



**GUAM BEHAVIORAL  
HEALTH & WELLNESS  
CENTER**

790 Gov. Carlos G. Camacho Rd.  
Tamuning, Guam 96913  
Phone: 671.647-5330 Fax: 671.647.5402

**PROGRAM PLAN DESCRIPTION**  
**CHILDREN & ADOLESCENT SERVICES DIVISION**

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 include care- coordination or wrap around, 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, linkages and referral to other mental health related services in the community. Provide education and awareness outreach for early identification, prevention and intervention services.

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/Philosophy**

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 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.

The System of Care Guiding Principles are:

- o access to a comprehensive array of services,
- o individualized services using a wraparound approach, services in the least restrictive environment,
- o full family participation, integrated services, care coordination, early identification and intervention, smooth transitions, protection of the child's rights, non-discrimination and cultural appropriateness.

- CASD - I Famagu'on-ta work in collaboration with public, private, faith based child-serving agencies, the family and natural support systems are organized in a coordinated network providing comprehensive array of mental health and related services for the treatment of children-adolescents who are high risk and those with severe emotional disturbances and their families.

### **Goals/Objectives**

**Goal 1:** To continue to support, strengthen, expand, and sustain a System of Care for Guam's children from birth to age 21 through community-agency partnership and family involvement at all levels for the prevention of out of home and off-island placement, providing array of mental health and related services allowing for the changing needs of the child and family through-out treatment, transitioning from youth to adult services, and providing supportive services to strengthen family life.

**Objective:** Develop collaborative partnership with families, agencies and community stakeholders to sustain a system of care for children, adolescents and their families.

The Expansion-Implementation Grant award (2011-2017) allows for Guam to develop the Expansion of System of Care Plan 2013, for the island children and youth from birth to age 21. This Plan is based on the following five Strategies and sub-strategies: Strategy One: Implementation of Regulatory Changes System-Wide Care Standards and Protocols. Strategy Two: Develop and Support a Home and Community-Based System of Care. Strategy Three: Attain Sustainable Funding. Strategy Four: Provide System of Care Training and Promote Workforce Development, and Five: Implement an Anti-Stigma Social Marketing Campaign.

I Famagu'on-ta is Guam's First System of Care (2003) created out of the Child Mental Health Initiative (CMHI), a Federal-Government Cooperative Agreement administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Center for Mental Health Services (CMHS) Child-Adolescent and Family Branch, with the Government of Guam administered by the Guam Behavioral Health and Wellness Center (GBHWC) and the Child-Adolescent Services Division (CASD) for the creation of a System of Care for Children-Adolescents with Severe Emotional Disturbances and their families.

The Guam System of Care Council (GSOCC) was established by Public Law 25-141 in 2002 as the advisory board to I Famagu'on-ta. In 2012, the Governor's Executive Committee for System of Care (GECSOC) was established by Executive Order. This committee is comprised of the Directors from the following agencies: Guam Behavioral Health and Wellness Center (GBHWC), Department of Public Health and Social Services (DPHSS), Department of Youth Affairs (DYA), Department of Integrated Services for people with Disabilities (DISID), Guam Department of Education (GDOE), Guam Judiciary, the Guam Police Department (GPD), and the Department of Administration (DOA).

It is our commitment as we collaborate with our community partners, families and all child-serving agencies that we work together in providing a comprehensive array of services utilizing both traditional and natural supports that are community based, child and family centered, faith

based and culturally appropriate. A Memorandum of Understanding have been developed and signed by all six child serving agency Directors.

**Goal 2:** To provide Outpatient Mental Health Services to children, adolescents and their families through the Wraparound approach to include but not limited to the areas of Intake and Emergency; Crisis Assessment and Intervention; and Public Education and Awareness. Additionally, there are special projects to supplement the services and to enhance family life such as the Annual Christmas Cheer event, the Art of Healing project, summer fun activities and other arts and crafts projects.

**Objective:** To support, empower and strengthen child and family ties by making these mental health services accessible to not only children/adolescents with severe and complex mental health needs and their families, but to all children and adolescents that may be at risk and in need of mental health services.

CASD-I Famagu'on-ta provides care coordination/wraparound, and counseling services to include children-adolescents who are admitted in the Crisis Stabilization through the Child Inpatient Unit (CIU). Approximately 20% of the Wrap Coordinator's and Counselor's time is spent in the Unit whenever there is an admission. The Counselors and Wrap Coordinators provide assessments, attends family and treatment meetings with the Psychiatrist and other service providers and provide linkages with services in the community. In situations where the child-adolescent is on a medication regimen, the Wrap Coordinator attends and updates the psychiatrist on the child's progress during the medication follow up appointments. Individual and family counseling are provided as needed and upon request. In Outpatient Services, 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.

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.

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.

SAMHSA's Excellence in Community Communications and Outreach (ECCO) Recognition Program; our Expansion-Implementation Grant won one (1) Gold Star Award for People's Choice, two (2) Silver Star Award for Audience: Children, Youth and Young Adult Category and Strategy: Partnership Development Category in 2016.

#### **Location**

- Office setting with private offices, shared offices, meeting rooms for treatment team meetings, family meetings, etc., and group rooms.

- 215-A Chalan Santo Papa, J & G Complex Suite 107F  
Hagatna, Guam 96910
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#### **Days/Hours of Operation**

- Monday- Friday from 8:00 AM – 5:00 PM excluding Government of Guam Holidays
- Flexible hours after 5:00 PM and weekends available by appointment only

#### **Accessibility**

- Orientation is scheduled twice a week on Tuesdays and Thursday at 3:00 PM for family and youth. In special circumstances orientation can be made by appointment.
- Intake appointment is scheduled with a Wrap Coordinator for non-emergencies at the convenience of the family.
- Families may be seen as a walk-in for intake assessment for emergencies to include consultation by the on-call Psychologists or Psychiatrists.
- GBHWC crisis hotline number is 647-8833/ 647-8834, available 24 hours a day
- Office is ADA compliant

#### **Services Provided**

- Intake assessment
- Care coordination
- Case Management
- Individualized treatment plan
- Individual therapy
- Family therapy
- Group therapy
- Parent/Youth Support Group
- Home-based services
- Crisis stabilization
- Medication management
- Community outreach
- Referral linkages
- Therapeutic foster care
- Respite Care
- 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 independent 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 consumers, as well as placement for transition-age youth needing help with independent living skills.
- 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.

### **Service Population**

- 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 are eligible for services.
- Individuals with mental health diagnosis (symptoms consistent with most current version of DSM diagnosis)

### **Entry/Exit Criteria:**

#### **Entry Criteria**

- Children and adolescents with a serious emotional disturbance are eligible for services provided under this program if they are five (5) through seventeen (17) or up to twenty-one (21) if receiving SPED services and attending school.
- **Diagnosis:** Have an emotional, behavioral, or mental disorder diagnosable under DSM-V or its 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.

#### **Transition Criteria**

- 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.
- Medication Only
  - If a consumer only needs medication management to maintain treatment, both the family and Psychiatrist must agree that Wraparound services are no longer needed.
  - All parties will sign a Service Declination indicating that no further services are needed with CASD-I Famagu'on-ta and will only receive psychiatric services through the Medication Clinic (GBHWC).
  - 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).
  - It is the responsibility of the Wrap Coordinator to transfer case to Medication Clinic Only.

## **Exit Criteria**

- **Voluntary Exit**
  - Consumer choice
  - Completion of treatment program
- **Involuntary Exit**
  - Inpatient commitment
  - Refusal to continue program services
- 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 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 Discharge Summary for chart closure.
- CASD-I Famagu'on-ta Administrator concurs with chart closure with signature.
- Chart is given to Data Administrative Clerk for closing out procedure.
- 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.

## **Payer Sources**

- Government of Guam
- Grants

## **Fees**

- All services are free of charge

## **Referral Sources**

- Other GBHWC programs such as New Beginnings, Healing Hearts, and GBHWC's 24-hr crisis hotline
- Self-referral
- Community referrals
- Project Launch
- Project Kariñu
- Department of Education
- Child Protective Services
- Superior Court of Guam
- Department of Youth Affairs
- Military referrals
- Private providers and other governmental agencies

### **Staffing/Program Capacity**

- CASD - I Famagu'on-ta serves about 500 unduplicated children per year - through case management, individual treatment plans, outpatient counseling, therapeutic respite care, crisis stabilization, therapeutic day treatment, diagnostic and evaluation (psychiatric, psychological, and medication evaluation/consultation and management), home-based services, therapeutic foster care, and therapeutic group home

### **Staffing Ratio:**

- 11 Wrap Coordinators to 35 consumers each
- 3 counselors to 20 individual consumers and 2 group therapy/psycho-education group per year.

### **Staffing Qualifications:**

- 1 FTE Administrator who 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.
- 11 FTE Care Coordinator/Social Worker also known as 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.
- 3 FTE Psychiatric Social Workers (Counselors) - 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.
- 4 FTE 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.
- 1 FTE Youth Coordinator - 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.
- 1 FTE Youth Peer Specialist - 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.

### **Needs Assessment**

- The system of care initiative on Guam began as a grassroots movement in the 1980's in response to the recognition that the needs of children with serious mental health problems were being inadequately addressed, with many children being sent off-island for residential treatment. From 1991 to 2003, approximately 10 youth had been placed in off-island residential care for extended periods of stay. For more than 20 years, awareness of the unmet needs of these children and their families continued to grow, as the community's efforts to better respond to their needs.

In 1994, the Child Adolescent Services Division of DMHSA (now known as GBHWC) was created by Executive Order to consolidate and improve services for children, youth and their families. In 2002, CASD of DMHSA was awarded a six-year SAMHSA Cooperative Agreement to support the implementation of the Guam's proposed System of Care for children and youth with Severe Emotional Disturbances (SEDs) and their families. Through this grant, I Famagu'on-ta "Our Children" was formed.

### **Caseload Characteristics/Need That the Program Is Addressing (including special populations)**

- CASD-I Famagu'on-ta serves about 500 youth needing at the minimum, basic community mental health services, more than 80% whom are Native Hawaiian or other Pacific Islander.

### **Demand for this Service**

- Guam Behavioral Health and Wellness Center is the sole state entity for mental health services for the island with a diverse population of approximately 160,000. Children between the ages of birth and 21 account for 38,000 of this population leaving CASD - I Famagu'on-ta responsible for this population.
- Given the geographic isolation of the island, services for mental health-related services are already limited, and accessibility to specialized mental healthcare is a challenge. This dilemma is further compounded by restrictions in medical insurance coverage with exclusions for mental health services. The high cost of private insurance coverage is no match for the level of poverty on Guam.

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

- The system of care for the children of Guam existed within strong family, clan, and village networks on the island. The families of Guam have always taken care of their children, whether related by blood or not. "Pineksai," a child raised to receive the same protection and privileges as one's own children, is the outcome of one of Guam's many best practices. An extensive network of child-rearing supports surround the child and parents to include grandparents, aunts, uncles, cousins, godparents, and others in the village. For some families, the core fabric of this support system has dramatically changed over the past 45 years due to the impact of poverty, high unemployment, alcohol, drugs and domestic violence.



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

- 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. 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. CASD - I Famagu'on-ta work in collaboration with public, private, faith based child-serving agencies, the family and natural support systems are organized in a coordinated network providing comprehensive array of mental health and related services for the treatment of children-adolescents who are high risk and those with severe emotional disturbances and their families. Service delivery methods include the Wrap Coordinator as a single point of access for all case management and other treatment planning services and includes therapy and medication management services as needed by the assigned persons served.

### **Treatment Modalities/Disciplines**

- *Wraparound for Wrap Coordinators:* A major characteristic of the Wraparound Fidelity Model (Grealish 2004; VanDerberg & Grealish, 1996) in working with children with SED and their families is that it includes a specific set of procedures, practices, and steps to develop individualized services that are community-based, span across the child/family life domains, that are collaborative and family focused, is unconditional and includes both informal and formal community and family resources for children and their families. Life domain areas include but are not limited to:
  - Safety
  - Culture
  - Transportation
  - Health
  - Legal
  - Social
  - Family
  - Place to live
  - Emotional/psychological
  - Relationships
  - Spiritual
  - Education
  - Work
  - Behavior
  - Finances
- *Treatment modalities for Counselors* include but are not limited to:
  - Individual therapy
  - Marital therapy

- Family therapy
- Psycho-education
- Cognitive behavioral therapy (CBT)
- Dialectical behavior therapy (DBT)
- Insight-oriented
- Solution-focused
- Trauma focused therapy
- brief therapy
- Collaborative problem solving (CPS)

### **I. Referrals/Discharge/Followup**

- CASD 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 CASD
- Consumer may choose to leave the program at any time.

### **II. Evaluation/Outcomes:**

- **Efficiency/Utilization**
  - Direct service hours of clinical staff
  - Personnel turnover
- **Effectiveness**
  - Reduction or elimination of incidence of relapse
  - Reduction or elimination of negative involvement with the Criminal Justice System
  - Improvement of school functioning
  - Reduction of symptoms
  - Increase in the level of psychological functioning
- **Access to service**
  - Waiting time for routine or emergency care
  - Convenience of service hours and locations
  - Time taken to set a first or subsequent appointment
- **Satisfaction**
  - 80% of youth and families served will express satisfaction with good or higher ratings with the quality of care received.
  - 80% of youth and families served will recommend CASD-I Famagu'on-ta to others.