



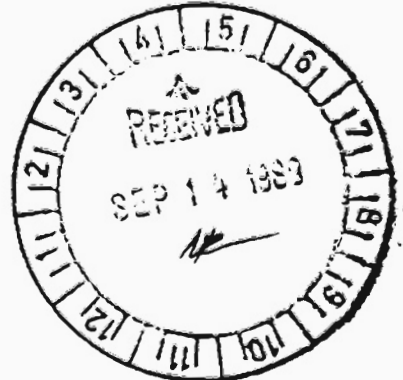
Territory of Guam

Territorio Guam

OFFICE OF THE GOVERNOR
UFISINAN I MAGA LAHI
AGANA, GUAM 96910 U.S.A.

Roy S.

SEP 14 1989



The Honorable Joe T. San Agustin
Speaker, Twentieth Guam Legislature
Post Office Box CB-1
Agana, Guam 96910

Dear Mr. Speaker:

Transmitted herewith is Bill 118 which I have signed into law this date as Public Law 20-93.

I wholeheartedly agree that the Territory must provide appropriate services to all its citizens, including those adults who are mentally ill and those adults who are mentally retarded. However, in order to protect the civil rights of all of our citizens and avoid a constitutional challenge to the program I urge the Legislature address the last sentence of Section 1 which appears to allow commitment of mentally retarded persons without due process of law.

Recently, the law allowing involuntary hospitalization of mentally ill individuals was revised to meet constitutional requirements. My administration will adhere to the provisions of Public Law 19-16 with respect to the hospitalization of any mentally ill individual.

The civil rights of all of our citizens must be carefully guarded. This government does not want to repeat the mistakes of the past when some unfortunate people were institutionalized and forgotten. Instead of leading the productive lives that they were capable of, they were locked up for many years unable to realize their potential.

As you know the Department of Mental Health and Substance Abuse has been working to open a residential treatment program for certain adults who are mentally ill at the Mariposa Apartments in Tamuning.

The Department is now considering a proposal for opening another residential treatment center for adult mentally retarded citizens. This center will be for those mentally

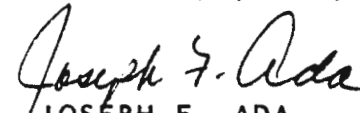
The Honorable Joe T. San Agustin
Page Two

retarded persons who experience behavior problems posing a threat to themselves or others. A private organization now operates a center for adult mentally retarded citizens.

My staff has been working with Guam Legal Services to prepare legislation regarding the involuntary hospitalization of those who are mentally retarded. That measure will be submitted to you next week. I trust that the Legislature will act expeditiously to address appropriate standards and procedures for commitment of those who are mentally retarded.

I know that we will continue to work together not only to serve all our citizens who require special programs like this one but also to safeguard their dignity and civil rights.

Sincerely yours,


JOSEPH F. ADA
Governor

Enclosure

200438

TWENTIETH GUAM LEGISLATURE
1989 (FIRST) Regular Session

CERTIFICATION OF PASSAGE OF AN ACT TO THE GOVERNOR

This is to certify that Substitute Bill No. 118 (COR), "AN ACT TO ADD A NEW §86109.1 TO TITLE 10, GUAM CODE ANNOTATED, TO ESTABLISH A RESIDENTIAL TREATMENT PROGRAM FOR THE MENTALLY ILL AND MENTALLY RETARDED", was on the 1st day of September, 1989, duly and regularly passed.



JOE T. SAN AGUSTIN
Speaker

Attested:



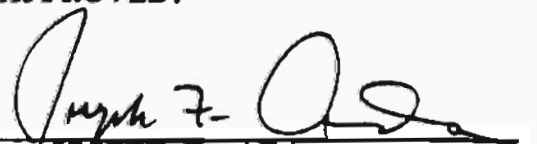
PILAR C. LUJAN
Senator and Legislative Secretary

This Act was received by the Governor this 2 day of Sept, 1989,
at 1:30 o'clock p.m.



Assistant Staff Officer
Governor's Office

APPROVED:



JOSEPH F. ADA
Governor of Guam

Date: September 14, 1989

Public Law No. 20-93

TWENTIETH GUAM LEGISLATURE
1989 (FIRST) Regular Session

Bill No. 118
As substituted by the
Committee on Health, Welfare and
Ecology

Introduced by:

M. Z. Bordallo
J. T. San Agustin
F. R. Santos

T. S. Nelson
E. R. Duenas
J. P. Aguon
E. D. Reyes
F. J. A. Quitugua
E. P. Arriola
H. D. Dierking
C. T. C. Gutierrez
P. C. Lujan
D. Parkinson
G. Mailloux
J. G. Bamba
M. D. A. Manibusan
E. M. Espaldon
A. R. Unpingco
M. C. Ruth
D. F. Brooks
T. V. C. Tanaka

AN ACT TO ADD A NEW §86109.1 TO TITLE
10, GUAM CODE ANNOTATED, TO
ESTABLISH A RESIDENTIAL TREATMENT
PROGRAM FOR THE MENTALLY ILL AND
MENTALLY RETARDED.

1 BE IT ENACTED BY THE PEOPLE OF THE TERRITORY OF GUAM:
2 Section 1. A new §86109.1 is added to Chapter 86, Title 10, Guam
3 Code Annotated, to read:
4 "§86109.1. Residential Treatment Program. There is established
5 within the Department of Mental Health and Substance Abuse a program
6 entitled the Residential Treatment Program, to provide transitional
7 living services for mentally ill and mentally retarded clients, to
8 provide adequate and continuing supervision and counselling to clients
9 released to the community, and to acquaint and assist clients with

1 various support agencies and programs. The Residential Treatment
2 Program shall be fully operational within sixty (60) days of enactment
3 of this section. In evaluating clients for admission to such Program,
4 the Department shall not require the consent of those mentally ill or
5 retarded clients who are a physical threat to themselves, their
6 families, or the public, but shall require the recommendation of such
7 clients' parent(s), of the Superior Court of Guam, or of a licensed
8 physician."

9 Section 2. The Department of Mental Health and Substance Abuse is
10 authorized an additional six (6) full-time equivalent (FTE) employees within
11 the Clinical Services Division for the Residential Treatment Program.

12 Section 3. The Director of Mental Health and Substance Abuse is
13 authorized to expend such funds as may be necessary to accomplish the
14 purposes of this Act, including, but not limited to, defraying the cost of
15 vacant units and a unit for residential treatment staff use, in any building
16 identified as a residential treatment center. The center shall be named the
17 "Mary Clare Cruz Residential Treatment Center".

TWENTIETH GUAM LEGISLATURE
1989 (FIRST) Regular Session

ROLL CALL SHEET

Bill No. 118

Date: 9-1-89

Resolution No. _____

QUESTION: _____

	<u>AYE</u>	<u>NAY</u>	<u>NOT VOTING</u>	<u>ABSENT</u>
J. P. Aguon	✓			
E. P. Arriola	✓			
J. G. Bamba	✓			
M. Z. Bordallo	✓			
D. F. Brooks	✓			
H. D. Dierking	✓			
E. R. Duenas	✓			
E. M. Espaldon	✓			
C. T. C. Gutierrez	✓			
P. C. Lujan	✓			
G. Mailloux	✓			
M. D. A. Manibusan	✓			
T. S. Nelson	✓			
D. Parkinson	✓			
F. J. A. Quitugua	✓			
E. D. Reyes	✓			
M. C. Ruth	✓			
J. T. San Agustin	✓			
F. R. Santos	✓			
T. V. C. Tanaka	✓			
A. R. Unpingco	✓			

21

Rec'd
1/3/89
1:20

Introduced

TWENTIETH GUAM LEGISLATURE
1989 (FIRST) REGULAR SESSION

JAN 04 '89

Bill No. 118 (COR)

Introduced by:

M.Z. BORDALLO *mzb*
J.T. SAN AGUSTIN

AN ACT TO ADD A NEW SECTION
TO 10 GCA, CHAPTER 86, RELATIVE TO
ESTABLISHING A RESIDENTIAL CARE PROGRAM

1 BE IT ENACTED BY THE PEOPLE OF THE TERRITORY OF GUAM:

2 Section 1. A new section _____ is added to 10 GCA, CHAPTER
3 86 to read as follows:

4 §_____. Residential Care Program. There is
5 established within the Department of Mental Health and Substance
6 Abuse a new program entitled the Residential Care Program, which
7 shall be under the charge of an administrator. The Residential
8 Care Program is established for the purpose of providing long term
9 housing for mentally ill clients, to provide adequate and continual
10 supervision and counselling to clients released to the community,
11 to help, assist and acquaint clients to the various governmental
12 agencies and programs, such as welfare, food stamps, medicaid,
13 etc. The Director of the Department of Mental Health and Substance
14 Abuse shall appoint an administrator, and there shall also be in
15 said program subordinate officers, clerks and other positions as
16 may be appropriated by the Legislature.

17 Section 2. The Director of the Department of Mental Health
18 and Substance Abuse shall submit to the Legislature no later than
19 90 days after enactment of this section a report detailing
20 recommended powers, duties, staffing pattern, equipment and funding
21 requirements.



TWENTIETH GUAM LEGISLATURE

163 Chalan Santo Papa
Agana, Guam 96910
Tel: 472-3425/3426/3427

Senator
Madeleine Z. Bordallo

May 22, 1989

CHAIRPERSON

COMMITTEE ON
HEALTH, WELFARE
& ECOLOGY

VICE CHAIRPERSON:

COMMITTEE ON
HOUSING & COMMUNITY
DEVELOPMENT

COMMITTEE ON
ECONOMIC DEVELOPMENT

MEMBER:

Committee on Energy,
Utilities & Consumer
Protection

Committee on
General Governmental
Operations

Committee on
Justice, Judiciary &
Criminal Justice

Committee on
Youth, Human Resources,
Senior Citizens &
Cultural Affairs

Committee on Rules

Legislative Member
Commission on
Self-Determination

Honorable Joe T. San Agustin
Speaker, Nineteenth Guam Legislature
163 Chalan Santo Papa
Agana, Guam 96910

Dear Mr. Speaker:

The Committee on Health, Welfare and Ecology, to which was referred BILL NO. 118, "AN ACT ADD A NEW SECTION TO 10 GCA, CHAPTER 86, RELATIVE TO ESTABLISHING A RESIDENTIAL CARE PROGRAM" does recommend that the Bill, as Substituted, be Passed by the Twentieth Guam Legislature.

Votes of the Committee members are as follow:

To Pass	<u>6</u>
To Not Pass	<u>0</u>
To Report Out Only	<u>2</u>
To Place in The Inactive File	<u>0</u>
Abstained	<u>0</u>
Off-Island	<u>3</u>
Not Available	<u>1</u>

Respectfully submitted,

Madeleine Z. Bordallo
MADELEINE Z. BORDALLO

Enclosures

COMMITTEE ON HEALTH, WELFARE AND ECOLOGY

VOTING SHEET

BILL NO. 118, AS SUBSTITUTED

"AN ACT ADD A NEW SECTION TO 10 GCA, CHAPTER 86,
RELATIVE TO ESTABLISHING A RESIDENTIAL CARE PROGRAM"

<u>COMMITTEE MEMBER</u>	<u>TO PASS</u>	<u>NOT TO PASS</u>	<u>TO REPORT OUT ONLY</u>	<u>TO PLACE IN INACTIVE FILE</u>
<i>Madeleine Z. Bordallo</i> MADELEINE Z. BORDALLO Chairperson	✓			
GORDON MAILLOUX Vice-Chairperson				
<i>Elizabeth P. Arriola</i> ELIZABETH P. ARRIOLA Member	✓			
<i>Herminia D. Dierking</i> HERMINIA D. DIERKING Member	✓			
<i>Pilar C. Lujan</i> PILAR C. LUJAN Member	✓			
<i>Ted S. Nelson</i> TED S. NELSON Member	✓			
<i>Edward D. Reyes</i> EDWARD D. REYES Member	2			
ERNESTO ESPALDON Member				
MARILYN D.A. MANIBUSAN Member				
<i>Martha C. Ruth</i> MARTHA C. RUTH Member			✓	
TOMMY TANAKA Member				
<i>Antonio R. Unpingco</i> ANTONIO R. UNPINGCO Member			✓	

COMMITTEE ON HEALTH, WELFARE AND ECOLOGY
COMMITTEE REPORT ON BILL 118

AN ACT TO ADD A NEW SECTION TO 10 GCA, CHAPTER 86,
RELATIVE TO ESTABLISHING A RESIDENTIAL CARE PROGRAM

PREFACE

A Public Hearing on Bill No. 118 was conducted by the Committee on Health, Welfare and Ecology on April 24, 1989 at 9:00 a.m. in the Legislative Session Hall.

Members Present: Chairperson Senator Madeleine Z. Bordallo; Senators Ted S. Nelson, Ernesto M. Espaldon, Martha C. Ruth, and Tommy Tanaka.

Witnesses Heard: Ms. Marilyn L. Wingfield, Director of Mental Health and Substance Abuse; Mamie C. Balajadia, Department of Mental Health and Substance Abuse; and Gerardlyn Mandell, representing herself.

SUMMARY OF TESTIMONY

All witnesses testified in favor of the bill. The Department has received \$120,000 via the Governor's transfer authority in early 1989 to address residential treatment, in response to a court order. The funds are for personnel costs only. The adult residential treatment program (see FY90 proposed budget plan, attached) has been designed to be operated in a privately-owned apartment building of at least 8 units, and to offer 24-hour counseling and evening security, in order to provide medically-stabilized patients with a transitional period between inpatient care and self-sufficiency in the community. About 28 clients are currently in need of an adult residential treatment program.

The prevailing civil liberties standard for treatment of the mentally-ill is a "least-restrictive environment." A variety of treatment facilities is required to address the range of clients handled by DMHSA. A transitional living services program must be physically distant from the main inpatient building, and secluded within the community, to ensure a "best and appropriate" setting. At present, clients requiring this stage of treatment are either sent off-island at considerable expense, or are scattered throughout the Island without easy access to counseling services. When they forget their medication they may become a public nuisance and must be returned to the inpatient facility for stabilization.

Ms. Mandell testified that the residential treatment facility will help change attitudes and prejudices of the community, in addition to assisting the mentally-ill to cope within the community.

To date, negotiations have been held with DPHSS and GHURA to extend special levels of service to DMHSA clients, and with three landlords to provide a building. Discussions with an owner in Maite are suspended, due to a reluctance by DMHSA to ensure rental payments for vacant units between occupants. Because the program is to make the clients responsible, and costs will fluctuate, DMHSA does not want to become a landlord.

A separate residential treatment program and facility for children is planned. It is Phase II of the DMHSA capital improvement project for the free-standing mental health facility. The A&E appropriation required of \$140,000 is contained in Section 4 of Bills No. 77/403. The Department of Land Management is locating an available 5-acre government parcel.

Other topics discussed during the hearing include: (a) the need for additional trained staff; (b) the Federally-required Master Plan for islandwide mental health service providers and consumers; and (c) the need for a hot line. The Director stressed the very high incidence of teenage suicides and suicide consults. There were 98 calls in the last 30 days, in addition to GMH and private clinic admissions. DMHSA handles an average of 10 consults and attempts per month.

COMMITTEE FINDINGS/RECOMMENDATIONS

Bill No. 118 has been substituted in response to recommendations from witnesses. The Department provided adequate information on the proposed program to meet the requirements of original Section 2. In its place an authorization for additional personnel is included.

The Committee recommends Bill No. 118, as Substituted, to be Passed by the Twentieth Guam Legislature.

ATTACHMENTS

1. Voting Sheet on Bill No. 118.
2. Bill No. 118 as Substituted.
3. Bill No. 118 as Referred to Committee.
4. Testimony of Ms. Marilyn Wingfield, Director of DMHSA.
5. Fiscal Note from BBMR.
6. Attendance Sheet for Committee Members.
7. Attendance Sheet for Witnesses.

TWENTIETH GUAM LEGISLATURE
1989 (FIRST) REGULAR SESSION

Bill No. 118
Substituted by the Committee on Health,
Welfare and Ecology

Introduced by:

M. Z. BORDALLO
J. T. SAN AGUSTIN

E. P. Arriola
J. T. San Agustin

AN ACT TO ADD A NEW SECTION
TO 10 GCA, CHAPTER 86, RELATIVE TO
ESTABLISHING A RESIDENTIAL TREATMENT PROGRAM

1 BE IT ENACTED BY THE PEOPLE OF THE TERRITORY OF GUAM:

2 Section 1. A new section _____ is added to 10 GCA,
3 Chapter 86 to read as follows:

4 §_____. Residential Treatment Program. There is
5 established within the Department of Mental Health and
6 Substance Abuse a program entitled the Residential Treatment
7 Program, established for the purpose of providing transitional
8 living services for mentally ill clients, to provide adequate
9 and continuing supervision and counselling to clients released
10 to the community, and to acquaint and assist clients with
11 various support agencies and programs.

12 Section 2. The Director of the Department of Mental
13 Health and Substance Abuse is authorized an additional six (6)
14 full-time equivalent (FTE) employees within the Clinical
15 Services Division, for the Residential Treatment Program.

TWENTIETH GUAM LEGISLATURE
1989 (FIRST) REGULAR SESSION

Bill No. 118

Introduced by:

M.Z. BORDALLO *mzb*
J.T. SAN AGUSTIN
T.S. Welch

AN ACT TO ADD A NEW SECTION
TO 10 GCA, CHAPTER 86, RELATIVE TO
ESTABLISHING A RESIDENTIAL CARE PROGRAM

1 BE IT ENACTED BY THE PEOPLE OF THE TERRITORY OF GUAM:

2 Section 1. A new section _____ is added to 10 GCA, CHAPTER
3 86 to read as follows:

4 §_____. Residential Care Program. There is
5 established within the Department of Mental Health and Substance
6 Abuse a new program entitled the Residential Care Program, which
7 shall be under the charge of an administrator. The Residential
8 Care Program is established for the purpose of providing long term
9 housing for mentally ill clients, to provide adequate and continual
10 supervision and counselling to clients released to the community,
11 to help, assist and acquaint clients to the various governmental
12 agencies and programs, such as welfare, food stamps, medicaid,
13 etc. The Director of the Department of Mental Health and Substance
14 Abuse shall appoint an administrator, and there shall also be in
15 said program subordinate officers, clerks and other positions as
16 may be appropriated by the Legislature.

17 Section 2. The Director of the Department of Mental Health
18 and Substance Abuse shall submit to the Legislature no later than
19 90 days after enactment of this section a report detailing
20 recommended powers, duties, staffing pattern, equipment and funding
21 requirements.



DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE

"People Caring For People"

MARILYN L. WINGFIELD
Director

DR. WORY R. SANTI
Deputy Director

April 20, 1989

Senator Madeleine Z. Bordallo
Chairperson, Committee on Health Welfare
and Ecology
Twentieth Guam Legislature
163 Chalan Santo Papa
Agana, Guam 96910

Dear Senator Bordallo:

Attached is 12 copies of testimony for Bill No. 118: An Act to add a new section to 10 GCA, Chapter 86, Relative to establishing a Residential Care Program and Bill No. 560: An Act to appropriate the sum of Two Million Dollars (\$2,000,000) for Capital Improvements and to purchase equipment for the Department of Mental Health and Substance Abuse.

Thank you for the opportunity to offer testimony for these important Bills.

Yours very truly,

Marilyn L. Wingfield
MARILYN L. WINGFIELD

Attachments

TESTIMONY ... BILL 118

Good morning madam chairperson and members of the Committee on Health, Welfare, and Ecology. This is relative to Bill No. 118, "An Act to Add a New Section to 10 GCA, Chapter 86, Relative to Establishing a Residential Care Program."

Providing a continuum of mental health services is essential to the needs of the people. Establishing a "residential care program" for the purpose of providing long term housing for mentally ill clients may not be feasible or advisable for the Department of Mental Health and Substance Abuse to undertake.

Through the Governor's transfer authority, \$120,000 was transferred to this Department in January 1989 to fund the Adult Residential Treatment program. This program is included in our Fiscal Year 1990 budget proposal. The program is not designed for long term care but rather a program designed for transitional living. To date, we are unsuccessful in securing an apartment complex to implement this program. If the Government of Guam is to operate a long term housing for mentally ill clients, we are opening a State hospital type of program. I am not sure whether this Government wishes to do that.

Attached is our Fiscal Year 1990 budget proposal on adult residential treatment program description detailing the program activity, major objectives, short term goals, and the impact statement. The program's budget proposal only requests for a staffing of six (6) FTE to provide supervision and structure activities in an apartment complex in the community. We anticipate the administration of this program under clinical services of the Department of Mental Health and Substance Abuse. Therefore, an administrator would not be necessary. Because each client that are ready for transitional living are eligible for Section 8 housing, the housing allowance is provided for by Guam Housing and Urban Renewal Authority. The Department of Public Health and Social Services provides eligible clients with foodstamps, public assistance, emergency funding, etc.

There is a definite need for a residential treatment program focusing on transitional living. We have a listing of 28 eligible clients on hand who could benefit from this program.

At this time, I will be more than happy to answer any questions or concerns.

Marilyn L. Wingfield

MARILYN L. WINGFIELD
Director of Mental Health
and Substance Abuse

DEPARTMENT/AGENCY MENTAL HEALTH AND SUBSTANCE ABUSE
 DIVISION CLINICAL SERVICES
 PROGRAM Adult Residential Treatment Program

DETAIL BUDGET PLAN

OBJECT CLASSIFICATION	(A) FY 1988 ACTUAL EXPENDITURES	(B) FY 1989 AUTHORIZED	(C) FY 1990 DEPARTMENT REQUEST	(D) FY 1990 GOVERNOR'S REQUEST
110 PERSONNEL SERVICES				
111 Regular Salary			85,578	85,578
Increment				
112 Overtime				
Night Differential				
113 Benefits			17,125	17,125
Retirement			11,209	11,209
Social Security				
Life Insurance			114	114
Hospital Insurance			4,734	4,734
Dental Insurance			1,068	1,068
TOTAL SALARIES & BENEFITS			102,643	102,643
220 TRAVEL & TRANSPORTATION				
Local Mileage Reimbursement				
Off-Island Travel				
TOTAL TRAVEL & TRANSPORTATION				
230 CONTRACTUAL SERVICES				
Judicial Services			3,000	3,000
Security Services			20,284	20,284
TOTAL CONTRACTUAL SERVICES			23,284	23,284
233 OFFICE SPACE RENTAL				
TOTAL OFFICE SPACE RENTAL				
240 SUPPLIES & MATERIALS				
Regular supplies & materials			1,500	1,500
Fuel				
Cleaning supplies				
TOTAL SUPPLIES & MATERIALS			1,500	1,500
250 EQUIPMENT				
TOTAL EQUIPMENT				
290 MISCELLANEOUS				
Cable TV			289	289
TOTAL MISCELLANEOUS			289	289
360 UTILITIES				
361 Power				
362 Water/Sewer			3,000	3,000
363 Telephone			420	420
Toll Call			456	456
TOTAL UTILITIES			3,876	3,876
450 CAPITAL OUTLAY				
15 Passenger Van			15,000	15,000
TOTAL CAPITAL OUTLAY			15,000	15,000
TOTAL APPROPRIATION			146,592	146,592
FUNDING SOURCE(S)				
General Fund			146,592	146,592
Federal Fund				
Other (Specify)				
TOTAL FUNDS			146,592	146,592
MANPOWER LEVEL (Total/Unclass.)			6/0/6	6/0/6

FILLED POSITIONS: 0
 VACANT POSITIONS: 6

DECISION PACKAGE
PROPOSED BUDGET PLAN
(FY 1990)

PROGRAM TITLE CLINICAL SERVICES DIVISION-ADULT RESIDENTIAL TREATMENT PROGRAM

ACTIVITY DESCRIPTION:

An Adult Residential Care Program that will support independent living of fifteen (15) clients in the community with moderate supervision.

The Program is to provide for a supervised and supportive environment will affording the individual autonomy. Access to the community resources is high with the transportation and various services available. Life management skills will be provided; encouraged and rewarded with continued participation in the program.

The Program is viewed as a highly functional mode in that it increases an individual's independence, productivity and civil rights. It decreases the community's responsibility.

MAJOR OBJECTIVE(S):

- 1) To provide quality patient care and continuity of services so as to reduce inpatient readmissions.
- 2) To facilitate development of life management skills relevant to personal hygiene, nutrition, housekeeping, socialization and treatment compliance.
- 3) To monitor and facilitate improvement of patients psychological, social and economic well-being to enable optimal functioning.
- 4) To provide an alternative placement for individuals inflicted with a mental illness and have experienced discrepancy with the law.

SHORT-TERM GOALS:

- 1) To provide a transitional phase for patients being discharged from Inpatient or Partial Hospitalization Services.
- 2) To provide regular assessment of treatment compliance and appropriate mental status.
- 3) To foster opportunities for socialization to facilitate a stable support group for this multi-problem target population.
- 4) To provide wellness and good hygiene practices among this target population.

WORKLOAD OUTPUT:

	<u>Anticipated Accomplishment in FY 1989</u>	<u>Proposed Level FY 1990</u>	<u>% of Change</u>
1) Programatic design and operational structure developed.	20%	100%	80%
2) Program facility negotiated and finalized.	20%	100%	80%
3) Operational resources procured: A. Personnel (staff recruited).	-0-	6 FTE	100%
4) Programatic linkages with therapeutic services and public assist-			

PERSONNEL/RESOURCE REQUIREMENTS:

	<u>FY 1988 Expenditures</u>	<u>FY 1989 Authorized</u>	<u>FY 1990 Proposed Level</u>	<u>% of Change From FY'89</u>
Personnel Costs	\$ _____	\$ _____	\$ 102,643	100 %
Number of Positions	_____	_____	6	100 %
Other Costs	_____	_____	43,949	100 %
TOTAL	<u>\$ _____</u>	<u>\$ _____</u>	<u>\$ 146,592</u>	<u>100 %</u>

DECISION PACKAGE
 PROPOSED BUDGET PLAN
 (FY 1990)

PROGRAM TITLE CLINICAL SERVICES DIVISION-ADULT RESIDENTIAL TREATMENT PROGRAM

ACTIVITY DESCRIPTION:
 expense and control, as well as to decrease an individual's social dependency.

MAJOR OBJECTIVE(S):

SHORT-TERM GOALS:

- 5) To provide physical and recreational activities.
- 6) To provide family and/or community support in treatment and reintegration.
- 7) To promote a healthy neighbor attitude and foster productive citizenship.

WORKLOAD OUTPUT:

	Anticipated Accomplishment in FY 1989	Proposed Level FY 1990	% of Change
tance providers established.	25%	100%	
5) Screened placements of clients in program (# of clients).	-0-	15%	100%
6) Therapeutic contact with clients, significant others, and appro- priate DMHA Services providers.	-0-	15%	100%
7) Close care monitoring by frequent evaluation of clients mental and			

PERSONNEL/RESOURCE REQUIREMENTS:

	FY 1988 Expenditures	FY 1989 Authorized	FY 1990 Proposed Level	% of Change From FY'89
Personnel Costs	\$ _____	\$ _____	\$ _____	_____
Number of Positions	_____	_____	_____	_____
Other Costs	_____	_____	_____	_____
TOTAL	\$ _____	\$ _____	\$ _____	_____

DECISION PACKAGE
 PROPOSED BUDGET PLAN
 (FY 1990)

PROGRAM TITLE CLINICAL SERVICES DIVISION-ADULT RESIDENTIAL TREATMENT PROGRAM

ACTIVITY DESCRIPTION:

MAJOR OBJECTIVE(S):

SHORT-TERM GOALS:

WORKLOAD OUTPUT:

	Anticipated Accomplishment in FY 1989	Proposed Level FY 1990	% of Change
medical status.	-0-	15	100%
d) Participates in inter group activities scheduled.	-0-	15	100%
9) Dietary and housekeeping skill building sessions conducted and followup.	-0-	15	100%
10) Participates in sport and recrea- tional activities as scheduled.	-0-	15	100%

PERSONNEL/RESOURCE REQUIREMENTS:

	FY 1988 Expenditures	FY 1989 Authorized	FY 1990 Proposed Level	% of Change From FY'89
Personnel Costs	\$ _____	\$ _____	\$ _____	_____
Number of Positions	_____	_____	_____	_____
Other Costs	_____	_____	_____	_____
TOTAL	\$ _____	\$ _____	\$ _____	_____

DECISION PACKAGE

PROPOSED BUDGET PLAN
(FY 1990)

PROGRAM TITLE CLINICAL SERVICES DIVISION-ADULT RESIDENTIAL TREATMENT PROGRAM

ACTIVITY DESCRIPTION:

MAJOR OBJECTIVE(S):

SHORT-TERM GOALS:

WORKLOAD OUTPUT:

	Anticipated Accomplishment in FY 1989	Proposed Level FY 1990	% of Change
1)a) Family contacts with client (weekly).	-0-	16	100%
b) Client involvement in commu- nity projects.	-0-	15	100%

PERSONNEL/RESOURCE REQUIREMENTS:

	FY 1988 Expenditures	FY 1989 Authorized	FY 1990 Proposed Level	% of Change From FY'89
Personnel Costs	\$ _____	\$ _____	\$ _____	_____
Number of Positions	_____	_____	_____	_____
Other Costs	_____	_____	_____	_____
TOTAL	\$ _____	\$ _____	\$ _____	_____

PROGRAM/DIVISION CLINICAL SERVICES DIVISION-ADULT RESIDENTIAL TREATMENT PROGRAM

IMPACT STATEMENT

One way a responsive society and an effective government is measured is by how well it treats and provides for its afflicted and less fortunate members. It is an irrefutable fact that the long term mentally ill ranks among the most difficult segments of this population to treat and reintegrate effectively with society. Part of the reason for this has always been a pervasive public view--which may include those controlling the allocation of public resources--that the long-term mentally ill ought to be removed from society and institutionalized until they are "cured" or perhaps longer. This is neither economically practical nor programatically possible considering the costs and number of chronically mentally ill (CMI) needing treatment--many of which are either homeless or financially depressed individuals--nor is it therapeutically beneficial for most needing only acute hospitalization. In fact, extended hospitalization in most cases relate more to the lack of transitional programs or to difficulties in finding rehabilitative placement back into the community rather than disabilities on the part of clients to progress in the recovery process. Contemporary mental health practices support the deinstitutionalization of the mentally ill with the proper support programs in the community. To wit, long term inpatient care is usually not a therapeutic and but rather it is the normalization and return to natural community environments for most CMI. It is well established that following brief hospitalization most mentally ill individuals fare better if they are returned within a rehabilitative context in the community either with family, residential group home programs or other supported living arrangements.

The Department's enabling legislation (P.L. 17-21) mandates the development of community-based transitional homes for the mentally ill. In order that these alternative therapeutic programs are provided which have been for the long critical gaps in the long term treatment of the mentally ill the Department is with this budget request proposing the establishment of one such residential service. Specifically and conceptually it is a supervised transitional residential program. The proposed program would provide focused coordination of existing and planned rehabilitation services with on-site staffing to provide supervision and management of clients in a residential setting utilizing an apartment complex and contiguous single dwelling units to house discharged clients from inpatient hospitalization. Typically, eligible clients would be those who have been psychiatrically deemed to be functionally stabilized (usually under medication treatment); who would not benefit from further inpatient hospitalization and are ready for full discharge to less restrictive rehabilitative programs such as the Partial Hospitalization Program or After-care Program. They are individuals who are usually without social supports and a place to live once discharged. This includes clients who may have families but whose families are either unwilling or unable to provide support or whose family environments contributes to the chronicity of their problems in living. Assessments at various periods have indicated anywhere from 14 to 30 or more clients who may benefit from a residential program. Although clients have been assisted in receiving public assistance for their housing needs, the dispersal of their placements makes case management and the monitoring of compliance to rehabilitation plans difficult resulting in many cases in the breakdown of placement and often rehospitalization.

The proposed program is expected to enhance the therapeutic effectiveness of post hospitalization rehabilitation programs and provide a more viable transitional living situation for clients who do not readily have familial or other social supports and who are not quite ready for more progressive independent living. The program therefore has a dual thrust of long term residential services and the other of transitional rehabilitation services for those who can eventually be placed in other living situations less dependent on support from the Department. On-site staffing is required to implement the program. The request for six (6) FTEs is essential to providing continual shift scheduling for the monitoring and management of client residents. A program site has been identified and negotiations are in progress involving the Department, the apartment complex owner and Guam Housing and Urban Renewal Authority (GHURA).

PROGRAM/DIVISION CLINICAL SERVICES DIVISION-ADULT RESIDENTIAL TREATMENT PROGRAM**IMPACT STATEMENT**

It is anticipated that clients eligible for the program will also be eligible for public housing and income maintenance assistance. A prominent part of the program will be its coordination with federally funded public assistance programs to cover housing and other living costs for the clients. The requested budget will only be used to fund personnel and other direct operating costs. An office and a common group area will be designated in the complex where on-site group activities will be conducted. Programmatic linkage with services extended from the Department and with programs which clients will be transported to at the Department will be made. The logistical improvements provided by the proposed program would enable more comprehensive rehabilitation services to be coordinated and implemented. This would include social skills training, job preparation and placement assistance, casework and other vital assistance.

Legal consideration has also come into play where by court action has ordered the establishment of residential care alternatives for a client in need of such placement-off island placement not excluded. Without local alternatives for long term supervised residential care, court action may cause the government to pay an estimated \$60,000 per year for temporary institutional care off-island for more clients would eminently be more practical and cost-effective.

Some salient positive impacts anticipated by enabling the establishment of the proposed program follows:

It will finally establish a mandated and much needed residential treatment service which will significantly improve mental health care in the territory.

It will shift some of the costs of inpatient care to progressive community-based treatment services proportional to the reduction of long-term patient census in the inpatient ward.

It will utilize available federal public assistance monies to which clients are eligible recipients for defraying major costs to operating the program at up to 50% of the total operating costs.

The grouped living program arrangement will provide certain logistical benefits and enhancements to providing coordinated rehabilitation services, to therapeutic effectiveness and client management, to better ensure treatment compliance and reduce the likelihood of rehospitalization or of placement failure due to problems in tenement compliance.

It will provide another structured component to the desired therapeutic progression of less restrictive program environments.

For this group of clients, the program will serve to prevent prolonged client dependency and helplessness. It will serve to encourage effective rehabilitation in a more natural setting and the learning or relearning of skills towards progressive independence through closer support and monitoring so that they can lead more satisfying and productive lives.

It will serve the public interest by advancing mental health services to better assist individuals with disabling mental illnesses, to the greatest degree possible, become contributing members of the community.

*Chronic mentally ill

DEPARTMENT: MENTAL HEALTH AND SUBSTANCE ABUSE
 DIVISION: CLINICAL SERVICES
 SECTION: ADULT RESIDENTIAL TREATMENT PROGRAM

STAFFING PATTERNS
 FISCAL YEAR 1990

A Position Number	B Position Title	C Name of Incumbent (Indicate Vacant Position)	D Range and Step	E Salary per Annum	F Increment		G BENEFITS		(15) Total Total (\$12-14) (\$12-15)			
					Date (1)	Amount (2)	Life Mon. (3)	Dental (4)				
F.0101 (new)	Social Worker III	VACANT	46-1	26,477	-	-	3,473	19	707	170	4,407	30,826
F.0102 (new)	Community Program Aide II	VACANT	20-1	12,481	-	-	1,636	19	707	170	2,622	15,103
F.0103 (new)	Community Program Aide II	VACANT	20-1	12,481	-	-	1,636	19	707	170	2,622	15,103
F.0104 (new)	Community Program Aide I	VACANT	15-1	11,353	-	-	1,468	19	707	170	2,474	13,827
F.0105 (new)	Community Program Aide I	VACANT	15-1	11,353	-	-	1,468	19	707	170	2,474	13,827
F.0106 (new)	Community Program Aide I	VACANT	15-1	11,353	-	-	1,468	19	707	170	2,474	13,827
TOTAL				65,518	-	-	11,209	114	4,734	1,048	17,123	102,643

Bill No. 118(COR) Date Received 4/20/89 *Loa Logan*
 Mandatory Bill Yes No Date Reviewed 5/1/89

Department/Agency Affected: MENTAL HEALTH AND SUBSTANCE ABUSE
 Department/Agency Head: MARILYN WINGFIELD

Total Fiscal Year Appropriation: \$2,518,230

Bill Title (concise): AN ACT TO ADD A NEW SECTION TO 10 GCA, CHAPTER 86, RELATIVE TO ESTABLISHING A RESIDENTIAL CARE PROGRAM.

Change in Law: Yes. An act to add a new Section to 10 GCA, Chapter 86.

Bill Attempts to: Increase Program Funding Decrease Program Funding Reallocate Present Program Funding
 Bill is for: Operations Capital Improvement Other

FINANCIAL/PROGRAM IMPACT

PROGRAM CATEGORIES	Minimum Estimated Required Funds (For Five Years)		
	GENERAL FUND	FEDERAL	OTHER
HEALTH & WELFARE	(See comments)		
GRAND TOTAL			

ESTIMATED MULTI-YEAR FUND REQUIREMENTS

SOURCES	1st	2nd	3rd	4th	5th
General Fund	(See comments)				
Federal Fund					
Other Fund					
GRAND TOTAL					

ESTIMATED MULTI-YEAR REALIZED REVENUES

SOURCES	1st	2nd	3rd	4th	5th
General Fund	(See comments)				
Federal Fund					
Other Fund					
GRAND TOTAL					

Orilda J. Guerrero
ORILDA J. GUERRERO
 PROGRAM ANALYST
Joseph E. Reidy
MICHAEL J. REIDY
 DIRECTOR

Date Review Terminated: 5/1/89

COMMENTS:

ATTENDANCE SHEET

TWENTIETH GUAM LEGISLATURE
COMMITTEE ON HEALTH, WELFARE, AND ECOLOGY

PUBLIC HEARING DATE: April 24, 1989 ON Bill No. 118

INITIAL

- 1. SPEAKER SAN AGUSTIN, JOE T _____
- 2. SENATOR AGUON, JOHN P. _____
- 3. SENATOR ARRIOLA, ELIZABETH P. (M) _____
- 4. SENATOR DIERKING, HERMINIA D. (M) _____
- 5. SENATOR GUTIERREZ, CARL T.C. _____
- 6. SENATOR LUJAN, PILAR C. (M) _____
- 7. SENATOR MAILLOUX, GORDON (M) _____
- 8. SENATOR NELSON, TED S. (M) _____
- 9. SENATOR PARKINSON, DON _____
- 10. SENATOR QUITUGUA, FRANKLIN J.A. _____
- 11. SENATOR REYES, EDWARD D. (M) _____
- 12. SENATOR SANTOS, FRANK R. _____

- 13. SENATOR BAMBA, GEORGE J. _____
- 14. SENATOR BROOKS, DORIS F. _____
- 15. SENATOR DUENAS, EDDIE R. _____
- 16. SENATOR ESPALDON, ERNESTO (M) _____
- 17. SENATOR MANIBUSAN, MARILYN D.A. (M) _____
- 18. SENATOR RUTH, MARTHA C. (M) _____
- 19. SENATOR TANAKA, TOMMY (M) _____
- 20. SENATOR UNPINGCO, TONY R. (M) _____

[Handwritten signatures and initials in the right margin, including a large signature over lines 16-19.]

Comments on Bill No. 118(COR)

Bill No. 118 is an Act to add a new Section to 10 GCA, Chapter 86, relative to establishing a Residential Care Program within the Department of Mental Health and Substance Abuse. The purpose of the program is to provide long term housing for mentally ill clients, provide adequate and continual supervision and counseling to clients released to the community, and to help, assist and acquaint clients to the various governmental agencies and programs, such as welfare, food stamps, medicaid, and etc.

The proposed legislation will entail a fiscal impact. However, the Bureau is unable to ascertain the extent of the impact due to the unavailability of data at this time, such as the potential additional costs for personnel requirements (administrator, subordinate officers, clerks, etc.), supplies and materials, and equipment necessary to implement the intent of this proposed measure.

Joseph E. Reidy
For: MICHAEL J. REIDY

