

**SECTION - ADMINISTRATION
ADMINISTRATIVE DIRECTIVE NO. 130
(Replaces AD 130 dated dated 9/15/05)**

Effective Date: August 10, 2006

SUBJECT: FACILITY DECLARATION

I. PURPOSE

To establish the environment in which work and treatment services are provided within the facility.

II. AUTHORITY

Department of Mental Health Special Order 001.02 establishes the requirement for a facility plan, performance improvement, and the hospital role/mission. Authority for operations of State Hospital treatment programs for mentally disordered is set forth in Division 5, Part 2, Chapter 1, (commencing with Section 4100) of the Welfare and Institutions Code.

III. POLICY

This directive establishes the official mission, vision, philosophy and values of the facility.

IV. METHOD

A. Mission, Vision, Philosophy and Values

1. Hospital Mission

In accordance with the rules and regulations of the State of California and the Department of Mental Health, the mission of Coalinga State Hospital (CSH) is:

- a. Treatment: To design and provide state of the art treatment for mentally ill and disordered forensic Individuals, and
- b. Evaluation: To provide professional evaluations and recommendations to the courts and other agencies, and
- c. Protection: To provide protection for society, employees and Individuals by maintaining security and control of Individuals in a safe, therapeutic and supportive environment.

2. Hospital Vision

- a. CSH leads in developing and providing state-of-the-art, disposition ally relevant, mental health care for forensic Individuals. We provide Individuals with biopsychosocial rehabilitation opportunities that prepare them to reintegrate successfully into their communities.
- b. We provide our staff with rewarding work experiences and empower them to design, measure, evaluate, and continuously improve the programs and services they provide. Quality is fostered by encouraging all staff and Individuals to identify opportunities for improvement and to participate in creating solutions.
- c. We create for our staff and Individuals a safe environment in which conflicts are resolved in an atmosphere of mutual respect and dignity.

3. Hospital Philosophy

- a. We believe that mental disorders arise out of and affect physical, psychological, and social functioning, and cause disruption of the person's life. We believe that mental disorders are treatable. We have the expectation that Individuals will assume increasing responsibility for their own lives. We strive to assist Individuals in becoming and remaining healthy, so that they may return to their community, as stable and as independent as possible.
- b. We believe that the process of providing expert clinical evaluation and treatment for mentally ill forensic Individuals takes place most effectively in an environment that fosters innovation, creative problem-solving, mutual respect, and a dynamic therapeutic milieu. Expert clinical evaluation and treatment is characterized by collaboration between staff, Individuals, external agencies, and by sensitivity and respect for cultural differences.
- c. As a public sector forensic psychiatric facility whose mission is vitally linked to public policy and community concerns, we believe that Individuals are best served in an environment that balances security needs within a treatment milieu that addresses each individual's treatment needs.
- d. All members of the CSH community are personally responsible for the safety and security of the hospital environment. The responsibility for safety includes to the establishment of professional interpersonal relationships and in the prompt identification and control of environmental security risks. As we maintain security, we provide the structure, support, validation and interactions that promote self-responsibility, well-being, and health.

4. Hospital Values

- a. Excellence -- The hospital is committed to the pursuit of clinical, forensic, and organizational excellence. We provide comprehensive professional care for Individuals and opportunities for professional development, research, and education for our staff.
- b. Security -- The hospital's security is derived from effective security procedures and alertness by all staff to potential security breaches. It includes relationship security -- which is an ever-present focus on maintaining professional boundaries and establishing therapeutic relationships between staff and Individuals.
- c. Norm of non-violence -- Although violence may occur, we challenge the notion that violence is to be expected in a forensic setting. The norm of non-violence attitude pervades all interactions involving Individuals and staff and between Individuals. All members of the CSH community, Individuals and staff alike, are personally responsible for safety in the hospital environment.
- d. Freedom from Threats -- Inciting other Individuals; challenging Individuals to act-out; exhibiting contempt for the rules or orderly operation of the facility, refusal to comply with staff directions or commands; daring staff to intervene with Individual misbehavior, etc., violate the norm of non-violence, and are signs of emergent dangerous behaviors which can escalate, putting Individuals and staff at-risk of harm.

Such behaviors require prevention, or prompt intervention to ensure the safety of Individuals and staff. Prevention is accomplished through the expected practice of the norm of non-violence, including respectful interactions. Intervention is accomplished by providing respectful interactions, guidance, direction/redirection, and if ineffective, removing the offending individual from the immediate environment.

- e. Spirit of Community -- The hospital values its strong spirit of community. It considers the contributions that all individuals provide as being essential to a performance improvement environment. The collaborative process, fostered by mutual respect, open communications, and teamwork among staff and Individuals, provides an environment for success.
- f. Dignity and Respect -- The hospital believes in the value of human life and is committed to developing the potential of Individuals and staff. This development occurs in an atmosphere of mutual dignity and respect, cultural awareness and sensitivity, and is built on a framework of personal and organizational integrity.

- g. Innovation -- The hospital is committed to fostering an environment wherein innovation and creative problem solving can readily occur. Working steadily toward achieving our long-term goals is preferable to crisis management and temporary solutions.
- h. Individual Responsibility -- The hospital promotes individual responsibility and accountability of each person. Employees and Individuals are empowered to identify problems, propose recommendations, and implement solutions.

B. Requirement for Strategic Planning

1. Accomplishment of the mission and vision described in this document is contingent upon an effective strategic planning process. Therefore, the Executive Director, as local representative of the Governing Body, requires and authorizes the development and ongoing review and evaluation of a hospital strategic plan. The Strategic Plan shall consist of four key documents:
 - a. The Facility Declaration (A.D. 130): This document provides the strategic imperative for providing services to achieve our mission and for continuous improvement to move toward our vision.
 - b. The Facility Plan for Services (A.D. 134): This document describes the structures within which the mission of the hospital is accomplished. It describes the current clinical and demographic characteristics of the Individuals and their needs, the programs and services designed to meet those needs and the human resources provided to implement those programs and services.
 - c. Performance Improvement Program (A.D. 138): This directive describes the ongoing process to 1) evaluate how well the services described in the Facility Plan for Services accomplish the mission; and 2) make improvements in the delivery of services which move us toward our vision.
 - d. The Annual Hospital Budget: Funding sufficient to operate the hospital is derived from the State of California's General Fund via the Department of Mental Health. The Annual Spending Plan for CSH is approved by the Executive Director with due consideration for available resources. It reflects the fiscal support for programs, departments, services, staff and physical structure necessary to fulfill the mission and support continuous improvements. Through both immediate allocation account adjustments by the Hospital Administrator and the longer-term Budget Change Proposal process, it is responsive to the changing needs of Individuals and customers as identified in ongoing and annual evaluation processes.

2. Together the four documents as described above shall provide the overall direction for hospital operations and a basis for making day-to-day organizational decisions.
3. Oversight for the strategic planning process is delegated to the Quality Council (refer to A.D. 138). Details of the annual strategic planning, review and revision process shall be described in the Performance Improvement Program.



W. T. VOSS
Executive Director

Cross Reference(s):

A.D. No. 134 - Facility Plan for Services

A.D. No. 138 - Performance Improvement Program