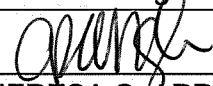


GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER		
<b>TITLE:</b> Trauma Response	<b>POLICY NO:</b> CL-AP-12	Page 1 of 4
<b>RESPONSIBILITY:</b> Clinical Programs		
<b>APPROVED BY:</b>  11/7/2021 for THERESA C. ARRIOLA, DIRECTOR	<b>DATE OF ORIGINAL APPROVAL:</b>	<b>LAST REVIEWED/REVISED:</b>

**PURPOSE:**

To provide guidance to Guam Behavioral Health and Wellness Center staff in responding to a mental health crisis of its active consumers and of the community in times of need.

**POLICY**

- A. As the sole agency providing mental health services on Guam, Guam Behavioral Health and Wellness Center (GBHWC) shall respond to all mental health crisis necessary to support its consumer and the community in the event of a crisis pursuant to 10 GCA Chapter 86 § 86101.
- B. Guam Behavioral Health and Wellness Center (GBHWC) shall provide timely behavioral services, emergency crisis assessment to individuals and community in crisis when requested, and shall maintain an **after office hours Guam Crisis Hotline (647-8833)**. (reference Crisis Hotline Policy)
- C. All direct service staff shall be provided with Professional Crisis Management (PCM) and crisis intervention training using trauma informed care and evidence-based protocols (Columbia Safe-T) on screening, identifying, and providing services and follow up to ensure quick resolution of emergencies and minimize any damaging consequences to consumers such as acute social, physical or emotional distress.
- D. The Substance Abuse and Mental Health Services Administration (SAMSHA) designated Disaster Mental Health Coordinator (DMHC) is responsible for coordinating the trauma response, and all programs receiving the community request must channel it through the DMHC to ensure timely and consistent coordination in assigning needed staff to respond to the crisis in the community.
- E. In the event of an incident or crisis, regardless of cause, size, location, or complexity, and in order to reduce the effects on life, property and harm to the environment, GBHWC will follow the Guam Homeland Security (GHS) National Incident Management Protocols. DMHC will be the point of contact between GHS and the TRT.

**DEFINITIONS:**

Community Crisis: A situation where the community's safety and health are threatened by behavioral health challenges to include mental illness, developmental disabilities, substance use, or overwhelming stressors.

Crisis: A situation where an individual's safety and health are threatened, by behavioral health challenges, to include mental illness, developmental disabilities, substance use, or overwhelming

stressors. A crisis can involve an individual's perception or experience of an event or situation as an intolerable difficulty that exceeds the individual's current resources and coping mechanisms and may include unusual stress in their life that renders them unable to function as they normally would, which may make them a danger to self or others.

Crisis Incident: An incident involving individuals who are experiencing a crisis that could cause the individual to harm themselves or others through erratic behavior.

Crisis Intervention: The emergency and temporary care given to an individual in crisis with the purpose of returning the individual to their level of pre-crisis functioning.

Trauma Response Team Member: any GBHWC employee who has experience working with people during crisis and has attended the required TRT training

Trauma Response Team (TRT): Consists of at least 3 trained staff who will provide rapid crisis response to members in the community that have been exposed to trauma or stressful experiences as requested or in times of need.

Mental Health Survival Kit: resources like tissue, infection control supplies, water, mental health pamphlets/fact sheets, and GBHWC brochure of services

TRT Status:

1. "Stand-by" on alert status – During the "stand-by" status the TRT Leader will call a meeting of all TRT members to be on alert and prepare for activation.
2. "Active" – operational status – TRT will be activated if an assessment of the crisis warrants activation and a TRT decision has been made to activate.
3. "Inactive" –non-operational – The crisis is under control and debriefing is no longer needed.

Point of Contact (POC): Individual requesting for trauma response

## **RESPONSIBILITIES:**

Disaster Mental Health Coordinator (DMHC):

1. Coordinate with the department or the group requesting the service to arrange for a debriefing.
2. Identify the teams needed, schedule, and coordinate the TRT agenda for the debriefing applying the 5W's & 1H (Who, What, When, Where, Why & How Many).
3. Collect and file documentation report.
4. Prepare and distribute the mental health survival kit to the teams.
5. Schedule and coordinate the TRT, Drill, evaluation and training with the Personnel Officer.
6. Maintain TRT Staff attendance roster and reports.
7. Call/Send quarterly meetings/emails to keep the crisis response teams updated.

## **PROCEDURE:**

### I. Active GBHWC Consumers in Crisis Protocol

- A. If a request is made to GBHWC during normal business hours for assistance with one of its active consumers, the Lead Provider shall be activated and shall gather information pertaining to the consumer in crisis.

- C. The Lead Provider or POC shall consult with his/her supervisor for disposition to include possible:
  - a. Activation of a TRT and to conduct a home visit.
  - b. Request for the family of the consumer to bring the consumer to GBHWC for assessment.
  - c. Request for the assistance of Guam Police Department (GPD) to locate and bring the consumer to GBHWC for assessment.
- D. If the consumer fits the criteria for admission to Crisis Stabilization Unit, the assistance of GPD shall be requested to transport the consumer to GBHWC.
- E. If the consumer refuses admission but poses a risk to harm himself/herself and to others; a 72 hour hold involuntary admission shall be initiated (*reference: CL-40 72 Hour Hold, Involuntary Detention*).
- F. The lead provider shall document the crisis assessment, treatment and safety plan in the consumer's electronic behavioral health record.
- G. If the consumer in crisis is in the GBHWC facility, the Lead Provider can request assistance by using the code "DR. STRONG" over the intercom.

## II. Community Trauma Response

- A. If a request is made to GBHWC for assistance with responding to a mental health crisis in the community, the information should be forwarded to the DMHC.
- B. The DMHC (or if DMHC is unavailable, the Adult Counseling Supervisor) will:
  - 1. Coordinate with the POC from department or group requesting the service to arrange for trauma response.
  - 2. Identify the teams needed, schedule, and coordinate the TRT agenda for the trauma response applying the 5W's & 1H (Who, What, Where, When, Why & How Many).
  - 3. Alert TRT leader(s) to be on "stand-by" status. During the "stand-by" status the TRT Leader will call a meeting of all TRT members to be on alert and prepare for one of the following:
    - i. "Active" – operational status – TRT will be activated if an assessment of the crisis warrants activation and a TRT decision has been made to activate.
    - ii. "Inactive" –non-operational status– The crisis is under control and debriefing is no longer needed.
- C. If the TRT is placed in an active status, the TRT will be deployed. Mental Health Survival Kits will be distributed, as needed.
- D. Once the response is completed, a satisfaction survey will be made available to individuals who would like to participate.
  - 1. Collected responses will be turned into the TRT Leader.
- E. Once trauma response is completed, the team will complete a TRT Response Report to be reviewed and submitted to the DMHC.
- F. A debriefing for the TRT will be scheduled and conducted by the DMHC as soon as possible.

## III. Drills/Evaluation and Training:

- A. Every TRT participant must attend an initial training and an annual update refresher training covering the following;
  - 1. Adult and Youth Mental Health First Aid
  - 2. Applied Suicide Intervention Skills Training (ASIST)
  - 3. Professional Crisis Management (PCM)

4. Motivational Interviewing

- B. The Training Officer in collaboration with the DMHC shall coordinate the training program and schedule.

IV. Debriefing and documentation

- A. Trauma Response must be documented using the TRT Report.  
1. TRT must meet to complete the TRT report after the response. The TRT leader will be responsible for submitting the report to DMHC by the next business day.
- B. The DMHC will submit a report of all TRT activities to GBHWC Director's Office no less than five (5) calendar days after the response.
- C. DMHC will ensure a debriefing is available for the TRT within 24-48 hours.

**SUPERSEDES:** Title; Policy No.; Effective Date/signature date; Approving individual's name

**ATTACHMENT(S):**

FCL-AP-12.1 Trauma Response Team Report

FCL-AP-12.2 Satisfaction Survey for Trauma Response Team



**GUAM BEHAVIORAL HEALTH & WELLNESS CENTER**

790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913

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

**Trauma Response Team Report**

Date of Response: \_\_\_\_\_ Time Response Started: \_\_\_\_\_  
Time of Notification: \_\_\_\_\_ Time Response Completed: \_\_\_\_\_

Incident: Suicide  Homicide  Natural Disaster  Accident   
Death  Loss of Employment  Other

Family/Agency/Organization Requesting Services: \_\_\_\_\_

Location of Response: \_\_\_\_\_

Number of Individuals Served: Youth: \_\_\_\_\_ Adult: \_\_\_\_\_ Total: \_\_\_\_\_

TRT Member(s) (Name, Title): \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Quantity and Description of supplies/materials brought by team: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendations/Disposition:  
# of Individuals that Requested Additional Services: \_\_\_\_\_  
# of Individuals Connected with Lead Provider: \_\_\_\_\_  
# of Persons Referred to MH Service: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submitted by: \_\_\_\_\_ Signature of TRT Leader: \_\_\_\_\_  
Endorsed to DMHC: \_\_\_\_\_ Signature and Date: \_\_\_\_\_  
[Print name]

**Note: Do NOT write ANY confidential information on this form.**





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# Trauma Response Team Satisfaction Survey

Date of Response: \_\_\_\_\_

Instructions: Please choose one (1) response per statement that best corresponds to how you feel about the services provided.

<b>1. I am satisfied with the quality of services I received.</b>	<b>4</b> Strongly agree	<b>3</b> Agree	<b>2</b> Disagree	<b>1</b> Strongly disagree
<b>2. As a result of the services that I received, I can now deal more effectively with my problems.</b>	<b>4</b> Strongly agree	<b>3</b> Agree	<b>2</b> Disagree	<b>1</b> Strongly disagree
<b>3. If a friend has similar needs, I would recommend GBHWC's services.</b>	<b>4</b> Strongly agree	<b>3</b> Agree	<b>2</b> Disagree	<b>1</b> Strongly disagree
<b>4. If I were to seek help again, I would utilize GBHWC's services.</b>	<b>4</b> Strongly agree	<b>3</b> Agree	<b>2</b> Disagree	<b>1</b> Strongly disagree
<b>5. What else would you like us to know to better meet your and the community's needs?</b>				







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**REVIEW AND ENDORSEMENT CERTIFICATION**

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

**Policy Title:** Trauma Response

**Policy No:** CL-AP-12

**Initiated by:** Policy Committee

Date	Signature
12/29/2020	

Cydsel Victoria Toledo  
Quality Improvement Coordinator

Date	Signature
1/5/2021	

Barsen Adelbai  
Management Analysis III-Medical Records Unit Supervisor

Date	Signature
1/5/2021	

Tyrone Bryan MS., LMSW  
Interim Psychiatric Social Services Administrator  
Child Adolescent Services Division

Date	Signature
12/29/2020	

Reina Sanchez, M.A  
Clinical Administrator

Date	Signature

Dr. Ariel Ismael  
Medical Director

Date	Signature
12-31-2020	

Leonora Urbano MSN, RN-BC  
Nursing Administrator

Date	Signature
1/5/2021	

Carissa Pangelinan  
Deputy Director



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Clinical Administrator

Date	Signature
01/05/2021	

Dr. Ariel Ismael  
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Date	Signature
12-21-2020	

Leonora Urbano MSN, RN-BC  
Nursing Administrator

Date	Signature
1/5/2021	

Carissa Pangellinan  
Deputy Director

