

CARF Accreditation Report
for
Guam Behavioral Health and
Wellness Center

Three-Year Accreditation



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About CARF

CARF is an independent, nonprofit accreditor of health and human services, enhancing the lives of persons served worldwide.

The accreditation process applies CARF's internationally recognized standards during a site survey conducted by peer surveyors. Accreditation, however, is an ongoing process that distinguishes a provider's service delivery and signals to the public that the provider is committed to continuous performance improvement, responsive to feedback, and accountable to the community and its other stakeholders.

CARF accreditation promotes providers' demonstration of value and Quality Across the Lifespan® of millions of persons served through application of rigorous organizational and program standards organized around the ASPIRE to Excellence® continuous quality improvement framework. CARF accreditation has been the recognized benchmark of quality health and human services for more than 50 years.

For more information or to contact CARF, please visit www.carf.org/contact-us.

Organization

Guam Behavioral Health and Wellness Center
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Tamuning, GU 96913

Organizational Leadership

Carissa Pangelinan, MPA, Deputy Director
Luisa Tenorio, Technical Assistant Coordination
Theresa C. Arriola, MBA, Director

Survey Number

169695

Survey Date(s)

February 19, 2024–February 21, 2024

Surveyor(s)

Barbara S. Dorsett, EdD, LPC, NCC, Administrative
Anju Verma, Program
Roberta L. Taliaferro, MS, MA, Program

Program(s)/Service(s) Surveyed

Crisis Programs - Crisis Intervention: Mental Health (Adults)
Crisis Programs - Crisis Intervention: Mental Health (Children and Adolescents)
Crisis Programs - Crisis Stabilization: Mental Health (Adults)
Crisis Programs - Crisis Stabilization: Mental Health (Children and Adolescents)
Intensive Outpatient Treatment: Substance Use Disorders/Addictions (Adults)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)
Outpatient Treatment: Substance Use Disorders/Addictions (Adults)
Prevention: Family Services (Adults)
Residential Treatment: Mental Health (Adults)

Previous Survey

June 7, 2021–June 9, 2021
Three-Year Accreditation

Accreditation Decision

Three-Year Accreditation
Expiration: June 30, 2026

Executive Summary

This report contains the findings of CARF’s site survey of Guam Behavioral Health and Wellness Center conducted February 19, 2024–February 21, 2024. This report includes the following information:

- Documentation of the accreditation decision and the basis for the decision as determined by CARF’s consideration of the survey findings.
- Identification of the specific program(s)/service(s) and location(s) to which this accreditation decision applies.
- Identification of the CARF surveyor(s) who conducted the survey and an overview of the CARF survey process and how conformance to the standards was determined.
- Feedback on the organization’s strengths and recognition of any areas where the organization demonstrated exemplary conformance to the standards.
- Documentation of the specific sections of the CARF standards that were applied on the survey.
- Recommendations for improvement in any areas where the organization did not meet the minimum requirements to demonstrate full conformance to the standards.
- Any consultative suggestions documented by the surveyor(s) to help the organization improve its program(s)/service(s) and business operations.

Accreditation Decision

On balance, Guam Behavioral Health and Wellness Center demonstrated substantial conformance to the standards. Guam Behavioral Health and Wellness Center (GBHWC) provides an array of much needed and well-regarded behavioral health services on Guam to adults, children, and adolescents with mental health disorders and substance use disorders. The organization proactively develops relationships and collaborates with other organizations and entities for the betterment of its clients. It demonstrates good corporate citizenship, and it is considered a key member of the community’s continuum of care. Leadership takes a highly focused and hands-on approach to the guidance of GBHWC’s service delivery practices and business functions. Staff members, many of whom have long tenure with the organization, carry out their work with creativity and foster a familylike service culture. Clients and other stakeholders listed professionalism, quality care, client advocacy, and commitment as strengths of GBHWC. Clients are benefiting from the services they receive. Clients, other stakeholders, and community members praised and expressed satisfaction with the organization and its services and staff members. The leadership team embraced the CARF accreditation process. It strives to interweave the standards in its service delivery practices and business functions. Leadership and staff members diligently prepared for this survey. There are scattered opportunities for improvement related to the strategic plan, input from clients and other stakeholders, policies and procedures regarding records and workforce development and management, the risk management plan, health and safety, completion of an analysis of all formal complaints, documentation regarding requests for reasonable accommodations, performance measurement and management, and performance improvement. There are also opportunities for improvement in program/service structure, person-centered planning, medication use, records of the clients, and crisis programs. Leadership and staff members were receptive to the consultation provided.

Guam Behavioral Health and Wellness Center appears likely to maintain and/or improve its current method of operation and demonstrates a commitment to ongoing quality improvement. Guam Behavioral Health and Wellness Center is required to submit a post-survey Quality Improvement Plan (QIP) to CARF that addresses all recommendations identified in this report.

Guam Behavioral Health and Wellness Center has earned a Three-Year Accreditation. The leadership team and staff are complimented and congratulated for this achievement. In order to maintain this accreditation, throughout the term of accreditation, the organization is required to:

- Submit annual reporting documents and other required information to CARF, as detailed in the Accreditation Policies and Procedures section in the standards manual.
- Maintain ongoing conformance to CARF's standards, satisfy all accreditation conditions, and comply with all accreditation policies and procedures, as they are published and made effective by CARF.

Survey Details

Survey Participants

The survey of Guam Behavioral Health and Wellness Center was conducted by the following CARF surveyor(s):

- Barbara S. Dorsett, EdD, LPC, NCC, Administrative
- Anju Verma, Program
- Roberta L. Taliaferro, MS, MA, Program

CARF considers the involvement of persons served to be vital to the survey process. As part of the accreditation survey for all organizations, CARF surveyors interact with and conduct direct, confidential interviews with consenting current and former persons served in the program(s)/service(s) for which the organization is seeking accreditation. In addition, as applicable and available, interviews may be conducted with family members and/or representatives of the persons served such as guardians, advocates, or members of their support system.

Interviews are also conducted with individuals associated with the organization, as applicable, which may include:

- The organization's leadership, such as board members, executives, owners, and managers.
- Business unit resources, such as finance and human resources.
- Personnel who serve and directly interact with persons served in the program(s)/service(s) for which the organization is seeking accreditation.
- Other stakeholders, such as referral sources, payers, insurers, and fiscal intermediaries.
- Community constituents and governmental representatives.

Survey Activities

Achieving CARF accreditation involves demonstrating conformance to the applicable CARF standards, evidenced through observable practices, verifiable results over time, and comprehensive supporting documentation. The survey of Guam Behavioral Health and Wellness Center and its program(s)/service(s) consisted of the following activities:

- Confidential interviews and direct interactions, as outlined in the previous section.
- Direct observation of the organization's operations and service delivery practices.
- Observation of the organization's location(s) where services are delivered.
- Review of organizational documents, which may include policies; plans; written procedures; promotional materials; governing documents, such as articles of incorporation and bylaws; financial statements; and other documents necessary to determine conformance to standards.

- Review of documents related to program/service design, delivery, outcomes, and improvement, such as program descriptions, records of services provided, documentation of reviews of program resources and services conducted, and program evaluations.
- Review of records of current and former persons served.

Program(s)/Service(s) Surveyed

The survey addressed by this report is specific to the following program(s)/service(s):

- Crisis Programs - Crisis Intervention: Mental Health (Adults)
- Crisis Programs - Crisis Intervention: Mental Health (Children and Adolescents)
- Crisis Programs - Crisis Stabilization: Mental Health (Adults)
- Crisis Programs - Crisis Stabilization: Mental Health (Children and Adolescents)
- Intensive Outpatient Treatment: Substance Use Disorders/Addictions (Adults)
- Outpatient Treatment: Mental Health (Adults)
- Outpatient Treatment: Mental Health (Children and Adolescents)
- Outpatient Treatment: Substance Use Disorders/Addictions (Adults)
- Prevention: Family Services (Adults)
- Residential Treatment: Mental Health (Adults)

A list of the organization's accredited program(s)/service(s) by location is included at the end of this report.

Representations and Constraints

The accreditation decision and survey findings contained in this report are based on an on-balance consideration of the information obtained by the surveyor(s) during the site survey. Any information that was unavailable, not presented, or outside the scope of the survey was not considered and, had it been considered, may have affected the contents of this report. If at any time CARF subsequently learns or has reason to believe that the organization did not participate in the accreditation process in good faith or that any information presented was not accurate, truthful, or complete, CARF may modify the accreditation decision, up to and including revocation of accreditation.

Survey Findings

This report provides a summary of the organization's strengths and identifies the sections of the CARF standards that were applied on the survey and the findings in each area. In conjunction with its evaluation of conformance to the specific program/service standards, CARF assessed conformance to its business practice standards, referred to as Section 1. ASPIRE to Excellence, which are designed to support the delivery of the program(s)/service(s) within a sound business operating framework to promote long-term success.

The specific standards applied from each section vary based on a variety of factors, including, but not limited to, the scope(s) of the program(s)/service(s), population(s) served, location(s), methods of service delivery, and survey type. Information about the specific standards applied on each survey is included in the standards manual and other instructions that may be provided by CARF.

Areas of Strength

CARF found that Guam Behavioral Health and Wellness Center demonstrated the following strengths:

- The facilities of GBHWC are bright, clean, and decorated in a manner that reflects the organization's recognition of the importance of fostering an environment in which clients, staff members, and other stakeholders feel comfortable, valued, and worthy.
- GBHWC is commended for its well-stated vision, mission, values, statements, and the culture it fosters, all of which support the organization's philosophy and overall goal to provide quality services and supports to its clients.
- The organization is attuned and responsive to community needs. When a need is identified, the organization proactively collaborates with other community service providers to address it.
- The experienced and respected director and deputy director of GBHWC lead the organization through a hands-on approach and strong commitment to provide high-quality services supported by effective and efficient business functions.
- Members of the leadership team are talented professionals with very diverse backgrounds. Mission driven and team focused, they guide the organization with energy, passion, a strong knowledge base, and a shared sense of collaboration.
- GBHWC is commended for the variety of outreach efforts it undertakes to recruit staff members who are gracious, competent, and professional. Staff members are dedicated to the clients, the organization's mission, and the provision of high-quality services. They display obvious pride in their programs and in the clients' progress. Their actions and words embody the value of the organization's programs, which are designed to inspire clients to thrive despite challenging life experiences.
- Leadership and staff members are recognized for their exceptional dedication to respond to clients' needs. This was particularly evident in the efforts to which they went to provide clients with emotional support as well as with food, water, and other types of physical support in the aftermath of last year's typhoon, despite the fact that many of their own homes were without power.
- GBHWC benefits from having a core cadre of staff members who possess long-term knowledge of the organization's programs and resources as well as the processes required to provide its programs and services. Caring, competent, and enthusiastic, they consistently demonstrate a sincere interest in and respect for the clients.
- Staff members listed creativity as one of their best traits. The examples they gave included using a creative and evidence-based approach to pursue grants based on identified community needs; the passionate conduct of outreach by the organization's prevention education and community empowerment (PEACE) branch; and partnering for Well Fest, Guam's Holistic Wellness experience, for a third consecutive year.
- The organization displays ongoing attention to ensuring that the impressive array of services it provides to its diverse client population are culturally appropriate. For example, the multiple and various backgrounds of staff members in the residential recovery program are a huge asset in enhancing the quality of services provided. Their diversity of experience, ethnicity, and background helps foster a culture in which clients feel cared for as though they are family members. Furthermore, program leadership and staff members take ownership of the residential services to ensure that they are provided with genuine care and empathy and that clients continually are empowered.
- GBHWC collects a wealth of data and conducts ongoing strategic planning to guide decision making with regard to opportunities for growth and ongoing performance improvement.
- The organization strives to utilize and continuously improve its use of technology to support and advance the effectiveness and efficiency of its service delivery practices and business functions.

- Guam’s suicide prevention hotline (988) is synonymous with GBHWC. As a result of intensive outreach efforts, the organization succeeded in creating major awareness in the community of how to access the crisis hotline. Its many achievements in this area include serving as an on-site hotline provider and actively participating in community events that feature floats bearing “988” signs to promote public awareness.
- GBHWC is well-known and highly respected in the communities it serves, where it collaborates with community partners to provide services in clients’ best interests. These qualities were evident in the many positive comments made by external stakeholders about the organization. They value their relationship with the organization and view it as a key partner in the community’s continuum of care. External stakeholders indicated that they appreciate the organization’s great leadership and staff members, and they expressed satisfaction with its high-caliber programming, person-centered services, networking and community involvement, the care and commitment shown to clients, the effectiveness of its ongoing communication practices, staff members’ responsiveness in addressing clients’ needs, and the outcomes it facilitates for clients.
- Clients spoke highly of the staff members who serve and support them, stating they would not be where they are without the staff members’ help. A client commented that they probably would not be alive were it not for the staff members of GBHWC.

Opportunities for Quality Improvement

The CARF survey process identifies opportunities for continuous improvement, a core concept of “aspiring to excellence.” This section of the report lists the sections of the CARF standards that were applied on the survey, including a description of the business practice area and/or the specific program(s)/service(s) surveyed and a summary of the key areas addressed in that section of the standards.

In this section of the report, a recommendation identifies any standard for which CARF determined that the organization did not meet the minimum requirements to demonstrate full conformance. All recommendations must be addressed in a QIP submitted to CARF.

In addition, consultation may be provided for areas of or specific standards where the surveyor(s) documented suggestions that the organization may consider to improve its business or service delivery practices. Note that consultation may be offered for areas of specific standards that do not have any recommendations. Such consultation does not indicate nonconformance to the standards; it is intended to offer ideas that the organization might find helpful in its ongoing quality improvement efforts. The organization is not required to address consultation.

When CARF surveyors visit an organization, their role is that of independent peer reviewers, and their goal is not only to gather and assess information to determine conformance to the standards, but also to engage in relevant and meaningful consultative dialogue. Not all consultation or suggestions discussed during the survey are noted in this report. The organization is encouraged to review any notes made during the survey and consider the consultation or suggestions that were discussed.

During the process of preparing for a CARF accreditation survey, an organization may conduct a detailed self-assessment and engage in deliberations and discussions within the organization as well as with external stakeholders as it considers ways to implement and use the standards to guide its quality improvement efforts. The organization is encouraged to review these discussions and deliberations as it considers ways to implement innovative changes and further advance its business and service delivery practices.

Section 1. ASPIRE to Excellence®

1.A. Leadership

Description

CARF-accredited organizations identify leadership that embraces the values of accountability and responsibility to the individual organization's stated mission. The leadership demonstrates corporate social responsibility.

Key Areas Addressed

- Leadership structure and responsibilities
- Person-centered philosophy
- Organizational guidance
- Leadership accessibility
- Cultural competency and diversity
- Corporate responsibility
- Organizational fundraising, if applicable

Recommendations

1.A.3.d.

1.A.3.1.

The identified leadership guides leadership structure and responsibilities in many areas. It is urged to consistently guide balancing the expectations of the clients and other stakeholders and health and safety.

1.A.6.a.(6)(b)

Corporate responsibility efforts should include written ethical codes of conduct in the area of service delivery, including personal fundraising.

1.A.7.b.

As an organization in the United States receiving federal funding, GBHWC is urged to demonstrate corporate compliance through implementation of written procedures that address exclusion of individuals and entities from federally funded healthcare programs.

1.C. Strategic Planning

Description

CARF-accredited organizations establish a foundation for success through strategic planning focused on taking advantage of strengths and opportunities and addressing weaknesses and threats.

Key Areas Addressed

- Environmental considerations
- Strategic plan development, implementation, and periodic review

Recommendations

1.C.1.a.

1.C.1.b.

The strategic planning of GBHWC considers expectations of clients and other stakeholders associated with some of its programs/services seeking accreditation. It is recommended that the organization's ongoing strategic planning comprehensively consider expectations of clients and other stakeholders.

1.D. Input from Persons Served and Other Stakeholders

Description

CARF-accredited organizations continually focus on the expectations of the persons served and other stakeholders. The standards in this subsection direct the organization's focus to soliciting, collecting, analyzing, and using input from all stakeholders to create services that meet or exceed the expectations of the persons served, the community, and other stakeholders.

Key Areas Addressed

- Collection of input from persons served, personnel, and other stakeholders
- Integration of input into business practices and planning

Recommendations

1.D.1.a.

1.D.1.b.(1)

1.D.1.b.(2)

1.D.1.b.(3)

1.D.1.c.

GBHWC uses satisfaction surveys to obtain input from clients, personnel, and other stakeholders from some of its programs/services seeking accreditation. However, it is urged to obtain comprehensive input on an ongoing basis from clients, personnel, and other stakeholders across all programs/services, using a variety of mechanisms.

1.D.2.a.

1.D.2.b.(1)

1.D.2.b.(2)

1.D.2.b.(3)

1.D.2.b.(4)

1.D.2.b.(5)

1.D.2.b.(6)

1.D.2.b.(7)

The leadership should comprehensively analyze the input obtained from stakeholders and use it in program planning, performance improvement, strategic planning, organizational advocacy, financial planning, resource planning, and workforce planning.

1.E. Legal Requirements

Description

CARF-accredited organizations comply with all legal and regulatory requirements.

Key Areas Addressed

- Compliance with obligations
- Response to legal action
- Confidentiality and security of records

Recommendations

1.E.3.a.

1.E.3.c.

It is recommended that GBHWC implement policies and written procedures that comprehensively address confidential administrative records and security of all records.

1.F. Financial Planning and Management

Description

CARF-accredited organizations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and performance objectives. Fiscal practices adhere to established accounting principles and business practices. Fiscal management covers daily operational cost management and incorporates plans for long-term solvency.

Key Areas Addressed

- Budgets
- Review of financial results and relevant factors
- Fiscal policies and procedures
- Reviews of bills for services and fee structures, if applicable
- Review/audit of financial statements
- Safeguarding funds of persons served, if applicable

Recommendations

There are no recommendations in this area.

1.G. Risk Management

Description

CARF-accredited organizations engage in a coordinated set of activities designed to control threats to their people, property, income, goodwill, and ability to accomplish goals.

Key Areas Addressed

- Risk management plan implementation and periodic review
- Adequate insurance coverage
- Media relations and social media procedures
- Reviews of contract services

Recommendations

1.G.1.a.(6)

The organization is urged to expand its risk management plan to include reporting results of actions taken to reduce risks.

1.H. Health and Safety

Description

CARF-accredited organizations maintain healthy, safe, and clean environments that support quality services and minimize risk of harm to persons served, personnel, and other stakeholders.

Key Areas Addressed

- Healthy and safe environment
- Competency-based training on health and safety procedures and practices
- Emergency and evacuation procedures
- Access to first aid and emergency information
- Critical incidents
- Infections and communicable diseases
- Health and safety inspections

Recommendations

1.H.7.a.(1)

1.H.7.a.(2)

1.H.7.b.

1.H.7.c.(1)

1.H.7.c.(2)

1.H.7.c.(3)

1.H.7.c.(4)

1.H.7.c.(5)

1.H.7.d.

GBHWC conducted unannounced tests of some of its emergency procedures at least annually. However, an unannounced test of each emergency procedure should consistently be conducted at least annually on each shift at each location that includes, as relevant to the emergency procedure, a complete actual or simulated physical evacuation drill. The test should consistently be analyzed for performance that addresses areas needing improvement, actions to address the improvements needed, implementation of the actions, necessary education and training of personnel, and whether the actions taken accomplished the intended results. It should comprehensively be evidenced in writing, including the analysis.

1.H.13.b.

When transportation is provided for clients, it is recommended that there be evidence of regular review of driving records of all drivers.

1.H.14.a.

1.H.14.b.(1)

1.H.14.b.(2)

1.H.14.b.(3)

Although GBHWC conducted comprehensive health and safety self-inspections, it did not conduct them at least semiannually and, when applicable, on each shift. Comprehensive health and safety self-inspections should consistently be conducted at least semiannually on each shift and result in a written report that identifies the areas inspected, recommendations for areas needing improvement, and actions taken to respond to the recommendations.

1.H.15.a.(1)

1.H.15.a.(2)

1.H.15.b.(1)

1.H.15.b.(2)

1.H.15.b.(3)

Comprehensive health and safety inspections were conducted at least annually at the organization's locations that have a fire sprinkler and/or fire panels, but were not conducted at its other locations. However, comprehensive health and safety inspections should consistently be conducted at least annually by a qualified external authority and result in a report that identifies the areas inspected, recommendations for areas needing improvement, and actions taken to respond to the recommendations.

Consultation

- The education and training plan for personnel appears to be aligned with the education and training topics set forth in the business function and service delivery sections of CARF's Behavioral Health Standards Manual. However, documentation of the training was scattered, making it challenging to determine whether each staff member had completed all training at orientation and at least annually in all areas. It is suggested that GBHWC implement a more efficient and effective method for tracking the completion of all required training by each staff member. This might be accomplished by utilizing commercially available software.
- GBHWC is encouraged to create and implement a more efficient method for maintaining evidence of the first aid expertise of all staff members, as included in their personnel files, to ensure there is ready access to first aid expertise of personnel who are trained and certified.

1.I. Workforce Development and Management

Description

CARF-accredited organizations demonstrate that they value their human resources and focus on aligning and linking human resources processes, procedures, and initiatives with the strategic objectives of the organization. Organizational effectiveness depends on the organization's ability to develop and manage the knowledge, skills, abilities, and behavioral expectations of its workforce. The organization describes its workforce, which is often composed of a diverse blend of human resources. Effective workforce development and management promote engagement and organizational sustainability and foster an environment that promotes the provision of services that center on enhancing the lives of persons served.

Key Areas Addressed

- Composition of workforce
- Ongoing workforce planning
- Verification of backgrounds/credentials/fitness for duty
- Workforce engagement and development
- Performance appraisals
- Succession planning

Recommendations

1.I.4.a.(1)(f)

GBHWC is urged to expand its written procedures to address verification of backgrounds of the workforce in the area of driving records, if required.

1.I.6.d.(1)(h)

It is recommended that GBHWC promote engagement through respect for all individuals in the workforce, including policies and written procedures that address prevention of harassment.

1.J. Technology

Description

Guided by leadership and a shared vision, CARF-accredited organizations are committed to exploring and, within their resources, acquiring and implementing technology systems and solutions that will support and enhance:

- Business processes and practices.
- Privacy and security of protected information.
- Service delivery.
- Performance management and improvement.
- Satisfaction of persons served, personnel, and other stakeholders.

Key Areas Addressed

- Ongoing assessment of technology and data use, including input from stakeholders
- Technology and system plan implementation and periodic review
- Technology policies and procedures

Recommendations

There are no recommendations in this area.

1.K. Rights of Persons Served

Description

CARF-accredited organizations protect and promote the rights of all persons served. This commitment guides the delivery of services and ongoing interactions with the persons served.

Key Areas Addressed

- Policies that promote rights of persons served
- Communication of rights to persons served
- Formal complaints by persons served

Recommendations

1.K.3.c.

The organization is urged to document formal complaints received.

1.K.4.a.

1.K.4.b.(1)

An analysis of all formal complaints should be conducted at least annually and be documented, including whether formal complaints were received.

1.L. Accessibility

Description

CARF-accredited organizations promote accessibility and the removal of barriers for the persons served and other stakeholders.

Key Areas Addressed

- Assessment of accessibility needs and identification of barriers
- Accessibility plan implementation and periodic review
- Requests for reasonable accommodations

Recommendations

- 1.L.3.a.
- 1.L.3.b.
- 1.L.3.c.
- 1.L.3.d.

It is recommended that requests for reasonable accommodations be identified, reviewed, decided upon, and documented.

1.M. Performance Measurement and Management

Description

CARF-accredited organizations demonstrate a culture of accountability by developing and implementing performance measurement and management plans that produce information an organization can act on to improve results for the persons served, other stakeholders, and the organization itself.

The foundation for successful performance measurement and management includes:

- Leadership accountability and support.
- Mission-driven measurement.
- A focus on results achieved for the persons served.
- Meaningful engagement of stakeholders.
- An understanding of extenuating and influencing factors that may impact performance.
- A workforce that is knowledgeable about and engaged in performance measurement and management.
- An investment in resources to implement performance measurement and management.
- Measurement and management of business functions to sustain and enhance the organization.

Key Areas Addressed

- Leadership accountability for performance measurement and management
- Identification of gaps and opportunities related to performance measurement and management
- Input from stakeholders
- Performance measurement and management plan
- Identification of objectives and performance indicators for service delivery
- Identification of objectives and performance indicators for priority business functions
- Personnel training on performance measurement and management

Recommendations

- 1.M.2.a.(1)
- 1.M.2.a.(2)
- 1.M.2.a.(3)

GBHWC should identify gaps and opportunities in preparation for the development or review of a performance measurement and management plan, including comprehensive consideration of input from clients, personnel, and other stakeholders.

1.M.3.a.(2)(b)

1.M.3.a.(2)(c)

The performance measurement and management plan implemented by GBHWC should consistently address, for each program/service seeking accreditation, identification of measures for service delivery objectives, including, at a minimum experience of services received and other feedback from the clients and experience of services and other feedback from other stakeholders.

1.N. Performance Improvement

Description

CARF-accredited organizations demonstrate a culture of performance improvement through their commitment to proactive and ongoing review, analysis, reflection on their results in both service delivery and business functions, and transparency. The results of performance analysis are used to identify and implement data-driven actions to improve the quality of programs and services and to inform decision making. Performance information that is accurate and understandable to the target audience is shared with persons served, personnel, and other stakeholders in accordance with their interests and needs.

Key Areas Addressed

- Analysis of service delivery performance
- Analysis of business function performance
- Identification of areas needing performance improvement
- Implementation of action plans
- Use of performance information to improve program/service quality and make decisions
- Communication of performance information

Recommendations

1.N.1.c.(2)

1.N.1.c.(3)

It is recommended that the analysis of service delivery performance consistently address service delivery indicators for each program/service seeking accreditation, including, at a minimum experience of services received and other feedback from the clients and experience of services and other feedback from other stakeholders.

Section 2. General Program Standards

Description

For an organization to achieve quality services, the persons served are active participants in the planning, prioritization, implementation, and ongoing evaluation of the services offered. A commitment to quality and the involvement of the persons served span the entire time that the persons served are involved with the organization. The service planning process is individualized, establishing goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the persons served. The persons served have the opportunity to transition easily through a system of care.

2.A. Program/Service Structure

Description

A fundamental responsibility of the organization is to provide a comprehensive program structure. The staffing is designed to maximize opportunities for the persons served to obtain and participate in the services provided.

Key Areas Addressed

- Written program plan
- Crisis intervention provided
- Medical consultation
- Services relevant to diversity
- Assistance with advocacy and support groups
- Team composition/duties
- Relevant education
- Clinical supervision
- Family participation encouraged

Recommendations

2.A.1.c.

2.A.1.d.

It is recommended that each program/service consistently review the scope of services at least annually and update it as necessary. To address this area, the organization formed a committee that meets on a weekly basis to review the organization's policies and to ensure that they are reviewed at least annually going forward.

2.A.26.b.(4)

Ongoing supervision of clinical or direct service personnel should address risk factors for suicide and other dangerous behaviors. This element could easily be added to the organization's supervision form.

2.A.27.a.(2)(b)

The program is urged to implement policies and procedures that address the handling of items brought into the program, including legal drugs. It is suggested that the policies and procedures developed include cannabis and a method for its disposal in the event that the client refuses to take it back after relinquishing it.

2.A.32.c.(1)(e)

It is recommended that peer support specialists receive documented competency-based training that includes initial training on the effective use of sharing life experiences.

2.B. Screening and Access to Services

Description

The process of screening and assessment is designed to determine a person's eligibility for services and the organization's ability to provide those services. A person-centered assessment process helps to maximize opportunities for the persons served to gain access to the organization's programs and services. Each person served is actively involved in, and has a significant role in, the assessment process. Assessments are conducted in a manner that identifies the historical and current information of the person served as well as the person's strengths, needs, abilities, and preferences. Assessment data may be gathered through various means, including face-to-face contact, telehealth, or written material, and from various sources, including the person served, family, or significant others, or from external resources.

Key Areas Addressed

- Screening process described in policies and procedures
- Ineligibility for services
- Admission criteria
- Orientation information provided regarding rights, grievances, services, fees, etc.
- Waiting list
- Primary and ongoing assessments
- Reassessments

Recommendations

2.B.8.d.(1)(b)

2.B.8.d.(3)

It is recommended that the orientation received by each client consistently include, as applicable an explanation of complaint and appeal procedures. Orientation should also include, as applicable education regarding advance directives, when indicated.

2.B.12.g.

The assessment process should collect information regarding advance directives, when applicable.

2.B.13.h.(2)

2.B.13.n.(1)(b)

2.B.13.n.(2)(b)

It is recommended that the assessment process gather and record sufficient information to develop a comprehensive person-centered plan for each client, including information about the client's medication, including efficacy of current and/or previously used medication. The information should also consistently include history of trauma that is witnessed, including neglect.

2.C. Person-Centered Planning

Description

Each person served is actively involved in and has a significant role in the person-centered planning process and determining the direction of the plan. The person-centered plan contains goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the person served, as well as identified challenges and potential solutions. The planning process is person-directed and person-centered. The person-centered plan may also be referred to as an individual service plan, treatment plan, or plan of care. In a family-centered program, the plan may be for the family and identified as a family-centered plan.

Key Areas Addressed

- Person-centered planning process
- Co-occurring disabilities/disorders
- Person-centered goals and objectives
- Designated person coordinates services

Recommendations

2.C.2.a.(1)(a)

It is recommended that documentation of the person-centered planning process consistently include the identification of the needs/desires of the client through goals that are expressed in the words of the client. This practice was inconsistent across programs.

2.C.4.d.(5)

When assessment identifies a potential risk for suicide, violence, or other risky behaviors, the safety plan completed should include advance directives, when available.

2.C.6.b.(1)

2.C.6.b.(2)

It is recommended that progress notes consistently be signed and dated.

2.D. Transition/Discharge

Description

Transition, continuing care, or discharge planning assists the persons served to move from one level of care to another within the organization or to obtain services that are needed but are not available within the organization. The transition process is planned with the active participation of each person served. Transition may include planned discharge, placement on inactive status, movement to a different level of service or intensity of contact, or a re-entry program in a criminal justice system.

The transition plan is a document developed with and for the person served and other interested participants to guide the person served in activities following transition/discharge to support the gains made during program participation. It is prepared with the active participation of the person served when transitioning to another level of care, after-care program, or community-based services. The transition plan is meant to be a plan that the person served uses to identify the support that is needed to prevent a recurrence of symptoms or reduction in functioning. It is expected that the person served receives a copy of the transition plan.

A discharge summary is a clinical document written by the program personnel who are involved in the services provided to the person served and is completed when the person leaves the organization (planned or unplanned). It is a document that is intended for the record of the person served and released, with appropriate authorization, to describe the course of services that the organization provided and the response by the person served.

Just as the assessment is critical to the success of treatment, the transition services are critical for the support of the individual's ongoing recovery or well-being. The organization proactively attempts to connect the persons served with the receiving service provider and contact the persons served after formal transition or discharge to gather needed information related to their post-discharge status. Discharge information is reviewed to determine the effectiveness of its services and whether additional services were needed.

Transition planning may be included as part of the person-centered plan. The transition plan and/or discharge summary may be a combined document or part of the plan for the person served as long as it is clear whether the information relates to transition or pre-discharge planning or identifies the person's discharge or departure from the program.

Key Areas Addressed

- Referral or transition to other services
- Active participation of persons served
- Transition planning at earliest point
- Unplanned discharge referrals
- Plan addresses strengths, needs, abilities, preferences
- Follow-up for persons discharged for aggressiveness

Recommendations

There are no recommendations in this area.

2.E. Medication Use

Description

Medication use is the practice of controlling, administering, and/or prescribing medications to persons served in response to specific symptoms, behaviors, or conditions for which the use of medications is indicated and deemed efficacious. The use of medication is one component of treatment directed toward maximizing the functioning of the persons served while reducing their specific symptoms. Prior to the use of medications, other therapeutic interventions should be considered, except in circumstances that call for a more urgent intervention.

Medication use includes all prescribed medications, whether or not the program is involved in prescribing, and may include over-the-counter or alternative medications. Alternative medications can include herbal or mineral supplements, vitamins, homeopathic remedies, hormone therapy, or culturally specific treatments.

Medication control is identified as the process of physically controlling, storing, transporting, and disposing of medications, including those self-administered by the person served.

Medication administration is the preparing and giving of prescription and nonprescription medications by authorized and trained personnel to the person served. Self-administration is the application of a medication (whether by oral ingestion, injection, inhalation, or other means) by the person served to the individual's own body. This may include the program storing the medication for the person served, personnel handing the bottle or prepackaged medication dose to the person served, instructing or verbally prompting the person served to take the medication, coaching the person served through the steps to ensure proper adherence, and/or closely observing the person served self-administering the medication.

Prescribing is the result of an evaluation that determines if there is a need for medication and what medication is to be used in the treatment of the person served. Prior to providing a prescription for medication, the prescriber obtains the informed consent of the individual authorized to consent to treatment and, if applicable, the assent of the person served. Prescription orders may be verbal or written and detail what medication should be given to whom, in what formulation and dose, by what route, when, how frequently, and for what length of time.

Key Areas Addressed

- Scope of medication services provided by the program(s) seeking accreditation
- Education and training provided to direct service personnel at orientation and at least annually
- Education and training provided to persons served, family members, and others identified by the persons served, in accordance with identified needs
- Written procedures that address medication control, administration, and/or prescribing, as applicable to the program
- Use of treatment guidelines and protocols to promote prescribing consistent with standards of care, if applicable to the program
- Peer review of prescribing practices, if applicable to the program

Recommendations

2.E.8.a.(1)

2.E.8.a.(2)

2.E.8.a.(3)

2.E.8.a.(4)(a)

2.E.8.a.(4)(b)

2.E.8.a.(4)(c)

2.E.8.a.(4)(d)

2.E.8.a.(4)(e)

2.E.8.a.(5)(a)(i)

2.E.8.a.(5)(a)(ii)

2.E.8.a.(5)(a)(iii)

2.E.8.a.(5)(b)

2.E.8.a.(5)(c)(i)

2.E.8.a.(5)(c)(ii)

2.E.8.b.(1)

2.E.8.b.(2)

2.E.8.b.(3)

In a program that provides prescribing of medications, a documented peer review should consistently be conducted at least annually by a qualified professional licensed to prescribe or a pharmacist, on the records of a representative sample of clients for whom prescriptions were provided, to assess the appropriateness of each medication, as determined by the needs and preferences of the client, the condition for which the medication is prescribed, dosage, periodic reevaluation of continued use related to the primary condition being treated, and the efficacy of the medication. The review conducted should consistently determine whether contraindications, side effects, and adverse reactions were identified and, if needed, addressed; necessary monitoring protocols were implemented; and there was simultaneous use of multiple medications, including polypharmacy and copharmacy. Information collected from the peer review process should consistently be reported to appropriate personnel, used to improve the quality of services provided, and incorporated into the performance measurement and management system.

2.F. Promoting Nonviolent Practices

Description

CARF-accredited programs strive to create learning environments for the persons served and to support the development of skills that build and strengthen resiliency and well-being. The establishment of quality relationships between personnel and the persons served provides the foundation for a safe and nurturing environment. Providers are mindful of creating an environment that cultivates:

- Engagement.
- Partnership.
- Holistic approaches.
- Nurturance.
- Respect.
- Hope.
- Self-direction.

It is recognized that persons served may require support to fully benefit from their services. This may include, but is not limited to, praise and encouragement, verbal prompts, written expectations, clarity of rules and expectations, or environmental supports.

Even with support, there are times when persons served may demonstrate signs of fear, anger, or pain that could lead to unsafe behaviors. Personnel are trained to recognize and respond to these behaviors through various interventions, such as changes to the physical environment, sensory-based calming strategies, engagement in meaningful activities, redirection, active listening, approaches that have been effective for the individual in the past, etc. When these interventions are not effective in de-escalating a situation and there is imminent risk to the person served or others, seclusion or restraint may be used to ensure safety. Seclusion and restraint are never considered treatment interventions; they are always considered actions of last resort.

As the use of seclusion or restraint creates potential physical and psychological risks to the persons subject to the interventions, to the personnel who administer them, and to those who witness the practice, an organization that utilizes seclusion or restraint should have the elimination thereof as its goal.

Seclusion refers to restriction of the person served to a segregated room or space with the person's freedom to leave physically restricted. Voluntary time out is not considered seclusion, even though the voluntary time out may occur in response to verbal direction; the person served is considered in seclusion only if freedom to leave the segregated room or space is denied.

Restraint is the use of physical force or mechanical means to temporarily limit a person's freedom of movement; chemical restraint is the involuntary emergency administration of medication as an immediate response to a dangerous behavior. The following are not considered restraints for the purposes of this section of standards:

- Assistive devices used for persons with physical or medical needs.
 - Briefly holding a person served, without undue force, for the purpose of comforting the individual or to prevent self-injurious behavior or injury to others.
 - Holding a person's hand or arm to safely guide the individual from one area to another or away from another person.
 - Security doors designed to prevent elopement or wandering.
 - Security measures for forensic purposes, such as the use of handcuffs instituted by law enforcement personnel.
- When permissible, consideration is given to removal of physical restraints while the person is receiving services in the behavioral healthcare setting.
- In a correctional setting, the use of seclusion or restraint for purposes of security.

Seclusion or restraint by trained and competent personnel is used only when other, less restrictive measures have been ineffective to protect the person served or others from unsafe behavior. Peer restraint is not an acceptable alternative to restraint by personnel. Seclusion or restraint is not used as a means of coercion, discipline, convenience, or retaliation or in lieu of adequate programming or staffing.

Key Areas Addressed

- Policy addressing how the program will respond to unsafe behaviors of persons served
- Competency-based training for direct service personnel on the prevention of unsafe behaviors
- Policies on the program's use of seclusion and restraint, if applicable
- Competency-based training for personnel involved in the direct administration of seclusion and restraint, if applicable
- Plan for elimination of the use of seclusion and restraint, if applicable
- Policies and written procedures regarding orders for and the use of seclusion and restraint, if applicable
- Review and analysis of the use of seclusion and restraint, if applicable
- Documentation
- Risk assessment

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that all staff be educated in terms of whether seclusion and restraint is used. Staff were unclear and provided contradictory information.

2.G. Records of the Persons Served

Description

A complete and accurate record is developed to ensure that all appropriate individuals have access to relevant clinical and other information regarding each person served.

Key Areas Addressed

- Confidentiality
- Timeframes for entries to records
- Individual record requirements
- Duplicate records

Recommendations

2.G.2.a.

2.G.2.b.

2.G.2.c.

2.G.2.d.

2.G.2.e.

It is recommended that the individual record consistently communicate information in a manner that is organized, clear, complete, current, and legible.

2.G.4.e.

The individual record should consistently include the location of any other records, if applicable.

Consultation

- It is suggested that although the organization uses an electronic health record (EHR) presently, it appears that it is not user friendly, as storage is compromised on this present system. As a result of this, the client records have been in several different locations, such as in paper charts as well as saved online. A suggestion to consider a more sophisticated EHR was presented to the organization, which could help organize all documents in one central place and move the organization into a system of completely embracing paperless documentation.

2.H. Quality Records Management

Description

The organization implements systems and procedures that provide for the ongoing monitoring of the quality, appropriateness, and utilization of the services provided. This is largely accomplished through a systematic review of the records of the persons served. The review assists the organization in improving the quality of services provided to each person served.

Key Areas Addressed

- Quarterly professional review
- Review current and closed records
- Items addressed in quarterly review
- Use of information to improve quality of services

Recommendations

There are no recommendations in this area.

2.I. Service Delivery Using Information and Communication Technologies

Description

Depending on the type of program, a variety of terminology may be used to describe the use of information and communication technologies to deliver services; e.g., telepractice, telehealth, telemental health, telerehabilitation, telespeech, etc. Based on the individual plan for the person served, the use of information and communication technologies allows providers to see, hear, and/or interact with persons served, family/support system members, and other providers in or from remote settings (i.e., the person served and provider are not in the same physical location).

The provision of services via information and communication technologies may:

- Include services such as assessment, individual planning, monitoring, prevention, intervention, team and family conferencing, transition planning, follow-up, supervision, education, consultation, and counseling.
- Involve a variety of providers such as case managers/service coordinators, social workers, psychologists, speech-language pathologists, occupational therapists, physical therapists, physicians, nurses, dietitians, employment specialists, direct support professionals, peer support specialists, rehabilitation engineers, assistive technologists, teachers, and other personnel providing services and/or supports to persons served.
- Encompass settings such as:
 - Hospitals, clinics, professional offices, and other organization-based settings.
 - Schools, work sites, libraries, community centers, and other community settings.
 - Congregate living, individual homes, and other residential settings.
- Be provided via fully virtual platforms.

The use of technology for strictly informational purposes, such as having a website that provides information about the programs and services available or the use of self-directed apps, is not considered providing services via the use of information and communication technologies.

Key Areas Addressed

- Written procedures for the use of information and communication technologies (ICT) in service delivery
- Personnel training on how to deliver services via ICT and the equipment used
- Instruction and training for persons served, family/support system members, and others.
- Provision of information related to ICT
- Maintenance of ICT equipment
- Emergency procedures that address unique aspects of service delivery via ICT
- Scope of ICT services

Recommendations

There are no recommendations in this area.

Section 3. Core Treatment Program Standards

Description

The standards in this section address the unique characteristics of each type of core program area. Behavioral health programs are organized and designed to provide services for persons who have or who are at risk of having psychiatric disorders, harmful involvement with alcohol or other drugs, or other addictions or who have other behavioral health needs. Through a team approach, and with the active and ongoing participation of the persons served, the overall goal of each program is to improve the quality of life and the functional abilities of the persons served. Each program selected for accreditation demonstrates cultural competency and relevance. Family members and significant others are involved in the programs of the persons served as appropriate and to the extent possible.

3.E. Crisis Programs

Description

Crisis programs include a continuum of services designed to rapidly respond to the needs of persons experiencing acute emotional, mental health, and/or substance use crises in order to keep them safe, seek to resolve the crisis, and maintain community tenure. Crisis response, depending on the immediate needs and preferences of the persons served, may be managed through a crisis contact center, a crisis intervention program that might include mobile crisis intervention services, or admission to a crisis stabilization program.

Key Areas Addressed

Crisis Contact Center Programs:

- Telephone intervention services
- Provision of services 24 hours a day, 7 days a week
- Determine need for initial crisis intervention response
- Match resources to service needs

Crisis Intervention Programs:

- Services are available 24 hours a day, 7 days a week
- Assessment and immediate stabilization of acute symptoms
- Timely engagement
- Telephone and face-to-face crisis assessment
- Crisis intervention plan
- Qualified behavioral health practitioners are available 24 hours a day, 7 days a week
- Mobile services provision

Crisis Stabilization Programs:

- Short-term services that operate 24 hours a day, 7 days a week, to meet the needs of persons experiencing acute emotional, mental health, and/or substance use crises
- Provision of a calm and safe environment
- Crisis-focused assessment conducted and initial crisis stabilization plan developed upon admission
- Provision of and/or linkage to services that meet the needs of persons served
- Availability of on-site, supervisory, and medical personnel
- Transition planning to ensure successful transition of persons served into ongoing services

Recommendations

3.E.13.m.

It is recommended that the program conduct a written, crisis-focused assessment of each client that includes advance directives, when applicable.

3.E.15.d.(5)

When the crisis-focused assessment identifies a potential risk for suicide, violence, or other risky behaviors, the safety plan developed should include advance directives, when available.

3.E.23.b.(15)

The program is urged to conduct a written, crisis-focused assessment of each person served that includes, at a minimum advanced directives, when applicable.

3.E.25.b.(4)

Based on the crisis-focused assessment, an initial crisis stabilization plan should address advance directives from the client and/or legal guardian, when applicable.

Consultation

- Given that visits with the family/support system could depend on the current stability of a client, staff members are encouraged to attempt to contact the guardian within 24 hours of the client's admission.

3.L. Intensive Outpatient Treatment (IOP)

Description

Intensive outpatient treatment programs are clearly identified as separate and distinct programs that provide culturally and linguistically appropriate services. The intensive outpatient program consists of a scheduled series of sessions appropriate to the person-centered plans of the persons served. These may include services provided during evenings and on weekends and/or interventions delivered by a variety of service providers in the community. The program may function as a step-down program from partial hospitalization, detoxification/withdrawal support, or residential services; may be used to prevent or minimize the need for a more intensive level of treatment; and is considered to be more intensive than traditional outpatient services.

Key Areas Addressed

- Number of contact hours per week
- Therapy services
- Education on wellness, recovery, and resiliency
- Accessible services
- Creation of natural supports

Recommendations

There are no recommendations in this area.

3.N. Outpatient Treatment (OT)

Description

Outpatient treatment programs provide culturally and linguistically appropriate services that include, but are not limited to, individual, group, and family counseling and education on wellness, recovery, and resiliency. These programs offer comprehensive, coordinated, and defined services that may vary in level of intensity. Outpatient programs may address a variety of needs, including, but not limited to, situational stressors, family relations, interpersonal relationships, mental health issues, life span issues, psychiatric illnesses, and substance use disorders and other addictive behaviors.

Key Areas Addressed

- Therapy services
- Education on wellness, recovery, and resiliency
- Accessible services
- Creation of natural supports

Recommendations

There are no recommendations in this area.

3.P. Residential Treatment (RT)

Description

Residential treatment programs are organized and staffed to provide both general and specialized nonhospital-based interdisciplinary services 24 hours a day, 7 days a week for persons with behavioral health or co-occurring needs, including intellectual or developmental disabilities. Residential treatment programs provide environments in which the persons served reside and receive services from personnel who are trained in the delivery of services for persons with behavioral health disorders or related problems. These services are provided in a safe, trauma-informed, recovery-focused milieu designed to integrate the person served back into the community and living independently whenever possible. The program involves the family or other supports in services whenever possible.

Residential treatment programs may include domestic violence treatment homes, nonhospital addiction treatment centers, intermediate care facilities, psychiatric treatment centers, or other nonmedical settings.

Key Areas Addressed

- Interdisciplinary services
- Creation of natural supports
- Education on wellness, recovery, and resiliency
- Community reintegration

Recommendations

There are no recommendations in this area.

Section 4. Core Support Program Standards

Description

The standards in this section address the unique characteristics of each type of core program area. Behavioral health programs are organized and designed to provide services for persons who have or who are at risk of having psychiatric disorders, harmful involvement with alcohol or other drugs, or other addictions or who have other behavioral health needs. Through a team approach, and with the active and ongoing participation of the persons served, the overall goal of each program is to improve the quality of life and the functional abilities of the persons served. Each program selected for accreditation demonstrates cultural competency and relevance. Family members and significant others are involved in the programs of the persons served as appropriate and to the extent possible.

4.G. Prevention (P)

Description

Prevention programs are proactive and evidence-based/evidence-informed, striving to reduce individual, family, and environmental risk factors; increase resiliency; enhance protective factors; and achieve individual and comprehensive community wellness through a team or collaborative approach. Prevention programs utilize strategies designed to keep individuals, families, groups, and communities healthy and free from the problems related to alcohol or other drug use, mental health disorders, physical illness, parent/child conflict, abuse or neglect, exposure to or experience of violence in the home and community; to inform the general public of problems associated with those issues, thereby raising awareness; or to intervene with at-risk individuals to reduce or eliminate identified concerns. Programs may be provided in the community, school, home, workplace, or other settings.

Organizations may provide one or more of the following types of prevention programs, categorized according to the population for which they are designed:

- Universal programs target the general population and seek to increase overall well-being and reduce the overall prevalence of problem behaviors, and include comprehensive, well-coordinated components for individuals, families, schools, communities, and organizations. Universal prevention programs promote positive behavior and include social marketing and other public information efforts.
- Selected programs target groups that are exposed to factors that place them at a greater than average risk for the problem. These programs are tailored to reduce identified risk factors and strengthen protective factors. Examples of prevention programs include pregnancy prevention, drop-out prevention, Strengthening Families, substance abuse prevention, violence prevention, HIV prevention, tobacco use prevention, child abuse prevention, and suicide prevention.
- Training programs provide curriculum-based instruction to active or future personnel in human service programs. Examples of training programs include caseworker training, child welfare supervisory training, foster parent training, leadership training, guardian/guardian ad-litem training, and childcare assistant training.

Key Areas Addressed

- Personnel qualifications
- Appropriate program activities
- Public awareness
- Program strategies

Recommendations

There are no recommendations in this area.

Section 5. Specific Population Designation Standards

5.C. Children and Adolescents (CA)

Description

Programs for children and adolescents consist of an array of behavioral health services designed specifically to address the treatment needs of children and adolescents. Such programs tailor their services to the particular needs and preferences of children and adolescents and are provided in a setting that is both relevant to and comfortable for this population.

Key Areas Addressed

- Comprehensive assessments
- Services based on needs of child
- Criminal background checks for staff providing direct services

Recommendations

There are no recommendations in this area.

Program(s)/Service(s) by Location

Guam Behavioral Health and Wellness Center

790 Gov. Carlos G. Camacho Road
Tamuning, GU 96913

Crisis Programs - Crisis Stabilization: Mental Health (Adults)
Crisis Programs - Crisis Stabilization: Mental Health (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)

CASD I-Famagu'on-ta

215 Chalan Santo Papa Street, J & G Complex, Suite 107F
Hagatna, GU 96910

Outpatient Treatment: Mental Health (Children and Adolescents)

Drug and Alcohol Branch - New Beginnings

215 Chalan Santo Papa Street, J & G Complex, Suite 105F
Hagatna, GU 96910

Intensive Outpatient Treatment: Substance Use Disorders/Addictions (Adults)
Outpatient Treatment: Substance Use Disorders/Addictions (Adults)

Guma Asusena

110 Southeast Msg. Jose A Leon Guerrero Street
Asan, GU 96921

Residential Treatment: Mental Health (Adults)

Guma Pahong

112 Kayon Pahong Ironwood Estate Manor
Dededo, GU 96921

Residential Treatment: Mental Health (Adults)

Guma Serenidad

108 North Commissioner Charfauros Court
Agat, GU 96929

Residential Treatment: Mental Health (Adults)

Healing Hearts

215 Father Duenas Drive
Tamuning, GU 96913

Crisis Programs - Crisis Intervention: Mental Health (Adults)
Crisis Programs - Crisis Intervention: Mental Health (Children and Adolescents)

PEACE Prevention and Training

790 Gov. Carlos G. Camacho Road
Tamuning, GU 96910

Prevention: Family Services (Adults)