



# Department of Mental Health and Substance Abuse

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Residential Recovery Program Manual

**Volume 2**

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Guam Department of Mental Health and Substance Abuse  
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## **STATUTORY AUTHORITY**

The Department of Mental Health and Substance Abuse (DMHSA) is the Territory of Guam agency charged with providing general inpatient and community-based outpatient mental health, alcohol and drug programs and services. Founded on August 19, 1983 through Public Law 17-21 introduced by Senator M.K. Hartsock, DMHSA became a recognized Department of the Government of Guam. The creation, organization and duties of DMHSA are defined under 10 GCA Health and Safety, Chapter 86-Department of Mental Health and Substance Abuse: Sections 86101-86110.

The Territory of Guam vested standard-setting authority in DMHSA through Section 86105 and 86109 which authorizes the Department to provide services that include:

- Partial hospitalization and aftercare services to include transitional homes for the mentally ill (Section 86105 A.(1)(b)); and
- Residential Treatment Program, to provide transitional living services for mentally ill and mentally retarded clients, to provide adequate and continuing supervision and counseling to clients released to the community and to acquaint and assist clients with various support agencies and programs (Section 86109.1).

## **SCOPE**

*The Department of Mental Health and Substance Abuse Residential Recovery Program (RRP) Manual* serves as the standards/minimum standards referred to in Chapter 86-Department of Mental Health and Substance Abuse: Section 86105 B.(2) and Section 86105 B.(3). DMHSA shall maintain the manual and the RRP staff shall comply with the written policies and procedures. The manual will be updated on an as needed basis to comply with changes in local and/or federal laws and various accreditation standards (e.g. The Joint Commission, CARF). Each home shall maintain an up-to-date copy of the RRP Manual. Copies of the manual shall be made available to RRP staff, the consumers served, their families or any other person of interest upon request.

## **MISSION**

The purpose of the Residential Recovery Program (RRP) is to provide high-quality habilitation and multidisciplinary treatment services for consumers with behavioral health issues, especially those with mental illness, cognitive limitations, intellectual/developmental disabilities, and/or substance use issues, within a supportive living environment integrated in the community. The RRP is designed for consumers who have not been able to be effectively treated in a less restrictive environment. Consumers must demonstrate a willingness to prepare for independent community living through a continued focus on their goals of rehabilitation, recovery, health maintenance, improved quality of life, and natural supports.

## **GOAL**

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 theirs' fullest capacity.

- 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.

- The RRP provides services that focus on the consumers' strengths, needs, abilities, and preferences as indicated in the consumers' MMTP.
- The RRP provides community based treatment services that are holistic, addressing the consumers' behavioral/cognitive symptoms, functional limitations, medical conditions, and psychosocial barriers.
- The RRP is designed to promote and allow independent decision making by the consumers and encourage independent living, as appropriate.
- The RRP assists the consumers in choosing, accessing, and utilizing the community and natural supports that facilitate recovery.
- The RRP will provide 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.

## **PROGRAM DESIGN**

- The RRP consist of homes and apartments 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.
- The RRP consists of two tracks: The serious mental illness (SMI) and intellectual disabilities (ID)/developmental disabilities (DD) tracks. The SMI track is for consumers who have a primary diagnosis of a severe mental illness (e.g., Schizophrenia, Schizoaffective Disorder, Bipolar Disorder, and Major Depressive Disorder). The ID/DD track for consumers who have primary diagnosis of Mental Retardation or a Development Disability.
- Each track is split into three program levels. Level 1, Level 2, and Level 3 are the program levels of the SMI track. Level A, Level B, and Level C are the program levels of the ID/DD track.
- The RRP strives to ensure consumers with ID/DD and consumer with MI will not reside in the same home. Additionally the RRP guarantees that if a consumer with ID/DD resides in the same home as consumer with MI, the consumer with ID/DD and the consumer with MI will not be placed in the same bedroom.
- The overall program combines a safe living environment with the proper amount of staff supervision based on the individual needs of the consumers.
- The home will generate a positive and nurturing atmosphere conducive to skill acquisition.
- Based on the individual needs of the consumer, the RRP, in conjunction of the Department's service, will provide adequate psychological and behavioral services/treatment, including skills and positive behavioral support programs.
- DMHSA will ensure that consumers are not denied any services or are subject to discrimination based on sex, race, religion, nationality, sexual orientation, or disability, including the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973 and the Fair Housing Act.

- Consumers shall actively participate in their treatment plan throughout their stay and participate in RRP activities provided by the staff. The consumers' participation will aid in the development of life management skills and facilitate a smooth integration into community living.
  - The program level, amount of staff supervision, and house activities will vary depending on the individual needs of the consumers in the home.

### **CARE, SUPPORTS, AND TREATMENT:**

Whenever possible, supports shall be adapted to the cultural background and language of the consumers. The RRP shall elicit the consumers' preference and respect those preferences when they are consistent with the rights and well-being of the consumers and others.

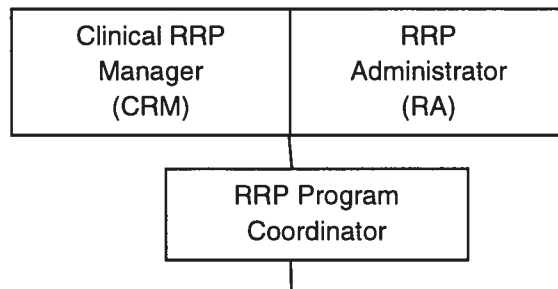
The RRP will offer a wide-range of habilitation/rehabilitation, treatment, and support services, depending on the individual needs of the consumers in the home, including, but not limited to, the following:

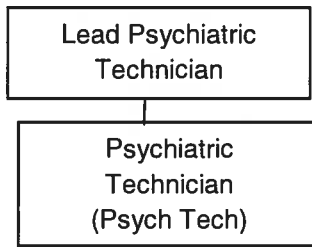
- Services three-hundred sixty-five (365) day per year, with on-call staff available for contact on a twenty-four (24) hour basis.
- Access to services of DMHSA and its' contracted providers as needed and required by the consumers' treatment plans, which could include: physical, occupational, and/or speech therapy, behavioral intervention, daily living skills training, recreation/leisure skills training, psychosocial skills training, community re-entry skills training and linkage to day programs.
- Treatment planning
- Social networking in an effort to promote a stable support system for the consumers
  - Staff shall provide the consumers with opportunities and supports to develop and maintain social relationships, to perform different social roles and to participate in activities of their community.
- Individual and/or group counseling, as needed
- Emotional support in improving behavior and coping with consumers' conditions
- Room, meals, and assistance with meeting basic needs (i.e., bathing, grooming, cleaning, oral hygiene, etc.) as specified in the consumers' treatment plans
- Support and assistance with activities of daily living (ADL)
- Scheduling of activities outside of the home and encouragement to participate in such activities, to the maximum extent possible.
  - Staff shall ensure that activities are scheduled and routines cultivated in an effort to reflect those of society.
  - Staff shall ensure that consumers take advantage of various activities normally associated with true community integration, such as banking, shopping, recreational and leisure activities.
- Assistance and support with transportation arrangements
- Assistance with medication regimens
- Support and encouragement to promote the consumers participation in support groups

- Referral to appropriate health care providers in the community required by the consumers' physical, cognitive, and/or emotional condition
- Twenty-four (24) hours a day/seven (7) days a week access to emergency care and treatment provided by health care providers within the community
- No less than a semi-annual review of the consumers' MMTP
- Consumers shall be supported as they exercise their personal choice, (unless otherwise indicated in their treatment plan), including but not limited to choice in the following:
  - Personal possessions
  - Personal property
  - Bedroom décor
  - Associating and communicating with persons of their choice
  - Dress, hairstyle, make-up, beards, or other personal effects
  - Food and drink
  - Goals and objectives to be included within the MMTP
  - Positive behavioral support
  - Time, space, and opportunity for privacy
  - Places and individuals the consumers want to visit
  - Events the consumers want to attend
  - Daily routine, schedules, and activities
  - Deciding who will assist them with personal hygiene
  - Participation in household responsibilities
  - Roommate(s)
  - Religion and religious activities
- The RRP and other DMHSA programs will provide a variety of education and/or training specific to the consumers' assessed needs, abilities, and readiness to learn. When appropriate, education and training is to be provided regarding: basic safety issues, rehabilitation techniques, diet and exercise, aging issues, communicable diseases, drug addiction, alcohol and drug use/abuse, personal hygiene, dental care and infection control.
- Each program is designed so consumers will be able to maximize their quality of life as a result of the consumers' involvement in their treatment and their ability to easily access day programs, activities, and services in an integrated setting.

**RESIDENTIAL RECOVERY PROGRAM ORGANIZATIONAL CHART**

The organizational chart illustrates the lines of authority, responsibility, and communication.





Primary Clinical Staff within the Home (as needed, dependant on program level):

- Clinical RRP Manager (CRM)
- Lead Psychiatric Technician
- Psychiatric Technician (Psych Tech)

Administrative Home Staff:

- RRP Administrator (RA)
- RRP Program Coordinator

DMHSA Based Staff (as needed):

- Psychiatrist
- Psychiatric Nurse
- Psychologist
- Activity Coordinator
- Counselor
- Case Management
- Social Worker

Ancillary services (Contracted):

- Physical Therapist
- Speech Therapist
- Occupational Therapist
- Dental
- Medical Personnel

**STAFF QUALIFICATIONS/JOB DESCRIPTION**

- The RRP staff shall comply with DMHSA’s personnel policy and procedures.
- All staff shall share the responsibility of providing care, to the extent they are credentialed to provide such care.
- All staff must be thoroughly familiar with assigned duties and responsibilities.
  - It is the staff’s responsibility to ask their supervisor if they have any questions about their duties and/or responsibilities.
- Staff shall work cooperatively with other staff members.
  - Should a problem arise, staff shall solve problems privately and at a time that does not compromise the consumers’ care.
- Staff shall model positive behavior toward consumers and other staff members.

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

- Primary clinical staff within the home:
  - **Clinical RRP Manager (CRM):** A CRM is a Clinical Psychologist, Master’s Level Social Worker, or Master’s Level Nurse who manages the overall



clinical operations of the home and manages the clinical support staff. The CRM acts as a consultant to the MDTT, having knowledge on the space available and the levels of care provided in each home. All placements of consumers must be approved by the CRM. The CRM will supervise the clinical responsibilities of the psychiatric technicians (Psych Tech).

- **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 Administrator (RA):** A RA 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 RA is responsible for day to day operations (e.g. scheduling psych techs, psych tech time cards) and administrative tasks involved in the management of the homes. They maintain liaison with other agencies that may be impacted by transitions. They coordinate with the activities coordinator to schedule activities outside of the home and make sure arrangements for transportation are coordinated.
  - **RRP Program Coordinator:** The RRP Program Coordinator shall be a person who has a bachelor's degree in public/business administration, social sciences or related field and assist the RA with daily operations.
- **DMHSA Based Staff:**
  - All DMHSA 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.

Depending on the population in the home, the psych tech(s) will be responsible for the following

- Maintaining the consumers' chart within the home
- Picking up copies of consumers' documents from medical records and taking them to the homes. Also, taking copies of consumers' documents from the home to medical records, weekly to ensure the completion of charts (Lead Psych Tech)
- Implementing the treatment plan, as indicated
- Participating in treatment planning when requested to do so by clinical staff
- Maintaining a therapeutic alliance with the consumers
- Supervising and monitoring the consumers when they are in the home, being transported (if provided) and during community outings
- Referring and linking the consumers to all needed services provided outside the RRP
- Following up to ensure that all needed services provided outside of the home are received and monitor the consumers' benefit from those services

- Empowering consumers to be as independent as possible and teaching them the skills necessary to reach their full potential
- Coordinating the provision of emergency services and hospital liaison services when the consumers are in a medical crisis.
- Consulting with the consumers' family whenever it is necessary

#### Staff Training:

DMHSA will provide training for all RRP staff based on their required duties and the needs of the consumers' they will be serving. The training will be documented and continuously updated. The RA will schedule annual training as needed.

Initial training should include at a minimum:

- Training on medications including the medications effects and side effects if used alone or in combination with other prescription and non-prescription medications;
- Training on intellectual/developmental disabilities, mental illnesses including symptoms of the major mental illnesses, mood and personality disorders, substance use disorders and indications of deterioration of an consumers' condition;
- Training on the Recovery Model and recovery approaches to use to help the consumers reach their fullest potential;
- Training on assessing behaviors of suicide ideation.
- Training on trauma-informed care;
- Training in first aid, including CPR and AED;
- A clear understanding of the consumers' rights and responsibilities;
- Expectations for confidentiality, HIPAA (Health Insurance Portability and Accountability Act) and ethical behavior towards the consumers;
- Policies and procedures that apply to the RRP on a daily and emergency basis, including all relevant department-wide policies and procedures;
- Training on fire safety including the PASS (pull, aim, squeeze, sweep) method of using a fire extinguisher; fire, smoke and carbon monoxide safety and the use of detectors;
- Training on evacuation procedures, natural disaster procedures, and any other health/safety procedures based on the individual needs of the consumers in the home;
- Training on the proper ways to assist consumers with activities of daily living (ADL) including bathing, dressing, medication use, and personal hygiene.
- Training for a chauffeur's license;
- Familiarization with day programs and activities available to the consumers;
- Training on DMHSA approved crisis intervention techniques
- Training on sexual harassment;
- Training on sanitation and the proper procedures for cleaning the homes;
  - If the staff will be preparing meals they must complete training for a health certificate; and
- Any other training required by federal and/or local laws.

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

- First aid
- CPR
- AED
- DMHSA approved crisis intervention training
- Chauffeurs license
- Health Certificate (if preparing food in the home)

The effectiveness of the training will be evaluated by assessing the staffs' demonstrated competencies and by modifying training programs accordingly.

### Staffing Patterns:

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 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.
- Level 3:
  - At least one (1) psych tech must be on call twenty-four (24) hours per day/seven (7) days per week unless the consumers are attending day programs.
  - The hours of on-site supervision will depend on the individual needs of consumers in the home.
  - At least one (1) RN will be on-call at all times.

### Ethical Conduct:

In addition to complying with ethical standards set forth by any relevant licensing or professional organizations, all staff members and volunteers (regardless of whether they hold a professional license) must adhere to the highest ethical and moral conduct in their interactions with the consumers and family members they serve, as well as in their use of program funds and grants. Examples of breeches of ethical or moral conduct toward consumers, their families, or other vulnerable persons, include but are not limited to, the following situations from which staff is prohibited from engaging in:

- Borrowing money or property;
- Exchanging cash for food stamps;
- Offering cash or other items (e.g., cigarettes) to consumers without permission from the treatment team;
- Accepting gifts of monetary value;

- Sexual (or other inappropriate) contact;
- Physical, mental, sexual, psychological or emotional abuse and/or neglect;
- Theft, embezzlement, fraud, or other actions involving deception or deceit, or the commission of acts constituting a violation of laws regarding vulnerable adults, violent crimes or moral turpitude, whether or not the employee or volunteer is criminally prosecuted and whether or not directed at a consumers or the consumers' family;
- Exploitation;
- Failure to maintain proper professional and emotional boundaries;
- Aiding, encouraging or inciting the performance of illegal or immoral acts;
- Making reasonable treatment-related needs of the consumers secondary or subservient to the needs of the employee;
- Failure to report knowledge of unethical or immoral conduct or giving false statements during inquiries to such conduct;
- Action or inaction, which indicates a clear failure to act in an ethical, moral, legal, and professional manner; and
- Breach of and/or misuse of confidential information.

#### Staff Dress Code:

- Staff shall abide by the Departments Dress Code Policy and Procedure.
- Staff will wear neat and clean clothing that is appropriate at all times, including, but not limited to the following:
  - Female staff: No cleavage showing; no tank tops/spaghetti strap tops; no see-through tops; no torn tops; no stomach showing; no wet t-shirts; no short shorts; no torn pants; no extremely tight pants; must wear underwear; clothing must be clean and without excessive tears.
  - Male staff: No torn tops; no stomach showing; no extremely tight shirts; no torn pants; no extremely tight pants; must wear underwear; clothing must be clean and without excessive tear.
  - All staff: Closed toed shoes; no clothing or other personal items that display vulgar or obscene ideas or which promote violence, political affiliation, drugs, alcohol, sex, or suicide.

#### **GENERAL RRP ADMISSION CRITERIA**

- The general admission criteria for all of RRP homes are as follows:
  - Consumers are between the ages of eighteen (18) and eighty (70) years of age. Consumers above this age will be considered if assessed to be physically and mentally capable of participation in the RRP, and ambulatory;
  - Consumers are medically stable and in reasonably good physical health where skilled nursing care or regular nursing care will not be required;
  - Consumers demonstrate symptomatology consistent with a DSM-IV-TR (or revised version of the DSM) Axis I or Axis II diagnosis which requires and can reasonably be expected to respond to therapeutic treatment;
  - Consumers do not require the services of a psychiatric hospital;

- Consumers are not sufficiently stable to be treated outside of residential therapeutic environment;
  - Consumers lack skills sufficient to maintain him/her in the community with treatment at a lower level;
  - Consumers are 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 consumers' guardian if applicable);
  - Consumers are willing and able to reach their fullest potential through participation in the RRP;
  - Consumers are able to pay for food, hygiene, and clothing needs, either through a private or public funding source; and
  - Consumers do not constitute a direct threat to the health and/or safety of themselves and others.
- The specific program level admission criteria will be based on the program description of each home.
  - Exception to the admission criteria will only be made with discussion and agreement amongst the consumers' treatment team, the CRM, and the RA and only in rare and unusual circumstances.

### **EXCLUSION CRITERIA**

- Any of the following criteria is sufficient for exclusion from this level of care:
  - Suicidal/assaultive/destructive ideas, threats, plans or attempts as evidenced by degree of intent, lethality of plan, means, hopelessness or impulsiveness; or acute behavioral, cognitive, or affective loss of control that could result in danger to self or others and cannot be controlled in this setting.
  - Consumers have medical conditions or impairments that would prevent beneficial utilization of services, medical conditions are primary and mental health issues are secondary, the consumers are not adequately stabilized on medications, or medical conditions require ongoing care that cannot be provided within the RRP.
  - Consumers require a level of structure and supervision beyond the scope of the program.
  - Consumers can be safely maintained and effectively treated at a less intensive level of care.
  - The primary presenting problem is social, legal, economic, (i.e., housing, family, conflict, etc.), or one of physical health without a concurrent major psychiatric episode meeting criteria for this level of care, or admission is being used as an alternative to incarceration. This may not apply to the grant-funded homelessness program, Guma Hinemlo.

### **PROGRAM SPECIFIC CRITERIA**

- The specific program criteria for the SMI track in which consumers have a primary diagnosis of a severe mental illness (e.g., Schizophrenia, Schizoaffective Disorder, Bipolar Disorder, Major Depressive Disorder) includes, but is not limited to, the following:
  - Level 1

- Consumers require a highly structured environment;
    - Consumers require extensive or regular personal care and constant or close supervision;
    - Consumers require close monitoring and assistance with activities of daily living; and/or
    - Consumers have significant or severe behavioral concerns.
  - Level 2
    - Consumers require a moderately structured environment;
    - Consumers require limited personal care and/or regular supervision;
    - Consumers require moderate assistance with activities of daily living; and/or
    - Consumers have moderate behavioral concerns.
  - Level 3
    - Consumers require a less structured environment;
    - Consumers require limited or infrequent assistance with activities of daily living and regular or minimal supervision; and/or
    - Consumers have minimal behavioral concerns.
- The specific program criteria for ID/DD track in which consumers have a primary diagnosis of an intellectual or a development disability includes, but is not limited to, the following:
  - Level A
    - Consumers require a highly structured environment;
    - Consumers require total or extensive personal care and intense or constant supervision;
    - Consumers require close monitoring and ongoing assistance with activities of daily living; and/or
    - Consumers have significant or severe behavioral concerns.
  - Level B
    - Consumers require a moderately structured environment;
    - Consumers require extensive or regular personal care and/or constant or close supervision;
    - Consumers require moderate assistance with activities of daily living; and/or
    - Consumers have moderate or minimal behavioral concerns.
  - Level C
    - Consumers require a moderate to minimally structured environment;
    - Consumers require regular, limited, or infrequent assistance with activities of daily living and regular or minimal supervision; and/or
    - Consumers have minimal behavioral concerns.

### **CONTINUED STAY CRITERIA**

- All of the following criteria are necessary, if applicable, for continuing treatment at this level of care:

- The consumers' condition continues to meet admission criteria at this level of care.
- The consumers' treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate.
- Treatment planning is documented and individualized and appropriate to the consumers' changing condition with realistic and specific goals and objectives stated. Treatment planning includes active family or other support systems' involvement, along with social, occupational, and interpersonal assessment unless contraindicated. Expected benefits from all relevant treatment modalities are documented. The treatment plan has been implemented and updated with consideration of all applicable and appropriate treatment modalities and there is fair likelihood that consumers will demonstrate progress in treatment.
- Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms, but goals of treatment have not yet been achieved or adjustments in the treatment plan to address lack of progress are evident.
- An individualized discharge or transition plan has been developed, if appropriate, which includes specific, realistic, objective and measurable discharge criteria and plans for appropriate follow-up care. A timeline for expected implementation is in place but discharge/transition criteria have not yet been met.
- Care is rendered in a clinically appropriate manner and focused on the consumers' behavioral and functional outcomes as described in the treatment plan.
- Consumers actively participating in treatment to the extent possible consistent with their condition, or there are active efforts being made that can reasonably be expected to lead to the consumers' engagement in treatment.
- Unless contraindicated, family/significant others are actively involved in the treatment as indicated in the treatment plan, or there are active efforts being made to involve them.
- When medically necessary, appropriate psychopharmacological intervention has been prescribed and/or evaluated.
- There is a documented active attempt at coordination of care with relevant outpatient providers and community support systems.

#### **TRANSITION TO A DIFFERENT PROGRAM LEVEL WITHIN THE RRP**

- Generally, consumers will transition through the RRP program levels, unless contraindicated due to a history of transition difficulties or other reasons, until they meet their individualized discharge criteria and their needs can be met through community based supports. Consumers who have met their fullest potential or are only expected to make limited gains may remain in their respective program if long-term care is indicated, especially if transfer to a less structured/intensive level of care is likely to result in a deterioration of functioning.

- All of the following criteria are necessary, for transition to a different program level within the RRP:
  - Consumers must continue to meet the admission and continued stay requirements as noted above.
  - Consumers must meet individualized treatment goals and objectives specified in their treatment plan to demonstrate readiness for the next program level.
  - Consumers meet program specific criteria for admission into that program level.

## **DISCHARGE CRITERIA**

- Criteria 1, 2, 3, 4, 5, 6, 7, or 8 in the presence of criterion 9 are sufficient for discharge from this level of care:
  1. Consumers' MMTP goals and objectives have been substantially met, and/or a safe, continuing care program can be arranged and deployed at an alternative level of care.
  2. Consumers no longer meet admission criteria, or meets criteria for a less or more intensive level of care.
  3. Consumers' are competent but non-participatory in treatment or in the following the program rules and regulations. The non-participation is of such a degree that treatment at this level of care is rendered ineffective or unsafe, despite multiple, documented attempts to address non-participation issues.
  4. Consent for treatment is withdrawn, and it is determined that the consumers have the capacity to make an informed decision and does not meet criteria for an inpatient level of care.
  5. Support systems, which allow consumers to be maintained in a less restrictive treatment environment, have been thoroughly explored and/or secured.
  6. Consumers are not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care. This criterion does not apply to consumers who have reached their fullest potential and continue to require long-term care and/or supervision that cannot be provided within the community (e.g., ID/DD consumers).
  7. Consumers, even with reasonable accommodation, pose either a direct threat to the health or safety of self or others;
  8. Consumers have materially violated essential rules of operation of the RRP and such violation(s) seriously affects the welfare of the consumers in the home;
  9. A discharge plan is documented with appropriate and timely follow up care in place.

## **PROCEDURES FOR REFERRAL, ADMISSION, TRANSITION, AND DISCHARGE**

### Referral Process:

- Professional judgment regarding placement shall not be influenced by the availability of an RRP home.



- The placement of a consumer shall be adequate to meet the individual needs of the consumer based on his/her MDTT recommendations.
- All referrals to the residential recovery program will be submitted by the MDTT to the placement review team (PRT).
- An assessment will be completed by PRT or the psychologist who is assigned to the home for which the consumers were referred, to determine the appropriateness of the referral.
- If there is space available in the appropriate home, as determined by the assessment, consumers will go through the admission process (outlined below).
- If there is no space available in the appropriate home, as determined by the assessment, consumers are placed on the wait list and may be placed in a higher level of care as long as treatment accommodations can be made to meet consumers' needs and there is consensus among the consumers and their MDTT.
- There is no guarantee that vacancies will be filled, placement is based on the individual needs of the consumers.
- Immediate community placement shall meet the individual needs of the consumer.

#### Wait List Procedure:

- If consumers are appropriate for a home but there is no available space, the consumers are placed on the wait list.
- When placed on the waitlist, staff shall identify any suitable alternative services that would be adequate to meet the needs of the consumer while he/she is waiting for appropriate placement.

#### Admission Process When Space Becomes Available:

- When space becomes available and consumers are still on the waitlist, the CRM, in consultation with the MDTT, will determine if placement in the home is still in the best interest of the consumers.
- If the original referral was placed more than six (6) months prior to the appropriate placement becoming available or if a significant event has potentially impacted the consumers' level of functioning, a new referral shall be completed and a new assessment of appropriateness shall be conducted.
- The referring MDTT will be responsible for providing a completed RRP Admission Packet with all supporting documentation prior to the consumers moving into the home.

#### Transitioning into the RRP:

- An Individualized Transition Profile (ITP) must be completed by the referring MDTT for consumers who meet the admission criteria (see above). A transition meeting with the referring MDTT and the MDTT assigned to the specific home the consumers was referred to will take place to begin implementation of the ITP.
  - If a vendor home is involved in consumer's transition, the contractors' authorized designee must be involved in the transition meeting.
  - All parties shall comply with the provisions of the ITP.

- Copies of the ITP form shall be maintained in the consumers' clinical record.
- The transition profile form shall be completed on the approved DMHSA form in accordance with the ITP policy and procedure.
- A copy of the ITP form should also be provided to the recovery home staff as a part of the admission packet.
- All consumers admitted to a RRP must have a medical screening by a licensed physician, certified nurse practitioner, or physician's assistant including a statement from the examiner which verifies the consumers' health status poses no risk to the consumers or others. The results of the examination will be placed in the consumers' chart. No consumers shall be admitted to or retained in a RRP without such documentation.
  - This exam must be completed prior to admission to the RRP.
- Consumers and/or family/legal guardian shall receive an orientation to the RRP, including a handbook specific to that RRP home.
  - The staff's role and responsibility regarding the care of the consumers will be fully discussed with the consumers and/or family.
  - The consumers will be introduced to the other consumers in the home (if appropriate)
  - The consumers and/or family/legal guardian shall be informed on the policies and house rules concerning valuables, contraband items, smoking, visitors, safety, etc.
  - The consumers and/or family/legal guardian will be familiarized with the living arrangements and neighborhood.
    - The location of bathrooms, designated smoking area, consumers rooms, kitchen, and other rooms shall be shown.
    - Instructions shall be given for the use of any equipment or items.
  - The consumers and/or family/legal guardians will be informed of their rights, responsibilities and any applicable program rules.
  - The consumers and/or family/legal guardian shall be given an opportunity to ask questions and be provided complete and accurate responses within three (3) to five (5) working days.
  - The consumers and/or family/legal guardian will review and complete all the necessary paperwork included in the RRP orientation packet that includes at minimum the following:
    - Transition schedule;
    - Consumer handbook;
    - Discharge standards;
    - The Patient's Bill of Rights Act;
    - Procedure for reporting/filing a grievance; and
    - Other department, local, and federal documents pertaining to the consumers' rights and responsibilities.
      - Staff must document that consumers and/or parent/legal guardian is provided with a copy of the orientation packet on or before the day of admission.

- Staff must document the review of the handbook with the consumers at least annually.
- Staff must document input from consumers regarding the development of all sections in the orientation packet.

#### Upon Admission:

- Based on the recommendations of the MDTT, a MMTP will be updated within seven (7) days of admission to the RRP.

#### Transition to a Different Program Level:

- When the consumers in conjunction with his or her MDTT agrees that all objectives and goals have been met to transition to a different program level or level of care, a MDTT will be held to discuss disposition.
- An ITP will be updated by the lead clinical in consultation with the MDTT as well as an updated treatment plan that specifies measurable goals and objectives the consumers will work toward in the next program level.
- The RA or a designee should attend the transition meeting to gather all necessary information to ensure a smooth transition.
- Should a consumers require a different level of care, such as a medical treatment setting or psychiatric hospitalization, short-term transfers (sixty (60) days or less), will not result in a discharge from the RRP.

#### Discharge from the RRP:

- When the consumers in conjunction with his or her MDTT agrees that consumers meet the discharge criteria as noted above, an MDTT should be held to ensure that all follow-up services that are required are in place.
- An ITP will be developed by the lead clinical as well as a transition plan and a discharge plan that provides recommendations for follow-up care. The RA or a designee should attend this transition meeting to gather all necessary information to ensure a smooth transition.
- A consumers 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.
- Although there is a thirty (30) day grace period for consumers to return to the RRP if needed, the discharge date shall reflect the initial day the consumers transitioned from RRP services to outpatient services.

#### Reassessment:

- Consumers will have their progress and treatment plan reassessed at least semi-annually to determine the need to continue, revise or terminate RRP services.
- The composition of the MDTT will vary depending on the nature of the consumers' problems.
- The date, results of the review, and any changes in the treatment plan shall properly be documented and conveyed.
- During the reassessment, consumers and/or family/legal guardian will be asked to complete a survey about their satisfaction with the RRP.

## **CLINICAL RECORDS**

- Prior to admission, consumers' lead clinician or their designee will complete an admission packet and provide it to the RRP staff.
- The staff will create a shadow chart which shall be locked in a designated, secure area of the home at the end of the working day. Once an electronic behavioral health record (EBHR) is established, this will not apply.
  - Upon discharge the consumers' shadow chart shall be provided to the next level of care or retired to DMHSA medical records. Once an EBHR is established, this will not apply.
  - Consumers' will have the shadow chart stored at the home where they are currently living. It will include the paperwork necessary to allow any staff who may not be familiar with the consumers to evaluate their course of treatment. Once an EBHR is established, this will not apply.
- Consumers and/or family/legal guardian (in accordance with the Consent to Release Information form) are permitted to inspect and review any records collected, generated or utilized, without unnecessary delay in accordance with HIPAA regulations.
  - All requests to view the mental health information must go through the Medical Records Section and follow the policies and procedures established related to obtaining information in the clinical record.
- Consumers' record will be kept confidential and safeguarded in a manner consistent with HIPAA.
  - The RRP staff is responsible for the safekeeping of consumers' record and for securing it against loss, destruction, or use by unauthorized persons.
  - The chart will only be accessible to those who require such access in order to provide services as described in consumers' treatment plan.
  - Consumers must give their written consent before any documents can be released to unauthorized person(s) and only through the Medical Records Section.
- Consumers' chart at the home shall contain the following (and copies available to DMHSA as needed):
  - Up-to-date face sheet
  - Assessment of adaptive skills
  - Medication administration record (MAR)
  - Identification papers
  - RRP orientation packet (including the consumers' consent to treatment)
  - Other consent forms (consent to release information, medication, etc.)
  - Summary of assessments that would be helpful to the RRP staff
  - Individualized Transition Plan (ITP)
  - Progress notes
  - Documentation of at least semi-annual reviews of treatment, including reassessment of current functioning, summary of progress and treatment plan revisions.
  - Discharge plan

- Completed incident reports must be kept in a separate confidential file within the home. Copies of the incident report must be forwarded to the RA and CRM within twenty-four (24) hours.
  - Incident reports will be done on the DMHSA approved incident report forms in accordance with the DMHSA incident report policy and procedures.

**Clinical Record Requirements:**

Staff shall be trained on how to complete the appropriate forms to meet the charting requirements for the RRP.

- Staff is required to complete the medication log sheet, recovery log, and update the integrated progress note (IPN) for all consumers daily.
- Staff is required to complete an activity log for all consumers weekly.
- Staff is required to fill out the assignment list monthly, where appropriate (see individual handbooks for each home).

**BASIC RIGHTS OF CONSUMERS:**

It is the policy of DMHSA that all consumers have all the rights, benefits, responsibilities and privileges granted by the Constitution and laws of Guam and the United States. The RRP staff shall actively encourage the safeguarding of their consumers' human rights. The consumers have the same rights as any other adult in the community. It is the RRP policy that the staff will endeavor to ensure the consumers have access to their rights except where lawfully restricted. All RRP staff shall be familiar with the rights of the consumers. Staff shall also be familiar with the respective consumers' handbooks for each program.

- Upon admission to the RRP, the consumers and/or family/legal guardian shall be fully informed of the rights of consumers in an easily understandable language.
- The consumers and/or family/legal guardian shall sign the Consumer Bill of Rights acknowledgement Form. The signature is witnessed and signed by a staff member.
- The Consumer Bill of Rights will be posted prominently in the home.
- The consumers and/or family/legal guardian will be given a copy of the Consumer Bill of Rights.
- Consumers with disabilities have the same rights as others including the following:
  - Right to be free from any form of abuse. Abuse includes physical, mental, sexual, emotional, property, medication, denial of opportunity, neglect, exploitation chemical restraints, physical restraints and mechanical restraints.
  - Freedom of opinion and expression.
  - Right to make choices and take control over personal affairs, care, benefit, and services (with support and guidance as needed).
    - Choose where to live and with whom, upon transition
  - Freedoms to express sexuality, marry, or bear children and take responsibility and accountability for same.

- Right to visit with friends and family of their choice at any reasonable hour.
- Equal protection and due process.
- Freedom from cruel and unusual punishment.
- Right to privacy, including privacy in treatment and in care for personal needs.
- Right to receive equal pay for equal work.
- Live in a neighborhood and a safe and decent living environment.
- Be fully informed in writing of services available through DMHSA, including any charges for services.
- Choose and retain a personal physician and to be fully informed in advance about treatment or care that may affect the consumers' wellbeing.
- Be fully informed by a physician of their health and medical condition unless medically contraindicated (as documented by a physician in the consumers' record).
- Be afforded the opportunity to participate in the planning of his total care and medical treatment.
- Be given the opportunity to refuse treatment or services after the consumers are advised by the person providing the services of the possible consequences of refusing treatment/services and acknowledges that they understands the consequences of refusing treatment/services.
- Choose to participate in experimental research only upon their informed written consent.
- Not be transferred or discharged unless:
  - The consumers have demonstrated the ability and willingness to live in a less restrictive setting;
  - The consumers requires a level of care beyond the scope of what is reasonably available within the home;
  - The consumers, even with reasonable accommodation, poses either a direct threat to the health or safety of self or others;; or
  - The consumers have materially violated essential rules of operation of the program and such violation(s) seriously affects the welfare of the consumers in the home.
- Be encouraged and assisted to exercise rights as a consumers and as a citizen and to this end may voice grievances and recommend changes in policies and services to DMHSA staff and/or to outside representatives of choice, free from restraint, interference, coercion, discrimination, or reprisal.
- May manage personal financial affairs.
- Leave the home temporarily for psychiatric hospitalization
- Be assured access to personal records which are confidential and may not be released without the residents consent except, in case of transfer to another health care institution or the release is required by another law.

- Be treated with consideration, respect, and full recognition of dignity and consumerism, without regard to race, religion, national origin, sex, age, disability, marital status or source of payment.
- Not required to perform services for DMHSA that are not included in their treatment plan.
- May associate and communicate privately with persons of choice, and send and receive personal mail unopened, unless contraindicated (as documented in the consumers' record).
- Unaccompanied access to a telephone at a reasonable hour or in case of an emergency or personal crisis as outlined by the house rules and regulations.
- Not be prohibited from communicating in his or her native language with other residents or employees for the purpose of acquiring or providing any type of treatment care or services.
- May meet with and participate in activities of social, religious, and community groups, unless contraindicated (as documented in the consumers' record).
- May retain and use personal property and possessions as space permits, unless to do so would infringe upon rights of other consumers, and unless contraindicated (as documented in the consumers' record).
- Determine his or her dress, hair style, or other personal effects according to their preferences except the consumers have the responsibility to maintain personal hygiene.
- May choose to participate in fund raising or publicity activities.
- Make contacts with the community and to achieve the highest level of independence autonomy and interaction with the community of which the consumers are capable.
- May choose to participate in religion of their choice and religious services in accordance with their faith in the community.
- In addition to understanding these basic rights, DMHSA is responsible to ensure that all consumers with disabilities:
  - Is informed of their rights;
  - Is allowed to exercise their rights;
  - Has their rights absolutely protected; and,
  - All consumers are provided due process.
- Should such rights need to be modified or limited or if necessitated by the nature of their disabilities. Methods to ensure due process and protection of rights shall be used.
  - Rights Restrictions: There are times when restrictions are imposed for the protection of the consumers. Limitations on consumers' rights should only be used if all efforts have been made in using nonrestrictive procedures.
    - Restriction is defined as any externally imposed limitation of rights.
  - A restriction offers consumers no choice. When staff must take an action that removes any option for choice from the consumers, a

restriction is imposed. When imposing a restriction, the following should be taken into consideration:

- Consumer needs should guide restrictions;
- Restrict only specific rights;
- Use the least amount of restriction possible;
- Always attempt to obtain consent/approval; and
- Plan for review and reinstatement of rights.
- Rights protected by the constitution can only be abridged in a court of law.
- The Right to Refuse Services
  - Consumers have the "right" to refuse service from DMHSA and its contract provider(s).
  - Consumers have the "right" to refuse services at any time:
    - During intake process
    - Pending approval for receipt of service
    - While receiving services
    - During follow-up of services
  - Process for documentation of refusal of services:
    - Staff will avail the "Right to Refuse Service" Form, to the consumers.
    - The consumers and/or family/legal guardian will complete the form in the presence of staff.
    - Staff will file the "Right to Refuse Service" Form in the consumers' record.
    - Staff will document the current condition of the consumers in the consumers' record.
- Reporting Rights Violations:
  - DMHSA is firmly committed providing a safe and humane environment and protecting human and civil rights, including freedom from abuse (physical, sexual, emotional, psychological), neglect, exploitation, extortion and mistreatment that may occur during service provision. All DMHSA employees and service providers are required to report any suspected abuse, neglect, exploitation, extortion or mistreatment according to the Departments protocol on the Suspected Abuse and/or Neglect of a Consumer.

### **BASIC RESPONSIBILITY OF CONSUMERS:**

In addition to the consumers' rights, consumers have certain responsibilities as well. If the consumers are unable to fulfill any of the listed responsibilities due to their disability, then their family/legal guardian is responsible. These responsibilities should be presented to the consumers in the spirit of mutual trust and respect:

1. The consumers have the responsibility to provide accurate and complete information concerning their present complaints, past illnesses, medications and any other matters relating to care and services.
2. The consumers have the responsibility to participate in the creation of their Multidisciplinary Master Treatment Plan (MMTP)



3. The consumers are responsible for following the treatment plan established in collaboration with their treatment team.
  - a. Consumers are expected to participate in scheduled activities as determined by their treatment plans. Continued refusal to participate may result in discontinuation from services.
4. The consumers have the responsibility to follow applicable rules and regulations of the RRP and other day program(s).
5. The consumers have the responsibility to be considerate of the rights of fellow consumers and staff.
6. The consumers have the responsibility to respect the privacy rights of fellow consumers and staff and must not provide information to outside persons regarding their fellow consumers.
7. The consumers are responsible for being respectful of their personal property and that of other persons in the home.
8. The consumers have the responsibility to ask questions at any point while receiving services when anything is unclear.
9. The consumers have the responsibility to engage in behaviors that will not result in injury to themselves, other consumers or staff.
10. The consumers are responsible for reporting perceived risks in their care and unexpected changes in their condition to a member of their treatment team.
11. The consumers are responsible for keeping appointments and for notifying the appropriate staff when they are unable to do so.
12. The consumers are responsible for their actions should they refuse treatment or not follow their treatment team orders.

#### **HOUSE RULES:**

- DMHSA will adopt reasonable house rules that may vary by program to promote the consumers' safety and responsibility without unnecessary compromising of the consumers' choices.
- The basic house rules and regulations include, but are not limited to the following:
  - Smoking privileges
  - Telephone privileges
  - Visitors to the home
  - Personal hygiene
  - Household tasks
  - Personal time
  - Daily schedule/curfew
  - Dress code
  - House meetings
  - Medication
  - Dating
  - Conjugal visits
  - Off-site activities
  - Use of alcohol and other drugs
  - Weapons and contraband

- Respecting the rights of other consumers' privacy, safety, health and choices.
- House meetings will be scheduled as needed to allow for discussion about issues within the home.
- On a case-by-case basis, the consumers' treatment plan may authorize a variance from the application of such house rules.
  - Any variances will be based on clinical necessity and the specific rationale will be included in the treatment plan.
- Depending on the needs of the consumers in the home and the level of care provided, each home will have a variation of house rules.
- In addition to the house rules, consumers may have personal rules that are consistent with and support their treatment plan.
- In addition to all house rules, all consumers will be expected to abide by the laws of the community in which they live and by its standards.
- The CRM and RA are responsible for creating, maintaining and updating house rules.
- Failure to comply with any of the house rules will be discussed amongst the consumers' treatment team and may result in increased support, movement to a higher level of care, or discharge from the program.

**DAILY STRUCTURE:**

Consumers are required to participate in treatment, work, schooling and/or other rehabilitation services Monday through Friday, 8:00 a.m. - 4:00 p.m. These services include, but are not limited to:

- DMHSA Partial Hospitalization Program
- DMHSA Day Treatment Program
- Sagan Mami Enrichment Center
- Dementia Center
- DMHSA Drug & Alcohol Program
- Lighthouse Recovery Or Oasis Program
- Guam senior centers
- Employment training
- Part-time or full-time employment
- Volunteer activities
- Vocational training
- Educational activities
- Exceptions to participation in one of the above named services will be addressed by the consumers and his or her treatment team.

Therapeutic Environment:

- The RRP maintains an environment that promotes leisure activities indoors and outdoors.
- Activity areas will be strategically located so they will have the least amount of distraction from outdoor traffic and noise.

- When possible, views of the outdoors are offered for the consumers (i.e., opening blinds/drapes).
- Clocks and calendars will be placed throughout the home to keep consumers oriented to time and day.
- All activity areas shall have appropriate equipment and games depending on the needs of the consumers in the home.

#### Passes and Privileges for the RRP:

- Passes and privileges are provided to the consumers for therapeutic purposes.
- Passes and privileges are allowed based on the consumers' level of functioning and progress in the treatment program as determined by their treatment team.
  - Any exceptions to the rules for passes must be approved in advance by their treatment team.
- No consumers shall leave the premises without staff approval, for any reason.
- Consumers will only be released to their parents, guardian, or conservator. Any exceptions must be approved in advance.
- Transportation and staff accompaniment will be provided if indicated.
- Staff must document the time/date, details of departure from the home, time of return, consumers' condition and the therapeutic effectiveness and/or problems and concerns on a progress note.
- Upon return, staff shall evaluate the consumers' response to the pass to help identify potential problems/concerns that may require an adjustment to the consumers' treatment plan.
- If consumers fail to abide by the rules for passes, the consumers will not be allowed any more passes until discussed by the treatment team.
  - Failure to return on time or failure to stay at the approved location is a violation of pass rules.
  - The lead clinician or CRM and RA shall be notified if the consumers fail to return on time.

#### **CONFIDENTIALITY/CONSENT:**

##### Confidentiality:

- Staff shall always follow the standards covered under the health insurance portability and accountability act of 1996 (HIPAA).
  - DMHSA has a "no tolerance" policy which means the failure to comply with HIPAA standards will not be tolerated and disciplinary measures will be taken.
- All staff is required to complete an Oath of Confidentiality during employee orientation.
  - Staff shall not discuss any consumers' record with unauthorized consumers, when on or off duty.
- Any information the staff learns about the consumers while they are in the home must be kept confidential.
- Any personal or confidential information the consumers' shares with staff must be kept confidential.

- This information will not be discussed with unauthorized persons unless the consumers give consent.
- Staff does not have the right to sign consent forms on behalf of the consumers for medical services.
- Staff will not provide information to consumers outside of the home via telephone.
- No information regarding consumers or records will be released to local, federal or other agencies that enable the identification of any consumers by name, address, social security number, or other coding procedures.

Consent:

- Informed consent ensures that consumers understand the impact of their choices. The consumers must have the ability to understand the facts and circumstances relevant to a given situation; have access to the facts necessary to make a decision; and be free of any pressure or coercion in making the decision to consent.
- Prior to the release of information, including the consumers' name or photo, a written consent shall be signed by the consumers and/or family/legal guardian.
  - When obtaining consent from consumers, the consumers shall be informed of any consequences associated with what they are signing. This information should be explained in simple language so the consumers can understand. The following procedure will be followed regarding informed consent. All consumers:
    - Is fully informed of their rights and responsibilities when agreeing to receive services from DMHSA as well as all rules and regulations governing conduct and responsibilities;
    - Will have the information documented in and acknowledged by the consumers and/or family/legal guardian and it will be placed in the consumers' chart; and
    - Will have the chance to express their concerns or ask questions and receive accurate answers in a timely manner.
  - As necessary, the following shall be explained when obtaining the consumers' consent:
    - What is being done;
    - The risks involved in the actions;
    - The risks of not proceeding;
    - The benefits to be gained;
    - Any alternative options for action;
    - Ability to be withdrawn at any time, for any reason; and
    - Consent must be renewed one (1) year from the date signed.

Privacy/ Personal Property:

Staff is responsible for implementing the protection of the personal property and privacy of consumers in the home.

- Staff and other consumers shall knock on bedroom and bathroom doors and ask

for permission to enter the room.

- Anytime a roommate assignment is changed the consumers shall be notified, except in emergencies.
- Staff shall communicate with consumers in a private environment when the consumers' requests privacy or when the staff feels the conversation needs to take place in a private setting.
- At the consumers' request, staff shall assist in arranging a private meeting with others, including inter alia: friends, family, physicians, lead clinician, counselors or advocates.
- Consumers shall refrain from borrowing personal property from other consumers unless there is a mutual agreement.
- Staff shall never loan property of the consumers to anyone else unless there is a mutual agreement.
- Cell phone use may be permitted in the homes on a limited basis, such that the cell phone encourages independence and aids the consumers in reaching their recovery goals.
  - Unless approved by the treatment team, cell phones must be kept in lockers when in the home and not in use.
- Consumers are responsible for their own belongings at the home, although staff shall make an effort to safeguard the personal belongings of consumers while they are in the home.

#### Lost and Found Items:

- When consumers' property is reported missing, the staff must help the consumers look for the item(s). If it cannot be found, staff shall complete an incident report.
- When items are found, every reasonable effort will be made by the staff to locate the owner and return the lost items.
- Items will be recorded in a lost and found log with the name of the finder, time and location of the find, name of staff receiving the item(s), and description of item(s). The log will be kept close to the items in a secure place.
- Found items will be stored in a secured place such as a locking cabinet.
- If consumers are attempting to claim a lost item(s), they must accurately describe the item to the staff and sign the lost and found log.
- Items not claimed after ninety (90) days may be disposed of at the discretion of the RA.

#### Valuables:

- The RRP is not responsible for any valuables brought into the home; therefore consumers are encouraged to only bring necessary items to the home.
- The staff shall encourage the family/guardian to take the consumers' valuables home, if applicable.
- All consumers will be provided with a secure location to keep valuables, if they wish.

- Any valuables provided to the staff for secure keeping will be documented. Staff who received the valuables, a witness, and the consumers must all sign documentation indicated what item(s) was received, the date and time, and the purpose for staff securing this/these item(s).
- If consumers leave any valuables at the home after they are transitioned, the staff will label the valuables and transfer possession of the valuables to the consumers' lead clinician to forward to the consumers.

#### Contraband:

- Contraband is strictly prohibited on the premises of the home.
  - Examples of contraband include but are not limited to: weapons of any kind, alcohol, drugs, or any item that would pose a threat of physical harm to the consumers or other consumers in the home.
- If consumers bring contraband into the home, they shall be required to relinquish the item(s) and be advised of the disciplinary action for future occurrences.
- RRP staff shall immediately contact the CRM and/or treatment team for guidance on the proper disposition.

#### Room Searches/Personal Searches:

- When staff has a reasonable concern that dangerous contraband is present, room searches may be conducted.
- Personal searches may only be conducted when there is probable cause to believe the consumers have in their possession a weapon or contraband and there is no less intrusive way of handling the situation. Searches may not be conducted on a programmatic or routine basis.
- The staff must notify the RA and CRM, organize a meeting with the consumers involved in the search, explain the staff's concern, and request the consumers turn over the contraband before conducting the search.
- If the consumers refuse to turn over the contraband, the consumers must be given the opportunity to be present when their room or personal belongings are being searched.
- The staff must attempt to get the consumers permission to conduct the search.
- The search must be made in a reasonable manner with respect for the consumers' dignity and privacy.
- The search may only be conducted to the extent required in order to find the contraband.
- The staff must document the scope of the search, the manner in which it was conducted (who conducted the search, witness present, what was searched, items seized, etc.) and the actions taken as a result of the search.

#### **MEDICATIONS**

- All consumers shall administer their own medication if able. A registered nurse or licensed practical nurse (LPN) may administer medications, including injections, at the direction of the prescribing physician if consumers are unable to administer their own medications.
- Staff shall not dispense medication to consumers.

- The level of medication management/monitoring will depend on the consumers' needs and consistency of their treatment plan.
- Staff is responsible and must be available to provide assistance with medication.
- In most cases it is the consumers' responsibility to pick up or arrange for delivery of their medications.
- Consumers receiving medication shall be instructed on self-administration, whenever necessary by nursing.
  - Consumers who administer their own medication shall understand the importance of compliance, purpose of the medication, dosage times and possible side effects and know what to do if a dosage is missed, extra medication is taken or an adverse reaction is experienced.
    - Depending on the population in the home, staff shall also understand the above information.
- A minimum of a three (3) day supply of the consumers' medication must be available at all times.
- The use of over-the-counter (OTC) medications must be authorized by the consumers' physician, and the use of OTC medications documented on the MAR and in the clinical record.
- Consumers shall retrieve and take their medications under the direct supervision of RRP staff except as specifically authorized by their treatment plan.
  - Staff will provide the appropriate supervision when consumers take their medication to ensure it is taken on time, in the correct amount and swallowed.
  - Staff will document the consumers' compliance on the MAR sheet including: time and date, name of medication, amount or dose, initials of staff assisting, and any adverse reactions.
  - Staff shall assist the consumers, if needed, in reporting side effects to the psychiatrist or physician who prescribed the medication.
- No prescription or OTC medication shall be administered to consumers without an order by the psychiatrist or physician.
  - Medications shall only be issued to the consumers for whom they were prescribed.
- All prescribed medications, OTC medications, natural remedies and vitamins must be kept in a locked space.
  - Staff is responsible for the proper storage of medication within the home. Medications not in the authorized possession of the consumers are to be kept in a locked cabinet or in locked box in the refrigerator.
- All narcotics or controlled substances should be kept separately under lock and key by staff.
- Staff will not alter the dosage of medications prescribed unless directed to do so by the psychiatrist.
- The staff will keep a record of all the medications the consumers are taking from the psychiatrist and/or physician and have the information available upon request.

- Including, the brand or established name, name of dispensing pharmacy, name of prescribing physician, date of order, dose, special instructions, frequency and, if specified, the time period of intended administration.
- The staff will contact the RN on duty at the adult inpatient unit (AIU) to receive authorization to assist consumers with PRN medication and document it properly.
- Staff will contact the RN on duty at the AIU if the consumers or staff has any questions about medications.
- The staff will ensure that the consumers' medications are given to the appropriate personnel when the consumers leave the home for an extended period of time.
- Discontinued and outdated medications shall be promptly disposed of in a safe manner as outlined by DMSHA policies and procedures regarding the safe disposal of medications.
- In the case of an emergency (overdose or adverse reaction), the staff will contact a physician (through nurse on AIU if after hours) immediately and follow their instructions. If this is not possible or the emergency is life threatening, staff must call 9-1-1 or go directly to the emergency room at Guam Memorial Hospital (GMH).
  - Any errors in medication must be properly reported and documented per DMHSA Incident Report Policy and Procedure.

## **MONEY**

- Staff may assist consumers in money budgeting and paying bills to the degree needed.
- Staff shall teach the consumers to carry their own money when they go out in a safe manner.
- Consumers shall be given the freedom to choose items they want to purchase.
  - Staff shall assist consumers when they wish to make purchases and need assistance.
- Staff shall never borrow or use the consumers' money.
- Staff cannot receive or disburse funds on the part of the consumers.
  - No staff name can appear on the consumers personal accounts.
  - No financial transaction can be made if the consumers are not present.
  - The RRP staff will document the amount of money received and its intended purpose if a family member/legal guardian gives the consumers money to spend in the community.
    - The family member/legal guardian must sign the document verifying the amount of money given to the consumers.
    - A witness must also sign to document the amount of money and from whom the money was received.
    - At the family/legal guardian's request, staff must provide any receipts for money spent; change left over, and document this process.
- As indicated in the consumers' treatment plan, staff may be required to keep a record of the consumers' expenditures in their chart.



- Consumers are responsible to store and lock their own money and/or quest cards in lockers or lock boxes to ensure security.
- Consumers are responsible for purchasing all personal grooming items, clothing, food, etc. either with private or public funding unless other arrangements have been made in rare and unusual circumstances.

## **MEALS**

Depending on the needs of the consumers in the home, consumers and/or staff shall be responsible for preparing meals/snacks.

- Consumers shall abide by agreed upon menus, if applicable and assigned duties relating to cooking and cleaning the kitchen on a daily basis as indicated for each individual home.
- A minimum of three (3) meals shall be prepared in each twenty-four (24) hour period.
  - There shall not be more than a fourteen (14) hour span between the evening meal and breakfast.
- Meals will provide a well-balanced diet, include variety, and reflect the likes of the consumers in the home.
  - Special diets shall be prepared when included in the consumers' treatment plan.
  - Meals should be flavorful, attractive in appearance, at appropriate serving temperature, and have nutritional value.
- The food shall be of sufficient quality and quantity to meet the nutritional needs of the consumers.
- Consumers shall be offered opportunities to choose food and be actively involved in menu planning and food preparation.
- Any food returned from consumers plates shall not be used in preparation of other food dishes or served again.
- A three (3) day supply of food and water for emergency feeding shall be kept on the premises.
- Meals shall be provided in a location which gives the consumers the opportunity to socialize.
  - Meals should be eaten together whenever possible.
- In accordance with the consumers' treatment plan:
  - Meals will not be withheld for any reason
  - Snacks shall be available
  - Beverages shall be allowed between meals and in the evening
  - Individualized meals can be made through consumers' personal choice.

## **CONSUMER DRESS**

- Staff will ensure that consumers have neat and clean clothing that is appropriate for the forecasted weather.
- Consumers shall abide by the dress code outlined in the Consumer Handbook.
  - Women: no cleavage showing; no tank tops/spaghetti strap tops; no see-through tops; no torn tops; no stomach showing; no wet t-shirts; no short shorts; no torn pants; no extremely tight pants; must wear underwear;

clothing must be clean and without excessive tears; must wear shirt, shorts/pants, and shoes in all public areas.

- Men: no torn tops; no stomach showing; no extremely tight shirts; no torn pants; no extremely tight pants; clothing must be clean and without excessive tears; must wear underwear; must wear shirt, shorts/pants, and shoes in all public areas.
- Any conflicts the staff encounters with consumers about the dress code policy shall be reported to the CRM.
- Staff shall abide by the Departments Dress Code Policy and Procedure.

## **PERSONAL HYGIENE**

- All consumers will be encouraged to take responsibility for their own personal hygiene, including showering, mouth care, hair care, nail care, and using toileting facilities appropriately.
- Staff will monitor and assist the consumers hygiene based on their level of functioning.
- The staff is responsible for teaching and/or supervising the consumers' hygiene during the initial stages of their transition (and longer if necessary).
- The consumers will not be restricted on the number of showers allowed per week.
- The consumers shall shower a minimum of once daily.
- Regular hygiene like brushing of teeth and hair shall be encouraged and monitored by the staff.
- Consumers shall be supported to bathe with the maximum independence and privacy.
- Consumers shall be provided with privacy for dressing and hygiene/grooming activities.
- Consumers shall have access to a hairdresser/barber when appropriate.
- Towels shall be washed weekly.
- An adequate supply of linens must be available to change linens at least once a week or sooner if they become soiled.
- Consumer should store their hygiene products appropriately.
- Consumers who are incontinent should be cleaned immediately by staff, while also protecting the consumers' privacy.

## **SPIRITUAL NEEDS:**

It is the responsibilities of the staff to foster an environment in which all consumers may freely practice their own religious beliefs.

- Consumers shall be given the opportunity to express their religious beliefs.
  - Staff shall aid consumers in following the tenets of their faith when the consumers request them to do so (e.g. arranging schedules to allow for attendance at church services, helping to prepare a special meal on certain religious days of observation, obtaining reading material, etc.).
- All consumers must have the opportunity to attend the religious service and celebrations of their choosing without any influence from the staff.

- Staff shall refer all questions about religious practices or beliefs to the consumers' clergyman or other qualified person, even if the staff is a member of the same church.
- If there is a conflict with the staff and consumers' beliefs, the staff will consult with the RA.
- Consumers shall not be penalized, criticized, or threatened in any way because of their religious beliefs.
  - Consumers shall not be disparaged concerning an absence of religious beliefs of practices.
- All religious items belonging to the consumers must be treated with respect.
- Opportunities to participate in religion related social functions should be encouraged.
  - Every effort shall be made to ensure that consumers have a plan for church-going which meets their needs. Transportation alternatives shall be explored, as needed (e.g. church bus, consumers' family, share rides with another home).
- Staff cannot withhold religious activities as a form of punishment.
  - Staff shall not use church as a reward or privilege contingent upon "good behavior".
  - When appropriate, church attendance may be contingent upon appropriate behavior while at church.
- Staff cannot require consumers to attend church or attend a particular church.
- Staff cannot use religious beliefs as rationales.
- Staff shall not state their religious beliefs, unless specifically asked to do so by consumers; however they are still not obligated to respond.
- No consumers shall be compelled to participate in any religious practice or observance by majority rule or by a request from staff.
- Neither staff, nor the consumers shall ever state, to anyone that a particular RRP is affiliated with a certain church, even if many or all consumers choose to attend the same church.

#### **TRANSPORTATION:**

- It is the staff's responsibility to assist in arranging transportation for the consumers to get to their medical appointments.
  - Other transportation requirements will be specified in the consumers' treatment plan and coordinated with the RRP staff.
- All vehicles used to transport consumers by the RRP staff shall be equipped with a seat belt for all consumers and shall comply with applicable safety and licensing standards established by Guam's Division of Motor Vehicles (DMV).
  - Any staff with the authority to drive a department vehicle must have a valid chauffeur's license and they must read and understand the department vehicle usage policy and procedure and department vehicle protocol.
  - Staff must complete the motor vehicle trip ticket form.
- Emergency transportation shall be available on a twenty-four (24) hour basis.
- Each home shall have access to transportation twenty-four (24) hours a day, seven (7) days a week.

- In case of a car accident the staff must call 9-1-1, their immediate supervisor and the DMHSA safety officer immediately. If consumers are injured in the accident, see page 35.

## **VISITORS:**

Specific visiting hours and the physical setting where visitation is allowed to take place will vary depending on the needs of the consumers in the home and physical layout of the home.

- Exceptions to the visitor rules will be made at the discretion of the consumers' treatment team.
- Visitation rights shall not be withheld as a form of punishment.
- With due regard to the consumers' privacy, safety, treatment plan and as agreed upon by the consumers, the consumers' family, guardian, advocates, spouse and friends shall be encouraged to visit the home.
- The consumers treatment team, the clinical RRP manager, or the home staff may restrict any visitors who are assessed as a threat to the safety and security of the consumers.
  - Any restrictions on visitors must be reviewed weekly.
- Staff shall facilitate informal visits by consumers to the homes of their families and friends in accordance with each party's desire.
- Visitors are requested to notify staff at least one (1) day prior to their intended visit.
- Staff shall not visit with any of their personal family and/or friends during their work shift, or setting.
- Visitors must check in with staff and sign the Visitors Log form before visiting consumers.
- Visits may be monitored by the staff to ensure compliance with the visitor rules.
  - Fondling is not permitted during visits. Greetings, kisses, and farewell embraces are permitted.
  - Any visitors who appear under the influence of drugs or alcohol will not be allowed to visit with the consumers.
- Conjugal visits will be discussed and authorized only by the MDTT in collaboration with the consumers and their guardian.
  - Any approved conjugal visits must take into account the privacy and safety of the consumers involved as well as other consumers in the home.
- Any item(s) visitors brings for consumers will be inspected by staff.
  - Any restricted item(s) will be secured in a locked space specific for contraband items and the RA will be notified for further instruction.

## **INTERACTIONS:**

### Interaction of consumers with ID/DD and consumers with MI:

- If consumers with ID/DD and consumers with MI are placed within the same home, they shall be restricted from inappropriate contact through staff supervision intervention techniques.
- The consumer's treatment plan shall address interventions and strategies (i.e., isolation, redirection, etc.) if the consumer interacts inappropriately.

- Staff shall use the Department's approved crisis intervention techniques to redirect the consumer's behavior (i.e., ask the consumer to go to their room and calm down) if he/she is interacting inappropriately.
- Any notable incidents shall be reported to the consumer's treatment team so additional interventions/strategies can be developed.

Interaction of consumers with a history/known predatory behavior:

- If a consumer has a history of predatory behavior or known predatory behavior he/she shall be supervised when interacting with other consumer in the home and shall not share a room with another consumer.
- Any consumers with a history of predatory behavior or known predatory behavior shall have a treatment plan with interventions to address such behaviors.
- If a consumer does not have a history/known predatory behavior but the RRP staff notices an onset of such behavior, they shall report the behavior to the consumer's treatment team immediately.
- Staff shall use the Department's approved crisis intervention techniques to redirect the consumer (i.e., ask the consumer to go to their room and calm down) if he/she is displaying predatory behavior.
- Any notable incidents involving predatory behavior shall be reported to the consumer's treatment team so additional interventions/strategies can be developed to address such behaviors.

**MEDICAL:**

- The RRP staff is responsible for the physical well-being of the consumers while they are in the home and shall ensure that every reasonable effort is made to provide the best care available.
  - The staff must be aware of the medical needs of the consumers in the home.
  - Consumers at risk for self-harm, violence, or elopement will be properly monitored.
  - The staff must ensure that all doctors' orders regarding medication and treatment are followed.
  - The staff is responsible for arranging for psychiatric appointments, annual physicals, eye exams, dentist appointments and other medical appointments in collaboration with the social worker.
  - RRP staff is not permitted to provide medical treatment outside their scope of training.
  - Staff is responsible to ensure medications are refilled on time.

**EMERGENCY PLANNING:**

- Preventing accidents and protecting the safety of consumers are a high priority however; consumers shall be prepared for and progressively exposed to routine risks that are likely to be encountered in normal environments.
- In the case of an emergency it is the responsibility of the RRP staff and treatment teams to act quickly, calmly and efficiently to safeguard the well-being of the consumers under their care.

- In an instance where staff is not on the premises, the consumers must be properly trained on how to carry out the responsibilities of the staff in emergency situations. Consumers must be trained on the evacuation plan, emergency procedure plans, and PASS (pull, aim, squeeze, and sweep) method of using a fire extinguisher; fire, smoke and carbon monoxide safety; the use of detectors; hot water safety and any other health/safety issues based on consumers' needs.
- When staff is present they are responsible for following the emergency procedures stated below. It is the responsibility of the DMHSA Safety Officer, DMHSA maintenance supervisor and RA to ensure the safety standards of each home are maintained.
- Staff should be aware of consumers who may need assistance or prompting during emergencies.
- The home must be equipped with auditory smoke/fire detectors, with a noise level loud enough to awaken the consumers.
  - These alarms must be located in the common areas, hallways, kitchen and bedrooms.
  - All alarms are to be tested annually and documented.
- Fire extinguishers must be placed at strategic locations, regularly checked by staff and must be inspected at least annually to assure that it is operable.
- Periodic unannounced fire drills are to be conducted quarterly to provide continued assurance that consumers can and will get out of the house on their own and ensure that smoke alarms are working properly.
  - Fire drills should be conducted at various times of the day and night.
  - If consumers do not wish to participate, staff shall not force the consumers to comply.
  - Staff is responsible for documenting all fire drills on the fire drill record form, recording the date, time, time needed to evacuate the house, and any details of the consumers' responses and training given.
    - This documentation is turned in to the safety officer quarterly.
- An evacuation plan and emergency plan shall be developed and posted in a location useful to the consumers.
  - The RA will ensure that the staff is familiar with the evacuation plan and emergency plan.
  - Using their best judgment, staff shall make an effort to grab consumers charts before exiting the home in emergencies.

Response to fire alarms, smoke, or fires:

- When a fire alarm sounds or when smoke or fire is discovered, every person should be evacuated from the home immediately, whether it is a known fire or not.
- Staff shall not lock doors or turn off lights.
- Evacuated persons should meet in the pre-designated place and a head count should be taken.
- If there is reason to believe there is an actual fire or emergency the staff/consumers must call the Guam Fire Department (GPD) by dialing 9-1-1.
  - Staff is responsible for reporting all fires on the premises to the Guam Fire

- Department (GFD).
    - Staff shall be on standby to direct fire fighters to the scene.
- Using common sense, staff may attempt to extinguish, isolate, or contain small fires and smoke.
- Consumers are not allowed to re-enter the house to salvage personal belongings.
- When the staff or emergency personnel determine there is no longer any danger, the evacuated consumers may return to the house.
- Any time there is a fire the staff or consumers shall contact the RA, CRM, DMHSA Safety Officer, or DMHSA Director during working hours (8:00-5:00 p.m. Monday-Friday). Any time after 5:00 p.m. or on the weekends, contact the RA or DMHSA Safety Officer at home or on their cell phone.
- Report minor damages/hardships from fires as soon as it is convenient to the RA.
  - Treat injuries as a result of fires in accordance with the Medical Emergency Policies and Procedures.
- Significant problems encountered as a result of the fire, fire alarms or smoke should be recorded on an incident report form.

Severe Natural Disaster Procedures:

It is the responsibility of the RRP staff on duty to take all appropriate precautions to protect the consumers during a severe natural disaster warning. The staff and the consumers must be prepared for all kinds of severe natural disasters including typhoons, tsunamis, and earthquakes. Emergency plans should be updated annually and posted in a strategic location in the home. The plans shall include a designated area for shelter in case of a typhoon.

- Severe natural disaster drills are to be conducted annually. The DMHSA Safety Officer and RA are responsible for implementing an appropriate response to any severe natural disaster warning.
- When there are typhoon conditions, consumers and staff shall follow the Department's Typhoon Response Plan Policy and Procedure until conditions are clear (see attachment).
  - The RA or CRM will notify all staff to be on alert status. Additional staff may be delegated to the home if it appears that typhoon conditions may persist over a long period of time.
  - If clinically necessary, as determined by the RRP staff or CRM, the consumers may be transferred to the DMHSA facility.
- If damage from severe weather or earthquake makes the home uninhabitable (i.e. polluted water, no water, etc.) the staff or consumers shall contact DMHSA's safety officer, maintenance supervisor or administrative support during working hours (8:00-5:00 p.m. Monday-Friday). Any time after 5:00 p.m. or on the weekends, contact the RA or Safety Officer at home or on their cell phone.
- During tsunami conditions, staff in homes in low lying villages such as Asan, shall evacuate the consumers and relocate to the DMHSA facility in Tamuning.
- If evacuating the home is more dangerous than staying inside (i.e., some earthquake situations, outdoor chemical spills, typhoons, etc.) everyone should stay away from all windows and objects that could fall and cause injury.
- Report minor damages/hardships from natural disasters as soon as possible to

the RA.

- Treat injuries as a result of severe natural disaster in accordance with the Medical Emergency Policies and Procedures.
- Significant problems encountered as a result of the severe natural disasters should be recorded on an incident report form.

#### Power Outages:

Staff/consumers must use their judgment in determining whether or not a power outage is an emergency.

- During mild weather, a power outage may cause no discomfort or endanger the consumers.
  - If the power is out for more than one (1) hour, the staff/consumers may contact Guam Power Authority (GPA) to report the problem.
- If a power outage results in hardship or discomfort for the consumers, the outage should be reported to the RA who will coordinate an evacuation of the home.
- The staff/consumers should ensure that food stored in refrigerators or freezers is discarded as appropriate following a prolonged power outage.
- Significant problems encountered as a result of power outage should be recorded on an incident report form.

#### Other Outages:

- Plumbing outages should be report to the RA or DMHSA Maintenance Supervisor. Depending on the severity of the problem staff may contact a local plumber or water department.
- Appliance outages should be reported to the RA or DMHSA Maintenance Supervisor.
- Air conditioning outages should be reported to the RA or DMHSA Maintenance Supervisor. Depending on the severity of the problem consumers may be removed from the home if over-heating conditions exist as a result of the outage.

#### Missing or Runaway Consumers:

On-shift staff is responsible for the consumers under their care whether it is in the home or out in the community. Staff shall make every attempt to locate the consumers who leave the home without notice.

- When staff realizes consumers have left the home without notifying staff, the staff shall immediately search the premises. If the consumers are not found on the premises, the staff will gather information in an expeditious fashion. Staff should attempt to locate the consumers or determine the consumers' whereabouts by determining the events which led up to the situation, keeping in mind their history and functioning level.
  - If appropriate, a search of the immediate area or areas where the consumers might have gone should be conducted. If the consumers' whereabouts are known but the consumers are "running away," staff should attempt to persuade the consumers to return to the home. If this is unsuccessful, the staff should attempt to keep the consumers under visual



supervision until they are ready to return, noting a description of the clothing and direction the consumers are going

- If immediate attempts to locate the consumers or persuade a "runaway" to return are unsuccessful, the CRM, RA, lead clinician, and guardian should be contacted immediately.
- The Guam Police Department (GPD) should be notified if the consumers are deemed a danger to self or others or gravely disabled, as determined by the psychiatrist or psychologist, or if directed by the consumers' guardian.
- Should the consumers return to the home, immediately notify the CRM and other persons involved in the search.
- Staff should make every attempt to follow consumers who leave the home and keep them in line of sight.
  - The assigned psychologist/counselor should be contacted immediately to determine if the consumers are a danger to themselves or gravely disabled and if GPD should be called.
  - If consumers are not a danger to themselves or gravely disabled, staff may be directed to monitor the consumers from a distance. The duration of observation will depend on the consumers' clinical presentation in consultation with the lead clinician/assigned psychologist or CRM.
- Instances of running away or becoming lost should be recorded as an incident report by staff.
  - Staff must also document the time, whom was notified, efforts made to ensure that the consumers are safe, areas searched, and the consumers' behavior and mental status in a progress notes.
- In addition, the incident should be discussed with CRM and/or treatment team to consider the possible necessity of including a goal in the MMTP to prevent future repeat episodes.
  - If running away or becoming lost occurs twice in a twelve (12) month period, a goal must be included in the MMTP to address the problem.
- The treatment team should be notified by email within 1 hour of the elopement or as soon as possible.

#### Suicidal Ideation:

- If staff suspect or identify warning signs or suicidal ideation, plan, or intent, the assigned psychologist, lead clinical, CRM, or psychiatrist on duty should be notified immediately to determine if further assessment and possible admission to AIU is required.
- In the event that a consumers are determined to be in imminent danger of harming himself/herself or others or is gravely disabled (as determined the a psychologist or psychiatrist), the CRM may order that the Guam Police Department (GPD) or emergency medical services be notified to transport the consumers to DMHSA or GMH, as indicated.
  - If the consumers do not appear to be in any immediate danger to self or others, the RRP staff can transport the consumers to DMHSA or GMH for a risk assessment.

- If consumers engage in warning signs associated with violent activity, the RRP staff shall intervene with the consumers to provide supportive therapy or verbal interventions, obtain additional information about antecedences, and contact the consumers' lead clinician.
- RRP staff will be trained on assessing behaviors of suicide ideation.
- RRP staff shall report and document the situation through an incident report.

#### Inappropriate Behaviors:

- The following inappropriate behaviors shall be immediately reported to the CRM, assigned psychologist, or and/or consumers' lead clinician:
  - Name calling, obscene language or other abusive behavior that the staff are unable to contain
  - Intimidation through direct or veiled threats
  - Throwing of objects regardless of size or type
  - Physically touching other consumers in an intimidating, malicious or sexually harassing manner, including hitting, slapping, poking, kicking, pinching, grabbing or pushing.
  - Physically intimidating others by obscene gestures, "getting in your face", and fist shaking.
- If a consumer is harmed by other consumers, a report is filed with Adult Protective Services (APS) and Guam Police Department.
- An incident report will be completed immediately and be given to the CRM, RA, and director, if appropriate.

#### Behavior Supports:

- If serious behavior problems arise, physical punishment will never be used.
- DMHSA approved crisis intervention techniques will be utilized by staff to intervene when serious behavioral problems arise.
- RRP staff will be trained on the DMHSA approved crisis intervention techniques and retrained, as necessary.

#### Arrest or Detention of a Consumer:

- In spite of the efforts of the staff, there may be a time when a person receiving support will become involved with law enforcement. In such a case, every effort should be made to minimize the consumers' involvement with the criminal justice system and to ensure that all contacts with authorities comply with the consumers' constitutional rights. The CRM or clinician on duty should be contacted as soon as possible in case of an arrest or detention of consumers, to assist in dealing with the authorities.
- Upon receiving contact from police or other authorities, the RRP staff shall contact the CRM, RA, or lead clinician who will then contact a designated treatment team member. The RRP staff receiving the call should first attempt to obtain as much information as possible about the situation, including, exactly who is calling, who is holding the consumers, the consumers' current location

- and condition, and what charges are pending against him or her.
- The designated treatment team member should ask whether the consumers will be released to the designated program site, whether bail will be needed, and what steps the authorities would like or will allow the designated staff to take.
  - If the treatment team member can talk to the consumers, they should reassure him/her and explain the person's constitutional rights to remain silent and to have an attorney present (if this seems necessary). The treatment team member will want to find out what the consumers' immediate needs are and assure him/her that they will do everything possible to obtain release as soon as possible. Staff must obtain the consent of the consumers to release any confidential information to authorities.
  - If the CRM cannot be reached, the designated treatment team member should go to the place where the consumers are being held if the conversation has indicated that this would be appropriate.
  - All police contacts must be reported as soon as possible to family/ legal guardian by the treatment team member.
  - Contacts with the police and other authorities should be recorded in an incident report.
    - In addition, the incident report should be discussed with the CRM to determine the necessity of including a goal in the consumers' MMTP.
  - If any consumers was physical harmed in an incident they must be taken to GMH to be medically cleared. Refusal of the treatment offer must be documented in the chart as against medical advice (AMA).

**Medical Emergency:**

Staff shall have the consumers' up-to-date medical information easily accessible in case of a medical, psychiatric, or dental emergency. Anytime consumers go to the emergency room, arrangements should be made to have one (1) staff member accompany the consumers. When a medical emergency arises and staff is not on the premises (i.e., CAP program) consumers must refer to their handbook on the procedure for handling different levels of medical emergencies. When a medical emergency arises and staff is on duty the staff must:

- First assess the extent of the injury or illness.
- If the injury is minor (i.e. small burn, cut, abrasion, bruise, etc.) the staff shall follow the first aid protocol.
- In the case of a moderate injury (i.e. sprain, possible broken bone, etc.) which is not life threatening, staff shall:
  - Seek medical advice immediately through Adult Inpatient Unit (AIU) and follow their directions.
  - The family/legal guardian should be notified of a moderate injury or illness, as soon as possible.
  - The CRM should be notified as soon as possible.
  - An incident report shall be written and submitted to CRM and RA within twenty-four (24) hours.

- If the injury or illness is life threatening/serious (i.e. possible head injury, possible internal injury, unconsciousness, large burn, not breathing, etc.) the staff shall:
  - If appropriate, administer first aid immediately.
  - Immediately call emergency services by dialing 9-1-1.
    - All important emergency contact numbers should be posted by the telephone.
  - When emergency services arrive, give pertinent information about the person in crisis.
  - Contact CRM and RA.
  - Contact the primary contact person (family or legal guardian) listed in the consumers' file. If this person cannot be reached, continue trying to contact someone listed as an alternate contact person until someone has been notified of the situation.
    - It may be important to have the family/legal guardian meet the consumers at the hospital to authorize treatment.
  - The lead clinician should be notified as soon as possible.
  - The lead clinician should notify the RRP staff and other team members daily of the condition of the hospitalized consumers and more frequently if the condition changes.
  - An incident report shall be written and submitted to CRM and RA within twenty-four (24) hours.
- All head trauma or internal injuries must be treated as a serious/life threatening injury.
- All fevers above one hundred and two (102°) degrees Fahrenheit or below ninety-one (91°) degrees Fahrenheit must be reported to the RN.
- As appropriate, notify the RN if a consumers shows signs of or expresses symptoms of a cold, flu-like symptoms, vomiting, diarrhea, constipation, fever, pain of the teeth, ears, muscles or abdominal, headache, menstrual cramps, etc.
  - Any symptoms of injury, illness, degree of fever, etc. shall be listed in the medical history note section of the consumers' chart.
- If consumers do not "feel well" they don't necessarily need to be confined to their rooms.

Protocol for calling 9-1-1:

- When calling 9-1-1 staff/consumers shall be able to provide the following information clearly and concisely:
  - Who you are
  - Where you are
  - Your telephone number
  - Who you are calling about
  - The nature of the emergency
  - Pertinent medical history (i.e., seizure disorder); and
  - What is happening now, etc.
- Staff/consumers shall not hang up after giving the operator the information requested.
- Staff/consumers shall tell the operator any information about changes in the

consumers' condition.

- When emergency services arrive, staff/consumers shall follow their instructions.

### Abuse:

Staff must provide the consumers with a safe, healthy and supportive home-like environment. Abuse in any form will not be tolerated. Abuse includes physical, sexual, emotional, psychological, property, medication and denial of opportunity or neglect.

- The following are forms of abuse that are prohibited with all consumers, which include but are not limited to:
  - Seclusion in a locked/closed room
    - Seclusion is a behavior control technique involving locked isolation. This does not include a time-out.
  - Direct or implied threats of physical harm, ridicule or humiliation
  - Physical punishments
  - Mechanical restraints
    - A mechanical restraint is the use of a mechanical device, material, or equipment attached or adjacent to the consumers' body that he or she cannot easily remove that restricts freedom of movement or normal access to one's body.
  - Chemical restraints/ inappropriate medication
    - A chemical restraint is a medication used to control behavior or to restrict the consumers' freedom of movement and is not standard treatment of the consumers' medical or psychiatric condition.
  - Punishment of one consumers by another consumer
  - Withholding of meals, medication, or physical aids
  - Implied or direct threat about termination of housing supports

### Reporting Abuse:

- Anyone receiving allegations of abuse and/or neglect shall follow the Department's protocol for Reporting Abuse and/or Neglect of a Consumer including reporting to Adult Protective Services (APS), Child Protective Services (CPS), Guam Legal Services, and the DMHSA Director.
- Staff who observes or is aware of abuse and/or neglect shall report the situation to his/her supervisor.
- If the incident occurred in the home, the alleged victim(s) shall be removed from the home until APS grants clearance.
- Staff shall be informed of any allegations of abuse directed at them.
- Staff shall document unusual incidents, complaints, and/or inadequate care of treatment through the use of incident reports per the Department's Incident Reporting Protocol.

### Death of a Consumer:

- If consumers die while in the home, staff must call 9-1-1, start CPR if indicated, and follow emergency procedures. Immediate contact must be made to the CRM, RA, consumers' lead clinician, and family/legal guardian.
  - Staff shall not move the body.

- Only a physician may declare a person to be dead.
- If staff receives word that consumers have died away from the home (e.g., work site, hospital, etc.) contact must be made to the CRM, RA, consumers' lead clinician, and family/legal guardian.
- An incident report shall be written and submitted to the reporting staff's supervisor by the end of the reporting staffs' shift.
- The other consumers in the home shall be debriefed, as necessary by the assigned psychologist or counselor.
- The lead clinician will notify medical records of the consumers' death.
- The death of consumers must be immediately reported verbally to the Director. If the death occurs after hours, the Director shall be verbally notified by 8:00 AM the next working day.
- Staff should follow the DMHSA Protocol for Sentinel Events.

### **INCIDENT REPORTS:**

- Staff shall be properly trained on the Department's non-sentinel and sentinel incident report protocol including how and when to fill out the appropriate incident report.
- All sections of the incident report must be completed and given to the CRM and RA for review and disposition.
- The incident shall be documented in the consumers chart as an IPN.
- The incident report form shall never be put into the consumers chart.

### **QUALITY AND SAFETY OF LIVING ARRANGEMENTS:**

All homes shall comply with all applicable provisions of federal laws, local laws, departmental requirements, and regulations and codes pertaining to health, safety, sanitation, and plumbing. DMHSA's homes shall ensure a home-like environment, appropriate for the needs of all consumers in the home. The arrangement of rooms, furnishings, and décor shall be compatible with the consumers' needs. All furnishings must be safe, comfortable, appropriate and adequate.

#### Physical Facility Standards:

- Furniture and furnishings shall be safe, comfortable, and in good condition and shall resemble homes in the local community.
- Depending on the needs of the consumers in the home, some standards must also meet ADA compliance codes.
- Consumers shall be encouraged, and assisted as needed, to decorate their bedrooms as they choose.
- Rooms or other areas of the home that are not bedrooms will not be used as accommodations for sleeping.
  - There will be adequate privacy and separation of sexes in sleeping arrangements.
- Each bedroom shall have the following:
  - A door that can be closed and that opens directly into a corridor
  - At least one (1) window.
- Each bedroom shall accommodate no more than two (2) consumers.

- All consumers shall have a separate bed of appropriate size and height and in good repair with a comfortable, well-constructed mattress.
  - Mattresses, bedding and pillows shall be clean and provide comfort.
  - The use of plastic or other materials to keep bed and pillows dry, flat pillows or the absence of pillows or other departures from normalcy shall be justified in each case in the consumers' treatment plan and reviewed annually.
  - Cots or roll-away beds may not be used.
- There shall be a sturdy bedside stand and reading light for all consumers.
- There shall be closet space and a minimum of two (2) shelves in a locked cabinet for storing personal belongings.
- Only plastic hangers may be used.
- Electrical outlets shall be conveniently located in each room with at least one (1) light fixture switch at the entrance of the bedroom.
- If bedroom doors are locked by consumers for privacy reasons, a master key shall be available to staff.
- Bedroom windows shall have window treatments that close for privacy.
- When a consumers' room is physically altered, the consumers who will be affected shall be notified, except in emergencies.
- There will be a working telephone in the home accessible to staff and consumers.
- There will be sufficient air conditioning, ventilation, and light in all living and sleeping quarters to provide a comfortable atmosphere.
  - The vent covers shall be clean and AC filters checked and changed when needed.
- Walls, ceilings, doors, and storeroom areas shall be in good condition, without large holes and other types of damage.
- There shall be one (1) or more areas that are adequate in size and furnished for consumers dining, recreational, and social activities and which shall include a TV or other forms of entertainment.
- Any physical alteration of the home shall be approved by DMHSA or the landlord, prior to the commencement of the alteration.
- There shall be refrigeration for perishable foods in the home.
  - There shall be at least one (1) refrigerator-freezer unit in proper working order and capable of maintaining frozen foods.
  - The refrigerator and freezer must be equipped with a thermometer to assure proper temperatures are maintained.
- There shall be at least one (1) stove with four (4) burner and one (1) oven that is in proper working order.
- There shall be a dishwasher or facilities for performing dishwashing.
- There shall be two (2) means to exit/enter per living area. The exits must be readily accessible at all times and constructed to minimize any possibility that it may be blocked or by fire or other emergency conditions.
- The kitchen shall be equipped with at least one (1) operable window or exhaust system for removal of smoke, odors, and fumes.

- Protective or security features such as fences and security windows may be used only when justified on the basis of the needs of the consumers in the home and shall preserve as normal an appearance as possible.
- RRP staff shall report all major safety hazards to the RRP administrator and DMHSA safety officer immediately and all other safety concerns shall be reported to DMHSA's safety officer as soon as possible.

#### Upkeep of the Homes:

- When staff is not present in the home 24/7 (i.e., CAP) the consumers are responsible for the daily upkeep of the home. Daily cleaning tasks shall be taught to the consumers and monitored by the staff. If the consumers are not keeping the home clean the staff must first work with the consumers, if this does not render a result, the consumers' lead clinician shall be notified and a goal shall be included in the MMTP.
- When staff is present in the home 24/7, staff is responsible for ensuring that the home and grounds are clean, safe and attractive.
  - The daily upkeep of the home is the responsibility of the consumers' per assignment of chores specified in each home.
  - It is the consumers' responsibility to clean up after themselves to the maximum extent possible.
    - Bedrooms shall be kept clean and orderly at all times.
  - Depending on the needs of the consumers and consistent with their treatment plan, consumers are expected to participate in daily maintenance tasks that may include: washing dishes, sweeping, dusting, cleaning bathrooms, setting the table, washing windows, watering plants, etc.
    - It is the staffs' responsibility to teach the necessary skills, to monitor the performance of the tasks and to ensure that cleaning tasks are completed thoroughly each time they are carried out.
- The overall appearance of the house is ultimately the responsibility of the home staff under the supervision of the RA.
- Major cleaning tasks such as waxing floors, defrosting the refrigerator, and cleaning the oven or minor repairs such as replacing light bulbs and touching up paint may be performed by consumers however; these tasks require supervision from staff and must be approved by the consumers' treatment team.
  - Major and minor repairs can also be undertaken by the RRP staff or delegated to the appropriate DMHSA staff.
- Anything the consumers intentionally damages must be replaced or paid to the department, landlord, staff, or consumers.
- Staff shall notify the RA immediately of any damage or repairs needed in the homes by completing a work order and submitting it to the RA.

#### Key Control:

- The RA is responsible for the master set of keys.
- DMHSA's maintenance supervisor is provided with a set to be used in case of an emergency.



- In the event that a RRP staff member terminates their employment from the department, the key(s) will be returned to the RA and a form signed acknowledging the return/relinquishment of the responsibility for the key(s).
- Keys to the home which they reside in will be made available to consumers in level three (3) programs (i.e., CAP).

#### Burglaries, Thefts, or Break-Ins of the Home:

- In the case of burglary, theft, or unauthorized entry into the home, the person who first discovers it shall immediately report the incident to the RA. If a consumer reports the case, staff shall verify that the consumers' statement is valid prior to contacting the RA. The RRP staff or RA shall contact the Guam Police Department (GDP) by dialing 9-1-1.
- Significant problems encountered as a result of the burglary, theft, or break-in should be recorded on an incident report form.

#### Sanitation:

- All homes shall be sanitary, free of offensive odors, insects and uncontrolled pests.
  - Exterminator services may be required upon evidence of any infestation.
- Pets are not allowed in the home at any time, unless medically required.
- The home site shall be easily drained, suitable for the disposal of sewage and meet the requirements of the appropriate Guam agencies.
- Trash shall be properly stored and staff shall ensure it is placed out for collection on a regular basis.
- The water system in the group home shall be designed to supply adequate hot and cold water, under pressure, at all times.
  - The hot water for showers, bathing, and hand washing faucets in the home shall not exceed 115° F.
- There will be private bathroom facilities with a toilet, shower or tub, and a wash basin in each home.
  - The bathroom facilities shall be accessible to the consumers according to their needs.
  - There shall be at least one (1) window or mechanical ventilation to the outside of the bathroom.
  - There shall be at least one (1) standard toilet for every four (4) consumers.
    - Each toilet shall be equipped with a toilet seat and toilet tissue.
  - There shall be at least one (1) wash basin and one (1) tub or shower for every four (4) consumers.
    - Wash basins with soap and towels shall be available in or immediately adjacent to the bathroom.
- Showers and tub areas shall be equipped with substantial hand grip bars and slip-resistant surfaces.
- Bathroom areas shall be equipped with mirrors for personal grooming.
  - Mirrors shall be installed in such a way as to minimize the danger of breakage.
- There shall be at least one (1) sanitary trash or garbage receptacle.

- There shall be adequate cleaning and disinfecting agents and supplies.
- Food storage, preparation, and serving areas shall be clean and protected from contamination.
- There shall be separate areas of storage for:
  - Food items
  - Eating, serving and cooking utensils
  - Cleaning agents
  - Poisons, chemicals, pesticides
    - They shall be prominently and distinctly marked or labeled for easy identification as to contents and shall be used only in such manner and under such conditions that will not contaminate food or constitute a hazard to the consumers or staff.
    - All poisonous or toxic materials shall be locked in secure storage spaces.
- Each home shall contain a washer and dryer for clothes that are accessible to the consumers unless the consumers use commercial laundromats or has other means for doing laundry.
- Smoking and non-smoking consumers, where practical, shall not share a room except by mutual agreement.

Emergency/Disaster Preparedness:

Each home must maintain up-to-date emergency/disaster preparedness supplies to support consumers receiving services and staff for a minimum of seventy-two (72) hours post event. At a minimum, these supplies must include the following:

- Non-perishable foods
- Manual can opener
- Water
- Flashlights and batteries
- Plastic sheeting and duct tape
- Battery powered radio
- Prescription and nonprescription medications based on needs of the consumers in the home
- Personal hygiene items
- First Aid Kit

Fire Prevention:

- Ensure all electrical wiring is sound.
  - Report any electrical problems to the RA or DMHSA Safety Officer immediately.
- Ensure extension cords or multiple sockets are not used.
- Ensure all electrical appliances are frequently examined to ensure they are in good working order, replacing damaged or frayed cords and plugs.
- Limit the use of small appliances in bedrooms to radios, stereos, electric razors, etc.
- Do not allow the use of hot plates in bedrooms.

- Store flammable liquids (paint, gasoline) in appropriately marked containers meant for this use and stored away from heat.

#### Smoking:

- Exercise caution when smoking and supervise consumers who smoke.
  - Smoking is not permitted in the house.
  - Smoking is permitted during scheduled smoke breaks unless otherwise specified by the consumers' treatment team.
  - Consumers must turn in their lighters and cigarettes to staff to be kept in a locked space between smoke breaks.
  - Smoking is only allowed in designated smoking areas.
  - Ashes must be cold before emptying ashtrays.
  - A covered metal container (such as a coffee can) should be designated as a receptacle for the contents of ashtrays rather than emptying them directly into the trash.
  - Smoking is a right and cannot be taken away as a form of punishment.

#### Fall Prevention:

- All spills are wiped up immediately
- Non-slip backs are placed on all floor mats
- Non-skid surfaces shall be used when slippery surfaces present a hazard.
  - Non-skid surfaces are used to assist the consumers in and out of the shower
- Rooms and hallways are adequately lighted
- Halls and doorways are free of obstructions and clutter
- Sturdy and safe handrails are placed on the sides of stairs and decks where necessary.
- Consumers shall wear shoes or slippers at all times when walking.
- All areas in which the consumers may walk shall be thoroughly dry.

#### Outdoor Areas:

- Shall be free from excessive noise and traffic
- Shall have a shaded area
- Shall be free of poisonous plants
- Shall be swept and clear of trash, leaves, and debris.
- The exterior of the home shall be free from all other hazards as well as the accumulation of litter.
  - The home and grounds shall be clean and orderly and maintain an attractive appearance reasonably consistent with the character of the immediate area in which the home is located.

#### Miscellaneous Safety:

- All safety concerns regarding a consumers and their treatment will be documented and communicated to the CRM and/or lead clinician.

- To protect the consumers and other consumers in the home, staff shall be aware of a consumers potential for assaultive behavior, self-injury or elopement and consumers medical conditions that require close observation.
- All knives and sharp utensils shall be properly stored.
- A standard first aid kit shall be maintained, no expired dates. It shall be stored in a central location and be easy to access by anyone.
- An adequate supply of protective gloves, face shields, protective resuscitation devices, and other necessary protective personal equipment (PPE) shall be available.
- A flashlight and weather band radio must be available and in working order.
- Bathrooms, door hardware, and ramps may need to be altered to meet certain ADA (American with Disability Act) requirements depending on the consumers' needs.

## **GRIEVANCE PROCEDURE**

A consumers, family member, and/or legal guardian may file a grievance/complaint.

- The consumers shall be informed and provided a copy of the procedure for filing a grievance/complaint with DMHSA and a procedure for resolution of complaints and grievances.
- The procedure for filing a grievance procedure shall be posted in a strategic location in the home.
- The consumers receiving services shall have access to a fair and impartial process for reporting and resolving grievances and complaints.
- The consumers have the right to use other established advocates or agencies to file complaints.
- When complaints are received from a consumers that cannot be realistically satisfied because of the consumers' illness, a written response from the CRM will be sent to the consumers, with copies to the treatment team, to facilitate a therapeutic process to deal with the complaint.
- Informal Procedure:
  - The consumers will be encouraged to discuss their complaints with the RRP staff or their lead clinician. Complaints not resolved with the lead clinician will be taken to the division supervisor who will attempt to resolve the complainant's issue(s), and document in the consumers' record, the complaint and steps taken to resolve it.
- Formal Procedure:
  - If the complaint(s) not resolved using the informal procedure the consumers may submit a written complaint to the RA who will assist the consumers, discuss the issue with the complainant, conduct an investigation, if necessary, and report to the CRM within five (5) working days whether the consumers was satisfied or not. The consumers' record should reflect the complaint and the process taken to resolve it.
  - The CRM will further investigate the complaint, if necessary, discussing the findings with the consumers. If this step is unsatisfactory to the

consumers the CRM will select a member of the treatment team to hear the consumers' complaint and attempt to resolve it. This treatment team member will document the complaint and the steps taken to resolve it.

- If the consumers remain dissatisfied with the findings of the investigation and choose to appeal to the next step, the complaint will be forwarded to the Director who will render an administrative decision, in writing to the complainant with copies to the treatment team, CRM, and RA.
- If the consumers are dissatisfied with the Director's decision, the complaint will be forwarded to Guam Legal Services for a decision. The consumers will be apprised of the submission of their complaint to Guam Legal Services.

Acronyms:

- ADL: Activities of Daily Living
- APS: Adult Protective Services
- Consumer: Consumers receiving services provided by DMHSA
- CRM: Clinical RRP Manager
- DMHSA: Department of Mental Health and Substance Abuse; also referred to as Department.
- HIPAA: Health Insurance Portability and Accountability Act
- Home: Home or apartment
- IPN: Integrated Progress Notes
- Lead Clinician: Predominant service provider
- MDTT: Multidisciplinary Treatment Team; also referred to as treatment team
- MMTP: Multidisciplinary Master Treatment Plan; also referred to as treatment plan
- PRT: Placement Review Team
- Psych Tech: Psychiatric Technician
- RA: RRP Administrator
- RRP: Residential Recovery Program
- Staff: RRP Staff
- OTC: Other the counter medications

APPROVED:		Date: 
	_____ Wilfred Aflague Director	_____