

PROGRAM PLAN DESCRIPTION
< ADULT MENTAL HEALTH OUTPATIENT PROGRAM >:

Often the onset of mental illness occurs in early adulthood resulting in disruption of normal developmental experiences. As a result, adults can begin a cycle of psychiatric hospitalizations with periods of remission that may leave them picking up the pieces of their lives, mainly rebuilding families and locating employment. Many adults could function competently in the community with basic mental health support, such as medication monitoring and counseling.

Adult mental health outpatient (AMHO) services are offered across the adult lifespan beginning at the age of 18 for people who may be experiencing a variety of life, emotional and mental health issues from adjustment to life stresses to serious mental illness and may include things such as depression, anxiety, obsessions, phobias, anger, grief, social situational anxiety, job stress, Schizophrenia, Bipolar Disorder, etc. Outpatient services are guided by the principle that most individuals with mental illness, can live successfully in integrated community settings when adequate, individualized supports and services are provided.

I. Mission/Philosophy Statement

The adult mental health outpatient program supports the organization's mission, to provide the highest standard of care and strengthen our island community by enhancing every person's emotional and behavioral health through evidence-based practices that is person-centered and culturally responsible.

- AMHO embraces the concept of wellness and recovery promoting hope, healing, empowerment and connection.
- AMHO uses person centered planning and integrated care approach.
- AMHO follow ethical guidelines to assure the well- being of consumers and the integrity of the services.
- AMHO work collaboratively with other program to support the mental health needs of the individual
- AMHO foster a nurturing environment.
- AMHO is knowledgeable about their mental health resources and programs
- AMHO keep up to date with best practices, resources, and policy changes.
- AMHO staff attend local and national professional development opportunities to assure they remain highly qualified professionals

II. Goals/Objectives

- Manage symptoms of Mental Illness
- Promote Community Integration
- Meet recovery needs and desires of person served
- Protect the community

III. Location

- Office setting with private offices, shared offices, meeting rooms for treatment team meetings, family meetings, etc., and group rooms.
- 790 Governor Carlos G. Camacho Rd.
Tamuning, GU 96913
- Some services are provided in the community (i.e., individual's home, common meeting place for homeless consumers, etc.)
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IV. Days/Hours of Operation

- Monday- Friday from 8:00 AM – 5:00 PM excluding Government of Guam Holidays.

V. Accessibility

- Intakes are available by appointment or as a walk-in basis
- Most other services are available by appointment
- Contact number for Consumer Registration: 647-5440

VI. Services Provided

- Screening – an initial process that screen consumers for eligibility to the program, or whether a service can be provided to the consumer based on their needs.
- Orientation
- Assessments and evaluations
- Crisis interventions
- Individualized treatment planning based on the consumer's strengths, needs, abilities, and preferences
- Medication management (Prescriptions, monitoring and a pharmacy)
- Psycho-education/education on wellness and recovery (Education on the persons mental health issues and coping skills)
- Individual, couples and family therapy/counseling
- Case management
- Group therapy (*Our groups are on a referral-basis*)
- Day treatment (Skill development in the area of activities of daily living)
- Community outreach/Home visits (Community outreach is conducted by various providers based on the person's primary concern. Community outreach services are established as a primary, direct service which provides support services in the

community (i.e., the individual's home) to those persons for whom traditional outpatient services alone have not been effective. These services are for those persons with serious mental illness who would continue to experience admissions to the inpatient unit, incarceration, substance use/abuse, psychiatric emergencies, and/or homelessness without these services.)

- Referrals and linkage to support services including healthcare, housing, benefits, transportation, legal assistance, substance abuse support services, educational and vocational needs
- Verification of disability by the Psychiatrist
- Military clearance

Referrals to additional adult mental health outpatient services

- Trauma due to sexual assault or abuse referred to Healing Hearts
- Alcohol or drug problems referred to Drug and Alcohol (D&A) Program
- Trauma due to emotional, physical, or sexual abuse and neglect are reported and referred to Adult Protective Services (APS).
- Supportive employment, peer mentorship, enrichment, and drop-in center needs referred to Sagan Mami
- Department of Integrated Services for Individuals with Disabilities (DISID)
- Division of Vocational Rehabilitation (DVR)
- Victims Advocate Reaching Out (VARO)
- Catholic Social Services
- Housing assistances referred to Guam Housing and Urban Renewal Authority (GHURA)
- Department of Public Health and Social Services (DPHHS)
- Guma Mami
- Guam Legal Services

VII. Service Population

Populations served

- Individuals 18 years of age or older (*In special circumstances transition age youth 16.5-17.5 years of age may be serviced primarily by the adult mental health program, for the most part Adult and Children Services work collaboratively together to ensure seamless transition to Adult Services*)
- Individuals with mental health diagnosis (symptoms consistent with most current version of DSM diagnosis)

VIII. Entry/Exit Criteria:

A. Entry Criteria

- The individual demonstrates symptoms consistent with the most current version of DSM diagnosis which requires and can reasonably be expected to respond to

therapeutic intervention; or

- The individual has a chronic affective illness, schizophrenia, or a refractory behavioral disorder, which by history, has required hospitalization
- There are significant symptoms that interfere with the individual's ability to function in at least one life area.
- There is an expectation that the individual has the capacity to make significant progress toward treatment goals or treatment is necessary to maintain the current level of functioning.

B. Exit Criteria:

- The individual moved or relocated to a location not on Guam
- The individual died
- The individual is incarcerated for more than one (1) year or sentenced for incarceration for more than one (1) year and is not receiving on-going services by a GBHWC provider
- The individual's documented treatment plan goals and objectives have been substantially met.
- The individual no longer meets admission criteria, requires a higher level of care or requires services outside the scope of GBHWC services
- The individual has not responded or been located by required outreach efforts after a missed appointment
- The individual is competent and non-participatory in treatment, or the individual's non-participation is of such degree that treatment at this level of care is rendered ineffective or unsafe, despite multiple, documented attempts to address non-participation issues.
- The individual has not requested services or the individual hasn't been provided services for a continuous period of ninety (90) days
- The individual refuses to continue outpatient services
- Consent for treatment is withdrawn by the individual and it is determined that the individual has the capacity to make an informed decision and the individual does not meet criteria for involuntary admission to the crisis stabilization unit.
- The individual is not making progress toward treatment goals, and there is no reasonable expectation of progress at this level of care or treatment approach.

IX. Payer Sources

- Government of Guam
- Grants

X. Fees

- All services are free of charge

XI. Referral Sources

- Self, guardian, family, friend, government agencies, community agencies, internal, private providers, judicial system
 - The intake worker will complete the intake assessment to determine the appropriateness of referrals
- 24- hour crisis hotline

XII. Staffing/Program Capacity

A. Program Capacity: Guam Behavioral health and Wellness Center is a public mental health service. The population served is the entire island of Guam who may be in need of outpatient mental health services. Services are offered regardless of the person's ability to pay. The adult outpatient mental health admitted an average of 1500 consumers to the program annually.

B. Staffing Ratio: GBHWC Counselor to client ratio is 1 FTE Counselor to 35 clients. GBHWC Social Worker to client ratio is 1 FTE Social Worker to 25 clients factoring in the level of intensity needed. However, as the only publicly funded mental health services, clients are provided the services.

C. Staffing Qualifications:

- Counselors must hold a master's degree or higher in the behavioral health field.
- Social Workers must have a bachelor's degree or higher.
- Psychologist must have a doctorate.

XIII. Needs Assessment

Guam Behavioral Health and Wellness Center is the sole state entity for mental health services in the island of Guam with a diverse population of approximately 170,000. The Adult Outpatient Mental Health serves an average of 1500 new mentally ill consumers annually with a variety of life, emotional and mental health issues from adjustment to life stresses, to serious mental illness which may include things such as depression, anxiety, obsessions, phobias,

anger, grief, social situational anxiety, job stress, Schizophrenia, Bipolar Disorder, among other things.

XIV. Caseload Characteristics/Need That the Program is addressing (including special populations)

The Adult Mental Health Outpatient serves more than 700 adults in a month ranging from mental health disorders, such as depression, anxiety, obsessions, phobias, anger, grief, social situational anxiety, job stress, Schizophrenia, Bipolar Disorder, and dual diagnosis of mental health with alcohol and other addictions. Around 200 consumers are seen in medication clinic alone on a monthly basis, and 50-70 new consumers are being admitted in the program monthly. Majority of consumers are local Chamorro and consumers from Federated States of Micronesia.

XV. Demand For This Service

Since Guam Behavioral Health and Wellness Center is the sole entity for mental health services in the island of Guam with a diverse population of approximately 170,000 the demand for services is high. Adult Outpatient Mental Health served 3,500 persons annually on the island of Guam, ranging from Psychiatric care, crisis intervention, counseling and case management.

XVI. Geographic/Cultural Needs and/or Barriers

Given the geographic location of the island, services for mental health related services are limited and accessibility to specialized mental healthcare is a challenge. Guam Behavioral Health and Wellness Center as the only agency providing mental health services in Guam caters to the diverse population of Guam, catering to migrants from the Philippines, Federated States of Micronesia, Republic of Marshall Islands, Palau and other Asian nations. Culturally and linguistically appropriate services are being provided to cater to the diversity of the whole population of Guam.

XVII. Treatment Modalities/Disciplines

- **Screening.** The screening worker performs routine and screening interviews using a standard screening tool.
- **Assessment.** For needs related to mental illness includes an evaluation of the life domains of persons served including psychiatric, medical, financial, social, housing, vocational. Assessment instruments include the GAF and psychosocial assessment.
- **Treatment Development.** An interdisciplinary team involves at least the person served and the assigned staff member, and can include a psychiatrist, a nurse, a clinician, a case manager, and others appropriate to-/requested by the person served. Treatment plans are revised semi-annually and reviewed quarterly.
- **Treatment models** include:
 - Voyage to Recovery
 - Access to Recovery

- Brief/solution-focused therapy.
- Cognitive-behavioral therapy.
- Rational-emotive therapy.
- Desensitization therapy.
- Rogerian/Client-centered therapy.
- Family-focused therapy.
- Women's and Men's Group therapy.
- Critical problem solving skills.
- Cultural groups.
- Dialectical Behavioral Therapy

XVIII. Referrals/Discharge/Follow up

- The Outpatient refers persons served outside of the program for all legal issues, as well as making transfers to other programs and services.
- Referrals are made for all necessary indicators where services cannot be provided at GBHWC
- Adults may choose to leave the program at any time.
- When a person leaves the program, staff members will conduct follow-up contacts at 3 months post-discharge.
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XIX. Grievance/Rights Procedures

- Upon intake all person served are informed of their rights, consent for release of information, and right to privacy as defined by state and federal laws.

XX. Evaluation/Outcomes:

A. Efficiency/Utilization

- adults with mental illness enrolled in a month
- adults discharged from services per month
- Reduction of No show in Med clinic

B. Effectiveness

- Improve in their quality of life questionnaire
- Reduction in the criminal justice involvement

C. Satisfaction

- 90 % of consumers served will express satisfaction with average or higher ratings at discharged
- 90 % of sampled consumer served will express satisfaction with average or higher ratings during the year.