

**PROGRAM PLAN DESCRIPTION**  
**RESIDENTIAL TREATMENT PROGRAM/RESIDENTIAL RECOVERY PROGRAM**

The residential treatment program provides a home-like atmosphere where individuals who have severe and persistent mental illness can reside while receiving therapeutic treatment. All residents are encouraged to engage in the operation of the household and take part in the responsibility of daily household chores. The program uses both individual and group approaches in assisting each individual to develop interpersonal and practical living skills within the structured residence that will prepare them to live independently. The staff assists the residents in establishing and maintaining connections with services in the general community. Skill development is the primary focus of the program to help individuals achieve a meaningful life and to function to their fullest capacity. The program has varying levels of care based on the supervision needs, behavioral concerns and assistance needed with activities of daily living.

**I. Mission/Philosophy**

GBHWC Residential Recovery Program is dedicated to providing services that promote recovery and independence through care, community, family and peer supports, and skill development leading to a successful transition into a safe, appropriate and supportive living environment in the community.

**II. Goals/Objectives**

The shared goal is to promote recovery by utilizing community integrated approaches to care, natural supports, peer support, and skill development to help consumers achieve a meaningful life and to function to their fullest capacity.

- a. The RRP provides community based habilitation/rehabilitation and treatment services utilizing a multidisciplinary treatment team (MDTT) approach. The MDTT develops a multidisciplinary master treatment plan (MMTP) specifically to address the consumers' needs, goals, and objectives.
- b. The RRP provides services that focus on the consumers' strengths, needs, abilities, and preferences as indicated in the consumers' MMTP.
- c. The RRP provides community based treatment services that are holistic, addressing the consumers' behavioral/cognitive symptoms, functional limitations, psychological conditions, and psychosocial barriers.

- d. The RRP promotes and allows independent decision making by the consumers and encourages independent living, as appropriate.
- e. The RRP assists the consumers in choosing, accessing, and utilizing the community and natural supports that facilitate recovery.
- f. The RRP provides consumers with activities and experiences to develop the skills they need to support a successful transition into a safe, affordable, appropriate, and permanent setting integrated in the community.

### **III. Location**

- All residential homes are in the community.
- The residential units have at least four (4) bed capacity, with communal bathroom/s, living room, kitchen, dining room and yard.
- 1. Guma Pahong (Level I)
  - 112 Kayon Pahong, Ironwood Estate-Manor Dededo 96921
- 2. Guma Ifit (Level II)
  - 169 Kayen Dulili, Ironwood Estate-Glen Dededo 96921
- 3. Guma Kamia (Level III)
  - 146 Chalan Gaogao, Ironwood Eastate-Manor Dededo 96921
- 4. Guma Asusena (Elderly)
  - 110 SE Msg. Jose A Leon Guerrero St Asan, Guam 96910
- 5. Guma Hinemlo (Homeless)
  - 147 N Granada Ct Ligan Terrace, Dededo 96929

### **IV. Days/Hours of Operation**

- 24 hours a day, 7 days a week including all weekends and holidays

### **V. Accessibility**

- All homes meet fire standards and ADA health and safety guidelines. Guma Hinemlo and Guma Asusena have wheelchair accessible restrooms. Direct services are provided at all Residential units.

## **VI. Services Provided**

- Individualized treatment planning based on the individual's strengths, needs, abilities, and preferences to prepare the individual to integrate back into the community.
- Case management, supportive counseling, behavior modification, support groups, advocacy, other services or activities promoting self esteem.
- Psycho-education/education on wellness and recovery.
- Skill building activities such as socialization training skills, community living, independent living skills training, self-care, domestic skills training and family support counseling
- Supportive services to assist consumers obtain services such as day treatment, healthcare, housing, benefits, transportation, legal assistance, and substance abuse support services.
- Discharge or transition planning

## **Referrals to additional residential treatment services for adults**

- GHURA
- Guma Mami, Inc
- Guma San Jose
- Karidat (Catholic Social Services)
- Light House Recovery Center
- Oasis Empowerment Center
- Sagan Mami Day Program and Drop-In Center

## **VII. Service Population**

- Individuals 18 years of age and older
- Individuals with severe and persistent mental health diagnosis (symptoms consistent with most current version of DSM diagnosis)

## **VIII. Entry/Exit Criteria:**

### **A. Entry Criteria**

- The individual is at least 18 (eighteen) years old, lives in Guam and meets GBHWC's complex case criteria, is medically stable and in good physical health where skilled nursing care or regular nursing care will not be required, and
- The individual demonstrates symptomatology consistent with a the most current version of DMS diagnosis which requires and can reasonably be expected to respond to therapeutic treatment; and

- The individual lacks skills sufficient to maintain himself/herself in the community with treatment at a lower level; and
- The individual is willing to enter the program, and agrees to follow their recommended treatment plan, as well as, to abide by the house rules (consent may be obtained through a consumer's guardian if applicable); and
- The individual is able to pay for (or has support to pay for) food, hygiene, and clothing needs, either through a private or public funding source; and
- The individual meets the specific admission criteria for one of the levels of care provided by the RRP:

**B. Exit Criteria:**

**Voluntary exit**

- Adults may choose to leave the program at any time.
- Consent for treatment is withdrawn or the individual requests to leave against medical advice (AMA), and it is determined that the individual has the capacity to make an informed decision and does not meet criteria for an involuntary admission.
- The individual's documented treatment plan goals and objectives have been substantially met, and/or a safe, continuing care program can be arranged at a lower level of care.
- Client has achieved the maximum benefit from the program.

**Involuntary exit**

- The individual is competent but not engaging, that treatment at this level of care is rendered ineffective or unsafe, despite multiple, documented attempts to address non-participation issues.
- The individual poses a threat to or seriously violated program rules (even with reasonable accommodations) and such violation(s) significantly affects the safety and welfare of other individuals in the home;
- The individual develops a medical condition or has a medical emergency that requires admission to an acute care medical facility for thirty (30) days or longer. The individual may return to RRP once medically stable and does not require a 24 hour nursing care.

- The individual is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care based on behavioral reporting, evaluation, and documented lack of progress by the treatment team.
- The individual elopes from the facility and unable to locate.
- The individual expires. Discharge date should reflect the same date as the date of death.
- The individual's diagnosis is changed to an ineligible diagnosis.
- The individual is transferred to a Long Term Institution/Facility
  - a. Incarceration
  - b. Long-term care facility (more than 30 day stay)

#### **IX. Payer Sources**

- Government of Guam
- Federal grants

#### **X. Fees**

- All services are free of charge however; food, clothing, toiletries, and a few other goods are not included in the program. Individuals are responsible for identifying funding sources necessary to provide such items.

#### **XI. Referral Sources**

- All referrals go through the intake process and are referred by internal programs and services.

#### **XII. Staffing/Program Capacity**

##### **Program Capacity: 26 Total**

- Each program level is in a 4 bedroom house, with a maximum capacity of 4.
- Guma Hinemlo, the residential unit for the homeless, has a maximum capacity of 9 consumers.
- Guma Asusena, the unit for the elderly mentally ill with medical conditions, is 5 bedrooms with maximum capacity of 5.

#### **XIII. Staffing Ratio:**

- Staffing patterns are designed to provide the level of staffing needed to ensure the health, safety, and welfare of the consumers in the homes.

- Depending on the population in the home and concurrent with the consumers' treatment plans, some consumers may live in a home with a reduced amount of supervision.
- At least one qualified personnel must be on call twenty-four (24) hours per day/seven (7) days per week in case of emergency and/or to manage unplanned needs which may arise.
- The exact staffing pattern will depend on the individual needs of consumers in the home.

Level 1 and 2:

At all other times, a minimum of two (2) psych tech must be on site whenever any consumers are present in the home.

At least one (1) RN will be on-call at all times.

Level 3

At least one (1) psych tech must be on site whenever any consumers are present in the home.

At least one (1) RN will be on-call at all times.

#### **XIV. Staffing Qualifications:**

The minimum qualifications for the staff associated with a RRP are as follows:

- **Primary staff within the home:**

**Psychiatric Technician (Psych Tech):**

A psych tech shall be a person who has a high school diploma or GED and performs routine sub-professional psychiatric nursing work, has received specialized behavioral training and performs moderately complex tasks after initial training and under close supervision.

- **Administrative Home Staff**

**RRP Manager (RPM):**

The RPM shall be a person who has a bachelor's degree in public or business administration, or a related field, with at least two (2) years' experience in residential care services. The RPM is responsible for day to day operations (e.g. scheduling psych techs, psych tech time sheets) and administrative tasks involved in the management of the homes. He/She maintains liaison with other agencies that may be impacted by transitions.

- **GBHWC Based Staff:**

All GBHWC based staff shall meet the Department and/or the Government of Guam qualifications.

- **Ancillary Services (Contracted):**

All employees that are contracted must meet the legal qualifications for their scope of service(s), be properly licensed, and meet the minimum qualifications



set for by the Department and/or the Government of Guam.

All staff is required to have up-to-date certificates/licenses including:

1. First aid
2. CPR
3. GBHWC approved crisis intervention training
4. Health Certificate (if preparing food in the home)

#### **XIV. Needs Assessment**

Guam Behavioral Health and Wellness Center serve mentally ill patients in the Island of Guam; servicing more than 1500 consumers annually. Often the onset of mental illness occurs in early adulthood resulting in disruption of normal developmental experiences. As a result, adults can begin a cycle of psychiatric hospitalizations with periods of remission that may leave them picking up the pieces of their lives, mainly rebuilding families and locating employment. Many adults could function competently in the community with basic mental health support, such as medication monitoring and counseling. However, a certain percentage of the population needs a more structured environment for therapeutic treatment. Others need housing and support for a smoother transition to community living.

#### **XV. Caseload Characteristics/Need That the Program is addressing (including special populations)**

The program aims to provide housing and treatment to consumers with severe mental illness in order for them to achieve their greatest potential, improve their quality of life and build skills in their pursuit to independent living and reintegration back into the community.

#### **XVI. Demand for this Service**

Guam Behavioral Health and Wellness Center is the sole state entity for mental health services for the island with a diverse population of approximately 160,000. Adult out Patient Behavioral Health Services provide services to over 1500 unduplicated persons annually on the island of Guam. The residential treatment program can accommodate 26 consumers in different levels of care, and has served 24-26 consumers annually.

#### **XVI. Geographic/Cultural Needs and/or Barriers**

Guam Behavioral Health and Wellness Center services are provided for the island of Guam, catering to migrants from the Philippines, Federated States of Micronesia, Republic of Marshall Islands, Palau and other Asian nations. Culturally and linguistically appropriate services are being provided to cater to the diversity of the whole population of Guam.

#### **XVII. Service Philosophy Chosen/Description of Services:**

The GBHWC Residential Recovery Program (RRP) consists of homes in the community for consumers of behavioral health services who demonstrate a willingness to develop the skills for independent living; who require group living as a temporary alternative to their existing living situation; who have a behavioral issue(s) that substantially interfere with their ability to

acquire meaningful life skills, form and maintain interpersonal relationships, and/or successfully live in their community independently.

### **XVIII. Treatment Modalities/Disciplines**

#### Treatment Development.

The RRP consumers receive help and guidance from a multidisciplinary team consisting of a psychologist, counselor, behavior specialist, social worker, residential program manager and the psychiatric technician. Treatment plans are revised annually and reviewed quarterly.

#### Treatment models include:

##### Applied behavioral analysis

- Brief/solution-focused therapy
- Supportive counseling
- Cognitive-behavioral therapy
- Rational-emotive therapy
- Rogerian/Client-centered therapy
- Family-focused therapy
- Critical problem solving skills
- Dialectic behavior therapy, emotion regulation

### **XIX. Referrals/Discharge/Follow up**

When a consumer leaves the program, he/she is referred to the outpatient program for continuity of service. A consumer will remain active (able to return if necessary) in the RRP for thirty (30) days to ensure that the transition to another level of care was successful and that residential services are no longer required.

### **XX. Grievance/Rights Procedures**

Upon admission to the program all person served are informed of their rights, consent for release of information, and right to privacy as defined by state and federal laws  
Consumers are provided a copy of the procedure for filing a grievance/complaint with GBHWC and a procedure for resolution of complaints and grievances.

### **XXI. Evaluation/Outcomes:**

#### ● **Efficiency/Utilization**

- 80% of clients' MDTT is updated quarterly.

#### ● **Effectiveness**

- Reduction or elimination of incidence of relapse

#### ● **Access to Service**

- The success of formal referral mechanism (% of referred consumer accepted in the program in a quarter.)
- Time taken to process a referral target 5 days

#### ● **Satisfaction**



- 80% of sampled consumer served will express satisfaction with average or higher ratings during the year.

