorism) even when the events are far away. STRENGTHS: Brian has a good memory. He has basic reading and writing skills. SKILLS: Brian can refer to printed schedules and lists, with some prompts from staff. Brian has participated in counseling and takes medications prescribed by his psychiatrist.
Unauthorized or unexplained absence from a program	☐ Yes ☐ No ☒ NA	
An act or situation involving a person that requires the program to call 911, law enforcement or fire department	☐ Yes ☐ No ☒ NA	
Other symptom or behavior (be specific): attention deficient disorder (ADD)	☐ Yes ☒ No ☐ NA	BEHAVIORS: Brian may have trouble focusing on one activity, or may switch between activities before they are complete. STRENGTHS: Brian likes to stay busy and involved. SKILLS: Brian responds to helping with tasks he views as helpful, such as cooking or cleaning in his home.
Other symptom or behavior (be specific): Brian makes untruthful statements.	☐ Yes ☒ No ☐ NA	BEHAVIORS: Brian makes false statements ranging from whether he completed daily hygiene up to attempts to get staff in trouble. He may remain adamant that something is true, even when there is evidence to the contrary (for example, hygiene items are clearly untouched). At times he has admitted he made up stories to get a reaction. STRENGTHS/ SKILLS: Brian has a good memory and verbal communication skills.

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Individual Abuse Prevention Plan (IAPP)

Person's Name: Brian Buhner II

Reviewed: May 11, 2022

Instructions: For each area, assess whether the person is susceptible to abuse by others and the person's risk of abusing other vulnerable people. If susceptible, indicate why by checking the appropriate reason or by adding a reason. Identify specific measures to be taken to minimize the risk within the scope of licensed services and identify referrals needed when the person is susceptible outside the scope or control of the licensed services. If the person does not need specific risk reduction measures in addition to those identified in the program abuse prevention plan, document this determination and identify the area of the program prevention plan that addresses the area of susceptibility.

A. Sexual Abuse

Is the person susceptible to abuse in this area? ☒ Yes (if any area below is checked) ☐ No

	Specific measures to minimize risk of abuse for each area checked:
☐ **Lack of understanding of sexuality:**	
☒ **Likely to seek or cooperate in an abusive situation:** In the spring of 2015, Brian shared with staff that he has fantasies about other young men, and later added that he would like to have sex with teenage boys. Brian expressed to several staff that he would like to re-create the past sexual abuse he had by another teenage male. It does not seem Brian has acted on these thoughts.	Brian completed a psychosexual assessment at CORE Professional Services in January 2016. Brian was referred for counseling at SW Mental Health from 2016-2019, but their counselors do not feel at this time he would benefit from continuing. Hope Haven's Designated Manager and Coordinator are identified as people for Brian to talk to. Brian does not have time without staff at home or in the community. He does not have unsupervised time with children.
☐ **Inability to be assertive**	
☐ **Other:**	

Referrals made when the person is susceptible to abuse outside the scope or control of this program (Identify the referral and the date it occurred).

Brian's Case Manager referred him for a CORE Professional Services for a Psychosexual Assessment.

B. Physical Abuse

Is the person susceptible to abuse in this area? ☒ Yes (if any area below is checked) ☐ No

	Specific measures to minimize risk of abuse for each area checked:
☐ **Inability to identify potentially dangerous situations**	
☐ **Lack of community orientation skills**	

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☒ **Inappropriate interactions with others:** Brian may verbally aggress against staff or peers.	Staff verbally redirect Brian away from his peers and to calm down.
☒ **Inability to deal with verbally/physically aggressive persons**	Staff will step between Brian and others to keep people safe. Staff will verbally prompt Brian to leave the area as needed. If verbal direction is ineffective and Brian is in danger of harm, staff will gently touch Brian on the shoulder or take Brian's hand to leave the area for his safety.
☒ **Verbally/physically abusive to others:** Brian may verbally aggress against staff or peers.	Staff verbally redirect Brian away from his peers and to calm down.
☐ **"Victim" history exists**	
☐ **Other:**	

Referrals made when the person is susceptible to abuse outside the scope or control of this program (Identify the referral and the date it occurred). Not applicable

C. Self Abuse

Is the person susceptible to abuse in this area? ☒ Yes (if any area below is checked) ☐ No

	Specific measures to minimize risk of abuse for each area checked:
☐ **Dresses inappropriately**	
☐ **Refuses to eat**	
☐ **Inability to care for self-help needs**	
☐ **Lack of self-preservation skills (ignores personal safety)**	
☐ **Engages in self-injurious behaviors**	
☐ **Neglects or refuses to take medications**	
☐ **Other:**	

Referrals made when the person is susceptible to abuse outside the scope or control of this program. (Identify the referral and the date it occurred). Not applicable

D. Financial Exploitation

Is the person susceptible in this area? ☒ Yes (if any area below is checked) ☐ No

HOPE HAVEN

	Specific measures to minimize risk of abuse for each area checked:
☒ **Inability to handle financial matters**	Staff count Brian's petty cash at the beginning and end of each shift. Staff assist Brian with purchases in the community and document his transactions. Hope Haven provides a report of Brian's petty cash and checking account to his guardian and case manager according to the Financial Authorization.
☐ **Other:**	

Referrals made when the person is susceptible to abuse outside the scope or control of this program (Identify the referral and the date it occurred).

Brian's brother and mother are guardian for him. Hope Haven became Brian's Rep Payee in April 2016.

E. Is the program aware of this person committing a violent crime or act of physical aggression toward others? ☐ Yes ☒ No

Specific measures to be taken to minimize the risk this person might reasonably be expected to pose to visitors to the program and persons outside the program, if unsupervised: Not applicable

Referrals made when the person is susceptible to abuse outside the scope or control of this program (Identify the referral and the date it occurred). Not applicable

HOPE HAVEN

SINGLE DATED SIGNATURE PAGE

Name: Brian Buhner

Date: 5/11/22

Today's support team meeting was a/an:

☐ Intake meeting	☐ 30-day meeting (for ICFs/DD)	☐ 45-day service or 60-day calendar meeting (for 245D Intensive support)
☐ 60-day meeting (for 245D Basic support)	☐ Quarterly progress report review meeting	☐ Semi-annual progress report review meeting
☒ Annual meeting	☐ Special support team meeting	☐ Other:

Today, as support team members, we reviewed the following documents:

☒ Self-Management Assessment (SMA)	☒ Individual Abuse Prevention Plan (IAPP)	☒ CSSP Addendum
☒ Service Outcomes and Behavior Outcome (if applicable)	☒ Progress Report with Recommendations	☒ Meeting Minutes with Attendance Notes
☐ Other:	☐ Other:	☐ Other:

Acknowledgement:
By having my dated signature on this form, I am indicating that I have reviewed and approved the documents listed above that have a checkmark in the box. With my dated signature, I am also acknowledging and agreeing to the changes that are contained within these documents with my approval for implementation.

Please note:
Per MN Statutes, section 245D.071, subdivision 4, (c), within 20 working days of the 45-day planning meeting (and within 10 working days of the service plan review meeting), the assessment and the addendum must be submitted to and dated signatures obtained dated by the person served and/or legal representative and case manager to document completion and approval.

Per MN Statutes, section 245D.071, subdivision 4, (c); and subdivision 5, (c); if within 10 working days of this submission, the person served and/or legal representative or case manager has not signed and returned to the license holder the assessment and *Coordinated Service and Support Plan Addendum* or has not proposed written modification to its submission, the submission is deemed approved and in effect. It will remain in effect until the next annual month or until the person served and/or legal representative or case manager submits a written request to revise them.

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SIGNATURE PAGE

PRINTED NAME	SIGNATURES	DATE
Person served: Brian Bluhm	Person served:	Date:
Legal representative: Ted Buhrer	Legal representative:	Date: 05/11/22
Case manager: Sarah Maurice	Case manager:	Date: 5/11/2022
Licensed provider: Conference	Licensed provider:	Date: 5-11-22
Licensed provider: Brook Albright	Licensed provider:	Date: 5/12/2022
Other support team member: Amanda Russell	Other support team member:	Date: 5/12/22
Other support team member: B	Other support team member:	Date:

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