


<b>GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER</b>		
<b>TITLE:</b> Policy Development, Revision, Approval, and Distribution	<b>POLICY NO.:</b> AD-ORG-03	Page 1 of 7
<b>RESPONSIBILITY:</b> Regulatory Affairs/ Compliance		
<b>APPROVED BY:</b>  6/21/19 THERESA ARRIOLA, DIRECTOR	<b>DATE OF ORIGINAL APPROVAL:</b> Jan 4, 2017	
	<b>LAST REVIEWED/REVISED:</b> JUN 21 2019	

**PURPOSE:**

- A. To provide a systemic procedure for developing, reviewing, updating, approving and distributing Guam Behavioral Health and Wellness policies and procedures.

**POLICY:**

- A. Guam Behavioral Health and Wellness Center shall maintain an up-to-date policy and procedure manual that contains information relative to policies, programs, standard procedures, regulations, requirements, and other areas relative to overall Department philosophy and operation.
- B. GBHWC shall have a designated policy manager who will be the resident expert for the policy management system, maintaining policies and procedures within the organization, checking all policies follow the format, and assigns policy codes to new and/or revised updated policies.
- C. GBHWC shall create an ad hoc policy and procedure committee within the Management Committee and other GBHWC committees that will convene to review, update, and/or draft needed policies within their purview as necessary.
- D. A policy review meeting will be scheduled monthly and as needed to review draft and update existing policies for approval before the anniversary of the effective date. The policy review meeting will consist of the following core group whenever necessary:
  - 1. Policy and Procedures Committee
  - 2. All collaborating parties as listed on the policy
  - 3. Other staff as needed
- E. The following basic principles regarding GBHWC policy must be observed in order to assure an effective and efficient program:
  - 1. Must be written in clear concise language and will be reviewed annually.
  - 2. Development of policies will be a collaborative process involving representatives from all areas that have responsibility to carry out the policy.
  - 3. Policy development or updates will be collaborated in such manner to ensure that all required concurrence is obtained prior to signature and distribution.
  - 4. GBHWC policies, those located in the Administrative Manual are limited to those policies that affect multiple services, reflect a fundamental direction of the facility.
  - 5. Policies that affect a single service or department are to be maintained as service-level or program level policies
- F. All GBHWC personnel are encouraged to make suggestions to their supervisors for new policies or revisions to existing policies.

**DEFINITION:**

Plan: A written direction that is action oriented and related to a specific project or defined goal. A plan may include the steps to be taken to achieve stated goals, a timeline, priorities, the resources needed to achieve the plan. The persons responsible for implementing the identified steps.

Policy: A written course of action or guidelines adopted by leadership and reflected in actual practice. A formal document that communicates broad principles of operation and standards on a particular subject to guide the actions and decision making of individuals which may include employees, consumers, students, visitors and contractors.

Procedure: An operational set of specific action steps and processes required to support the implementation of the policy, where needed. A “how to” description of actions to be taken.

**RESPONSIBILITIES:**

A. DIRECTOR: The Director shall have the following responsibility for GBHWC policies:

- a. Review the policy prior to signature to ensure accuracy and content are consistent with standards and requirements of the Department of Public Health and Human Services, external surveying bodies such as the Commission on Accreditation for Rehabilitation Facilities (CARF), any local licensing bodies and Guam Law/Administrative Rules.
- b. Ensure appropriate and applicable third party standards and Guam Law are listed under the reference section in all policies.
- c. Review and approve all Agency policies and ensure all employees follow all policies consistently.

B. DESIGNATED POLICY MANAGER: The policy manager shall have the following responsibilities:

- a. Review all GBHWC policies to ensure consistent format and established guidelines and Commission on Accreditation for Rehabilitation Facilities (CARF) standards of care are followed.
- b. Issue policy numbers for new policies that will be included in the GBHWC Administrative Manual
- c. Develop and maintain tracking/tickler system to ensure each policy is reviewed for renewal annually.
- d. Maintain and update the Policy Repository as necessary.
- e. Send out reminders to committees, sections or individuals who are responsible for the review and update of the policy
- f. Organized, list index all policies in the electronic policy repository following a coding system that follows the organization structure, function and chart

C. PROGRAM HEADS: The Program Heads or Manager shall have the following responsibilities:

- a. Determine the need for a GBHWC policy versus a service/program or department level policy and procedure.
- b. Review current overlapping policies, which can be incorporated into one policy through collaboration.

- c. Assure technical accuracy of the content of all policies originating from their service/program or department to ensure accuracy
  - d. Shall review and approve service/program level policies, within their purview.
- D. AD HOC POLICY AND PROCEDURES COMMITTEE: The Policy and Procedures Committee shall have the following responsibilities:
- a. Meet at least once a month to review/update department and or clinical level policy and procedure to ensure accuracy and applicability.
  - b. The committee chair, based on their expertise pertaining to a policy and a procedure shall handpick members of the committee.
  - c. The committee shall draft, and review policies in accordance with Commission on Accreditation for Rehabilitation Facilities (CARF) standards of care

#### **PROCEDURE:**

- A. A policy review meeting will be scheduled monthly and as needed to review draft and update existing policies for approval before the anniversary of the effective date. The policy review meeting will consist of the following core group whenever necessary:
  - 1. Policy and Procedures Committee
  - 2. All collaborating parties as listed on the policy
  - 3. Other staff as needed
- B. If a supervisor or program head believes a suggestion for a new policy has merit, a draft will be prepared using the GBHWC policy format (*see AD-HR-02 Policy Content and Format*).
  - 1. Preparation of the draft shall be a collaborative process with input obtained from program heads or managers who are knowledgeable about the subject matter and responsible for carrying out task addressed by the policy.
  - 2. The individual who prepared the new policy draft shall forward a copy to the policy review committee.
  - 3. The draft shall be disseminated to all programs, division impacted by the policy for collaboration, comments and feedback.
  - 4. The draft will be discussed, reviewed and finalize in the Policy Committee Review Meeting.
  - 5. Once the draft is finalized, it will be forwarded to the policy manager for review and policy number assignment.
- C. Policy Manager shall route final policy to the certifying officials for endorsement and approval by the Director using the Certification Approval Form. (*See Attachment II FAD-ORG -03.2*)
- D. Policy Manager shall disseminate all approved policies through GBHWC emails and post a PDF format copy in the electronic policy repository. Original Policy shall be filed in the Administrative Policy Manual at the Quality Improvement Section.
- E. All approved policies within the month will be announced in the monthly management meeting for formal adoption and implementation.
- F. Program Heads, Supervisors shall ensure that all her/his staff have read and signed the GBHWC P&P Acknowledgement Signature Sheet Form. (*see attachment FAD-ORG-03.1*)

- G. Owing program or committees are encouraged to develop and distribute additional materials relevant to the policy at the same time a new or reviewed policy is distributed. These additional materials should be designed to help those affected by the policy implementation and its requirements. Recommended additional materials include Frequently Asked Questions, any form or data gathering materials, and training or educational materials (such as PowerPoint slides). In addition, the owning program or committee should schedule trainings, as appropriate.

**REFERENCES:**

**SUPERSEDES:**

- A. Policy No.;AD-11 Interim Approval GBHWC Polices, Procedures and Forms;  
8/20/2013 Director Rey Vega

**ATTACHMENTS:**

- I. FAD-ORG-03.1 GBHWC P&P Acknowledgement Sheet Form
- II. FAD-ORG-03.2 Certification form for approval
- III. Policy Circular Format



**ATTACHMENT I**



**GUAM BEHAVIORAL HEALTH & WELLNESS CENTER**

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 TEL: (671) 647-5330 FAX: (671) 649-6948

**GBHWC P&P ACKNOWLEDGMENT SIGNATURE SHEET**

Applicability	Policy No.	Title	Effective Date	Last Revised	Dissemination Date
Clinical Program	CL-AP-02	Consumer Orientation Policy	3/27/2017	5/8/2019	5/16/2019

*As the Supervisor/Administrator, I acknowledge that all my staff have read and asked any questions they may have regarding the above policy and procedure/form. Additionally, I have read and asked any questions I may have regarding the policy and procedure/form.*

1. \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*By signing below, I acknowledge I have read and asked questions I may have regarding the above policy and procedure/form.*

2. \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3. \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4. \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

5. \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

6. \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

7. \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

8. \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

9. \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

10. \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

11. \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

12. \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

13. \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

14. \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

15. \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

16. \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

17. \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

18. \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ATTACHMENT II



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790 Gov. Carlos G. Camecho Rd. Tamuning, Guam 96913  
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### REVIEW AND ENDORSEMENT CERTIFICATION

The signatories on this document acknowledge that they have reviewed and approved the following:

Policy Title: \_\_\_\_\_  
 Policy No: \_\_\_\_\_  
 Initiated by: \_\_\_\_\_

<b>Date</b>	<b>Signature</b>
<b>Name Title</b>	
<b>Date</b>	<b>Signature</b>
<b>Name Title</b>	
<b>Date</b>	<b>Signature</b>
<b>Name Title</b>	
<b>Date</b>	<b>Signature</b>
<b>Name Title</b>	
<b>Date</b>	<b>Signature</b>
<b>Name Title</b>	
<b>Date</b>	<b>Signature</b>
<b>Name Title</b>	

### ATTACHMENT III

#### POLICY DISTRIBUTION SAMPLE E-MAIL

**FOR USE BY COMPLIANCE OFFICER, DEPARTMENT SUPERVISOR, PROGRAM HEADS COMMITTEES WHEN DISTRIBUTING NEW REVISED POLICIES**

**[Insert date here]**

**TO:** [Insert Name of recipients]

**FROM:** [Insert name of "originator department or program or committee]

**SUBJECT:** Policy Manual, Number & Name (New/Revised)

Please find Guam Behavioral Health and Wellness Center's policy [insert name and number] which has been approved by [insert name of final signatory body], and is effective [immediately /or insert date]. This policy has been posted on the GBHWC policy repository.

The significant issues addressed in this [policy/revision] include:

- o [insert brief bullet –point description of the policy purpose and/or revisions]

Also attached are the following materials, which may be used to help implement this policy;

- o [Insert list of additional materials with brief description or purpose]

Please notify your staff of this policy/change. For additional information or clarification, you may contact [insert name of policy originator] at [contact information].

**[ATTACH POLICY]**

**[ATTACH ADDITIONAL MATERIALS]**



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The signatories on this document acknowledge that they have reviewed and approved the following:

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**Policy No: AD-ORG-03**

**Initiated by: Cydsel Toledo**


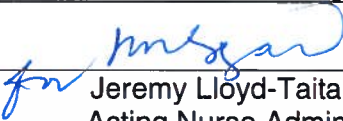
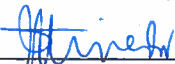


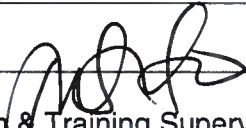
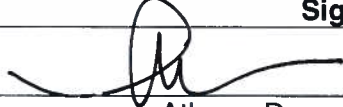
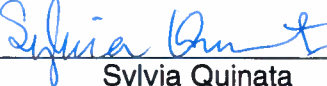


Date	Signature
6/3/2019	
	Cydsel Toledo Quality Improvement Coordinator
Date	Signature
6/3/2019	
	Debbie Paulino Administrative Officer
Date	Signature
6/13/2019	
	Maelel Sampson Human Resources
Date	Signature
6/4/19	
	Alfred Garrido Health & Safety Officer
Date	Signature
8/20/2019	
	Joseph Baza Computer System Analyst II
Date	Signature
6/5/2019	
	Dr. Ariel Ismael Medical Director
Date	Signature
6.3.19	
	Dr. Mary Fegurur Psychologist
Date	Signature
6/3/2019	
	Reina Sanchez Clinical Administrator





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6.3.19	
Annie Unpingco CASD Administrator	
<b>Date</b>	<b>Signature</b>
	
Jeremy Lloyd-Taitano, RN Acting Nurse Administrator	
<b>Date</b>	<b>Signature</b>
6/3/19	
Shermalin Pineda Program Manager-RRP	
<b>Date</b>	<b>Signature</b>
06/19/2019	
Maria Theresa Aguon Program Manager-Healing Hearts	
<b>Date</b>	<b>Signature</b>
6/3/19	
Helen Onedera Project Director-Project Tulaika	
<b>Date</b>	<b>Signature</b>
	
Linda Flynn Program Coordinator IV, Prevention & Training Supervisor	
<b>Date</b>	<b>Signature</b>
6/3/19	
Athena Duenas Drug & Alcohol Program Supervisor	
<b>Date</b>	<b>Signature</b>
6/3/19	
Sylvia Quinata Adult Counseling Supervisor	
<b>Date</b>	<b>Signature</b>
6/19/19	
Marilyn Miral Community Support Services Supervisor	
<b>Date</b>	<b>Signature</b>
8/6/19	
Carissa Pangelinan Deputy Director	