

**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](http://www.carf.org/contact-us).

## **Organization**

Guam Behavioral Health and Wellness Center  
790 Gov. Carlos G. Camacho Road  
Tamuning, GU 96913

## **Organizational Leadership**

Carissa Pangelinan, MPA, Deputy Director  
Cydsel Victoria R. Toledo, Quality Improvement Coordinator/CARF Compliance Officer  
Theresa C. Arriola, MBA, Director

## **Survey Number**

130605

## **Survey Date(s)**

June 7, 2021–June 9, 2021

## **Surveyor(s)**

Monica Y. Rich-McLaurin, MHSA, MSW, LMSW, DESS Administrative  
Tara Best, DESS Program  
Cheryl A. Kobernik, LMSW, CAADC, DESS Program

## **Program(s)/Service(s) Surveyed**

Crisis Intervention: Mental Health (Adults)  
Crisis Intervention: Mental Health (Children and Adolescents)  
Crisis Stabilization: Mental Health (Adults)  
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)  
Residential Treatment: Mental Health (Children and Adolescents)

## **Previous Survey**

June 21, 2017–June 23, 2017  
Three-Year Accreditation

## **Accreditation Decision**

**Three-Year Accreditation**  
**Expiration: June 30, 2023**

# Executive Summary

This report contains the findings of CARF’s site survey of Guam Behavioral Health and Wellness Center conducted June 7, 2021–June 9, 2021. 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. It is evident that Guam Behavioral Health and Wellness Center (GBHWC) provides valuable services that positively impact the lives of the persons served. Stakeholders express satisfaction with the commitment of the organization's leadership and personnel to improve outcomes of services. GBHWC has a highly engaged leadership team that is committed to conformance to all of the CARF standards in its programs. This was evidenced by the preparation of documents that were available in an exceptionally organized manner, which were arranged according to the CARF standards, prior to the onset of the survey. There are some areas for improvement with relation to the standards noted in the recommendations of this report, including competency-based training in the areas of health and safety, workforce development, and financial management. Although there are areas for improvement, it is obvious that GBHWC protects the health, safety, and welfare of the persons served and the services are of high quality, ensuring that the persons served benefit from them. The leadership is strongly urged to address the areas for improvement. GBHWC is encouraged to utilize the resources available through CARF and other sources to assist it in conforming to the applicable standards. GBHWC is also encouraged to maintain its commitment to quality services and positive outcomes that it currently demonstrates. The leadership and staff members were very engaged in discussing the programs and were open to suggestions and consultation.

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):

- Monica Y. Rich-McLaurin, MHSA, MSW, LMSW, DESS Administrative
- Tara Best, DESS Program
- Cheryl A. Kobernik, LMSW, CAADC, DESS 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 Intervention: Mental Health (Adults)
- Crisis Intervention: Mental Health (Children and Adolescents)
- Crisis Stabilization: Mental Health (Adults)
- 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)
- Residential Treatment: Mental Health (Children and Adolescents)

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:

- Since 2019, the leadership at GBHWC has shifted. This shift has resulted in the removal of federal receivership. The executive management team is commended for this achievement. In addition, this shift has allowed the organization to be able to capture funds that had gone unclaimed from previous years. GBHWC has shown itself to be competitive in securing grant funding for program expansion and development.
- GBHWC has a highly engaged leadership team. Leadership and staff members provide a welcoming environment.
- Referral sources express positive feedback in their working relationships with this organization and with the quality of services provided. Furthermore, stakeholders have great hopes for additional program/service provision for this organization in the future as it continues to demonstrate flexibility, innovation, and customization to meet the needs of persons served and the community.
- GBHWC has shown itself resilient during the COVID-19 pandemic, as evidenced by quickly pivoting to the new world of telehealth and rapidly finding new ways to provide care for persons served while also capturing billable hours.
- GBHWC proudly displays the artwork of its clients throughout its facilities, which demonstrates the leadership's commitment to providing multiple outlets for therapeutic expression.
- GBHWC provides an array of quality services that are extensive and some exclusive on this island. Its commitment to provide quality services is highly recognized within the community as it strives to provide much-needed services.
- GBHWC has tenured staff members who are very dedicated, professional, and strive to provide quality services to persons served. The long tenure of the GBHWC staff members is representative of their level of commitment to the clients served and the community.
- Consumers state that the organization has saved their lives and actually turned their lives around. Consumers expressed much gratitude for the services provided by GBHWC.
- GBHWC obtained several grants that provide additional services and education needed in the community. It continues to seek resources and funding to fill such gaps throughout the island.
- The building tours were well orchestrated and one could feel the pride and appreciation of the facilities by the staff. The layouts and accessibility were conducive for the delivery of consumer services, and the walls were adorned with consumers' artwork, poignant quilts with actual clients' hand prints, encouraging messages, and bright, welcoming colors. A music therapy room was a pleasant surprise for additional and alternative avenues for recovery. Staff members look forward to the addition of a new drug and alcohol program facility.
- The CASD (which stands for the Child and Adolescent Service Division) – I-Famagu'on-ta location serves the entire population of Guam and has vigorously adopted an evidence-based wraparound practice in its approach to providing a comprehensive array of services, while working in collaboration with a plethora of community partners. There is a notable importance placed on including various natural supports, including the young clients' godparents.

- The New Beginnings program genuinely envisions "a healthy island with quality of life for everyone." Its services are culturally respectful and supportive and strengthen the well-being of consumers.
- Healing Hearts crisis center represents the only rape crisis center on the island and provides survivors of sexual assault with discreet and immediate full medical and mental health attention. The program provides a healing atmosphere with caring people to assist clients in regaining feelings of safety, control, trust, autonomy, and self-esteem. Grant dollars to enhance the Sexual Assault Nursing Examiners (SANE) numbers of nurses are a welcome relief. Prevention and education regarding sexual assault is welcomed by the school systems.
- Numerous staff members observed that "silos that existed in the past were no more," with an "emphasis on working together," and they are "now integrated across the organization." Staff members appreciate the leadership "at the helm," felt the organization has truly "risen from the ashes," and have a "heart and passion for this work." Staff members said, "We take care of ourselves and each other."
- Consumers and clients expressed numerous comments such as "[When I] need to talk to someone and they are there"; "They pivoted to Zoom quickly and outpatient in July was a life saver"; "[A] peer support specialist even helped me move into my own place"; "It gave me the ability to prioritize and problem solve"; "The stories we tell ourselves are so wrong and judgmental of ourselves"; "They are welcoming"; "[It] made me stronger"; "[They have] no judgment and open arms"; "[They] helped a lot, educating you on your triggers"; and "They helped me to learn who I am and know and live with my possibilities – keeping secrets only hurts."

## 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.l.

#### 1.A.3.m.

Areas noted for improvement in this report include health and safety and succession planning. The identified leadership is urged to guide health and safety and succession planning.

## 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.2.d.

#### 1.C.2.e.

The organization implements a strategic plan. It is recommended that the strategic plan be reviewed at least annually for relevance and updated as needed.

## 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
- Integration of input into business practices and planning

### Recommendations

There are no recommendations in this area.

## 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

There are no recommendations in this area.

## 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
- Safeguarding funds of persons served, if applicable
- Review/audit of financial statements

## **Recommendations**

### **1.F.3.c.**

While GBHWC indicates that it conducts frequent reviews of budgets, it is recommended that actual financial results be reviewed at least monthly. GBHWC is encouraged to evidence this in writing.

### **1.F.8.b.(2)**

### **1.F.8.b.(3)**

### **1.F.8.b.(4)**

It is recommended that the documented review of a representative sample of bills of the persons served consistently address trends, areas needing improvement, and actions to be taken.

## **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.b.(1)**

#### **1.G.1.b.(2)**

The organization implements a risk management plan. It is recommended that the risk management plan be reviewed at least annually for relevance and updated as needed.

## **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**

- Competency-based training on safety procedures and practices
- Emergency procedures
- Access to first aid and emergency information
- Critical incidents
- Infection control
- Health and safety inspections

## Recommendations

**1.H.4.a.(1)**

**1.H.4.a.(2)**

**1.H.4.a.(3)**

**1.H.4.a.(4)**

**1.H.4.a.(5)**

**1.H.4.a.(6)**

**1.H.4.a.(7)**

**1.H.4.a.(8)**

**1.H.4.a.(9)**

**1.H.4.b.(1)**

**1.H.4.b.(2)**

**1.H.4.b.(3)**

**1.H.4.b.(4)**

**1.H.4.b.(5)**

**1.H.4.b.(6)**

**1.H.4.b.(7)**

**1.H.4.b.(8)**

**1.H.4.b.(9)**

It is recommended that personnel receive documented competency-based training at orientation and at least annually in health and safety practices, identification of unsafe environmental factors, emergency procedures, evacuation procedures, identification of critical incidents, reporting of critical incidents, medication management, reducing physical risks, and workplace violence.

**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 conducts unannounced tests of emergency procedures. Each test should be analyzed for performance that addresses areas needing improvement, actions taken to address the improvements needed, implementation of the actions, necessary education and training of personnel, and whether the actions taken accomplished the intended results. Each test and analysis should be evidenced in writing.

**1.H.10.f.(6)**

**1.H.10.f.(18)**

It is recommended that GBHWC expand its existing written procedures for critical incidents to include infection control and overdose.

- 1.H.11.b.(1)**
- 1.H.11.b.(2)**
- 1.H.11.b.(3)**
- 1.H.11.b.(4)**
- 1.H.11.b.(5)**
- 1.H.11.b.(6)**
- 1.H.11.b.(7)**
- 1.H.11.b.(8)**
- 1.H.11.b.(9)**
- 1.H.11.b.(10)**

It is recommended that GBHWC expand its written analysis of all critical incidents that is provided to or conducted by the leadership to ensure that it addresses causes, trends, areas needing improvement, actions to address the improvements needed, implementation of the actions, whether the actions taken accomplished the intended results, necessary education and training of personnel, prevention of recurrence, internal reporting requirements, and external reporting requirements.

**1.H.13.b.**

It is recommended that when transportation is provided for persons served, there be evidence of regular review of driving records of all drivers.

## **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 background/credentials/fitness for duty
- Workforce engagement and development
- Performance appraisals
- Succession planning

### **Recommendations**

**1.I.3.g.**

It is recommended that that ongoing workforce planning include succession planning.

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

It is recommended that GBHWC implement written procedures that address verification of backgrounds of the workforce in the area of driving records.

#### **1.I.6.d.(1)(a)**

#### **1.I.6.d.(1)(b)**

It is recommended that GBHWC promote engagement through respect for all individuals in the workforce, including policies and written procedures that address, at a minimum, mechanism(s) to provide favorable and constructive feedback and mechanisms to address concerns.

#### **1.I.11.a.**

#### **1.I.11.b.**

#### **1.I.11.c.**

#### **1.I.11.d.**

#### **1.I.11.e.**

#### **1.I.11.f.**

#### **1.I.11.g.**

It is recommended that the organization's succession planning address, at a minimum, its future workforce needs, identification of key positions, identification of the competencies required by key positions, review of talent in the current workforce, identification of workforce readiness, gap analysis, and strategic development.

## **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
- Technology and system plan implementation and periodic review
- Technology policies and procedures
- Written procedures for the use of information and communication technologies (ICT) in service delivery, if applicable
- ICT instruction and training, if applicable
- Access to ICT information and assistance, if applicable
- Maintenance of ICT equipment, if applicable
- Emergency procedures that address unique aspects of service delivery via ICT, if applicable

### **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**

There are no recommendations in this area.

## **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.1.b.(2)**

#### **1.L.1.b.(7)**

It is recommended that the organization's leadership implement an ongoing process for identification of barriers in the areas of environment and technology.

#### **1.L.2.a.(1)**

#### **1.L.2.a.(2)**

#### **1.L.2.b.(1)**

#### **1.L.2.b.(2)**

#### **1.L.2.c.**

It is recommended that the organization implement an accessibility plan that includes, for all identified barriers, the actions to be taken and timelines. The plan should be reviewed at least annually for relevancy, including progress made in the removal of identified barriers and areas needing improvement, and be updated as needed.

## **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**

There are no recommendations in this area.

## **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**

There are no recommendations in this area.

## **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.12.c.(2)(a)

The program has developed written procedures for governing the rights and privileges of consumers and is urged to implement, when applicable, a process of regularly evaluating the methods to reinstate restricted or lost rights of the persons served and privileges of the persons served across all programs.

#### 2.A.26.b.(2)

#### 2.A.26.b.(3)

#### 2.A.26.b.(4)

#### 2.A.26.b.(5)

It appears the organization has a well-instituted method of providing ongoing supervision of clinical or direct service personnel; however, ongoing supervision should address the appropriateness of the treatment or service intervention selected relative to the specific needs of each person served, treatment/service effectiveness as reflected by the person served meeting goals identified in the person-centered plan, and risk factors for suicide and other dangerous behaviors. Although ethics are addressed, ongoing supervision should address legal aspects of clinical practice and professional standards, including boundaries.

#### 2.A.27.a.(1)(b)

#### 2.A.27.a.(1)(c)

#### 2.A.27.a.(2)(a)

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

#### 2.A.27.a.(2)(c)

#### 2.A.27.a.(2)(d)

While the program implements policies and procedures for the persons served regarding handling of items brought into the various programs, the organization is urged to implement policies and procedures that address the handling of illegal drugs, legal drugs, prescription medication, and weapons brought into the program by personnel and visitors.

#### 2.A.28.d.(1)

#### 2.A.28.d.(2)

It is recommended that the programs that treat persons with substance use disorders amend their written procedures so that they ensure that drug screening results are not used as the sole basis for treatment decisions and/or termination from treatment.

### **2.A.33.**

While the organization has at least two codes of ethics documents, it is urged ensure that its written ethical codes of conduct specifically address boundaries related to peer support services.

## **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)(g)(iii)**

While each person served receives a robust orientation, the organization is urged to include, as applicable, an explanation of the program rules and expectations of the person served, which identify the means by which the person served may regain rights or privileges that have been restricted.

#### **2.B.13.j.**

#### **2.B.13.m.(3)**

Although the assessment process gathers and records sufficient information to develop a comprehensive person-centered plan for each person served, it should also gather and record information about the person's use of complementary health approaches and pertinent current and historical life information, including the person's sexual orientation.

## **2.C. Person-Centered Plan**

### **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

- Development of person-centered plan
- Co-occurring disabilities/disorders
- Person-centered plan goals and objectives
- Designated person coordinates services

## Recommendations

There are no recommendations in this area.

## Consultation

- Although there were some excellent examples of goals, the organization is encouraged to ensure that there is a greater consistency in having goals that are expressed in the words of the person served. Training could be offered, including role play with staff members to develop their own personal goals, and citing examples and other possibilities could aid in the enhancement of goal statements.
- The organization has a user-friendly electronic health record system with ample opportunity for treatment objectives, interventions, target dates, etc., to be entered. The organization might consider enhancing the measurability of objectives as the organization continues to train its staff.

## 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, aftercare 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 be conducted at least annually by a qualified professional licensed to prescribe or a pharmacist. The peer review should be conducted on the records of a representative sample of persons for whom prescriptions were provided to assess the appropriateness of each medication, as determined by the needs and preferences of the person served, 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 peer review should 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 co-pharmacy. The information collected from the peer review process should 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
- 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

### **Recommendations**

There are no recommendations in this area.

## **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.4.e.**

As the organization has moved into electronic records, paper records remain. It is recommended that the individual record include the location of any other records.

## **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**

### **2.H.1.a.**

#### **2.H.1.b.(1)**

#### **2.H.1.b.(2)**

#### **2.H.1.b.(3)**

#### **2.H.1.b.(4)**

Although the organization has an established quality records review policy and process, it is recommended that the programs conduct a documented review of the services provided at least quarterly that addresses, as evidenced by the record of the person served, the quality of service delivery; appropriateness of services; patterns of service utilization; and model fidelity, when an evidence-based practice is identified.

### **2.H.2.a.**

#### **2.H.2.b.**

#### **2.H.2.c.(1)**

#### **2.H.2.c.(2)**

The quarterly review should be performed consistently by personnel who are trained and qualified on a representative sample of records from persons served from each program that includes current records and closed records.

### **2.H.3.a.**

#### **2.H.3.b.**

It is recommended that, when records are selected for review, the persons responsible for providing the service/treatment not be solely responsible for the selection of records to be reviewed and not be a reviewer of their own records.

### **2.H.5.a.**

#### **2.H.5.b.(1)**

#### **2.H.5.b.(2)**

#### **2.H.5.b.(3)**

#### **2.H.5.b.(4)**

It is recommended that the organization demonstrate that the information collected from the records review process is consistently reported to personnel and used to identify training needs, improve the quality of its services through performance improvement activities, ensure compliance with regulatory and/or contractual requirements, and improve conformance to the CARF standards.

## **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 Intervention (CI)**

#### **Description**

Crisis intervention programs offer services aimed at the assessment and immediate stabilization of acute symptoms of mental illness, alcohol and other drug abuse, and emotional distress or in response to acts of domestic violence or abuse/neglect. Crisis intervention services consist of mobile response, walk-in centers, or other means of face-to-face assessments and telephone interventions.

#### **Key Areas Addressed**

- 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

#### **Recommendations**

##### **3.E.2.d.**

##### **3.E.2.e.**

While the written crisis assessment includes many items, it should also include current living situation and availability of supports.

### **3.F. Crisis Stabilization (CS)**

#### **Description**

Crisis stabilization programs are organized and staffed to provide the availability of overnight residential services 24 hours a day, 7 days a week for a limited duration to stabilize acute psychiatric or behavioral symptoms, evaluate treatment needs, and develop plans to meet the needs of the persons served. Often crisis stabilization programs are used as a preemptive measure to deter unnecessary inpatient hospitalization.

#### **Key Areas Addressed**

- Limited duration overnight residential services 24 hours a day, 7 days a week
- Crisis stabilization plan
- Licensed medical personnel are available 24 hours a day, 7 days a week
- Referral and linkage to needed services

#### **Recommendations**

There are no recommendations in this area.

### **3.M. 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.O. 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.Q. 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 Stabilization: Mental Health (Adults)  
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 Intervention: Mental Health (Adults)  
Crisis Intervention: Mental Health (Children and Adolescents)

**PEACE Prevention and Training**

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

Prevention: Family Services (Adults)

**SERENITY**

15B Louisa St. Carlos Heights Upper Tumon  
Tamuning, GU 96913

Residential Treatment: Mental Health (Children and Adolescents)