

SECTION - ADMINISTRATION
ADMINISTRATIVE DIRECTIVE NO. 136
(Replaced AD 136 dated 11/10/2005)

Effective Date: October 5, 2006

SUBJECT: RESIDENTIAL RECOVERY UNITS

I. PURPOSE

The purpose of the Residential Recovery Unit (RRU) is to house the SVP (W&I 6600) committed persons on a unit where the individuals do not require acute or intermediate care licensed housing.

II. AUTHORITY

Welfare and Institutions Code, Section 6600 – 6606 et. Seq.

III. POLICY

It is the Policy of Coalinga State Hospital (CSH) to ensure that the placement of Individuals to the RRU units conforms to all legal and hospital policies.

IV. METHOD

A. Residential Recovery Unit Description

1. Each unit is comprised of individual patient rooms and/or dormitories with provision for privacy, storage of personal effects, and personal hygiene facilities. A patient day room is provided for socializing, table games, reading, and television. Each unit has group and rehabilitation therapy rooms. A unit office is centrally located on each unit, and each unit has a Doctor's exam room. Contiguous to each unit are two courtyards for outdoor activities. All units are equipped with a quiet activity room for socializing, reading, writing and table games, without the distraction of the television. In addition, each unit has a staff conference room, a staff lounge, and office space for professional staff. Each Unit has the design capacity to house up to 50 Individuals.
2. Space outside the unit is available for specific activities and services including: central courtyard for personal activities; gymnasium; arts and crafts center; music listening and practice rooms; dining facilities; canteen; chapels and religious service areas; large meeting room for entertainment events; a school and substance abuse service areas for educational and psycho educational services; library; vocational instruction and work experience areas; a barber shop, and medical and clinical assessment centers .

B. Entry considerations for Individuals to be housed on a RRU.

In placing an individual on a Residential Recovery Unit, the Coalinga State Hospital Administration and Clinical Services shall take into consideration the unique characteristics, individual needs, and choices of the person committed under WIC 6600 et seq, including whether or not a person needs antipsychotic medications, whether or not a person has physical medical conditions, and whether or not a person chooses to participate in a specified course of offender treatment. CSH will develop, implement, and continue monitoring the effective application of these considerations. Placements are based on the following:

1. The safety and security of staff and Individuals;
2. Each Individuals' need for Medical and Psychiatric services;
3. Each Individuals independent living ability.

C. Staffing/Administration.

1. Staff assigned to the RRU are a combination of Senior Psychiatric Technicians and Hospital Police Officers.
2. Administration of these units is accomplished through the collaboration the Program Director and the Chief of Police Services.

D. Wellness and Recovery Program:

1. CSH uses a wellness and recovery model that is defined by its person-centered attitudes, beliefs, and actions. There are various definitions of recovery offered by mental health professionals, family members and individuals within the mental health community. At CSH, the delivery of active treatment interventions consistent with a recovery model is provided using a collaborative team approach. Each Wellness and Recovery (WR) Team is comprised of the individual served and members from the following disciplines: medicine, psychiatry, psychology, social work, rehabilitation therapy, and nursing, as indicated by an Individual needs. The WR Team is responsible for developing the Individual's Wellness and Recovery Plan and when necessary securing consultations from other internal and external care providers to meet the needs of the Individual served.
2. The WR Team shall meet with each Individual who has chosen not to participate in a specific course of offender treatment during monthly treatment planning conferences. At these conferences, the department shall explain treatment options available to the Individual, offer and re-offer treatment to the Individual, seek to obtain the Individual's cooperation in the recommended treatment options, and document these steps in the

Individual's health record. The fact that an Individual has chosen not to participate in treatment in the past shall not establish that the Individual continues to choose not to participate.



W. T. VOSS
Executive Director

Cross Reference:

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