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Program/ Service Structure

Population(s) served:

- a. Children/adolescents ages 5 through 17 (or up to 21 if in SPED and attending school), with serious mental health conditions and their families. Mental health conditions such as severe emotional disturbance (SED), high risk or “at-risk” young people are eligible for services.
- b. GBHWC is the sole Government entity for mental health services, we do not turn away any young person that seeks our service. Our “at risk” category is therefore extensive until assessment is conducted and disposition is made for short term service and or referral to a more appropriate agency or to a private provider.

Setting:

- a. Office setting with private offices, shared offices, meeting rooms for treatment team meetings, family meetings, etc., and group rooms.
- b. 215-A Chalan Santo Papa, J & G Complex Suite 109F; Hagatna, Guam 96910

Hours of services:

- a. 8:00 am to 5:00 pm; flexible hours after 5:00 pm are available by appointment only.
- b. Walk-in Intakes started January 2, 2017. The hours for walk-in Intake is 8:00 a.m. to 4:30 p.m. After 4:30 any emergency assessment is conducted by the Nurses at GBHWC main department.

Days of services:

- a. Monday through Friday; flexible on the weekends by appointment only

Frequency of services:

- a. Frequency of services are determined on a case by case basis with a minimum of one (1) contact per month or as identified in level of intensity in Child and Adolescent Service Intensity Instrument (CASII).

Payer sources:

- a. Insurance coverage includes Medicaid, MIP, private insurance or no insurance, but in need of services, and self-paying clients.

Fees:

- a. Currently, there are no fees for our services, however, we still collect insurance information for data and funding purposes. Our Medicaid State Plan recently got amended to allow billing for system of care services under “service plan development” and the billing process are being worked out. The Medicaid reimbursement rate will be 85% for allied health providers.

Referral sources:

- a. Other GBHWC programs such as New Beginnings, Healing Hearts
- b. Project Launch
- c. Project Kariñu
- d. Department of Education
- e. Child Protective Services
- f. Superior Court of Guam
- g. Department of Youth Affairs
- h. Private providers and other governmental agencies

Specific services offered:

- a. Family orientation

- b. Intake assessment
- c. Care coordination
- d. Individual counseling
- e. Family counseling
- f. Group counseling
- g. Play based intervention
- h. Home-based services
- i. Crisis stabilization
- j. Medication management
- k. Therapeutic foster care
- l. Respite Care
- m. SERENITY Home (**S**uccessfully **E**ducating **R**esponsibility, **E**mpowerment in a **N**urturing environment, **I**ndividuals **T**ransitioning from **Y**outh care services to a more permanent placement or to independence living) is a step-down home that opened in 2011, is a short-term home placement and step down from the Therapeutic Group Home. This home offers a respite stay for enrolled clients, as well as placement for transition-age youth needing help with independent living skills.
- n. Therapeutic Group Home (TGH) - A residential therapeutic group home that opened in 2005 and is contracted out to an independent organization with GBHWC oversight. TGH has occupancy for up to ten (10) children and youth. Psychiatric services, counseling, and other therapeutic supports are provided in the home.

Additional Funding Sources

- Materials: Provided by our Mental Health (MH) Block Grant and other existing grants
- Equipment: Provided by our Block Grant and other existing grants
- Supplies: Provided by our MH Block grant and any existing grants
- Space: Office space funded by government local funds
- Finances: GBHWC is a line agency and our finances are managed by Department of Administration (DOA) and Bureau of Budget and Management Resource (BBMR)
- Training: Training are both funded by grant and local funds.
- Human resources: Primary local funds

Entry criteria

- Children and adolescents with a serious emotional disturbance are eligible for services provided under this program if they are five (5) to seventeen (17) years old and up to twenty-one (21) if under SPED services and still attending school.
- Diagnosis: Have an emotional, behavioral, or mental disorder diagnosable under **DSM-V** or it's ICD-9-CM equivalents, or subsequent revision (with the exception of the DSM-V "V" codes, substance use disorders and developmental disorders, unless they co-occur with another diagnosable serious emotional, behavioral, or mental disorder).
- Disability: Are unable to function in the family, school, or community, or in a combination of these settings. (As diagnosed by a psychiatrist or reported by parent/legal guardian/caregiver). Or, level of functioning is such that the child or adolescent requires multi-agency intervention involving two or more community service agencies, such as mental health, education, child welfare, juvenile justice, substance abuse and health.

- Duration: Have a disability that must have been present for at least one year or, on the basis of diagnosis, severity, or multi-agency intervention, be expected to last more than one year

Transition criteria, if applicable

- Adult Transition (Adult Mental Health Services - AMHS)
 - If a consumer requires AMHS, transition age begins at 16.5. It is the responsibility of the Wrap Coordinator to communicate with their respective team facilitator to schedule a case presentation through an Interdisciplinary Treatment Team meeting (ITT).
 - An AMHS provider will be assigned to the case and will work collaboratively with the Wrap Coordinator to build rapport with the youth and family to ensure a smooth transition. The Wrap Coordinator will remain the primary worker until full transition to AMHS.

Exit Criteria

- When a consumer completes treatment or refuses to continue program services, it is the responsibility of the Wrap Coordinator to have the family and/or the Wrap Team sign the Declination of Services form indicating chart closure.
- It is the responsibility of the Wrap Coordinator to ensure any and all pertinent information to include Progress notes and reports are updated and filed accordingly in the chart.
- It is the responsibility of the Wrap Coordinator to complete the CANS assessment and the Discharge Summary for chart closure.
- CASD-I Famagu'on-ta Administrator concurs with chart closure with signature.
- Chart is then routed to Medical Records Office (GBHWC) for filing.
- Families are encouraged to seek CASD-I Famagu'on-ta services in the future if needed.

Ineligibility of Services

CASD is the sole Government entity for mental health services, we do not turn away any young person that seeks our service. Our “at risk” category is therefore extensive until assessment is conducted and disposition is made for short term service and or referral to a more appropriate agency or to a private provider. If a family has private insurance, they may choose to seek mental health services through a private provider instead of GBHWC.

Unanticipated Service Modification

As a government operated system we are well aware and are concerned about funding as there are many competing priorities within our government. Furthermore, realizing the fragile or unpredictable state of the economy we are mindful and committed to be proactive in taking advantage of grant opportunities that we are eligible to apply for to support and enhance existing services as well as create other needed services.

To address any unanticipated service modification, reduction or change in resources, we plan on an on-going basis to assess and evaluate existing services for effectiveness and efficiency and have the flexibility to allocate or redirect funding to services that matter the most. We also actively advocate annually within our agency to fill vacant positions. We plan to continue advocating through marketing strategies and through the use of data to make our policy and law makers aware of what we are doing that is working in addressing the needs of the young people and families in our community.

Service Delivery Model and Strategies

CASD - I Famagu'on-ta program in 2003 has adopted the System of Care philosophy and wraparound approach in its service planning, implementation and service delivery. This framework is built on the following Core Values and Guiding Principles: child-centered, youth guided and family driven, strengths and community based, and culturally competent. Staff are provided ongoing trainings that are evidenced-based practices and or research-supported that include but are not limited to, Trauma Informed Care, Trauma-Focused-Cognitive Behavioral Therapy (TF-CBT), Neuroscience of the Adolescent Brain Development and Behavior, and Youth Mental Health First Aid, and other necessary trainings. Additionally, weekly staff meetings and case presentations assist in the gathering of expert professional consensus.

CASD will facilitate integrated service delivery by implementing communication mechanisms regarding the person served to address emergent, ongoing issues and continuity of services through the wraparound process. Wrap team members may communicate with one another through face-face contact, emails, text messages, for contingency and future planning regarding Wrap plans as long as consents of release are in place.

Legal Representation

If a youth is court involved they will be appointed a Public Attorney to represent their case and assist in understanding court proceedings, etc. however if they do not have the ability to make decisions that are in their best interest primarily because they are minors and for intensive circumstances such as a Person in Need of Services (PINS), the court will appoint a Guardian ad Litem for legal decision making and recommendations.

Program Description

Children and adolescent mental health outpatient services are available to children (along with their families) who may be experiencing a variety of life, emotional and mental health issues from adjustment to life stresses to serious mental illness. Children can be seen for a wide variety of behavioral problems such as attention problems in school (ADHD, ADD), depression, anxiety, school anxiety and school refusal, child abuse, divorce, children of alcoholics, teen substance abuse, anger control problems, phobias, grief, peer problems, sibling relational problems, opposition to authority, self-esteem and body image problems. This program utilizes the Systems of Care Model and Wrap around approach which links all the service provider networks (public and private) that the child and family needs to improve the child's functioning in the home, school, and in the community.

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.

CASD - I Famagu'on-ta provide integrated, community-based outpatient services for children-adolescents who are high risk and those with serious emotional disturbances (SED) and their families. Services are to include care-coordination or wraparound, individual, group, and family counseling, training and support, home-based services, 24-hour crisis hotline via Guam Behavioral Health and Wellness Center (GBHWC) hotline #647-8833/34. Transition-placement service, linkage

and referral to other mental health related services in the community. Provide education and awareness outreach for early identification, prevention and intervention services.

Philosophy

The core values and guiding principles of System of Care will be the treatment model philosophy and wraparound is the service delivery model of CASD - I Famagu'on-ta. The core values are:

- The system of care should be child-centered and family -focused, with the needs of the child and family dictating the types and mix of services provided.
- The system of care should be community-based, with the focus of services as well as the management and decision-making responsibility resting at the community level.
- The system of care should be culturally humility, (relevant)with agencies, programs and services that are responsive to the cultural, racial, and ethnic differences of the populations they serve

Program Goals

The CASD - I Famagu'on-ta goals and standards of care are:

- Children with emotional disturbances should have access to a comprehensive array of services that address their physical, emotional, social and educational needs.
- Receive individualized services in accordance with the unique needs and potentials of each child and guided by an individualized service plan.
- Receive services within the least restrictive, most normative environment that is clinically appropriate.
- The families and surrogate families should be full participants in all aspects of the planning and delivery of services.
- Receive services that are integrated, with linkages between child-serving agencies and programs and mechanisms for planning, developing and coordinating services.
- Should be provided case management (care coordination) or similar mechanisms to ensure that multiple services are delivered in coordination and therapeutic manner(in a therapeutic coordinated manner as they move through the systems and addressing their changing needs. and that they can move through the system of services in accordance with their changing needs.
- Early identification and intervention should be promoted by the system of care in order to enhance the likelihood of positive outcomes.
- Should be ensured smooth transitions to the adult service system as they reach maturity.
- Their rights should be protected and be provided effective advocacy efforts.
- Should receive services without regard to race, religion, national origin, sex, physical disability or other characteristics, and services should be sensitive and responsive to cultural differences and special needs.

Description of the Service/Treatment Modalities

CASD utilizes the System of Care Philosophy and wraparound approach in its service planning, implementation and service delivery. Other treatment modalities include Cognitive Behavioral Therapy (CBT), Trauma Focused CBT, Dialectical Behavioral Therapy, Play based interventions and Collaborative Problem Solving.

Children/adolescents ages 5 through 17 (or up to 21 if receiving SPED services and attending school), with serious mental health conditions. Mental health conditions such as severe emotional

disturbance (SED), high risk or at-risk young people. The System of Care Guiding Principles are: access to a comprehensive array of services, individualized services using a wraparound approach, services in the least restrictive environment, full family participation, integrated services, care coordination, early identification and intervention, smooth transitions, protection of the child's rights, non-discrimination and cultural appropriateness.

We strive to envision a healthy island, committed to promoting and improving the behavioral health and well-being of our community. Our mission to provide a culturally respectful, quality behavioral health services, that support and strengthened the well-being of the persons served, their families and the community in a safe environment.

Staff Credentials

The *Administrator* manages the administrative and clinical operation of the Division. This position requires a Master's Degree in Social Work or in the human services field and 5 years' experience in supervision. Primary duties include clinical supervision of staff, program development, clinical and support-staff performance evaluation, budget preparation, related organizational reporting and interagency partnership management.

Psychiatric Social Workers (Counselors) are Masters Level and licensed professional conducting clinical assessment and providing direct consumer intervention such as individual, family and group therapy as well provides consultation to staff and others in the community as requested.

Social Worker/Care Coordinator (Wrap Coordinator) is considered the key clinical component within CASD - I Famagu'on-ta and requires a bachelor's degree in Social Work, Psychology, Sociology, or related field. The Wrap Coordinator coordinates services by engaging family members, natural supports and agencies/service providers in addressing the needs of the child, youth and families through the Wraparound approach. This trained professional facilitates Wrap team meetings in the development of the treatment plan and service implementation.

Key Family Contact/Family Partner (Family Partner) - A Family Partner is an adult member usually a parent who by experience has learned to navigate the mental health and child serving agency systems for their own needs and with their vast life experiences and trainings are employed as a Family Partner for CASD - I Famagu'on-ta to provide the much needed emotional supports, understanding/empathy, advocacy and unique trainings to the parents and family members of the minor for them to also be successful. Family Partners are fully involved and dedicated members of the minor's Wrap Team.

The *Youth Coordinator* is responsible for developing activities for bringing the voice of youth who have serious emotional disturbance and to staff who are in charge with the programming and implementation of the system of care.

The *Youth Peer Specialist* must have one (1) year experience in contact work and engaging with children and youth, lived experience in a youth/juvenile service system and graduated from a high school. This is complex youth service work concerned with the social development and success of youth with serious emotional disturbance (SEDs). This position includes support services and outreach activities delivered through the approach from lived experience in a social service or juvenile justice system.

Positive Approaches to Behavioral Interventions

CASD is committed to providing mental health services to children, youth and their families in a least restrictive community based environment adopting the values and principles of System of

Care with the emphasis on building positive relationships to move towards recovery and wellness. GBHWC is dedicated to creating an environment and an organizational approach that seeks to prevent, reduce, and strive to eliminate the use of seclusions and restraints through effective performance improvement initiatives including staff training and education in the areas of Trauma Informed Approach and Professional Crisis Management Association (PCMA) to promote the least intrusive intervention for behavior management.

Seclusions and Restraints

GBHWC is committed to protecting all consumers' health and safety in addition to maintaining consumers' rights and well-being. Its policy and procedures serve as a guideline for all GBHWC staff to ensure that consumers are free from undue seclusion and restraint. It is the goal of GBHWC to decrease the number of incidences of seclusion and restraints. Please refer to Policy Number AD-08.

Support Services

- Chill Out Group - Chill Out group is an educational and informational group which aims to foster the development and use of skills to control emotions.
 - The Chill Out sessions occur once a week for a 10-week cycle. Youths are grouped by ages (9-10, 11-13 and 14-17). Groups are facilitated by licensed therapists and social workers.
- Sunshine Group - is a play-based therapy group for young children presenting with behavioral, emotional, and social challenges. The goal of the group is to create awareness of the range of emotions and reduce aggression by reinforcing productive behaviors and building coping skills to improve behaviors at home, school and the community.
 - Sessions occur once a week for an 8-week cycle for children ages 6-8. Groups are facilitated by licensed therapists
- Youth/Family Support Group: Provide additional support amongst family members in the program to support one another and empower each other through their challenges. The purpose of this group is to be self-sustained and family members taking the lead in facilitating this process. Currently family members co-facilitate alongside the peer specialist.
 - Groups are held every other Thursday from 1730-1900
- Family Youth Conference and various trainings throughout the year that families are invited to participate in. Parents are invited to participate in "Parent Cafe" which is sponsored by our partnered agency which is focuses on various skills building or psycho-education.
- Collaborative Problem Solving is a weekly group for a 10-week cycle for parents and other caregivers of children with challenging behaviors and/or mental health concerns to understand their child better.

All referrals to group should involve a pre-screening from the Wrap Coordinator to the group facilitator to ensure that youth is appropriate for the group setting and the youth's needs are aligned with the purpose of the group.

All these services are provided to meet the needs for the person served as identified through the wraparound process and care coordination is conducted by the Wrap Coordinator to ensure needs are met. Information and education are provided through groups, therapy, fact sheets, program websites and resources from collaborative partners.

Families are encouraged and invited to participate in educational programs/trainings to improve their skills and understanding in the wraparound approach so they are more equipped with advocacy efforts and having a voice in treatment planning.

Families are invited to participate in all trainings that are provided to staff to increase their knowledge in mental health services/treatment modalities that will works towards recovery and wellness with their family. Intimate settings are arranged for families to meet with trainers for further questions and guidance on subject areas.

Crisis Intervention Services

Reference Policy Number CL-NU-03 Crisis Stabilization: Inpatient Unit Admission and Discharge Criteria. For crisis interventions during office hours and an active youth in the program, the Wrap Coordinator will take the lead in crisis intervention and consultation if needed. If the youth is new to the program, families will be seen on a walk-in basis for an intake assessment for emergencies to include consultation by the on-call Psychologists or Psychiatrists. If a Psychiatric consultation is recommended, the Intake Worker will accompany the family to GBHWC Medication Clinic to ensure continuity of care. GBHWC crisis hotline number is 647-8833/ 647-8834, available 24 hours a day.

Technology

To meet the needs of the persons served, CASD-I Famagu'on-ta uses technology to increase access to services by providing information through GBWHC website and social media. Text messaging and electronic mail (email) help to remind persons served of appointments and upcoming meetings, et cetera.

GBHWC recognizes that staff productivity and services can be enhanced through the use of technology for information management and record keeping.

Personnel Providing Direct Services

It is the policy of GBHWC to verify the licensed staff and entrust they have the proper licensure, certification, education, and/or registration for those holding positions requiring a license, subject to the minimum qualifications or requirements of their jobs which are defined within their position description questionnaire. GBHWC shall coordinate with DOA-HR Office to validate the Primary Source Verification. GBHWC is committed to providing the highest level of services and support to the persons we serve. Throughout the year GBHWC/CASD provides competency based trainings both in service and through external resources for capacity building and utilizing the most effective approaches for treatment. Applications of these skills on monitored and assessed by one's direct supervisor for guidance and recommendations.

Wrap Team

A Wrap team is comprised of who the youth and family want to be involved in their team. A team can be comprised of family members, youth, counselors, agencies involved, service providers, other natural supports and the Wrap Coordinator. It may also include a Family Partner or Peer Specialist. Each team member offers their expertise focusing on the best interest of the youth and family. Based on the Wrap Meeting, a Person-centered plan (Wrap plan) is developed to address various life domain needs as presented by the youth and parents. The Wrap plan is individualized to the specific needs of the youth and family and utilizes strength-based strategies to promote recovery, progress, or well-being. All youth must have a Wrap Plan that identifies their Strengths, Needs,

Abilities and Preferences for treatment. Team members present at the meetings are documented through a sign-in sheet. Wrap plans are reviewed at least once every quarter however it may be reviewed as often as needed in order to ensure progression in treatment.

The Wrap Coordinator coordinates services by engaging family members, natural supports, and agencies/service providers in addressing the needs of the child, youth, and families through the Wraparound approach. This trained professional facilitates Wrap Team meetings in the development of the Wrap plan and service implementation.

The Wrap Coordinator provides intensive services, support and advocacy for seriously emotionally disturbed youth to improve their functioning in the home, school, and in the community in order to prevent relapse and hospitalization. Wrap Coordinators conduct home visits, provide supportive sessions to the child and family, educate on the illness, monitor medication use, teach coping skills, collaborate with other child-serving agencies, attend court hearings, Individual Education Plan (IEP), and other school-related meetings.

- Wrap Team Sign-In Sheet (CASD-IFAM 027-16)

Therapy (Counseling) Services

Licensed and trained Therapist help youth and their families address a wide range of psychological, emotional, and relationship problems. Professional short-term, goal oriented counseling/therapy to youth and their families addressing a wide range of psychological, emotional and relationship problems. This includes, but not limited to depression, parent-child/ family discord, physical and sexual abuse and other problems affecting the youth's emotional, academic and social functioning. This service is provided by licensed IMFT Therapist. Our Therapist provide this through individual therapy, family and group therapy with youth in similar issues and ages.

Referral process for counseling services include:

- Wrap Coordinator will work with youth and family in identifying treatment goals, commitment to therapy and exploring youth and families strengths and needs that will impact the therapeutic process. It is recommended that 3-4 family meetings occur prior to a counseling referral or earlier if needed.
- Wrap Coordinator will present the counseling referral through case staff meetings for assignment.
- When a Therapist is assigned, a Wrap meeting will be held with family for counseling services to begin.

- Client's Questionnaire of Counseling Experience (CASD-IFAM 038-16)
- Consent for Counseling on School Campus (CASD-IFAM 056-17)

Supervision for Direct Services

GBHWC provides ongoing supervision to all direct service personnel. The direct supervisor is responsible for following supervision activities that include treatment/service planning meetings, organizational staff meetings, and side by side session with the consumer or one on one meeting between the supervisor and personnel.

Supervision is documented through the *Supervision Feedback Form* which specifically includes assessment of professional competencies, clinical skills and recommendations for improvement.

- Supervision Feedback Form (CASD-IFAM 048-16)

Contraband and Personal Searches

GBHWC recognizes that patients have the right to (1) privacy, dignity, and to be free from unnecessary searches; and (2) retain and use personal property. However, consumers, staff, and visitors also have the right to a safe and therapeutic environment which under certain circumstances necessitates taking steps to ensure patients are not in possession of items that may present a hazard to personal safety or therapeutic environment. In order to maintain a safe and therapeutic environment, as well as privacy of other consumers, GBHWC may place limits on items coming into the facility.

When the situation warrants, searches of consumers and their living areas are permitted in order to ensure safety. This will be carried out in a professional and courteous manner recognizing the intrusion to personal privacy that occurs.

All consumers admitted to Crisis Stabilization Unit (CSU) shall surrender their personal belongings that are considered contraband to the staff or security guards.

Other items can be considered contraband if staff believes the item may be used by a consumer to harm themselves or someone else if an item poses a safety risk or interferes with the rights of others as determined by Mental Health Provider and or Safety Officer.

Contraband: a term used to describe prohibited or unauthorized items. A hazardous item or substance which may be used in a dangerous way or is perilous to the wellbeing of a consumer or staff member. The following items are considered contraband: Samples provided may not be limited to the list: Weapons, Tobacco and Tobacco-related products, explosives, toxic substances, alcohol, flammable substances, unidentified substances (e.g., vials, powders, pills, liquids), sharp objects, hanging risks, metal cans and lids, illegal substances and items (street drugs), and medications.

Searches: Note: All searches shall be conducted by at least two staff members for safety, accountability, and reporting.

1. If a staff member notices an item that could be considered contraband, he/she shall take immediate action to address any related safety issues, promptly notify direct supervisor and the Health and Safety Officer as soon as possible (not to exceed 1 hour), and start an incident reported for that supervisor's review, that will be completed prior to the end of the shift.
2. When it is necessary to conduct a search, it will be carried out in a professional and courteous manner recognizing the intrusion to personal privacy that occurs. For patient searches, the search may not be any more intrusive than necessary to ensure the patient is not in possession of any contraband.
3. Unless there is imminent threat, staff members will obtain authorization from a physician, program service manager, or licensed nurse in charge prior to searching a patient or patient possessions for contraband.

DOCUMENTATION

1. Whenever searches are conducted or contraband is identified, this triggers an incident report.
2. The incident report shall include a record of the search; reason for the search, scope of the search, who conducted the search, the manner in which it was conducted, all findings and any actions taken.

Peer Support Services

GBHWC commits to increase understanding, reduce confusion, and provide a path to successful integration of peer support specialists in the delivery of quality services. Peer Support Specialist provides input in the process of development, designing and implementing peer support services. They are persons who share with others based on their lived experiences to encourage, motivate and support youth and their families. Some of the functions is to be a voice for the youth and family, advocate, teach self-advocacy and empowerment skills, and provide mentoring and coaching.

The organization demonstrates a climate of recovery and/or resilience building by respecting the unique role of peer support specialists. GBHWC believes that peer support is a vital component to recovery from mental health and substance abuse conditions. Peer run services are based on the principle that individuals who have shared experiences can help themselves and each other. The primary purpose of the peer specialist is to work with the Wrap Coordinator in providing support services to the youth and family and plays a vital role in the Wrap Team. Youth and families can engage easily with someone that had a similar experiences to what they are going through in life.

Peer support specialists receive documented competency-based training that is based on a recognized peer support curriculum and other trainings related to their roles and duties. They are also trained in Confidentiality, HIPAA and Sexual Assault. Peer Specialist attend court hearings, school meetings, provide transportation and teach parenting skills using the Collaborative Problem Solving Approach, participate in outreach and public awareness activities. They provide support in different locations to meet the needs of the youth and family to include home visits, groups/outreach efforts in the community that are at the convenience of the family.

Guam System of Care Code of Ethics are the guiding principles that addresses boundaries related to their roles. They are to maintain high standards of personal conduct in a manner that fosters their own personal wellness, able to identify and describe support services towards recovery and wellness.

- Family and Youth Support Services (CASD-IFAM 015-16)

Screening and Access to Services

Person-centered care is demonstrated throughout the screening process and is demonstrated in its efforts to minimize the times between first contact, screening, and admission or referral. The purpose is to provide a structure that defines the process of screening and assessment that determines the person's eligibility for service, level of care and the organization's ability to provide those services. GBHWC is the sole Government entity for mental health services, eligibility for services will be granted unless family chooses to seek services through a private provider. GBHWC is the sole Government entity for mental health services, and therefore no young person are turned away from seeking our service. Our "at risk" category is therefore extensive until assessment is conducted and disposition is made for short term service and or referral to a more appropriate agency or to a private provider. Please refer to Policy Number CL-37.

Screening/Eligibility

- A screening is conducted through the front desk staff upon completion of CASD referral form. The referral form may be filled out by the parent/legal guardian if one does not have it completed already. The referral form includes information such as reason for referral, contact information, insurance, and name of person making the referral, et cetera. Legal documents indicating guardianship must also be presented during this time.

- The screener is to then make contact via phone with Medical Records and/or review Electronic Behavioral Health Records (EBHR) and verify if youth has a previous record with CASD-I Famagu'on-ta. If there is an existing record, screener is to request the chart number and also indicate on screening form for intake worker to be informed.
- Additionally, if youth has a sibling currently receiving services, screener is to indicate this on the referral along with the worker's name.
- A referral is created on EBHR and all information is entered into EBHR to include youth and family's demographics, reason for referral, contact information, insurance information and previous history or sibling in the program.
- **Note* Court-Ordered Referrals** - If the parent/legal guardian walks in with a court order and is not with the youth, the parent/legal guardian will be instructed to return with the youth as soon as possible for Intake to be conducted. All pertinent information such as court order date, next court date, date parent appeared for intake and other important information must be documented in EBHR. A copy of the court order must be made; stamped with date received, and initials of staff receiving the order and filed in the court binder. Copy of court order must be forwarded via email to GBHWC Director's Office

If the screening identifies an urgent and critical need, appropriate action is taken immediately. For crisis interventions during office hours and an active youth in the program, the Wrap Coordinator will take the lead in crisis intervention and consultation if needed. If new to the program, families will be seen on a walk-in basis for intake assessment which may include consultation with the on-call Psychologists or Psychiatrists. If a Psychiatric consultation is recommended, the Intake Worker will accompany the family to GBHWC Medication Clinic to ensure continuity of care. GBHWC crisis hotline number is 647-8833/ 647-8834, available 24 hours a day.

If the screening identifies unsafe substance use: A brief intervention is conducted through an internal referral made by the Intake Worker to GBHWC's New Beginnings for a Drug and Alcohol screening/assessment. Once the screening is completed, youth and family will do an orientation and then an intake will be conducted.

- Referral Form for Services (CASD-IFAM 001-16)
- Map to Home (CASD-IFAM 002-16)
- Interagency Release Information (CASD-IFAM 003-16)

Orientation

Family Orientation is held prior to intake being completed to accommodate families and to ensure they understand the Wraparound Process and expectations. Family Orientations are conducted to welcome and introduce youth and their families (parents/legal guardians) to the CASD - I Famagu'on-ta program service model based on the Systems of Care Philosophy (core values and guiding principles and Wraparound Approach. Each family would be provided an Orientation packet to include fact sheets related to the youth and family's concern(s) to assist in their recovery and wellness.

- The different forms will be reviewed and filled out, starting with the confidentiality form.
- The Family Orientation will cover the following: Introduction to System of Care, its core values and guiding principles. It also explains that the involvement of the different agencies along with the youth and family make up the System of Care. Presentation and discussion on how the Wraparound approach works; formation and composition of the Child and Family

Wrap team; the importance of natural supports, agencies and other service providers; the development of the Child's Wrap Plan, Wrap Meetings, and other related matters such as the frequency of the meetings, appointments, et cetera.

- The Family Orientation will be conducted by the Family Partners and Youth workers. Each family will receive an orientation handbook. Please refer to Policy Number CL-38.
- Service Checklist (CASD-IFAM 019-16)
- Agreement to Participate in Wrap Around Process (CASD-IFAM 020-16)
- Contract of Confidentiality Orientation Attendee/ Waiver of Liability (CASD-IFAM 021-16)
- Youth Orientation Questionnaire (CASD-IFAM 023-16)
- Family Orientation Questionnaire (CASD-IFAM 024-16)
- Contract for Confidentiality to HIPAA Requirements (CASD-IFAM 039-16)
- Parent Youth Orientation Sign-In Sheet (CASD-IFAM 052-16)
- Guam System of Care Code of Ethics (CASD-IFAM 054-17)
- System of Care Framework Family Wrap Team (CASD-IFAM 013-16)

Assessment

Assessments are conducted by qualified personnel. CASD conducts Intake interviews and assessments using the assessment tools of the Child Adolescent Needs and Strengths (CANS), Child Adolescent Service Intensity Instrument (CASII), Adverse Childhood Experience (ACE), and Resilience Questionnaire. Staff are continually trained on the use of these assessment tools. Qualified personnel are determined by the organization's leadership and may base its determination on the skills, experience, and/or education of personnel, and by state, federal, and provincial or regulating guidelines. The assessment process gathers the presenting issues, identifying personal strengths, individual needs, abilities/interest and preferences for treatment. Previous behavioral health services will be explored to include diagnostic and treatment history. Additional information to be obtained include pertinent social and medical history, family behavioral health, history of trauma experienced or witnessed, legal involvement, living situation, education history, level of functioning and mental status.

Assessing for urgent needs include suicide risk, personal safety and risk to others. If an urgent need is being presented or there is potential risk for dangerous behaviors, a personal safety plan must be completed with the person served to include triggers, coping skills, warning signs, preferred interventions necessary for personal and public safety and advance directives when available. Intake worker shall follow protocol for Psychiatric consultation to include but not limited to CASD Administrator, on-call Psychologist and on-call Psychiatrist for guidance.

Upon completion of the intake/assessment, the Intake Worker is able to make a diagnostic impression based on pertinent information gathered by the youth and family and collateral information until confirmed diagnosis by the Psychiatrist or Psychologist. Once all pertinent information is received, it is used to develop the initial Wrap plan through recommendations for the Lead Provider.

Continued assessments are conducted for CANS on a quarterly basis to measure performance indicators for youth in the area of School Domain for Behavior, Achievement and Attendance. CASII assessments are updated as needed when level of care has changed. Please refer to Policy Number CL-39.

Intake Packet includes the following forms and assessment tools:

- First Contact/ Demographics (Form GBHWC-FCD-005)
- Statement of Consumer Rights and Responsibilities/ Acknowledgment of Receipt (GBHWC)
- Notice of Privacy Practices/ Acknowledgement of Receipt (GBHWC)
- Informed Consent for Evaluation, Treatment and Services for Adult, Child/Adolescent (GBHWC)
- Signature Sheet (GBHWC)
- Clinical Intake (GBHWC-CI-010)
- Safety Plan (GBHWC)
- Take Home Instructions (GBHWC)
- Authorization for Photography (CASD-IFAM 005-16)
- CANS 5-11 (CASD-IFAM 007-16)
- CANS 12-18 (CASD-IFAM 008-16)
- CASII Worksheet (CASD-IFAM 009-16)
- Resiliency Questionnaire (CASD-IFAM 010-16)
- Adverse Childhood Trauma Impact (ACE) (CASD-IFAM 011-16)
- Psychosocial Questionnaire (CASD-IFAM 012-16)
- Life Skills Inventory (CASD-IFAM 025-16)

Admissions

An intake/admission is conducted by a qualified trained intake worker knowledgeable to assess the specific needs of youth and families found eligible for admission to a service program. The assessment process shall include information obtained from the youth and families, other collateral external sources and focus on the consumer's specific needs, identified goals and expectations of the consumer. The assessment process shall include a written interpretive summary that is based on the assessment data and shall be used in the development of the initial treatment plan.

- The interpretive summary shall include the identification of any co-occurring disabilities, comorbidities, and/or disorders,
- The interpretive summary and initial treatment plan shall be documented in the designated field in the Electronic Behavioral Health Records (EBHR).

At CASD-I Famagu'on-ta, intakes are completed on a walk-in basis from Monday - Friday from 800-1630 and families will be seen on a first come first serve basis. After 1630 walk-in emergency intake will be entertained at GBHWC main office.

CASD Administrator is responsible for admissions into the program and shall assign the consumer/youth to a Lead Provider/Worker within 5-10 working days after a screening and intake assessment. All intakes are presented during Case Staff Meetings held weekly for case assignment. Lead Provider then has up to 48 hours to make contact with the family (e.g., home visits, phone call, and meetings) to begin the wraparound process. If a youth or family is unsatisfied at any time with their experience in the program, they may complete a Grievance form so their experience can be enhanced.

- Grievance Form (CASD-IFAM 049-16)

Wait List:

- **CASD-I Famagu'on-ta:** There is no wait list nor will any person seeking mental health services will be denied mental health services because of race, creed, color, or national origin. However, if the youth has private insurance other than the government-funded insurances such as MIP or Medicaid, youth and families are encouraged to seek services with a private medical/mental health provider through their private insurance. After a referral has been made, and the parents/legal guardian attends the Family Orientation and completes the Intake Assessment, the case gets assigned a Wrap Coordinator. This whole process could be completed in thirty (30) days or less. A wait list may be established if the number of Wrap Coordinators decreases to ten (10) or less and/or there is a large increase of referrals within the thirty (30) day period.
- **Step Down Home:** A wait list is established when there is no bed space available as the occupancy of the home is no more than five (5) youths. Youths referred to this short-term home placement must meet admission criteria and have a CASII assessment score validating a need for Level 4 placement and has been stabilized and ready for transition.
- **Therapeutic Group Home:** A wait list is established when there is no bed space available as the occupancy of the home is only ten (10). Youths referred to this restrictive 24/7 psychiatric care must meet the admission criteria and have a CASII assessment score validating a need for a Level 5 care placement. The minor with the highest CASII score for Level 5, indicating severity, shall have priority in admission.

Person-Centered Plan (Wrap Plan)

GBHWC believes that each person served is actively involved along with their parent/legal guardian in the development of their Wrap plan. Each person served must have a Wrap plan. The treatment planning process is person-centered and person-directed. They are based upon the youth's strengths, needs, abilities and preferences. The Wrap plan focuses on the integration and inclusion of the youth into their community, family, natural supports, and other needed services in order to maximize functioning and quality of life. The Wrap plan varies in complexity based on the needs of the youth, type of services provided and community partners and agencies involved. With the System of Care philosophy and Wrap around approach, families are at the center of this discussion and are the driving force in treatment planning.

The Wrap plan includes two main components which addresses the global needs (goals) of the person served that are identified through the needs and our expressed by the youth's own words or paraphrased. The second component of the plan provides the individual layout for service development and is consistent with the outcomes (need/objectives) expected by the person serviced and organization. Needs/objectives should be Specific, Measurable, Attainable, Realistic and Timely (SMART). Interventions should include responsible person, treatment modality, support services and the purpose for the intervention which can be provided by personnel at GBWHC, by referral or partnered agencies involved in the Wrap team. If a young person has concurrent disorders, disabilities, intensive medical needs, the Wrap plan much address these conditions in an integrated manner. The young person should be able to understand the Wrap plan.

Wrap plans should be created no later than 30 days from admission date by the Lead Provider and should be reviewed periodically at the very least once every three (3) months however periodic reviews should be based on the need of the person served to reflect current issues, maintain relevance, modify goals, objectives and interventions when necessary. Upon completion of review, the young person should be offered a copy of the updated Wrap plan and team members should sign the plan acknowledging the updates.

In review, the lead provider is responsible for updating the Wrap plan and documentation must indicate progress towards achievement in objectives and goals, significant events or changes in the life of the person served, the delivery and outcome of specific interventions, modalities and/or services that support the Wrap plan. Changes in frequency and levels of care should be indicated as well as all Wrap plans to be signed and dated. Please refer to Policy Number CL-23.

- Wrap Team Sign-In Sheet (CASD-IFAM 027-16)
- Wrap Funds Request Form (CASD-IFAM 028-16)
- Wrap Plan Flex Funds (CASD-IFAM 029-16)

Youth Enhancement Supports, Y.E.S., Inc.

Y.E.S is a non-profit organization established in November 2008 to help support the enrolled children and youth in I Famagu'on-ta Program in the areas of education life skills, recreational, vocational enrichment and mentorship support and prepare them to be productive member of the community.

Outpatient Programs

Through individual, family, and/or group therapy, CASD-I Famagu'on-ta offers education on Emotional and Psychological Wellness, Recovery, Resiliency, utilizing several treatment approaches to include but are not limited to, Cognitive Behavioral Therapy (CBT), Trauma Focused-CBT (TF-CBT), Dialectical Behavioral Therapy (DBT), Play-based interventions and Collaborative Problem Solving.

CASD-I Famagu'on-ta office is centrally located in Hagåtña to maximize the opportunity of the youth and families services as it is along most frequented routes increasing the accessibility of services to youth and families. If youth and families are unable to visit the office, services are provided in other convenient locations identified by the youth and family such as their home, school, or nearby public area they have identified is convenient for them. Additionally, when department funding is available, and as identified on the Wrap plan, gas cards and bus coupons may be given to youth and families on a case-by-case basis to assist with transportation to appointments in meeting treatment goals.

Also, youth and families are often asked of preferences for scheduled appointments (e.g., Wrap meetings, school meetings, psychiatric appointments, therapy sessions) to maximize opportunity of youth and families to participate in services.

When appropriate, and with the consent of the youth and families served, The Wraparound approach involves a collaborative approach in which the Wrap Coordinator works with the youth and their family, and other agencies and treatment providers (youth justice, child welfare, special education, etc.) working with the family to create one Wrap plan for the family that meets the system priorities while keeping the health and wellbeing of the youth and family at the center of the integrated system of care. In addition to identifying key agencies involved in the youth and family's life, they are also asked to identify natural supports that may assist in the treatment process that will help maintain and sustain the family's treatment goals. If youth and their family are unable to identify natural support, the Wrap Coordinator assists the family in identifying, developing, and utilizing his or her natural supports. Through each visit at CASD, families are asked to complete a Satisfactory Survey to provide feedback of their experience and recommendations to improve service delivery.

Case management forms in include:

- Consent to Release Confidential Information (F-CL-21)
- Case Coverage Sheet (CASD-IFAM 014-16)
- Court Report Template (CASD-IFAM 037-16)
- Gas Cards/ Bus Passes Log Sheet (CASD-IFAM 051-16)
- Notification Letter to the Court (CASD-IFAM 040-16)
- Psychiatric Summary/ Verification of Psychiatric Illness (GBHWC)
- Satisfaction Survey (CASD-IFAM 033-16)

SERENITY (Step-down Home)

Successfully Educating Responsibility, Empowerment in a Nurturing Environment Individuals Transitioning from Youth (SERENITY) was established in 2011 for a short-term home placement and a step-down from the Therapeutic Group Home. This home offers youth care services to a more permanent placement or to independent living. Respite services are also offered to existing clients in CASD for overnights, weekends but no longer than two (2) weeks stay with an exception if a child is in the care of a Therapeutic Foster Care Home and the Therapeutic Foster Parent are entitled to 28 days of paid respite.

If a youth is in need of SERENITY (Step-down Home), the Wrap Coordinator must have all forms completed and acknowledgement from youth and parent/legal guardian. Case presentation will be completed to SERENITY staff and approval from CASD Administrator prior to admission into the group home.

A wait list is established when there is no bed space available as the occupancy of the home is no more than five (5) youths. Youths referred to this short-term home placement must meet admission criteria and have a CASII assessment score validating a need for Level 4 placement and has been stabilized and ready for transition.

- Parental Consent and Agreement (CASD-SERENITY 001-16)
- Medical Questionnaire (CASD-SERENITY 002-16)
- Admission Checklist (CASD-SERENITY 003-16)
- Referral Form for SERENITY (CASD-SERENITY 004-16)
- Risk Assessment (CASD-SERENITY 005-16)
- Inventory Listing (CASD-SERENITY 006-16)
- Face Sheet (CASD-SERENITY 007-16)
- Transition Profile for Admission (CASD-SERENITY 008-16)
- Transition Out of SERENITY Summary (CASD-SERENITY 009-16)
- Youth Agreement (CASD-SERENITY 010-16)
- Physical Custody Release Form (CASD-SERENITY 011-16)
- Medication Checklist (CASD-SERENITY 012-16)
- Activity Request (CASD-SERENITY 013-16)
- Therapeutic Leave Request (CASD-SERENITY 014-16)
- Therapeutic Leave Liability (CASD-SERENITY 015-16)
- Therapeutic Leave Feedback (CASD-SERENITY 016-16)
- Incident Report Form (CASD-SERENITY 017-16)
- Staff Changeover (CASD-SERENITY 018-16)

Short Term Intensive Psychiatric Treatment Stabilization Services (Therapeutic Group Home)

A residential treatment home opened in 2005 and is contracted out to an independent organization with GBHWC oversight. TGH has occupancy for no more than ten (10) youth. Psychiatric services, counseling and other therapeutic supports are provided in the home.

A wait list is established when there is no bed space available as the occupancy of the home is only ten (10). Youths referred to this restrictive 24/7 psychiatric care must meet the admission criteria and have a CASII assessment score validating a need for a Level 5 care placement. The minor with the highest CASII score for Level 5, indicating severity, shall have priority in admission.

- Referral for Short-Term Intensive Psychiatric Treatment Stabilization Services (CASD-IFAM 016-16)
- Certification of Medication Payment (CASD-IFAM 050-16)
- Counseling Tracking Form (CASD-IFAM 057-17)

Therapeutic Foster Care

A Placement in a family-home environment for youth people who currently have no biological family available to care for them. Therapeutic Foster Parents (TFP) are licensed foster homes with Department of Public Health and Social Services and receive special training and support from GBHWC/CASD – I Famagu'on-ta to help them care for the special needs for the youth. Placement in TFC homes are initiated by court orders and TFC parents are paid for their services.

- Therapeutic Foster Parent Quarterly Report (CASD-IFAM 041-16)

Home Based Services

A team consisting of the wrap team and other supports under the leadership of a Psychiatric Social Worker (Licensed Master Degree) provide intensive mental health and related services to the youth and their family in their natural environment.

- Referral for Home-Based Services (CASD-IFAM 043-16)
- Home-Based Services Family Feedback Form (CASD-IFAM 044-16)
- Home-Based Services Linked Provided (CASD-IFAM 045-16)

Children's Inpatient Unit – CIU

An acute psychiatric care for children and adolescent located at GBHWC main facility who are in need of acute short-term stabilization in order to get them back to functioning safely in their homes and community. The Wrap team works in partnership with the Crisis Stabilization Staff (Psychiatrist and Nurses) and the child's family to help the young person to safely return home.

Nonviolent Practices

Guam Behavioral Health and Wellness Center (GBHWC) has policies and procedures in place for handling consumers, or visitors who engage in disruptive behavior in the Main Facility and satellite offices.

GBHWC is committed to providing a safe, therapeutic environment for the consumers, visitors and staff. GBHWC does not tolerate aggressive or threatening behaviors. There is ***Zero tolerance policy for aggressive behavior***. Aggressive behavior is defined as yelling, swearing, using offensive language, name calling, pushing, physical fighting, throwing objects, acting in an aggressive manner; or making racist, sexist or homophobic comments.

Threats of harming or fighting with another individual violates the rights of others and are taken seriously. If one has a conflict with another individual, youth and families are encouraged to speak with staff to help resolve the situation.

If an out-of-control situation occurs, the individual will be asked to leave CASD-I Famagu'on-ta premises and if appropriate, the police may be called.

If there is intentional damage to GBHWC property, the individual(s) will be financially responsible for the damages incurred. All individuals are subject to the local and federal laws.

GBHWC provides Professional Crisis Management (PCM) training to all its direct service personnel, and shall maintain current PCM certification of staff.

Precautions to take PRIOR to interacting with individuals or groups who pose a safety risk or concern.

- a. Review Medical record and determine which safety precautions to take, including;
 - i. Informing the direct supervisor to be on standby, and advising support staff of the time and location of the interview with the youth and family.
 - ii. Scheduling appointments with youth and families at peak staffing levels periods to ensure availability of support.
 - iii. Arranging the support staff to monitor the treatment room/office or be in close proximity the treatment room/office while interview is ongoing
- b. Provide service to the greatest extent possible in a safe treatment room/office that;
 - i. Does not have objects that can be thrown or used as weapons
 - ii. Provides the option of leaving the door open
 - iii. Allows staff to easily leave the room

Precautions to take DURING and AFTER an interaction with individual youth or group session:

- a. Staff should position themselves so that they may easily exit the room if required.
- b. Negotiate a contract or set limits and boundaries with the youth regarding unwanted behavior and resulting consequences.
- c. Escort the youth out of the building, or request staff to observe when accompanying youth out of the building
- d. If needed, create noise and disturbance to attract the attention of other staff.

After the disruptive or threatening behavior

- a. The staff providing the service should document the behavior in the youth's medical record and shall determine whether a flag or a service alert is required in the medical health record.
- b. A debriefing of all the staff and other youth and families exposed to the disruptive individual shall be provided by the supervisor within 48-72 hours of the incident.
- c. An incidence report shall be written by the staff providing the service or who first witnessed the disruptive behavior only if it falls within the reportable critical incidents defined in the critical incident policy (Reference: *AD-RM-02 Critical Incident Policy*).
- d. Disruptive youth reports and incidences will be reviewed at the GBHWC team facilitators' meeting for clinical disposition which could include but are not limited to:
 - i. Verbal and written notification to the youth on the reported disruptive behaviors and treatment recommendations to prevent future occurrences of said behaviors.
- e. The Health and Safety Officer shall be informed of the disruptive youth watchlist.

Christmas Cheer

Christmas Cheer is a celebration for children and youth enrolled in the I Famagu'on-ta Program and their families during the Christmas season. The annual Christmas Cheer was started in 2000 to provide our children and youth who may not have the opportunity to enjoy a festive Christmas celebration with their families. This event provides food, presents, entertainment and photos with Santa Claus. Community donations have been a major contribution to this event.

- Activity Participation Waiver and Liability (CASD-IFAM 022-16)
- Authorization for Audiotape, Videotape, Film, Photography (CASD-IFAM 026-16)

Wraparound Graduation

CASD sponsors Wraparound Graduations twice (2) a year acknowledging the family and Wrap team for all their hard work and efforts in assisting the young person towards recovery and wellness. When a youth has met their treatment goals, the Care Coordinator will recommend that they participate in the graduation which will be attended by the Wrap team and family.

- Wraparound Graduation Request (CASD-IFAM 036-16)

Transition/Discharge

Transition of services our planned and developed with the active participation of the person service to ensure continuity of care from one level of care to another. Support services should be identified to prevent a recurrence of symptoms or a reduction in functioning. Transition services should promote on-going recovery and wellness.

- Adult Transition (Adult Mental Health Services - AMHS)
 - If a consumer requires AMHS, transition age begins at 16.5. It is the responsibility of the Wrap Coordinator to communicate with their respective team facilitator to schedule a case presentation through an Interdisciplinary Treatment Team meeting (ITT).
 - An AMHS provider will be assigned to the case and will work collaboratively with the Wrap Coordinator to build rapport with the youth and family to ensure a smooth transition. The Wrap Coordinator will remain the primary worker until full transition to AMHS.

Exit Criteria

- When a consumer completes treatment or refuses to continue program services, it is the responsibility of the Wrap Coordinator to have the family and/or the Wrap Team sign the Declination of Services form indicating chart closure.
- It is the responsibility of the Wrap Coordinator to ensure any and all pertinent information to include Progress notes and reports are updated and filed accordingly in the chart.
- It is the responsibility of the Wrap Coordinator to complete the CANS assessment and the Discharge Summary for chart closure.
- CASD-I Famagu'on-ta Administrator concurs with chart closure with signature.
- Chart is then routed to Medical Records Office (GBHWC) for filing.
- Families are encouraged to seek CASD-I Famagu'on-ta services in the future if needed.

Discharge planning is conducted when the young person has met the goals and objectives and no longer needs the current level of care. The family is confident in their ability to advocate for their needs and does not need wrap around services. If the family chooses to disengage in services, they

will sign *Declination of GBHWC/CASD-I Famagu'on-ta Services* form acknowledging case closure. Unplanned discharge may occur if there is inactivity for 90 days and outreach efforts have been unsuccessful. The leader provider must make efforts in contacting family by either phone calls, home visits, etc; if still unsuccessful, a letter will be sent to the family inquiring on continued interest with treatment/services and if no response is received by said date, then the lead provider will proceed with an administrative closure.

Discharge summary is a clinical document written by the lead provider and is completed when the person leaves the program which includes an admission/discharge date, disposition statement (plan/unplanned), summary of service course, discharge summary, alerts (i.e. risk factors, physical health conditions/needs, allergies, etc., initial and current diagnosis, medication information and special conditions/requirements. Discharge summary can be accessed on EBHR. This document services as a baseline which may be needed for future service planning. Families are informed that a chart can be re-activated within 30 days of closure however beyond this time frame, a full intake needs to be completed to re-open a chart for services. Please refer to Policy Number CL-41.

- Declination of GBHWC/ CASD-I Fam. Services (CASD-IFAM 017-16)
- Follow up Questionnaire for Discharged Youth and Families (CASD-IFAM 058-17)

Outreach/Community Activities

CASD-I Famagu'on-ta staff engages in community outreach and mental health public awareness and anti-stigma campaign through education and awareness displays at the Malls, public service announcements (PSA's), public speaking presentations on a regular basis and especially during Mental Health Month in May and Children's Mental Health Awareness Week. There are six (6) staff who are trained in Youth Mental Health First Aid who provide trainings to the community to be Mental Health First Aiders to increase mental health awareness and response efforts to helping those in need.

In crisis debriefings to individuals, families and groups affected by traumatic events, and outreach crisis counseling at time of major disaster through the Crisis Counseling Program (CCP) a program funded by FEMA and CMHS, are additional available services.

- Outreach Activity Form (CASD-IFAM 035-16)
- Outreach Sign-In Sheet (CASD-IFAM 055-17)
- Trauma Response Team Debriefing Report (CASD-IFAM 034-16)

Expansion-Implementation Grant (2011-2018), is the grant which developed the Guam System of Care Expansion Strategic Plan published in 2013. This grant supported many training opportunities by bringing to Guam trainers on Evidence Based-Practice Models such as Trauma Informed Care, Cognitive Behavior Therapy and Trauma-Focused Cognitive Behavior Therapy, Collaborative Problem Solving and other Models, as well as sending staff and community partners to off-island trainings of trainers on the Mental Health First Aid for both Youth and Adults, FEMA Crisis Counseling, Mobile Response Stabilization Service (MRSS) and conferences to the South Florida University Annual Youth and Young Adults Behavioral Health and to the Annual Federation of Families Conference on Children Mental Health, etc.

I-Care Guam is an anti-stigma public awareness campaign under the System of Care Expansion-Implementation Grant.

The System of Care Goodwill Ambassador Program is a recognition award to community members and organizations that support Guam System of Care, the I Famagu'on-ta Program, and adopts the System of Care values and principles in their work and/or practices. This award program takes place during the month of May, the Mental Health Month.

Youth Services Survey for Families (YSS-F) is a survey instrument developed as part of the State Indicator Project funded by the Center for Mental Health Service (CMHS). It was adapted from the Family Satisfaction Questionnaire used with the CHMS Comprehensive Community Mental Health Services for Children and their Families Program and the MHSIP Consumer Survey 6/5/2001. Adapted on Guam, January 2013.

Personnel forms

- Attendance Sign-In Sheet (CASD-IFAM 031-16)
- Comp/Flex Form (CASD-IFAM 046-16)
- Gas Mileage Log Sheet (CASD-IFAM 032-16)
- Peer Chart Review (CASD-IFAM 047-16)
- Requisition Form (CASD-IFAM 030-16)
- Travel Training Report (CASD-IFAM 042-16)