



CHILDREN'S SERVICES DIVISION – ADMINISTRATION I FAMAGU'ON-TA PROGRAM

GUIDING PRINCIPLE

The Child-Adolescent Services Division (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; child and family centered, youth guided, engaging them in identifying their strengths, and empowering them to direct their treatment utilizing the wraparound process of services planning implementation & delivery.

The purpose of this policy and procedure is to provide the standards of care and guidance as to how children, youth, and families are to be served, service planning and service delivery, and the array of services that are available to support children, youth, and families.

OVERVIEW

Children and youth five (5) to under 22 years of age are eligible for mental health services. Children below age five (5) are screened and parenting skill trainings are offered as well as referral to other services. Children zero to five (0-5) are also served by Project Karinu a System of Care partner.

Play therapy is the treatment modality for young children up to age nine to ten (9-10), depending on their maturity level. Mental health consultation in assessing children's behavioral issues is also available to families with very young children. Individual counseling, family and group counseling are available services, as well as mental health consultation to schools and organization groups such as child care centers.

The core values and guiding principles of System of Care will be the treatment model philosophy and wrap-around is the service delivery model of the Child-Adolescent Services Division.

Core Values:

1. 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.
2. The system of care should be community-based, with the focus of service as well as the management and decision-making responsibility resting at the community level.
3. The system of care should be culturally competent, with agencies, programs and services that are responsive to the cultural, racial and ethnic differences of the populations they serve.

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STANDARDS OF CARE

1. Children with emotional disturbances should have access to a comprehensive array of services that address their physical, emotional, social and educational needs.
2. Children with emotional disturbances should receive individualized services in accordance with the unique needs and potentials of each child and guided by an individualized service plan.
3. Children with emotional disturbances should receive services within the least restrictive, most normative environment that is clinically appropriate.
4. The families and surrogate families of children with emotional disturbances should be full participants in all aspects of the planning and delivery of services.
5. Children with emotional disturbances should receive services that are integrated, with linkages between child-serving agencies and programs and mechanisms for planning, developing and coordinating services.
6. Children with emotional disturbances should be provided case management or similar mechanisms to ensure that multiple services are delivered in coordination and therapeutic manner and that they can move through the system of services in accordance with their changing needs.
7. Early identification and intervention for children with emotional disturbances should be promoted by the system of care in order to enhance the likelihood of positive outcomes.
8. Children with emotional disturbances should be ensured smooth transitions to the adult service system as they reach maturity.
9. The rights of children with emotional disturbances should be protected, and effective advocacy efforts for children and adolescents with emotional disturbances should be promoted.
10. Children with emotional disturbances 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.

PROTOCOL

I. REFERRAL

I Famagu'on-ta/CASD referral form must be fully completed and submitted to the I Famagu'on-ta/CASD office. The referral form must be signed by the parent/legal guardian prior to scheduling an orientation.

II. ORIENTATION

After the referral form has been submitted, the parent will be informed and scheduled to attend the family wraparound orientation. The orientation provides families with information regarding the services being provided by I Famagu'on-ta/CASD as well as their roles and responsibilities in the wraparound process. After the orientation families will be scheduled for an Intake appointment and assigned a Care/Wrap Coordinator/Social Worker.

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III. INTAKE ASSESSMENT:

To receive mental health services, the child-adolescent with the legal guardian must first complete an Intake Assessment to identify the individual's strengths and needs for services in order that the most appropriate services and supports are determined and made accessible to the individual. Staff shall utilize the Child Adolescent Needs and Strengths (CANS) and the Child Adolescent Services Intensity Instrument (CASII), of the American Academy of Child and Adolescent Psychiatry and American Association of Community Psychiatrist (AACAP) in the mental health screening process.

IV. CARE COORDINATION MANAGEMENT:

When the Intake assessment is completed, the Intake Interviewer staffs the chart with the Clinical Supervisor or Administrator to discuss the consumers needs and the mental health and related services needs that were presented during the interview. Referrals for psychiatric evaluation and the other services are made.

A worker gets assigned along with other staff members identified, such as a Family Partner and a Youth Coordinator, if needed to be part of the treatment team. Determination is also made if full wraparound or targeted intervention services are most appropriate.

The worker then makes contact with the clients to discuss the services and engage the client and parents/family in the treatment process.

Every child or youth only receiving medication (by family choice) will still be assigned a I Famagu'on-ta/CASD staff to ensure the service is being provided to the child/youth and to monitor the progress as well as to address other concerns that may arise.

Children/Youth admitted into the Child Inpatient Unit (CIU) will be assigned a Care Coordinator/WC/SW who would conduct care coordination assessment as well as counseling assessment, if needed. The Care Coordinator/WC/SW will continue to work with the minor until discharge. Aftercare services will be provided based on the minor's mental health needs.

If the minor has a private provider (counselor) and gets admitted into CIU, efforts will be made to coordinate with the private provider while the minor is in the unit. The private provider is encouraged to provide the counseling services to the minor while in the unit.

V. COUNSELING SERVICES:

Counseling is provided by a licensed Individual, Marriage and Family Therapist (IMFT) or a Licensed Clinical Social Worker (LCSW). This is provided either by an in-house counselor (Psychiatric Social Worker I or II level) or contracted out to a licensed counselor. A non-licensed counselor may provide counseling if under

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the supervision of someone who is licensed and approved to supervise the employee for the purpose of obtaining the required hours for licensure.

The most common treatment modality for young children is play therapy whereas for older children/youth and family, the counseling modalities are supportive, psycho-educational, and Trauma Focused-Cognitive Behavior Therapy (TF-CBT) cognitive behavior therapy. Individual, group, and family counseling are available as needed.

VI. CONTACTS:

The Social Worker/Care Coordinator must make contact with the child/youth and family within five (5) working days to establish a meeting date for care coordination assessment.

Contact with the child/youth and family must be made regularly and no less than two (2) times a month. In severe situation, contacts such as home visits and school visits must be made weekly, or frequently based on the need of the child.

VII. DOCUMENTATION:

Every transaction made on behalf of the child/youth consumer must be documented in the progress report form. Home visits, school visits, court hearings, and any contact with the child/youth and family must be documented as well as collaborative work with agency providers.

Every child/youth must have a safety plan in the chart and a wrap plan addressing the presenting problems, which brought the child/youth to the agency.

Referrals and discharges will be documented utilizing the Department's Referral Form and Discharge Summary Form.

Consumer's Charts that are inactive for forty-five (45) calendar days must have letters sent to them notifying them of the inactivity and that chart closure would take into effect after 3 weeks if no response is received from the consumer.

Charts can be re-opened **within** six (6) months of closure with only updated reports on a progress note, provided no major significant event had taken place since chart closure. When major significant events have occurred, a full Intake Assessment must be conducted to ensure important information about the consumer is obtained for comprehensive service planning.

All documentation must be kept current in the consumer's medical record and secured at the Medical Records File Cabinet at the I Famagu'on-ta/CASD Office. All closed medical charts must be secured at DMHSA Medical Records Unit.

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GLOSSARY

Care Coordinator: Also referred to as Wrap Coordinator or Social worker who 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 individualize service plan and service implementation.

Child Inpatient Unit: The most restrictive psychiatric setting in the continuum of care, a level 6, on the Child Adolescent Service Intensity Instrument (CASII). This is a 24/7, short stay, locked unit for acute/immediate psychiatric care with medication management for children and adolescent located at DMHSA.

Child Adolescent Needs and Strengths (CANS): An assessment tools used as part of the Children's Services Intake assessment of the needs and strengths of the minor in determining the appropriate intervention/service. This tool was developed by John S Lyons, Ph.D. and Praed Foundation of Chicago Illinois and customized to meet I Famagu'on-ta/CASD cultural relevance. I Fam./CASD staff have been trained in its application and use it in service planning taking into account the client's/family strengths and assets.

Child Adolescent Service Intensity Instrument (CASII): This is an assessment tool developed by the American Academy of Child Adolescent Psychiatry and the American Association of Community Psychiatrist (AACAP) used to assess the level of service intensity, level of care/placement, continued stay and outcomes in the treatment of children and adolescents. I Fam./CASD staff are trained in the use of this instrument and use it as part of the Intake Assessment especially if out of home placement is a consideration.

Clinical Team for I Famagu'on-ta/CASD: This includes the treating Psychiatrist, Psychologist, Care Coordinator/WC/SW, Clinical Supervisor/Administrator and any other clinical personnel involved in the treatment of the minor.

Counseling: This is one of the arrays of services available to individuals and families provided by a licensed Individual, Marriage and Family Therapist (IMFT) or a Licensed Clinical Social Worker (LCSW). This is provided either by an in-house counselor (Psychiatric Social Worker I or II level) or contracted out to a licensed counselor. A non-licensed counselor may provide counseling if under the supervision of someone who is licensed and approved to supervise the employee for the purpose of obtaining the required hours for licensure.

Day Treatment/School Program: A therapeutic Day Program for children and adolescents residing at the Therapeutic Group Home (TGH) which includes educational instruction program. Since this is a restrictive educational setting, an Individual Education Plan (IEP) is required and must accompany documentation that all protocols

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have been exhausted in compliance with the Least Restrictive Environment (LRE) for the student to qualify.

Family Group Orientation: An opportunity for parents/clients to learn about the services available to them and their roles and responsibilities in the treatment process either through a targeted intervention or through the wraparound process. The orientation is scheduled twice a week, every other week, on Monday and Thursday or more frequently if needed for approximately one to two hours. After the orientation, the individual is given an appointment for Intake Assessment.

Family Partner: This is an adult family 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 I Famagu'on-ta/CASD 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.

Flexible Funds: Limited funds, for non-traditional support in wraparound, "a onetime availability" and must be connected to an outcome(s) as written in the Wrap plan. Flexible funds are available only when all other resources have been exhausted.

Intake Assessment: This is the initial process to receiving mental health services. It is a confidential and respectful interview with a trained mental health worker who obtains demographic, psychiatric and relevant information from the individual including the completion of a brief psychiatric assessment which includes mental status, assessment tools using CANS and CASII and completion of the Intake Packet which covers consumer's rights, consent for treatment, consent for release of information, etc. Please refer to Policy and Procedure on Intake for complete listing and procedures.

Individual Education Plan (IEP): This is part of the special education laws of the IDEA 97 laws or educational benefit laws. IDEA allows for additional services and protections for disabled children not offered to other children such as accommodations, modifications, related and special education services to allow the child to be successful in school. (Section 504, of the Rehabilitation Act of 1973 is a civil rights law that prohibits discrimination against individuals with disabilities. Section 504 ensures that a child with a disability has equal access to an education. The child may receive accommodations and modifications even if he or she does not qualify for special education. Any school or program receiving federal funds must follow this law).

Medication Management: A client on medication shall be monitored regularly by either DMHSA psychiatrist or his/her own privately paid psychiatrist. The Care Coordinator/WC/SW shall ensure that the client/parents follow through with keeping medication appointments.

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Mental Health Consultation: This is usually an outreach type of intervention usually requested by an organization, such as a child care center, school, etc., to address a mental health concern.

Play Therapy: Play is the language of children and is an effective method to help a child express and heal emotionally through play. A trained and keen clinician who understands what the child is going through would be able to sensitively process the play behaviors with the child.

Psychiatric Diagnostic Evaluation: This is a psychiatric evaluation done by a licensed psychiatrist to determine the mental health condition of the minor and arrive at the best and most appropriate psychiatric treatment intervention as well as make recommendations and referral for other services.

Psychiatric Social Worker (PSW): This is a DMHSA classified position requiring a master degree in social work, mental health or related field. This position qualifies the individual to provide counseling under the supervision of a licensed PSW (IMFT or LCSW) in order to obtain hours toward meeting the Guam Board of Allied Health licensure requirement.

Respite Voucher: To support children and youth in Wraparound, respite vouchers are available on a limited basis to allow parents as well as the minor to have a break or "time out" from a stressful situation. This is done by someone watching the minor for a time period during the day while the parent has time to do something less stressful. The respite voucher form is completed by the Wrap Coordinator and the parent and the temporary caregiver (cannot be a household member) submits a timesheet to Dept. of Administration for a stipend amount as reimbursement for providing the respite.

Systems of Care: A comprehensive spectrum of mental health and other support services which are organized into a coordinated network to meet the multiple and changing needs of children and adolescents with serious emotional disturbances and their families. The creation of such systems of care involves a multi-agency, public/private approach to delivering services, an array of service options, and flexibility to meet the full range of needs of children, adolescents, and their families.

Step Down Home: This is a Level 4 on the Child Adolescent Service Intensity Instrument (CASII), short term placement for children and adolescent coming from a restrictive setting such as a level 5-6 and have been stabilized and are transitioning to a less restrictive setting such as to home, a Therapeutic Foster Home or to Independent living as a young adult.

Transition to Independent Living Services: This service is available to adolescents between the ages of 16 to 18, approaching young adulthood and need the mental health and related services supports to function successfully as an adult.

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Transition to Adult Mental Health Services: For adolescents approaching age of majority (18) who need mental health services as an adult will be transitioned to adult services through the MDTT process.

Targeted Intervention: Targeted interventions are offered to clients if they are only needing or requesting a particular service such as counseling, medication management or assistance with school issues, i.e. IEP and they want nothing else.

Therapeutic/Treatment Foster Care: This is a family home environment where a child/adolescent with mental health challenges, unable to live at home with natural family can live temporarily with a responsible adult(s) who can provide a safe home with unconditional care and love until the minor can either return to their natural home, transition to a permanent home or transition to independent living as a young adult. This is a court ordered placement funded by the Residential Treatment Fund.

Therapeutic Group Home: This is a restrictive, secure 24/7 psychiatric services, medication management and therapeutic care for no more than ten children and adolescent ages 9 to under 18 years with a length of stay of about 12 months. On the assessment tool of the Child Adolescent Service Intensity Instrument (CASII), this is a level 5 level of care facility.

Wait List:

- **I Famagu'on-ta/CASD:** There is no wait list; after a referral has been made, and the parents/legal guardian attends the Family Orientation and completes the Intake Assessment then gets assigned a Care Coordinator/WC/SW. This whole process could be completed in thirty (30) days or less. A wait list may be established if the number of Care Coordinators/WC/SW decreases to ten (10) or less and/or there is a large increase of referrals within the thirty (30) day period.
- **Therapeutic Group Home:** A wait list is established when there is no bed space available as the occupancy of TGH is only ten (10). Minors referred to this restrictive 24/7 psychiatric care must meet the criteria for admission 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.
- **Step Down Home:** A wait list is established when there is no bed space available as the occupancy of the SDH is no more than five (5) years. Minors referred to this least restrictive placement must meet the criteria for admission and have a CASII assessment score validating a need for a Level 4 placement and has been stabilized and ready for transition.

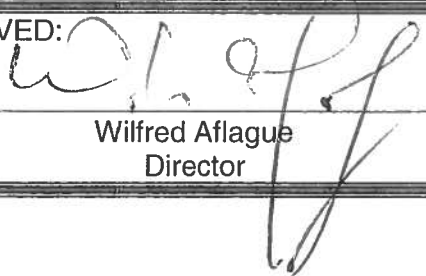
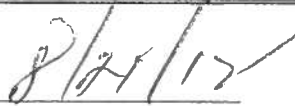
Wraparound Coordination: Is the approach used to bring mental health and related services to the child and family. A Care Coordinator/Wrap Coordinator/Social Worker is assigned to the child and family who work with the family in developing a Wrap Team composed of natural supports and service providers working together to wrap services around child and family.

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Wrap Plan: This is the service plan that the Wrap Team develops to address the various life domain needs as presented by the parent and the minor. The Wrap Plan form has an outcome goal aimed to be achieved, it covers the needs, and strength based strategies, the responsible parties in meeting the deadlines and the cost, if funds are involved.

Wrap Team: This team is made up of the parents, family members, the minor, agencies involved in the life of the minor, service providers, other natural supports and the Wrap Coordinator/CC/SW. It also includes one or two of the Family Partners and the Youth Coordinator all working as a Team focusing on the best interest of the child, youth and family.

Youth Coordinator: This is an adult employee who must have the ability to establish relationship with young people and effectively engages the minor in his/her treatment/wraparound. This individual advocates for the minor, encourages the minor's voice and choice in the process. The Youth Coordinator works as a team with other I Famagu'on-ta/CASD Staff in working with transition age youth in preparing them for independent living. The Youth Coordinator is an important member of a youth Wrap Team.

APPROVED: 	Date: 
<hr/> Wilfred Aflague Director	