



CONCLUSIONS

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The conclusions reached in the PDR are the result of the process of setting goals, establishing criteria and determining the required functions and their relationships. The Waimano Master Plan Task Force began with a clear vision for the future of Waimano. It was this vision of a community rather than an institution that established the direction for PDR.

These ideals were further defined by an implementation plan developed by a group of DDD administrators and Task Force Members. This implementation plan provided essential additional information which tailored the Task Force Priorities into a comprehensive set of guidelines in keeping with the latest DOH needs, projections, and technologies. It was with this information that the Project Development Report was developed.

**Other Uses at Waimano**

The Waimano site is presently undergoing significant changes through the addition of a number of non-DDD uses which are planned for various locations along the ridge. The Department of Health is presently planning a State operated laboratory facility which will replace the existing facility located at the DOH main office in Honolulu. This laboratory will be located along the upper third of the ridge and will become a major user of both the entire Waimano site and, the support facilities at Waimano. A second significant use is the proposed Pearl City Cultural Center located above the existing Hale Complex. This facility will serve the district and will provide the Pearl City High School with a major auditorium facility where concerts, community meetings and classes can be held. Lastly, a youth athletic field is planned between the Cultural Center and the Hale Complex. This field would

contain three baseball diamonds which should serve the significant needs of the youth of the surrounding community.

With these new facilities in mind, it was the goal of the consultants to address the Task Force Priorities from physical and functional standpoints. This meant that the physical relationships between uses should be established and prioritized and the actual physical needs of the projected population and programs should be detailed. This information formed the basis of the site planning for the Master Plan.

### **Functional Relationships**

The functional relationship diagram (Figure 5, page 2-55) depicting the hierarchy of functions and the interrelationships between their uses serves as a primary planning tool in the development of the master plan. These relationships were determined by the Task Force as a result of the newly established policies and by interviews with the staff. Physical space relationships were determined by optimal functioning, safety, security, and the degree of accessibility of the users. As a result, the following lists a series of critical relationships between key components:

- All residential, day programs and specialized services be located on flat land.
- Specialized Services Complex should be accessible to the community.
- Health Services (located in the Specialized Services Complex) should be accessible to the residential unit for 12 who require medical attention.
- The Day Program for the 12-bed clients should be located within the residential unit for non-ambulatory clients.

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- Day Programs should be in close proximity between medically fragile and Health Services. In addition, it should be accessible to medically fragile and behaviorally challenged residential units.
- Four-bed residential units for the extremely behaviorally challenged should be paired to facilitate shared staff coverage for this highly active population.
- Non-ambulatory clients will require covered, walking distance access to day programs and activity centers.
- Four day programs for Waimano residents will be required for future operation.

These relationships formed the nucleus of the Waimano client program and residential areas. Other significant but less critical relationships included the accessibility between residential units and to the recreation center. These are to be located within good walking distance to each other.

### **Task Force Priorities**

Each Task Force priority was evaluated and approached in terms of the functions within the priority program and the physical and operational implications of these priorities. In general, most of the program priorities were accommodated within the planning framework established through the interviews with staff and operations personnel at Waimano. Additionally, the recommendations of the specialized care planning consultants provided information on the latest programming models and technologies which would be utilized wherever possible.

Each priority was addressed as prioritized and space programs were developed where physical planning or structures were required. A summary of the physical plan highlights

developed as mandated by the Task Force  
Priorities are presented below.

- Day program facilities are based on state of the art models which include numerous small group activity areas, full scale kitchen programming areas, separate dining areas, and program administration offices. The models are designed for groups of 24 to 28 for the behaviorally challenged and medically fragile, and groups of 12 and 16 for the extremely fragile and trainable, respectively.
- The residential program, identified as the Treatment Training and Research Facility, was developed from state of the art models for small scale residential units designed for six and four clients each. A separate 12-bed unit for the medically fragile requiring medical attention is also planned to reflect small scale residential characteristics. The 6 and 4-bed units will contain dedicated kitchen and laundry areas which will be used as client programming activities.
- The Specialized Services Complex will serve as the health care clinic, a comprehensive rehabilitation technology center, where district services will be located in a common state of the art facility.
- New, consolidated administrative offices are planned for the Developmental Disabilities Division, the Continuing Services for the Developmentally Disabled Branch, and the Waimano administration. These offices will provide space to meet the needs of these administrations and will centralize services while facilitating inter-disciplinary interaction.
- Aside from the large open green spaces on the ridge, significant land areas have been reserved for the future DD uses.

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- An island-wide training and conference center for DOH associated community and professional uses is included in the master plan. This center would also house the University Affiliate Program which will offer classes and research opportunities within a community which would be best served by the products of this research.

### **Guidelines for the Development the Master Plan**

The priority for Waimano Ridge is to create a "community", that functionally simulates the activities of a neighborhood by creating similar relationships of buildings to each other and to streets and sidewalks. The master plan should also visually relate to the surrounding residential areas in appearance and scale.

The WTSH facilities are to be sited in an efficient plan that meets the functional requirements of both WTSH functions and other DD and DOH users. The plan must work with the existing site and promote pedestrian accessibility between the various functions whenever possible. Buildings are to be clustered to promote staff sharing and interaction, allowing staff to share responsibilities and promote client care dialog. The master plan must be designed in phases that allow the WTSH functions to remain in operation during construction.

The design elements of the master plan, including buildings, sidewalks, roadways, site lighting, landscaping and site details, should reflect simple, traditional and low key Hawaiian motifs. The design of these elements and their relationships to each other and to the adjacent neighborhoods are an essential part of creating a master plan that is consistent with the concept of a "community."