



COMMITTEE ON RULES

I Mina'trentai Unu na Liheslaturan Guåhan • The 31st Guam Legislature
155 Hesler Place, Hagåtña, Guam 96910 • www.guamlegislature.com
E-mail: roryforguam@gmail.com • Tel: (671)472-7679 • Fax: (671)472-3547

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Senator
Rory J. Respicio
CHAIRPERSON
MAJORITY LEADER

November 15, 2011

Senator
Judith P. Guthertz
VICE CHAIRPERSON
ASST. MAJORITY LEADER

MEMORANDUM

To: Patricia C. Santos
Clerk of the Legislature

MAJORITY MEMBERS:

From: Senator Judith P. Guthertz, DPA
Acting Chairperson, Committee on Rules

Speaker
Judith T. Won Pat

Subject: Supplement to Committee Reports

Vice Speaker
Benjamin J. F. Cruz

Hafa Adai!

Senator
Tina Rose Muña Barnes
LEGISLATIVE SECRETARY
MAJORITY WHIP

Transmitted herewith is a memo from Senator vicente (ben) c. pangelinan, Chairperson, Committee on Appropriations, Taxation, Public Debt, Banking, Insurance, Retirement and Land, forwarding additional testimony on Bill Nos. 236, 329 & 330.

Senator
Dennis G. Rodriguez, Jr.
ASST. MAJORITY WHIP

Please include this memo and the attachments as a "Supplement" to the Committee Report on Bill Nos. 236-31 (COR), 329-31 (COR) & 330-31 (COR).

Senator
Thomas C. Ada

Senator
Adolpho B. Palacios, Sr.

Please make the appropriate indication in your records; and forward to MIS for posting on our website. I also request that the same be forwarded to all Senators of *I Mina'trentai Unu na Liheslaturan Guåhan*.

Senator
vicente c. pangelinan

MINORITY MEMBERS:

Si Yu'os ma'åse'!

Senator
Aline A. Yamashita
ASST. MINORITY LEADER

Senator
Christopher M. Duenas




I Mina'trentai Unu Na Liheslaturan Guåhan

Senator Vicente (ben) Cabrera Pangelinan (D)

November 10, 2011

Memorandum

To: Senator Rory Respicio
Chair, Committee on Rules

From: Senator Vicente (ben) Cabrera Pangelinan 

Re: Testimonies

Chairman
Committee on Appropriations,
Taxation, Public Debt, Banking,
Insurance, Retirement, and
Land

Vice Chairman
Committee on Education

Member
Committee on Rules,
Federal, Foreign &
Micronesian Affairs and
Human & Natural
Resources

Member
Committee on
Municipal Affairs,
Tourism, Housing, and
Recreation

Member
Committee on the Guam
Military Buildup and
Homeland Security

Member
Committee on Health and
Human Services, Senior
Citizens, Economic
Development, and Election
Reform

The Committee received testimonies after the following bills were filed with the Committee on Rules. I hereby request that they be included in the committee reports as official testimonies. The bills and testimonies include:

- 1) Bill No. 330-31 (COR). Testimony received from the Bureau of Budget Management & Research
- 2) Bill No. 236-31 (COR). Testimony received from Juan M. Rapadas, PH.D., M.S., Licensed Clinical Psychologist
- 3) Bill No. 329-31 (COR). Testimony from G4S.
- 4) Bill No. 236-31 (COR). Testimony from the Federal Management Team.

Si Yu'os Ma'ase.

324 W. Soledad Ave. Suite 100, Hagåtña, Guam 96910

Tel: (671) 473-(4BEN) 4236 - Fax: (671) 473-4238 - Email: senbenp@guam.net

Website: <http://senbenp.com>

RECEIVED

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Supplement to the Committee Report on Bill No. 236-31 (COR)

**“AN ACT TO ADD CHAPTER 51 TO TITLE 17
OF THE GUAM CODE ANNOTATED,
RELATIVE TO THE PHYSICIAN
RECRUITMENT AND RETENTION
EDUCATION DEBT REPAYMENT PROGRAM.”**

*NOTE: The original Committee Report on
Bill No. 236-31 (COR)
was filed on October 28, 2011.



Suite 500X GCIC Building
414 W. Soledad Avenue
Hagatna, Guam 96910
Office # 477-1388 Cell # 988-4274
Pager # 476-2749 Fax # 477-1077



October 31, 2011

The Honorable Vicente C. Pangelinan
Senator, 31st Guam Legislature
Ste. 101, Quan Building
West Soledad Avenue
Hagatna, GU 96910

Written Testimony in support of Bill 236-31 which is an act to add Chapter 51 to Title 17 of GCA, relative to the Physician Recruitment and Retention Education Debt Repayment Program

Dear Senator Pangelinan:

Hafa Adai! As a private practitioner and locally raised licensed Clinical Psychologist I am in full support of bill 236-51 in theory and practice. The bill would no doubt result in more locally-raised physicians coming home to practice as we are sorely in need of physicians and all kinds of specialists. Many of these young doctors have hundreds of thousands of education debt owed and if the option existed that allowed them to defer and/or repay debt through service to the people of Guam, these health care providers would take the option because it makes financial and professional sense.

Having said this, the bill could be most improved if other health care providers, like clinical psychologists, are included. If "physician" was replaced with "doctoral level healthcare providers" then clinical psychologists would be included and it would allow local psychologists to defer and/or repay their tuition through service to Guam.

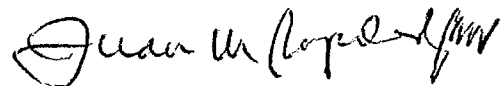
Our island is in dire need of more clinical psychologists to meet the assessment and treatment needs of the island. I was made aware that DMHSA has a waiting list of 300 people. That is undesirable for our community situation, but more clinical psychologists on Guam would surely help this unfortunate fact.

I am aware that the VA is in need of more psychologists on Guam to help assess and provide services for the “explosion” of veterans suffering from PTSD and depression and are in need of a psychological evaluation to confirm or disconfirm their mental illness and to refer or provide treatment.

Finally, much of my daily work is spent doing psychological evaluations for public and private agencies and private individuals but I am so busy at times that I cannot accept new patients needing this valuable service. They too would need to wait two or three months for an appointment. Prospective clients often tell me that they have called all around and nobody is available. Passing this bill to include doctoral-level health care professionals, like clinical psychologists, would be a great start in addressing the shortage of essential psychological services for Guam.

Thank you for allowing me to submit this written testimony.

Sincerely,

A handwritten signature in black ink, appearing to read "Juan M. Rapadas". The signature is fluid and cursive, with a large initial "J" and "R".

Juan M. Rapadas, Ph.D., M.S.
Licensed Clinical Psychologist

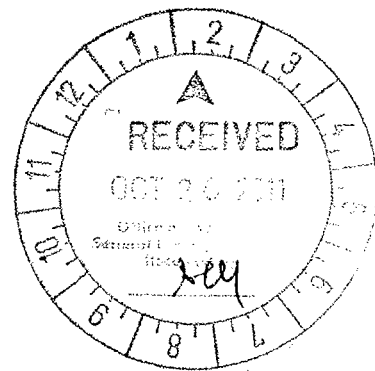
cc: Senator Dennis Rodriguez, 31st Guam Legislature

FEDERAL MANAGEMENT TEAM

James J. Casey, J.D. James J. Kiffer, Ph.D
790 Gov. Carlos G. Camacho Rd.
Tamuning, Guam 96911
671.647.1901 fax: 671.649.6948
fmt.dmhsa.guam@gmail.com

October 25, 2011

The Honorable Vicente C. Pangelinan
Senator, 31st Guam Legislature
Suite 101 Quan Building
W. Soledad Ave.
Hagatna, Guam 96910



Re: Testimony in Support of Bill 236-31, An Act to add Chapter 51 to Title 17 of Guam Code Annotated, relative to the Physician Recruitment and Retention Education Debt Repayment Program.

Dear Senator Pangelinan,

Thank you for chairing the public hearing on this important bill to address the recruitment and retention of health care providers on Guam. Testifying before the Committee was a pleasure and your questions showed we share a mutual concern.

In my testimony I emphasized the need to provide repayment of school loans not only for physicians but other health care providers licensed to practice on Guam, especially clinical psychologists. These doctoral level providers graduate also with enormous debt (one Clinical Psychologist currently practicing at the Department of Mental Health and Substance Abuse carries a school debt of just over \$200,000). Guam needs to attract clinical psychologists as many individuals need services beyond medication – that is counseling and functional behavioral interventions – if they are to recover. Statistics show one in four individuals on island suffer from some form of mental disorder or problem but only a small percentage, estimated to be about 10 percent, actually receive help due to several factors, one being accessibility to providers. There simply are not sufficient services (providers) available to meet the demand even for serious cases. It is highly conceivable Guam's disproportionate suicide rate is related to the problem of accessibility to services. The Department's waitlist for counseling services is over 300 people.

Attached please find the White Paper penned by (Col) Dr. Chris Perez pressing the need for psychological services for the Guam National Guard members. Literature shows prompt intervention and treatment is necessary to prevent problems related to deployment and combat

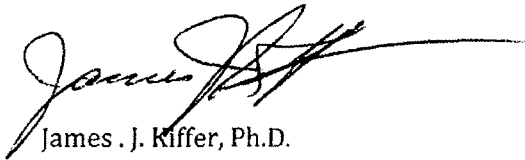
stress, not to mention the family stresses caused by deployments, from becoming permanent mental disabilities. I met with Dr. Perez to address a possible agreement between Mental Health and the Guard to provide services, but DMHSA needs the psychological providers to meet the demand.

The loan repayment program, if extended to "health care providers" rather than being limited to physicians, will enable us to attract the necessary clinical psychologists to meet the need for the Guam National Guard and civilians.

Other changes suggested during oral testimony were less important but should be discussed.

1. Limiting the program to loans for US schools or at least AMA or APA accredited schools,
2. Limiting the program to US citizens or permanent residents,
3. Requirement to work at least 20 hours a week in a public agency to qualify, and
4. Linking the hours worked to amount of repayment.

Thank you for your consideration and your time.



James . J. Kiffer, Ph.D.

Federal Management Team

790 Gov. Camacho Rd.

Tamuning, Guam 96913

487-7555

CC: Senator Dennis Rodriguez, 31st Guam Legislature

Attachment: 'The Guam Guardsmen: Providing for their Psychological Needs'

The Guam Guardsmen: Providing for Their Psychological Health Needs

Introduction:

The Guam Guardsmen (approximately 1200 Soldiers and 400 Airmen) face many challenges in receiving psychological health care in virtually all facets of the psychological health care delivery system. Their difficulties may occur at assessment, referral, crisis intervention, access to out-patient and in-patient treatment, transfer to a tertiary care center off-island, and aftercare (follow-up care).

An informal needs assessment conducted by the Director of Psychological Health (DPH) of the Guam National Guard (GUNG) reveals the following:

- GUNG Service members (SMs) comprise nearly 1% of the total Guam population of about 170,000.
- There is limited access to mental health care for the entire community – military and civilian.
- There is a limited pool of psychological health professional providers skilled in the treatment of combat/post deployment related psychological disorders.
- Stigma continues to be a complicating factor in Service Members seeking mental health services as stigma is an impediment to voluntary self referral for treatment services.
- There is limited training for the SM, his command, and his family support system concerning prevention, detection, intervention and treatment of psychological health problems
- There is limited training of community based psychological health providers in assessment, intervention and treatment of combat/ deployment related psychological disorders.
- There is no military substance abuse in-patient treatment on island and only a level 1 military treatment program available
- There is awkward collaboration between and integration of the various primary service providers for GUNG-SMs, because of the nature of their distinct and variable missions and mandates and the non-existence of shared service agreements.

It is the purpose of this white paper to articulate and elucidate the unique and peculiar problems and challenges in the continuum of the psychological health care delivery system from entry to recovery for SMs here on Guam. Moreover, it is our intent to offer pragmatic solutions to as many of these problems as we can inherent system constraints notwithstanding.

Background Information:

According to military wide statistics, nearly 50% of deployed SMs have post deployment adjustment problems which warrant assessment and variable levels of care intensity. The following are primary psychological care service providers which may participate in the care of the Guam Guardsmen:

The Guam National Guard exercises *command and control* over all operationally aligned forces; acts as a standing joint force headquarters, exercising *primary military responsibility for homeland defense* within the designated area of operations; provides situational awareness of developing or on-going emergencies and activities to federal and state authorities. *On order*, provides *trained/equipped forces and capabilities to the Services and the Combatant Commanders for federal missions*; supports mobilization/ demobilization, reception, staging, onward movement, and integration (RSOI) of forces within its geographic area; and *supports civil authority with capabilities and forces* for homeland security and/or domestic emergencies.

The Guam Vet Center provides post deployment readjustment counseling, referral to other services, advocacy for Veterans and their families, anger management groups, stress management groups, spouse support groups, and supportive counseling to families.

The Guam Community Based Outpatient Clinic (CBOC) provides assessment, crisis intervention, case management, advocacy, housing support services, out patient and intensive out patient treatment services (medical and psychological) to Veterans from all services.

The U.S. Naval Hospital Mental Health Center which is a part of the U.S. Naval Hospital Military Treatment Facility (MTF) provides medical services, both inpatient and out patient, to all Service Members who are qualified. The Mental Health Center provides assessment, crisis intervention and treatment for mental health problems and provides Level 1 (ASAM) substance abuse education groups to all qualifying Service Members.

The local psychological services community consists of private providers, Isa Psychological Services Center, and social service providers such as Child Protective Services. Within this network there are eight private providers who accept clients with PTSD.

The National Guard Psychological Health Program, Director of Psychological Health, Mary McCarthy is available for assessment, referral and crisis management.

The Military Family Life Consultant Missy Chergaulaf is available to work with National Guard families in need of Behavioral Health assistance.

The Guam Department of Mental Health and Substance Abuse (DMHSA) is the primary provider of assessment and treatment services, both in-patient and out-patient, to the community.

New Beginnings and Oasis provides Substance Abuse Services to community members.

The Air Force Mental Health Services clinic provides assessment, treatment and referral to qualified personnel.

Faith based Social Services provide a variety of social service programs to the Guam community.

Note: Many of the above listed service providers are wait listed or are currently not accepting new clients/patients.

The Continuum of Care:

- 1) Enrollment and access to Veteran's Administration (VA) Care services (please note: VA Directive 2010-051, *Treatment of Active Duty and Reserve Component Service Members in VA Health Care Facilities*):
 - Virtually all returning SMs enroll with VA during the demobilization process, but many do not enroll at the local VA clinic upon return to home state. This may impede initiation of treatment of an urgent nature.
 - There are also different categories of SMs: AGR, IDT with service connected conditions, IDT with Tricare or private insurance, IDT without any insurance. The access and coverage of care is variable dependent on availability of providers, appointments, insurance coverage and diagnosis.

Recommendations:

- ❖ Set up protocol to have all SMs enroll at the local VA upon return to home state as part of the re-integration program and optimally while still on Title 10 orders.
- ❖ Have all SMs screened for psychological health issues upon return to Guam as a part of the Yellow Ribbon process. This can be done by having SMs fill out a screening instrument in the 60 Day Yellow Ribbon and the 90 Day Yellow Ribbon, when problems are beginning to manifest.
- ❖ Have the Behavioral Health Officer and the Director of Psychological Health follow up with all Service Members who identify a problem in the Yellow Ribbon screening process, with the assistance of contracted case management providers.
- ❖ Provide education and information to family members, particularly spouses on readjustment problems with information on how to assist their SM in accessing help. Currently these services are being provided by the GUNG MFLC, Family Readiness Groups and the Family Program's Office.
- ❖ Initiate and establish a Tele Medicine program for National Guard Service Members allowing them to be assessed and treated via VTC. This program can be housed at Ft. Juan Muna on National Guard property. Services would be provided by off island providers with the appropriate credentials.

- ❖ Hire more clinical staff at the CBOC. Currently service members regardless of their service or status are being waitlisted as there is not enough clinical staff to meet the demand for treatment services.
- ❖ Amend the PHP contract to allow the properly credentialed DPH to see Services Members awaiting admission to treatment, or ineligible for treatment in the community, for up to 20 sessions.

2) The Line of Duty (LOD) Process

SMs with identified Psychological Health Disorders stemming from a combat and/or deployment adverse experience must have an LOD-determination in order to be authorized to receive covered psychological care services off-island. This is usually recommended by the primary psychological care provider upon completion of assessment, and documentation is initiated by the unit in coordination with the DPH.

Attending physician provides Unit Commander with process management via the Unit (Medical) Readiness NCO and or personnel subject matter expert at the J1-G1 directorate office, (see DA Form 2173).

Supplemental information verifying diagnosis and treatment plan with possible determination of limitation of functional duty would be requested from the treating psychological care provider. This will be presented in the format prescribed in regulations. Final disposition of the LOD is the purview of National Guard Bureau (NGB).

This has raised concerns regarding confidentiality, HIPAA and privacy issues. Based on ALARACT 160 2010 RE: Protected Health Information issued by the Vice Chief, Secretary of the Army there is a way for clinical professionals to share certain information with the military chain of command on a “need to know” basis.

Recommendation: Develop standardized protocol for dissemination and transmission of protected Health Information (PHI) based on ALARACT 160 2010, which is sufficient, appropriate, and timely, balancing SM’s right to privacy and command’s right to know in order to optimize SM’s access and coverage for his care.

3) Assessment and Referral

The Psychological Health Program (PHP) is a service delivery program designed for the National Guard to provide for the behavioral health assessment, referral and crisis response/intervention for Service Member (SM) or Family Member (FM).

5. Miscellaneous Concerns:

a. Fitness for Duty – assessment - treatment

State Surgeon of the Guam National Guard is responsible for all Fitness for Duty assessments. The format used for Fitness for Duty is per regulation. GUNG is currently working to standardize all assessments and reports. GUNG will develop a protocol to address the reporting of safety concerns to civilian employers and local authorities.

b. Post Treatment Fitness for Duty

A specialty assessment should be done to determine limitation for specific job (MOS), rank, and grade or rating as a result of behavioral health disability.

c. The Health Insurance Portability and Accountability Act

All attempts are made to have SM sign a release of information allowing the treatment providers and Guam National Guard to coordinate treatment. In the case of threat of harm to self or others, actions will be taken to ensure safety without the necessity of an ROI. Communication, even with an ROI in place will be on a 'need to know' basis.

Summary

In light of the current limits of availability of services on island for service members with either acute or chronic behavioral health issues all efforts must be made to expand services and think creatively with regard to this expansion of services.

These service members have given their best to their country, it is vital services be available to them that will allow them to integrate successfully back into the civilian community and come home to their wives, husbands and families.

We appreciate your interest and attention to these matters.

Si Yu'os Ma'ase,