

**CARF
Survey Report
for
Guam Behavioral
Health and
Wellness Center**

Organization

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

Organizational Leadership

Benny A. Pinaula, Deputy Director

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Survey Dates

June 21-23, 2017

Survey Team

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Programs/Services 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: Alcohol and Other Drugs/Addictions (Adults)

Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)

Outpatient Treatment: Mental Health (Adults)

Outpatient Treatment: Mental Health (Children and Adolescents)

Prevention: Family Services (Adults)

Residential Treatment: Mental Health (Adults)



Three-Year Accreditation

Survey Outcome

Three-Year Accreditation

Expiration: June 30, 2020

SURVEY SUMMARY

Guam Behavioral Health and Wellness Center has strengths in many areas.

- Guam Behavioral Health and Wellness Center's leadership demonstrates a strong commitment to providing quality, culturally responsive, evidence-based treatment to the varied and culturally rich population served.
- The leadership has made great efforts these past few years to improve processes in service delivery, address gaps in services, improve outcomes, and promote community integration throughout the programs.
- Strong, positive partnerships with various community stakeholders are evident and stakeholders praise the organization and its leadership for the strides that it has made within the past few years.
- Stakeholders describe the personnel of the organization as being compassionate, dedicated, competent, and caring and appreciate its expansion of services out into the community.
- Great care is taken by the personnel and leadership to ensure that the consumers feel welcomed, that offices are inviting, and that beautiful local artwork can be seen throughout the main site. The leadership demonstrated one example of this by explaining how it made a conscious decision to choose professional attire for the security personnel to wear rather than the typical security uniform some might wear, to ensure that the consumers and their family members would feel more comfortable.
- The website for Guam Behavioral Health and Wellness Center is attractive, robust, and easy to navigate and includes helpful material for education about mental health and substance use for the people of Guam.
- Guam Behavioral Health and Wellness Center employs tenured staff members who are representative of the ethnic diversity of the island and who enthusiastically provide culturally sensitive services to the persons served.
- Public guardians are committed to the consumers as evidenced by their attendance and participation in treatment-related meetings and their attentiveness to the personal needs of the persons served.
- Guam Behavioral Health and Wellness Center has adopted a team-based model that provides consistency of care throughout treatment for the persons served and is a welcomed source of personal and professional support for personnel.
- Located in a warm, inviting, homelike setting in a quiet residential area, Healing Hearts provides outstanding crisis intervention services to victims of sexual abuse. The program employs the only sexual assault nurse examiner in Guam, who provides medical examinations and works closely with the social work team members. Comprehensive assessment, case management, counseling, and referrals are available as well as forensic interviews with children ages 3 to 15. The highly skilled staff works collaboratively with law enforcement and child protective services to ensure that the consumers receive the specialized care they need to cope with trauma and begin the healing process.

- The consumers with substance abuse issues receive evidence-based treatment at New Beginnings. Addiction credentialed staff members, assisted by peer counselors, offer a continuum of services, including brief interventions, the Driving with Care program for court-referred consumers, and the Matrix Model structured treatment program. The consumers noted that the program helped them improve the quality of their lives and achieve sobriety.
- Guam Behavioral Health and Wellness Center provides excellent peer support services. Peers support and empower the consumers throughout the organization, providing outreach, advocacy, and supportive services. Peers are fervent about their work, often reaching out to Guam communities to address and reduce stigma and enhance access to services.
- In 2016, 2,563 individuals were trained or participated in events offered by the PEACE Prevention and Training office, an innovative prevention program that provides technical assistance, training, and resources to organizations and communities throughout Guam. Its data-driven, evidence-based initiatives promote health and wellness, particularly related to suicide prevention; alcohol, drug and tobacco related problems; and behavioral health issues. Based on needs assessments and other data, special populations, such as youth, young adults, LGBTQ persons, and those of Micronesian descent, receive culturally sensitive services. Its unique leadership development activities for youth are outstanding.
- The children and adolescent outpatient treatment program is recognized for its comprehensive assessment and wrap around treatment services, which are child centered and family driven. Families praised the program for the quality of the services provided by a dedicated and talented staff. They described the extensive educational and advocacy opportunities provided for the families as well as their active involvement in every aspect of the therapeutic process.
- The adult and child/adolescent inpatient units are the exclusive provider of crisis stabilization services on the island. Services provided fill a void for much-needed services on the island.
- The Residential Recovery program provides residential services to greater than 20 individuals that gravely need the care and security of the program. The program has creatively developed methods that generate funds for day-to-day activities and supplies.

Guam Behavioral Health and Wellness Center should seek improvement in the area(s) identified by the recommendation(s) in the report. Any consultation given does not indicate nonconformance to standards but is offered as a suggestion for further quality improvement.

On balance, Guam Behavioral Health and Wellness Center has met many of the CARF International standards. The organization clearly provides excellent behavioral health treatment and prevention services to the culturally rich and diverse population of Guam. As a single-line agency of the government, Guam Behavioral Health and Wellness Center has the support and resources of the government coupled with the responsibility to provide services to some of Guam's most vulnerable populations. This status presents unique challenges and opportunities for the organization, including, in some cases, being the only organization on the island to offer these vital services. The consumers and other stakeholders speak highly of the leadership and staff members and the services provided. There are no serious health and safety concerns, and there is evidence that the consumers and the community benefit from these services. Services are culturally relevant, are evidence based, and make a positive impact. The organization is a leader in providing behavioral health services, training, and prevention on the island. The organization partners with various governmental and local agencies to assist the consumers in obtaining needed services.

This is the organization's first attempt to seek CARF accreditation. The organization and its leadership have been preparing for this for the past two years, and they have made great strides in understanding and meeting the standards. Guam Behavioral Health and Wellness Center has several areas for improvement, including being consistent in the application of the standards across all programs, consistency of health and safety emergency drills and internal and external inspections, human resources areas of performance evaluations and updating job descriptions, comprehensive training areas, clinical supervision, complete orientation for the persons served, as well as in the development of medication policies and procedures. The organization's leadership and staff are capable, motivated, and committed to addressing these areas of the standards. The leadership and personnel are open to feedback, are genuinely committed to meeting the standards, and have implemented many processes to ensure that they are poised appropriately to assist in conforming to the CARF standards.

Guam Behavioral Health and Wellness Center has earned a Three-Year Accreditation. The administration and staff are congratulated on achieving this accreditation. The organization is encouraged to continue to use the CARF standards as a guide for continuous quality improvement of business practices and service delivery.

SECTION 1. ASPIRE TO EXCELLENCE®

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
- Leadership guidance
- Commitment to diversity
- Corporate responsibility
- Corporate compliance

Recommendations

A.3.k.

A.3.l.

It is recommended that the identified leadership guide the establishment of an annual review of the organization's policies and health and safety. Although the organization did review many of its policies recently, many appear to need updating and/or are in contradiction with current practice. It is suggested that the organization continue its efforts in completing the policy review and develop an annual process to implement the policies.

A.6.a.(2)

A.6.a.(4)(f)

Although Guam Behavioral Health and Wellness Center has a written ethical code of conduct that addresses various areas, it should ensure that it also addresses marketing and the witnessing of legal documents. The code it adheres to is the governmental code and it includes many of the required elements. The organization may consider creating its own code of conduct or adding an addendum to the current governmental code that exists.

A.7.b.(2)(b)

A.7.c.(1)

A.7.c.(2)

It is recommended that Guam Behavioral Health and Wellness Center ensure that the organization's designated staff member conducts corporate compliance risk assessments. It is also recommended that the organization conduct training of personnel on corporate compliance to include the role of the compliance officer and the organization's procedures for allegations of fraud, waste, abuse, and other wrongdoing. The organization might consider adding this training to the organization's annual training fair.

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

- Strategic planning considers stakeholder expectations and environmental impacts
- Written strategic plan sets goals
- Plan is implemented, shared, and kept relevant

Recommendations

There are no recommendations in this area.

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

- Ongoing collection of information from a variety of sources
 - Analysis and integration into business practices
 - Leadership response to information collected
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Recommendations

There are no recommendations in this area.

E. Legal Requirements**Description**

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

Key Areas Addressed

- Compliance with all legal/regulatory requirements
-

Recommendations

There are no recommendations in this area.

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 annual 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

- Budget(s) prepared, shared, and reflective of strategic planning
 - Financial results reported/compared to budgeted performance
 - Organization review
 - Fiscal policies and procedures
 - Review of service billing records and fee structure
 - Financial review/audit
 - Safeguarding funds of persons served
-

Recommendations

F.6.b.(1)

F.6.b.(2)

Although the financial staff of the organization does attend the government training related to financial processing and government financial procedures, it is recommended that the organization provide training related to the organization's fiscal policies and procedures to appropriate personnel, including initial training and ongoing training.

F.7.a. through F.7.b.(3)

It is recommended that Guam Behavioral Health and Wellness Center conduct a review of a representative sampling of the records of the consumers at least quarterly to document that dates of services provided coincide with billed episodes of care, determine that bills accurately reflect the services that were provided, and identify necessary corrective action.

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

- Identification of loss exposures
 - Development of risk management plan
 - Adequate insurance coverage
-

Recommendations

There are no recommendations in this area.

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

- Inspections
 - Emergency procedures
 - Access to emergency first aid
 - Competency of personnel in safety procedures
 - Reporting/reviewing critical incidents
 - Infection control
-

Recommendations

H.4.a.(1)

H.4.a.(2)

H.4.b.(7)

It is recommended that personnel receive competency-based training both upon hire and annually regarding medication management. Currently, there are several personnel that are monitoring medications in residential programs as well as other programs within the organization. It is suggested that the organization add this training to its annual training fair.

H.7.a.(1) through H.7.d.

Although Guam Behavioral Health and Wellness Center does have emergency procedures, unannounced tests of all emergency procedures should consistently be conducted at least annually on each shift at each location to include complete actual or simulated physical evacuation drills that are analyzed for performance. These performance analysis should address areas needing

improvement, actions to be taken, results of performance improvement plans, and necessary education and training of personnel. The tests should be evidenced in writing, including the analysis. This could be accomplished by updating the current form for tracking drills to include all of the areas required and creating an annual calendar, including shifts and locations, to ensure that all drills are consistently being conducted.

H.8.a.

H.8.b.

Although Guam Behavioral Health and Wellness Center has some access to personnel that have first aid expertise and to some first aid equipment and supplies, it is recommended that the organization ensure that there is immediate access to first aid expertise and first aid equipment and supplies. Due to exorbitant delays in the government procurement system, some CPR/first aid certifications are not being renewed as required and first aid equipment and supplies have been requested but have taken several months to be approved.

H.9.f.(12)

H.9.f.(13)

It is recommended that the organization have written procedures regarding critical incidents that include biohazardous accidents and the unauthorized use and possession of legal or illegal substances. The organization does have a contraband policy, and this policy does indicate that personnel should fill out a critical incident report, but the critical incident policy does not include/describe the unauthorized use or possession of legal/illegal substances as critical incidents.

H.12.b.

H.12.j.

H.12.k.

It is recommended that Guam Behavioral Health and Wellness Center ensure that, when transportation is provided to the consumers, there is evidence of regular review of driving records of all drivers. It is suggested that this could be done by running a department of motor vehicles report on the staff on an annual basis or as often as determined by the organization. Although at least one vehicle did have a first aid kit in it, it is recommended that Guam Behavioral Health and Wellness Center ensure that first aid supplies are consistently available in all vehicles. First aid kits have been requested; however, they have not been received due to delays in processing requests by the government. It is also recommended that maintenance of vehicles owned or operated by the organization be conducted according to the manufacturers' recommendations. Several vehicles were awaiting maintenance requests to be approved by the government and delays resulted in regular maintenance, such as oil changes, occurring far beyond any manufacturers' recommendations. Some vehicles have to be taken out of circulation for long periods of time due to delay in the approval of the maintenance, causing the organization to be without that vehicle for several months.

H.13.a.(1) through H.13.b.(3)

Although external inspections have occurred at some of the locations, Guam Behavioral Health and Wellness Center should ensure that comprehensive health and safety inspections are conducted at least annually by a qualified external authority. Inspections should result in written report that identifies the areas inspected, recommendations for areas needing improvement, and actions taken to respond to the recommendations.

H.14.a. through H.14.b.(3)

Comprehensive health and safety self-inspections should be conducted at least semiannually on each shift. These inspections should result in a written report that identifies the areas inspected, recommendations for areas needing improvement, and actions taken to respond to the recommendations.

Consultation

- It is suggested that the organization mark the locations where the first aid equipment and supplies are located throughout its locations.
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I. Human Resources

Description

CARF-accredited organizations demonstrate that they value their human resources. It should be evident that personnel are involved and engaged in the success of the organization and the persons they serve.

Key Areas Addressed

- Adequate staffing
 - Verification of background/credentials
 - Recruitment/retention efforts
 - Personnel skills/characteristics
 - Annual review of job descriptions/performance
 - Policies regarding students/volunteers, if applicable
-

Recommendations

I.1.a. through I.1.d.

Although the organization makes valiant attempts to fill vacant positions, due to delays in the onboarding processes of the government, the organization faces a lack of capacity issue. Therefore, it is recommended that Guam Behavioral Health and Wellness Center ensure that there is consistently an adequate number of personnel to meet the established outcomes of the consumers, ensure the safety of the consumers, deal with unplanned absences of personnel, and meet the performance expectations of the organization. Perhaps the organization could request special permission to expedite hiring.

I.6.a.(1) through I.6.c.(4)

It is recommended that Guam Behavioral Health and Wellness Center ensure that job descriptions are reviewed annually and updated as needed. Although the organization conducts performance evaluations for classified employees, unclassified employees are not evaluated. It is recommended that performance evaluations for all personnel directly employed by the organization be conducted

based on job functions and identified competencies, be evident in personnel files, be conducted in collaboration with the direct supervisor, with evidence of input from the personnel being evaluated, be used to assess performance related to objectives established in the last evaluation period, establish measurable performance objectives for the next year, and be performed annually. It is also recommended that the organization conduct reviews on an annual basis of all contracted personnel utilized by the organization to assess performance of their contracts, ensure that they follow all applicable policies and procedures of the organization, and ensure that they conform to the CARF standards applicable to the services that they provide. It is suggested that the organization review job descriptions during the annual evaluation process, which could include establishing goals for the next year. A checklist for contract staff could be used during the annual review of their contracts.

J. Technology

Description

CARF-accredited organizations plan for the use of technology to support and advance effective and efficient service and business practices.

Key Areas Addressed

- Written technology and system plan
 - Written procedures for the use of information and communication technologies (ICT) in service delivery, if applicable
 - Training for personnel, persons served, and others on ICT equipment, if applicable
 - Provision of information relevant to the ICT session, if applicable
 - Maintenance of ICT equipment in accordance with manufacturer recommendations, if applicable
 - Emergency procedures that address unique aspects of service delivery via ICT, if applicable
-

Recommendations

There are no recommendations in this area.

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

- Communication of rights
 - Policies that promote rights
 - Complaint, grievance, and appeals policy
 - Annual review of complaints
-

Recommendations

K.4.a. through K.4.b.(3)

It is recommended that a written analysis of all formal complaints be conducted annually that determines trends, areas needing improvement, and actions to be taken. The organization could consider making this part of its quality improvement committee reporting.

L. Accessibility

Description

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

Key Areas Addressed

- Written accessibility plan(s)
 - Requests for reasonable accommodations
-

Recommendations

L.1.b.(2)

L.1.b.(7)

L.1.b.(9)

Although the organization has accessibility plan that incorporates barriers identified, it is recommended that the organization implement on an ongoing basis a process for the identification of barriers in environment, technology, and community integration (when appropriate). It is suggested that the organization update its form for identifying barriers to include all of the areas.

M. Performance Measurement and Management

Description

CARF-accredited organizations are committed to continually improving their organizations and service delivery to the persons served. Data are collected and analyzed, and information is used to manage and improve service delivery.

Key Areas Addressed

- Information collection, use, and management
 - Setting and measuring performance indicators
-

Recommendations

M.5.d.

It is recommended that the organization consistently collect data about persons served at a point(s) in time following services. It is suggested that the organization conduct follow-up phone calls to its consumers to collect information about the services received.

N. Performance Improvement

Description

The dynamic nature of continuous improvement in a CARF-accredited organization sets it apart from other organizations providing similar services. CARF-accredited organizations share and provide the persons served and other interested stakeholders with ongoing information about their actual performance as a business entity and their ability to achieve optimal outcomes for the persons served through their programs and services.

Key Areas Addressed

- Proactive performance improvement
 - Performance information shared with all stakeholders
-

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.

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

A.26.a. through A.26.h.

It is recommended that documented, ongoing supervision of clinical or direct service personnel consistently address accuracy of assessment and referral skills; the appropriateness of the treatment or service intervention selected relative to the needs of the persons served; treatment/service effectiveness as reflective of the person served meeting his/her individual goals; the provision of feedback that enhances the skills of direct service personnel; issues of ethics, legal aspects of clinical practice, and professional standards, including boundaries; clinical documentation issues identified

through ongoing compliance review; cultural competency issues; and model fidelity, when implementing evidence-based practices.

A.27.b.(2)

A.27.b.(3)

A.27.b.(5)

The organization should add to its policies and procedures for the persons served and personnel how it addresses the handling of legal drugs, prescription medication, and tobacco products brought into the program.

Consultation

- Many barriers exist in recruiting and hiring staff as well as obtaining the goods and services necessary for effective program operations. It is suggested that the leadership advocate with the appropriate government agencies to facilitate timely access to these resources.
-

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 his or her 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, his or her family or significant others, or 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

B.9.a.(1) through B.9.d.(6)

It is recommended that each person served consistently receive an orientation that is provided in a timely manner based on the person's presenting condition and the type of services provided, is understandable to the person served, and is documented. The orientation should consistently include an explanation of the rights and responsibilities of the person served, complaint and appeal procedures, ways in which input can be given, as well as the organization's confidentiality policies and internet/consent to treat. Furthermore, it is recommended that the orientation include behavioral expectations of the persons served; transition criteria and procedures; discharge criteria; response to identification of potential risk to the persons served; access to after-hour services; standards of professional conduct related to services; and requirements for reporting and/or follow-up of the mandated person served, regardless of his/her discharge outcome. It should include any and all financial obligations, fees, and financial arrangements for services provided by the organization. It is recommended that the orientation include the organization's health and safety policies regarding the use of seclusion or restraint, use of tobacco products, illegal or legal substances brought into the program, prescription medication brought into the program, and weapons brought into the program. The orientation should consistently include the rules and expectations of the person served, which identify the following: any restrictions the program may place on the person served; events, behaviors, or attitudes and their likely consequences; and means by which the person served may regain rights or privileges that have been restricted; familiarization with the premises, including emergency exits and/or shelters, fire suppression equipment, and first aid kits; education regarding advanced directives, when indicated; and identification of the purpose and process of the assessment. In addition, it should consistently include a description of how the person-centered plan will be developed; the person's participation in goal development and achievement; the potential course of treatment/services; how motivational incentives may be used; expectations for legally required appointments, sanctions, or court notifications; expectations for family involvement; and identification of the person(s) responsible for service coordination.

Consultation

- It is suggested that the organization consider developing a consumer-friendly handbook that provides orientation, an orientation checklist, or an outline of orientation information to be provided in a group setting.

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 his or her 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

C.2.b.(5)

C.2.b.(6)

C.2.c.

It is recommended that the person-centered plan consistently include specific service or treatment objectives that are measurable and achievable and identification of specific interventions, modalities, and/or services to be used.

C.7.a.(1)(a) through C.7.a.(4)(b)

It is recommended that progress notes consistently document progress toward achievement of identified objectives and goals; significant events or changes in the life of the person served; the delivery and outcome of specific interventions, modalities, and/or services that support the person-centered plan; and changes in the frequency of services and levels of care.

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 reentry 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 he or she moves to another level of care, after-care program, or community-based services. The transition plan is meant to be a plan that the person served uses to identify the support that is needed to prevent a recurrence of symptoms or reduction in functioning. It is expected that the person served receives a copy of the transition plan.

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

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

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

Key Areas Addressed

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

D.3.b.(1) through D.3.c.

D.3.e. through D.3.g.(2)

D.3.g.(4)

It is recommended that the written transition plan identify the person's current progress in his/her recovery or move toward well-being and gains achieved during program participation and the person's need for support system or other types of services that will assist in continuing his/her recovery, well-being, or community integration. It should include referral information such as contact name, telephone number, locations, hours and days of services, when applicable, and communication of information on options and resources available if symptoms recur or additional services are needed, when applicable. It should also include strengths, needs, and preferences.

D.5.b. through D.5.d.

D.5.f.

It is recommended that the written discharge summary consistently describe the services provided, identify the presenting condition, describe the extent to which the established goals and objectives were achieved, and identify the status of the person served at last contact.

E. Medication Use

Description

Medication use is the practice of handling, prescribing, dispensing, and/or administering medications to persons served in response to specific symptoms, behaviors, and conditions for which the use of medications is indicated and deemed efficacious. Medication use may include self-administration, or be provided by personnel of the organization or under contract with a licensed individual. Medication use is directed toward maximizing the functioning of the persons served while reducing their specific symptoms and minimizing the impact of side effects.

Medication use includes prescribed or sample medications, and may, when required as part of the treatment regimen, include over-the-counter or alternative medications provided to the person served. 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, transporting, storing, and disposing of medications, including those self-administered by the person served.

Self-administration for adults is the application of a medication (whether by injection, inhalation, oral ingestion, or any other means) by the person served to his or her body, and may include the organization storing the medication for the person served, or may include staff handing the bottle or blister pack 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 closely observing the person served self-administering the medication.

Self-administration by children or adolescents in a residential setting must be directly supervised by personnel, and standards related to medication use applied.

Dispensing is considered the practice of pharmacy; the process of preparing and delivering a prescribed medication (including samples) that has been packaged or repackaged and labeled by a physician or pharmacist or other qualified professional licensed to dispense (for later oral ingestion, injection, inhalation, or other means of administration).

Prescribing is evaluating, determining what agent is to be used by and giving direction to a person served (or family/legal guardian), in the preparation and administration of a remedy to be used in the treatment of disease. It includes a verbal or written order, by a qualified professional licensed to prescribe, that details 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

- Individual records of medication
 - Physician review
 - Policies and procedures for prescribing, dispensing, and administering medications
 - Training regarding medications
 - Policies and procedures for safe handling of medication
-

Recommendations

E.1.a. through E.1.b.(4)

It is recommended that Guam Behavioral Health and Wellness Center develop an organizational policy that consistently identifies whether or not medications are used in its programs that includes the process for persons served to obtain medications needed to promote recovery and/or desired treatment/service outcomes, including whether or not it directly provides medication control, prescribing, dispensing, and administering of medications.

E.2.a.(3) through E.2.b.(16)

In response to the needs of the persons served and the type of service provided, it is recommended that documented ongoing training and education regarding medications be provided to personnel providing direct service to the persons served. The education and training should include how the medication works; the risks associated with each medicine; the intended benefits, as related to the behavior or symptom(s) targeted by this medication; side effects; contraindications; potential implications between medications and diet/exercise; risks associated with pregnancy; the importance of taking medications as prescribed, including, when applicable, the identification of potential obstacles to adherence; need for laboratory monitoring; the rationale for each medication; early signs of relapse related to medication efficacy; signs of nonadherence to medication prescriptions; potential drug reactions when combining prescription and nonprescription medications, including alcohol, tobacco, caffeine, illegal drugs, and alternative medications; instructions on self-administration, when applicable; wellness management and recovery planning; and the availability of financial supports and resources to assist the persons served with handling the costs associated with medication.

E.3.c. through E.3.h.

E.3.j.

E.3.k.

Because the organization physically controls medication (including medications self-administered by the person served, samples, stock medications, etc.), it is recommended that written procedures be implemented that include transportation and delivery, when applicable; safe storage; safe handling; packaging and labeling, when applicable; management of biohazards associated with the use of medications; safe disposal; self-administration; and, off-site use. It is suggested that the organization consider a development of an assessment tool that could evaluate the consumer's ability to self-administer medications. Such a tool may also be able to measure the consumer's ability to self-manage over time.

E.5.e.(1)**E.5.f. through E.5.j.****E.5.l.****E.5.m.**

It is recommended that the organization have written procedures regarding prescribing, dispensing, or administering of medications that include: review of past medications use, including effectiveness; identification of alcohol, tobacco, and other drug use; use of over-the-counter medications; use of medications by women of child-bearing age; use of medications during pregnancy; special dietary needs and restrictions associated with medication use; when applicable, documented assessments of abnormal involuntary movements at the initiation of treatment and every six months thereafter for persons served receiving typical antipsychotic medications; and when possible, coordination with the physician providing primary care needs.

E.6.a. through E.6.c.**E.6.e.**

It is recommended that, since the organization provides prescribing of medication, it implement written procedures that include screening for common medical comorbidities using evidence- or consensus-based protocols; evaluation of co-existing medical conditions for potential medication impact; identifying potential drug interactions, including the use of over-the-counter supplements; and continuing a prescribed medication if a generic medication is not available.

E.7.b.(1)**E.7.b.(2)**

It is recommended that the organization develop a program of medication utilization evaluation that includes measures of effectiveness and satisfaction of the person served.

E.8.a. through E.8.f.(2)

It is recommended that the organization conduct, at least annually, a documented peer review by a qualified professional with legal prescribing authority, or a pharmacist, on a representative sample of records of persons for whom prescriptions were provided to assess the appropriateness of each medication as determined by the needs and preferences of each person served and the efficacy of the medication; to determine if the presence of side effects, unusual effects, and contraindications were identified and addressed and necessary tests were conducted; and to identify simultaneous use of multiple medications in the same drug class and medication interactions.

E.9.a. through E.9.c.

It is recommended that information from the peer review process be reported to applicable staff, used to improve quality of services provided, and incorporated into the organization's performance improvement system.

F. Nonviolent Practices

Description

Programs strive to be learning environments and to support persons served in the development of recovery, resiliency, and wellness. Relationships are central to supporting individuals in recovery and wellness. Programs are challenged to establish quality relationships as a foundation to supporting recovery and wellness. Providers need to be mindful of developing cultures that create healing, healthy and safe environments, and include the following:

- Engagement
- Partnership—power with, not over
- Holistic approaches
- Respect
- Hope
- Self-direction

Programs need to recognize that individuals may require supports to fully benefit from their services. Staff is expected to access or provide those supports wanted and needed by the individual. Supports may include environmental supports, verbal prompts, written expectations, clarity of rules and expectations, or praise and encouragement.

Even with supports, there are times when individuals may show signs of fear, anger, or pain, which may lead to aggression or agitation. Staff members are trained to recognize and respond to these signs through de-escalation, changes to the physical environmental, implementation of meaningful and engaging activities, redirection, active listening, etc. On the rare occasions when these interventions are not successful and there is imminent danger of serious harm, 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. The use of seclusion and restraint must always be followed by a full review, as part of the process to eliminate the use of these in the future.

The goal is to eliminate the use of seclusion and restraint in behavioral health, as the use of seclusion or restraint creates potential physical and psychological dangers to the persons subject to the interventions, to the staff members who administer them, or those who witness the practice. Each organization still utilizing seclusion or restraint should have the elimination thereof as an eventual goal.

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, in immediate response to a dangerous behavior. Restraints used as an assistive device for persons with physical or medical needs are not considered restraints for purposes of this section. Briefly holding a person served, without undue force, for the purpose of comforting him or her or to prevent self-injurious behavior or injury to self, or holding a person's hand or arm to safely guide him or her from one area to another, is not a restraint. Separating individuals threatening to harm one another, without implementing restraints, is not considered restraint.

Seclusion refers to restriction of the person served to a segregated room 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 if freedom to leave the segregated room is denied.

Seclusion or restraint by trained and competent personnel is used only when other less restrictive measures have been found to be ineffective to protect the person served or others from injury or serious harm. Peer restraint is not considered an acceptable alternative to restraint by personnel. Seclusion or restraint is not used as a means of coercion, discipline, convenience, or retaliation.

In a correctional setting, the use of seclusion or restraint for purposes of security is not considered seclusion or restraint under these standards. Security doors designed to prevent elopement or wandering are not considered seclusion or restraint. Security measures for forensic purposes, such as the use of handcuffs instituted by law enforcement personnel, are not subject to these standards. When permissible, consideration is made to removal of physical restraints while the person is receiving services in the behavioral healthcare setting.

Key Areas Addressed

- Training and procedures supporting nonviolent practices
 - Policies and procedures for use of seclusion and restraint
 - Patterns of use reviewed
 - Persons trained in use
 - Plans for reduction/elimination of use
-

Recommendations

F.1.a. through F.1.c.(2)

It is recommended that the organization develop a policy that consistently identifies how all personnel employed by the organization will be trained on the prevention of workplace violence, how it will respond to aggressive or assaultive behaviors, and whether and under what circumstances seclusion and/or restraints are used within the programs it provides.

F.9.a.(1)(a)

F.9.a.(2)

F.9.c.

F.9.d.

F.9.g.(3) through F.9.g.(6)

It is recommended that the organization consistently implement written procedures that specify that the initial evaluation of the person served includes a review of the medical history to determine whether seclusion or restraints can be administered without risk to the health and safety of the person served and identifies contraindications to be considered prior to the use of seclusion or restraint. Written procedures should specify that standing orders are not issued to authorize the use of seclusion or restraint. The written procedure should include procedures for the immediate assessment of contributing environmental factors that may promote maladaptive behaviors are identified and actions taken to minimize those factors. Furthermore, when the use of seclusion or

restraint occurs, written procedures should include that the seclusion or restraint is administered in a safe manner, with consideration given to the physical, developmental, and abuse/neglect history of the person served; personnel are trained to monitor for the unique needs of a person in seclusion or restraint; as soon as the threat of harm is no longer imminent, the person is removed from seclusion or restraint; and that staff members communicate to the person being secluded or restrained their intentions to keep them and others safe.

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
 - Time frames for entries to records
 - Individual record requirements
 - Duplicate records
-

Recommendations

G.4.e.

It is recommended that the individual record of the person served indicate the location of any other records.

H. Quality Records Management

Description

The organization has 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

H.4.b.

H.4.c.

H.4.f.(2)

H.4.g.

It is recommended that the quality record review consistently address whether confidential information was released according to applicable laws/regulations; the assessment of the person served was thorough, complete, and timely; the actual service was of reasonable duration; and the person-centered plan was reviewed and updated in accordance with the organization's policy.

H.5.a.

The organization should use the information from the quality records review to improve the quality of its services through performance improvement activities.

Consultation

- It is suggested that the template currently in use for the quality records review be streamlined to capture essential data that are user friendly and readily available for performance improvement. It is further suggested that the organization consider options for a more efficient review process. Some options may include centralizing the review process, rotating between and among programs, or shared responsibility across programs for the completion of the review.
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SECTION 3. BEHAVIORAL HEALTH CORE 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.

ALCOHOL AND OTHER DRUGS/ADDICTIONS

Core programs in this field category are designed to provide services for persons who have or are at risk of having harmful involvement with alcohol or other drugs/addictions, including process addictions, such as addiction to gambling, pornography, video gaming, etc. These programs use a team approach to minimize the effects and risks associated with alcohol, other drugs, or other addictions.

Q. Outpatient Programs

Intensive Outpatient Treatment

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.

Outpatient Treatment

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.

Recommendations

There are no recommendations in this area.

MENTAL HEALTH

Core programs in this field category are designed to provide services for persons with or who are at risk for psychiatric disabilities/disorders or have other mental health needs. These programs encompass a wide variety of therapeutic settings and intervention modalities and may provide

services to those with behavioral health disabilities or co-occurring disabilities; those with intellectual or developmental disabilities; victims or perpetrators of domestic violence or abuse; persons needing treatment because of eating or sexual disorders; and/or drug, gambling, or internet addictions.

G. Crisis Programs

Crisis Intervention

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.

Crisis Stabilization

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.

Recommendations

G.34.

Although the program has curriculum available for use, the use of therapeutic interventions consistent with the needs of the persons served is minimally evidenced. It is recommended that the organization document daily therapeutic interventions between the persons served and the qualified behavioral health provider.

Consultation

- It is suggested that the crisis stabilization units continue to develop libraries of curricula that can be used to provide structured interventions and services to the persons served.
- For after-hours contact, Guam Behavioral Health and Wellness Center could consider including a message on the main telephone line that would direct the persons served to the crisis line number or other emergency services.

Q. Outpatient Programs

Outpatient Treatment

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.

Recommendations

There are no recommendations in this area.

T. Residential Treatment

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.

Recommendations

T.6.g.

It is recommended that the Residential Recovery Program implement regular meetings between the persons served and program personnel.

T.12.a.

T.12.b.

The Residential Recovery Program is urged to ensure that all direct service personnel are trained in first aid and CPR.

T.17.a.

T.17.b.

Although the Residential Recovery Program has recently implemented a monthly review of the person-centered plan for each person served, the program has not consistently done so. It is recommended that a documented review of the person-centered plan for each person served in the Residential Recovery Program occur at least one time per month.

FAMILY SERVICES

Core programs in this field category are designed to maintain or improve the quality of life for children, adolescents, or other family members individually or in their relationships with their families, their environments, or other individuals. Core programs in this field category are directed at the reduction of symptoms and/or the improvement of functioning for the person served or family unit.

S. Prevention

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 services 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
 - Public awareness
 - Appropriate program activities
 - Program strategies
-

Recommendations

There are no recommendations in this area.

SECTION 4. BEHAVIORAL HEALTH SPECIFIC POPULATION DESIGNATION STANDARDS

C. Children and Adolescents

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.

Recommendations

There are no recommendations in this area.

PROGRAMS/SERVICES BY LOCATION

Guam Behavioral Health and Wellness Center

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

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

Guma Asusena

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

Residential Treatment: Mental Health (Adults)

Guma Hinemlo

147 North Granada Court Ligan Terrace
Dededo, GU 96929
US

Residential Treatment: Mental Health (Adults)

Guma Kamia

146 Chalan Gaogao, Ironwood Estate-Manor
Dededo, GU 96921
US

Residential Treatment: Mental Health (Adults)

Guma Pahong

112 Kayon Pahong Ironwood Estate Manor
Dededo, GU 96921
US

Residential Treatment: Mental Health (Adults)

CASD I-Famagu'on-ta

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

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
US

Intensive Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)

Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)

PEACE Prevention and Training

215 Chalan Santo Papa Street, J & G Complex, Suite 205F
Hagatna, GU 96910
US

Prevention: Family Services (Adults)

Healing Hearts

215 Father Duenas Drive
Tamuning, GU 96913
US

Crisis Intervention: Mental Health (Adults)

Crisis Intervention: Mental Health (Children and Adolescents)