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FILED IN THE
UNITED STATES DISTRICT COURT
DISTRICT OF HAWAII

MAR 28 2006

at 7 o'clock and 00 min. A M
SUE BEITIA, CLERK

LODGED
MAR 22 2006
1:30 pm
CLERK, U. S. DISTRICT COURT
DISTRICT OF HAWAII

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF HAWAII

UNITED STATES OF AMERICA,)	CIVIL NO. 91-00137 DAE/KSC
)	
Plaintiff,)	JOINT STIPULATION AND
)	ORDER REGARDING PLAN FOR
vs.)	COMMUNITY MENTAL HEALTH
)	SERVICES; EXHIBITS "A" and
)	"B"
STATE OF HAWAII, LINDA LINGLE,)	
Governor, CHIYOME L. FUKINO,)	
Director of Health; MICHELLE R.)	
HILL, Deputy Director, Behavioral)	
Health Administration of the Department)	
of Health; WILLIAM T. ELLIOTT,)	
Acting Administrator, Hawaii State)	
<u>Hospital</u>)	

**JOINT STIPULATION AND ORDER REGARDING PLAN FOR
COMMUNITY MENTAL HEALTH SERVICES**

Plaintiff, United States of America (United States) and Defendants, State of Hawaii, Governor Linda Lingle, Director of Health Chiyome L. Fukino, Deputy Director for Behavioral Health Michelle R. Hill, and Hawaii State Hospital Acting Administrator William T. Elliott (Defendants), by and through their respective counsel, having met and conferred, submit for the Court's approval this Joint Stipulation Regarding Amendment of Community Mental Health Services and Order.

1. Whereas, on January 23, 2003, the Court adopted as an Order of the Court the Plan for Community Mental Health Services (Community Plan) prepared jointly by the Special Monitor, the parties and their counsel; and

2. Whereas, on December 10, 2004, the Court extended the deadline for the Community plan from January 23, 2005, to June 30, 2006; and

3. Whereas, Section IV of the Community Plan sets forth the organizational structure and functions of the Adult Mental Health Division (AMHD) as well as the clinical and administrative lines of authority throughout AMHD; and

4. Whereas, the State of Hawaii and AMHD have, since entry of the Community Plan, revised the organizational structure and clinical and administrative lines of authority within AMHD; and

5. Whereas the United States has no objection to the revisions proposed by the State to the AMHD organizational structure and clinical and administrative lines of authority;

NOW, THEREFORE, THE UNITED STATES AND DEFENDANTS
AGREE AND STIPULATE AS FOLLOWS:

A. AMHD shall be organized, for administrative purposes, pursuant to the Revised AMHD Functional Organizational Chart attached hereto, as Exhibit "A".

B. "Service System Organization and Functions" of the Community Plan Section IV, A-1 through A-3, attached hereto as Exhibit "B," have been revised by the parties in accordance with the Revised AMHD Functional Organizational Chart

(Exhibit “A”) and the revised Section IV, parts 1, 2 and 3 are substituted for the original Section IV, parts 1, 2 and 3 of the Community Plan, and the Community Plan, as amended, is made an order of the Court.

C. The summary of the changes in Section IV of the Community Plan follows:

1. Exhibit “B” formally establishes an appropriate and empowered executive leadership team (Executive Team) whose members have positions reflecting responsibility for all AMHD operations and oversight functions. This team shall consist of:

- a. AMHD Chief;
- b. AMHD Medical Director;
- c. AMHD Chief Clinical Operations;
- d. AMHD Quality Improvement Administrator;
- e. Oahu County Service Area Administrator;
- f. Hawaii County Service Area Administrator;
- g. Maui County Service Area Administrator;
- h. Kauai County Service Area Administrator;
- i. Provider Relations Service Director;
- j. Office of Consumer Affairs Director;
- k. Chief Information Officer;

1. CMHC System Administrator;
 - m. HSH Administrator;
 - n. Chief Financial Officer or designate; and
 - o. Other AMHD personnel as invited by the AMHD Chief.
2. The position of AMHD Planning and Compliance Director has been

divided into two positions, Planning Officer and Compliance Officer. These positions will no longer report directly to the AMHD Medical Director; instead, these positions now report to the Quality Improvement Administrator.

3. The position of Chief Clinical Operations is created and reports directly to the AMHD Chief.

4. AMHD Service Area Administrators now report directly to the Chief of Clinical Operations.

5. The AMHD Quality Improvement Administrator position is created and reports directly to the Chief.

D. The position of Medical Director has been changed substantially from the position described in the original Community Plan. Only the AMHD Director of Service Research and Evaluation reports directly to the AMHD Medical Director. The AMHD Medical Director has, however, three distinct roles: (1) As AMHD's ultimate clinical authority, (2) as clinical consultant, and (3) as a direct clinical supervisor. The AMHD Medical Director has ultimate clinical authority and

responsibility concerning clinical decisions within AMHD. “Clinical” decisions in this context should relate to assessments of applicants for AMHD services, eligibility determinations for AMHD services, level of care determinations, resolution of clinical questions about Master Recovery Plan formulations and interventions, when those questions are referred to the Medical Director, levels and types of service authorizations; and final administrative resolution of other matters related to direct patient care, including the authority to review, revise and approve standards of care, scopes of clinical service and clinical system performance indicators, convene meetings for the review of sentinel events, and resolve clinical system of care issues raised during the sentinel event review process.

The AMHD Medical Director provides clinical consultation as needed by AMHD staff members and to AMHD purchase of service providers. It is expected that the AMHD Medical Director will provide clinical consultation to the AMHD Service Directors, to AMHD purchase of service providers’ Medical Directors, and to the administrators of HSH and the CMHC System.

The AMHD Medical Director has direct clinical supervision (but not administrative supervision) over the Hawaii State Hospital Clinical/Medical Director and the Medical Directors of the state-operated CMHCs. All AMHD and HSH personnel with whom the AMHD Medical Director has a consultative relationship or direct clinical supervision are authorized to contact the AMHD Medical Director

directly when necessary, keeping their respective administrative superiors informed in a timely fashion, as directed by their respective administrative supervisors. The Medical Director shall have regular clinical supervision meetings with the Service Directors for Crisis Services, Case Management Services, Treatment Services, Mental Illness/Substance Abuse Services, and Forensic Services; and with those to whom he provides direct clinical supervision.

E. The AMHD Chief Clinical Operations position is now established.

All Service Area Administrators and Service Directors, including the Forensic Service Director now report administratively to the Chief Clinical Operations. The scope of responsibility and job functions of Service Area Administrators and Service Directors are not changed.

AGREED TO:

FOR THE STATE OF HAWAII
AND ALL OTHER DEFENDANTS:



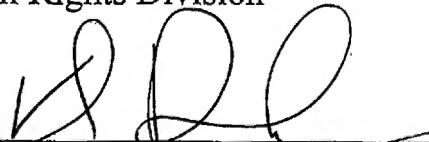
MARK J. BENNETT
Attorney General



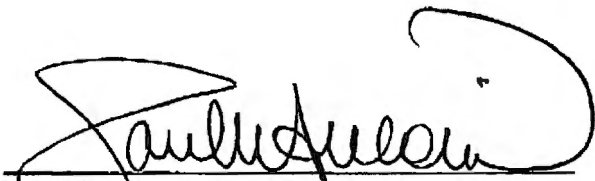
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Special Deputy Attorney General

SO ORDERED:

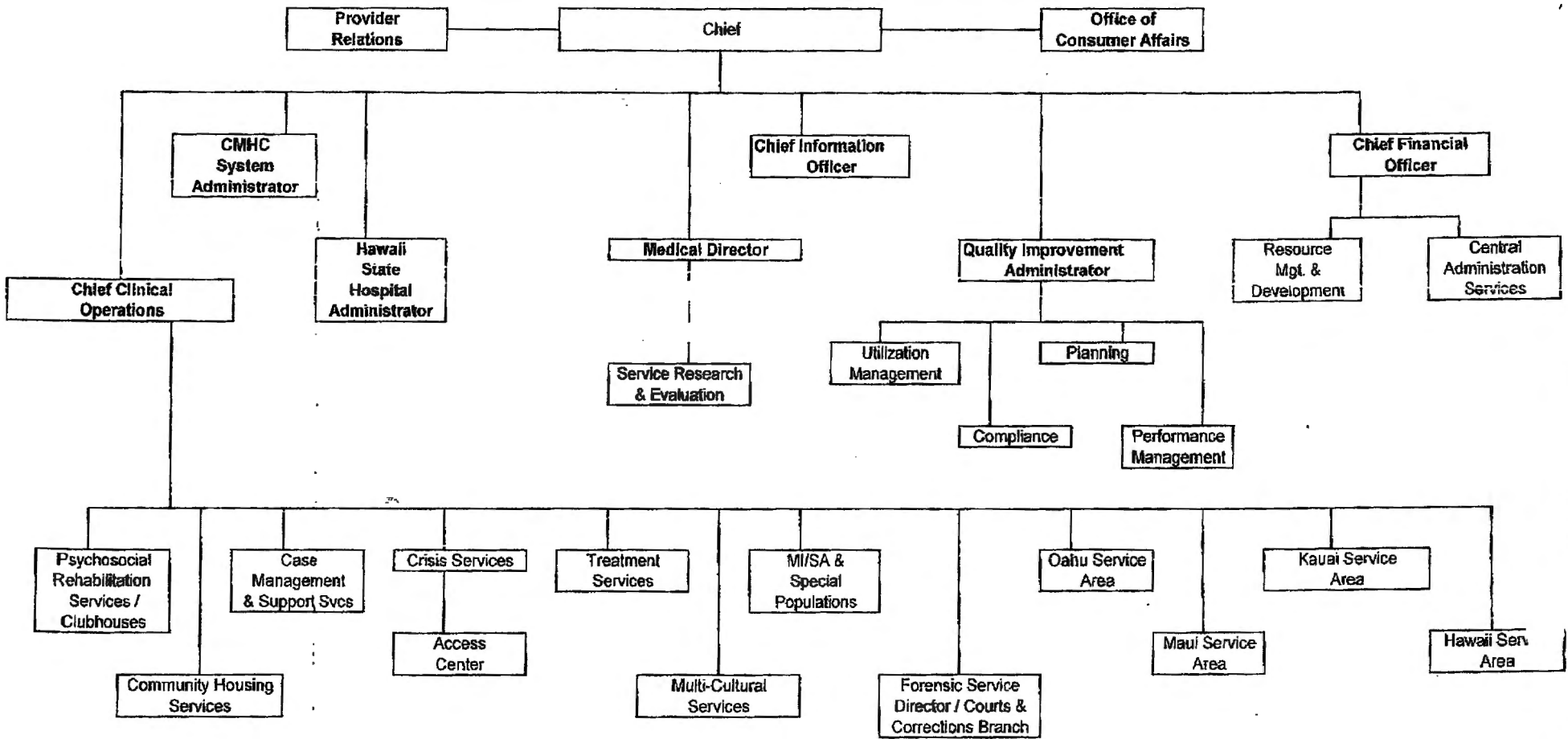
DATED: Honolulu, Hawaii, MAR 28 2006

DAVID ALAN EZRA

DAVID A. EZRA
UNITED STATES DISTRICT JUDGE

EXHIBIT 'A'

ADULT MENTAL HEALTH DIVISION FUNCTIONAL ORGANIZATION CHART



APPROVED:


Chiyome L. Inaala Ukino, M.D.

MAR - 2 2006

Date: _____

February 28, 2006

EXHIBIT, "B"

IV. Service System Organization and Functions

This section describes the organization and functions of the Adult Mental Health Division related to this Plan. The clinical and administrative lines of authority and responsibility, from the Division to the county level, including both state operated and purchase of service providers are outlined. The AMHD shall promote, provide, coordinate, and administer a comprehensive mental health system for members of the target population that meets the requirements of this Plan.

Service System Organization

1. The State shall employ an AMHD Chief with the authority and responsibility to administer the AMHD system. The functions of the AMHD Chief pertinent to this section include:
 - a. Establish and maintain clear lines of clinical and administrative authority and accountability;
 - b. Ensure the separation of the State's provider operations from its oversight functions;
 - c. Ensure community and consumer involvement in the administration of AMHD and the AMHD system; and
 - d. Ensure the implementation and maintenance of quality services and supports for members of the target population.
 - e. Establish an appropriate and empowered executive leadership team whose members have positions reflecting responsibility for all AMHD operations and oversight functions. This team shall consist of:
 - i. AMHD Chief;
 - ii. AMHD Medical Director;
 - iii. AMHD Chief Clinical Operations;
 - iv. AMHD Quality Improvement Administrator;
 - v. Oahu County Service Area Administrator;
 - vi. Hawaii County Service Area Administrator;
 - vii. Maui County Service Area Administrator;
 - viii. Kauai County Service Area Administrator;
 - ix. Provider Relations Service Director;
 - x. Office of Consumer Affairs Director;
 - xi. Chief Information Officer;
 - xii. CMHC System Administrator;
 - xiii. Hawaii State Hospital Administrator;
 - xiv. Chief Financial Officer or Designate;
 - xv. Other AMHD personnel as invited by the AMHD Chief.

2. AMHD shall be organized to separate its oversight functions from its provider operations.
 - a. Oversight functions are designed to ensure that both state-operated providers and contracted purchase of service providers offer the same high quality of services, utilize the same service standards and are evaluated by the same mechanisms. Additional oversight functions include development of information-based, statewide and county plans and distribution of resources for services that effectively and efficiently meet the needs of the target population; and
 - b. Provider operations are the day-to-day management of HSH and state-operated CMHCs.

3. AMHD Oversight Function Lines of Authority and Accountability
 - a. AMHD Chief
 - i. AMHD Chief shall serve as the definitive authority within AMHD for service planning, service monitoring and quality assurance/ improvement (referred to as Quality Management (QM) in this Plan, service utilization management (UM), service research and evaluation, service access, service provider development including training and technical assistance, consumer protection, information management (IM) and resource distribution. These functions shall be referred to in this Plan as AMHD oversight functions.
 - ii. The following positions shall report directly to the AMHD Chief:
 - (a) AMHD Consumer Affairs Director;
 - (b) AMHD Medical Director;
 - (c) AMHD Administrative Services Officer;
 - (d) AMHD Chief Clinical Operations; and
 - (e) AMHD Quality Improvement Administrator.
 - b. AMHD Consumer Affairs Director
 - i. AMHD Consumer Affairs Director, a full-time position, shall be a recipient of services for SPMI and shall advise the AMHD Chief regarding AMHD oversight functions, and advocate for members of the target population and their families within the AMHD system.
 - ii. Consumer Affairs may have other staff members as determined by the AMHD Chief which staff shall report to the Consumer Affairs Director.
 - iii. Functions:
 - (a) Serve as a full member of the AMHD leadership team;
 - (b) Establish a training and certification process for peer specialists;

- (c) Promote the use of mental health peer groups by AMHD funded providers;
- (d) Promote and assist in the development of consumer-operated services and businesses;
- (e) Lead the development of a statewide mental illness anti-stigma campaign;
- (f) Promote and monitor the inclusion of consumers throughout all levels of the AMHD system;
- (g) Serve as the AMHD Chief's liaison to consumer advocacy organizations;
- (h) Serve as a technical resource on consumer issues to AMHD funded providers;
- (i) Lead AMHD's efforts to implement illness self-management;
- (j) Participate with quality management in evaluating AMHD funded providers including compliance with recovery principles; and
- (k) Assist consumers in resolving complaints about access to and quality of AMHD funded services.

c. **AMHD Medical Director**

- i. As provided in the HSH Remedial Plan, the AMHD Medical Director shall have the authority and responsibility to oversee the quality and continuity of clinical services throughout the AMHD system.
- ii. The Medical Director shall ensure that clinical needs drive decision making and resource allocation throughout the AMHD system of care. In this capacity, the AMHD Medical Director will have three distinct roles: 1) as AMHD's ultimate clinical authority, 2) as clinical consultant, and 3) as a direct clinical supervisor.
- iii. The AMHD Medical Director has ultimate clinical authority and responsibility concerning clinical decisions within AMHD. "Clinical" decisions in this context should relate to assessments of applicants for AMHD services, eligibility determinations for AMHD services, level of care determinations, resolution of clinical questions about Master Recovery Plan formulations and interventions when those questions are referred to the Medical Director, levels and types of service authorizations, and final administrative resolution of other matters related to direct patient care, including the authority to review, revise, and approve standards of care, scopes of clinical service, and clinical system performance indicators, convene meetings for review of sentinel events, and resolve clinical system of care issues raised during the sentinel event review process.

- iv. The AMHD Medical Director provides clinical consultation as needed by AMHD Staff members and to AMHD purchase of service providers. It is expected that the AMHD Medical Director will provide clinical consultation to the AMHD Service Directors, to AMHD purchase of service providers' Medical Directors, and to the administrators of HSH and the CMHC System.
- v. The AMHD Medical Director has direct clinical supervision (but not administrative supervision) over the Hawaii State Hospital Clinical/Medical Director and the Medical Directors of the state-operated CMHCs. All AMHD and HSH personnel with whom the AMHD Medical Director has a consultative relationship or direct clinical supervision are authorized to contact the AMHD Medical Director directly when necessary, keeping their respective administrative superiors informed in a timely fashion, as directed by their respective administrative supervisors. The Medical Director shall have regular clinical supervision meetings with the Service Directors for Crisis Services, Case Management Services, Treatment Services, Mental Illness/Substance Abuse Services, and Forensic Services; and with those to whom he provides direct clinical supervision.
- vi. As provided in the HSH Remedial Plan, the following report to the AMHD Medical Director: AMHD Director of Research and Evaluation responsible for AMHD service research and evaluation as described in this section of the Plan.
- vii. The AMHD Medical Director shall ensure the completion of the following regarding members of the target population with mental retardation:
 - (a) Review the relevant target population reports described in Section II of this Plan;
 - (b) Conduct further analysis as indicated to identify the extent of service needs for members of the target population with MR; and
 - (c) Develop, establish and implement, with the approval of AMHD Chief, service definitions, scopes of service, program standards, policies and procedures, and monitoring, as necessary to meet the needs of members of the target population with MR.
- viii. Statewide Medical Executive Committee
 - a. The Statewide Medical Executive Committee shall be convened on a monthly basis and

chaired by the AMHD Medical Director. The committee shall:

- (i) Develop, implement, monitor and revise, as needed, with approval of AMHD Chief, the statewide medical policies and procedures;
 - (ii) Undertake the development and implementation of a psychiatric medication guideline or algorithm for members of the target population with schizophrenia; and
 - (iii) Consist of:
 - 1. HSH Medical Director;
 - 2. CMHC Medical Directors;
 - 3. Medical Directors of AMHD funded services as invited; and
 - 4. University of Hawaii Psychiatric Faculty as invited.
- d. The AMHD Administrative Services Officer shall be responsible for fiscal management, personnel functions, and financial oversight and ensuring compliance with rules and regulations of the State of Hawaii.
- e. AMHD Chief Clinical Operations
- i. The Chief of Clinical Operations (CCO) oversees the administration of AMHD Clinical Operations. The CCO is responsible for organizing, standardizing, planning, reviewing developing and providing a stable structure for the AMHD clinical services (PSR, Treatment, Case Management and support services, Community Housing and Crises Service), Special Population Services (MI/SA, MI/DD Young Adult, Older Persons and Medically Complicated), Multicultural Services, and Service Area (County) Networks.
 - ii. The following positions shall report directly to the AMHD Chief of Clinical Operations:
 - (a) AMHD Service Area Administrators
 - (b) In addition, to meet the requirements of this Plan, the following full-time AMHD service director positions shall report¹ to the AMHD Chief of Clinical Operations.
 - (i) AMHD Case Management and Support Service Director;
 - (ii) AMHD Treatment Service Director;
 - (iii) AMHD Crisis Service Director;
 - (iv) AMHD Community Housing Service Director who shall also be responsible for Homeless Services;

¹Report may be directly or through another position.

- (i) AMHD PSR Service Director; and
 - (ii) AMHD MI/SA Service Director;
 - (iii) AMHD Forensic Service Director.
- iii. AMHD Service Area Administrators (SAA)
- (a) AMHD Service Area Administrators are four, full-time positions, one for each service area (i.e., county of the State of Hawaii), responsible for ensuring that the AMHD oversight functions are carried out in each of their respective service areas.
 - (b) To ensure that there is not a conflict between AMHD provider functions and oversight functions, the SAA has no direct reporting relationships with any provider. However, the SSA shall have the authority and responsibility to ensure that AMHD oversight functions are effectively carried out with all AMHD funded services in the SSA's service area.
 - (c) Functions:
 - (i) Ensure quality and continuity of AMHD funded services;
 - (ii) Ensure access to services;
 - (iii) Complete an annual Comprehensive Integrated Services Area Plan (CISAP) as defined in this section of the Plan;
 - (iv) Oversee AMHD funded service development and implementation in the service area;
 - (v) Communicate regularly with all providers of AMHD funded services in the service area;
 - (vi) Participate in the development and selection of AMHD funded Requests for Proposals (RFP) for services to be provided in the service areas;
 - (vii) Utilize the results of AMHD monitoring activities to improve AMHD funded services in the service area;
 - (viii) In conjunction with Consumer Affairs and Quality Management, ensure that consumer's rights and safety are protected;
 - (ix) Promote compliance with AMHD designated service models and recovery requirements for AMHD funded services; and
 - (x) Promote effective interagency and intergovernmental coordination within the service area.

- iv Each AMHD Service Director described in subsection ii(b), above, shall have statewide responsibility to ensure relevant evidence-based practices or current professional standards are applied consistently for all AMHD funded services and shall:
 - a. Develop, establish and implement, with approval of the AMHD Chief, service definitions, scopes of service, program standards, and policies and procedures;
 - b. Develop and implement, with the approval of the AMHD Chief, a system to monitor and evaluate relevant programs;
 - c. Complete a Statewide Service Plan (SSP) with annual implementation status reports;
 - d. Complete four service area reports as described in this section of the Plan;
 - e. Provide consultation to the SAA in the development of the CISAP;
 - f. Function as a service liaison and consultant to AMHD funded service providers;
 - g. Coordinate with relevant agencies and organizations;
 - h. Provide training and onsite technical assistance; and
 - i. Manage relevant purchase of service contracts.
- v. The AMHD Case Management and Support Service Director, AMHD Forensic Director, and AMHD MI/SA Service Director will provide clinical program oversight and support to their corresponding coordinators at the CMHCs and HSH.
- f. AMHD Quality Improvement Administrator
 - i AMHD Quality Assurance/Improvement Manager is responsible for AMHD QM as described in this section of the Plan.
 - ii The following positions shall report to the AMHD Quality Improvement Administrator:
 - a. AMHD Utilization Manager responsible for AMHD UM as described in this section of the Plan;
 - b. AMHD Performance Management;
 - c. AMHD Planning Director;
 - d. AMHD Compliance Officer;

- g. **AMHD Planning Director**
 - i The AMHD Planning Director shall be responsible for the integrity of AMHD planning from Division to county levels and compliance with external legal requirements.
 - ii The AMHD Planning Director may have other staff members as determined by AMHD, which staff shall report to the Planning Director.
 - iii The AMHD Planning Director functions include:
 - (a) Provide technical assistance and planning to AMHD Service Area Administrators and AMHD Service Directors;
 - (b) Provide support and reports to the State Planning Council;
 - (c) Review all statewide and county plans to ensure compliance with state and federal requirements;
 - (d) Prepare the Statewide Comprehensive Integrated Service Plan (SCISP) and the Mental Health Block Grant Plan (SAMHSA);
 - (e) Oversee the planning and development of proposed new clinical and administrative services not identified as part of the core services or administrative requirements of this Plan.
 - iv **Service Plans**
 - (a) **Statewide Service Plans**
 - (i) Each AMHD Service Director is responsible for completing one of seven statewide service plans with annual implementation status reports in the Service Director's service area. Each SSP shall contain a statewide summary and four service area reports that include the following elements:
 1. Current status, including quantity and quality of services;
 2. Summary of prioritized unmet needs;
 3. Plan for addressing unmet needs.
 - (ii) Information bases for the SSPs shall include:
 1. Annual target population reports (as described in Section II of this Plan);
 2. AMHD quality management reports including fidelity monitoring results where applicable, sentinel events and quality improvement activities;
 3. Service evaluation reports produced by AMHD Services Research and Evaluation; and
 4. Annual fiscal service funding report identifying funded capacity for each

service in each county.

(b) **Comprehensive Integrated Service Area Plan (CISAP)**

(i) Each SAA in conjunction with the relevant Service Area Board is responsible for preparing an annual CISAP, an integrated plan that addresses service needs identified in the seven service areas and county specific analysis and solutions.

(ii) The relevant county information from the seven service area reports serves as the primary source of information. In addition to analyzing the service needs as identified in the service area reports, each county is responsible for incorporating community input and other information gathered at the county level to identify whether the unmet needs identified at the State level are accurate and to identify any other unmet needs through local mechanisms.

(iii) Elements:

1. Seven service area reports;
2. Analysis of unmet needs identified in the county reports;
3. Unmet needs identified at the community level; and
4. Steps identified to address the unmet needs including technical assistance, redistribution of current funds, and new funding requests.

(c) **The Statewide Comprehensive Integrated Service Plan (SCISP)**

v The AMHD Planning Director shall be responsible for preparing the annual SCISP that is derived from the four CISAPs and provides the framework for implementation and improvement of services including resource reallocation, training/technical assistance, and quality management and evaluation activities. The (SCISP) shall also serve as the basis for AMHD funding requests.

h. **AMHD Compliance Officer**

- i Monitor compliance with all court orders affecting public mental health services; and
- ii Propose actions to the AMHD Chief to improve compliance with court orders.

4. **AMHD Provider Operations Lines of Authority and Accountability**

a. **AMHD Chief**

i AMHD Chief shall serve as the definitive authority within AMHD on clinical and administrative operation of HSH and state-operated CMHCs.