UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA

TAMPA DIVISION

MILLER FRANK JOHNSON, et al.,

Plaintiffs,

v. Case No. 87-369 CIV-T-10A

DICK BRADLEY, et al.,

Defendants.
_____/

CONSENT DECREE BETWEEN PLAINTIFFS AND DEFENDANTS

WHEREAS, the Third Amended Complaint herein was filed on March 30, 1988, on behalf of plaintiffs and other similarly situated alleging, inter alia, that defendants have failed to carry out their statutory and constitutional duties relating to the maintenance, operation and treatment at the G. Pierce Wood Memorial Hospital (GPW);

WHEREAS, the complaint alleges causes of action against defendants arising under and jurisdiction pursuant to 42 U.S. C. Sections 1983 and 1988; 28 U.S.C. Sections 2201 and 2202; and the Constitution of the United States, specifically but not limited to the First, Fourth, Fifth, Sixth, Ninth and Fourteenth Amendments thereto; and

WHEREAS, the signatories to this Consent Decree and Agreement of Settlement ("Agreement") represent that they are authorized to enter into this Agreement and to take all steps required of them by this Agreement; and

WHEREAS plaintiffs consider it desirable and in their best interests and in the best interests of the members of the

plaintiffs' class to settle the issues set forth herein by entering into this Agreement; and

WHEREAS, Defendants Bradley and Coler consider it desirable and in their best interests and in the best interests of G. Pierce Wood Memorial Hospital and the Florida Department of Health and Rehabilitative Services (HRS), and their successors in office to settle the issues set forth in the complaint by entering into this Agreement.

NOW, THEREFORE, in consideration of this settlement of the allegations, claims and prayers for relief set forth in the complaint, the parties, by and through their counsel, hereby stipulate and agree as follows:

SCOPE OF AGREEMENT

Defendants and their successors, agents, servants and employees shall operate and maintain G. Pierce Wood Memorial Hospital in compliance with the following:

WARD HOUSING

1. With funds currently available, the department will renovate the laundry, repair the roofs on buildings 1, 53, 62, 68 and 69; apply $500,000.00 to correct life safety deficiencies; and obtain an architectural and engineering evaluation for improving patient living spaces. Subject to specific additional legislative appropriation before June 30, 1991, the defendants will remodel the isolation ward; remodel buildings 1 and 72; replace the lock system; apply $903,000.00 to continue roofing repair; apply $1,850,000.00 to life safety corrections; renovate patient living areas; replace the elevators in building 68;

renovate the electrical system; renovate the sewage system; purchase an emergency generator; apply $278,000.00 toward paving roads; renovate the drainage systems; and renovate the boiler system. Additionally, defendants will construct signs directing clients, visitors, staff and all others to the nearest available restroom facility in all areas where clients are frequently outside and housing units are locked.

2. Beginning February 20, 1989, the defendant will assign clients to living units according to their functional levels and specialized program needs based on what is therapeutically appropriate for each client. As community facilities become available, based on specific additional, legislative appropriations, this shall include moving residents from (1) more to less structured living; (2) larger to smaller living facilities; (3) group to individual residence; (4) segregated from the community to integrated into community living; (5) dependent to independent living, according to their needs and as more specifically set forth in the Comprehensive Services Plan for the Alcohol, Drug Abuse and Mental Health Program 1989-1993, pages 71-130, attached hereto and incorporated herein by reference.

3. Subject to specific additional legislative appropriation on or before June 30, 1991, the defendant will provide additional behavioral staff training, behavior consultation and behavioral programs evaluation specifically for the purpose of implementing and supervising programs for aggressive, violent or self-abusive patients.

4. Smoking and non-smoking areas on the wards shall be designated and the defendant will comply with the HRS policy regarding designated smoking areas and the Florida Clean Air Act.

PERSONAL PRIVACY AND DIGNITY

5. The defendants will comply with HRS Regulation (HRSR) 95-3, the department's psychotropic drug regulation for HRS institutions and residential facilities. This regulation includes but is not limited to the following guidelines:

a. Psychotropic drugs are to be used in a prudent and therapeutic manner consistent with the recommendations and indications as stated in Drug Facts and Comparisons.

b. Psychotropic drugs shall not be used solely for the convenience of staff but shall only be used in accordance with an appropriately developed and implemented treatment plan.

c. A patient's psychotropic drug regimen should be reviewed by the attending physician in at least 31 days or sooner if warranted by the particular drug prescribed or the patient's response to the medication.

d. Appropriate laboratory tests will be performed for patients on psychotropic medication, when indicated, to prevent harmful side effects or to assist in achieving therapeutic level.

e. Standing PRN orders for medications shall never be permissible. Physical restraints may be utilized only for prevention of acute self mutilative behavior or in an emergency situation where the client shows evidence that he

may injure others or cause substantial damage to the physical environment, or in transporting a client where complete freedom of movement poses a likely danger of bodily harm to the client or others and then only upon written documentation of specific instances of recent or immediate behavior that has lead to the conclusion that such restraints are necessary.

f. During the course of psychotropic drug therapy, patients will be properly monitored and adverse effects will be documented in the patient's medical records.

g. Psychotropic drugs will be used for as short a period of time as possible in order to control or prevent the reappearance of target symptoms. As soon as the patient's condition is stabilized, efforts should be made to gradually reduce drug dosages to a minimum.

h. The Drug Exception Request Form (HRS Form 1582) must be utilized and approved for drug dosage variance, a non-formulary drug, the use of more than two psychotropics or the use of an approved drug for a non-approved use.

i. The defendants shall review current procedures for oversight of poly-pharmacological use for the purpose of assessing the need for increased monitoring or retention of an expert for the facility and provide a report by October 31, 1989.

j. Patients shall be informed of the identity of the drug they are taking, expected side effects, what side effects they should immediately report to the nurse or

doctor, how long they may be on the medication, what their dose level is, and the goals that are expected to be attained by the treatment with the medication.

6. The defendants will comply with HRS Manual (HRSM) 130-3, Standards and Requirements for Mental Health Facilities, paragraphs 2-28, governing restraint procedures and paragraph 2-29 governing seclusion. These procedures include but are not limited to the following requirements:

a. Physical restraints may be utilized only for the prevention of acute self-mutilative behaviors, or in an emergency situation where the client shows evidence that he may injure others or cause substantial damage to the physical environment, or as a preventative part of a necessary medical or rehabilitation treatment such as transporting a client where complete freedom of movement poses a likely danger of bodily harm to the client or to others.

b. Restraint orders must be authorized only by physicians who must examine the client within one hour after the initial order for restraints. These orders may not be renewed after a period exceeding four (4) continuous hours without the authorizing official's observation of the client, and for one-hour periods thereafter (with the personal observation of the authorizing official at each hour) not to exceed another four (4) hours.

c. The issuance of a standing order for the use of restraints is prohibited.

d. Under all conditions of restraint, the patient must be observed every 15 minutes from the onset of restraint application.

e. Provision will be made for regular meals, use of the toilet as needed, and bathing (if appropriate) and the patient will be monitored continuously in these situations.

f. An opportunity for motion and exercise must be provided for a period of no less than 10 minutes during each hour in which the restraint is employed unless such opportunity is likely to endanger the staff and then such opportunity shall be denied only upon prior written authorization of a physician.

g. Restraints must be designed and used as not to cause injury to the client or staff and so as to cause the least possible discomfort.

h. Orders for restraints or restraint renewals must contain the precipitating circumstances for the order; the rationale for the order which will briefly state other less restrictive measures first attempted; the condition(s) for release, in terms of client behavior; the maximum length of time for the order; the specific restraints imposed; the date and time of day; and the name, legal signature, and job title of the authorizing official.

i. Physical restraints will not be used as corporal punishment or as a method of tethering client for the convenience of staff.

j. Use of any restraint shall be reviewed by the treatment team to determine the necessity for development and implementation of a specific behavior management plan.

7. Daily reports will be made to the administrator concerning the use of restraints, summarizing all such use of restraints, the types used, the duration, and the reasons therefore.

8. The institution shall cause a written statement of this policy to be posted in each living unit and circulated to all staff members.

9. Defendants acknowledge that patients have a right to refuse treatment; however, the purpose of a patient's placement in a mental health facility is to receive and participate in treatment for mental illness in order to reduce the risk of harm to self or others. Plaintiffs recognize that defendants may petition for appointment of a guardian advocate where a patient's refusal to comply with treatment poses a serious threat to the patient's safety or the safety of others. Accordingly, patients shall not be forced to accept treatment except in emergency situations as authorized by guardian advocates and shall not be punished for failure to comply with their treatment plan. Any restrictions must be addressed as part of the treatment plan process.

10. Under no circumstances shall patients be requested or permitted to sign their treatment plans in blank; i.e., before all information is filled out. Patients shall have the right to

be present during treatment team meetings. Treatment plans may be modified to reflect any progress or lack thereof.

11. Window and shower curtains have been installed using appropriate materials to provide for privacy and safety during bathing, including break away bars, where appropriate.

12. Subject to specific legislative appropriation, 182 wardrobe cabinets which can be locked will be provided to patients who do not currently have individualized storage facilities for personal possessions on or prior to December 31, 1989. In addition, and subject to additional specific legislative appropriation, wardrobe cabinets which can be locked shall be provided to all remaining patients who do not have individualized storage facilities for personal possessions on or prior to October 1, 1990.

13. Patients shall have available, if not provided by the patient or patient's family, five (5) sets of individualized clothing.

14. Direct ward personnel are not required to wear uniforms and are permitted to wear street clothes, unless appropriate for the staff's respective duties and responsibilities.

15. Patients and their effects shall not be searched or have their rooms searched unless such search is based upon reasonable belief of contraband or upon clinical indication. If a patient is searched, or his room or her room is searched, the reasonable belief or clinical indication should be documented and the patient should be notified in writing that the search of the patient or his or her quarters has taken place.

RECREATION

16. The defendant shall comply with HRSM 130-1, Rights of Patients in State Mental Health Facilities, paragraphs 5-3, governing physical exercise and recreation. All patients have a right to regular physical exercise and recreational activities consistent with their treatment plans. This is accomplished by the following:

a. Providing, as available, appropriate and scheduled exercise and recreational periods for all patients as a part of their individual treatment plans.

b. Providing, with available funds, recreational equipment for both indoor and outdoor use.

c. Providing, with available funds, a library area supplied with current magazines, newspapers and books of general interest. This area is equipped with tables and chairs so patients can write letters, do hand crafts, read, or simply sit around and talk quietly; library material may also be checked out.

d. Clients shall have access to the canteen during all hours between 9:00 a.m. and dark, except that the canteen shall be closed for one (1) hour each day for cleaning or as required to properly maintain the facility from time to time.

e. The defendants shall develop a recreation program that encompasses structured as well as unstructured recreational activities, on campus and off campus, as well

as programs designed as recreational therapeutic programs on or before October 31, 1989.

f. Clients shall have a right to be outdoors daily, weather permitting, in the absence of contrary medical or treatment indications.

ACCESS TO COURTS

17. This issue is reserved for resolution by the plaintiffs' Motion for Partial Summary Judgment.

TRAINING FACILITIES AND PROGRAMS

18. The defendants will have in place policies and procedures regarding patient participation in treatment and the documentation of treatment progress. These policies and procedures will include at least the following:

a. The patient will participate in the development of his/her treatment plan and such participation will be documented in the patient's record. Such participation will not be limited to signature of approval without informed consent. If the patient cannot or refuses to participate, this will be recorded in the progress notes. There will also be documentation that the patient has been informed of his treatment plan.

b. Progress or lack of progress toward the attainment of treatment goals is documented. For goals not attained, the treatment team leader must be notified of actions taken so that barriers to the goal may be identified and the plan revised.

c. The defendants shall develop a program providing for development of vocational and independent living skills and submit a plan therefore on or before October 31, 1989.

19. The defendant will comply with the requirements specified in HRSM 130-1, Rights of Patients in Mental Health Facilities, paragraph 5-4, regarding social contact between patients. A patient has the right to social contact with other patients as well as friends and visitors. The contact will be facilitated through the following actions:

a. Planned activities of a social nature shall be conducted regularly as a part of patient treatment and rehabilitation.

b. Joint recreational activities and projects open to both men and women patients shall be held on a regular basis.

c. Patients shall be allowed to interact in their living and recreational areas without segregation as to sex, age or race subject to reasonable restrictions as to time and place.

20. Patients have a right to use or refuse birth control devices and methods.

21. The defendant will comply with requirements in HRSM 130-1, Rights of Patients in Mental Health Facilities, paragraph 2-4, regarding patient freedom of movement. A patient shall have freedom of movement unless restriction or confinement is required by treatment or by order of the court. The freedom of movement shall be conducted according to the following procedures:

a. Confinement of patients shall be limited only to the extent required by court orders and appropriate treatment plans.

b. All other patients are to be given maximum freedom of personal movement while at a mental health facility; they can move about in their living spaces and on the facility grounds, and limited only by individual treatment plans for situations of danger to themselves or others.

c. Only the treatment team, the lead therapist, or in his/her absence, the RN supervisor may, direct restriction of movement of clients. In either event, the treatment team must review the decision to restrict a client's movement immediately upon coming on duty if the team is not on duty when the restriction occurs. This policy will be effected as soon as possible upon proper training and staffing. Prior to any restriction of movement in excess of twenty-four (24) hours, or any restriction of movement being proposed as part of the treatment plan, clients shall be provided with written notice, prior to the treatment team review, of a hearing before the team review and a written statement of the grounds for the restriction. If the person proposing the restriction of movement is a member of the treatment team, he/she shall have no vote on the final outcome of the decision, nor shall the client.

COMMUNICATION

22. Staff shall not be permitted to use any of the patient telephones described above, nor shall staff monitor any patient

telephone calls without court order or upon probable cause to believe that the patient is using the telephones to commit a crime or to endanger the safety of himself or others, or upon specification of the treatment plan based on recent documented misuse of telephones. Any authorization of telephone monitoring in the treatment plan shall specify the precipitating circumstances and contain a limitation on the duration of the monitoring with notice to the patient.

23. The defendants will comply with the requirements of HRSR 130-1, paragraph 6-5, regarding patient grievances. A patient has the right to present to responsible authority any grievance he may have regarding his treatment or services. The grievance procedure shall be conducted through the following procedures:

a. Upon admission, each patient shall be advised of the grievance procedures available to him.

b. Patients should first verbalize any complaint in ward meetings and to the immediate staff of their treatment team. Positive action should solve most problems at this level.

c. A patient with a grievance may make it in writing on the form provided by the facility.

d. Each facility shall have a Patients Grievance Committee made up of appropriate hospital staff and with patient representation. This committee shall meet as necessary for the specific purpose of reviewing, discussing and recommending action regarding patient grievances.

e. Patients, their relatives, or legal representatives may write grievances directly to the administrator of the facility. Such written grievance communications will be handled individually, with sufficient investigation to satisfy the situation and circumstances.

f. Grievance decisions at any level may be appealed to the next higher level. Grievances carried beyond the administrator of the facility will be turned over to the respective HRS District Administrator for review and final decision.

g. Clients shall not be punished for making any complaints.

VISITATION

24. The defendants will comply with requirements in HRSM 30-1, The Rights of Patients in State Mental Facilities, paragraph 6-3, regarding visitation practices. Patients may meet with visiting persons as desired. Implementation of visitation rights will be conducted through the following procedures:

a. Patients may see all visitors unless specific orders are written by his/her treatment team restricting such visits. He may refuse to see a visitor if he desires. Visitors are subject to general operating and visiting regulations of the facility.

b. Patients will have the right to receive legal counsel anytime they desire. Subject to normal operations of the facility, patients will have the right to receive a personal therapist or clergy anytime they desire.

25. The defendant will comply with the requirements of GPW Policy 5-6 regarding visitation. This policy states in part:

a. Children under the age of 12 and accompanied by an adult may visit with a patient in designated areas. Leashed pets may also be brought to designated areas.

b. Children over the age of 12 accompanied by an adult may visit with the patient in the lobby area of his/her residential unit or other designated visiting areas. Areas will be designated to accommodate geriatric non-ambulatory patients desiring to visit with leashed pets and children under the age of 12 and accompanied by an adult.

MEDICAL AND HEALTH

26. The defendant will comply with the requirements of HRSM 130-1, The Rights of Patients in Mental Health Facilities, paragraphs 3-2, which in part states the following:

a. Each patient shall receive a complete physical examination upon admission, and at least annually thereafter.

b. Each patient under in-patient treatment and rehabilitation for mental and emotional disturbances in a state mental health facility also shall receive prompt and adequate medical and dental treatment and rehabilitation for any physical ailments which may develop during hospitalization to the point where treatment and rehabilitation shall meet the standards for the medical practice in the community. This principal shall not be

construed to require cosmetic surgery or other procedures not necessary to prevent pain or deterioration.

c. Each patient shall be assigned a physician who will have primary responsibility for his examination and diagnosis.

FOOD

27. The defendant will comply with the requirements in HRSM 130-3, Standards and Requirements for Mental Health Facilities, paragraphs 2-5, regarding dietetic services which states in part:

a. The facility will provide clients with a nutritionally balanced and palatable diet prepared under sanitary conditions.

b. The dietetic service shall include methods of ensuring that clients receive the correct diet regimen ordered by the physician.

c. All diets must be prescribed by a physician in writing, dated and signed.

d. Patients will be provided with a nutritionally balanced diet as determined by the current Recommended Dietary Allowances of the Food and Nutrition Board, National Research Council, adjusted by age, weight, sex, and activity of clients.

e. Defendants shall make reasonable accommodation to meet the dietary restrictions of religions when requested by the client, next of kin, or guardian on behalf of the client.

f. Clients shall be provided fresh fruits and vegetables on a daily basis.

g. Persons requiring special diets shall not be restricted to eating on the wards.

h. Clients may sit where they wish to eat their meals (within the dining room).

PATIENTS' ADVISORY COUNCIL

28. A patients' Advisory Council shall be in operation with one representative elected by the patients of each ward. The hospital administrator will meet with the hospital advisory council on a regular basis, at least one time per month.

FIRE PROTECTION

29. The defendants will comply with GPW operating procedure 215-3 regarding the facility's fire plan which requires in part:

a. All buildings will have a Fire Evacuation Plan posted in a conspicuous place. The Fire Evacuation Plan is a pictorial diagram of the route by which patients and staff would get out of the building in case of fire or sounding the fire alarm. All non-employees should notify staff in the event of a fire.

b. One fire drill per month will be conducted in patient areas. All fire drills will be conducted following a procedure which includes, but is not limited to, evacuating patients, notifying appropriate staff and individuals, and simulating fire fighting activities such as extending hoses and isolating a fire by closing windows, doors and shutting off fans.

c. All patients in seclusion or restraints at the time of the drill shall be notified of the fire drill and if they are not taken out, at least one staff member shall be left behind in the building to be with them.

30. Within 60 days of the date of this Agreement, the defendant will request an inspection of the facility be conducted by the local State Office of Licensure and Certification. The request will include that a report of specific deficiencies be submitted to the facility. Subject to specific additional legislative appropriation on or before June 30, 1991, the defendants will apply $1,850,000.00 (referred to in item 1 of this Agreement), if appropriate, to life safety corrections which may include correction of identified fire deficiencies.

STAFFING

31. Within current FY 1988-89 funds, the defendants will add 66 new staff positions as authorized in proviso language in the 1988-89 General Appropriations Act on or before June 30, 1989.

32. Subject to specific additional legislative appropriation, on or before June 30, 1991, six new behavioral staff will be added to the facility and will be responsible for programs for aggressive, violent, or self-abusive clients.

33. The Alcohol, Drug Abuse and Mental Health Program of HRS will evaluate staffing utilization and potential needs for the 1990-91 Legislative budget. This analysis, budget proposal and the rationale therefore will be submitted to the plaintiffs' counsel prior to finalization of the HRS budget request; i.e., on

or before August 31, 1989. Defendants agree to consider plaintiffs' concerns, including but not limited to recreation, vocational and living skills' training and behavioral analysis-trained individuals.

MONITORING

34. Plaintiffs' counsel and their representatives shall have access, with reasonable notice to defendants' counsel, to the records, files and papers maintained by defendants relating to G. Pierce Wood Memorial Hospital and its patients. During normal business hours, plaintiffs' counsel shall have access, with reasonable notice to defendants' counsel, to G. Pierce Wood Memorial Hospital.

35. Plaintiffs and defendants shall reach an agreement as to an appropriate objective monitor or submit the issue for determination by the Court on the date of Court approval of this decree.

PROGRAM STANDARDS

36. Within three (3) years, GPW shall bring itself into compliance with JCAHO program standards.

DISCHARGE-READY PATIENTS

37. Patients shall be identified as "discharge ready" based upon determination by the treatment team which will include participation of the client and his case manager. Subject to availability by specific additional legislative appropriations, community placement will be made consistent with the availability of services in the GPW catchment area and consistent with need as

identified in the Comprehensive Services Plan for Alcohol, Drug Abuse and Mental Health Program, pages 71-130, attached hereto.

38. The hospital shall not be able to discharge a patient who has eloped. A court-ordered patient who escapes and is not found, can be discharged when the Court Order expires.

COMMUNITY-BASED TREATMENT

39. Implementation of the HRS Comprehensive Services Plan for the Alcohol, Drug Abuse and Mental Health Program 1989-93. HRS will give priority to the three districts serving GPW in the implementation of all aspects of the five-year plan, to include but not be limited to:

a. The defendants will develop legislative budget requests and allocate undesignated appropriations to districts whose current funding for community services is below the state average in an effort to bring them into funding parity with the remaining HRS districts.

b. Subject to specific additional legislative appropriation, the defendants will allocate $178,927 in Fiscal Year (FY) 1989-90 and $236,917 in FY 1990-91 to HRS Districts 5, 6 and 8 to enhance the Continuity of Care Management System (CCMS) and bring the three districts into parity with other HRS districts. If unappropriated, the defendants will continue to give priority to funding requests for HRS Districts 5, 6 and 8 until parity is obtained.

c. All current residents at GPW who have been there over 90 days will be assessed by a placement team comprised

of at least one member approved by plaintiffs, by April 2, 1990. These assessments will focus on the placement needs and the package of services needed for clients currently institutionalized to be served appropriately in the community. Districts in the GPW catchment area will integrate the findings of these assessments into their planning and budgets for FY 90-91 and future years.

40. Placement of Current Long-Term Residents at GPW. During the period of build-ups of the community service system, the 375 plaintiffs housed at GPW longer than one (1) year who are discharge ready and do not require continuing hospital treatment must also receive community placement in numbers according to the following schedule:

1989-90	50 placements
1990-91	75 placements
1991-92	100 placements
1992-93	150 placements

41. In addition, defendants agree that allocation of beds at GPW to HRS Districts 5, 6 and 8 shall reflect the level of 15 beds per 100,000 persons by December 31, 1993.

42. Defendants will evaluate the central and district staffing needs for implementation of the settlement and Comprehensive Plan to be completed in time for budgeting and allocation for needed manpower in the 1990-91 budget. This analysis should include, but not be limited to, administrative, program and facility development staff, contract management

staff, case management and case management supervision staff, quality assurance and secretarial support.

43. The defendants shall develop a plan to use, to the extent possible and as appropriate, federal entitlement program funds available to mental health clients. This plan shall be completed and provided to the court by December 31, 1989.

NOTICE TO CLASS MEMBERS

Pursuant to Rule 23(e), F.R.C.P., defendants shall, within ten (10) days of the execution of this Agreement, provide notice of this Agreement and the proposed settlement to those members of the plaintiffs' class presently committed to GPW by posting in each ward in a place accessible to patients, a notice in the form attached hereto as Exhibit A. The costs of providing such notice shall be borne by defendants in their official capacities. Class members shall have 30 days after notice to them to object to this Agreement or the proposed settlement. All objections will be considered by the court.

SUBMISSION TO COURT OF PROPOSED SETTLEMENT AND USE OF BEST EFFORTS TO OBTAIN APPROVAL

Promptly upon execution of this Agreement, counsel for the parties shall jointly submit such Agreement to the Court for its approval and recommend that this Court approve the Agreement. Counsel for both parties also shall take all steps that may be required or requested by the Court and use their best efforts to consummate this settlement, obtain the Court's approval of this Agreement, and obtain entry of a final judgment.

Agreement, including all its terms, conditions, exhibits, and the Court's Orders.

2. Within ten (10) days of entry of an Order of the Court approving this Agreement, counsel for the parties shall execute a Stipulation of Dismissal in such form as is attached hereto as Exhibit B which, within five (5) days after execution, shall be filed with the Court by counsel for the plaintiffs.

3. Neither party will appeal the Order attached hereto as Exhibit C if such order is entered by the Court.

4. By November 15, 1989, and after October 31, 1989, the parties hereto will appear before the court at an hour and date to be hereinafter set by the Court for a status conference. Defendants shall request the Governor of the State of Florida and his successors select a representative from his or her office to oversee implementation of this decree and facilitate budgetary, legislative and administrative changes necessary to implement this decree.

ENTIRE AGREEMENT

This Agreement and its exhibits contain the entire Agreement between the parties.

STIPULATED AND AGREED TO THIS 1 DAY OF June, 1989.

RICHARD BRADLEY, Acting
Administrator for
G. Pierce Wood Memorial Hospital

JAMES K. GREEN, ESQ.
Trial Counsel for Plaintiffs

GREGORY L. COLER, Secretary
of the Department of Health
and Rehabilitative Services

[for] NORA LETO, ESQ.
Counsel for Plaintiffs

JAMES O. WILLIAMS, JR., ESQ.
Counsel for the Department of
Health and Rehabilitative Services