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Handwritten notes and stamps, including the number '2' and '158'.

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of America

UNITED STATES DISTRICT COURT FOR THE  
DISTRICT OF HAWAII

UNITED STATES OF AMERICA, ) Civ. No. 91-00137 DAE  
 )  
Plaintiff, )  
 )  
v. ) STIPULATION AND ORDER  
 ) REGARDING SPACE UTILIZATION  
 ) FOR PATIENTS OF THE HAWAII  
STATE OF HAWAII, et al., ) STATE HOSPITAL  
 )  
Defendants. )  
 )  
 )  
\_\_\_\_\_ )

At a status conference in this case on July 26 and 27, 2001,  
the Court ordered the Defendants to develop a proposed plan to

address and remedy overcrowding issues that currently exist at the Hawaii State Hospital. With input from the United States, the Defendants have developed a plan of correction to address the issues. The plan of correction, entitled "Hawaii State Hospital Space Utilization Plan," is attached to this stipulation and is incorporated herein (Attachment A). Defendants shall implement the action steps set forth in the attached plan by the designated dates and to implement any new action steps that are necessary to remedy overcrowding issues.

The parties also agree that pursuant to the June 19, 2001 Order of Reference, the Special Master should hire a consultant to review all discharge plans and placements for 90 days after the date of entry of this stipulation and order.

The parties recognize that many of the action steps contained in the attached plan are temporary measures and that there continue to be other areas of noncompliance. Accordingly, pursuant to the July 30, 2001 Court Order, the Defendants must submit a proposed comprehensive remedial plan on October 19, 2001, that will bring the State into compliance with all orders of the Court. The comprehensive remedial plan, among other

things, must "integrate the State's overall mental health system, including hospital and community-based services..." (See June 19, 2001 Order of Reference at ¶ 13(A)). It is expected that this comprehensive remedial plan will provide for the development of a broader range of mental health services, particularly community-based services, that is expected to have an impact upon the need for in-patient services at Hawaii State Hospital once the full range of services set forth in the plan have been implemented.

Defendants acknowledge their continuing obligations and responsibilities and reconfirm their commitment to adhere to the mandates of all previous Court Orders entered in United States v. Hawaii (91-00137 DAE/KSCC) to the extent that those Court Orders are not inconsistent with the requirements of this plan of correction.

SO ORDERED:

Dated: Honolulu, Hawaii

**SEP 20 2001**

**DAVID ALAN EZRA**

DAVID A. EZRA  
United States District Judge

AGREED TO:

FOR THE STATE OF HAWAII:

FOR THE UNITED STATES:



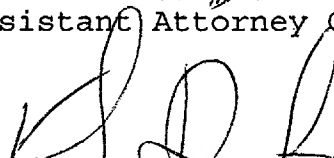
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Hawaii State Hospital Space Utilization Plan

|    | A                 | B                     | C                 | D         | E   | F                                       | G                            | H        | I                | J                       | K  |
|----|-------------------|-----------------------|-------------------|-----------|---|---|------------------------------|----------|------------------|-------------------------|--|
| 1  | Subject           | Subheading            | Ref Page / Item # | Time Code | Action Steps  | Timeframe for Completion                | Person Responsible           | Barriers | New Action Steps | Date Actually Completed | Comments   |
| 2  | Space Utilization | Guensberg             |                   | I         | Evaluate feasibility for occupancy of the Guensberg building  |   |                              |          |                  |                         |  |
| 3  |                   |                       |                   | I         | Pacific Architects Inc. Site Visit  | 8/31/01                                 | Clifford Murakami            |          |                  | 8/6/01                  | Written report provided  |
| 4  |                   |                       |                   | I         | Allied Builders   | 8/31/01                                 | Brett Phillips, estimator    |          |                  | 8/8/01                  | Written report provided  |
| 5  |                   |                       |                   | I         | Urban Works   | 8/31/01                                 | John J. Ida, AIA, CSI        |          |                  | 8/13/01                 | Written report provided  |
| 6  |                   |                       |                   | I         | Judge Chang's site visit with his experts   | 8/31/01                                 |                              |          |                  | 8/23/01                 |  |
| 7  |                   |                       |                   | I         | Prepare and distribute written summary of Guensberg issues  | 8/28/01                                 | Bill Elliott                 |          |                  | 8/28/01                 | Written report attached  |
| 8  |                   |                       |                   | S         | Complete destructive investigation to determine full extent of work that needs to be completed                      | 10/12/01                                | Bill Elliott                 |          |                  |                         | Immediate notice to DOJ and Court if procurement is an issue.            |
| 9  |                   |                       |                   | I         | Identify contractor   | 9/5/01                                  | Bill Elliott                 |          |                  |                         |  |
| 10 |                   |                       |                   | I         | Commence work   | 9/28/01                                 | Bill Elliott                 |          |                  |                         |  |
| 11 |                   |                       |                   | S         | Receive report of findings from contractor  | 10/12/01                                | Bill Elliott                 |          |                  |                         |  |
| 12 |                   |                       |                   | S         | Send copy of report to DOJ  | 10/15/01                                | Bill Elliott                 |          |                  |                         |  |
| 13 |                   |                       |                   |           | Decide whether to proceed with repair   | estimate: 11/12/01                      | Dr. Anderson                 |          |                  |                         |  |
| 14 |                   |                       |                   | S         | If proceeding, receive draft of detailed plans for repair from contractor   | estimate: 1/12/02                       | Bill Elliott                 |          |                  |                         |  |
| 15 |                   |                       |                   |           | Start construction  | estimate: 2/12/02                       | Bill Elliott                 |          |                  |                         |  |
| 16 |                   |                       |                   |           | Conclude construction   | estimate: 7 - 9 months from start date  | Bill Elliott                 |          |                  |                         |  |
| 17 |                   |                       |                   |           | Patients move to Guensberg  | 1 month after construction is completed | Paul Guggenheim & Admin Team |          |                  |                         | Estimate: 7 - 9 months from start of construction                        |
| 18 |                   | J Pad Development (?) | 6 #3k             | L         | Explore construction of a new, more secure unit on J Pad  | 10/25/01                                | Anita Swanson                |          |                  |                         | Fast track = 3 - 5 years. Regular track = 8 years                        |
| 19 |                   |                       |                   | N         | Conduct formal feasibility/needs study addressing function and capacity issues for presentation to Court and to DOJ | 12/15/01                                | Anita Swanson                | CON (?)  |                  |                         | CON review expected to take 6 - 8 months unless shortened by Court order |

Hawaii State Hospital Space Utilization Plan

|    | A       | B                          | C                 | D         | E   | F                        | G                                     | H   | I                | J                       | K  |
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| 1  | Subject | Subheading                 | Ref Page / Item # | Time Code | Action Steps  | Timeframe for Completion | Person Responsible                    | Barriers  | New Action Steps | Date Actually Completed | Comments   |
| 20 |         |                            |                   | L         | DOH presentation of action plan to Hawaii Executive and Legislative branches with all relevant dates involving planning, construction and staffing with completion date of 12/31/03 | 1/31/02                  | Dr. Anderson & Anita Swanson          |   |                  |                         | DOH has agreed to evaluate the need for construction, final decision rests with Governor and Legislature. DOH to keep DOJ and Court informed of developments in this area. |
| 21 |         | Treatment Space on Unit    | 7 #4a             | I         | Identify on-unit space to return for interview rooms  | 9/10/01                  | Dr. Ona, Acting Administrator         |   |                  |                         |  |
| 22 |         |                            | 7 #4a             | I         | Assess programming space needed on units  | 8/31/01                  | Connie Ching                          |   |                  | 8/28/01                 | See attached written response  |
| 23 |         |                            | 7 #4a             | I         | Identify on-unit space to return for programming. Investigate adding modular buildings next to each unit for additional programming space   | 9/5/01                   | Bill Elliott                          | Total cost for four units may exceed \$25,000 limit and require going out for bid, delaying timeframe |                  |                         |  |
| 24 |         |                            |                   | I         | Contact potential vendors for modular buildings   | 8/31/01                  | Bill Elliott                          |   |                  |                         |  |
| 25 |         |                            |                   | I         | Verify availability of modular buildings in Hawaii and/or from mainland   | 9/6/01                   | Bill Elliott                          |   |                  |                         |  |
| 26 |         |                            |                   | I         | Send floor plan to DOJ for review   | 9/7/01                   | Bill Elliott                          |   |                  |                         |  |
| 27 |         |                            |                   | S         | Complete installation of modular buildings including modifications as necessary   | 10/8/01                  | Bill Elliott                          |   |                  |                         |  |
| 28 |         |                            |                   | S         | Buildings available, programming begins   | 10/9/01                  | Bill Elliott                          |   |                  |                         |  |
| 29 |         | Treatment options off unit |                   | S         | Move administrative staff to Haloa Building, as needed to free space for off unit rehab   | 10/31/01                 | Bill Elliott                          |   |                  |                         |  |
| 30 |         |                            | 10 #3             | S         | Determine which patients could be served in day/vocational programs off grounds   | 10/12/01                 | Laura Adams-Shimabukuru & Dirk Elting |   |                  |                         | See comprehensive plan   |
| 31 |         |                            |                   | S         | Complete inventory of patients' legal status to determine who can attend off grounds programming and/or off unit programming  | 10/12/01                 | Pat Thielen                           |   |                  |                         | See comprehensive plan   |
| 32 |         |                            | 10 #3             | S         | Identify day/vocational programs off grounds for patients   | 10/12/01                 | Laura Adams-Shimabukuru & Dirk Elting |   |                  |                         | See comprehensive plan   |

Hawaii State Hospital Space Utilization Plan

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|----|---------|----------------------|-------------------|-----------|---|--------------------------|---|----------|------------------|-------------------------|---|
| 1  | Subject | Subheading           | Ref Page / Item # | Time Code | Action Steps  | Timeframe for Completion | Person Responsible                                  | Barriers | New Action Steps | Date Actually Completed | Comments  |
| 33 |         |                      | 10 #3             | S         | Identify adequate space on grounds/off unit   | 10/12/01                 | Connie Ching, Laura Adams-Shimabukuru & Dirk Elting |          |                  |                         | See comprehensive plan  |
| 34 |         |                      |                   |           | Patients who would benefit from off grounds and/or off unit programming and do not have legal restrictions preventing such are provided with such programming   | 11/1/01 & ongoing        | Connie Ching, Laura Adams-Shimabukuru & Dirk Elting |          |                  |                         | See comprehensive plan  |
| 35 |         | HSH Census Reduction | 4 #2              | S         | Reduce census by appropriate discharge for census to reach the following goals & timetables:  | 12/31/01                 | Dr. Ona & Linda Fox                                 |          |                  |                         | License renewal due 9/30/01   |
| 36 |         |                      |                   | S         | Census range = 145 - 158  | 9/30/01                  | Dr. Ona & Linda Fox                                 |          |                  |                         |   |
| 37 |         |                      |                   | S         | Census range = 135 - 145  | 10/31/01                 | Dr. Ona & Linda Fox                                 |          |                  |                         |   |
| 38 |         |                      |                   | S         | Census range = 125 - 135  | 11/30/01                 | Dr. Ona & Linda Fox                                 |          |                  |                         |   |
| 39 |         |                      |                   |           | If HSH is unable to meet census range during any of these three months, HSH to begin contracting process immediately with other facilities and/or providers for number of beds necessary to meet census ranges within seven days of required completion date. | ongoing                  | Dr. Ona & Linda Fox                                 |          |                  |                         |   |
| 40 |         | HSH License & Waiver | 4 #2              | I         | Obtain updated license for the hospital   | 9/30/01                  | Linda Schladermundt                                 |          |                  |                         |   |
| 41 |         |                      |                   | I         | Monitor the waiver application for increasing the number of patients who can reside on Units E, F, H, & I by maintaining regular contact with the licensing office.   | 9/30/01                  | Linda Schladermundt                                 |          |                  |                         |   |
| 42 |         | Community Transfers  |                   |           | Hospital Level of Care  |                          |   |          |                  |                         | Refer to daily log of DOH contacts with hospitals                           |
| 43 |         |                      |                   |           | Contact Queens  | 8/31/01                  | Dr. Ona   |          |                  | 8/24/01                 | Declined to participate, will provide services as previously contracted for |
| 44 |         |                      |                   | I         | Contact Hina Mauka (2-3 patients possible)  | 8/31/01                  | Dr. Ona   |          |                  | 8/28/01                 | Contacted 8/28/01, they expressed interest                                  |
| 45 |         |                      |                   | I         | Initial meeting with Hina Mauka administrators to discuss possibility of transferring patients  | 9/7/01                   | Dr. Ona   |          |                  |                         |   |

Hawaii State Hospital Space Utilization Plan

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| 1  | Subject | Subheading | Ref Page / Item # | Time Code | Action Steps  | Timeframe for Completion             | Person Responsible                                   | Barriers                                  | New Action Steps | Date Actually Completed | Comments                                     |
| 46 |         |            |                   | I         | Site Visit to review space and security features of facility.   | 9/11/01                              | Bill Elliott, Connie Ching                           |   |                  |                         |  |
| 47 |         |            |                   | I         | Continued Negotiations  | 9/18/01                              | Linda Fox, Bill Elliott                              |   |                  |                         |  |
| 48 |         |            |                   | I         | Fiscal decisions with regard to feasibility of using this option  | 9/28/01                              | Linda Fox, Bill Elliott                              |   |                  |                         |  |
| 49 |         |            |                   | I         | Develop transfer criteria to identify patients who are eligible for transfer to Hina Mauka                                      | 9/28/01                              | Linda Fox, Bill Elliott                              |   |                  |                         |  |
| 50 |         |            |                   | S         | Provide list of patients who meet transfer criteria   | 10/1/01                              | Treatment Teams supervised by Dr. Ona & Connie Ching |   |                  |                         |  |
| 51 |         |            |                   | S         | Complete criteria checklist & Treatment Plan Review (TPR) for each patient including development of a discharge/transition plan | 10/1/01                              | Connie Ching, Dr. Ona                                |   |                  |                         |  |
| 52 |         |            |                   | S         | Site visit for patients   | One week prior to scheduled transfer | Connie Ching   |   |                  |                         |  |
| 53 |         |            |                   | S         | As required by Court's order request DOJ approval of transfer plan; include all discharge plans                                 | 10/15/01                             | Barbara Fabrey, Ann Andreas                          |   |                  |                         |  |
| 54 |         |            |                   | S         | DOJ approval of transfer plan or court override   | 10/19/01                             | Verlin Deerinwater or Judge Chang                    |   |                  |                         |  |
| 55 |         |            |                   | S         | Negotiate contract  | 10/19/01                             | Anita Swanson, Linda Fox, Bill Elliott               |   |                  |                         |  |
| 56 |         |            |                   | S         | Finalize Contract   | 10/22/01                             | Anita Swanson, Linda Fox, Paul Guggenheim            |   |                  |                         | Contacted 8/27/01, Response expected 8/31/01 |
| 57 |         |            |                   |           | Contact Kahuku  | 8/31/01                              | Wayne Law  |   |                  | 8/28/01                 | Declined to participate                      |
| 58 |         |            |                   | I         | Contact Navy about Red Hill FEMA Installation (40-55 beds)  | 8/31/01                              | William Elliott                                      |   |                  | 8/27/01                 |  |
| 59 |         |            |                   | I         | Navy about Red Hill: Mr Elliott to follow up with letter expressing interest in use of the facility                             | 8/31/01                              | William Elliott                                      |   |                  |                         |  |
| 60 |         |            |                   | I         | Contact Castle (10 patients or less)  | 8/31/01                              | Dr. Ona  | Facility may need space for other purpose |                  |                         | Response expected 8/31/01                    |
| 61 |         |            |                   |           | Contact Hilo  | 8/31/01                              | Wayne Law  |   |                  | 8/29/01                 | Declined to participate                      |
| 62 |         |            |                   |           | Contact Kona  | 8/31/01                              | Wayne Law  |   |                  | 8/29/01                 | Declined to participate                      |
| 63 |         |            |                   |           | Contact Maui Memorial   | 8/31/01                              | Wayne Law  |   |                  | 8/28/01                 | Declined to participate                      |
| 64 |         |            |                   | I         | Contact Mahelona (5 geriatric)  | 8/31/01                              | Dr. Ona  |   |                  |                         | Contacted 8/28/01                            |
| 65 |         |            |                   | I         | Place eligible patients on the facility's waiting list  | 8/31/01                              | Pat Thielen  |   |                  |                         |  |



Hawaii State Hospital Space Utilization Plan

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| 66 |         |            |                   |           | Contact Tripler  | 8/31/01                               | Bill Elliott                                    |          |                  | 8/27/01                 | Waiting for return call from Veteran's Affairs Officer |
| 67 |         |            |                   | I         | Contact Leahi (5 geriatric)  | 8/31/01                               | Dr. Ona   |          |                  |                         | Contacted 8/28/0, ongoing discussion                   |
| 68 |         |            |                   | I         | Place eligible patients on the facility's waiting list   | 8/31/01                               | Pat Thielen                                     |          |                  |                         |  |
| 69 |         |            |                   | I         | Contact Maluhia (5 geriatric)  | 8/31/01                               | Dr. Ona   |          |                  |                         |  |
| 70 |         |            |                   | I         | Place eligible patients on the facility's waiting list   | 8/31/01                               | Pat Thielen                                     |          |                  |                         |  |
| 71 |         |            |                   |           | Kaual Veterans Hospital  | 8/31/01                               | Wayne Law                                       |          |                  | 8/28/01                 | Declined to participate                                |
| 72 |         |            |                   |           | Kula Hospital  | 8/31/01                               | Wayne Law                                       |          |                  | 8/28/01                 | Declined to participate                                |
| 73 |         |            |                   |           | North Hawaii Community Hospital  | 8/31/01                               | Wayne Law                                       |          |                  | 8/28/01                 | Declined to participate                                |
| 74 |         |            | 4 #2              | I         | Initial meeting with Kahi administrators to discuss possibility of transferring patients (2-8 beds)                        | 8/16/01                               | Anita Swanson, Dr. Ona                          |          |                  | 8/16/01                 |  |
| 75 |         |            |                   | I         | Site Visit to Kahi Campus to review space and security features  | 8/20/01                               | Bill Elliott, Linda Schladermundt, Connie Ching |          |                  | 8/20/01                 |  |
| 76 |         |            |                   | I         | Continued Negotiations with Kahi   | 8/24/01                               | Anita Swanson, Linda Fox, Bill Elliott          |          |                  | 8/24/01                 |  |
| 77 |         |            | 4 #2              | I         | Fiscal decisions re Kahi with regard to feasibility of using this as an option   | 8/28/01                               | Anita Swanson, Linda Fox, Bill Elliott          |          |                  | 8/28/01                 |  |
| 78 |         |            | 4 #2              | I         | Develop transfer criteria for Kahi to identify patients who are eligible for transfer to Kahi                              | 8/28/01                               | Anita Swanson, Linda Fox, Bill Elliott          |          |                  |                         | Draft received from Kahi                               |
| 79 |         |            | 4 #2              | I         | Provide to Kahi list of PT's who meet transfer criteria  | 9/1/01                                | Connie Ching, Dr. Ona                           |          |                  |                         |  |
| 80 |         |            | 4 #2              | I         | Complete criteria checklist & Treatment Plan Review (TPR) for each Pt including development of a discharge/transition plan | 9/5/01                                | Connie Ching, Dr. Ona                           |          |                  |                         |  |
| 81 |         |            | 4 #2              | S         | Audio visual presentation to prepare patients for transfer   | Two weeks prior to scheduled transfer | Connie Ching                                    |          |                  |                         |  |
| 82 |         |            | 4 #2              | S         | Site visit for patients to Kahi  | One week prior to scheduled transfer  | Connie Ching                                    |          |                  |                         |  |
| 83 |         |            | 4 #2              | I         | As required by the Court's order, request DOJ approval of transfer plan; include all discharge plans                       | 9/7/01                                | Barbara Fabrey, Ann Andreas                     |          |                  |                         |  |
| 84 |         |            | 4 #2              | I         | DOJ approval of transfer plan or court override  | 9/14/01                               | Verlin Deerinwater or Judge Chang               |          |                  |                         |  |
| 85 |         |            | 4 #2              | I         | Negotiate contract with Kahi   | 9/15/01                               | Anita Swanson, Linda Fox, Bill Elliott          |          |                  |                         |  |

AMHD Final Draft

Timeframes: Immediate (30 days) Short term (30 - 90 days) Intermediate (90 days - 24 months) Long Term (2 - 5 years)  
 agree\_finaldocplus\_1 Attachment A

Hawaii State Hospital Space Utilization Plan

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|----|---------|------------|-------------------|-----------|--|--------------------------|---|----------|------------------|-------------------------|--|
| 1  | Subject | Subheading | Ref Page / Item # | Time Code | Action Steps   | Timeframe for Completion | Person Responsible                        | Barriers | New Action Steps | Date Actually Completed | Comments   |
| 86 |         |            |                   | S         | Finalize Contract with Kahi  | 11/1/01                  | Anita Swanson, Linda Fox, Paul Guggenheim |          |                  |                         |  |
| 87 |         |            | 4 #2              | S         | When patient's have court orders which prevent their transfer to another facility, but such a facility has been determined by HSH to be appropriate, request will be made to the Court to modify commitment orders to facilitate transfer            | Per court schedule       | Barbara Fabrey, Ann Andreas               |          |                  |                         | Either Public Defender or special deputy will need to file appropriate motion and obtain order.  |
| 88 |         |            | 4 #2              | S         | Transfers to Kahi  | 11/5/01                  | Anita Swanson, Linda Fox, Paul Guggenheim |          |                  |                         | Where clinically appropriate visits will be offered in advance of transfer.  |
| 89 |         |            |                   |           | Non hospital level of care   |                          |   |          |                  |                         |  |
| 90 |         |            |                   | S         | AMHD Utilization Management review of Pts who have completed inpt tx and are ready to transfer to community based care; report to DOJ concerning status of reviews and fax discharge plans for first 90 days   | 10/31/01                 | Edna Monroe                               |          |                  |                         | Include specific actions to overcome barriers in report. Judge Chang to choose local psychiatrist with input from AMHD to review periodically discharge plans as additional step to insure appropriateness of discharges |
| 91 |         |            |                   | S         | Work with PD and special deputy to target filing of 18 CR applications (10 have violent charges) to request that the Court allow the placement of these individuals who have been criminally committed into the most integrated, appropriate setting | 10/15/01                 | HSH Social Workers                        |          |                  |                         |  |
| 92 |         |            |                   | L         | Assigned social worker to coordinate with community system for appropriate placement   | ongoing                  | Pat Thielen                               |          |                  |                         |  |
| 93 |         |            |                   | L         | HSH social work follow up during 30 days post discharge  | ongoing                  | Pat Thielen                               |          |                  |                         |  |
| 94 |         |            |                   | L         | AMHD UM monitors community based care  | ongoing                  | Edna Monroe                               |          |                  |                         |  |
| 95 | Safety  |            |                   | I         | Complete independent safety survey to evaluate facility for environmental hazards, report will include recommendations to remedy any environmental hazards   | 9/27/01                  | Bill Elliott                              |          |                  |                         |  |

AMHD Final Draft

Timeframes: Immediate (30 days) Short term (30 - 90 days) iNtermediate (90 days - 24 months) Long Term (2 - 5 years)  
agree\_finaldocplus\_1 Attachment A

Hawaii State Hospital Space Utilization Plan

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| 1   | Subject | Subheading      | Ref Page / Item # | Time Code | Action Steps  | Timeframe for Completion | Person Responsible | Barriers                        | New Action Steps | Date Actually Completed | Comments   |
| 96  |         |                 |                   | I         | Identify safety surveyor  | 9/11/01                  | Bill Elliott       |                                 |                  |                         |  |
| 97  |         |                 |                   | I         | Share protocol with DOJ for review and comment  | 9/14/01                  | Bill Elliott       |                                 |                  |                         |  |
| 98  |         |                 |                   | I         | Copy of survey report to DOJ, with HSH's recommendations to remedy any environmental hazards  | 10/1/01                  | Bill Elliott       |                                 |                  |                         |  |
| 99  |         | Seclusion Space | 4 #3a             | I         | Color code floor plan identifying rooms by type (seclusion, quiet, etc)   | 8/29/01                  | Bill Elliott       |                                 |                  |                         |  |
| 100 |         |                 |                   | I         | Complete survey to identify de-escalation areas on each unit  | 9/21/01                  | Connie Ching       |                                 |                  |                         |  |
| 101 |         | Showers         | 5 #3c             | I         | Unit H Shower Room replace handheld shower with wall mounted shower head and remove towel bar   | 4/2/01 towel bar removed | Bill Elliott       | Shower head parts on back order |                  |                         | Funds encumbered   |
| 102 |         |                 | 5 #3d             | I         | Unit I Shower Room replace handheld shower with wall mounted shower head and remove towel bar   | 4/2/01 towel bar removed | Bill Elliott       | Shower head parts on back order |                  |                         | Funds encumbered   |
| 103 |         | Unit F Anteroom | 5 #3e             | I         | Patients assigned to affected rooms based on clinical stability; rooms are patrolled when open and accessible to patients; only men; to address the issue of staff not having direct visual access to the rooms | Effective June 2001      | Treatment Teams    |                                 |                  | Effective June 2001     |  |
| 104 |         | Ceilings        | 5 #3f             | I         | All Sprinkler heads operable, above ceiling tile, equipped with infrared motion detector to alert staff to any patients' attempts to access   | Complete                 | Bill Elliott       |                                 |                  | Effective 6/21/01       | Sprinkler heads completed prior to 3/19/01; motion detectors installed 6/21/01                               |
| 105 |         |                 |                   | I         | Insure sprinkler heads in former staff bathrooms are breakaway  | 9/14/01                  | Bill Elliott       |                                 |                  |                         |  |
| 106 |         |                 | 5 #3g             | I         | All lights fixtures in the converted bedrooms covered with Lexan and no longer accessible to patients   | Complete                 | Bill Elliott       |                                 |                  | Effective 8/17/01       | Fluorescent lights covered with plastic sleeves prior to 3/19/01; Lexan cover installation completed 8/17/01 |
| 107 |         |                 | 6 #3h             | I         | Installed heat sensitive motion detectors with alarms that sound at nursing station   | Complete                 | Bill Elliott       |                                 |                  | Effective 6/29/01       | Upgraded motion detectors with a heat sensitive sensor   |
| 108 |         |                 |                   | S         | Provide and document staff training regarding motion detectors  | 10/1/01                  | Robin Denton       |                                 |                  |                         |  |

Hawaii State Hospital Space Utilization Plan

|     | A       | B                | C                 | D         | E  | F                        | G  | H   | I                | J                       | K   |
|-----|---------|------------------|-------------------|-----------|--|--------------------------|--|---|------------------|-------------------------|---|
| 1   | Subject | Subheading       | Ref Page / Item # | Time Code | Action Steps   | Timeframe for Completion | Person Responsible                         | Barriers  | New Action Steps | Date Actually Completed | Comments  |
| 109 |         | Doors            | 6 #3i             | I         | Doors do shut automatically. Routine maintenance is performed to keep them in adjustment; increase maintenance checks from semi-annually to monthly                                      | Complete                 | Bill Elliott                               |   |                  | Ongoing                 | Routine maintenance now set at monthly intervals. |
| 110 |         |                  |                   | I         | Alarms installed to indicate when doors are ajar   | Complete                 | Bill Elliott                               |   |                  | 6/12/01                 |   |
| 111 |         |                  | 6 #3i             | I         | Upgrade doors on Unit F to heavy security doors  | Complete                 | Bill Elliott                               |   |                  | 6/29/01                 |   |
| 112 |         |                  | 6 #3i             | I         | Upgrade doors on Unit H to heavy security doors  | Complete                 | Bill Elliott                               |   |                  | 6/29/01                 |   |
| 113 |         |                  | 6 #3i             | I         | Upgrading fencing and gates with camera as second perimeter on Unit F  | 9/30/01                  | Bill Elliott                               | Locking mechanism is not operable, need input from Department of Accounting and General Services (DAGS) |                  |                         |   |
| 114 |         |                  | 6 #3i             | I         | Upgrading fencing and gates with camera as second perimeter on Unit H  | 9/30/01                  | Bill Elliott                               | Locking mechanism is not operable, need input from DAGS   |                  |                         |   |
| 115 |         |                  | 6 #3i             | I         | All doors are connected to Simplex alarm system which will require an electronic swipe card for entrance and exit  | 9/30/01                  | Bill Elliott                               | Union grievance filed about electronic surveillance by swipe cards                                      |                  | 8/14/01                 |   |
| 116 |         | Nursing Stations | 6 #3j             | S         | Plexiglass installed around nurses' station: Unit E  | Ongoing evaluation       | Bill Elliott & Connie Ching (survey staff) |   |                  |                         | Materials have been ordered and delivered         |
| 117 |         |                  | 6 #3j             | S         | Plexiglass installed around nurses' station: Unit H and F  | Complete                 | Bill Elliott                               |   |                  |                         |   |
| 118 |         |                  | 6 #3j             | S         | Plexiglass installed around nurses' station: Unit I  | Ongoing evaluation       | Bill Elliott & Connie Ching (survey staff) |   |                  |                         | Materials have been ordered and delivered         |
| 119 |         |                  |                   | I         | Report to DOJ concerning remedies to address the shortage of space for storage of gurneys, restraint boards, oxygen tanks, other hazards and need for plexiglass around nurses' stations | 9/14/01                  | Bill Elliott & Connie Ching                |   |                  |                         |   |

Hawaii State Hospital Space Utilization Plan

|     | A       | B              | C                 | D         | E   | F                        | G                      | H  | I                | J                       | K   |
|-----|---------|----------------|-------------------|-----------|---|--------------------------|------------------------|--|------------------|-------------------------|---|
| 1   | Subject | Subheading     | Ref Page / Item # | Time Code | Action Steps  | Timeframe for Completion | Person Responsible     | Barriers   | New Action Steps | Date Actually Completed | Comments  |
| 120 |         | Patient Mix    | 6 #3k             | I         | Make recommendations with regard to the need to revise or maintain the current mix of patients on units factoring in the need for initial and ongoing clinical assessment and appropriate intervention and patient supervision. | 9/21/01                  | Dr. Ona & Connie Ching |  |                  |                         | See comprehensive plan  |
| 121 |         |                | 6 #3k             | S         | Complete phasing in of Johnson Behavioral Assessment System Model for nursing intervention and identification of patient needs  | 10/12/01                 | Connie Ching           |  |                  |                         | See attached document. Concept will be further developed in the comprehensive plan  |
| 122 |         |                |                   | S         | Development of an implementation plan for psychological assessment of risk for each patient.  | 10/12/01                 | Dirk Elting            | Training on HCR - 20 and specifically on the Hare Psychopathy Checklist: Screening Version will be completed by 12/31/01 |                  | 8/29/01                 | See attached training schedule HCR-20 scale will be utilized. See comprehensive plan  |
| 123 |         |                |                   |           |   |                          |                        |  |                  |                         |   |
| 124 |         |                |                   |           |   |                          |                        |  |                  |                         |   |
| 125 |         |                |                   |           |   |                          |                        |  |                  |                         |   |
| 126 |         | Dorm access    | 7 #4b             | I         | Evaluate impact of allowing patients dorm access during daytime hours on program attendance as well as its impact on lessening the effects of overcrowding  | 9/21/01                  | Connie Ching           |  |                  |                         | Access to dorm is necessary for persons newly admitted to units. For patients in rehab, dorm access is an incentive. See comprehensive plan |
| 127 |         | Admissions     | 7 #4c             | S         | Provide training to all psychiatrists on admission process.   | 10/12/01                 | Dr. Ona                |  |                  |                         | See comprehensive plan  |
| 128 |         | Bathroom Doors | 7 #5              | I         | Order signage identifying male/female bathroom usage which allows notification when in use  | 6/1/01                   | Bill Elliott           |  |                  | 6/1/01                  | Signs were ordered 6/1/01; awaiting receipt   |
| 129 |         |                |                   | I         | Install signage   | 9/30/01                  | Bill Elliott           |  |                  |                         |   |
| 130 |         |                | 7 #5              | I         | Make clinical decision with regard to safety concerning installing locks on bathroom doors  | 8/31/01                  | Dr. Ona & Connie Ching |  |                  | 8/28/01                 | Locks identified afford privacy and access by staff in case of emergency  |
| 131 |         |                |                   | I         | Installation of locks (if approved)   | 8/31/01                  | Bill Elliott           |  |                  |                         | Locks identified afford privacy and access by staff in case of emergency  |

Hawaii State Hospital Space Utilization Plan

|     | A       | B   | C                 | D         | E  | F  | G   | H   | I                | J                       | K  |
|-----|---------|---|-------------------|-----------|--|--|---|---|------------------|-------------------------|--|
| 1   | Subject | Subheading  | Ref Page / Item # | Time Code | Action Steps   | Timeframe for Completion                 | Person Responsible                          | Barriers  | New Action Steps | Date Actually Completed | Comments   |
| 132 |         | Patient clinical assessment for appropriate level of care | 11 #4             | I         | Using the Level Of Care Utilization System (LOCUS), validate HSH current determination of level of care for patients selected for transfer/community placement   | 9/7/01                                   | Edna Monroe                                 |   |                  |                         | Patients remanded to the Director of Health with non violent charges and determined to need less than hospital level of care   |
| 133 |         |   | 11 #4             | L         | Completion of individual assessments of patients' housing and therapeutic needs, including: programmatic needs, patient's compliance with treatment including medication, space needs, security requirements, gender and age | Within three days prior to each transfer | HSH Treatment Teams                         | Orders to Treat should be applied for while Patients are present at HSH   |                  |                         | Checklist, TPR, MTP, Tx Schedule, Briggs, discharge summary. For patients who are not medication compliant, an assessment of need for an order to treat will be completed. |
| 134 |         |   |                   | S         | Analysis of the aggregate demographic data of patients currently at the hospital to provide information necessary for adequate planning for future housing and placement needs   | 10/12/01                                 | Linda Fox                                   |   |                  |                         | See comprehensive plan   |
| 135 |         |   | 13 #5             | S         | Use of TRAC homes  | 10/12/01                                 | Bill Elliott & Linda Fox                    | TRAC houses a step-down program. Patients must be discharged from HSH to participate. TRAC houses are not included in HSH inpatient license or accreditation. |                  |                         | See comprehensive plan   |
| 136 |         |   |                   | S         | Finalized new contract for 24 hour, supervised, stepdown, residential facility   | 11/1/01                                  | Linda Fox                                   |   |                  |                         |  |
| 137 |         |   | 15                | S         | Provide pretrial detainees (404s) with evaluations at county jail unless detainee requires hospital level psychiatric care   | 10/12/01                                 | Linda Fox                                   |   |                  |                         | see comprehensive plan   |
| 138 |         |   |                   | I         | Return to jail stable 404 patients when clinically cleared by HSH physician  | 9/7/01                                   | Barbara Fabrey, Ann Andreas                 |   |                  |                         |  |
| 139 |         |   | 16 a              | S         | Continuous review and discharge of patients who should be placed in most integrated and appropriate settings.  | 10/12/01                                 | Linda Schladermundt, UM and Treatment Teams |   |                  |                         | see comprehensive plan   |

Hawaii State Hospital Space Utilization Plan

|     | A       | B                 | C                 | D         | E   | F                        | G                            | H        | I                | J                       | K   |
|-----|---------|-------------------|-------------------|-----------|---|--------------------------|------------------------------|----------|------------------|-------------------------|---|
| 1   | Subject | Subheading        | Ref Page / Item # | Time Code | Action Steps  | Timeframe for Completion | Person Responsible           | Barriers | New Action Steps | Date Actually Completed | Comments  |
| 140 |         |                   | 16 b              | L         | Continual review of available hospital space  | ongoing                  | Bill Elliott                 |          |                  |                         | see comprehensive plan  |
| 141 |         |                   | 16 c              | L         | Meetings with staff to discuss facilities and safety issues   | ongoing                  | Paul Guggenheim              |          |                  |                         |   |
| 142 |         |                   | 17 d              | S         | Resolve centralized admissions & patient mix questions  | 10/12/01                 | Dr. Ona & Connie Ching       |          |                  |                         |   |
| 143 |         |                   |                   |           | Solicit staff input   | 9/5/01                   | Dr. Ona & Connie Ching       |          |                  | 9/5/01                  |   |
| 144 |         |                   |                   |           | Prep initial draft of plan to address this issue  | 9/28/01                  | Dr. Ona & Connie Ching       |          |                  |                         |   |
| 145 |         |                   |                   |           | Admin review  | 9/28/01                  | Dr. Ona & Connie Ching       |          |                  |                         |   |
| 146 |         |                   |                   |           | Final approval  | 10/5/01                  | Dr. Ona & Connie Ching       |          |                  |                         |   |
| 147 |         |                   |                   |           | Training staff  | 10/11/01                 | Linda Schladermundt          |          |                  |                         |   |
| 148 |         |                   |                   |           | Full implementation   | 10/12/01                 | Dr. Ona                      |          |                  |                         |   |
| 149 |         |                   | 17 e              | N/A       | Solicit community and staff input concerning new community placement options                        |                          |                              |          |                  | February, 2001          | See Hawaii Needs Assessment and the Implementation Plan for Service Development |
| 150 | Subject | Culture of Safety |                   | I         | Revised safety orientation and annual mandatory continuing education will be required for all staff | 7/1/01                   | Ginny Nysten & George Endo   |          |                  | 7/1/01                  |   |
| 151 |         |                   |                   |           | CPMR Revision   |                          |                              |          |                  |                         | Conflict Prevention Management Resolution                                       |
| 152 |         |                   |                   | I         | CPMR Manual updated   | 9/15/01                  | Ginny Nysten and Dirk Elting |          |                  |                         |   |
| 153 |         |                   |                   | I         | CPMR Classes Revision   | 7/1/01                   | Ginny Nysten                 |          |                  | 7/1/01                  | for new employees   |
| 154 |         |                   |                   | I         | Seclusion/Restraint Performance Improvement Team formed and trained                                 | 9/11/01                  | Pat Osgood                   |          |                  |                         |   |
| 155 |         |                   |                   | I         | Elopement - Root Cause Analysis completed   | 8/8/01                   | Linda Schladermundt          |          |                  | 8/8/01                  |   |
| 156 |         |                   |                   | S         | Elopement - Root Cause Analysis Action Plan developed   | 10/31/01                 | Connie Ching & Bill Elliott  |          |                  |                         |   |
| 157 |         |                   |                   | I         | Elopement Performance Improvement Team configured and trained                                       | 9/25/01                  | Pat Osgood                   |          |                  |                         |   |
| 158 |         |                   |                   | L         | Implement Weekly Safety Rounds  | ongoing                  | Mimi Laub                    |          |                  | ongoing                 | Implemented 6/1/01  |
| 159 |         |                   |                   | I         | Participate in Staffing Effectiveness Study   | 9/18/01                  | Linda Schladermundt          |          |                  |                         | JCAHO pilot project, virtual survey 9/18/01                                     |
| 160 |         |                   |                   |           | Staffing Effectiveness Report issued  | ?                        | JCAHO                        |          |                  |                         | HSH uncertain concerning issuance of report                                     |

Hawaii State Hospital Space Utilization Plan

|     | A       | B          | C                 | D         | E   | F                                 | G   | H        | I                | J                       | K   |
|-----|---------|------------|-------------------|-----------|---|-----------------------------------|---|----------|------------------|-------------------------|---|
| 1   | Subject | Subheading | Ref Page / Item # | Time Code | Action Steps  | Timeframe for Completion          | Person Responsible                        | Barriers | New Action Steps | Date Actually Completed | Comments  |
| 161 |         |            |                   |           | Provide Staffing Effectiveness Report to DOJ  | ?                                 | Linda Schaldermundt                       |          |                  |                         | If JCAHO provides report, HSH will send copy to DOJ |
| 162 |         |            |                   | I         | Inservices on Seclusion/Restraint Monitoring Form   | 8/1/01                            | Connie Ching                              |          |                  | 8/1/01                  |   |
| 163 |         |            |                   | L         | Environment of Care Rounds  | every 6 months                    | Carol LaFlamme & George Endo              |          |                  | ongoing                 |   |
| 164 |         |            |                   | I         | Implementation of Standard Operating Procedure Revision to medication administration record   | 8/1/01                            | Connie Ching                              |          |                  | 8/1/01                  |   |
| 165 |         |            |                   | I         | Standard Operating Procedure Revision to Pt rounds  | 9/11/01                           | Connie Ching                              |          |                  |                         |   |
| 166 |         |            |                   | I         | Psychology beginning individual therapy twice per month with focus on behavioral problems with focus on safety  | 9/1/01                            | Dirk Elting                               |          |                  |                         |   |
| 167 |         |            | 18 #D1            | L         | AMHD to report monthly to DOJ on status of this plan. Reports due on 25th of each month from entry of order until overcrowding issues remedied. Reports to include brief narrative of implementation progress, barriers and new action steps, identify and plan modifications necessary and request US review and approval, as well as updated chart of action steps, and related documentation | Monthly                           | Linda Fox & Dr. Ona/Paul Guggenheim       |          |                  |                         |   |
| 168 |         |            |                   |           | AMHD/HSH to provide DOJ with space utilization plans  | 5 working days prior to execution | Linda Fox, Paul Guggenheim & Bill Elliott |          |                  |                         |   |
| 169 |         |            |                   |           | AMHD/HSH to provide DOJ with transfer and discharge plans   | 5 working days prior to move      | Linda Fox, Paul Guggenheim & Dr. Ona      |          |                  |                         |   |
| 170 |         |            |                   |           | Weekly status conference calls with Judge Chang   | ongoing                           | Judge Chang and attorneys                 |          |                  |                         | Will include updates on comprehensive plan          |



**HAWAII STATE HOSPITAL  
GUENSBURG BUILDING  
SUMMARY**

**REPAIR/RESTORATION REQUIREMENTS**

**REPAIRS-Primary concern is eliminating the source of water leakage either from rain or from internal water sources.**

- **Building Roof**-Is in need of partial or complete repair or replacement due to leakage in and around the downspouts on the roof and percolating down through the interior of the building.
  - **Issues/Concerns:**
    - **Partial Repair**-There is a potential that asbestos materials lay underneath the existing roofing and that more extensive work would be required based on what is found when work actually begins. Furthermore, there is no guarantee that a partial repair will fix the problem.
    - **Complete Repair/Replacement**-The same potentials exist except on a greater scale.
- **Bathroom/Showers**-The drain lines are the concern, as water appears to be leaking from the bathrooms and shower.
  - **Issues/Concerns:**
    - **Partial Repair**-Place a seal over the existing areas in hopes of stopping the leakage. There are no guarantees and this might or might not solve the problem. The potential for finding other problems in the process is high and if discovered would need to be repaired. The same concerns exist for the potential of asbestos.
    - **Complete Repair/Replacement**-The same potentials exist except on a greater scale.
- **Air Conditioning System**-This system has not been operated since the building was shut down. Any system and particularly the air conditioning system that is shut down for an extended period becomes prone to problems when restarted.
  - Repairs could range from minimal to extensive based on what is encountered when the system is restarted.
- **Electrical Systems**-If the leakage problems are corrected the electrical system becomes less problematic. How much water and to what extent damage in rusting conduits is a concern for potential short circuits becoming the cause of a fire is of extreme concern. Electrical problems could be repaired as they occur as long as they do not cause major problems with other systems. The question here is if the risk is worth the outcome.

## RESTORATIONS

- **Fire Life Safety System**-Basically still in tact and could be ready and operational once the Emergency Power Generator is tested and the fuel source installed.
  - **Issues/Concerns:**  
**Diesel Fuel Storage Tank:**
    - Above ground diesel tank will need to be reinstalled and connected to the generator. The above ground tank was an interim fix ( the building was to be closed therefore underground tanks were not included) to bring all underground tanks in compliance with the Clean Water Act. The tank was leased at cost of approximately \$1500.00 per month. Installation would be based on tank availability.
    - System routine maintenance and testing would need to be accomplished. This system is still covered under the existing maintenance contract with Simplex. Problems discovered in system restoration would need to be repaired.
- **Hot Water System**-Basically still in tact within the Guensberg Building itself. The Gas Company removed the propane tanks. The hot water was provided to both the Goddard and Guensberg Building from hot water supply in the Goddard Building.
  - **Issues/Concerns:**
    - The propane tank removed by the Gas Company would need to be reinstalled.
    - System routine maintenance and testing would need to be accomplished. Problems discovered in system restoration would need to be repaired.

**Telephone System**-Telephone service ports available in the Guensberg was redistributed throughout the hospital to meet the needs for telephones on the new units. The telephone system would need to be restored either partially or completely. This would require Verizon doing system work to get it back into Guensberg.

- **Patient Rooms**-Patient rooms would need to be restored to meet DOH licensing requirements.
  - The lockers in the patient rooms were removed and installed in the converted rooms in the new building. The lockers would again need to be removed and reinstalled in the Guensberg Building.
- **Common Areas**-When the building was vacated various items (i.e., cameras, Lexan from Nursing Stations, etc.) was removed and would require restorations. Some of the things like the cameras have been installed on the new units and would have to be removed. New cameras would need to be purchased, as some of those removed can not be repaired due to age of the equipment. System testing and repairs would be necessary.

### **TECHNOLOGY UPGRADES**

- **Duress System**-The Duress System is used by staff to notify others if they are in trouble will need to be re-programmed. The system had to be modified when the Guensberg Building was closed and would need to be programmed to again understand and recognize the Guensberg Building as a part of the system.
- **Computers/Computer Systems to support Clinical Processes**-The hospital's wire-less system would have to be reinstalled in the building. The Building would need to be cabled requiring the services of a contractor as cables were cut when the system was removed. Computers, hubs, and other equipment removed from the building are in use in other places and new items would need to be purchased to reinstall in the building. This technology would need to be restored and available in the Guensberg Building.
- **Copiers**-Copiers will need to be put back into place. This is of minimal concern if the equipment is available through the existing IKON contract. This support is necessary to operate the building.

### **GENERAL CONCERN**

The moving of patients and staff back into the Guensberg Building would require either local movers or prison industries to accomplish. It would need to be carefully thought out and planned to minimize impact on the patients.

From F. H. H. H.  
K. H. H. H.

We currently offer 10 different SILS modules (see Appendix A for a list of those modules) and are teaching 17 sections of those groups. We propose to offer 24 modules so that there will always be two of each being taught. In addition, we would like to offer an additional section of Medication Management, Recreation for Leisure, Basic Conversation Skills, and Symptom Management (these are all essential areas that would benefit the majority of HSH residents). In this way, we can accommodate up to 20 HSH residents in each module (or offer 240 overall slots). We would expect to start a new module every two months. This will help reduce the waiting time. In addition, we will use an open enrollment policy during the first month of the class so that individuals can start and then "catch-up" during that first month.

There are currently three substance abuse modules being offered at HSH; these classes typically meet 2-3 times weekly. We would like to offer a total of 4 groups that run on MWF and another set of groups on T-Th. In addition, we want to offer another module that meets late afternoon/early evening Monday-Thursday. Two other substance abuse groups would also meet each Saturday and Sunday. We do not anticipate any problems with space needs for the early evening and weekend groups. Because a substantial majority of HSH residents exhibit substance abuse problems, it is clear that we need to expand services to provide treatment to those individuals. At any given time, it should be possible to provide intensive substance abuse treatment (4-6 times weekly) to at least 50-60 HSH residents. In addition, it will be necessary to provide space for AA/NA meetings on campus three evenings per week and once during weekends. Finally, space is needed for therapists to meet individually with residents (we estimate 80 such meetings per week).

Integrated Psychological Therapy (IPT) groups are currently running in two locations. We would like to increase that to three groups to address different levels in client functioning and provide services for up to 30 residents. At this time, PSR has a limited number of options for low-functioning clients. IPT provides one such mechanism to address these problems. In addition, we plan to start more shaping groups to provide more services to these individuals.

The Basic Adult Literacy program also helps address the needs of low-functioning clients. At this time, all Adult Literacy classes are held in one location and are currently providing services to about 20 HSH residents. It will be difficult for the current locations to handle more residents; we anticipate the need for additional space as more referrals are received. The Adult Literacy teachers, however, typically meet with 1-2 students so require less space for these sessions. It is important, though, that any space we use is subject to minimal distractions.

Two new programs are being instituted at HSH. The Dialectical Behavior Therapy treatment is being offered for individuals with personality disorders. This program will initially require one classroom per week for 3-4 meetings. In addition, space will be necessary to provide individual sessions 8-10 times weekly. In addition, the Family Support and Education program will begin offering services to family members of HSH residents in early October. They will initially require a room once per week and anticipate growing so that they will require two rooms. Family support will be an important part of transitions from HSH to the community at discharge.

**Social and Independent Living Skills Modules**

Basic Conversation Skills  
Symptom Management  
Medication Management  
Recreation for Leisure  
Friendship and Intimacy  
Community Re-Entry  
Workplace Fundamentals  
Assertiveness  
Advanced Assertiveness  
Conflict Management

1997

| Current and Proposed PSR Classroom Requirements (Groups Only) |                     |                      |
|---|---------------------|----------------------|
| Type of Programming   | Current # of groups | Expanded # of groups |
| Social & Independent Living Skills                            | 17                  | 24                   |
| Integrated Psychological Therapy                              | 2                   | 3                    |
| Substance Abuse   | 3                   | 8                    |
| Dialectical Behavior Therapy                                  | 0                   | 2                    |
| Fitness Game  | 3                   | 4                    |
| Family Support & Education                                    | 0                   | 2                    |
| Shaping Group   | 0                   | 1                    |
| Total # of Groups   | 25                  | 44                   |

Used 4 main sessions.

at least 12x15 (minimum 12 page)

Alcohol Literacy

**General classroom requirements:**

1. Space for 10-12 participants (includes facilitators)
2. 1-2 blackboards or dry erase boards
3. Wall space or screen for slide projection (IPT only)
4. Electrical outlets for audiovisual cart
5. Privacy (enclosed space with drapes for windows)

Currently, only Classroom 2 in Administration meets all requirements. A work request has been submitted to install curtains in the Small Dining Room, which would bring that classroom up to specifications.

15/7

## Johnson's Behavioral Model Implementation Plan

### DRAFT 3

| GOAL and Specific Tasks  | Target Date | % Complete   | Person Responsible                |
|--|-------------|--|-----------------------------------|
| <b>1. Introduce Johnson's Behavioral Model to Nursing staff</b><br>a. <u>Now</u> : Live in-services by CNSs to RN staff r/t 1) general assessment skills and JBM assessment skills and 2) JBM acuity tool<br>• Video Tapes used as back up for in-services<br>b. <u>Future</u> : Staff Dev to present JBM in orientation (in coord w/ CNSs and develop competency quiz, case studies, crossword puzzle, for JBM assessment and acuity tool)<br>c. Plan and deliver 1 hr in-service on JBM 8 subsystems to PMA/Psych Techs, & LPNs  | 7/27/01     | 8/3/01 100%  | CNSs                              |
|  | 7/27/01     | 8/3/01 100%  | CNSs                              |
|  | See # 6     |  |                                   |
|  | 9/28/01     |  | CNSs                              |
| <b>2. 100 % of Nursing Staff competent in understanding and use of JBM <u>Acuity</u> System (Vickie Vinke= Consultant for Acuity)</b><br>a. Adapt/develop JBM acuity form from California prototype<br>1. Review by NEC,<br>2. Review by Medical Records committee<br>3. Revise for NEC,<br><br>b. Inter rater reliability data verification<br>c. Practice sessions/In-service<br>d. JBM Training notebooks for ea. unit<br>e. SOP/Guidelines for JBM acuity tool use<br>f. Work w/ J. Jensen and Casey to automate acuity tool for each unit (utilize California acuity form prototype)<br>g. Integrate 24 hr nursing supervisor report with JBM acuity tool for input, output screen w/ Casey | 9/31/01     |  | CNSs & Vickie<br>Maureen & Vickie |
|  | 7/13/01     | 100%   |                                   |
|  | 8/11/01     |  |                                   |
|  | 7/7/01      | 100%   |                                   |
|  | 8/9/01      | 100%   |                                   |
|  | 9/4/01      |  |                                   |
|  | 9/17/01     |  | CNSs                              |
|  | 8/11/01     | 100%   | Vicki & CNSs                      |
|  | 9/7/01      |  | CNSs (Jeanne)                     |
|  | 8/31/01     |  | Jeanne, Katherine                 |
| 9/14/01  |             | Katherine, J<br>Jensen, Casey<br>Katherine, Lani,<br>Casey |                                   |
| <b>3. 100 % of Nursing Staff competent in understanding and use of JBM <u>Assessment</u> Tools (Cheryl Puntil= Consultant for Assessment)</b><br>a. Adapt/develop HSH assessment form to include JBM Dynamic Formulation w/ Regulators<br>1. Review by NEC,<br>2. Review Medical Records committee<br>3. Revise for NEC,<br>4. Review Pain Assessment Med Records committee<br>b. Add HSH MSE Form to JBM Assessment tool<br>c. Practice sessions/In-services<br>d. SOP/Guidelines on How to fill out JBM assessment form ( from general to more specific)   | 8/31/01     |  | CNSs & Cheryl<br>Maureen & Cheryl |
|  | 8/11/01     | 100%   |                                   |
|  | 8/21/01     |  |                                   |
|  | 8/11/01     | 100%   |                                   |
|  | 9/4/01      |  |                                   |
|  | 9/4/01      |  |                                   |
|  | 8/1/01      | 100 %  | CNSs                              |
| 8/11/01  | 100%        | CNSs, Cheryl   |                                   |
| 9/7/01   |             | Jeanne   |                                   |



| GOAL and Specific Tasks  | Target Date  | % Complete   | Person Responsible                             |
|--|--|--------------|--|
| 4. Automate JBM Acuity system on Pilot Unit (F or E)<br>a. Training/Reinforcement for use of acuity tool<br>▪ Develop case studies with question and answer sheet to teach use of JBM acuity tool<br>b. Implement automated acuity tools to all units  | 9/31/01<br>8/15/01   |              | CNSs<br>Deb, Vicki<br>Katherine & J.<br>Jensen |
| 5. Implement JBM automated Acuity tool on all units  | 11/1/01  |              | Katherine & J.<br>Jensen                       |
| 6. JBM incorporated as part of general nursing orientation<br>a. Develop JBM model overview packet in coordination with Staff Dev.<br>1. Develop comprehension test for JBM<br>2. Assign to individ CNS for JBM competency completion<br>3. Make copy of Maureen's 1 hr JBM inservice<br>4. Video consultant's inservice   | 9/31/01<br>8/14/01<br>8/14/01  | 100%<br>100% | CNSs (Deb) &<br>Staff Dev                      |
| 7. Establish criteria for minimum and mastery competency level with JBM model (for assessment and acuity)  | 8/31/01  |              | CNSs (Katherine)                               |
| 8. Daily/weekly charting in relation to JBM<br>a. Consult further with Cheryl and Vicki on use of PSIDAP with JBM and other charting not related to assessment or acuity<br>1. Shift-shift report (after all disciplines inserviced)<br>2. Monthly Report: Chart to 8 subsystems<br>3. Yearly note: Update 8 subsystems<br>4. Daily PSIDAP to behaviors<br>b. Consult with HSH QM dept. related to chart audits<br>1. Quantitative<br>2. Qualitative | 8/31/01<br>9/14/01<br>9/14/01<br>9/14/01<br>9/14/01<br>10/31/01<br>1/31/01 |              | CNSs, Vickie,<br>Cheryl, Pat Osgood            |
| 9. Assure inter rater reliability among trainers (CNS & Consultants)<br>a. Schedule regular q.o.d meetings with Cheryl r/t assessment tool<br>b. Schedule regular q.o.d meetings with Vicki r/t acuity tool  | 8/31/01  | 100%         | CNSs, Cheryl, &<br>Vickie                      |
| 10. Develop round-the-clock schedule for all units for Cheryl (assessment), Vicki (acuity), & CNSs<br>a. Schedule Vicki and Cheryl 1 <sup>st</sup><br>b. One CNS to work w/ ea expert for a 4 hr block for ea of the expert's shift  | 8/1/01   | 100%         | CNSs   |
| 11. Interdisciplinary team introduction to JBM use at HSH<br>20 Mins other disciplines; 45 mins LPNs and PMAs/Psych Techs  | 9/31/01  |              | CNSs   |

|   |  |  |  |
|---|--|--|--|
| <ul style="list-style-type: none"> <li>• Develop 20 mins information session for other disciplines             <ul style="list-style-type: none"> <li>a. UAT for each unit</li> <li>b. Physicians –monthly medical meetings</li> <li>c. Psychologists</li> <li>d. Social Workers</li> <li>e. PSR staff</li> <li>f. Presentation to Performance Improvement committee</li> </ul> </li> </ul> |  |  |  |
|---|--|--|--|

**HSH-PSR**  
*Intake Assessment & Cognitive Evaluation*  
*Psychologists' Inservice & Training Timeline*

*Tuesdays, 11:30-12:30 pm*

| <b>Date</b> | <b>Topic</b>  |   |
|-------------|---|---|
| 9/04/01     | Psychiatric Rehabilitation Model<br>Psychosocial Learning Principals  | Michi Wong, PhD   |
| 9/11/01     | Risk Assessment: Policy & Procedures,<br>Liability & Testifying Issues, History<br>Of Risk Assessment   | Alex Lichten, PhD                                       |
| 9/18/01     | Risk Assessment: Hare PCL-R &<br>HCR-20 Interrater Reliability  | Sasha Kariel, PhD                                       |
| 9/25/01     | Risk Assessment: Psychometric Properties,<br>Violence in Schizophrenia  | Daryl Fujii, PhD  |
| 10/02/01    | Risk Assessment: Report Template,<br>Sample Case, Homework  | Alex Lichten, PhD<br>Daryl Fujii, PhD                   |
| 10/09/01    | Risk Assessment: Discussion of<br>Homework  | Alex Lichten, PhD<br>Daryl Fujii, PhD                   |
| 10/16/01    | Risk Assessment: Discussion of<br>Homework  | Alex Lichten, PhD<br>Daryl Fujii, PhD                   |
| 10/23/01    | Overview of SILS Modules, CRA,<br>IPT, PET, & Other PSR Services  | Michi Wong, PhD   |
| 10/30/01    | Basic Brain Neuroanatomy<br>Brain/Behavior Relationships  | Daryl Fujii, PhD  |
| 11/06/01    | Neurocognition in Schizophrenia<br>Testing & Cognitive Domains  | Daryl Fujii, PhD  |
| 11/13/01    | Overview of HSH-PSR Standard Intake<br>& Cognitive Evaluation<br>Test Administration<br>*Distribute Case Report for 12/18/01<br>Case Conference & Peer Consultation | Abe Tokioka, PhD<br>Daryl Fujii, PhD<br>Michi Wong, PhD |

**HSH-PSR**  
***Intake Assessment & Cognitive Evaluation***  
***Psychologists' Inservice & Training Timeline***

*Tuesdays, 11:30-1:00 pm*

| <b>Date</b>     | <b>Topic</b>   |   |
|-----------------|--|---|
| <b>11/20/01</b> | Testing Administration<br>Scoring & Norms  | Abe Tokioka, PhD<br>Daryl Fujii, PhD<br>Michi Wong, PhD |
| <b>11/27/01</b> | Test Interpretation<br>Decision Algorithm<br>Recommendation Guidelines                   | Abe Tokioka, PhD<br>Daryl Fujii, PhD<br>Michi Wong, PhD |
| <b>12/04/01</b> | Test Interpretation<br>Interpretation Guidelines<br>Referral & Recommendation Guidelines | Abe Tokioka, PhD<br>Daryl Fujii, PhD<br>Michi Wong, PhD |
| <b>12/11/01</b> | Case Conference & Peer Consultation  | Psychology, PSR &<br>Neuropsychology Staff              |
| <b>12/18/01</b> | Case Conference & Peer Consultation  | Psychology, PSR &<br>Neuropsychology Staff              |
|                 | *Completed reports (test interpretation,<br>and summary of findings due).                |   |

\*\*WAIS-III & WMS-R administration and interpretation review sessions to be scheduled if needed.

*Schedule subject to change.*